“Sowing the Seeds for Change”

A process evaluation of Te Kakano, the SAFE Programme for Maori men who have sexually offended against children

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Abstract

In the field of sexual offender treatment, there is limited literature on cultural influences and processes in therapy. Conventional treatment approaches for minority groups, including Maori in Aotearoa/ New Zealand, may be less effective if interventions are not culturally responsive. This thesis presents the findings of a process evaluation of Te Kakano, the SAFE Network Incorporated programme implemented by Maori clinicians and offered to Maori men who have committed sexual offences against children. The evaluation aimed to describe the programme with a focus on cultural concepts and practices, to identify the programme's strengths and weaknesses, and to make recommendations for improving programme content and delivery.

Qualitative methods including interviews with service users and observations of group therapy sessions were carried out over a 15-month period. Twelve Tane (men), four whanau (family) members and three Kaimahi Maori (staff) participated in the research. The central finding was that Tikanga processes and values encompassed all aspects of the programme and were highly valued by men and their whanau despite differing levels of cultural knowledge amongst the group. A Maori-centred approach has a number of potential benefits: 1) it allows for participation in activities that can strengthen cultural identity and knowledge; 2) the approach recognises the importance of relationships as a context for change; 3) Te Kakano provides a programme that addresses sexually abusive behaviour and is culturally responsive to Maori offenders; 4) the involvement of Maori amongst therapy staff and management is a step towards ensuring that Maori values and perspectives are represented within the organisation.

The results indicate that therapeutic initiatives for Maori offenders that utilise Tikanga Maori beliefs and practices may help to reduce offending by improving engagement in treatment, providing a rationale for prosocial behaviours, and assisting healing and reparation processes for individuals, whanau and the wider community.

The results are discussed in terms of specific recommendations for programme improvement as well as theoretical and clinical implications. This study makes a unique contribution to the literature by exploring the value of indigenous approaches to treating sexual offending with the aim of protecting tamariki (children) in our communities.

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Preface

Translations of all Maori words are provided when they first appear in each chapter. A glossary of Maori words and their meanings has been included for reference at the end of this thesis. All translations have been taken from Ryan, P.M. (2008) *The Raupo Dictionary of Modern Maori (2nd edition).* Rosedale: Penguin Group.

Introduction

Chapter 1

Cultural influences and processes in sexual offender treatment

There is surprisingly limited literature on cultural influences and processes in the assessment and treatment of sexual offending against children. This omission is of concern as many ethnic minority groups around the world are over-represented in offending populations (1999). Mainstream treatment programmes may be limited in their effectiveness for minority clients if they cannot deliver culturally responsive assessments and interventions (Jones et al., 1999).

Within minority communities, problems engaging with treatment providers and treatment approaches can lead to negative outcomes such as failure to access treatment or treatment drop-outs (Wyse & Thomasson, 1999). Such outcomes have been associated with increased risk of recidivism (Hanson & Bussiere, 1998). Where minority groups are likely to be the recipients of such programmes, there is a need for research examining the impact of such programmes on specific minority groups (Jones et al., 1999). Additionally, developing programmes or adapting existing treatment programmes to include culturally relevant processes may be more beneficial to service recipients who identify with a minority or non-dominant culture.

Possible barriers to the integration of cultural processes into sexual offender treatment programmes include institutional and individual ethnocentrism (Jones et al., 1999). Ethnocentrism is broadly defined as the process of using the standards and norms of one's own culture to make judgements or conclusions about other cultures (Brislin, 1990). Although ethnocentrism is likely to happen across all cultures, it may be particularly strong in members of a dominant cultural group whose values and practices is often the norm. This may be reflected by the application of treatment approaches that have been developed and delivered by members of a dominant cultural group with

an assumption that it will be equally effective across cultures (Jones et al., 1999; McFarlane-Nathan, 1994; Renfrey, 1992).

Renfrey (1992), McFarlane-Nathan (1994), and Wyse and Thomasson (1999) argued that behavioural problems arise within a cultural context and that familiarity with that context is necessary for an accurate understanding or formulation of the problem. Renfrey (1992) stated that cultural biases or misunderstandings can make treatment ineffective and even harmful. For example, differences in cultural values and world-views may lead to a mismatch between the therapist's and client's understanding of a problem. This can impact on the therapeutic alliance and result in the client feeling misunderstood and disengaging from treatment. Renfrey (1992) further explained that treatment providers who belong to a different ethnic group from their clients cannot assess or intervene in processes of which they are unaware. Even when clinicians are committed to working in a culturally appropriate manner with different ethnicities, they may lack the cross-cultural knowledge and skills to do so effectively.

In Aotearoa/New Zealand, a number of offender treatment programmes including specialist sexual offender treatment programmes have been developed with the aim of increasing cultural responsivity. The majority of these programmes have been aimed at increasing cultural responsivity for Maori, the indigenous people of Aotearoa/ New Zealand. Before exploring research on cultural influences and processes in sexual offender treatment for Maori, this chapter considers factors contributing to the prevalence of Maori in offending statistics. A description of concepts that are considered central to the wellbeing of Maori follows with a discussion of how these concepts may be utilised for the treatment of Maori.

