STAYING STOPPED: MAINTAINING DESISTANCE FROM CHILD SEXUAL ABUSE FOLLOWING TREATMENT

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ABSTRACT

Despite the fact that the majority of Child Sex Offenders (CSOs) do not reoffend (Hanson & Bussière, 1998), very little is known about what supports and motivates CSOs to maintain their desistance. While the Relapse Prevention Model of CSO treatment (Marlatt, 1985; Pithers, 1990; Ward & Hudson, 2000) suggests that desisting CSOs are vigilant for risk and motivated by a desire to avoid reoffending, the Good Lives Model (Laws & Ward, 2011; Ward & Marshall, 2004) suggests that desisting CSOs have replaced sexual offending with pro-social means of attaining their goal of a satisfying life. To date, the views of CSOs have not been included in the consideration of these matters. The present study sought to investigate what a group of men who received treatment related to sexual offending against children described as being the motives and supports for their desistance. Men from two New Zealand community treatment programmes who had been living in the community apparently without reoffending were interviewed and the transcripts analysed via thematic analysis. Consistent with previous rehabilitation literature, participants described a number of supports for their desistance. Stigma and negative consequences were described by participants as both undermining and motivating desistance. Participants appeared to use both risk-focused, avoidance-based motives, and 'good life'-focused, approach-based motives to understand and structure their desistance, and thus both Relapse Prevention and the Good Lives Model were required to describe their desistance processes. Consistent with previous research, participants also implicated processes of self-image in their desistance (Maruna, 2001). However this process appeared to differ to that identified in general and violent offenders, supporting the need for specific research into CSO desistance. Theoretical and clinical implications of these findings are considered.

DEDICATION

May all beings without exception live in peace,

may we all be happy,

may we all be free from suffering,

and may we all abide in equanimity,

free from holding one close and another apart.

Traditional Buddhist Prayer

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CHAPTER ONE

INTRODUCTION

Desistance from sexual abuse can be considered a process of change that stabilises in a permanently maintained abstinence from sexually abusive behaviour (Laub & Sampson, 2001; Maruna, 2001). The research project described here sought to investigate participants' perceptions of the process of desistance, with a particular interest in their motivations for maintaining their own desistance-related changes. To this end, a group of men were interviewed who had received treatment related to sexual offences against children and had not reoffended. Participants were asked to describe the supports and motives for the changes they had made since they offended and also to speak about their experiences of conviction, rehabilitation and reintegration.

In support of this approach, this introduction will present an argument that the current risk and deficit focus in child sex offender treatment neglects a comprehensive understanding of offender motivation. Furthermore, while there is considerable research into the desistance processes of violent and general offenders, there has been very little investigation into desistance from child sexual abuse. It is known that different types of offending result in different desistance pathways (Laub & Sampson, 2003), and so research into child sex offender desistance is required to inform the current interest in improving sex offender rehabilitation.

The following introduction proceeds in three sections. The first section will provide the context for the project by describing the prevalence and impacts of child sexual abuse, and the community's response to disclosure of such abuse. Part of this

response involves treatment, and so the Risk-Needs-Responsivity model (Andrews & Bonta, 1994, 2010), which guides the more effective modern treatment programmes, will be explained briefly.

Motivation has frequently been considered crucial to recruitment, engagement and maintenance of change in sex offender treatment (Alicke & Sedikides, 2009; McMurran, 2002; Tierney & McCabe, 2002), and the second section of this introduction will consider the question of motivation in some depth. Problems with the way the concept has been investigated and implemented in work with child sex offenders will be described. The concept of 'intrinsic motives' will be then be introduced as one solution, and the utility of Self-Regulation Theory (Carver & Scheier, 1981) in linking these intrinsic motives to treatment motivation will be described.

The final section will consider desistance from child sexual offending. Two models, Relapse Prevention (Marlatt & George, 1984; Pithers, Martin, & Cumming, 1989; Ward & Hudson, 2000), and the Good Lives Model (Laws & Ward, 2011; Ward & Marshall, 2004), will be introduced and critiqued in light of their implications regarding the nature of desistance.

Finally, the extant literature on desistance will be summarised in relation to desistance from child sexual abuse and the need for qualitative investigation with desisting sex offenders will be identified.

Child Sexual Abuse: Consequences and Prevention

To begin by stating that the sexual abuse of children is a highly destructive and disturbingly common presence in our society is, in 2011, to risk paying lip service to

a tragic truism. The first section of this introduction looks at the impact and prevalence of Child Sexual Abuse, before moving to consider community responses. Preventing further abuse is central to many to these responses, and so the concepts of *risk*, *needs* and *responsivity*, which inform contemporary offender management and rehabilitation, will be introduced.

Impacts and Prevalence of Child Sexual Abuse

Childhood sexual abuse (CSA) has been reliably and repeatedly associated with a distressing number of negative outcomes for victims. Sexually abused children are frequently reported as exhibiting a range of psychological and behavioural problems, including prematurely sexualised behaviour, depressive and anxious symptoms, inappropriate aggression, academic difficulties and antisocial behaviour (Mullen, King, & Tonge, 2000). Adult victims of CSA consistently report greater difficulties with sexuality and sexual adjustment, relationships and intimacy, self-esteem, and mental health (Mullen et al., 2000). The psychological distress of adult survivors of CSA may express itself in wide range of clinical problems and diagnoses, including depression, anxiety, personality disorder, and psychosis, as well as increased risk of suicide and future sexual victimisation (Cutajar et al., 2010; Hillberg, Hamilton-Giachritsis, & Dixon, 2011; Mullen et al., 2000; Read, Hammersley, & Rudgeair, 2007). While not all abused children live dysfunctional lives as adults, adults disclosing CSA have been established as showing 2-4 times the population prevalence of mental health issues (Mullen et al., 2000). A recent Australian review of 2,759 cases of confirmed CSA using forensic and medical files found a lifetime rate of contact with public mental health services of 23.3% for victims, compared with 7.7% for an age- and gender-matched general population (Cutajar et al., 2010). The probability and severity of ongoing problems has been found to increase when the

abuse is more intrusive, more chronic, and as the relationship with the perpetrator becomes closer (e.g., a family member versus a stranger), although these latter factors show a close association with each other (Beitchman et al., 1992; Mullen et al., 2000).

Estimates of the Prevalence of Child Sexual Abuse

It is difficult to reach a definitive estimate of the prevalence of child sexual abuse (CSA). Estimates of the prevalence of CSA vary depending on how abuse is defined and measured, the population investigated and the method of investigation (Mullen et al., 2000). The rate of unwanted sexual contact reported by women in the general population varies from 62% to 15% (Fergusson & Mullen, 1999, as cited in Mullen et al., 2000), and while both males and females report CSA victimisation, the rate for females appears to be 2-4 times that of males (Mullen et al., 2000).

A number of studies have attempted to investigate the prevalence of CSA in New Zealand. One such study, which asked a random sample of adult women specific questions, found that 32% reported unwanted sexual contact with adults before age 16 (Anderson, Martin, Mullen, Romans, & Herbison, 1993). This study also suggested that the rate of such abuse had been stable over the previous 50 years (Anderson et al., 1993). Another study, which sought information though interview and anonymous responses from a random sample of 2855 women in two separate regions of New Zealand, found that 23.5% of urban women, and 28.2% of rural women reported some form of unwanted sexual contact before the age of 15 (Fanslow, Robinson, Crengle, & Perese, 2007).

A 1996 interview-based study of 1,019 18 year-old southern New Zealanders involved in an ongoing longitudinal study found that 17.3% of females and 3.4% of

males reported attempts by others to involve them in undesired sexual activities before the age of 16, including non-contact activity such as exposure or unwanted propositions (Fergusson, Lynskey, & Horwood, 1996). However, when the same individuals were surveyed again at age 21, inconsistencies indicated a strong tendency for abused participants to not disclose (Fergusson, Horwood, & Woodward, 2000).

The above estimates include sexual contact of varying severity and intrusiveness, however the literature review by Mullen and colleagues (2000) concluded that even by the more conservative estimates 15% of children experience some form of unwanted sexual act, and one in twenty are the victim of CSA involving penetration. For both male and female victims, perpetrators of CSA are predominantly male and the majority of these men are family members (Fanslow et al., 2007; Mullen et al., 2000). It should be noted that conviction rates for child sexual offending provide poor estimates of CSA prevalence: Anderson, Martin, Mullen, Romans and Herbison (1993) found that while 72% of the women who disclosed CSA to researchers had previously told another person, only 7.5% had made an official report. Furthermore, criminal convictions may only occur where such disclosures stand up to legal scrutiny.

Community Responses to Child Sexual Abuse

In New Zealand, once CSA is disclosed the major state agencies that become involved are the Police and Child Youth and Family. While the Child Youth and Family Service (CYFS) is mandated to ensure the safety of the child, the Police deal with the prosecution of the offender.

The remit of CYFS extends before and beyond the question of perpetrator guilt and the agency is empowered to make recommendations regarding any child it considers at risk. For children deemed at risk, most common way in which recommendations are established is through a Family Group Conference (FGC) in which key stakeholders, including the child (but excluding the alleged abuser), meet to discuss the arrangements necessary to keep the child safe. While the FGC is not a court per se, it is facilitated by a representative of CYFS and any recommendations are enforceable through the Family Court. These recommendations remain in place until the assigned CYFS worker is satisfied of the child's safety. In cases of CSA the most obvious and common of such interventions involve the immediate and continued separation of perpetrator and any previous or potential victims. Such separation is also an immediate consequence of any custodial sentence imposed on the convicted offender and a standard condition of probation and supervisory sentences (Detective Sergeant R. Corbidge, personal communication, 17 August, 2011).

Formal Sanctions

While CYFS looks after the wellbeing of any children identified as at risk, offenders become the focus of charges which are heard in court and, if convicted, sentences which are administered by the Department of Corrections. Convicted child sex offenders (CSOs) receive a range of sentences, ranging from several months community supervision to Preventative Detention for an indeterminate period. CSOs may also be sentenced to Extended Supervision with a probation officer for up to ten years following the end of their sentence (Detective Sergeant R. Corbidge, personal communication, 17 August, 2011). It is difficult to establish the number of CSOs being managed by the Department of Correction through publicly available records.

However, the Offender Volumes Report released in January 2010 (Harpham, 2010) did report figures on offenders with sexual offences as their most serious offence. On 30 June 2009 there were 1381 such offenders serving prison sentences, 522 being managed in the community post release, and 332 serving community sentences. These last two figures give a total of 854 sex offenders serving sentences in the community in June 2009. These figures suggest that offenders convicted of a sexual offence (against an adult or a child) make up around 21.1% of the prison population and around 6.3% of offenders being managed in the community (Harpham, 2010).

Formal sanctions have multiple purposes, including expression of social disapproval, punishment of the offender, and prevention of future offending (by the offender and others). Prevention of future offending is proposed to occur through a variety of effects, including incapacitation, deterrence, and rehabilitation (Finkelhor, 2009). The simplest of these is incapacitation, and few would argue that imprisoned CSOs are likely to sexually reoffend, against a child at any rate. However, such an approach is time limited, and in New Zealand indeterminate sentences are handed down to CSOs only in limited circumstances.

The deterrence effects of sanctions can be thought of as general and specific (Hollin, 2002). General deterrence is proposed to prevent offending by those who have not yet offended through the threat of unpleasant consequences if apprehended. Specific deterrence is proposed to act on the offender who received the sentence. The general deterrence effects of sanctions are difficult to support or dispute empirically (Hollin, 2002). It is not possible to compared CSA rates between jurisdictions where punishment for sex offending is present or absent, and no studies

have investigated the effects of increased detection or longer sentences on sexual crime against children (Finkelhor, 2009). Some studies have found a positive effect of increased detection on certain crimes such as drunken driving, robberies, and domestic violence (Finkelhor, 2009). However, while longer sentences have been found to reduce crime in general, at least some of these effects seem linked to incapacitation rather than deterrence, and meta-analyses of sentence length conclude that longer sentences do not reduce recidivism (Finkelhor, 2009; Hollin, 2002). On the other hand, some authors have pointed out that the disruptive effects to pro-social networks, and the stigmatising and socially isolating effects of certain interventions might paradoxically increase the risk of sexual recidivism (Willis, Levenson, & Ward, 2010). A number of studies support this concern, finding that punitive sanctions and imprisonment can actually increase general recidivism (Lipsey & Cullen, 2007). Nonetheless, there is evidence for a specific deterrence effect of detection in the finding that many CSOs offend for a long period prior to detection and sanctions but thereafter have relatively low recidivism rates compared with general offenders (Finkelhor, 2009).

Offender Rehabilitation

Correctional workers also seek to prevent reoffending through the rehabilitation of convicted offenders so that they may live without reoffending in the community after their sentence and their interaction with correctional agencies ends. Given that increasing the punitiveness of sanctions is likely to increase public cost without a corresponding increase in public safety, a large amount of empirical, theoretical and therapeutic work has focused on identifying and strengthening the principles of effective rehabilitation. The Risk-Needs-Responsivity framework proposed by Andrews and Bonta's (1994) psychology of criminal conduct has proven to be an

effective and highly influential model for identifying and guiding the development of rehabilitation interventions which are effective in reducing crime. The next paragraphs will describe this framework with reference to the relevant findings for CSOs.

The Risk-Needs-Responsivity paradigm (RNR; Andrews & Bonta, 1994) is intimately connected with the modern search for factors that predict re-offending. RNR has been pivotal in encouraging empirical studies of recidivism data and in informing the analysis of that data, and has been heavily involved in using this information to create a modern psychological model of offending and risk prediction (Andrews & Bonta, 2010). The empiricism of RNR, and its effectiveness in creating modern risk prediction tools and treatment programmes, has seen a broad acceptance and adoption of its model in forensic research and practice (Wormith et al., 2007). Furthermore, the importance of criminogenic needs for risk prediction, treatment and theory mean that there has been a considerable effort made to find these dynamic risk factors which are amenable to change (Andrews & Bonta, 2010).

The RNR framework consists of three principles which attempt to provide a framework for the assessment, management and treatment of offenders. The *risk* principle states firstly that that it is possible to categorise offenders by risk of re-offending, and secondly, that high risk offenders are the most appropriate target of intensive treatment, while low risk offenders may require little or no treatment (Andrews & Bonta, 2010). The *needs* principle acknowledges that an offender may present with many needs, however it is those *criminogenic* needs which predict re-offending that are the main concern of professionals charged with reducing recidivism. The *responsivity* principle of RNR concerns matching treatment delivery

to clients in order to improve engagement and effectiveness. The responsivity principle seeks treatments that are matched to the abilities and learning styles of the offender in order to maximise treatment uptake (Andrews & Bonta, 2010).

The Risk Principle: Predicting Recidivism and Assigning Resources

The risk principle identifies those offenders most in need of treatment. As stated, the majority of CSOs, once convicted, will not reoffend. Pooling rates of re-conviction for untreated CSOs across multiple international studies gives a reconviction rate of 14% at five years, and 24% at fifteen years post release (Harris & Hanson, 2004). While it should be noted that some offending may go undetected, the above rates are low in comparison to general offenders, approximately 56% of whom will be re-convicted after two years in New Zealand (Department of Corrections, 2007). However, not all offenders carry the same risk of reoffending. The risk principle of RNR states offenders' risk can be assessed and that high risk offenders should be the focus of the most intensive rehabilitative efforts. Therefore, understanding an individual offender's risk level is important for deciding the level of rehabilitative assistance they might require.

The risk principle of RNR has made offender risk prediction a central part of correctional rehabilitation. While meta-analysis suggests unstructured clinical judgement may predict violence at a rate above chance (Mossman, 1994), across multiple studies clinician's abilities to predict sexual recidivism are unimpressive (Hanson & Bussière, 1998). A more fruitful approach to risk assessment has been to create actuarial instruments based on factors empirically demonstrated to correlate with sexual recidivism (Andrews & Bonta, 2010; Garb, 2005; Hanson & Bussière, 1998; Mossman, 1994). The first such assessment instruments were based on 'static' risk factors: these are historical factors correlated with risk and immutable to

change, such as the number of prior convictions. Such static risk instruments remain in use today. Two such instruments used in New Zealand to estimate CSO risk are the STATIC 99 (Hanson & Thornton, 1999), and the ASRS (Alexander Skelton, David Riley, David Wales, & James Vess, 2006) which was based upon it. These two instruments are described below, along with the implications of each

Table 1

Reconviction for Any Sexual Offence by Risk Category for Sexual Offenders (STATIC 99) and Child Sex Offenders (ASRS)

			Sexual recidivism after		
Category	% of Sample	Scoring Range	5 Years	10 Years	15 Years
STATIC 99 (Sexual offenders)					
(Total sample)	*(100%)*		*18%*	*22%*	*26%*
Low	11%	0-1	6%	9%	9%
Medium Low	38%	2-3	11%	14%	18%
Medium-High	27%	4-5	30%	35%	38%
High	12%	6+	39%	45%	52%
Automated Sexual Recidivism Scale (Child Sex Offenders)					
(Total Sample)	*(100%)*		*7%*	*13%*	-
Low	-	0	2%	8%	-
Medium Low	-	1-2	7%	12%	-
Medium-High	-	3-4	11%	24%	-
High	-	5+	28%	43%	-

Note: Based on information from Hanson and Thornton (1999) and Skelton et al. (2006).

instruments' categories for sexual recidivism risk. Table 1 compares risk and recidivism data for the two instruments.

The STATIC-99 (Hanson & Thornton, 1999) is a risk prediction tool which capitalised on the progress made by an emphasis on actuarial prediction and the historical correlates of sexual recidivism. The STATIC-99 focuses on historical predictors easily measured by professionals within a correctional setting. Specifically, the STATIC-99 assigns offenders to one of four risk categories based on a 12-point scale that scores ten items, reflecting victim gender, marital history, number of non-contact sex offences, relationship to victim (two items), previous sex offences, current and prior sentences for non-sexual violence, number of prior sentencing dates, and age. The STATIC-99 was found to have good discriminative ability and to improve on previous measures (Hanson & Thornton, 1999). Hanson and Thornton reported recidivism figures for the risk band at 5, 10 and 15 years, although they did not report an analysis of these rates when only CSOs were considered.

In New Zealand, the Department of Corrections (DoC) utilises a risk scale based on the STATIC-99 known as the Automated Sexual Recidivism Scale (ASRS) to estimate an offender's static risk. The measure removes three items from the STATIC-99 not readily retrieved from the DoC criminal history database; marital history, and the two 'relationship to victim' items (A. Skelton, D. Riley, D. Wales, & James Vess, 2006). The ASRS was normed on 1,113 male sexual offenders managed by the DoC and was found to have a significant association with sexual recidivism (A. Skelton et al., 2006). Skelton et al. report recidivism rates for sexual offenders at 5, 10, and 15 years, but only recidivism at 5 and 10 years for CSOs. It is these latter figures that inform Table 1.

The Needs Principle: Linking Dynamic Risk Factors and Treatment

The needs principle links an offender's changeable risk factors to treatment goals. The needs principle states that it is *criminogenic* needs which predict re-offending that are the main concern of professionals charged with reducing recidivism (Andrews & Bonta, 2010; Hanson & Harris, 2000). Criminogenic needs can also be understood as being 'dynamic' risk factors: factors which correlate with reoffending and which may change over time. As such they have two roles in correctional rehabilitation. The first role is as a measure of risk, and risk tools which measure these dynamic risk factors can be combined with static risk estimates. These combined measures give a measure of recidivism risk which is sensitive to changes an offender's environment, lifestyle and psyche (Andrews & Bonta, 2010; Beech, Fisher, & Thornton, 2003). The second role for stable risk factors is as targets of psychological treatment (Andrews & Bonta, 2010; Hanson & Harris, 2000). In support of this second role, treatment which focuses on producing change in dynamic risk factors has been shown to be the most promising approach with CSOs (Bonta, 1995; Hanson & Morton-Bourgon, 2007; Wormith et al., 2007). So while risk level identifies who should be getting treatment, dynamic risk content identifies what they need treatment for (Hanson & Harris, 2000).

As with static risk, the identification of dynamic risk factors for sexual recidivism has developed in the service of producing risk instruments. One such instrument commonly used in New Zealand is the STABLE 2007 (Hanson, Harris, Scott, & Helmus, 2007; Hanson & Thornton, 2007). Through creating the revised STABLE 2007, Hanson and colleagues (2007) sought to investigate the predictive power of a large number of promising dynamic factors via a truly prospective study, and to use these to create an instrument that could be used by corrections workers responsible

for supervising sexual offenders in the community. Specifically they sought 'stable' dynamic factors: dynamic factors which are amenable to change over months or years, rather than over hours or days (Hanson & Thornton, 2007).

The stable dynamic factors predictive of re-offending found by Hanson and colleagues (2007) were negative social influences, intimacy deficits, emotional identification with children, hostility towards women, social rejection, lack of concern for others, sexual preoccupation, using sex to regulate affect, deviant sexual interests, poor cooperation with supervision, impulsivity, poor problem solving, and negative emotionality. Attitudes supportive of offending, although important to many theories of offending and treatment, showed only weak correlation with offending, therefore items tapping this construct were dropped from the Stable-2007 (Hanson et al., 2007).

The Responsivity Principle: Treatment Delivery

The *responsivity* principle of RNR concerns matching treatment delivery to clients' abilities and learning styles in order to improve engagement, effectiveness and treatment uptake. If the risk and needs principles identify who needs treatment and what they need it for, the responsivity principle seeks to ensure that clients absorb the treatment effectively. In practice, responsivity issues may justify the consideration of factors not shown to predict re-offending, but which work to strengthen engagement with treatment, such as cultural identity and intellectual disability (Andrews & Bonta, 2010).

While the responsivity principle encourages the tailoring of therapy delivery to individual clients, there is a large amount of research in the general clinical literature regarding the types of therapy delivery and style which increase effectiveness *across*

clients. In particular, findings that certain therapist characteristics correlate with increased therapeutic effect have been named by Duncan, Miller and Sparks (2004) as the most robust findings in therapeutic psychology. These therapist characteristics have been found with nearly every clinical population and replicated with CSOs (Duncan et al., 2004; Marshall et al., 2005). These therapist characteristics include displays of empathy and warmth by the therapist, encouragement and rewards for progress, and some degree of directiveness (Marshall et al., 2005). Marshall and Burton (2010) suggest that the influence of the style of treatment delivery may be of even greater importance in sex offender treatment.

Duncan and colleagues have also written on the importance of the client's 'theory of change' to therapeutic relationship and progress. Briefly, a client's theory of change is their personal formulation of the source and solution regarding their presenting problem (Duncan et al., 2004). Pointing out that therapy model and technique account for 15% of therapeutic outcome variance at most, Duncan, Miller, and Sparks suggest that therapists de-emphasise their own theories of change and use those of their clients to select and direct therapeutic interventions. They assert that a therapist neglects their client's perspective on the presenting issue at the peril of therapeutic progress.

Instillation of hope is also highlighted as an important factor in productive therapeutic relationships (Duncan et al., 2004; Yalom & Leszcz, 2005), and research shows that those who feel that success at a task is unlikely are less likely to attempt it in the first place (Bandura, 1997; Deci & Ryan, 1987). Additionally, therapists' hope is also important: There is evidence that treatment providers' expectations of client success

may become self-fulfilling prophecies (Leake & King 1977, cited in Viets, Walker, & Miller, 2002).

On the other hand, a number of contrasting therapist characteristics, such as being highly confrontational, have been found to significantly predict therapy drop-out, client resistance, and poorer progress (Marshall et al., 2003; Miller & Rollnick, 1991). While confrontation has historically been seen as an essential part of therapy with client groups such as drug users and CSOs (Marshall et al., 2005), studies that have artificially controlled therapist style have found that direct confrontation in fact *increases* opposition from clients (Patterson & Forgatch, 1985).

CSO Treatment

Rehabilitative responses to child sex offending seek to reduce the incidence of abuse by intervening with CSOs and making them less likely to abuse again. Treatment has an important role to play in this endeavour and there have been many attempts to create CSO treatment programmes. However, not all treatment programmes have shown to affect reconviction rates equally. Considering correctional treatment for general offending and summarising meta-analyses of only well-controlled studies, Andrews and colleagues (1990) noted that the percentage of studies showing treatment effects ranged from 48% to 86%, and actual rates of reduction in recidivism following adequate treatment to routinely vary from 25% to 60%. Conversely, some treatment programmes have been found to result in increased re-offending (Andrews & Bonta, 2010; Andrews et al., 1990; Gendreau, 1996). Reporting the results of multiple reviews of the treatment effectiveness literature across offence types, Gendreau (1996) identified the common elements of successful treatment as being:

1. The services are intensive and psychologically informed.
2. The interventions are behavioural, and target the criminogenic needs of high risk offenders,
3. Programmes utilise the responsivity principle to teach pro-social skills.
4. The use of positive reinforcers outweighs punishers by at least 4:1.
5. Therapists are interpersonally sensitive and constructive.
6. Social networks are used to displace antisocial influences and promote pro-social ones.

The inclusion of criminogenic needs as a target of effective therapy underlines their importance in practical terms, provides an empirical validation of their status as causal variables in the process of re-offending, and supports the effectiveness of the RNR approach (Andrews & Bonta, 2003). More recent analyses of CSO treatment programmes support the above findings and highlight the promise of multi-component cognitive-behaviour interventions (Kirsch & Becker, 2006).

In New Zealand CSO treatment is delivered in prisons and in community settings. They are each informed by the RNR approach to rehabilitation, and deliver treatment which targets stable risk factors in a group format. While the community-based programmes offer separate streams for youth and, in some locations, Māori and Pacific Island offenders, all these programmes accept only male clients.

Delivering treatment in a group format introduces an interpersonal element which is appropriate to both an intrinsically inter-personal crime, and the relational problems identified in many CSOs (Brabender & Fallon, 1993; Hudson & Ward, 2000; Ware, Frost, & Hoy, 2010). According to Yalom and Leszcz (2005) some of the primary mechanisms of group therapy involve group processes such as sharing common

experiences and interpersonal learning. It also appears that the degree to which therapy group members express themselves and support one another predicts treatment gains in sex offender treatment (Marshall & Burton, 2010).

A study by Lambie and Stewart (2003) on the three community-based treatment programmes for adult male CSOs in New Zealand showed that completing treatment reduced recidivism at five years from 15% to 5%. These programmes show recidivism reductions that compare favourably to those found globally (Kirsch & Becker, 2006). For comparison, in New Zealand there are also two prison-based programmes, delivered in two 60 bed units based in prisons in Auckland and Christchurch. An evaluation of the Christchurch prison-based programme, *Kia Marama,* found that a while 21% of a control group of untreated CSOs were reconvicted for sexual offending this figure was 8% for treated men (Bakker, Hudson, Wales, & Riley, 1998).

The negative impacts of further offending by CSOs justify the effort and resources that have been marshalled in understanding and treating repeat offenders. However, despite its seriousness, CSO recidivism remains a low-base-rate behaviour. This low rate provides a genuine challenge to those charged with reducing it still further. Nonetheless, in terms of real reductions the influence of treatment remains modest (Kirsch & Becker, 2006), and I note that even the hopeful statistics from New Zealand programmes quoted above suggest that treatment adds to the specific deterrence effect of conviction by only 12-18%.

Summary

Child sexual abuse is damaging, disturbingly common, and frequently unreported. Nonetheless, detection and sanctions appear to be reasonably effective at stopping

abuse, and preventing abusers from reoffending. Despite this, a number of CSOs do reoffend, and considerable effort has been put into identifying which of these offenders present the highest risk to the community. The Risk-Needs-Responsivity model has been influential in identifying these high risk CSOs as the proper recipients of intensive intervention and has guided the type of treatment CSOs receive.

Any reduction in sexual offending is hugely positive, however, while progress has been made in identifying the useful attributes of sexual offender treatment, even the best programmes show only modest reductions in offending rates (Kirsch & Becker, 2006). For all CSO programmes, the real test of treatment occurs in the community following release, where an offender must utilise the skills and techniques offered through treatment over a period of years. Understanding what supports or inhibits offenders' motivation for sustained reform may assist with improving rehabilitation of CSOs. In the remainder of this introduction I will attempt to consider the motivational demands that long term change makes on those permanently refraining from child sexual offending. The importance of client motivation to both treatment and long-term change will be considered, before I move onto discussing the suggestions made regarding the nature of CSO desistance by two contemporary theories of CSO rehabilitation.

Long-Term Behavioural Change and Motivation

Low recidivism rates and treatment success suggest that many CSOs change their behaviour once caught, others are assisted to do so by treatment, and the majority manage to keep these changes in place once in the community (Hanson & Harris, 2000; Harris & Hanson, 2004). Nonetheless, others fail to do so. It is apparent that

the real test of CSO treatment lies in the maintenance of change. Therefore, understanding the factors that support or inhibit offenders' motivation for ongoing reform may assist with improving CSO rehabilitation (Walters, 2002b).

Client motivation has repeatedly cited as a common barrier to treatment and an important site of intervention for both sex offender and general criminal populations (Hollin, 2002; McMurran & Ward, 2004; Tierney & McCabe, 2002; Viets et al., 2002; Walters, 2002b). Despite this, confusion persists in the literature regarding what constitutes adequate motivation for treatment (Drieschner, Lammers, & van der Staak, 2004). The second section of this introduction considers the question of motivation from various theoretical perspectives. CSO treatment motivation is explored, and the concept of intrinsic motives is proposed as one way to remedy the conceptual problems that beset the literature on CSO treatment motivation.

CSO Motivation

With enough control over external rewards and punishments, behaviour can often be changed. However, in the long term, the effects of such external controls appear only temporary: Once the external contingencies are removed (or, perhaps more accurately, return to the previous pattern) the behavioural change also tends to disappear (Deci, 1976; Viets et al., 2002). Client motivation is generally seen as important in achieving recruitment, attendance, compliance and engagement within the therapeutic process (McMurran, 2002). However, evidence regarding the impact of offender motivation on treatment outcome has been lacking, and this may be due in part to unclear definitions of motivation (Beyko & Wong, 2005; Drieschner et al., 2004; Hanson & Bussière, 1998; Tierney & McCabe, 2002). For example, many CSO programmes have considered clients exhibiting cognitive distortions of denial or minimisation as unmotivated, and may exclude them from treatment on that rationale

(Marshall, 1994). However, the link between such cognitive distortions and motivation has never been established (Tierney & McCabe, 2002) and other treaters regard denial and minimisation as expected and understandable stages in the process of change for CSOs (Marshall, 1994).

It has also been the fashion for offenders and other candidates for psychological intervention to be described as being either motivated or unmotivated to change, and the reasons for such assessments, such as denial, negative character traits, or lack of insight, often implied that lack of motivation was a stable quality residing within the client (Miller & Rollnick, 1991; Viets et al., 2002). In the past, such positions have been the justification for harsh, coercive and confrontational methods that seek to 'break through' these defences (Marshall et al., 2005). However, research has been unable to find stable client traits that correlate with client resistance (Bauman, Obitz, & Reich, 1982; Miller, 1978; Vaillant, 1983). In contrast, and as stated earlier, negative and confrontational therapist styles predict poorer progress, as well client resistance and drop-out (Marshall et al., 2003; Miller & Rollnick, 1991). Clearly, client characteristics such as those mentioned above may be part of the picture, but it would seem that, rather than indicating stable client traits, resistance behaviours such as dropping out of treatment or denial are interactional and modifiable (Beyko & Wong, 2005).

Given the failure of the conceptualisation of motivation as a stable trait that is either present or absent, Miller and Rollnick (1991) suggested that motivation be defined as the probability of undertaking a particular action. Interventions that affect motivation, then, are those that increase or decrease the probability of a particular behaviour.

Fundamental to this conceptualisation is the idea of motivation as dynamic, task-specific, and modifiable as a result of both internal and external events.

Intrinsic Motivation

Another important idea in the field of motivation is the distinction between extrinsic and intrinsic motivation proposed by Deci (1976) which has become an area of considerable investigation. However, there are a number of difficulties with the concept of the 'intrinsically motivated offender', which limit its use within correctional psychology. I will outline three of these before moving on to the concept of *intrinsic motives*, which I believe are a more practical and elegant tool for discussing what constitutes adequate motivation for treatment and desistance.

Firstly, within the literature regarding offender motivation there is confusion about the meaning of the term *intrinsically motivated*. As originally proposed in the experimental paradigms used by Deci and Ryan (Deci, 1976; Deci & Ryan, 1987), intrinsic motivation can be understood as arising from within the individual him- or herself. Intrinsic motivation is present when an individual engages in a task for no apparent external reward, for example, when a task is considered interesting in and of itself (Deci, 1976). Nonetheless, an individual is often claimed to be intrinsically motivated for treatment when they engage for their own benefit, rather than simply being compelled by secondary external rewards such as being housed in a better part of the prison or obtaining an early release. Such a distinction makes practical sense, given the probability that such secondary motivators will not have a lasting effect on behaviour, however it is questionable whether anyone would find psychological treatment innately interesting enough to be truly 'intrinsically motivated' to take part (Marshall, Eccles, & Barbaree, 1993).

Secondly, the relationship between intrinsic and extrinsic motivation is not a simple one. Extrinsic and intrinsic motivators do not always behave in an additive fashion (Deci, Koestner, & Ryan, 1999). While individuals are capable of finding internal motivation for engaging in tasks propelled by external circumstances, on balance, external rewards and punishments, and even the presence of surveillance, have been found to reduce intrinsic motivation (Deci, 1976; Deci & Ryan, 1987; Miller & Rollnick, 1991). In making sense of the empirical data, Deci and Ryan (1987) proposed a cognitive evaluation theory whereby perception of these external contingencies is primary: External events that are perceived as controlling, (i.e., pressuring an individual towards a particular outcome) will undermine intrinsic motivation, whereas contexts perceived as supporting autonomy (i.e., encouraging them to make their own choices) will strengthen motivation. Deci and Ryan (1987) state that this is because individuals are intrinsically motivated to seek autonomy; a theme developed more fully in the literature on Reactance Theory (Brehm, 1966; Miron & Brehm, 2006) and Self-Determination Theory (Deci & Ryan, 2000).

Thirdly, and in apparent conflict with the second point above, long-lasting extrinsic motivators such as marriage have been suggested as predicting treatment compliance in sex offenders (Miner & Dwyer, 1995). On the other hand, one might consider that the value and benefit to the client of such a relationship would imply an intrinsic motivational locus rather than an extrinsic one. Perhaps then, effective extrinsic motivators, such as a marital relationship, gain some of their potency through linking to values and behaviours that are important to the client, such as social contact and intimacy in the current example. The above examples imply that there are domains of intrinsic motivation underlying our motivations and behaviours, and this idea of *intrinsic motives* will now be explored.

Intrinsic Motives

The idea that organisms seek pleasurable experiences and avoid unpleasant ones is central to Western psychological investigation into what directs behaviour (Alicke & Sedikides, 2009). While the ways that humans achieve and avoid these experiences is incredibly diverse, the concept of unconditioned stimuli (or, as they have been described here, intrinsic motives) underlying and driving these behaviours, lies at the heart of motivational psychology (Alicke & Sedikides, 2009). The idea of core purposes of human behaviour has been the subject of considerable discussion and investigation within a number of different disciples and methodologies, including philosophy, anthropology, and psychology. I will detail here the findings from two writers working in different spheres of enquiry; the psychologist Robert Emmons, and the philosopher Mark Murphy. As this idea of intrinsic motives has been used by Tony Ward (Laws & Ward, 2011; Ward & Marshall, 2004) in formulating his Good Lives Model of CSO treatment and desistance, this description has two goals; firstly, to outline the content areas proposed by some to constitute human intrinsic motives, and secondly, to lay the ground for the later explanation and critique of Ward's Good Lives Model.

Within the realm of personality psychology, Robert Emmons (1999) has summarised the goals that participants identified in his research into 'personal striving'. Asking individuals to complete the phrase "In general I try to...", Emmons has attempted to find and understand the personal goals of his participants. While he coded for qualities of goals, such as the degree of abstraction or maladaptiveness, he has speculated that the content domains of human strivings satisfy three basic needs; *Safety and Control*, *Social Belongingness*, and *Self Esteem and Competence*. The

eight content domains that Emmons (1999) identifies as serving these three basic needs are named as;

Personal Growth and Health (including self-esteem, self-improvement, and physical, emotional or mental well-being);

Generativity (including creativity, giving to others, and leaving a legacy);

Self-Sufficiency/Independence (including autonomy and self-assertion);

Power (including influence over others, social position and reputation);

Self-Presentation (including appearing attractive and making a good impression);

Affiliation (including social acceptance, and connectedness);

Intimacy (including commitment, responsibility, closeness and communication); and finally

Spiritual Self-Transcendence (including attempting to align one's life with a 'greater reality', divine awareness, social equity, and transcendent unity).

While psychologists such as Emmons have investigated what people *actually do*, moral philosophers have concerned themselves with what people *ought to do* in order to live a full human life (Murphy, 2001). The philosopher Mark Murphy (2001) approached the question of human life goals within the discipline of jurisprudence and natural law. His critically-praised work (Davenport, 2003; Knowles, 2003; McInerny, 2003) sought to establish the functions central to human nature and flourishing. Murphy's work lacks a grounding in empirical findings, but supplies a painstaking effort to find the necessary and sufficient components of human flourishing (i.e., fulfilment of our defining functional capabilities) and to describe the

relationship between them. Murphy's (2001) list of nine, non-hierarchical human 'goods' by which all human activity is intelligible consists of;

Life (including survival, physical integrity, and health);

Knowledge (including learning and hold true views);

Aesthetic Experience (both receptive and creative);

Excellence in Play and Work (including the value of mastery and excellence);

Excellence in Agency (including choosing and acting well);

Inner Peace (encompassing the state of having no desires unfulfilled);

Friendship and Community (involving acting towards a shared aims);

Religion (including being in harmony with the "more–than-human-order"; p.131); and

Happiness (in the successful achievement of a reasonable life plan).

Attempts to find the goals and purpose of a full human life such as these above seem to have more factors in common than they do in dispute. The differences can be understood for the most part in terms of method and intention, but also, non-trivially, in terms of the intentional primacy and importance of different categories: the necessary and sufficient human goals remain an area of debate and dispute. Further, any attempt to find categories of intrinsic human motivation will be a controversial exercise, and it should be stressed that, despite attempts to include cross-cultural practices, the consensus described above is a euro-centric one. On the other hand Alicke and Sedikides (2009) present a summary of the ways that, despite differing cultural norms, practices and values, both European and Japanese individuals are motivated to protect and enhance self-image. Similarly, both European and more collectivistically oriented Korean students were found to value

autonomy (Jang, Reeve, Ryan, & Kim, 2009). Nonetheless, the project of defining the universal intrinsic motives of a human life is one that must be pursued with sensitivity and caution.

Connecting Intrinsic Motives to Treatment

The relevance of intrinsic motives to the maintenance of treatment change derives from the way that a person's intrinsic goals link to life choices and daily behaviour. Carver and Scheier's (1981) Self-Regulation Theory (SRT) supplies one way of conceptualising the various processes that might be involved as a person's ultimate and guiding concerns are translated through the various levels of intentionality and into day to day life. This theory also has important implications for any rehabilitative effort, due to the predictions it makes about the structure and nature of goal setting.

At root, SRT is an attempt to understand "how people create actions from intentions and desires" (Carver & Scheier, 1981, p. 41). The theory uses goals as key constructs, defined as states or situations that individuals strive to approach or avoid. Carver and Scheier (1981, 2000b) argue that goals are cognitive structures, stored in the form of behavioural scripts or knowledge, that allow people to interpret others' behaviour and to guide their own actions. SRT proposes that goals exist as a nested hierarchy. At the surface level are motor sequences such as getting out of bed. These serve underlying behavioural programmes, for example *going to work*. Such a programme might in turn contribute to the attainment of a deeper abstract principle, such as *provide for my family*, which in turn serves an underlying 'system concept', such as the *ideal self* (Carver & Scheier, 2000b). Carver and Scheier point out that in the same way that behavioural programmes can serve more than one abstract goal (*going to work* might also serve the principle *impress my superiors*), principles

can be attained via more than one behaviour (e.g., an individual could provide for their family via work or through care giving).

According to SRT, goals may be either *approach goals* regarding states which the individual desires to attain, or *avoidance goals* regarding states the individual wishes to avoid. When a goal is selected as salient, it functions as a reference for interpretation of an individual's behaviour and its consequences (Carver & Scheier, 2000b). Anticipated outcomes of behaviour are also thought to influence these appraisals (Kanfer & Schefft, 1988). Success or failure in achieving goals is proposed to necessarily result in positive or negative affect respectively (Carver & Scheier, 1981, 2000a).

If we accept the SRT view of the world, we can begin to make some sense of the ways that treatment might link, or fail to link, with an offender's motivation and pre-existing goals. Using SRT in this way has two benefits. Firstly, the temptation to make statements regarding the presence or absence of 'motivation' is removed for good. Secondly, the difficult and tangled concepts of intrinsic and extrinsic motivation for treatment are similarly avoided. In such a view all behaviour is motivated by a relevant intrinsic motive (or motives) and channelled through the strategies currently available to the individual. The important factor then becomes the stability and permanence of the link between intended treatment outcomes and the client's personal goals. Deci (Deci, 1976; Deci & Ryan, 1987) stated that rejecting another's coercion serves the intrinsically motivating goal of autonomy. The same goal (autonomy) might also be served by attending treatment with the promise of an earlier release. The problem with this latter motivation is not related to the presence or absence of 'intrinsic motivation for treatment' but that it is attainable

via shallow engagement, and once release and its attendant autonomy is attained there remains no motivation to maintain treatment change.

This suggests that the most effective motivations for treatment will be those with goals attainable most appropriately through treatment change and that are stable enough to sustain motivation in the maintenance phase. I conjecture that clients with such motivation will include those who perceive the outcome of treatment as serving intrinsically motivating goals. In fact, this is the principle explored by Tony Ward's Good Lives Model (Ward & Marshall, 2004) which will be described in the third and final section of this introduction, in which I will consider the approach goal of CSO treatment: desistance.

Desistance: The Approach Goal of Treatment and Rehabilitation

The impacts of child sexual abuse and the efforts being made to reduce its incidence have been briefly reviewed. This led to a consideration of the prevention of reoffending by convicted CSOs. Here attention was directed to the question of CSO motivation, and some time was spent considering the nature and content of motivation and human goal-directed behaviour, including the importance of approach and avoidance goals. The final section of this introduction will consider the approach goal of CSO treatment: desistance from sexual offending. The suggestions of two theories that seek to inform CSO treatment will be critically examined, followed by a description of the findings of researchers in the field of desistance. Finally, the rationale for the present research will be described.

We can understand desistance, in the most basic sense as the process of "stopping and staying stopped" (attributed to Maruna, 2001, in Willis et al., 2010, p. 547). While the avoidance goal of correctional rehabilitation and treatment, recidivism, has

been well defined and researched, the approach goal, desistance, has only recently become the focus of broad clinical and academic interest within correctional psychology. Deciding at what point an offender 'starts stopping' can prove a headache (see Maruna, 2001), however Laub and Sampson (2001) recommend that desistance be understood as a process that *underlies* the act of terminating offending. This non-behavioural definition renders desistance hard to measure and operationalise, but also gives it usefulness as concept. Of course, such a definition means that, theoretically an offender may be engaged in the process(es) of desistance while still offending. This statement is not as paradoxical as it sounds. It is equivalent to the position espoused by the famous 'Stages of Change' provided by Prochaska and DiClemente's (1982) Trans-Theoretical Model; that successful behavioural change is the result of a long process, eventually stabilising in a maintenance phase.

The nature of the change that is maintained depends on the implication of the 'bridging theory' guiding treatment and rehabilitation. Ward and Marshal (2004) described the concept of a bridging theory as being a link from aetiological theory to treatment practice. In order to do this a bridging theory should "explicitly specify the aims of therapy, provide a justification of these aims in terms of its core assumptions about aetiology and the values underpinning the approach, identify clinical targets, and outline how treatment should proceed in the light of these assumptions and goals" (Ward & Marshall, p. 154). I will now examine two such bridging theories; Relapse Prevention, and 'good life' models, and consider the implications of each for the nature of CSO desistance.

Risk Management as a Bridging Theory of Desistance

The Risk-Needs-Responsivity model of rehabilitation bridges between deficit models of sex offending (criminogenic needs), and a problem-based practice that seeks to reduce and manage risk of re-offending (Ward & Marshall, 2004). Relapse Prevention (RP; Marlatt & George, 1984; Marlatt & Gordon, 1985) is a popular treatment modality within CSO treatment, and seeks to provide offenders with skills required to maintain desistance once they are released into the community (Wheeler, George, & Marlatt, 2006). The RP model suggests that desisted CSOs will be motivated by a desire to avoid reoffending, conscious of their risk factors, and vigilant to avoid risky situations, thoughts, and behaviours in their day-to-day lives.

Originally derived in the field of drug addiction by Marlatt (Marlatt & George, 1984; Marlatt & Gordon, 1985) and later adapted for sex offenders by Pithers (Pithers & Cumming, 1989; Pithers et al., 1989) RP conceptualises relapse as a dimensional and transient process, rather than as a dichotomous outcome (i.e. treatment failure). It provides several stages and mechanisms to describe the processes of lapse and relapse as observed as commonalities across research into addictive behaviours (Marlatt & George, 1984). In Marlatt's (1985) original model a lapse is generally defined as a single instance of the problem behaviour (i.e., a single cigarette) and relapse as either a return to previous levels of use, or to levels of use considered problematic.

Marlatt's Relapse Prevention Model

The RP model takes as its starting point an individual in the maintenance phase of behavioural change, committed to change, and perceiving themselves as having control over the problem behaviour (Marlatt & George, 1984). Nonetheless, the abstinence state is frequently associated with a sense of deprivation and imbalance

between desires and obligations, setting the stage for relapse. An individual's desistance is directly threatened through entry into a High Risk Situation (HRS) where they perceive their control over their addiction as threatened. Three major pathways into an HRS are identified. The first occurs when external circumstances conspire to place a person in an HRS unexpectedly such as, for an alcoholic, being offered a drink by an employer. The second path to a high-risk situation involves stress due to lifestyle imbalance resulting in reliance on old ways of coping; i.e., the addictive behaviour. The third and most common pathway is a covert one, whereby apparently irrelevant decisions, which are on the surface reasonable and unrelated to craving, compound to create a HRS (Marlatt, 1985; Marlatt & George, 1984; Marlatt & Gordon, 1985).

Marlatt (1985) proposes three classes of HRS; negative emotional states, interpersonal conflict, and social pressure. Once in a HRS, it is failure to employ adequate coping strategies that results in a lapse. Central to this process is the effect of the perceived threat to control on the individual's self-efficacy. Adequate coping increases an individual's self-efficacy, and the probability of future coping with risk situations. On the other hand an appropriate coping response can be stymied by a lack of coping skills, inhibition of those skills by fear and anxiety, maladaptive decision-making, or a failure to recognise the risks associated with a HRS. This results in a sense of helplessness, a tendency to passively submit to the situation, and an increased likelihood of a lapse. A number of specific mechanisms are proposed to facilitate the transition from a HRS to a lapse. The first of these is the *Problem of Immediate Gratification*, whereby the short-term benefits of the problem behaviour are over-emphasised, while the problematic long-term consequences are minimised or discounted. Secondly, lack of alternative coping strategies also

increases the probability of a lapse, particularly if the person is tempted to engage in the problem behaviour to cope with the HRS (Marlatt & George, 1984; Marlatt & Gordon, 1985; Ward & Hudson, 1996).

Following a lapse, several mechanisms mediate the progression to a full relapse. Quitters tend to view desistance as an all-or-nothing affair (Marlatt & George, 1984) and so a single transgression of this absolute abstinence can result in relapse; a return to previous or problematic levels. The *Abstinence Violation Effect* (AVE) is proposed to explain this phenomenon. Initially the AVE was considered to consist of two elements; cognitive dissonance (conflict and guilt) and a personal attribution effect (blaming self as the cause of the lapse; Marlatt & George, 1984). The more recent version of the AVE (Marlatt & Gordon, 1985) names the two major components as attributions and the emotional reaction to these (Ward & Hudson, 1996). Following a lapse, an individual engages in an attempt to understand the behaviour. The potency of the AVE is increased if the attribution for the lapse is to internal and dispositional factors such as 'I have no will power', rather than external, unstable and specific factors such as 'I was forced to take this cigarette to avoid offending my boss'. Simultaneously, the relapsing individual will experience negative affect and a perceived loss of control over their behaviour. Additionally, the conflict between behaviour and self-image may be resolved by giving up on quitting, or by bringing self-image in to line with the problem behaviour, as in 'I guess I'm just a smoker'. The intensity of the AVE is construed as dimensional, and influenced by several factors including the degree of prior commitment to abstinence, the duration of abstinence, and the subjective importance of the prohibited behaviour to the individual (Marlatt & Gordon, 1985).