The Aotearoa/ New Zealand Context

Maori constitute a disproportionately high percentage of negative statistics within New Zealand, including offending and conviction statistics (McFarlane-Nathan, 1999). Maori comprise approximately half of all criminal justice offenders and victims despite representing approximately 12.5% of the

general population in New Zealand aged 15 and over (Policy Action and Research Group, 2007). These statistics are comparable to other indigenous groups around the world who have experienced colonisation including Native Americans in the United States and First Nations peoples in Canada (Kohn, 2007; Renfrey, 1992; Wyse & Thomasson, 1999) and Australian Aborigines (Hunter, 2007; Mitchell, 2007). To understand the problem of the over-representation of Maori in offending statistics, it is necessary to consider historical factors that continue to negatively impact on Maori well-being and participation in society (Fergusson, Horwood, & Swain-Campbell, 2003; Jackson, 1988; Policy Action and Research Group, 2007).

Every society around the world has systems to guide and control behaviour. Laws are derived from the belief systems of cultures and tend to reflect the values, history, and reality of a society (Jackson, 1988). Traditional Maori communities had an underlying set of beliefs and principles that guided, prescribed, and controlled behaviours as well as protocols for interactions between individuals and groups (Jackson, 1988; Mead, 2003). These ideas and customs could vary between *hapu* (sub-tribes) or *iwi* (tribes) from different regions but essentially served to guide moral behaviour and included procedures for correcting and compensating for unacceptable behaviour (Mead, 2003). *Tikanga* is referred to as the set of beliefs used to guide appropriate conduct and processes in Maori society (Mead, 2003).

Jackson (1988) stated that antisocial behaviour was understood within this belief system and was thought to result from an imbalance in the spiritual, emotional, physical, and social well-being of an individual or *whanau* (family unit). From this perspective, it was necessary to address the causes of the imbalance or the motives for offending if a dispute between offender and victim as well as their respective whanau was to be resolved (Jackson, 1988).

The process of colonisation in New Zealand meant that the balance and system of social order within Maori society was disrupted. The Treaty of Waitangi, signed in 1840, created a unique partnership between Maori (the *Tangata Whenua* or indigenous people) and the Crown, represented by the

New Zealand government. It is the legitimate source of constitutional government in New Zealand. Representatives of many Maori hapu and representatives of the Queen of England signed the Treaty. A number of problems arose after the signing of the Treaty that were associated with interpretations of the text between parties and failures of successive governments to honour the Treaty. The Crown interpreted the signing of the Treaty as Maori conceding sovereignty. Maori viewed the Treaty as a means of ensuring protection and autonomy over their *taonga* (treasure – including land, language, culture, knowledge), practices, and way of life. They agreed to governance by the Crown as a means to control the behaviour of settlers in the new colony but not to concede sovereignty (Walker, 2004).

A number of historical processes of colonisation and political oppression created severe stressors on the Maori community (Durie, 2001, 2003; Walker, 2004). In addition to the arrival of diseases that significantly reduced the Maori population, a number of laws were enacted that in time resulted in the loss of collectively held land for Maori. This had a devastating effect on Maori in that it impacted on the spiritual well being and identity of the people, who were closely tied to the land, and reduced the economic base for hapu and iwi. A number of laws also denied Maori their traditional beliefs and rights both as Maori and as British subjects. These included the Native Lands Act, the Tohunga Suppression Act, and the 1880 Maori Prisoners Act, where it was stated that "… it is not necessary to try the ... natives in order to inflict punishment" (Jackson, 1988). These laws further served to undermine the belief system and social structure of the Maori.

Following the Second World War, many Maori moved from rural to urban areas in order to secure work. This had the impact of separating whanau from their traditional hapu base and reduced opportunities for Maori knowledge, customs, and social systems to be passed on to subsequent generations. Many Maori faced the difficulties of assimilating into the Pakeha (non-Maori New Zealanders) world but also suffered losses in their own level of cultural identity and knowledge (Walker, 2004).

Many of these factors combined are said to have resulted in insecure cultural identity and lack of self-esteem for many Maori people today. Many grow up not knowing much about their cultural heritage and language, and are conflicted about their cultural identity (Durie, 1994, 2001; Jackson, 1988). Pressures of unemployment and socio-economic disadvantage, disenfranchisement of Maori from traditional areas and collectively held land, and experiences of failure in an unfamiliar educational system contributed to this state of affairs (Jackson, 1988). More recently Maori have engaged in efforts to revive and promote aspects of Maori culture, including promoting use of *Te Reo,* the Maori language; to further political, economic, and educational opportunities for Maori; and to promote knowledge of the history and cultural heritage of Maori.

Despite many positive developments, Maori still feature highly in negative statistics including offending rates. Additionally, efforts to promote Maori interests such as seeking to ensure government representation may be perceived as Maori seeking preferential treatment in relation to other ethnic groups. Jackson (1988) questions the ideal of “one law for all” in New Zealand culture because the “one law” often does not reflect the values of minority cultures and fails to recognise, as well as perpetuates, the inequalities in power and status between dominant and minority members of the nation’s culture.

Historical and societal factors including failure to adapt or acculturate to mainstream society, diminished access to a secure cultural identity, an adverse personal and collective history and limited opportunities for autonomy, and negative experiences with the justice system are considered to contribute to Maori rates of offending (Durie, 2003; McFarlane-Nathan, 1994, 1999; Robertson, Larsen, Hillman, & Hudson, 1999). Additional risk factors are associated with negative family circumstances such as parental substance misuse and criminality, and abuse (physical, sexual, emotional) of children, as well as socio-economic disadvantage (Fergusson & Horwood, 1998; Fergusson et al., 2003).