Pithers' Relapse Prevention Model for Sex Offenders

Although derived primarily from studies of recovery from substance addiction, RP has been suggested from the beginning as having potential as a treatment framework with sexual offenders (Marlatt & George, 1984). Pithers (Pithers, 1990; Pithers & Cumming, 1989) adopted the RP approach to sex offenders for the Vermont Programme (Pithers & Cumming, 1989; Pithers et al., 1989). Clearly, the prior definition of lapse as a single instance is not acceptable when the target behaviour is child sexual abuse, and so Pither's major alteration was to bring the lapse and relapse concepts forward in the behavioural chain. Thus, relapse becomes single offence while a lapse involves voluntarily engaging in behaviours, such as deviant sexual fantasies, which increase the risk of offending and are therefore seen as the first evidence of losing control.

Ward and Colleagues' Reformulation of Relapse Prevention

In 1996, Ward and Hudson provided a thorough critique of both Marlatt's (1985) and Pither's (1990) RP models, acknowledging the value of both but highlighting a number of theoretical and internal inconsistencies, before going on to provide their own reformulation of RP for sex offenders. Ward, Hudson, and colleagues (Ward & Hudson, 1998, 2000; Ward, Louden, Hudson, & Marshall, 1995) utilised a Self-Regulation Theory framework, and narratives of the relapse process as described by 38 reconvicted sex offenders (Ward et al., 1995). This Self-Regulation Model of Relapse Prevention sought to provide a comprehensive account of the processes whereby CSOs re-offend (Ward & Hudson, 1998).

Ward and Hudson (1996; 1998) pointed out that there are three classes of problematic self-regulation. Firstly, individuals may fail to control their behaviour or emotions and behave in a disinhibited manner. Secondly, individuals may utilise

ineffective or paradoxical self-regulation strategies, such as excessive drinking to cope with anxiety associated with work difficulties. Finally, individuals may have intact self-regulation and planning, but seek inappropriate goals, such as the preferential child molester who actively seeks sexual activity with children. In this last category the problem resides in the individual's goals and associated values and beliefs (Ward & Hudson, 1998). From the narratives of recidivist child sexual offenders Ward and colleagues (Ward & Hudson, 1998; Ward et al., 1995) identified nine stages in the relapse process; 1; an external life event leading, via individual and interpersonal factors, to 2; the desire for offending to arise and 3; the establishment of approach and/or avoidance goals relating to offending which are refined over time. These result in 4; the selection of an inappropriate planning strategy (covert or overt), which leads to 5; a high risk situation. As in the original RP model the way the HRS is handled then results in 6; a lapse, defined here as the immediate precursors to offending, such as getting into bed with a child, and following a maladaptive response to the lapse, 7; the first offence (relapse one) ensues, resulting in 8; an evaluation of the offending which determines 9; the consequent attitude to further relapse.

Within these stages, Ward et al. (Ward & Hudson, 1998; Ward et al., 1995) described four relapse pathways which form a typology of offenders. These four pathways represent variation on two dimensions and have implications for the strategies resulting in HRS, the nature of the maladaptive coping with HRS, the processes mediating transition from lapse to relapse, and the later evaluation of the first re-offence. While two of the pathways have offending as a goal, the other two pathways seek to avoid offending. Each of these 'approach' and 'avoidance' paths

are further distinguished by the self-regulation strategies present, which may be either insufficient, or intact but inappropriate (Ward & Hudson, 1998).

A Critique of the Relapse Prevention Model

The Risk-Needs-Responsivity approach and Relapse Prevention have resulted in more effective treatment, and an emphasis on well-defined and empirically supported treatment goals (Ward & Mann, 2004). Nonetheless, a focus on avoidance goals (lapse and relapse) is concerning. Within theories of goal-setting and self-regulation, avoidance goals are considered to be particularly difficult to attain (Carver & Scheier, 1981), and there is evidence that approach goals have a stronger orienting effect on behaviour (Mann, 2000). Citing reviews by Yates (2005) and Reitzel (2006), Wormith and colleagues (2007) point out that that "a punitive, fear-based treatment approach focusing on avoiding 'bad' behaviours has not been very successful in reducing relapse among sex offenders" (p. 886).

Relapse prevention is also silent on the replacement of the inappropriate sources of reinforcement that might motivate offending, and does not sit easily with the existence of offenders who actively plan their offending and who experience positive emotional states during its commission. Relapse Prevention is concerned with the maintenance phase of behavioural change (Marlatt, 2000), but while motivation for continued desistance may be treated as a responsivity issue, it is not well integrated into understandings of why offenders might actively seek abusive sex, or how they might commit to long-term desistance in their day to day lives: Such an approach fails to conceptualise offenders as integrated, complex beings who seek to give value and meaning to their lives (Ward & Marshall, 2004). As such, the RP model depends on an offender's motivation for continued desistance, but neglects to

consider the issue of how and why offenders might live a different life (Ward & Marshall, 2004).

The Good Lives Model as a Bridging Theory of Desistance

The Good Life Model (Laws & Ward, 2011; Ward & Gannon, 2006; Ward & Mann, 2004; Ward & Marshall, 2004), provides another theory of rehabilitation that, like RNR, attempts to bridge the gap between aetiological factors and the implementation of CSO treatment. Although similar thinking has arisen concurrently from areas including strength-based treatment (Marshall et al., 2005), rehabilitation of intellectually disabled sex offenders (Ayland & West, 2006; Haaven & Coleman, 2000; West, 2007) and theory development (Ward & Marshall, 2004) I will predominantly focus on the Good Lives Model (GLM) proposed by Ward and colleagues (Laws & Ward, 2011; Ward & Gannon, 2006; Ward & Mann, 2004; Ward & Marshall, 2004), because Ward's account represents the most concerted effort at theoretical consistency and clear description of a comprehensive rehabilitative framework . The Good Lives Model suggests that desisting CSOs have replaced the behaviours and attitudes which led to sexual offending with pro-social and adaptive means of attaining their requirements for a balanced and satisfying life (Laws & Ward, 2011; Ward & Marshall, 2004).

The Good Lives Model (Laws & Ward, 2011; Ward & Gannon, 2006; Ward & Marshall, 2004) is a strengths-based approach to rehabilitation that directly concerns itself with an offence-free life as an approach goal. As such the GLM is arguably more in line with contemporary correctional practice, and the increasing interest in positive, strengths-based practice in clinical psychology (Ward & Mann, 2004). Within the GLM all humans are seen as intrinsically motivated to achieve a comprehensive set of nine primary human goods. These *primary goods* are "states

of affairs, states of mind, personal characteristics, activities, or experiences that are sought for their own sake and are likely to increase psychological well-being if achieved" (Ward & Gannon, 2006, p. 79). Ward derived his list of primary goods from the work by theorists and researchers working in philosophy, anthropology and psychology and including the work of Emmons (1996, 1999), and Murphy (2001) reviewed earlier, and adding that of Arnhart (1998), Nussbaum (2000), Rescher (1990), Cummins (1995, 1996; 1994). Ward attributes particular influence to Murphy's nine human goods (Ward & Mann, 2004).

While originally presenting a list of nine primary goods (Ward & Mann, 2004; Ward & Marshall, 2004), the most recent version offers ten (Laws & Ward, 2011). The ten primary goods of the GLM are most recently described as being;

Life (including healthy living and optimal physical functioning, sexual satisfaction);

Knowledge,

Excellence in Play and Work (including mastery experiences);

Autonomy (formulating and pursuing one's own goals);

Inner Peace (including freedom from emotional turmoil and stress);

Relatedness, (including the desire for warm affectionate bonds with friends, family, and intimate partners);

Community (including the feeling of connection to groups with shared interests, concerns and values);

Spirituality (in the broad sense of finding meaning and purpose in life);

Happiness (including hedonic pleasure and contentment); and

*Creativity (*including the desire for novelty, innovation and artistic or creative output; (Laws & Ward, 2011).

Ward's original list of nine goods (Ward & Marshall, 2004) was essentially the same as Murphy's (2001), at least in terms of number and titles of the goods. In the most recent version Ward (Laws & Ward, 2011) appears to have split Murphy's good of *Friendship and Community* into two separate goods; *Relatedness,* and *Community*. The reasons for this change are not explained.

The GLM states that while individuals require access to all the primary goods they will each emphasise certain goods as a result of their own value systems. Later elaborations on the GLM include the concept of multiple 'practical identities', being the various roles an individual might fill in their lives, such as father, friend, sibling, worker, soccer player, each of which creates pressures and values impacting the goods the individual seeks, and the ways in which they seek them.

All individuals are hypothesised to live according to their own 'good lives plan', whereby they identify and utilise secondary human goods (e.g., socialising with adults) to attain primary ones (e.g., relatedness and community). According to Ward and colleagues (Laws & Ward, 2011; Ward & Laws, 2010; Ward & Mann, 2004; Ward & Marshall, 2004) an adequate good lives plan is one where all the primary goods are accessed through adaptive and appropriate means. Correspondingly, these plans can suffer from several types of problems; problems with the means used to secure goods (e.g., seeking relatedness and intimacy with a child who is incapable of supplying this in a genuine way); a lack of scope within a good lives plan (whereby certain goods are missing or lacking); the presence of conflict among goals (e.g., seeking the good of inner peace via drinking which causes problems in

relationships or at work); and finally, a lack of the necessary capacities to form and adjust a GLM to changing circumstances (e.g., impulsive decision-making; Laws & Ward, 2011). The addition of practical identities also provides the possibility that the values and priorities of different roles can create conflict in (e.g., the requirements and values related to the role of gang member conflicting with those related to being a good parent, both of which might be valued by an offender; Ward & Marshall, 2004).

Offending is construed by the GLM as an attempt to achieve the primary goods through problematic methods (Ward & Marshall, 2004). Within this framework, criminogenic needs are conceptualised as obstacles to creating a functional good lives plan. Treatment under a Good Lives framework involves orienting the offender to the full range of goods, creating an understanding of how problematic pursuit of these goods led to offending, and aiding them to find ways to fulfil their needs in an adaptive and non-destructive way (Laws & Ward, 2011). Given that offending is conceptualised as the maladaptive pursuit of acceptable ultimate goals, a client who can achieve these goals, towards which they are intrinsically motivated, without offending is seen as likely to do so (Laws & Ward, 2011). The GLM provokes clinicians to make offenders' meaning and aspirational structures explicit within their formulation, providing a method of incorporating motivation, aetiological factors, relapse prevention training, and approach goals into a coherent theoretical framework(Laws & Ward, 2011).

Ward states that GLM treatment involves assessing an offender's most valued primary goods and the practical identities used to attain them, and then building their capacity to use these practical identities to meet need their needs in adaptive and

pro-social ways (Laws & Ward, 2011). For example, if intimacy and relatedness were import to an offender (and their offending), therapists would work with him to build the capacities, such as communication skills, that facilitate the practical identity of *romantic partner*. The current example might therefore include a risk factor such as *emotional dysregulation* as a barrier to the operation of the practical identity of romantic partner.

Preliminary investigations provide some initial support for the efficacy of the GLM as a framework to inform treatment. Simons, McCullar, & Tyler (2008, as cited in Laws & Ward, 2011) reported that a GLM focus in treatment resulted in better compliance and completion rates than a standard relapse prevention approach. Added to this, an initial investigation into a comparable treatment model for working with intellectually disabled CSOs (the Good Way model) has been favourable (West, 2007). The Good Way model was derived separately from the GLM, using a grounded theory approach, but has come to be informed by the GLM, and may be one version of what the GLM looks like in practice (Ayland & West, 2006).

A Critique of the Good Lives Model

The GLM rests upon a coherent theoretical foundation which is compatible with current effective correctional practice, and incorporates centrally the perennial concern of sex offender motivation. Nonetheless the aspects which are most unique to the GLM as a theory of rehabilitation – the ten goods and the concept of a 'good lives plan' – also represent its weakest point.

Ward claims a 'broad consensus' amongst the lists of good on which he bases his own (Laws & Ward, 2011; Ward & Marshall, 2004), yet does not address the controversy which has accompanied the pronouncement of each. Common

controversies include the assumption of cross-cultural applicability, and the question of the 'primary' status of the intrinsic life goals identified by the various lists (see for example Davenport, 2003; Kamtekar, 2002; Slife & Calapp, 2000). Neither does Ward elaborate on how he has reconciled the differences that exist between his source lists. These differences include disparities in methodology and intention which make it questionable whether the teleologies which power each of the lists (e.g., 'personal strivings' [Emmons ,1999], evolution [Arnhart, 1998], and 'central capabilities' [Nussbaum, 2000]) are equivalent or even compatible (Slife & Calapp, 2000). This is not a fatal flaw in the theory, however, this conflict needs to be addressed and to my knowledge Ward has been silent on how the various goods available for consideration were assessed, chosen, and integrated.

While Ward presented his list of nine primary goods as "comprehensive" in 2004 (Ward & Marshall, 2004, p. 158), his book with Laws (Laws & Ward, 2011) claims that his more recent list of ten primary goods is "not meant to be exhaustive" (p. 187), seemingly stepping away from prescribing ultimate goals for a proper human life. However, this seems problematic for a bridging theory that proposes that successful desistance requires access to the full complement of primary goods. The GLM claims that there is a necessary (and presumably sufficient) set of goods required to avoid sexual offending and live a better kind of life, but while the theory attempts to provide some of the *necessary* goods, it is silent on the important question of *sufficient* goods. The GLM is not clear about what a balanced good lives plan would look like, other than to say that this would different for each offender, and possibly each role that each offender takes in his or her life (Laws & Ward, 2011). This presents problems for a theory intended to explain aetiology, direct assessment

and inform treatment: It is not exactly clear what Good Lives formulations and treatment should aim for, or accept as 'good enough'.

Ward also states that each good could be subdivided in to further (presumably primary) goods (Laws & Ward, 2011). He gives the example that "the good of relatedness could be further divided into goods such as the provision and experience of mutual support, sexual activity, personal disclosure, physical comfort, and emotional reassurance" (Laws & Ward, 2011, pp. 187-188). In this example it is unclear whether fulfilling the good of mutual support is sufficient for fulfilling the good of relatedness, or whether one would also need to fill some, or all, of the related 'sub-goods'. In addition to further complicating the question of what constitutes a sufficient good lives plan, the above idea of primary 'sub-goods' also undermines the notion of primary and instrumental goods. If relatedness is the primary good, then why is mutual support (which certainly seems as open to a behavioural definition as 'spending time with adults') also a primary good and not an instrumental one? Ward does not make this distinction clear, a fact which might result from his apparent reticence to prescribe a definitive list of human goods.

Finally, while the GLM is intended to be theory of rehabilitation that sits easily with the existing motivations of CSOs, not all commentators are convinced of this. Glaser (2010), considering research into CSO treatment experiences, suggested that many offenders have little experience of, or desire for, considering their 'good life goals' and may find the avoidance goals of RP easier to understand, extending as they do the prohibitions and exhortations familiar from the correctional system and social norms.

What Do Desisters Do?

This introduction began in the area of child sexual abuse and moved to discuss the area of CSO treatment and desistance. The theoretical underpinnings of the concept of motivation were examined before discussing two theories of CSO rehabilitation; The Risk-Needs-Responsivity framework proposed by Andrews and Bonta's (1994) psychology of criminal conduct which, due its success at incorporating empirically supported treatment targets, has come to dominate the CSO treatment field; and the Good Lives Model (Laws & Ward, 2011; Ward & Marshall, 2004) which, due to the possibility it offers of incorporating offender motivation and a positive intervention style, has attracted considerable interest. Ultimately, however, theories about CSO desistance must rest on a base of observation (Ward & Beech, 2008), and so the remainder of this introduction will consider some of the extensive literature that has investigated the characteristics and experiences of desisters. However, while there is a large amount of evidence and theory accumulated on desistance from general and violent offending, addiction, and substance use, there has been little research published on the supports for CSO desistance (Willis et al., 2010).

Desistance research originated in the observation by sociologists and criminologists that at some point nearly all people who commit crimes cease offending, the majority before they reach thirty (Glueck & Glueck, 1968; Maruna, 2001; Moffitt, Caspi, Harrington, & Milne, 2002; Sampson & Laub, 1993). While the earliest desistance theorists gave age itself a causal role in desistance (e.g., Glueck & Glueck, 1968), over time many other factors and processes have been suggested. Environmental and developmental factors suggested by qualitative studies to support continued desistance from general and violent offending in the community have included a

change in identity or self-view (Hughes, 1998; Maruna, 2001; Sommers, Baskin, & Fagan, 1994; Vaughan, 2007) altered expectancies regarding criminal and non-criminal activity (Hughes, 1998; Jolin & Gibbons, 1987), a sense of connection to the conventional social order (Sommers et al., 1994), avoiding contact with criminal associates and constructing a new social group (Haggard, Gumpert, & Grann, 2001; Maruna, LeBel, Mitchell, & Naples, 2004; Sommers et al., 1994), the affirmation of a non-criminal identity by a member of the community (Haggard et al., 2001; Maruna et al., 2004), and preoccupation with avoiding risky or unpredictable situations (Haggard et al., 2001; Mulvey & La Rosa, 1986; Sommers et al., 1994). In their investigation into reintegration planning for CSOs who had completed treatment in prison, Willis and Grace (2010) found support for the positive effect of employment and adequate accommodation.

The major supports for desistance most commonly found include a good marriage, work and job stability, education, and transformation of personal identity (Laub & Sampson, 2001; Maruna & Roy, 2007). I will outline some salient supports for desistance below, including two factors which have historically been considered important but which have a less clear relationship with desistance. Where research is lacking into child sex offending I will attempt to consider how the findings into desistance from crime and substance use might relate to CSOs.

'Spontaneous' Desistance and the Environment

Walters' (2000) review of studies into natural desistance from smoking and drug and alcohol abuse suggested a number of factors that these 'natural desisters' named as helping them to maintain their motivation for desistance. These included social support, changing friends, change in recreational activities, physical exercise, substituting activities for dependencies, identity transformation, willpower, and self-

confidence . Notably, significant differences between groups in Walters' analysis suggests difference in desistance pathways between users of different substances. To my knowledge there are no studies on spontaneous desistance from child sexual abuse. However, Walters' analysis highlights the need for *in situ* investigation into CSO desistance, and forces consideration that CSOs may follow desistance pathways which differ to those of other offenders.

Marriage

Marriage has been repeatedly linked with desistance (Blokland & Nieuwbeerta, 2005; Laws & Ward, 2011; Maruna, 2001; Willis et al., 2010). Good marriage might reasonably be considered the flip side of the poor social supports, isolation and loneliness that precede much sexual offending (Hudson & Ward, 2000) and that can indicate increased risk of reoffending (Hanson & Thornton, 2007). Good marriages appear to support general desistance through making social networks more conventional and pro-social, and through reducing contact with risky situations (Sampson, Laub, & Wimer, 2006). CSOs might be expected to experience greater lifestyle stability through such changes, but could also gain benefits in the areas of appropriate sexual and intimate relationships. Unfortunately, despite the importance of social networks to reducing risk, supporting desistance, and to offenders themselves (Bui & Morash, 2010) there is evidence that social attitudes, and perhaps formal interventions themselves, might present barriers to forming lasting intimate relationships for men convicted of sexual offending (Willis et al., 2010).

Employment

Stable employment has also been consistently linked with successful criminal desistance (Laub & Sampson, 2001; Ouimet & Le Blanc, 1996) and has become the focus of much work to improve general criminal rehabilitation (Martin, Hernandez,

Hernandez-Fernaud, Arregui, & Hernandez, 2010; O'Connell, Enev, Martin, & Inciardi, 2007; Visher, Winterfield, & Coggeshall, 2005). The relationship between employment and desistance has also been noted for CSOs (Willis & Grace, 2008). Paradoxically, but perhaps unsurprisingly, future employment options have been found to be reduced by criminal conviction generally (Pettit & Lyons, 2009), and sexual convictions specifically (Willis et al., 2010).

Turning Points

Many reformed offenders claim that their desistance is initiated by a conscious decision on their part, and that this decision is often spurred by external crises (Mulvey & La Rosa, 1986; Sommers et al., 1994). These external crises may be either positive (e.g., marriage) or negative (e.g., the death of a criminal partner; Walters, 2002a). While the idea of turning points appears at several points in the literature (Laub & Sampson, 2001; Sampson & Laub, 1993), some suggest that the diversity in such experiences recommends these as narrative constructions used by study participants to make sense of their life story, rather than structural events of practical significance to those wishing to engender desistance (Maruna, 2001). Negative experiences of prison are sometimes named as the origin of turning points by offenders wishing to desist, yet many of these return nonetheless (Maruna, 2001), suggesting that such determination is not sufficient in and of itself. The importance to desisting CSOs is unknown; however, given that these appear to part of the way that desisters make sense of their lives, at least some CSOs would be expected to attribute their desistance to decisions made at turning points.

Spirituality

Spirituality is a component of many drug and alcohol treatment strategies, and faith-based programming is also common within prison settings (Giordano, Longmore,

Schroeder, & Seffrin, 2008). However, spirituality and religion are not generally recognised as having a measurable effect on risk, and research generally shows no relationship between spirituality and successful desistance (Giordano et al., 2008). Nonetheless, Schroeder and Frana (2009) noted that religion acted as "a form of emotional comfort, a distraction from current stressors, and a factor demarcating the transition from deviance to a more conventional life" (p. 718). Giordano and colleagues (2008) suggested that spirituality might act as an objective and subjective 'hook for change'. The objective aspects of this 'hook' were proposed to include access to social support and pro-social others. Contradicting this however, Schroeder and Frana (2009) noted that their participants remained socially aloof from their congregations. The absence of measurable impacts on recidivism suggest that the importance of spirituality to desisters might reside in its subjective and 'demarcating factor' role. Maruna (2001) suggests that desisting offenders construct 'redemption scripts' that transform their self-image, and records the use of spiritual narratives in producing these. While there is no research into the redemption scripts of CSOs, there is no reason to expect that they would be exempt from the process of producing new identities consistent with desistance.

Self-Image and Narrative Understandings of Desistance.

The role of cognitive transformation and self-identity is another area which has been developed in the desistance literature. Walters (2002a), considering the trajectory from early aggression to crime and desistance, highlights the presence of multiple trajectories suggested by other researchers (Blokland & Nieuwbeerta, 2005; Laws & Ward, 2011) and suggests that the transformation of crime-supportive cognitions is an ongoing process that happens in stages, reflected, for example, in self-desisters' descriptions of a growing awareness of the futility of crime (Walters, 2002a).

Maruna (Maruna, 2001; Maruna et al., 2004; Maruna & Roy, 2007) has explored the concept of cognitive transformation in desistance through his qualitative research with desisters from general offending. He has developed this work to include the generation of a new self-identity, through both desistance-supporting 'redemption scripts', and the 'Pygmalion effect' which results when others confirm pro-social roles and identities (Maruna et al., 2004). Maruna (2001) describes desisters' redemption scripts as involving three elements: "An establishment of the core beliefs that characterise the person's 'true self'; an optimistic perception (some might say useful 'illusion') of personal control over one's destiny; and the desire to be productive and give something back to society, particularly the next generation" (p. 88). Barry Vaughan (2007) suggested that desisters create new identities "by plotting their own lives within a narrative that exists between a past that is denounced and a future ideal toward which they strive" (p. 396). Vaughan also highlighted the role of multiple identities, and stated that the shift to a new identity progresses with reference to individuals' ultimate concerns and each identity's potential for achieving these.

While cognitions supportive of sexual offending are generally considered to require transformation in order for CSOs to avoid relapse, there is no information about how self-identity processes impact CSO desistance. Plummer (1995), a researcher who investigated sexuality narratives, noted that paedophilic men lack publicly-available sexual narratives and even opportunities to tell these stories. Given the importance of narratives in constructing personal (and sexual) identities (Plummer, 1995), it is unclear how such men (let alone abusers lacking stable paedophilic preference) could construct an identity consistent with child abuse, or how they would go about altering such a self-image once held.

While there has been considerable work of desistance from general and violent crime, caution should be exercised in applying this desistance research to CSOs: Not all offenders may find the same processes and factors necessary in their process of desistance. For example, in their study with particularly high-risk violent offenders, Haggard et al. (2001) found that although participants had severed ties with criminal associates, they had not created new social networks, but in fact avoided social contact with non-family members. It was also these men who showed mental preoccupation with avoiding risk.

Similarly, Walters' (2000) meta-analysis of research into the motivational supports for maintaining spontaneous remission from substance use found significant differences between groups. Walters found a broad consensus regarding supports for substance use desistance, but noted that while alcohol and drug users named changing friends and identity transformation in the six most important supports for desistance, smokers preferentially rated self-confidence and substituting activities or dependencies. Differences in desistance trajectories have been found between genders (Giordano, Cernkovich, & Rudolph, 2002; Sommers et al., 1994), ethnicities (Reitzel, 2010) and crime type (Laub & Sampson, 2003), highlighting the need for desistance research specific to both sex offenders in general, and child sexual offenders in particular.

Summary

The third section of this introduction presented two treatment models of CSO treatment. Both were critiqued and the implications of each for CSO desistance were examined. While there has been sparse research into the reality of desistance from child sex offending, what could be found was reviewed, along with a brief summary of the literature on desistance from general crime, violence, and substance

addiction. Some salient findings regarding desistance were reviewed and the question of the nature of CSO desistance was considered in the light of these.

The Relapse Prevention model (Marlatt & George, 1984; Pithers et al., 1989; Ward & Hudson, 2000) has shown success in reducing CSO recidivism and provided a way to incorporate empirically-derived treatment targets into CSO treatment. On the other hand, the recidivism reductions attributable to treatment remain modest (Kirsch & Becker, 2006), and the RP model may not adequately address the important question of motivation for treatment and desistance (Ward & Gannon, 2006). Furthermore, the focus on avoidance goals in RP may undermine its effectiveness (Wormith et al., 2007).

Ward's Good Lives Model (Laws & Ward, 2011; Ward & Marshall, 2004) has been proposed in an attempt to address these concerns and offers an approach-based model of CSO rehabilitation (Ward, Mann, & Gannon, 2007). However, the list of primary goods upon which it hinges lacks clear delineation and may be overly philosophical and complex for many clients. More problematically, it is not clear what constitutes the type of 'good lives plan' that would characterise desistance. Additionally, without information on the experiences of desisting CSOs, the GLM has been deprived of investigation into its adequacy as a model of CSO desistance.

While RP suggests that CSO desistance comprises vigilance and avoidance of risk factors motivated by a desire to avoid sexually abusive behaviour, the GLM suggests that desisted CSOs have found ways of obtaining the necessities of life without offending. In the meantime, what desisting CSOs *actually* do remains unknown for the most part.

It does appear, that like general offenders, CSOs who have stable intimate relationships, social support, steady work, and adequate accommodation reoffend at a lower rate than CSOs without these assets (Willis et al., 2010). Unfortunately for our understanding of motivation for desistance, the detail of how these factors assist these men is not known. While there has been considerable work on desistance from substance use and crime, it should be noted that not all offenders may find the same processes and factors necessary in their process of desistance. Differences in desistance trajectories have been found between across a variety of variables, including offence type (Laub & Sampson, 2003), highlighting the need for research specific to sex offenders in general, and child sexual offenders in particular.

Conclusion

The preceding introduction began by considering the community responses to child sexual abuse. The characteristics of the interventions which show the greatest promise and effects in reducing further abuse by convicted CSOs were then outlined. It was stated that while treatment appears effective for CSOs, there is still room for improvement. Motivation has often been considered a central question for improving treatment engagement and is arguably central to the long term maintenance of change. For this reason some time was spent considering the nature of motivation and the concept of intrinsic motives was proposed as a solution to the problems that beset the literature on CSO motivation. Following this, the nature of CSO desistance was considered in light of the implications of two theories of motivation; Relapse Prevention (Marlatt, 1985; Pithers et al., 1989; Ward & Hudson, 2000) and the Good Lives Model (Laws & Ward, 2011; Ward & Marshall, 2004), and empirical research

into desistance from substance use and sexual, violent, and general offending was considered.

A number of themes and limitations run throughout the literature that informs assessment and treatment practices with convicted CSOs. Central to many of these is the fact that the current literature on CSO treatment neglects the experience of identified CSOs who have maintained desistance in the community, relying instead on information regarding desistance failure to inform avoidance goals for treatment (Hanson, 2000). However, sustained desistance takes place in the community, and therefore experiences and processes of men in that community should inform the discussion of desistance (Walters, 2002b).

Much of the desistance literature has looked at those addicts and criminals who desist without formal intervention, and the importance of this work has been to highlight the factors in a client's environment, arguably more powerful than the limited scope of therapist intervention, which assist and motivate individuals not just to desist from substance use, but to remain motivated to live substance-free (Walters, 2002b). The accumulated evidence that the majority of CSOs desist without treatment (Hanson & Bussière, 1998) suggests a role for environmental factors and client motivation in CSO desistance. However, although a number of studies have investigated desistance motivation and maintenance in the lives of offenders, only a fraction have specifically investigated sex offender populations (Walters, 2002b; Willis et al., 2010). It is known that different offenders desist differently (Laub & Sampson, 2003), and as Ward and Hudson's (1998) work on Relapse Prevention has highlighted, the shift of theory and practice from one field to

another is not without peril. Therefore the question of child sex offender desistance is one that must attract its own attention.

While treatment might be hoped to result in increased motivation for change, there is concern that the current treatment model is not based on a comprehensive understanding of offender motivation (Ward & Marshall, 2004). A focus on crime and recidivism has led to rehabilitative methods which emphasise deficit and avoidance (Polaschek, 2003). Self-Regulation Theory (Carver & Scheier, 1981) points out that avoidance goals are more difficult to attain than approach goals, and tend to result in increased psychological distress and negative affect, both of which have been implicated in the relapse process (Marlatt & George, 1984; Pithers, 1990; Ward & Hudson, 2000; Ward & Mann, 2004). One solution to this problem would be to construct a model of CSO rehabilitation focused on approach goals, and Ward's Good Lives Model (Laws & Ward, 2011) has been forward as one such solution. However, the majority of the information on CSO desistance has looked at treatment failure and CSOs who re-offend, and thus little is known about what factors and processes support treated or self-desisting CSOs to remain offence free (Hanson, 2000). Without knowledge about the factors and processes that support successfully desisting CSOs, appropriate approach goals that might increase motivation for desistance remain unknown.

Lastly, while research and theory regarding client motivation have seen therapists abandon confrontational and coercive intervention styles and adopt a therapeutic style highlighting choice and autonomy (Marshall et al., 2005), the content of correctional therapy (avoidance of risk and relapse) is still not clearly related to goals offenders themselves might find motivating (Polaschek, 2003). However, without

information from desisting CSOs, therapist have little information on what features of an offenders life can be expected to motivate and support sustained desistance. Related to this, the literature on CSO risk is extensive and empirical but supplies little information on how offenders themselves view their problems and incorporate the solutions into their own lives post-therapy. Such views and experiences are arguably important to considerations of treatment delivery.

CHAPTER TWO

METHOD

Methodological Framework

As already noted, the preponderance of CSO research into sexual offending recidivism and risk has neglected the experiences of the majority of CSOs who do not reoffend. Furthermore, CSO motivation may not be adequately engaged by current treatment methods, but again, there is little research on what motivates successfully desisting CSOs. The present project was guided by three questions: What is CSO desistance like from the perspective of men who are engaged in that process: What do they see as supporting and undermining desistance from child sex offending: (and) What do they say motivates them to sustain desistance from sexually abusive behaviour. In its latter stages the analysis was filtered through theoretical concerns regarding the structure of motivation, and the role of approach and avoidance goals.

Through their flexibility and richness qualitative methods offer the possibility of a broad survey of a topic about which little is known (Good & Watts, 1996). Qualitative research is also capable of investigating complex and dynamic phenomena, such as the meaning that participants draw from their experiences, and the way that they perceive and make use of the constructs of interest in their own lives (Larkin, Watts, & Clifton, 2006).

The primary method of qualitative analysis in this project was thematic analysis. The practical descriptions of this method provided by Braun and Clarke (2006) and Boyatzis (1998) guided this process. This thematic analysis sought to identify groups

of ideas or ‘codes’ that exist within the data and to then organise these into higher order ‘themes’. It is a more inductive process than content analysis as the themes or categories are not predetermined prior to analysing the data. Rather, the researcher attempts to induct themes from the data itself. Thematic analysis is a flexible technique which can be turned to many ends depending on the aims and theoretical position of the researcher (Braun & Clarke, 2006).

The thematic analysis used in this study was informed by Smith’s (1996) description of Interpretative Phenomenological Analysis, although it was the epistemology rather than technique which was utilised. Interpretive Phenomenological Analysis is an approach which rests on dual philosophical foundations of phenomenology and symbolic interactionism, and attempts to bridge the gap between the critiques of social constructivism on one hand, and the cognitive focus of social psychology on the other (Larkin et al., 2006; Smith, 1996). Developing from Husserl’s philosophy, phenomenological psychology accepts the existence of an objective external reality, but concerns itself with the personal perceptions and subjective experiences that arise when consciousness meets these external occurrences (Giorgi, 1995).

The phenomenological aspect of this study concerned an attempt to understand participants’ experiences and perceptions, rather than document objective ‘facts’. In attempting to understand participants’ experiences and meanings from their own point of view, I sought to understand both how they saw their life post-conviction and the way they understood their own motivations for change and desistance. The interpretive aspects of the analysis were largely pragmatic and involved acknowledging the potential effect of my own perspectives and experiences on my understanding of participants’ statements. Furthermore, the various clinical and

theoretical frameworks already described may also have influenced my interpretations of participants' experiences, as may have my desire to derive information that might be useful to therapists and professionals working in the area. Such influences could arguably reduce the 'voice' of the participants in a way that an approach such as grounded theory might seek to avoid. In grounded theory it is expected that the interviewer approach the interviews without having conducted a detailed reading of the literature, so that they are relatively free of its influence when approaching the forthcoming interview content (Straus & Corbin, 1994).

Given that the interpretive act of analysing the transcripts potentially implicated my own perspectives and experiences, an abridged explanation of these is appropriate. I did not come to the interviews or analysis as a naïve investigator. At the time of the interviews, I had worked at Te Piriti Special Treatment Unit part-time for a year, and also completed a 200-hour student placement there. By the time I completed the final analysis I had finished my internship at the same unit. As mentioned earlier, Te Piriti is a 60 bed residential unit, which provides group treatment to CSOs in a therapeutic community setting. At Te Piriti, I was trained in using risk concepts to structure and guide assessment and treatment, and I was also taught to work in a positive, strength-focused manner as per the philosophy of that unit. These experiences, and my conversations with other therapists, will have influenced my understanding and interpretation of the threads of risk and strength that wound through my participants' accounts, and also guided my understanding of what therapists might find interesting or useful in my analysis.

Study Design

The study design was developed following consultation with therapists and senior staff at Te Piriti Special Treatment Unit and SAFE, a Māori Cultural Consultant based in a treatment facility for CSOs, academic staff at the University of Auckland specialising in qualitative methods, and my academic supervisors. Treatment providers were asked about the type of information and feedback they would find useful from previous clients. During the analysis stage, initial findings were discussed at a meeting with staff at both of the treatment organisations who supplied participants. At these meetings these staff members responded to the feedback from research participants. Therapists, and cultural and academic advisors were also consulted throughout the project regarding appropriate investigation and recruitment methods.

Participants

Participants were nine men aged between 38 and 54 who had completed treatment related to conviction for child sexual offending at a community organisation based in either Auckland or the Wellington area. Eight participants identified as New Zealanders of European descent (Pakeha), and one identified as Māori. Where static risk levels could be estimated or accessed in files these ranged from Low to Medium Low, and where estimates of stable risk at programme intake were possible these ranged from low to high as measured by the STABLE 2007. Conviction record queries identified no convictions for any participants during this period. Participants had received sentences that ranged in duration from 9 months to 105 months, and at least five had served a period of imprisonment. All participants had attended treatment following conviction, and all had experienced a period of supervision by a

Probation Officer. The eight participants who allowed access to treatment file information had completed treatment between 23 and 74 months prior to the date of the interview. The mean time since programme completion was 49 months (4 years and 1 month). Table 2 summarises the participants' demographic, risk, and sentence information, and reports time since treatment was completed.

Table 2: Participants

Participant Number	Ethnic Identity	Age	Static Risk	Sentence	Time Since Treatment
01	Pakeha	45	Low [a]	9 months Imprisonment	74 months
02	Māori	50	Medium-Low [b]	105 months Imprisonment	74 months
03	Pakeha	42	Low [a]	15 months Imprisonment	48 months
04	Pakeha	41	Medium-Low [a]	15 months Home Detention	60 months
11	Pakeha	54	Low [c]	21 months Imprisonment	42 months
12	Pakeha	52	Medium-Low [a]	24 months Supervision	23 months
13	Pakeha	38	Low [a]	9 months Imprisonment	39 months
14	Pakeha	40	–	–	–
15	Pakeha	40	Low [a]	– months Supervision	25 months

Note: – indicates information unavailable at file review.

[a] Estimated ASRS rating from file information. [b] Taken from ASRS rating on file. [c] Taken from STATIC 99 risk rating on file.

Settings

The organisations that supplied participants were the SAFE programme in Auckland, and WellStop in Wellington. Both these programmes provide treatment for men who wish to address sexual abusive behaviour towards children. As stated earlier, this treatment is informed by a risk management framework which addresses treatment targets identified as stable risk factors. While both organisations run a number of treatment streams for certain clients types (e.g. youth programmes), all participants were taken from the organisations' adult programmes. Treatment for these men involved both individual and group sessions. At the time of most participants' treatment, both programmes had a strong relapse prevention focus. While individual clients might present with different treatment needs which would attract attention, both programmes involve clients in taking responsibility for their offending, understanding the factors which led to their offending, and learning to recognise and manage their risk in the future.

Procedure

Ethics Approval

Ethics approval was given by the University of Auckland Human Participants Ethics Committee for this research project. The details of this approval were included on the Participant Information Sheet, and consent forms for the study (Appendices A and C).

Recruitment

Originally, a sample size of 15 was aimed for. This size was selected in order to obtain a range of views on the research question, while reducing the strain on the community organisations involved, who did not receive any financial remuneration

for their support. However, contacting men who had been out of contact with the organisation for a number of years proved difficult as many had moved or changed phone numbers since leaving the programme, and phone contact was the only method considered appropriate for the first contact (described below). Ultimately, after much work by workers at SAFE and WellStop, nine men were found who agreed to being contacted by me to have the project explained in detail. All the men I spoke to agreed to take part. Some of these men were those who continued to have voluntary contact with the organisations, while the rest had lives stable enough to have retained the same phone number for an extended period of time. As such these participants do not represent a random sample of treated CSOs, and this forms one of the limitations of this project. Nonetheless, although smaller than hoped for, the sample size was considered adequate for an exploratory qualitative project.

Recruitment procedures were designed to maintain the anonymity of potential recruits until they gave permission for their identity to be known to me. The two community treatment organisations were involved in locating and approaching men on their files who were eligible to participate. Men who had attended the adult programme at either organisation were identified from records by senior members of the organisation, who then rang the last known number of these men. The purpose of the call and the identity of the caller were not disclosed to any person other than the potential recruit. The calls followed a script (Appendix D) which briefly covered the purpose of the study and asked permission to send an information pack to the recruit. These packs contained a cover letter from the organisation, a Participant Information Sheet, a red pen, and a form which gave consent for me to contact the recruit via their preferred method (Appendices A and C). A plain, addressed and

stamped envelope was included as was my email address. Consent to contact forms also sought permission for me to conduct a review of files held at the treatment organisation regarding the participant prior to the interview.

Once I received the potential recruit's details and consent to contact them I did so in order to explain the study further and, if appropriate, arrange a time and place for the interviews.

File Review

Eight of the nine participants consented to a review of file information held at their treating organisation. All participants who consented to a file review did so prior to meeting with me for the interview. File reviews were conducted prior to interviews in order to provide basic demographic and offense history information regarding each participant. The information collected included age, ethnicity, number and nature of offenses, date of treatment exit, length of treatment, and whether treatment was completed or not. File information, including formulations of risk and offending were also used to identify any areas of particular relevance to each participant; for example, a particular constellation of risk factors where changes might have been made. Such areas were identified on participants' individual interview schedules to ensure they were discussed when we met.

File information was also used to estimate participants' static and stable risk of sexual reoffending at programme intake as measured by the ASRS and STABLE 2007. Where usable risk measures were recorded on file these were used in preference to file review estimates. Stable risk estimates of reasonable quality were only possible for five participants and so static risk estimates (which required less

information and no clinical judgement) were used to provide a risk categorisation for participants.

Interviews

Participants interviews followed a semi-structured format which sought to allow participants to 'tell their stories' while covering areas of practical and theoretical significance. An interview schedule was created (Appendix B) which supplied a starting point for the interviews and a number of prompts to be used in a checklist fashion towards the end of the interviews. Interviews started with open questions designed to set the topic and prompt interviewees to start the discussion at the point they thought most important, or were most comfortable with (e.g., "What's the main thing people need to know about living offense free?"). Prompts in the interview schedule took two forms; guides on how to follow topics raised by the participant such as approach goals (e.g., "What was it about [those goals] that was powerful?"), or prompts to myself regarding areas to ask about if not mentioned, (e.g., "Are you working at the moment?"). The content of these prompts was informed by a range of sources, including Relapse Prevention (Marlatt & George, 1984; Pithers, 1990; Ward & Hudson, 2000), the Good Lives Model (Ward & Marshall, 2004), the Trans-Theoretical Model (Prochaska & Di Clemente, 1982), Self-Regulation Theory (Carver & Scheier, 1981), research into desistance from general offending and drug use, and discussion with clinicians working in the area, including the Māori Cultural Consultant based at Te Piriti Special Treatment Unit. As mentioned earlier, pre-interview file reviews were also used to identify areas where each participant might have made desistance-related changes. Each interview schedule contained a list of risk factors and 'goods', and any identified during the file review were circled to act as a memory prompt during the later interview (e.g., "negative emotionality"). I did not ask

participants to describe their offending during the interview, although some spontaneously spoke about aspects of their offending in order to support other points they were making.

Once contacted, participants were given the choice of being interviewed at the offices of the organisation where they were treated or in another place of their choosing. This somewhat restricted set of options was chosen due to considerations of participant anonymity and interviewer safety. All interviewees were offered the opportunity to bring a support person to the interview, and one did so.

The research was explained to participants via an information sheet and a covering letter from the community organisation where they were treated, and again verbally by the interviewer before the interviews. Participants were informed that they could stop the interview at any time, and that they could withdraw from the study up to six weeks after the interview. The limits of confidentiality around serious offending or serious risk were outlined in the information sheet and reiterated before the interview began. Serious risk of reoffending sexually that would have required confidentiality breach was formulated in line with usual definitions of serious risk of harm to others; that is, intention to re-offend and an identifiable person at risk. Participants were also told that disclosure of undetected serious offending might also be grounds for breach of confidentiality. The more likely situation of a participant revealing behaviour that indicated increased risk of reoffending but without clear intention or a named victim was also prepared for before interviews. It was arranged that in such a case I would discuss my concerns with the participants and let them know that I would also raise these with my supervisor and my contact person at the relevant treatment organisation. Should this have occurred during the interview, my response

would be to counsel the participant to engage in his relapse prevention process, activate his support networks, and get in touch with someone at the treatment organisation. None of the above actions were required.

Written consent was obtained before commencing with the interviews. Seven of the nine interviews were conducted in an interview room at the treatment organisation where the participant originally received treatment. In two cases the interviews took place at the home of the participant. All Wellington interviews were conducted within a three day interval. Interviews were recorded digitally on an Olympus WS-110 digital recording device that converted the recordings into MP3 files. Interviews had a mean duration of 69 minutes with the shortest being 55 minutes and the longest 95 minutes. At the conclusion of the interview participants were asked how they were feeling and support networks were clarified. Participants were also asked to consent to a conviction history request and fill out a *Priv/F2* form (Appendix E) which permitted the Ministry of Justice to release conviction history information to me for the purposes of this research. Participants were also offered $30 petrol vouchers to reimburse them for expenses associated with attending the interview.

Data Analysis

All interviews were transcribed verbatim. Hard copies of transcripts were stored in a locked filing cabinet at The University of Auckland, and electronic versions were password-protected and stored on a secure server at the University. Interview recordings were listened to as often as was required to clarify participants' words or meaning. Any identifying information was removed from transcripts, including the names of towns, individuals, and the organisation where the participant was treated. Participants were assigned a number which was used to identify their transcripts

from that point forward. I then condensed participants' transcripts into shorter paraphrased versions, as per recommendations by Boyatzis (1998). This condensation and multiple re-readings of the full transcripts were part of the process of familiarisation with participants' accounts recommended by Braun and Clarke (2006).

In the next phase I worked with the condensed transcripts to derive the initial codes. These codes were comprehensive, and left no material uncoded. Several passes were made at coding the material as I moved between the condensed and full transcripts, becoming more and more familiar with the material and trying different ways of viewing the data. The final coding strategy was not dictated by theoretical considerations, such as approach and avoidance, or Relapse Prevention and the Good Lives Model, but tried to represent participants' talk as faithfully as possible. I decided to draw out these theoretical concerns in the presentation and discussion of the data analysis.

The full transcripts were imported into NVivo, a software programme designed for working with qualitative data, and the codes derived from the condensed transcripts were applied to the full versions. The transcripts were coded inclusively, so that material around the quote of interest was also coded. This allowed the context of quotes to be easily understood during the coding and analysis. Following this, codes were grouped into themes and subthemes. In some cases themes were found and then divided into subthemes for ease of communication, and in others subthemes emerged first and were then grouped into a larger theme as the links between them became apparent. In one case what started as a single code became its own theme. Throughout this process codes were discarded or merged with each other as it

became apparent that they did not contain enough unique material to warrant a separate code. In each case care was taken that no material important to participants or the research question went unrepresented. Discussion with my primary academic supervisor was intensive throughout this process and these discussions guided and shaped the final strategy used to make sense of and report the data.

During the early stages of the analysis I returned to the two community-based treatment programmes that supported the project, and presented the initial findings to programme staff. Staff discussed the initial findings and the feedback from participants regarding the programme, and spoke to me about the aspects of the data which interested them most.

Once the material was coded and organised into themes, two fellow researchers (one of whom identifies as Māori, the other as Pakeha) each checked the codes for validity. Each of these was given the list of themes, subthemes and codes with descriptions of each. They were also supplied with transcripts with these codes identified. Through their own analysis and discussion with me they addressed the question of whether each code, subtheme, and theme was perceptible in the data which was sited to support it and adequately described. Although the process of analysis was discussed with each cross-checker, no changes were suggested during this process.

While the data was linked to individual participants as it was analysed, it was decided to remove participant numbers from the final reporting of findings. This was done in light of the assurances to participants that every effort would be taken to avoid identifying them as the source of their comments to readers, including the

treatment providers they were asked to talk about. Nonetheless, care was taken throughout the analysis and writing to include a range of views from all participants.

Where participant quotes were used to evidence the description of theme or subtheme in the Analysis chapter, these were punctuated in service of the participants' meaning as I understood it, rather than prosody. Participants' quotes were also edited carefully to increase participant anonymity and improve lucidity without altering the participants' (interpreted) meaning. This included removing names, locations, and many idiosyncratic speech habits such as 'you know', and 'and that'. I have inserted a loose English language translation alongside Māori words participants used. Assistance was sought with many of these translations from a first-language Maori speaker. In reporting the analysis, the prevalence of each subtheme is discussed only in general terms. While the prevalence of a theme may be of interest to readers, prevalence does not necessarily denote importance (Braun & Clarke, 2006), and it was felt that a policy of reporting participant numbers would imply a confidence in their significance which was not warranted given the small sample size and the qualitative focus of the project.

CHAPTER THREE

ANALYSIS

Interviews were conducted with nine men who had completed community-based treatment related to conviction for child sex offending between 23 and 74 months previously and had not reoffended in that time. These interviews sought to draw out participants' perceptions of the process of desistance, with a particular interest in their motivations for maintaining their own desistance-related changes. Transcripts from the interviews were analysed using a phenomenological and interpretive thematic analysis which followed the methodological guidelines provided by Boyatzis (1998) and Braun and Clark (2006).

Five major themes were derived from the data that participants supplied. In the final analysis 33 individual codes absorbed the data comprehensively, and these were grouped into five themes, delineated as *'My Offending Had Negative Consequences', 'Professionals Helped, but Not Always', 'Understanding Myself and My Offending', 'Good Relationships are Supportive and Motivating'*, and '*Seeing a Better Life'*. Each of these themes contained material from all nine participants and each was organised into the smallest number of sub-themes which could best describe the content areas of that theme. In some cases sub-themes occurred fairly naturally and were then joined into a greater theme, while in others themes were derived first and then divided into sub-themes for ease of analysis and discussion.

All derived themes and sub-themes are named in Table 3. The second column of the table gives the percentage of the data which was coded under each theme, in order to give an indication of the prevalence of the theme across all transcripts.