Durie (2003) discussed Maori offending as related to “trapped lifestyles” comprised of the above factors. His suggestions for change to this state of affairs included providing offenders with the tools to make significant changes in their lives. This included involving processes of whanau healing and restoration of healthy patterns of interactions, access to a secure cultural identity, and helping the individual to identify values that promote a safe and fulfilling lifestyle. The promotion of positive Maori role models and advocating for the value of Maori beliefs and customs at a policy and societal level was also a recommendation (Durie, 2003).

Traditionally, Maori well-being depended on identity, which was sustained by links to the spiritual world and their ancestry, and nourished by the Maori language and ties to the land. Jackson (1988) and Robertson and colleagues (1999) suggested that the Treaty of Waitangi is the basis by which change can happen in New Zealand society and is central to the development of effective programmes to treat Maori.

It is important to note that there is diversity among Maori in relation to levels of cultural identity and access to traditional forms of knowledge. A traditional Tikanga perspective may overlap but may also differ from the views of many modern Maori who may also be influenced by non-Maori values. There is no one Maori identity prototype, similarly not all modern Maori will choose to embrace all aspects of Maori culture (Durie, 2003). McFarlane-Nathan (1999) stated that the incorporation of Tikanga Maori into rehabilitation of Maori offenders is worthy of exploration given that Tikanga Pakeha does not seem to be working for many Maori in the justice system. Of interest are the fundamental values of Tikanga Maori that can provide a powerful system to guide relationships, decision-making, and protocols for behaviour so that Maori can live safe, meaningful, and fulfilling lives. Lack of understanding about Tikanga values or incorrect application of Tikanga may contribute to dysfunction and risk (Mead, 2003). The following section will provide an overview of Tikanga Maori – a set of beliefs that inform protocols and

behaviours. It is not intended to be a comprehensive, authoritative or exhaustive description of Tikanga Maori processes[1].

Tikanga Maori – Values and Protocols for Behaviour

Maori perspectives of well-being and dysfunction value a balance between spirituality, the body, the psyche and emotions, and social relationships. The most widely disseminated model of Maori mental health is Te Whare Tapa Wha (Durie, 1994). The analogy of a *whare* (house) consists of *wha* (four) walls or domains essential for well-being. These include *Taha Wairua* (spiritual well-being), *Taha Tinana* (physical well-being), *Taha Hinengaro* (psychological well-being) and *Taha Whanau* (well-being in family and personal relationships). Of great importance are the observation of rituals and appropriate protocols for various situations such as birth, death, use of food, and encounters with other people. At many of these encounters, there are acknowledgements of the spiritual domain including ancestors who have passed on.

Additionally, traditional Maori processes such as the *powhiri* (welcoming ceremony) ritual are often utilised as an encounter for healing and achieving balance. Durie (2003) talks about the powhiri process as an encounter to *"reduce space and distance between two groups and explore the basis of relationships. Two goals – sometimes contradictory – is to create a sense of cohesion between groups and to affirm the different identities of those represented"* (pp.53-54). An important concept related to identity and powhiri is *Turangawaewae* (home base), which relates to the *whenua* (land) and *rohe* (area) from which a particular group hails. As Tikanga across different areas could vary, it was important for the hosts or locals of an area to protect their Tikanga and educate other groups about expected standards of behaviour.

Another important concept and one that is related to the powhiri process, is *whanaungatanga*. Hirini Moko Mead (2003) defined *whanaungatanga* as the

[1] For an in-depth discussion of Tikanga Maori please refer to Hirini Moko Mead's book, *"Tikanga Maori: living by Maori values"*, published in 2003 by Huia Publishers.

process of embracing *whakapapa* (genealogy, cultural identity) and focusing on relationships. The verb *whaka* means 'to cause', hence whakawhanaungatanga is akin to the active seeking of connections and relationships. As a cultural concept, whanaungatanga can extend beyond kinship ties and include relationships with people who have shared experiences. Mead stated that a fundamental principle of whanaungatanga involves mutual obligations between parties, in that individuals must support their collective group but that the group also must support its individuals. Mead emphasised that many Tikanga processes are associated with maintaining balance in relationships and that individuals must work to maintain whanaungatanga. The notion of *kanohi kitea* (the face seen) is associated with whanaungatanga in that individuals have an obligation to support the collective group.

In traditional Maori society, the basic social unit was the *whanau* or extended family who nurtured the *tamariki* (children) and shared responsibility for their well-being as well as the teaching of appropriate behaviour (Durie, 2003). The extension of the whanau unit includes the hapu and the iwi, which constitute the social system for Maori. Leadership, decision-making and the well-being of the collective group are undertaken at each level of this social system. The transmission of knowledge and adherence to appropriate protocols are usually the responsibility of elders such as Kaumatua and Kuia, or individuals with special skills and knowledge, such as Tohunga.

The concepts of *manaakitanga* (literally translated as hospitality) and *aroha* (love, sympathy) are related to whanaungatanga in that nurturing relationships and caring for other people is highly valued (Mead, 2003). From this world-view, problems can arise when relationships are not nurtured and the value of others or their *mana* is not recognised or respected.