These percentages added to just under 120%, which was a result of the inclusive coding strategy used and the amount of talk which seemed to reflect more than one theme. Theme overlap was expected as I intended to draw out talk related to both changes and the motivations for change, and these topics were expected to co-occur frequently in participants' accounts. The following chapter describes and illustrates each of the derived themes and associated sub-themes in turn.

Table 3: Analysis Themes and Sub-themes

Theme	Data covered by theme	Sub-themes
My Offending Had Negative Consequences	27.8%	Relationship Damage and Stigma Shame and Self-Image Employment Problems and the Effects of Punishment Fear of False Allegations
Professionals Helped, But Not Always	17.2%	Helpful Professionals and Interventions Unhelpful Professionals and Interventions Engagement and Access
Understanding Myself and My Offending	24.6%	Learning About Myself Understanding My Offending Personal Theories of Risk
Good Relationships are Supportive and Motivating	20.9%	Social Support and Connectedness Better Relationships Changes in Sexuality Romantic Partners
Seeing a Better Life	29.4%	Living in Line with My Values Living a More Settled Life Seeing Cause for Hope

Note: Percentages add to more than 100%, as themes are not mutually exclusive.

My Offending Had Negative Consequences

The presence of acute and chronic negative consequences of offending and conviction was a theme that ran clearly through all participants' accounts. Just over a quarter of the total transcript was coded under this category, highlighting the importance of this topic to participants, something that was apparent at the time of the interview. Although I did not set out with the intention to gather information on the negative consequences of offending, all participants spontaneously discussed these. Correspondingly, the relationship of this theme to questions regarding desistance was not immediately apparent, although some men did draw these links, leading to consideration of the ways that these negative consequences might have impacted participants' desistance.

Participants described being disturbed by the ongoing consequences of their previous offending and by fears of future negative consequences if they were to reoffend. The negative experiences they described arose as the result of 'natural' consequences of offending such as stigma and relationship damage, due to official punishment, and in some cases as a result of interventions by professionals charged with the rehabilitation and treatment of participants. These negative consequences were described as impacting desistance ambivalently; in some cases motivating change and desistance, in others undermining these processes. Nonetheless, each participant spoke about how they had managed to utilise the motivating aspects and mitigate the undermining characteristics of these negative consequences.

Relationship Damage and Stigma

The most commonly described negative impacts of offending occurred in the realm of relationships. Every participant described damage to existing relationships and the ongoing stigma of being identified as a child sexual offender.

Participants reported that the damage that had been caused to important relationships included the loss of friendships, intimate relationships and access to their own children. This damage was explained by most participants in terms of loss of closeness or reputation, with only a minority describing their victims' suffering as impacting them. All participants spoke about the ways in which the stigma of being a child sexual offender impacted them through social consequences such as destabilised pre-existing relationships, difficulty meeting new romantic partners, social isolation, and low mood. Stigma was described as a barrier to social involvement and participation. The general rejection experienced or anticipated by participants was also linked to a sense of hopelessness. One participant described in the following way how he was affected by his fear of being identified, perhaps publicly, as a CSO:

> *I don't go out much, I live by myself. I get really emotional. I just keep to myself… I don't form relationships.*

While all participants described the negative impact of stigma, they differed in the degree to which they were affected, with many able to be philosophical about the problem. One participant linked this to his spiritual outlook:

> *Because I'm a Christian and I believe that God has forgiven me because I've, you know, confessed all my sins to him and he's forgiven me and that's really all that matters, you know.*

Another talked about learning to live with the stigma:

> *What can you do, nothing, so get on with it, and if they have problems with you, what can you do?... Just got to wear it. Just got to wear it now.*

In terms of the impact of stigma on desistance, several participants described that relationship damage and societal stigma might increase risk via resentment and isolation. One described it in terms of having obstacles put in his way:

> *That's the biggest hassle, the tag that society puts on you, that prohibits you from moving forward. They want you to move forward, but they put everything that they can in your way, society does that, what do you do? … You know, what do you do? I know what most guys that have been in and out of prison do. They go and do another rape.*

For another man the risk associated with stigma and relationship damage was linked to a permissive effect of isolation:

> *If I was isolated, who have I got to want to please, or want to, you know, to love? I'd just be myself and could easily get into the self-gratification cycle again.*

A third of participants told the interviewer that the destructive influences of social disruption were mitigated by positive relationships and social support. As one participant said regarding the positive effect of acceptance by others:

> *It's awesome. There are a few people, I will admit there are a few people that I have met in the last year or so that I have told and they judge me for me and not what I did, and it's nice to be able to walk into a room, see those people and not be automatically defensive.*

Nonetheless, having hurt significant others was described by many participants as important and motivating, a topic I will return to later when participants describe the interaction between relationships, social support and desistance. One participant

spoke about how he was motivated by the fear of further damage to his relationship with supportive family members:

P: *You don't want to let them down again, you've already let them down, and you don't want to do it again, you know.*

I: *So it does sound like you made changes?*

P: *Yeah, well I've had to. I mean I've lost the thing that was most dearest to me, which was my family, you know.*

Shame and Self-Image

As many participants described, prior to conviction they held the same view of child sex offenders as the rest of mainstream society. Many participants described a sense of shock, dismay, or shame so intense that they seriously contemplated suicide when they realised that the 'sex offender' label might be appropriately applied to themselves. Several participants described this internalised shame as something that they continue to carry. One of them stated:

> *Every one of your good days has got this little mark on it. And it's always there. You're a sex offender. You are a convicted sex offender. It's always there. Dirty little secret.*

Another spoke about the discomfort of living with the acknowledgement of his offending:

> *I've got to live with the fact of what I've done and who I am, and move forward in that, and it's a horrible thing to admit to yourself.*

Related to this sense of shame, some participants linked their motivation for change and maintenance to the difficulty they had experienced with reconciling their sex conviction with their image of themselves. One man reported that this incongruity had led him to disclose his offending to the police:

> *I dobbed myself in, because that's not how I live my life, and I was not happy with that, and it was completely fucked it you ask me, and I'm not happy about it, and I'm fucked off that I even allowed it to happen. I'm still bewildered how I allowed that to happen.*

Understandably, participants appeared to recoil at the possibility of accepting 'child sex offender' as an identity. Some researchers have implicated construction of a 'non-offender' self-image as integral to successful desistance (Maruna et al., 2004; Maruna & Roy, 2007). However, and apparently conflictingly, receiving treatment, engaging in risk management strategies, and even fearing false accusations all seem to require acknowledgment of an offence history. My sense was that most participants resolved these conflicts ambivalently, and this ambivalence appeared to express itself–and will be described further– in participants' talk about their understandings of themselves, their offending and in particular, their risk of reoffending.

Employment Problems and the Effects of Sanctions

As well as shame, stigma and social disruption, participants described upheaval in other areas. These included job loss, difficulty finding work, financial problems, and distressing experiences of legal processes and custodial sentences. One man described how the cost of the legal process itself could cause significant problems:

> *I mean the blooming legal crap. I mean, it cost us about thirty grand all up, by missed salaries and all that. Which we never did recover from.*

Another man described how difficult it could be to get a job:

> *Basically we're unemployable, you know. You can't even really get a job as a fucking cleaner. Some people say they've got to do a police check on you... ah well, why bother [applying]?*

Several participants described overcoming difficulty finding work by creating their own small business or relying on a specialised skill set and an existing reputation. A participant who described himself as unemployable explained how he had managed to find an income by setting up a small business with a trusted friend:

> *I've felt that by creating my own business and that, and hooking up with a guy and that who is absolutely straight and who can be there as far as helping to guide things and to even get jobs, is a good thing.*

Sanctions were described by participants as disruptive to social supports and work, which have both been identified by previous research as desistance supports (Laub & Sampson, 2001). However, several men drew a direct connection between imprisonment and their motivation to desist. One man described the link between to prison and his determination to desist this way:

> *It's not worth it... your freedom is just too valuable. I hated it. I handled it, but I hated it, you know. But I remember the day that they opened that gate and let me out, and it was just like, I'm never going to go back there again.*

This deterrent effect was also linked to negative consequences in general:

> *I'm in no risk of reoffending, not at all, if only for the reason that I wouldn't want to go through all that again.*

All participants who talked about hurt and damage to important relationships attributed cause to their offending, but several participants also attributed relationship damage to the risk management policies of professionals engaged to rehabilitate participants. As one participant said when describing the role of forced separation from his wife in their subsequent break up:

> *I think at the start both of us thought we could get through the heat, that we could carry on, but I think because we were held apart for quite a long time... I don't know...*

Participants who discussed interventions designed to punish the offender or reduce risk to the public claimed to appreciate the rationale for these. However, it appeared that participants perceived the negative consequences of offending as detrimental to desistance when they undermined the supports for desistance, or when punishment continued into the period where they believed the proper emphasis was rehabilitation.

> *You take it, that's part of the consequences of the road trip to the boob side, that's part of it, and as I said before, all I really want to know is where's the fucking end? You know, they expect you to have an end, but they don't expect to give you the end.*

Fear of False Allegations

Just over half of participants described ongoing discomfort around children due to fear of false accusations. This discomfort was described variously as being the major reason for engaging in risk management, the main aim of treatment, the motivation for policies of disclosing offending, and as underlying a consistent and restrictive practice of avoiding being alone with children.

> *I'm what you would call a soft target now. Even if I'm doing nothing wrong, it only takes one person to say 'hey he is', and I can say 'no I'm not' all I want, but it's not going to make a difference.*

Most men who spoke of this phenomenon also described experiencing anxiety at being alone with children, or at situations perceived as risky per se. Two of these men said that the intensity of this fear subsided over time.

> *I was surrounded by all these young girls, and I was like this [mimes terror, pulls legs up onto seat], shit scared of them, you know didn't want to go anywhere near it, 'cos I was so aware.*

Summary

Participants described negative consequences of their conviction for child sex offending which were profound and long-lasting. All the participants reported that these consequences affected them and circumscribed their lives, in some cases severely. Many of the negative consequences were described as having the potential to undermine desistance efforts, either by promoting risk factors such as negative mood or social isolation, or by undermining the positive supports for desistance such as social support and connectedness. Socially-mediated negative consequences (stigma, shame, damage to relationships) appeared to be particularly motivating for participants but also fraught with the greatest possibility of negative outcomes. Poor delineation between interventions perceived as punishing and those intended to rehabilitate may have characterised desistance-detrimental interventions for some participants.

Nonetheless, it appeared that that some of the skills and resources participants described as positively supporting desistance (such as communication skills and social support) also helped them to cope with negative impacts of their offending and reduce associated desistance-undermining effects. Furthermore, negative consequences (including the participants' own sense of horror and dismay at their actions) were also described as motivating desistance, particularly in terms of avoiding risky behaviour.

Professional Treatment Helped, But Not Always

The contributions of therapy, counselling, and helping professionals were discussed by all participants and this talk occurred in just under a fifth of the total transcript. This theme contained three sub-themes, demarcated as *Helpful Professionals and*

Interventions, Unhelpful Professionals and Interventions, and *Engagement and Access*. Most participants spoke about these topics spontaneously and the context of the interviews may have played a part in this: All participants were contacted initially through the auspices of a treating organisation and most interviews were conducted by an aspiring therapist (myself) on the treating organisations' premises. However, because the project was intended to be useful to treating therapists, participants who did not spontaneously discuss treatment were asked about the usefulness (or otherwise) of treatment and the nature of any changes they attributed to it.

Participants spoke about interactions with CSO programme facilitators, other therapy group members, private counsellors, independent programmes such as Alcoholics Anonymous, the Child Youth and Family Service (CYFS), and the Probation Service. All participants had some positive comments to make regarding the interventions of helping professionals and therapy groups and they provided diverse descriptions of the changes they attributed to therapeutic intervention. A number described the process of opening up to the other group members and the perceived benefits of this process. Participants also spoke about things that made involving themselves in treatment easier and more difficult, and several had comments to make regarding interventions that they saw as unhelpful and, in some cases, damaging.

Helpful Professionals and Interventions

As stated, all participants described positive involvement with helping professionals. Positive views of treatment might be typical of the type of person likely to agree to a research project associated with a treatment programme, and the association between the interviewer and treatment programme might have prompted participants to describe a positive view of treatment. Participant's talk about treatment change

was also captured by this theme. Across all participants nearly every one of the changes described in this research was associated with therapeutic intervention at some stage.

Positive descriptions of programmes and organisations included descriptions of programmes as perceptibly effective and therapists as kind, skilful, worthy of respect and able to put clients at ease. This man used his perception of noticeable changes in group members as evidence of the groups' efficacy:

> *Once you start going through the course, you can actually see the change in people... That course definitely does help a lot of people.*

Some participants illustrated their statements about positive experiences with episodes where they seemed to have been particularly affected by something a therapist said. One man told the following story:

> *I was like 'I'm just waiting to blow, I've just gotta blow off steam, I've gotta blow off steam', and [my therapist] said, ''Hey– just turn the heat down, cause if you just blow off steam you'll burn the kettle black, and there'll be no steam left, and then what? Turn the heat down.' So... it's like going back to the cause, rather than the symptom.*

Participants also spoke about their experiences of being part of a therapy group. Participants described a process of opening up and bonding with other group members, and the mutual challenge and support provided by the group, and some participants remarked that interaction with other members itself produced change. In the words of one participant:

> *The course is what opened my eyes to other people's feelings.*

The changes most commonly linked to therapeutic intervention included understanding the causes of offending, becoming more aware of risky situations, and

becoming more compassionate. One man explained how the group engendered compassion through its diversity and the process of hearing others' stories:

> *I think the biggest thing is you're surrounded by 8-10 different guys- you've got unemployed guys, you've got guys on sickness beneficiaries, you've got highly successful businessmen- you've got these different people- and it's just picking up little bits and pieces off them, and sympathising with them, and you know some of these guys have a hell of a hard life as a youngster, and becoming very compassionate towards them.*

This is not to say that participants saw treatment as entirely responsible for the changes they had made. Most participants seemed to view treatment as a valuable support and adjunct to personally meaningful changes which they were already committed to making. Several participants pointed out that therapy was neither necessary nor sufficient to prevent reoffending, highlighting the contributions of participants and their environments. One participant described the importance of the environment and his own motivation this way:

> *The course is not the be all and end all of the person's rehabilitation. What that person does adds to it, how they're living out there when they're not here is a greater part to it... You basically have to have the will, you know. If there was no will in me to make this happen, I would have just said, "See you later. I'm out of prison mate. I'm out of here".*

Unhelpful Professionals and Interventions

On the other hand, several participants spoke about actions by professionals that they perceived as unhelpful or even harmful. These professionals were often (but not always) part of the prison or probation service. As described by participants, some of these problematic interactions involved professionals who were seen as not supporting rehabilitation, or who did not appear to understand or be interested in

what rehabilitation involved for that participant. This participant described the probation service itself as more interested in punishment than rehabilitation:

> *The probation service is not there to help you, they're there to make life miserable for you. They don't go out of their way to help you get back on track. I had a real fight to get to [the programme].*

It seemed that participants sometimes felt they had little input into discussions regarding what rehabilitation might involve. In the words of one man:

> *When they do talk about rehabilitation, it's a perspective from one side, and because that side holds the upper hand they can choose to be snotty about anything that they think they know about rehabilitation.*

Discussing unhelpful treatment interventions, one man gave an example of a therapeutic approach which he did not see as a good fit with his own desistance goals and self-image. This man described that he felt the therapy team wanted him to identify as gay, while he saw his desistance as involving repairing and rebuilding his immediate family:

> *Basically the whole programme for me was aimed at, I felt, getting me to become gay, and I did not want that. I could have done that, I could have thrown away everything and started afresh as a gay person, but that's not what I wanted, that's not me.*

Participants were understanding, even sympathetic, regarding the pressures on professionals to manage risk and public perception, however, problematic interactions were often seen to arise from what they perceived as inflexible application of rules, including the condition that participants not reside with children. As described earlier, some participants stated that this policy had compromised social support and damaged relationships. One participant described his negotiations with the service this way:

> *I mean I can understand it, they're not in a position to judge, especially early days, if you come on and go 'ooh can I?', they can't really say yes, I mean, how do you decide?... We did try and argue with [the programme], [my wife] and I, but it was just a rule that you have to do it otherwise you can't do the programme.*

Nonetheless, participants also spoke about success with difficult situations involving helping professionals, and these successes appeared to hinge on the types of skills that are the usual focus of treatment, such as communication skills. One man described how as he progressed in therapy his relationship with his case manager improved:

> *Even though maybe like the first three weeks with my case manager I battled, but going to the group sessions seemed to relax me, and seemed to get things flowing.*

Engagement and Access

Participants also talked about elements that they saw as facilitating or hindering their engagement with, and access to, the treatment programmes. They described elements of programme content and engagement practices that facilitated programme access, and also spoke about some of the practical barriers to treatment. Several participants described ongoing contact with professionals and former group members as helpful and desirable.

Several participants spoke about their process of engagement with the programme. Two of these participants pointed out that their engagement with the programme fluctuated over time, depending on the perceived usefulness of the content. As one said:

> *Some parts of the course didn't really bear that well to me, but the other parts that did were all taken to heart.*

A Māori participant spoke to the interviewer about the positive impact of facilitators' efforts to engage with him and provide culturally appropriate content:

P: A big consideration, was beforehand, was meeting M and W at the bin and starting to talk to them there. [Later] It was all the older stuff, and it's that stuff which grabs you and kicks you up the ass, you know.

I: The older stuff.

P: Yeah, you know, the tikanga [custom/lore], the Māori tikanga. It's when you start to realise the tikanga of it and you go 'ah okay yeah, I understand that' and then that was okay.

In terms of elements that hindered access to treatment programmes, participants told the interviewer that access to treatment had been made difficult by the time required, and the expense and inconvenience of travelling from outside the major centres. One man spoke about how his distance from the programme location caused expense and interfered with his work schedule. He described the way that he managed these issues:

> *Going from here was very hard, but I was just lucky that I was good at what I did and I had a good boss who understood so I could take a Monday afternoon off to do the course in [the city]. They didn't know what I was doing in [the city], they thought I was doing a boats rowing course there. Yeah, it's financially very hard to go to [the course] if you're out of [the city].*

Other participants spoke about difficulty finding out that the programme even existed. As one participant said:

> *They're [CSOs] screaming out for help, but you don't know where to get it... When I offended I didn't know what to do... but time just drifts away, and you do nothing about it, and then you put it to the back of your conscience.*

Several participants spoke about how it was helpful to both maintaining desistance and self-care to have continued (although reduced) contact with a helping

professional or formal support group after treatment completion, and others spoke about continued contact with group members. For one participant this ongoing contact was part of his greater well-being:

> *I was thinking that the catch-ups and that over the years, is still good... A nice a chat and that with a psych, you know, it's right up there with having one with the tohunga [traditional healer] at home. It's right up there. It's good for the wairua [spirit], just to let things go a wee bit.*

Another described the risk-management element of ongoing contact with professionals:

> *I've gone back regularly to see the team at [service] at times when I've looked at pornography... and that's the danger sign. I've gone back and we've talked through it and, [my wife] and me, and [my therapist] and the team, so it's an ongoing relationship.*

Summary

This theme reflected the many statements participants had to make about their experience of involvement with professionals, treatment organisations and the men they met on the programme. Overall, participants were complimentary and seemed to have faith in the ability of the treatment programmes to help them desist from offending. Participants' engagement with the programmes appeared to be facilitated by warm, respectful, and skilful facilitators, and by efforts to offer content that felt appropriate to clients. Conflict seemed to arise when professionals and participants disagreed about how that man's desistance should be approached, or when professionals who were in a position of power were perceived as not taking account of the participant's perspective and goals.

Understanding Myself and My Offending

Participants spoke about a process of coming to understand themselves, their offending, and their risk of reoffending. In this analysis these understandings are presented as the sub-themes *Learning about Myself*, *Understanding My Offending*, and *Personal Theories of Risk.* Participants described these understandings as something they valued and around a quarter of the final transcript involved this theme. These understandings (of self, offending, and risk) varied across participants and appeared to have impacts on the changes participants chose to make and their ongoing desistance behaviour. The implications of these personal theories for participants' desistance will be illustrated as each sub-theme is considered.

Learning About Myself

Just under half of the participants spoke about learning about themselves as a result of conviction and treatment. This self-discovery was usually described in the context of understanding offending, and so tended to focus on weakness or negative factors. Nonetheless, this self-knowledge was described as a valued outcome by most of the men who mentioned it. One participant, who described connecting to environment as an important thread in his rehabilitation, explained how his connection to environment was implicated in his offending and desistance this way:

> *People who… are born to be out on the ocean… need to get out there as part of their release mechanism, and I've always loved the land, where here I was in the suburbs when I offended. I hated that place, and again [my therapist] said 'you gotta follow where you should be'.*

For some participants understanding themselves also involved awareness and understanding of their thought processes and attitudes. The danger of an 'unruly

mind' was mentioned by several participants, including this man who also explained the associated desistance behaviour:

> *Your mind is a dangerous thing, and if you tend to fantasise about anything or let things creep in that you know are negative, you need to push them out. Like I pray, or read some scripture, or sing a song, a positive song, in my head, or even out loud now, you know*

Understanding My Offending

Many participants described a pressing need to try and understand how they came to offend and some stated that they saw the opportunity to do this as what made treatment valuable. As one participant said:

> *I wanted to find out what made me go across that line. Why did I go and do it when I was dead against anyone else doing it?*

Taking responsibility for their offending and their actions was something most participants spoke about spontaneously. For some this process was a prerequisite for understanding their offending, making changes, and maintaining desistance. One participant explained how taking responsibility was part of his ongoing desistance:

> *I have to be responsible or pull myself out of it, I'm the one responsible okay, so if I can't do that and make the contact [with supporters], I've got no one to blame but myself.*

During their interviews participants' understanding of their offending tended to be offered several times, and a single participant might offer several different definitions of how their offending could be understood. These explanations ranged from detailed stories of the events leading up to offending, to metaphors or pronouncements on the nature of offending. While some were surprising, all seemed to follow some interior logic and appeared to be related to useful behavioural and cognitive changes. Participants might hold several explanations

and while some gave their understandings with a degree of certainty, others' descriptions of the nature of offending were more tentative. For example, one offered the following explanations of sexual offending as being linked to historical hurt, a personal or societal 'illness', disrespect, and weakness:

> *You carry this often unknown hurt inside yourself, and it gets released at the wrong time in life.*
>
> *Is it a medical illness, or what? You know people say you're in control of your life, and I don't know where clinically, paedophilia stands, is a mental disease or what?*
>
> *It is a sort of a disease on society...*
>
> *I think the position I was in at time was a case of absolute disrespect for that whole family, which was some sort of trigger...*
>
> *I guess you gotta be strong, cos to me I was quite weak and came back to that relationship.*

The multiple explanations offered could indicate the importance of these explanations to participants, the effort they had put into creating them, or the ambivalence with which they were held: Two participants made comments to the effect that one's sexual offending was something that could never be fully understood. On the other hand, these explanations might have been intended to fill a reassuring function for the participant or interviewer, tending to situate the problem away from the participant's 'self' in remediable imbalances, or environmental problems.

One function for participants' theories of offending appeared to be that of indicating the nature of the problem, and thus the nature of the required change. The following participant explained the way that understanding his offending led to an understanding of what the negative elements were that needed to be 'counteracted':

Once you understand what you've done wrong, you can start moving on to how to counteract that so you don't do it again.

This idea of 'knowing where you went wrong' and therefore what action needed to be taken to avoid more negative events seemed to make sense for many participants. This is perhaps unsurprising given the negative light in which they viewed their offending and its consequences.

I wanted to know why, because knowing why would show me the triggers that would help me to stop. When I worked out the triggers, I then cut the triggers out of my life. Which was seriously I was stressed, and I wasn't in a good relationship at the time and I was making up for the stress by smoking large amounts of pot at a time.

Realising that part of things that brings out a lot of this sort of ah, darker side of things, is anger, so you don't get angry, don't get yourself in the angry thing, you know, the whole ah, you know, there was a drinking problem going on, well its easy, don't drink. So those are the sort of things that helped, in here, just set it up, you don't go and do those things, you don't need this, you don't need the rarураru [trouble], you just don't need that problem at all.

This conception of offending, as a 'bad thing' that had happened to participants due to factors which might be controlled, seemed to lead itself to a strategy, described by all participants, of identifying and avoiding things that might lead to trouble; what might be called risk management. However, two participants also offered a more approach-focused interpretation of this process. In the words of the first:

I feel like now... I can go into a room full of pot smokers and not have a smoke. Because I get my buzz from somewhere else. If you want to call it that.