Mana has a range of meanings including "prestige, power, influence" (Ryan, 2008). Mana is concerned with the value of an individual in the social group. The level of mana between parties guides the type and nature of social interactions. Mana can be associated with the prestige from one's

whakapapa or ancestry (known as *mana Tipuna*), connections to the Gods of the Maori world (*mana Atua*), personal achievements and skills (*mana Tangata*), and birth order (e.g., older siblings traditionally have a higher position socially than younger siblings) (Mead, 2003). Mana is an important concept for Maori and it is considered imperative that the mana of others be respected. Actions that negatively impact on mana are seen as problematic.

Children were generally well treated in traditional Maori society and neglect or abuse of the mana of a child was considered a serious offence (Mead, 2003). Abusing the mana of an individual was also seen as damaging that individual's personal *tapu* (sacredness). Personal tapu could be damaged and attacked in the form of direct physical assault, sexual assault, and emotional assault such as gossip or public humiliation. The violation of tapu resulted in serious sanctions for the person or group responsible for the transgression. Repercussions could include death, exile, sickness, and *utu* (revenge) sought from the victim.

The concepts of *tapu* and *noa* (literally free from tapu) have particular relevance when considering the risk and safety for individuals and groups. Robertson and colleagues (1999) describe tapu and noa as the extraordinary and ordinary, or sacred and profane. Durie (2003) stated that tapu and noa were traditionally linked to survival purposes and the need for adherence to safe or risk-free practices. Tapu is closely associated with health risks and safety is closely associated with noa. Tapu can be associated with people, places, objects, and ceremonies. Appropriate rituals and conduct are needed to either avoid transgressing tapu or to restore noa or a balance to a situation. The protection of one's self is linked to one's level of tapu. If the level of tapu is at a steady state then the individual is considered to be in a state of balance and is therefore well. Life can be viewed as protecting one's personal tapu and self-care is looking after one's physical, social, psychological, and spiritual well-being. If an individual's level of tapu is unsteady or imbalanced then this is considered dangerous (Mead, 2003). From this world-view, sexual offending can be seen as the violation of a child's personal tapu and

mana, resulting from an imbalance in the well-being of the offender and consequently creating a state of distress and imbalance in the victim.

The concept of incest in Maori mythology

Forms of mythology exist in most societies and often have the function of prescribing desirable behaviour and identifying consequences for unacceptable behaviour. In Maori mythology, the key figures are gods, their offspring and their human descendants. Inherent in many of these stories is the notion of evolution and progression (Walker, 2004). The legend of Tane Mahuta and Hine-titama is considered the first case of incest in Maori mythology. Tane Mahuta or Tane, the youngest and one of the most important of the gods, plays a pivotal role in the creation legends, and is known as the "life-giver", "the god of the forest … and the world of nature", and "the bringer of knowledge" (Reed, 1988 p.10.). His name in Te Reo means "husband, male, man" (Ryan, 2008). He married his daughter, Hine-titama (Girl of the Dawn) who was unaware of her parentage. Upon discovering her husband was actually her father, Hine-titama reacted with shock, shame, and grief (Reed, 1988). She chose to move from the "world of light" (earth) to the "underworld", where she became Hine-nui-te-po – (Great Woman of Night) or the goddess of death (Reed, 1988 p.13.).

In creation myths that commence with a single pair, it is not uncommon for incest to occur in order to establish the next generation of lineage (Walker, 2004). In this myth, Tane is the perpetrator who knowingly married his daughter and through his actions, contributed to the onset of death for subsequent generations. The focus of this myth is undoubtedly on the detrimental effects on the victim - Hine-titama. She is presented initially as a child whose entry into womanhood and marriage could be argued as having been forced upon her through deceit. Her decision to retreat to the underworld represents both a literal death as well as a psychological one. It is clearly stated in this myth that subsequent generations would be negatively affected by the consequences of Tane's actions, as Hine-titama's choice brings about death and mortality for all descendants of Tane and Hine-titama.

The reader is left to surmise Tane's motivations and reactions. What was Tane thinking? Did he know what he had done was wrong? Did he understand the effects of his actions on Hine-titama and his descendants? Does he regret what he did? How could he make reparation to Hine-titama and his offspring? Is he going to do it again? Where is his transformation? He appears to suffer no direct consequence for his actions and is not seen as undergoing his own transformation as did Hine-titama (Mead, 2003). However, it is clear from this myth that incest is not condoned or immune from moral judgement even when perpetrated by a god (Mead, 2003; Walker, 2004).

Implications for Maori and sexual offender treatment

Maori offending has generally been conceptualised within a non-Maori paradigm and subsequently, treatments may be inappropriate for Maori, serving to impede rather than encourage rehabilitation (Nathan, Wilson, & Hillman, 2003). Although there have been efforts to deliver culturally appropriate offender treatment programmes, such services are usually offered by mainstream services and non-Maori practitioners. Durie (2000) recommended that the lead role in strengthening Maori society or enhancing Maori culture and knowledge should be assumed by Maori. Therefore, therapeutic initiatives designed for Maori and implemented and evaluated by Maori are important and relevant directions in this field.