The other participant described an 'approach' method for managing risks associated with anger and negativistic emotionality this way:

Just anchor yourself, get yourself in a good spot, where you anchor yourself, in there [gestures towards heart]. Get yourself in a good spot, surround yourself with good people.

Personal Theories of Risk

Given that avoiding risk and reoffending is often conceptualised as the heart of offender desistance and treatment, participants were also asked how they saw their own likelihood of offending. Participants showed diversity in the way that they described and made sense of their risk of reoffending but seemed to comprise three groups. Two participants described their risk of reoffending as ongoing and manageable, another two stated that they were at no risk whatsoever of reoffending and the remaining majority exhibited ambivalent positions, making sometimes conflicting statements that endorsed both presence and absence of risk. The next section explicates these three positions in turn.

Two participants stated that risk was an ongoing issue that required management, without making any statements to the contrary. As one of these men put it:

I can't ever say that I'm one hundred present healed, I wouldn't say that, I think that would be a dangerous thing to say.

Later the same man touched upon the discomfort of acknowledging this risk:

It's a horrible to thing to admit to yourself. I'm not saying I'm a paedophile now, but I have been, and I could become again if I let myself, which I think anyone could, who's done this.

Although he acknowledged risk, the second man's description of risk as being 'out there' might be still considered somewhat ambivalent, allowing him to avoid seeing the risk as belonging to him. In his words:

No matter how strong you are, the fact is in society temptations and everything else just carries on, that's just the way it is.

In contrast, another two participants stated with certainty that they would not offend and stuck to this throughout their interviews, although both described engaging in risk avoidance strategies in order to avoid false accusation. One man explained it this way:

P: *I don't want to do any of that, because I don't want to be perceived as grooming or inappropriate behaviour.*

I: *[referring to an earlier statement] But that's not because you feel that you're likely to reoffend?*

P: *Oh I know I won't. I can categorically say that I won't. Whether [the treatment programme] believe that sort of a statement is true or not I don't know, but I know I won't reoffend.*

Although the above man stated that the main change he had made related to strategies designed to avoid false accusations, review of his transcript revealed that he had spoken about working on mood, communication, honesty, and self-image issues. However, he appeared to link these changes to his goal of repairing relationships and his desire to feel better about himself, rather than avoiding offending. It seemed possible that his statement of 'no risk' might have related to confidence in his desistance. He stated:

It's easy. Not offending is the least of my worries at the moment, because I know I won't.

The other 'no risk' participant appeared to have made no other lasting behavioural changes other than not sleeping next to female children. He linked this change to the nature of his (single) sexual conviction in this way:

From day one I was never going to reoffend, I shouldn't have offended in the first place, it was kind of bad luck that I ended up in a situation where... in my sleep I cuddled up to the person next to me... so right from day one I was never going to reoffend.

The remaining majority of participants made conflicting statements about their view of their risk of reoffending; stating at some points that they were not at risk of reoffending, and at others speaking about risk as ongoing. One participant seemed to describe this ambivalence in a fairly integrated way, saying that while he would not reoffend, one could never be too careful, and using the metaphor of a cautious airline pilot:

It's like anything, you know, you can never be complacent. It's like a pilot who flew a 747 for the first time, it's probably, ah, it's a bit of an ask, but he's got support people around him, and if he's got 10,000 hours under his belt, he's a good pilot, you know, but he can't be too complacent, because even those guys have plane crashes, you know... So, never get too cocky or complacent, eh.

Another ambivalent participant made a similar comment:

You know if you are tired and stressed and burnt out, your mind isn't active, you know, you're making yourself vulnerable, perhaps. You know I guess when you're vulnerable anything could happen eh?

In contrast to the above fairly integrated 'can't-be-too-careful' approaches to acknowledging risk, another participant related a number of different positions to the interviewer. On one hand, risk needed to be acknowledged, and thus mitigated:

If I think that's [reoffending] never gonna happen, it's not possible, well I'd be mistaken. The way it's safe to say is it's possible, it is possible-- that could happen. Given a certain set of circumstance- how do you avoid that, okay.

On the other hand he had faith in himself and his efforts:

> *I believe that I'm safe, you know, definitely feel I'm safe.*

Finally, he told me that he felt out of control regarding his original victim, who was now an adult. This understanding seemed clearly related to his understanding of his offending, which he said involved 'Genetic Sexual Attraction'.

> *[My victim is] the only person I'm afraid of really. And it's not even... It's not even my actions, it's [their] actions I'm afraid of. And my ability, what I'm afraid of is my ability to say 'no, we don't do that'.*

In trying to understand participants' ambivalence regarding risk I was reminded of the shock and dismay that participants described they experienced when confronted by the label of 'child sex offender'. Some researchers have proposed that identity processes are implicated in successful desistance, and some participants made statements that suggested that issues of self-image were playing a role in the way participants positioned themselves in relation to the concept of risk. As one man said when asked what other offenders could learn from his experiences of treatment:

> *It's a hard one, because then I'd have to identify myself as one of them... And so, you know, my ego doesn't want to do that.*

Another participant described a conscious effort to 're-label' himself:

> *I know I will never reoffend again, so I keep saying to myself 'you're not an offender, you were an offender'.*

Summary

Participants described processes of understanding themselves and their offending as an important and rewarding part of addressing their offending and approaching desistance. These understandings (of self and offending) appeared to be integrated in producing plans for change and understandings of risk of reoffending. Participants

described idiosyncratic theories about the nature of the 'problem' which appeared to provide the rationale for the changes that participants made, and the actions they undertook to maintain desistance. Understandings of self and offending were also named as considerations in the process of understanding the likelihood of reoffending. Here, acknowledging the possibility of reoffending seemed to produce conflict with participants' self-image, and most negotiated an ambivalent position between acceptance and denial of risk. It was noted that even consistent denial of risk did not appear to prevent risk management or desistance supportive behaviour for these participants.

Good Relationships are Supportive and Motivating

Stories and statements about participants' relationships with others threaded through every interview and accounted for around a fifth of the final transcript. This theme contained four sub-themes, titled *Social Support and Connectedness, Better Relationships, Sexual Attitudes and Practices*, and *Romantic Partners*. Interviewees described how relationships provided support and succour, how important these social connections were in their lives, and how they had been damaged. Damage to relationships caused by participants' offending and its sequelae was described in the section on the negative consequences of offending, but participants also spoke about the ways that this damage motivated their continued desistance. Additionally, relationships were named by participants as a domain in which positive changes had been made since their conviction. Changes in sexual attitudes and practices were also discussed by participants. Romantic relationships appeared to comprise a special class of social support.

Social Support and Connectedness

All participants acknowledged supportive others, with most stating that they were important for both wellbeing and desistance. Conversely, absence of support was named as negative. Participants said they found their supporters via extended and immediate family, friends, organised religion, neighbours, self-help groups, sports and cultural groups, and within the treatment programme they had attended. Participants described that "surrounding yourself with some good people", as one man described it, helped them to be aware of and properly manage risky situations, provided encouragement to persist, and reminded them of their pro-social values and positive qualities. This is how one man described his family assisting with risk management:

> *They would pull me up, most definitely... They're very conscientious [sic] of where I am and what I'm doing. As I said we have a pretty close family, which is pretty terrific, so we keep in touch with each other quite regularly.*

Another participant described how social support connected him to positive qualities and strengths:

> *There's a fraternity of guys that I've been kicking around with all this time, and they're really neat blokes, very positive people, and they made me remember the taonga [asset/treasure] that was given to me, and they reminded me that I, acknowledge it or not, that I've got some pretty good mataurangi [knowledge] in here, some pretty good stuff from, from, my parents and my grandparents.*

It seemed that every participant found social connectedness motivating to some degree, and the idea of integrity in relationships appeared to underlie this idea for many. For many participants this was described as aspiring to benefit others, to fulfil

a social role such as being a ‘good’ father, husband, or grandfather, or to repair the damage to significant relationships caused by offending. One man put it this way:

> *It might sound corny, but I did my mate a disservice, and I had to win her back. And I’d do everything to stay there, to be there, so I don’t lose my wahine [partner] again, you know, I don’t want to foresee a period of time where I’ve left her and our girl in lala land, I don’t want to do that, and so I draw on her. And I draw on our girl.*

Related to this, and to the relationship damage described earlier, several participants spoke about being motivated by not wanting to harm or let down significant others. As one participant stated when describing how his relationship with his son motivated him:

> *I’ve got him to get respect back from, and so I can’t do anything stupid to hurt him again.*

For another this same idea related to the support he received from his family as a whole:

> *I just don’t want to let them down again, you know, because I mean, they’re good people, and they stuck by me, you know.*

One participant spoke eloquently about the intrinsically motivating aspect of social connectedness itself:

> *You’re a human being, you want relationships with people, you hate being isolated. It’s the most horrible feeling in the world being isolated, being an island off on your own. So part of the healing process is learning how to keep those relationships healthy and open, and you want that.*

Better Relationships

Another side of participants’ talk about relationships concerned them as a domain in which significant improvements had been made. The sub-theme of *Better*

Relationships was discussed by all participants and is included under the current theme due to the implications it has for participants' relationships and social support. However, there is a natural affinity between this sub-theme and the theme of *Living Better Kind of Life* that will be covered last in this chapter.

Wishing to do the right thing by others and spare them harm, as described above, might be considered an expression of empathy or compassion, and several participants spoke about increased sensitivity to other's feelings since offending, usually attributed to treatment or the suffering they had experienced themselves. This was one participant's description of how increased sensitivity to others had resulted in closer relationships:

> *Now I'm not faking it, I actually do care what other people think. You get to understand people better, you get to know them better, you actually end up liking them more.*

It appeared that many of the desistance-supportive changes participants made in participant's relationships strengthened those connections and the support they provided. This suggests a positive feedback loop between relationship skills and social support. The same man who spoke about increased sensitivity above also described how this cascaded into better relationships and treatment on both sides:

> *I found that other people's treatment of me has improved, because I'm not doing the niggly little things that piss people off that I didn't even realize I was doing. And that is a cascade from there because I treat them better they treat me better, I feel better about that and I treat them better on top.*

Many participants spoke about getting better at communicating and relating to others and most of these men identified that this had brought them personal benefits in the form of better relationships. The changes were described differently by different

men. For some better communication involved becoming aware of others' perspectives, while for others the process involved becoming more assertive. One man described the latter process this way:

> *I never wanted to upset anybody, so I would not be confrontational, if I knew, we looked out there and said the sky is black, I'd say 'oh yeah, it is'. But now I'd say, 'you're a fuckwit, what the fuck is wrong with you?' And that just gives me that empowerment to hold my head up a little bit higher and puff my chest out a little bit.*

Changes in Sexuality

Just over half the participants spoke spontaneously about changes in the area of sexuality. Most of these men spoke about working with what might be considered sexual preoccupation or impulsivity. These men described different types of changes. Three participants described being less driven in their sexuality and for these men this change seemed to be supported by a shift in the role and expectations associated with sex, the effects of age, spiritual values, and improved relationships. One of these men spoke about the effects of age and replacing sex with other pleasurable activities. He also spoke about the ways that promiscuity was no longer in line with his spiritual values and the (implied) trouble it had caused him previously:

> *I'm getting old, you know my libido has been affected a lot, and I focus on getting pleasure from other things. [Later] It showed my will power, you know. And a bit of muscle fibre for my spirit, you know to resist [an offer of casual sex]. When I was younger I remember, [a relative's girlfriend], while he was away, she invited me around one night and got me on the wine, and her and I ended up like bonking each other. [...] And then she goes and tells him. So that was a no no.*

Another participant described that he had a better relationship with his partner as a result of de-prioritising sex, and it seemed that improvements in his relationship reinforced these changes, although he stated they had taken some time to get used to. As he said:

> *My new partner, she doesn't keep up with my libido, but a far nicer person, I chose personality rather than action. And it's so much nicer! I don't go home dreading walking through the door!*

The third man, who described the pleasure he had found in increased recreational activities, also reported reduced need and expectations for sex. He attributed this at different times in his interview to the results of age and accident, and to the understanding of consent and "respect for women" he was taught on the programme. He stated:

> *I don't worry about it so much, I don't force it when I want it. When we're both ready we both have it... So I've just learnt now that when I get it, it's a bonus.*

In contrast, a fourth man appeared to still be fairly driven in relation to sex, and this participant spent nearly a third of his extended interview talking to the interviewer about his beliefs and preferences regarding sex. He said that he had managed to find a partner with whom he could have the amount and type of sex that he liked and that this had helped him cope with life post-conviction. This continued focus on sex did seem tempered with new beliefs regarding spirituality and relationships. As he described it:

> *If I didn't have that [sex], I would have found that really hard. So I definitely contribute that to a large part of me getting well. Most definitely. Having a good relationship with a person on a deep level, on a spiritual level, and a physical level. And also being able to make love on a physical spiritual level too, without limitations.*

Finally, another participant, a married man with male victims, described a different set of issues relating to sexual identity. He spoke about raising the age of males he found attractive, and going through a process of arriving at a sexual identity that he described as being innately bisexual, "heterosexual practising". He described treating increased sexual interest in both men and pornography as early warning signs that necessitated open dialogue with his wife and counsellor. He stated that he saw being open and honest with his wife as an important part of staying safe:

> *It's coming to terms, being honest with myself about my sexuality, that's the number one thing, being honest that I'm bisexual by nature or whatever. So it's understanding that, living with that, being more talkative with my wife about my feelings when I'm having a period when my thoughts are going more towards guys.*

Romantic Partners

All research participants spoke about romantic partners, either current or previous. All participants with current partners identified them as supportive and helpful. Participants described partners as both helping to identify and manage risk and providing positive and valued parts of their lives. Romantic partners were mentioned in connection with every other theme identified in this study. Participants' romantic partners appeared to constitute a special type of social support through which participants acknowledged the impact of their offending, gained social support and positive relationships in a difficult time, enacted and experienced the benefits of new skills and values, and saw signs that life was improving. The unique talk about

romantic partners not covered by other themes appeared to be those where participants spoke about having an intimate partner as a motivating goal, for example as in this excerpt:

I: *Are there other things that you draw on to get you through this, because some of this sounds really unpleasant and difficult...*

P: *Just the hope that one day I will be in a relationship.*

Some men spoke about the challenges that their partners faced as they became involved with the participant's rehabilitation and the professionals working with him. One participant who had struggled with professional advice to consider leaving his wife described his wife struggling with the same issue:

> *It was very hard for her at the beginning when the CYFS woman told her to leave me and stuff off and that sort of stuff, and she reacted so negatively to that. She knew what I did, but she wanted to hold us together as a family. So she felt she was fighting the system as well.*

The quote below hints at the difficult issues some of these women might have faced as they chose to support these men:

> *I've got a new partner and she... went to the [treatment programme], and she broke down unfortunately, because she had problems from her family, and she was not good, and in a short time she broke down and so the psychiatrist [sic] had to spend the whole day with her.*

Summary

As stated, the theme of the importance of relationships ran throughout participants' discussions of offending and rehabilitation. Participants' accounts suggested that the mechanisms of social support for their desistance were complex and multiple. While supporters assisted some men to remain vigilant with regard to their risk avoidance strategies, social supporters also supported participants to maintain aspects of their

life which acted as motivating or supportive factors for desistance. Additionally, changes participants had made appeared in turn to strengthen these relationships. It was clear that being in relationship with others, whether family members, offspring, or romantic partners, was seen as a motivating goal and rewarding experience for participants. Illustrating these interconnected aspects of social support, one participant spoke about how desistance goals (risk avoidance, employment) were motivated by his desire to be a good father to his child, which was in turn supported by the love of his family:

I: *So does that feel like a risk for you, to go back to your old ways when that type of thing happens?*

P: *Nah, nah, it just means I have to move on, you know. Move on and move on and move on, sort of thing, you know. And yeah, I just want my daughter to, you know have the future, she's got plans you know, she wants to go to Japan and I just want to work to help, to help to save the money so that she can, you know. I want her to have a good, bright, future.*

I: *Yeah, and what's the biggest help for you in that process?*

P: *Um, just having my family, being there for me you know, and showing love and that.*

Living a Better Kind of Life

Another theme in the data centred around *Living a Better Kind Of Life*. Just under a third of the total transcript was encompassed by this theme, reflecting the degree to which this theme threaded through, or was illustrated by the content of the other themes. Three sub-themes were delineated as *Living in Line With My Values, Living a More Settled Life*, and *Seeing Cause for Hope*. The talk encapsulated by this theme was generally optimistic and positive in tone. Participants spoke about the way that positive changes and motivations supported their desistance and began to

'snowball', and also described some more ways they had found to make sense of their offending, themselves, and the process of change.

Living In Line With My Values

Many participants spoke about living in line with their values and this was frequently seen as an important change or a vital support to their desistance. Participants were considered to be discussing values when they spoke about principles that guided judgement of morally appropriate actions or outcomes. Participants associated these values variously with organised religion, spirituality, their culture, and personal morals, and these were considered to represent value systems for participants. Of those who identified living in line with their values as a change they had made, a common feature was to describe this in terms of a return to, or revival of, these values. One participant described his return to Māori culture this way:

I: *Was your involvement in Māoritanga [Māori culture, values and beliefs] something that was new for you?*

P: *Nah, I'm not a born again Māori. No.*

I: *So that kind of understanding and those values were always there for you then?*

P: *Yeah, yeah, they went on holiday, and I, ah, I left them... I left them somewhere and went somewhere else.*

Another participant described his 'return to values' in relation to becoming more compassionate:

> *I'd always been compassionate in that sense, but I don't think I'd had the chance to really sit down and really deeply think about.*

Participants credited spirituality, religion, and their values with preventing suicide, increasing their wellbeing, and helping them to cope with stigma and the negative

consequences of their offending. Participants who took part in structured spiritual or cultural activities indicated that these facilitated social support through both providing supporters and strengthening the supporters they already had. As one man said:

> *The spiritual toolbox that I found myself through [support group] ... is very good and the support that I get from those people there. I don't disclose to everybody about my offending, but I have a few close people.*

Like understanding offending in terms of what went wrong, 'living in line with values' seemed to provide some participants with a way of understanding their offending and the changes they needed to make. These understandings also appeared to lend themselves to formulating desistance as a whole. For example, one man described how his goal of 'fulfilling my purpose' was indicated by a spiritual understanding of his offending and linked to behavioural imperatives. His spiritual formulation constructed these changes as in line with a greater order:

> *I sort of just sort of got side-tracked, big time, by my own sinfulness... Because over the years I've had a lot of close shaves with death, and I'm still here, so I have a purpose and I need to fulfil that purpose. [Later] I was created for a purpose so I need to find it, and I need to make sure I am on the right track, so I don't miss it.*

As implied by the above excerpt, while spiritual and cultural value systems lent themselves to use as organising frameworks for making sense of offending and rehabilitation, they also seemed to have implications for participants' views of themselves and the world. Another participant, a Pakeha farm worker, explained how during the process of trying to understand his offending, and after observing what he saw as the negative impact of cultural identity loss in Māori and Pacific Island Group members, he came to question his own cultural identity and "where [he] sat in society". Although his conclusions were not earth-shattering they suggested

significant implications for his identity and view of the world. He explained how he came to see himself in relation to his own version of the "cycle of life":

P: *I just put myself down as a 3rd or 4th generation settler and I'm out there working away, yeah and that's all I do...*

I: *…So in some ways that was the cultural identity that you came to?*

P: *Yeah, kind of. I sort of came to, you know, at the end of the day we get born we grow up, get educated, get a job, pay taxes, and then retire and die and that's it, that's our little cycle of life.*

For another participant the decision to live in line with his moral values was understood as a small but profound shift which ran through and beneath many of the other changes that he made. He used the metaphor of a river to explain this:

I: *And so, becoming more aware of those values, does that feel like an important change to you?*

P: *Yes, well it's changed the way I perceive a lot of things. A little step here changes, well you know, one rock in the creek changes the direction of the river... You can't do anything at the top of the river without seeing an effect on the bottom of the river and everywhere it has passed through, so yes it changes the way I do things.*

For this man, the only participant who spoke about cessation of general offending, this flow-on effect resulted in a decision to stop doing work which he described as being legally "grey". However he did also link this to his strong desire never to return to prison.

Another change described by many participants was becoming more honest and open with other people. Participants described that this was important in terms of having better relationships, garnering social support, and ensuring that they were not slipping back. In addition to these functions, honesty appeared to be instituted by

participants as a value-driven policy across multiple situations, even those where they might be disadvantaged. One participant described the multiple functions and importance of a policy of openness and honesty in terms of the cost of his previous dishonesty, and the implied risk-management aspects of being 'up-front':

> *Not being honest cost me my life in terms of my marriage, my kids, my family, it cost me everything that I held dear, so lying doesn't work... If I'm at least honest... people know what I'm about up-front. If I'm honest now I've got nothing to hide.*

Part of participants' talk about *living a better life* seemed to revolve around the idea of living in line with their values. Participants in this study described that they derived their desistance-related goals from multiple sources, including their desire for social connectedness, their (often multiple) understandings of themselves and their offending, and their wish to avoid further negative repercussions. For many participants the idea of 'returning to values' suggested goals but also had the potential to act as an overarching narrative that tied the participant's multiple goals and formulations into a unified theory connected in a positive way with their self-image and place in the world.

Living a More Settled Life.

Running through nearly every participant's account was sense that they had made changes that had resulted in a simpler, more relaxed, and more settled life. These changes included coping better with emotion, reducing stress, avoiding drug and alcohol use, and making sure that basic life requirements were in place. Some participants stated that age and illness played a part in their changes.

Participants described getting better at handling strong emotions including anger, resentment and sadness, and also spoke about having a better understanding of

their emotions, which led to more effective coping strategies. One man spoke about his new outlook on anger:

> *We don't need anger around the house, we don't need the riri [anger], just let it go, let it go. More than anything, that's really it, just got to come to a spot where, accept it, it happened, don't give a shit, move along, just more along.*

Another spoke about how he had reconsidered is old way of coping with emotion through material goods. He explained this with reference to an episode where he bought a ute after a relationship break up:

> *[I] went out and bought myself a big flash ute… It felt good at the time and it made you feel warm and fuzzy for a while, but it wasn't a proper fix. May be that was, maybe that's what I've done in the past, is bandage myself up with little bandages like that, without getting proper in depth help.*

Many participants described leading a more settled life as a result of reducing the amount of stress they were experiencing. For some this appeared to be a result of reducing stressors and increasing recreational activities. However, a shift in perspective or priorities resulting in a greater sense of contentment was also described. One man described the positive effect of increased recreational time:

I: *And how does the hunting and those sort of things fit into the changes?*

P: *The fact that I'm away by myself and I think more, and I'm more relaxed because there's no one around to annoy me or watch or to cause trouble or that. It's just you and the wilderness, plus I like talking to the birds.*

For another participant this more settled life appeared linked to a sense of contentment and 'working smarter':

P: *I don't think I'm driven to be the richest man in the grave, I'm just happy to have these little steps, but every step I do take it's in the right direction… I've learnt to just think, to do more thinking, rather than more practical stuff. Think it through first, and then approach it. [Later] Life's simpler. The complexities of life have kind of been removed.*

Some participants related that a shift in priorities (as well as other change) was connected to age, with some stating that accidents and other misfortune had also played a role. One man said:

P: *Unfortunately I've seen a few people commit suicide, and that's sort of helped me have a good outlook in life. Since I've had my accident at work I've had a different outlook on life, now I'm a lot more relaxed than what I used to be because I take each day as it comes, and not worry about two years or three years down the track.*

Some participants spoke about reducing or stopping drug or alcohol use. Like stress reduction, this was described in terms of both taking remedying actions and a shift in attitude or approach. The latter might be accompanied by reduced use with an altered motivation, rather than complete abstinence. One man explained that he no longer used substances as a coping strategy, and had also becoming aware of the link between use and risk:

P: *I have since cut the drugs out, I mean I do, I still smoke pot, I'll put my hand up for that, recreationally, once in a while. I no longer use drugs as a crutch.*

I: *[Later, reflecting a statement by this participant] It's a perception that's changed?*

P: *Yeah, it's the, 'oh no I'm going to put myself at risk doing this', and I get sick. Literally, get sick.*

Several participants also spoke about supporting a stable lifestyle by using budgeting and time management skills to ensure that basic commodities were in

place, such as food to eat and a place to live. These skills were named as particularly important after release from prison. One man stated that he would encourage other men leaving prison to acquire these basic necessities and skills including budgeting and time management:

> *I'd say 6 months before getting out mate, start sorting yourself out, find yourself a good course, know the people you're going to, be happy with the people you're going to, and try like hell to get you the fundamental things in life, a bankbook, a house to stay in, and, some kai [food] on the table, you don't need nothing else. Kai on the table, a bankbook, and learn budgeting for fucks sake. Time management, that's the biggest skill, time management. How can they manage their time? So they don't have extra time to go down and do naughty things. So fill that time in mate!*

Seeing Cause for Hope

Many of the changes that participants spoke about in their lives might be expected to have benefits for participants in addition to reducing their risk of reoffending. In fact, as already seen, participants did state that this was the case. The emergent sub-theme *Seeing Cause For Hope* encompassed this talk as well as other excerpts where participants spoke optimistically about their changes getting easier, moments when their new skills or viewpoints were confirmed through their words or actions, and the importance of having a sense of hope and something to aim for. These elements all seemed to support the changes the men had made via a sense of optimism, progress or hope.