Durie (2003) stated that incorporating Maori cultural beliefs and values into counselling and healing approaches can include increasing the availability of traditional healing services. Additionally, Maori values and customary practices can be incorporated into mainstream treatment programmes to result in a bicultural model of practice or can be used independently of mainstream approaches. Durie (2003) specifically focuses on identity and relationships as a basis for healing with the assumption that problems in these areas contribute to many difficulties for Maori.

Maori-centred approaches may place less value on specific, deficit-oriented interventions and more value on addressing the broader context in which the

individual exhibits these difficulties. However, it is important that when incorporating cultural processes into treatment programmes that the effort is not “tokenistic” or utilised as an “add-on” as this is unhelpful and could even be damaging to Maori who may feel that their beliefs and values have been undermined. Robertson and colleagues (1999) make the important point that culture is not a discrete domain but affects all areas of a person’s life. As a result, therapeutic processes should feature an integration of cultural processes rather than treating it as just another component or module of a programme.

While there may be some conflict between the world-views of mainstream treatment approaches and Maori-centred approaches, this does not mean that a balance or cultural synthesis cannot be achieved. Durie (2003) points out that Maori are not bicultural by choice so should then have access to advantages of both worlds, Maori and Pakeha. From this perspective, incorporating Maori knowledge with mainstream knowledge may improve the efficacy of services for Maori.

McFarlane-Nathan (1999) developed the Framework for the Reduction of Maori Offending (FReMO) for New Zealand’s Department of Corrections, as a guideline for services, programmes, and evaluations that have implications for Maori. According to FreMO, these services should aim to reduce Maori offending by utilising or adapting knowledge from Western or mainstream literature (such as therapeutic models) within a Tikanga Maori framework or context that is appropriate for Maori. Therapeutic initiatives that aim to benefit Maori may operate most effectively under a Tikanga Maori framework as this may provide a rationale for prosocial actions or behaviours. McFarlane-Nathan (1999) also considers that initiatives which facilitate access to traditional Tikanga concepts are valuable in that they enhance Maori development.

Consistent with this philosophy, a number of innovative programmes have been developed by the Department of Corrections in New Zealand prisons and for community-based offending interventions. These programmes have

been developed to not only reduce recidivism rates but also to provide more culturally responsive approaches to rehabilitation. These included Maori-focus units and therapeutic programmes for Maori offering a range of Tikanga-based courses and activities (e.g., *Kapahaka* or Maori performing arts), regular involvement of whanau and iwi groups, and prisoner-staff forums to allow offenders to have more input into decision-making processes on the unit (Policy Strategy and Research Group, 2009). These programmes have been found to strengthen cultural knowledge and enhance cultural identity (Policy Strategy and Research Group, 2009). Additionally, changes to antisocial attitudes and beliefs as well as relatively small but positive changes in terms of reduced reconviction and reimprisonment was found for these programmes (Policy Strategy and Research Group, 2009).

In New Zealand, Montgomery House is an example of a residential treatment programme for violent offenders that utilises Tikanga concepts and processes. An evaluation of the programme was completed in 1999. At the time the programme was implemented by a majority of Maori staff (7/8). Eighty-one (n = 52) percent of the participants who completed the programme were Maori, 85% of referrals were Maori (Berry, 1999) and 83% (n = 15) of treatment non-completers were Maori. The high numbers of Maori were attributed to the physical location of the programme as it was in an area where Maori comprised proportionally higher numbers than in other areas of Aotearoa/ New Zealand. The researcher also considered that the programme content, which included Tikanga values, contributed to more referrals made for Maori offenders (Berry, 1999).

Montgomery House's programme content included Maori language skills and Kapahaka, *marae* (meeting area) visits, discussion of Maori myth and tradition, *karakia* (prayer) and *whakatauki* (proverbs), and traditional ceremonies such as *powhiri* and *porporoaki* (farewell, closing ceremony) (Berry, 1999). Montgomery House policy was described as utilising a Te Whare Tapa Wha approach although in practice, the evaluation stated that residents reportedly had had minimal contact with whanau and spiritual

services. This would indicate that interventions focused more on Taha Hinengaro and Taha Tinana then Taha Whanau or Taha Wairua.

The Montgomery House evaluation found that the programme was successful with many of its Maori participants. The results of the evaluation showed that violent offenders who completed the programme recorded 35% fewer violent convictions than a matched control comparison group at average follow up period of 16 months. Those who did complete the programme and re-offended did so at a slower rate and committed less serious offences than the matched control group. Those who failed to complete the programme offended more violently and more often in the follow-up period than those who had completed. Programme completers also showed statistically significant improvements in factors thought to be associated with violent behaviour (such as anger, attitudes towards women, self-esteem, general health and mood) (Berry, 1999).

These evaluations, conducted by the Department of Corrections indicate that integrating Maori knowledge and values into treatment programmes for offenders can lead to successful outcomes. The implications of utilising Tikanga values in treatment for sexual offending will now be examined.

Chapter 2

There is a vast body of literature on research concerned with effective methods and techniques of behaviour change for sexual offenders. Before considering what is necessary to improve cultural responsivity of sexual offender treatment, it is first necessary to review current perspectives on best practice within the field. This chapter will examine factors that influence the effectiveness of sexual offender treatment, review existing treatment approaches, and discuss previous evaluations on sexual offender treatment programmes in New Zealand.