A large part of participants' descriptions of *seeing cause for hope* involved a sense that their lives were getting better. Some merely stated optimistically that their situation was slowly improving after hitting 'rock bottom' following conviction. However, most related that there were areas in their lives where the situation had

improved beyond the pre-offending baseline. For some participants negative consequences themselves had taught them about their own strength or had resulted in spiritual growth. One participant described how post-conviction difficulties had "woken him up", and how he had learned greater acceptance:

> *The suffering that [offending] incurred has helped wake me up more to a deeper degree. And you know, having regrets is a terrible habit of mine, regretting and regretting and the what-ifs and all that. To stop doing that has been a good thing, and accept what is, is the answer. Acceptance of what is, and that everything is as it should be.*

For the majority, improvement 'beyond baseline' was attributed to the changes they had made. The changes most commonly linked to a better life were those regarding communication and relationship skills which were covered in the earlier theme centred on relationships and social support.

Most participants seemed to experience that while change and rehabilitation could be difficult, at some point it got easier. This was most commonly spoken about in connection with the effort required to be aware of and mitigate risk, but was also mentioned in association with treatment and described as a certain ease and confidence in the interviewee's desistance.

> *I'm getting better, as times goes on, you know, practice sort of makes permanent, or perfect, whatever you want to call it. The more you do something the more it sort of becomes second nature, you know, you learn to cope with things better, you know.*

Several participants described the way that positive changes 'snowballed' leading to further positive improvement and greater ease. The following quote was from a participant who was speaking about improvement in relationships; as stated earlier, this was one place where this type of talk was particularly noticeable:

> *I treat them better, they treat me better, I feel better about that and I treat them better on top, so it cascades. It's like a ball, a snow ball rolling down a mountain, every little bit makes the snowball bigger, because it is bigger you pick up more and it keeps getting bigger and bigger and it works, and I feel so much better.*

It seemed that 'snow balling improvement' might also occur as the changes participants made in one area of their lives allowed change and improvements in other domains. Another participant told me that becoming more assertive had led not just to better communication skills, but a feeling of empowerment and broadened options:

> *It just empowers, and... being empowered that way gives you more choices in your life as well.*

Several participants told the interviewer about situations that seemed to affirm their progress. Some of these involved stories where the participant stepped into a role where they taught or supported another with something that was once problematic for themselves. One man gave an example involving talking to a family member about his attitude towards sex and women:

> *I talked to him and said you can't have it on demand, you've both got to be wanting to do it, otherwise you're actually doing something illegal because it's not something you can have on demand, it's not your right, she has rights too. And he's slowly changed too, so it's made a difference to him as well.*

For others these stories involved acted in line with new values or goals and resisting the pull towards old ways of being. Another participant spoke about how he gained a generalising sense of efficacy and optimism from a particular experience where he adhered to his values and resisted an old pattern of sexual promiscuity:

> *I think it was because I conquered my passions and desires and it didn't rule, I kept in control. So yeah I was pleased that I done that. I proved to myself that I can resist any situation and come out by making the right decisions.*

Some participants spoke about the importance of this hopeful sense that progress was possible. One man spoke about how this sense of hope was important to him early on in the treatment process when he had just left prison, and later spoke about the importance for programme graduates of having some faith in themselves:

> *It helped me that I saw a bit of light, it wasn't total darkness and that around. [Later] Have a little faith and trust that people do want to go ahead, and actually that person, whoever that person is, that's what they need to do as well; have a bit of faith in themselves and you know, just do it.*

Another man spoke about the organising and motivating aspects of having goals and a sense of hope.

> *You got a life goal, you got an interest that's going to keep your mind busy, it's going to keep your mind busy, it's going to give you ambition. You have all these good things in life to look forward that's going to steer you away from all the crap.*

Participants in this study spoke to the interviewer about the importance of *seeing cause for hope*. In relation to desistance, seeing this hope was connected to sensing that life had gotten better, that further progress was possible, and that change got easier. Increased ease in maintaining change appeared to be linked to both habituation and synergistic effects whereby positive change in one area strengthened and supported change in that and other domains. It is possible, if not likely, that these narratives of improvement were constructed in retrospect, and might function to prevent participants from experiencing overwhelming regret. Nonetheless, from the point of view of this study the presence or absence of

objectively measurable improvement does not eclipse the supportive and motivating quality of these narratives of hope: From the perspective of one participant:

> *I'm pretty confident that I'm not going to go down that track again. And I think that helps, just being confident in yourself helps.*

Summary

The theme *Living a Better Kind of Life* comprised three parts; *Living In Line With Values, Living a More Settled Life*, and *Seeing Cause For Hope*. Some of the changes described by participants in this theme could be viewed as risk factor management, others might not fit this conceptualisation so readily, but what these changes all had in common was that they were described as positive and life-enhancing for the person making them. It seems reasonable to consider that this positive attribution had a large part to play in the maintenance of the associated behaviours. Participants also spoke about the ways that positive change became easier and 'snow-balled' in their lives. The idea of synergistic change and support for desistance seemed to characterise this theme as participants described the ways that positive changes allowed and supported further and broader improvement. Interviewees also spoke to the researcher about the way that cultural, spiritual and moral frameworks and a narrative of a 'return to values' provided a big picture conceptualisation of desistance. These frameworks also appeared to consolidate the process of change and desistance, bedding down new behaviours into participants' self-image and views of the world. Furthermore, participants spoke about feeling buoyed up and encouraged by a hopeful sense that progress was underway, and that further progress was possible.

CHAPTER FOUR

POST-SCRIPT TO THE ANALYSIS

During the early stages of the analysis I met with programme staff at the two community-based treatment programmes that supported this research. Therapists and staff discussed the initial findings and the feedback from participants regarding the programme. A selection of the responses and reflections of these key informants is presented below.

Programme staff at both programmes noted that in the time since most research participants had completed the programme substantial changes in those programmes had been made. For the most part these were described in terms of making an approach- and strength-focus more explicit. Therapists described that these changes seemed well received by clients, some of which had been suggested by the work the programmes were doing with young people. One therapist remarked that the strength focus, in concert with the process of understanding the causes of offending, appeared to drive increased engagement with the programme.

Therapists described consciously utilising both approach and avoidance goals with their CSO clients. Some expressed that in their experience these two types of goals came together in ‘a third thing’ which might be called desistance, or recovery. They described their own attempts to collaborate on these goals with their clients.

Some therapists described that avoidance goals were an early focus for many clients, but as they progressed they began to set and achieve approach goals around a better kind of life. One therapist described that it was when working with clients on family reintegration that her team would work more explicitly with approach

goals. However another therapist expressed his perception that some client's early focus on approach goals was underlain by a resistance to acknowledging and dealing with their own risk of reoffending.

Regarding client perceptions of risk, some therapists reflected that some clients arrive convinced that they had no risk of reoffending, because they had made a decision not to reoffend. One therapist pointed out that often these men had no idea about the processes whereby reoffending can occur, and shared understandings of this risk often progressed on the basis education regarding the pathways whereby relapse can occur.

Programme therapists also spoke about an awareness of the sometimes competing needs of clients' life goals and risk management, and the corresponding concern that some restrictive risk management interventions might ultimately increase risk in the long term. Programme staff spoke about how they tried to balance the immediate needs of community and family member safety with the development of long term supports for desistance. One therapist described this as "always walking the tightrope". Another staff member described a growing awareness that "families want to be together, and they will do whatever it takes to be together". This staff member stated she did not consider waiting for the cessation of involvement with agencies such as probation and treatment programmes to be an ideal solution. Programme staff described that in the current practice there was a growing tendency to work on this as a goal with their clients, in order to support this process to be as safe and beneficial as possible. Nonetheless, restrictions to this work were also discussed, in that many service funders were structured to consider adult clients as individuals, limiting the work the service could perform with family systems.

In response to participant concerns about inflexible application of risk management rules one therapist stated that in current practice her team followed a case-by-case basis for negotiating risk management practices. Therapists reflected participants' own perceptions when they described the difficulty of knowing how safe it was for their clients to continue living with children, and how safe their family relationships really were for all concerned. Therapists described a preference for working with clients to get agreement on constructive and safe ways to proceed, and expressed a reticence to impose rules against their client's wishes. One therapist described that restrictive conditions were often applied by the probation board, rather than the programme, but the necessity of maintaining the programmes' positive relationship with the probation service made it important to be seen as supporting these conditions, which the programme was powerless to alter in any case.

CHAPTER FIVE

DISCUSSION

The present study sought to investigate what a group of men who received treatment related to sexual offending against children regarded as the motives and supports for their desistance. Men from two New Zealand community treatment programmes who had lived in the community post-treatment for a period of two to six years were interviewed for between an hour and an hour and a half. The participants were men with a low risk of reoffending, many of whom had stable living situations and had remained in contact with their treating organisation. They presented a range of pathways and motives for their offending. Participants were asked to describe any changes they had made since their last sexual offence and the motives and supports for maintaining this change were explored with each man. The resulting transcripts were analysed via a thematic analysis that sought to give voice to the men's perspectives while listening for the role of approach and avoidance goals. Due to small, non-random sample it is not possible to make generalisation regarding the population of all child sex offenders from this analysis. However, its strength lies in the possibility of insight via rich reports of real-world experiences regarding a topic about which little is known.

The Relapse Prevention model (Marlatt & George, 1984; Pithers, 1990; Ward & Hudson, 2000) has informed the development of effective CSO treatment programmes by providing a framework that incorporates the avoidance goals of CSO desistance (Andrews & Bonta, 2010). Relapse Prevention has done this by conceptualising successful CSO desistance as involving avoidance of the stable risk factors linked to reoffending. Other models, such as the Good Lives Model (Laws &

Ward, 2011; Ward & Marshall, 2004), have been proposed that attempt to incorporate the approach goals of desistance into a strength-based approach. In this version desistance involves attaining human needs in appropriate ways such that sexual offending is unnecessary (Laws & Ward, 2011). The Good Lives Model is also claimed to incorporate the important issue of CSO motivation more coherently (Ward & Gannon, 2006). However, little is known about what motivates or supports desisting sex offenders (Walters, 2002b), and this represents a significant gap in the rehabilitation literature.

Summary of Analysis

Participants spoke to the interviewer about negotiating a complex network of desistance-supportive and desistance-undermining influences and events, both internal and external. Participants were generally complementary regarding the treatment programmes they had attended and most believed treatment had helped them. However, participants also stated that treatment was neither necessary nor sufficient for desistance and described a diverse set of motives, supports and changes that arose from sources other than the treatment programme. Participants spontaneously described the negative impacts of their offending, and the importance of relationships. Participants also described the importance of creating their own idiosyncratic understandings of themselves, their offending and their desistance.

Threats and Supports to Desistance

Participants described both desistance-undermining and desistance-supportive influences. Participants stated that they considered desistance to be undermined by separation from supportive family environments, professionals who did not support their desistance approach goals (such as attending treatment), and ongoing social

stigma, rejection and isolation. As well as directly impacting desistance through resentment, hopelessness, and a sense of having nothing to lose, the stigma of the CSO label was also described as negatively impacting factors identified in the literature as supportive of desistance, including access to romantic partners, work opportunities, and pro-social involvement.

Participants also identified a number of factors that supported their desistance, including looking after 'the basics' such as accommodation, time management, and budgeting; gaining employment or starting a small business; and using philosophical outlooks, religious perspectives, and social support to mitigate the negative consequences of offending. Social support and romantic partners were named as particularly important in terms of mitigating the desistance-undermining effects of negative consequences, but also in assisting with risk awareness and management, reminding participants of pro-social strengths and values, and providing opportunities to practice and benefit from positive changes. Communication and relationship skills were described as assisting relationships with risk-managing professionals, seemingly assisting the rehabilitation and reintegration process. Participants also stated that change got easier over time.

Negative Consequences of Participants' Offending.

One of the clearest themes in the data related to the negative consequences of participants' offending. Some of these sequelae were described as undermining potential desistance supports, such as social connectedness and work opportunities. In spite of this, many participants also described these negative consequences as highly motivating, particularly in terms of risk avoidance. This idea, that negative sanctions can motivate and support lasting desistance, is at odds with research into desistance with other offender populations, which has suggested that prison and

negative sanctions can have an undermining effect on desistance (Lipsey & Cullen, 2007), and that motivation derived from punishment is fleeting and insufficient (Hollin, 2002; Maruna, 2001). Nonetheless, a specific deterrence effect would be consistent with the low reoffence rates for CSOs when compared to general and violent offenders. Participants located the motivating effect of these negative consequences in damage to relationships, work opportunities, and self-image, suggesting that the effectiveness of these sanctions might come about because of pre-conviction lives that were reasonably well-resourced. This may especially apply to participants in this study, most of whom had a romantic partner, few or no prior convictions, and were in stable employment prior to conviction.

Some authors, suspecting the presence of the desistance-undermining effects of punishments and stigma, have called for efforts to reduce restrictive interventions and the stigma of CSO conviction (Willis et al., 2010). However, while such alleged desistance-undermining effects are concerning, the participants of this study also stated that the negative consequences of their offending were highly motivating, particularly in terms of risk avoidance. The responses of participants supported the presence of specific deterrence effects for CSOs, and so concerns about offenders' rights and the paradoxical effects of stigma and restrictive interventions need to be balanced against the possibility that these unpleasant negative consequences (both formal and natural) may be contributing to desistance rates for CSOs.

Relationships Were Important to Participants

Relationships and social roles were repeatedly referred to as sources of motivation and support, as well as providing some of the biggest problems due to isolation, stigma, and shame. Romantic relationships appeared to be a special kind of support whereby participants accessed desistance-supporting motivation, assistance and

intimacy, while also experiencing the benefits of the positive changes they had made. The idea of synergistic change, whereby participants' changes 'snowballed', created a better kind of life, and supported further improvement (and risk-reduction), was common to many accounts and often illustrated in the context of improved relationships.

The statements made by participants in this study support the findings regarding 'non-specific' influences on therapy summarised by Duncan, Miller, and Sparks (2004) and Marshal (Marshall et al., 2005). It was apparent in participants' description of therapy that relationships with both therapists and other group members were important in terms of allowing engagement with therapy and producing change during treatment. Seeing therapists as skilful and knowledgeable and perceiving change in others were linked to faith in therapy. The apparent importance to participants of a personal 'theory of change' also reflected and supported Duncan, Miller and Sparks.

Understanding Self and Offending: Creating a 'Theory of Change'

Participants in this study spoke about the importance of creating understandings of themselves and their offending and presented a diverse and idiosyncratic selection of these understandings. Participants retrospectively described a 'bad time' preceding and during their offending, followed by shock and dismay when the abuse came to light and they were forced into confronting the label 'child sex offender'. This dismay was generally compounded by the immediate and on-going negative fallout of this revelation and the subsequent conviction, prompting a strong determination for many to not reoffend. Most participants described a subsequent process of introspection and formulation of ideas about themselves and the causes

of their offending. These understandings appeared to be integrated in evolving plans for change and understandings of risk of recidivism.

Participants appeared to value highly the process of incorporating understandings of themselves and the world, their offending, and their risk of reoffending into their own idiosyncratic 'theory of change'. These personal theories appeared to provide guidance as to the content and process of the changes that needed to be made and maintained. This drive to make sense and understand seemed itself to represent an intrinsic motive for most participants. A spiritual framework, or the idea of a 'return to values', was often used as an overarching narrative for organising these personal desistance theories.

Like their understandings of their offending, participants' formulations of their risk of reoffending were diverse and idiosyncratic. The majority appeared to resolve the competing needs of risk acknowledgement, understanding self and offending, and regaining a positive self-image by negotiating an ambivalent position somewhere between full acceptance and outright denial of risk. Where it occurred, denial of risk did not appear to limit participants' use of risk management or desistance-supportive behaviour. Related to this, many of the problems participants described with helping professionals appeared related to understandings of risk, and differences in 'theory of change'; for example, where a professional sought to manage risk while a participant was focused on attaining 'good life' goals.

Desistance: Putting the Theory of Change into Practice

In addition to creating personal risk appraisals, personal theories of change were involved in creating plans for change and maintenance of that change. Participants described a number of changes in their lives and, as expected, these were

consistent with the stable risk targets and the processes of group treatment identified in CSO treatment literature (Hanson & Harris, 2000; Marshall & Burton, 2010; Yalom & Leszcz, 2005).

Many participants appeared to believe that taking responsibility for their offending was a prerequisite to initiating and maintaining change. Participants linked therapy to changes which included understanding the causes of offending, becoming aware of risk, and becoming more compassionate. Interestingly, while understanding the causes of offending and becoming aware of risk were described as informing and facilitating risk management, empathy and compassion appeared to support desistance through the mechanism of seeking and attaining better relationships (rather than a wish to prevent harm to future victims). Other changes named included; awareness of and changes to thinking and attitudes (including sexual attitudes); becoming 'more honest' with others and themselves; improved relationship skills; addressing deviant sexual interests; reconnecting with personal values; and emphasising appropriate sources of reinforcement, such as relational closeness rather than sex, or spiritual meaning rather than drug use. Some described a subtle yet profound shift in values which altered the way they perceived themselves, their actions, and other people. Many participants stated that changes they made had resulted in better lives, and this was reflected by living in line with their values, improved and strengthened relationships, a more settled lifestyle, and a sense of hope.

Theoretical Implications: Motives, Risk Management, and Good Lives

Participants described using both risk-focused avoidance-based, and 'good life'-focused approach-based motives to understand and structure their desistance.

In line with implications of the deficit and risk based RNR model of rehabilitation (Andrews & Bonta, 2010; Andrews et al., 1990; Marlatt, 1985; Pithers, 1990; Ward & Hudson, 2000), participants in this study described themselves as motivated to avoid reoffending and vigilant regarding risk factors. In line with the predictions of Self-Regulation Theory (Carver & Scheier, 1981, 2000b) these avoidance goals tended to be associated with aversive emotions. Participants described that their risk-management strategies were propelled by avoidance motives, including a sense of shame and abhorrence at their offending; fear of false accusations; a desire not to 'let others down' through reoffending; and fear of further negative consequences, such as formal sanctions, hurting significant others, and relationship damage.

Participants also linked maintenance of desistance to approach goals which included social connectedness; fulfilling social roles with integrity (e.g., father, husband, community member); repairing damage to relationships; understanding and making sense of their offending; and living in line with spiritual, cultural and personal values. I also suspected motivation towards positive self-image involved in phenomena such as taking responsibility, living in line with values, and participants' ambivalent constructions of risk. Participants also described self-reinforcing changes; for example, becoming more compassionate was described as leading to improved communication and closeness in relationships; and changes in priorities, coping skills and lifestyle was described as leading to a calmer, more settled life. The Good Lives Model (Laws & Ward, 2011) suggests that desisting CSOs activate a variety of practical identities to achieve a balanced and adequate selection of the primary goods towards which they are intrinsically motivated. As noted by other researchers, the GLM does not make testable predictions about the features of a 'balanced good lives plan' (Glaser, 2010), but there was support for the more general suggestion that

approach goals may motivate desistance. In terms of Ward's ten primary goods (Laws & Ward, 2011), participants in this study most readily discussed desistance motives that appeared linked to the goods of *Relatedness* and *Community* (what I have referred to as 'social connectedness' and integrity in social roles), *Spirituality* (finding meaning and making sense, rediscovering values, and producing overarching desistance narratives), *Knowledge* (understanding self and offending), and *Inner Peace* (living a more settled life). Other implicit goods appeared to include *Excellence in Play and Work* (desire to work and succeed), and *Life* (healthy sexual functioning, 'the basics'). This excludes the primary goods of *Excellence in Agency, Happiness,* and *Creativity,* however, an exhaustive investigation of the GLM's primary goods was not the aim of this research, and so it is not possible to draw conclusions about their presence in the sample.

The presence of 'snow-balling' improvements supports one of the central implications of strength-based and 'good-lives' models of rehabilitation; that CSOs who replace inappropriate sources of reinforcement with appropriate ones will lead lives which are more rewarding, more functional, and which consequently reduce their risk and need to reoffend (Laws & Ward, 2011; Ward & Gannon, 2006). The drive to fulfil social roles with integrity described by some participants supports a role for the concept of practical identities in conceptualising and organising the primary goods of desisting CSOs.

Participants in this study invoked both avoidance and approach to explain their motivation for desistance. While there was an apparent natural affinity between avoidance motives and risk-management strategies (e.g., fear of false accusation motivating avoidance of children) and between approach motives and strength-

based approaches (e.g., a desire for social connectedness motivating efforts to improve communication skills) this relationship was not absolute. For example, risk management could involve (to quote one participant) “surround[ing] yourself with good people”, or the internal vigilance required to manage problematic cognitions might be valued as a type of spiritual self-awareness. Equally, the approach goal of living in line with spiritual values might motivate avoidance of promiscuity and sexual preoccupation.

This study does not support criticisms that risk management fails to adequately mobilise CSO motivation. While most participants spoke about being motivated by approach goals, all discussed being motivated by wanting to avoid reoffending. Furthermore, the risk management model appeared to hold an intuitive appeal and significant face validity as a bridging theory for men who saw their offending as ‘a bad thing that happened during a bad time due to bad influences’. The enthusiasm with which participants adopted risk management as a personal theory of desistance no doubt reflects the RP-based treatment they received, but also sits easily with the overwhelmingly negative descriptions they gave of their offending and its consequences. Ultimately, both risk-management and goods-promotion models of desistance received support and seemed to be required, as participants described desistance both in terms of avoiding risk and relapse, and working towards ‘good life’ goals.

Self-Image, Desistance, and Risk Appraisal

While the present study did not set out to test theories about the role of and self-image in CSO desistance it became apparent that certain processes required reference to self-image. Participants’ descriptions of a ‘return to values’ held similarities to Maruna’s (2001) ‘redemption script’. However, there were differences.

Maruna and others (Maruna, 2001; Maruna et al., 2004; Vaughan, 2007) propose that desistance involves a slow, piecemeal process of moving from a crime-supportive identity to a new desistance-supportive one. In contrast, participants in this study did not appear to have held identities consistent with their offending. In fact, continued offending appeared to require separation of the fact of the abuse away from the offender's self-concept: one participant described that he ended his offending and went to the police after concluding "that's not how I live my life".

It seemed that disclosure, conviction, and treatment required participants to confront the identity of 'child sex offender', while simultaneously disavowing it and creating a new identity aloof from risk factors and consistent with the approach goals of desistance. While there seemed to be diversity in how this dilemma was handled, many participants appeared to resolve this conflict ambivalently. As stated, I considered that participants integrated understandings of self and offending in creating personal theories of desistance and formulations of risk, and ambivalent resolution of the CSO identity dilemma seemed particularly apparent in personal conceptions of recidivism risk. This interpretation supports the position of writers such as Marshall (Marshall, 1994; Marshall, Thornton, Marshall, Fernandez, & Mann, 2001) who consider denial not as indicative of terminal motivation problems, but as a natural feature of the process of offending, detection and rehabilitation. The presence of accounts whereby participants described having desistance-aligned behaviours or beliefs confirmed socially supports the presence of 'Pygmalion effects' (Maruna et al., 2004) in CSO desistance.

Clinical Implications

In terms of responsivity, the importance to clients of the process of engagement, culturally appropriate content delivery, and the 'non-specific factors' of the therapeutic relationship were supported. Participants also spoke about the benefits of ongoing contact with treating professionals, and difficulty uncovering the existence of the programmes. These last two points imply considerations for services regarding offering ongoing contact to past clients and publicising their service to potential clients.

The accounts of participants in this study underline the importance of clients' idiosyncratic theories of offending and desistance in identifying and making salient both domains of change and strategies for maintenance. In other words, participants maintained changes that fitted with their own personal theory. Therapists are therefore encouraged to take an interest in these personal theories and collaborate with clients on their creation. Relapse Prevention described at least part of the desistance strategy for all participants and a 'good life' approach-focused model described the strategies of most. Both models were adopted by participants to structure their personal theories of offending and desistance. Therapists should be encouraged by these findings to utilise both avoidance- and approach-based models of desistance in their work.

The present study supports the presence of RP elements as a natural fit within a GLM-informed treatment programme. The ten primary goods of the GLM make its values and world-view explicit, but are difficult to support empirically, challenging to assess, and possibly overly philosophical and complex for many clients. However, eight of nine participants spontaneously spoke about being motivated to fulfil social

roles with integrity, which suggests a role for the concept of 'practical identities' in implementation of GLM treatment. These suggestions are in line with Ward's most recent description of how assessment and treatment might progress under the GLM (Laws & Ward, 2011).

Therapists are also encouraged to consider that participants' statements regarding their risk of recidivism appeared tied to a complex set of motives, including self-concept and idiosyncratic understandings of self and offending, and did not seem particularly tied to the presence or absence of desistance strategies for these participants. Clinicians are encouraged to consider how clients' personal theories of risk might impact desistance strategies, however, insisting that clients endorse 'objective' and unambiguous views of risk may be no more necessary than requiring a mental health client to agree upon a particular diagnosis.

Participants in this study claimed to appreciate, and even support the rationale for the unpleasant reality of the formal sanctions and risk management policies that characterised post-conviction life. However, they identified a wish for the shift from punishment to rehabilitation to be clearly delineated and accompanied by a shift to more strength-building approach, as well as for more emphasis on rehabilitation within the correctional system in general. Participants also expressed a desire for more negotiation around risk management as time in treatment and under supervision progressed. Negotiating the challenge of incorporating 'good life goals' while fulfilling the obligation to manage risk appears to be a major task ahead of any system that seeks to meaningfully integrate the approach goals of CSO desistance.

The apparent inevitability of disruptive effects of participants' offending suggests a practical issue for treaters in terms of managing the desistance-undermining effects

of these sequelae. Fortunately, participants described that the skills and goals that typify CSO treatment (e.g., relationship skills, emotional self-regulation, and social support) were also mobilised to mitigate the undermining effects of these negative consequences.

Limitations

The goal of the present study was to present the desistance experiences of nine men accurately and in a useful way: As a qualitative enquiry with a limited sample size the current project makes no claim to present findings that can be generalised to the entire population of child sex offenders. Without doubt there will be desistance experiences that vary markedly from these findings and while the current study attempts to outline desistance pathways that need to be understood and included when considering CSO desistance, it cannot discount conflicting accounts.

Secondly, each participant has been investigated and considered as a desister. However, while criminal records were retrieved for each man, the possibility of undetected offending cannot be discounted with total confidence. Further to this difficulty of measuring true recidivism is that of measuring true desistance. While it might be appropriate to consider these participants as desist*ing*, it is impossible to know if they have all permanently desist*ed*. It is documented that a small number of CSOs reoffend after many years of apparent desistance and whether one of the participants will reoffend in the future is not known. However, given the estimates of risk presented by individual participants, the possibility that all the men in this study are non-desisters is so low as to be negligible.

My own perspective and experiences have also allowed me to ‘make sense’ of participants accounts. While I have attempted to allow participants’ voices to be

heard, my theoretical perspectives remain informed by (and limited by) the state of current theory. In the same way that I have criticised previous CSO research as limited by theoretical preoccupation with risk and deficit, my own research investigates the question of CSO desistance only in the light provided by current theories of how the problem might be considered. These will no doubt be superseded at some point by some new perspective.

Finally, I estimated the majority of men in the current sample as having a low risk of reoffending sexually. It has also been noted that the very qualities that made them contactable (unchanged phone numbers and recent contact with the programme) may have also made them unusual in comparison to the CSO population. Therefore, while this study may throw some light on the processes of 'natural desistance' that occur for low risk CSOs the desistance of high risk CSOs, arguably of more importance to treaters and the public, cannot be commented on.

Implications for Future Research

The present study has highlighted similarities and differences between the desistance pathways of CSOs and those of general and violent offenders, supporting the utility of further, more detailed research, into CSO desistance. By definition, desisted CSOs are a difficult population to contact, and longitudinal designs (which have provided the foundation for the general desistance literature) are recommended to investigate CSO desistance. As mentioned earlier, the recruitment process of this project may have been biased towards a sample of low risk men who held the treating organisation in high regard. The desistance of high risk CSOs might take different pathways, or they might simply experience greater barriers to desistance.

The GLM and the concept of practical identities might be one way to understand what separates high risk CSOs from low risk CSOs. Participants in this study described that deterrence effects sprung in part from the loss of roles that they valued; respected family member, community member, father or husband. Many seemed to value what degree of these roles was still available, sought to expand their capacity to fill them, and feared further damage to them. Perhaps high risk CSOs have less experience of, or desire for, such roles. Replicating this study with a sample of high risk CSOs would allow useful comparison between these groups, and might go some way to answering these questions. Contrasting these successful desisters with those who reoffended (as per Maruna, 2001) might allow some conclusions to be drawn regarding sufficient and insufficient CSO desistance processes, including the implications of the GLM regarding insufficient and imbalanced 'good lives plans'.

As became apparent during this project, the implications of risk management and 'good life' paradigms differ markedly regarding the question of offenders living with their children. According to RP, successful desistance involves removal of risk, including child access. The GLM suggests that desistance is aided by social connectedness, and roles that engage responsibility and care. General desistance research notes that marriage supports desistance. Theoretically at least, this question might be resolved empirically. However, given that the dependent variable is the sexual abuse of a child an experimental design raises ethical risks which are impossible to justify. On the other hand it is known that many families do reintegrate once parole conditions lapse and so recidivism rates between men in these families might be compared to those who do not reintegrate with their families. Such an

investigation would ideally control for risk level and investigate the influence of 'third variables' such as deviant sexual preference and social skill.

Conclusion

In conclusion, this study casts some light on the desistance processes of a group of low risk child sex offenders, including the role of formal sanctions and natural social consequences in both motivating and undermining these men's desistance. The importance of positive and respectful interventions was supported. Participants spoke of the personal importance of creating a coherent and idiosyncratic 'theory of desistance' that was informed by their understandings of themselves and their offending and which identified and motivated the changes they needed to make. Consistent with previous rehabilitation literature, participants described a number of supports for their desistance and a number of undermining factors. Stigma and negative consequences were described by participants as both undermining and motivating desistance. Participants utilised both risk-focused, avoidance-based, and 'good life'-focused approach-based motives to understand and structure their desistance, and thus both RNR and the GLM were required to describe and explain the desistance of participants. Consistent with previous research participants also implicated processes of self-image in their desistance. However, the narrative arc of this process appeared to differ to that identified in general and violent offenders and this difference appeared related to the intense stigma associated with the CSO label. Most participants appeared to resolve the dilemma of the CSO label ambivalently, and this ambivalence was reflected in the statements made concerning risk of reoffending. Client's personal theories of desistance are suggested as one way of resolving the choice between offering approach or avoidance models of desistance

in treatment: both held appeal to the men in this study and appeared capable of structuring and motivating desistance strategies. Because participants' statements regarding their recidivism risk appeared tied to a complex set of motives including self-concept and idiosyncratic understandings of self and offending, and did not seem particularly tied to the presence or absence of desistance strategies, clinicians are discouraged from insisting that clients accept 'objective' and unambiguous views of risk at the possible cost of the therapeutic relationship. Some suggestions regarding the implementation of GLM-informed treatment were made. Finally, this study pointed to the need for specific research into CSO desistance, particularly into the desistance of higher risk offenders and the differences between the personal 'theories of change' and desistance processes of successful and unsuccessful desisters.

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APPENDICES

Appendix A

Participant Information Sheets

Participant Information Sheet (Interview Participant)

Project title: Maintaining Desistance

Investigators: Hamish Bartle (Principal Investigator;
Doctorate of Clinical Psychology Candidate,
Dept of Psychology)
Associate Professor Fred Seymour (Primary Supervisor)
Dr Ian Lambie (Secondary Supervisor)

Funding: University of Auckland Doctoral Scholarship

Hamish

Kia Ora. My name is Hamish Bartle. I am a Clinical Psychology Trainee at the University of Auckland. I have an interest in psychological therapy for offenders. In particular I am interested in the branch of psychology known as 'positive psychology', which focuses on strengths and wellbeing. I would like to invite you to take part in research that I am doing as part of my studies at the university. This project seeks to speak to men throughout New Zealand who live in the community without committing crime, in an attempt to understand the positive supports and processes in these men's lives. I am interested in hearing what you have to say about the things that you see as supporting you to live without offending. By sharing these stories, you will have the chance to help people whose job it is to assist men making the change to an offence-free life. The study aims to discover how more men might find their way to a life without offending. You are not required to take part in this research, and your decision to take part or not will not affect your treatment by anyone linked to this study. If you do agree to take part, you may withdraw from the study, without giving a reason at any time, and you can withdraw your data until six weeks after the interview.

Taking part in the study would involve meeting with me for an interview that would last for about an hour. While some questions may be asked about specific topics, the interview will be more like an informal chat than a questionnaire- the main point is to give you a chance to talk about what you find helpful. The interview will be recorded (sound only) so that I can type it up afterwards, and to make sure I get my facts straight. Once the interview has been typed up, the recording will be destroyed. I will then study the written versions of interviews so that the supports named by you and others can be drawn out and compared to current practice and theory. Some written versions of the interviews (*transcripts*) will be reviewed by other researchers to make sure I am on the right track. These researchers will be other trainees in the Clinical Psychology programme at the University of Auckland. These researchers are bound by confidentiality agreements, and will not have access to any information which might be reasonably expected to reveal your identity. Transcripts and computer files will be held in a secure location, separate from any identifying information for six years, after which they will be destroyed securely. All computer files containing identifying information or interview transcripts will be password-protected.

If you decide to take part in this study, I also ask that you agree to allow me to access file information about you held by the organisation where you received treatment before we meet for the interview. The files will not leave the offices of organisation where you received treatment, and any information I get this way will be treated with the same confidentiality as the other research information in this study. This file information is important, as it will help me make sure I am asking the right questions when we meet, and it will also help me understand the information you give me.

It is important to the researchers that the identity of participants is protected. No identifying information will be attached to data used in the study (e.g. written transcripts), and if information you provide is reported or published, this will be done in a way that does not identify you as its source. At this point your identity and whereabouts is not known to the researcher. Once you give permission, I will call and arrange to meet with you. I will explain the project in detail, and check that you agree to take part in the interview and study before the interview takes place. While the content of your interview will not be reported to the organisation where you received treatment or any other person, you should note that I must report any previously undisclosed serious offending you tell me about. I must also act on information that the life or well-being of you or another person may be at serious risk. In any such situation every attempt would be made to discuss this with you first. While the focus of the interview is on positive parts of your life, some content might be distressing and so there will be an opportunity to discuss the interview afterwards, and contact details for psychological support will be made available to you.

All participants will be offered supermarket or petrol vouchers as a contribution towards your travel and time.

Please read the Consent to Contact form, and fill it in and return to me in the supplied envelope if you would like to know more about this study.

Thank you for your time,

Hamish Bartle

For any queries regarding ethical concerns you may contact Hamish Bartle via email at hbar046@ec.auckland.ac.nz**, or Fred Seymour, the primary supervisor and Head of the Department of Psychology, can be contacted via email at** f.seymour@auckland.ac.nz**, or by phone at (09) 3737599 ext. 88414, and both can be contacted by mail at the address on the letterhead. You may also direct concerns to The Chair, The University of Auckland Human Participants Ethics Committee, The University of Auckland, Office of the Vice Chancellor, Private Bag 92019, Auckland 1142. Telephone 09 373-7599 extn. 83711.**

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE for 3 years on 13 May, 2009, Reference Number 2008/461.

Appendix B

Participant Interview Schedules

Interview Schedule

Starting

So, firstly let me thank you for taking the time to come and talk with me today, and if you don't mind me asking, why did you decide to talk with me about this topic?

The topic of this research (living without offending) is of great interest to a lot of people; justice workers, therapists, and men who want to walk that path themselves, and is something you have must know a lot about, as someone who has actually done it. What's the main thing people need to know? about stopping offending / living offense free / this

I'd really like to hear about how you did come into a life free from offending- was it sudden? did it take time?

Changes

Do you feel there have been lasting changes since the offending? What were they?

So if we had the man before us now who did that offending back then, what would be the main differences between him then and you now?

How did those changes come about?

And what about the environment around you? How is that different?

How did those changes come about?

Was the strategy or process always the same, or did it change over time? And has your approach to lasting changes been the same- or has that changed over time too?

So it sounds like there have been a number of changes…

(Which would you say have been the most important? And what makes them important?)

How were those changes made?

Maintenance

What helped you stay on track for those changes to happen? How were those changes sustained?

What is it that lets you know when you're on track, and when you are off-track?

With named factors;

How was X helpful? What other impacts did that change have?

Timing: Would that have always been a helpful thing do you think? What was it about the timing of XXXX that made XXXX helpful?

Avoidance goals / risk

What were the biggest challenges to making the changes? And how did you overcome those challenges?

Were there any times when you felt like it was a possibility that you would go back to old ways? And how did you deal with those?

What else helped there?

Approach goals /

What did you draw on in the tough times to keep going?

What was it about [those goals] that was powerful?

How did you find those values/visions/goals

So in terms of achieving those goals, where do you stand in relation to those goals now?

Specific Factors

GOODS:

Life – Knowledge – Mastery – Agency – Inner peace – Relatedness – Spirituality – Happiness – Creativity

RISKS:

Social influences – R/ship stability – Emo ID w kids – Hostility to women- Social rejection – Lack of concern – Impulsivity – Problem solving – Neg Emo – Sex drive – sex coping – dev sex – coop w Super

Cultural identity

Has your understanding of things like your culture, and where you are from, who you are, played a role in this process?

Have you been to a tangi since finishing treatment? / have you worked on your marae- how did that go?

Social reconnection

What about your social connections to family and others- how have they featured in this process?

I understand that for some people it's important to create connections, but others find the process more about avoiding contact with people.. what the process been for you?

Romantic relationship

Have you been romantically involved with anyone since finishing the programme?

How has/have your romantic relationship(s) figured in the process?

Work

Are you working at the moment? Has finding work been important? What has that been like?

Last questions

What's the main thing you want me to understand about this process of sustaining lasting changes?

Was there anything you expected me to ask you about that I haven't?

Was there anything you really wanted to highlight today, but maybe you didn't feel comfortable enough to share it with me today?

Appendix C

Participant Consent Forms

Participant Consent Form One

(Interview Participant: CONSENT TO CONTACT)

This form will be held for a period of six years

Project title: Maintaining Desistance

Investigators: Hamish Bartle (Principal Researcher; D. Clin. Psych Candidate)
Associate Professor Fred Seymour (Primary Supervisor)
Dr Ian Lambie (Secondary Supervisor)

Funding: University of Auckland Doctoral Scholarship.

I,

_____,

(*please put your name here- this is important)*

have been supplied with a Participant Information Sheet for the above research and consent to the Principal Researcher (Hamish Bartle) making contact with me by phone, in order to discuss my participation in this project. My details are as follows:

(No-one other than the participant will be told the reason for the call. The Principal Researcher will identify himself by name only).

Phone Number: ( )
Any instructions (e.g. best time / day to call):

- The Principal Researcher may contact me via email (the reason for contact will not be mentioned in emails that I receive).

Email address:

- I will contact the Principal Researcher by email
  (The address is: anterelic@gmail.com.)

I understand that:

- At this stage I am agreeing only to being contacted by the Principal Researcher.
- My decision to take part or not take part in this research is confidential between myself, and the Principal Researcher, and will not affect my treatment by any person associated with this study.
- It is my choice to take part in this project, and I may withdraw my consent to be contacted at any time, without giving a reason. Following this withdrawal any information concerning my taking part will be disposed of in a secure manner.
- This consent form will be held in a locked cabinet in a secure location for six years, after which it will be destroyed.

I **DO / DO NOT (delete which does not apply)** give permission for Hamish Bartle to access files regarding me held at the organisation where I received treatment, for the purpose of this study, as outlined in the Participant Information Sheet. These files will not be removed from the organisation where I received treatment and this file information is subject to the same confidentiality as all information in this study.

I have read and understood this form.

Signed:

Participant:

Date:

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE for 3 years on 13 May, 2009, Reference Number 2008/461.

Participant Consent Form Two

(Interview Participant: CONSENT TO PARTICIPATE)

This form will be held for a period of six years

Project title: Maintaining Desistance

Investigators: Hamish Bartle (Principal Researcher; D. Clin. Psych Candidate)
Associate Professor Fred Seymour (Primary Supervisor)
Dr Ian Lambie (Secondary Supervisor)

Funding: University of Auckland Doctoral Scholarship.

I, _____,
have been supplied with a Participant Information Sheet for the above research and agree to take part in this research project.

I understand that:

- I will take part in an interview that seeks to uncover the ways in which I have avoided re-offending sexually, and the things that I have found helpful while living offence-free in the community. Some questions may be asked around my conviction history, and risk factors.
- I agree to this interview being recorded for the purposes of this research. Audio recordings will be destroyed once they have been typed up.
- The content of the interview will be treated in confidence and not disclosed to any third party. However, I understand that any previously undisclosed serious offending may be reported , and that the Principal Researcher may act on information that gives him cause to believe that I, or another person, is at serious risk of harm.
- Information which can reasonably be expected to identify me or others that I mention (e.g. names, locations) will be removed from transcripts to keep my identity unknown, and any such identifying information (e.g. on consent forms) will be stored securely and separately from other information. If information from my interview is reported or published, it will be done in a way that does not reveal my identity.
- The written versions of my interview may be looked over by other researchers to ensure appropriate analysis, but this will be done once identifying information has been removed, as above. Any such reviewers are bound by the confidentiality agreed to on this consent form.
- Psychological support is available to me following the interview, should I feel I need it. I have been given the relevant contact details.

- This consent form will be returned to the researcher and held in a locked cabinet in a secure location for six years, after which it will be destroyed.
- My decision to take part or not take part in this research is confidential between myself and the Principal Researcher, and will not affect my treatment by any person associated with this study.
- It is my choice to take part in this research, and may I withdraw my consent to take part within six weeks of the interview, without having to give a reason. Following my withdrawal from the project any information held by the researcher concerning me will be disposed of in a secure manner.

I give permission for Hamish Bartle to access files regarding me held at the community treatment service I attended, for the purpose of this study as outlined in the Participant Information Sheet. These files will not be removed from that office, and this file information is subject to the same confidentiality as all information in this study.

I have read and understand this consent form, and have had the chance to ask questions and have this consent form and the research project explained to me.

Signed:

Participant:	**Witness:**
Date:	**Date:**

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE for 3 years on 13 May 2009, Reference Number 2008/461.

Appendix D

Script for Initial Telephone Contact with Potential Recruits

Introductory script – for Hamish Bartle research – Desistance in the community

1. Hello is “Brian” there?

   If no call again later – do not identify self or agency to another party.

   Identifies himself- Go to #2

2. Is that “Brian Jones”? Hi “Brian” its _____ from SAFE Network. Are you free to talk right now?/ Can I call you back if you are not free?

   Recruit is free to talk; Go to #3

   Recruit is busy; Arrange time to call again.

3. Thanks “Brian”. I hope you don’t mind me calling you- At the moment we’re calling guys who have been through the SAFE programme successfully and have been living in the community for a few years, because there is a research project running at the moment which might be of interest to you.

4. Basically I’m just calling today to see if it would be alright if I sent out some information about the study to you so that you could decide if you wanted to take part. The reason I’m calling you and not the researcher is because he’s from the University of Auckland and we wanted to keep your identity confidential until you agreed to speak with him.

5. So can I send you some information about the research? Or, If you like I can tell you a bit more about the study.

   Agrees to get info; Go to #8

   Agrees to hear more; Go to #6

6. Further information about the study. OK, sure. The study’s run through the University of Auckland, and what the researcher is interested in, is what has helped you to get on with your life since leaving SAFE. So he doesn’t want to talk to you about your offending, but he does want to hear what you have to say about getting on with life since leaving the programme; the strengths you have, and the things around you that have been helpful. It’s also a chance to feed back your point of view to the organisations you may have been involved with, like SAFE or the Dept. of Corrections, as there is quite a bit of interest in this research. Another thing you should know is that if you do take part it will

be totally confidential and anonymous, and you won't be identified at any point.

7. Do you have any questions?

   No further questions; go to #8

   Has question; Answer as best you can. If you're not sure, say so, and suggest they get in touch with Hamish who is happy to talk about the research, (this is in fact the main point of getting in touch with him)

8. (So if it's all right with you) I'll send you the information pack, which is in a plain envelope and has more information about the study, and the contact details of the researcher, and then you can decide whether or not to get in touch with him. How would that be?

9. *Agrees to getting pack* – thank them and get preferred postal address, email can be done if preferred.

   Does not agree- thank them and end call. "Thanks for your time, and I hope I haven't caused any inconvenience."

Appendix E

Priv/F2 Form

(Request by a Third Party for Release of Criminal Conviction Information)

IN-CONFIDENCE WHEN COMPLETED

MINISTRY OF JUSTICE
Tāhū o te Ture

Priv/F2

Privacy Unit
Ministry of Justice
National Office
P O Box 2750
WELLINGTON

For Office Use Only

MoJ Request Number

REQUEST BY THIRD PARTY UNDER THE OFFICIAL INFORMATION ACT 1982 FOR A COPY OF AN INDVIDUAL'S CRIMINAL CONVICTIONS HELD ON THE MINISTRY OF JUSTICE 'S COMPUTER SYSTEMS

SECTION 1: SUBJECT'S AUTHORITY TO RELEASE INFORMATION TO A THIRD PARTY

I hereby authorise the Privacy Unit, Ministry of Justice, to release a copy of my personal information, to the undersigned Third Party, for the purpose of:

- [X] Pre-employment vetting
- [ ] Security vetting
- [ ] Other (specify)

Signature of subject and date

X | X

I wish to receive a copy of the information provided to the Third party. Yes / No [ ]

SECTION 2: THIRD PARTY DETAILS

Third Party Name Details

Full Name of Third Party

StaffChecks Vetting Limited

Full name and address of the person or agency the third party is acting for (if applicable)

Third Party Reference Number (if applicable)

Third Party Address Details

Street Address	P O Box 271
Suburb	Shortland Street
City	Auckland City
State / Province	
Post Code	
Country	

Signature of Third Party

X

The term "subject" refers to the person whose criminal convictions is being requested.

The term "third party" refers to the requestor or ultimate intended recipient, such as an employer, insurance company, credit agency et cetera.

The Ministry of Justice will process this request as soon as is reasonably practicable, and in any case no later than 20 working days from receipt of this application.

This application and associated letters and reports will be disposed of three months after processing the response.

SECTION 3: SUBJECT'S DETAILS (Please print in pen)

Priv/F2

Personal Details

Surname | First Name | Middle Names (separate by comma)

Date of Birth (DD/MM/YYYY) | Place of Birth | Gender (Male / Female / Indeterminate)

Previous Names - Maiden Name, Aliases

Surname | First Name | Middle Names (separate by comma)

Postal Address

Street Address

Suburb

City

State / Province

Post Code

Country

Current Residential Address

Street Address

Suburb

City

State / Province

Post Code

Country

Daytime Phone Number

Home Phone Number

Fax Number

Previous Two Residential Addresses

Street Address

Suburb

City

State / Province

Post Code

Country

Street Address

Suburb

City

State / Province

Post Code

Country

SECTION 3: SUBJECT'S DETAILS (continued)

Priv/F2

Subject's Identification

Please attach a photocopy of the subject's identification. The identification may be a Driver Licence OR if subject does not hold a driver licence, a Passport. If subject has neither, the subject will need to complete Section 4.

☐ Driver Licence ☐ Passport

SECTION 4: PROOF OF IDENTITY

ONLY TO BE COMPLETED IF SUBJECT DOES NOT HAVE A DRIVER LICENCE OR PASSPORT

Subject to ask someone who can confirm their identity to fill in this section

The person who identifies subject must:

- have known subject for more than 12 months
- be aged 18 years or over
- have a day time phone number
- not be a relative
- not live at the same address
- be contactable during normal business hours

Surname | First Name | Middle Names (separate by comma)

Street Address

Suburb

City

State / Province

Post Code

Country

Daytime Phone Number

Home Phone Number

Fax Number

I declare that I have personally known:

Surname | First Name | Middle Names (separate by comma)

for ☐ years and vouch for his/her identity

Signature of identifier X

If subject is unable to get someone to complete Section 2, they must complete a statutory declaration. The relevant form can be obtained from the local District Court or by contacting the Privacy Unit on 04 918 8800.