Factors influencing effectiveness of sexual offender treatment

Sexual offending against children constitutes a serious problem in society. It is difficult to accurately estimate the prevalence of sexual offences as it is estimated that many offences may go unreported. However, there is a large body of literature detailing the negative effects of sexual abuse on individuals as well as their families (Briere, 1992; Briere & Scott, 2006; Finkelhor, Hotaling, Lewis, & Smith, 1990; McGregor, 2003; Read, 1997; van der Kolk, McFarlane, & Weisaeth, 1996). The core aim of sexual offender treatment is to prevent identified sexual offenders from committing further sexual offences.

There have been many studies investigating the effectiveness of treatment for sexual offending with varied results. The following broad conclusions have generally been found. Treated or untreated, there is a low rate of re-offending for sexual offenders who have been caught, leading to hypotheses that public shame and humiliation may have a deterring effect (Lane Council of Governments, 2003). Barbaree (1997) discussed the difficulties of examining treatment effectiveness given the low overall base rate of sexual offending. Barbaree (1997) considered that statistical analysis of recidivism data could be insensitive to the effects of treatment for sexual offending and result in a variability in data for treatment efficacy. When considering the effectiveness

of sexual offender treatment, it is necessary to identify factors that may influence treatment effectiveness and reduce rates of recidivism.

The offence-specific work that is thought to be the most effective is that which takes the approach that offenders can manage their risk of re-offending and future behaviours (Lane Council of Governments, 2003; Seto & Lalumiere, 2000). However, there has been less examination of the reasons why some programmes may not work and why there may not be a good match between a programme and its users (Day, Bryan, Davey, & Casey, 2006). Treatment programmes may differ in the content and range of problems addressed. Some may aim to strictly address the offending whereas others may also address factors that cause distress in the offender's life but may not be directly related to the offending. The nature of treatment probably depends a great deal on policies, resources, and remits for services provided, as well as the skills, availability, and training of staff.

Treatment may also vary in its effectiveness depending on variations among treatment recipients and their offence types (e.g., rapists, exhibitionists, paedophiles) as pathways to offending and risk factors may differ (Lane Council of Governments, 2003). Outcomes of treatment may also vary depending on the differences inherent in the programme, such as whether the programme is delivered in an institution (e.g., prison, forensic hospital) or in the community. The heterogeneity of programme users (e.g., level of estimated risk, offence type, motivation) can also impact on programme results. As it is considered unethical to conduct randomised controlled trials and deny treatment to offenders, it is necessary to consider variables that may impact on treatment effectiveness (Marshall, 2006).

Recently, the literature has moved away from answering the question of "what works?" to addressing more specific questions such as what works for whom, where, and when (Harkins & Beech, 2007b; McGuire, 2002). Achieving a better understanding of variables that impact on a programme's effectiveness can help to improve the design and delivery of treatment. Different programmes may be working towards the same goal (e.g., preventing and/or

reducing re-offending) but using different processes, which may influence treatment effectiveness (Harkins & Beech, 2007b).

Sexual Offender Treatment

Assessing Risks and Needs

Arguably the most widely used offender rehabilitation model is the Risk-Needs-Responsivity (RNR) model (Andrews & Bonta, 2003). It is the model used predominantly by the New Zealand Department of Corrections, which manages offender rehabilitation in prisons and in the community. According to this model treatment programmes should be prioritised to those offenders considered at high risk of re-offending. In contrast, low risk offenders are estimated as being less likely to re-offend regardless of whether they receive treatment or not. This approach is based on previous research that demonstrated high risk offenders had reductions in recidivism rates when they had received intensive treatment whereas low risk offenders who received intensive treatment showed a minimal or negative effect (Andrews & Bonta, 2003). It also recommends that treatments aimed at reducing re-offending be responsive to the competencies, learning styles, and interests of the individual or target group.

The RNR model is also very specific about what needs to be prioritised in treatment. It prescribes the need to identify risk factors for further offending that can be amenable to treatment, resulting in changes in an individual's risk of recidivism (Bonta, 2000).

A good assessment is an essential part of effective treatment for sexual offending. Clinical interviews are essential but it is also important to utilise collateral information such as Police reports and victim statements as offenders may deny or minimise their actions (Gannon, Beech, & Ward, 2008). Collateral information helps the assessor to form a more comprehensive picture of the individual's offending behaviour, enabling more accurate formulations of offending. The accurate assessment of risk is important given the ethical and legal implications of risk prediction. Assessing risk is often based on a comprehensive assessment that includes combining

clinical judgement with actuarial risk measures to identify known risk factors for sexual offending.

It is commonly reported in the literature that best practice in the assessment of sex offenders involves identifying static and dynamic risk factors known to be associated with sexual recidivism. Static risk factors, which do not change, include criminal history and the age of onset for first offences (with younger age of onset associated with higher risk estimations) (Harkins & Beech, 2007a; Marshall, 1999; Yates, 2003).

Dynamic risk factors, which are amenable to change through treatment, are also referred to as criminogenic needs. According to the RNR model, treatment programmes should prioritise addressing these factors. These include attitudes supportive of sexual offending, deviant sexual arousal, intimacy deficits, problems with self-regulation, impulsivity, lack of empathy, access to victims, and substance abuse as this can lead to disinhibition (Yates, 2003). Hanson and Morton-Bourgon (2005) also found that sexual recidivism was predicted by factors including emotional identification with children, conflicts with intimate partners, and hostility. An antisocial lifestyle was also thought to be associated with sexual recidivism (Whitaker, Le, Hanson, Baker, McMahon, Ryan et al., 2008).

An understanding of these risk factors can assist with accurate formulations and treatment plans. According to a recent study that compared four groups including: sexual offenders whose victims were children (SOC's), sexual offenders whose victims were adults (SOA's), non-sexual criminals/offenders (non-SO's), and a non-criminal population, six major categories were identified as associated risk factors for sexual offending against children (Whitaker et al., 2008). These included family functioning, externalising behaviours, internalising behaviours, social deficits, sexual behaviours, and attitudes/cognitions.

Generally there were minimal and non-statistically significant differences between sexual offenders against children (SOC's) and sexual offender's

against adults (SOA's) except that SOA's had higher rates of externalising behaviours (e.g., substance misuse, non-violent criminality, antisocial personality). The only statistically significant difference between the two groups was in the category of anger/hostility with SOC's experiencing fewer problems in this area than SOA's. There were large and significant effect sizes between SOC's and non-sexual offenders for sexual problems and attitudes/cognitions (e.g., minimising perpetrator culpability and having attitudes supportive of adult-child sexual relations). There were more modest differences in effect sizes for family functioning (e.g., experiences of abuse, discipline and attachment or bonding) and social deficits (e.g., loneliness, difficulties with intimate relationships).

However, there were large and significant effect sizes found when comparing SOC's and non-offenders across all six domains. In general, sexual offenders against children were more likely to have a history of sexual abuse, antisocial personality, difficulty with intimate relationships, experiences of harsh discipline as a child, and loneliness. While these results were supportive of many theories of child sex offending they do not offer an explanation of how these risk factors combine to lead to offending. The relationship between being a victim of sexual abuse and a perpetrator is an important finding and is a strong risk factor. However, it is important to note that the majority of sexual offenders against children have not been sexually abused, and the majority of victims of sexual abuse do not go on to become perpetrators (Burn & Brown, 2006; Burton, Miller, & Shill, 2002; Starzyk & Marshall, 2003).

For this reason, it is not common for sexual offender treatment programmes to address an offender's own experiences of sexual abuse. However, an individual's history of trauma may impact on their ability to address their own offending. Additionally, other factors that may be suitable for clinical intervention such as psychological and relational problems arising from dysfunctional early childhood experiences, symptoms of mental illness, or acute stressors (e.g., grief) can also impact on responses to treatment. These types of factors are often referred to as non-criminogenic needs and are conceptualised as factors necessitating clinical intervention but not

considered as contributing to offending behaviour. Ward and Beech (2006) questioned the ethicality and practicality of limiting the availability of treatment to offenders solely based on their risk levels with less attention to other clinical needs or motivation to engage in treatment. Additionally, they argued that focusing solely on risk when treating offenders could be problematic. This is because offenders do not generally present voluntarily for treatment in comparison to people who seek therapy to alleviate distress (Ward & Maruna, 2007). Offenders may not be distressed about their behaviour but have been mandated to participate as their behaviour is against societal and legal norms.

This raises an important problem about how to conceptualise offending. Ward, Polaschek and Beech (2006) considered that sexual offender treatment that focuses on risk primarily is characterised by "avoidance" of a negative behaviour rather than "approach" towards a positive behaviour. This approach focuses attention on deficits and can negatively affect an individual's motivation and belief in their ability to change (Marshall, D., & Fernandez, 1999). Ward (2006) suggested that criminality could be conceptualised as instrumental means for seeking primary human goals (e.g., quality of life, relatedness, happiness) for offenders who may not have the skills or abilities to seek these goods in more pro-social ways. For example, sexual offending may be conceptualised as a maladaptive coping strategy that an individual utilises to deal with a negative situation such as loneliness or managing distressing emotional states. As a result, treatment may be limited in its effectiveness by focusing too narrowly on risk factors without considering the underlying motivations for behaviour or promoting alternative skills.

Ward, Polaschek and Beech (2006) argued that the RNR model purports to be value free but that the identification of risk and criminogenic needs is value based. Caution is recommended when applying judgements and assessments about different cultures without an understanding of that cultural context. Clinical judgement about known risk factors as well as the use of actuarial risk measures that have been normed on different cultural populations can lead to inaccurate conclusions about an individual. This

indicates that some caution may be warranted when comparing risk for recidivism in non-Caucasian populations.

What may appear to be a non-criminogenic need for a different culture may in fact be relevant to offending behaviour for a minority population. For example, what may be conceptualised as a cultural issue (e.g., insecure cultural identity) may have direct clinical relevance to the treatment of a Maori offender. Maori may benefit from treatment to address standard dynamic risk factors for sexual offending but may also benefit from treatment for non-criminogenic needs. Moreover, utilising culture-specific values may support an individual to obtain their goals through more pro-social means.

Although the RNR model advocates treating offenders who are at moderate to high risk of re-offending, this may not always be compatible with acceptance and exclusion criteria in treatment programmes. For example, community treatment programmes may be required to take referrals for offenders regardless of their risk level. Acceptance of referrals is likely to involve consideration of an individual's risk level and clinical needs as well as an estimation of their suitability to the type of treatment available.

This section has discussed approaches to treating sexual offenders with an emphasis on the Risk-Needs-Responsivity (RNR) model of offender rehabilitation. This model advocates that interventions be prioritised for offenders identified as high risk and that treatment be aimed at addressing criminogenic needs, or factors demonstrated to be associated with offending. Static and dynamic risk factors for sexual offending as identified from previous research were also presented. This section concluded with consideration of the need to address non-criminogenic needs, or areas with direct clinical relevance that have not been traditionally identified as related to offending. For minority cultures such as Maori, there is a need to consider the impact of cultural issues on offending and rehabilitative efforts.

Treatment Approaches

Cognitive-behavioural treatment (CBT) appears to be the most effective and evidence-based therapeutic approach for sex offenders (Andrews & Bonta, 2003; Geer, Estupinan, & Manguno-Mire, 2000; Marshall, 1999; Yates, 2003). Cognitive-behavioural approaches focus on modifying patterns of thinking associated with sexual offending and changing deviant patterns of arousal. This approach can be used for treatment goals including reducing deviant arousal, improving social skills and relationship skills, increasing empathy for victims, and modifying offence-related cognitive distortions. Relapse prevention usually provides the overall framework with a focus on identifying and avoiding high-risk situations or triggers for sexual offending and developing strategies to cope with triggers in a more adaptive way (Seto & Barbaree, 1999).

Structured and skills-oriented approaches for offenders rather than traditional psychodynamic, non-directive, or client centred approaches are generally recommended for this population (Hollin, 1999). Psycho-educational approaches are also commonly used to increase an offender's sense of responsibility for their actions and improve their understanding about the effects of their actions on their victim(s). Absence of empathic ability has been identified as an important deficit in sex offenders. Many components of treatment programmes include victim empathy as a therapeutic goal, with the rationale that increasing an offenders' cognitive and emotional capacity for empathy with their victims will reduce their desire or willingness to reoffend (Pithers, 1994).

Good programme delivery and integrity or reliability is necessary for good outcomes. Weakly structured programmes, poor staff training and supervision, staff resistance and organisational barriers can impact negatively on programme delivery and integrity (Losel, 2002). Evaluating programmes is an important process in ensuring that the programme has integrity or has suitable structures and practices in place to allow for effective delivery of services (Hollin, 1999).

In Aotearoa/ New Zealand there are a number of community sexual offender treatment programmes in operation. In 2003, Lambie and Stewart completed an outcome evaluation of three community sexual offender treatment programmes in New Zealand. These programmes were similar in that they employed a CBT model with a focus on relapse prevention. Treatment included individual, family and group services. The evaluation found an overall recidivism rate of 8.1% across the three programmes and a recidivism rate of 5.2% for those who successfully completed their treatment (Lambie & Stewart, 2003). These recidivism rates were at the better end of the range of outcomes reported for similar international programmes and indicated that the programmes were effective at reducing child sexual offending (Lambie & Stewart, 2003). The evaluation also noted that recidivism rates for Maori were comparable to non-Maori (Lambie & Stewart, 2003) suggesting that these programmes were reasonably successful in providing culturally responsive services.

The Psychological Service of the New Zealand Department of Corrections has integrated bicultural processes into a sex offender treatment programme. Te Piriti is a special treatment unit for men imprisoned for sexual offences against children. An evaluation of Te Piriti found that the use of Tikanga Maori processes in combination with CBT appeared to be an effective treatment plan for both Maori and non-Maori sexual offenders (Nathan et al., 2003). Men who completed the programme had a recidivism rate of 5% in comparison to a recidivism rate of 21% for an untreated control group of convicted sex offenders. Furthermore, Maori men appeared to have better outcomes in terms of lower rates of re-offending, than Maori who attended a similar sexual offender treatment programme without the Tikanga emphasis (Nathan et al., 2003).

The authors considered that a CBT approach for child sex offending that operated within a Tikanga environment was suited to the cultural needs of Maori within the treatment group. However, the Te Piriti study did not explore the experiences of the offenders within the group so it is possible that all processes associated with successful or unsuccessful outcomes were not

identified. Nathan and colleagues (2003) considered that it was not known whether the interaction of Maori and non-Maori in the same treatment group could reduce or increase the therapeutic gain for Maori. It was also highlighted in the Te Piriti study that Tikanga processes were 'housed' in the minds of the cultural advisor and that effective treatment relied on a partnership between experts in the Maori world as well as experts in sexual offender treatment.

Te Piriti and many community treatment programmes in New Zealand utilise group therapy as part of the treatment package. Group based interventions are widely used for treatment of sexual offending with the majority of treatment approaches consisting of CBT delivered in a group format (Jennings & Sawyer, 2003; Marshall, Fernandez, Serran, Mulloy, Thornton, Mann et al., 2003). Group therapy may be a particularly effective intervention format for treating sexual offending as many sexual offenders have relational and social skills difficulties (Jennings & Sawyer, 2003). It is also useful in facilitating development and participation in social relationships, as the inability to develop and maintain satisfying and healthy relationships with adults is often associated with offender's choices to seek intimacy with children. Group work can facilitate disclosure and reduces isolation and stigma associated with sexual offending. Group members are also able to provide support and challenges for each other based on their shared experiences and perspectives that facilitators may not have (Yalom, 1985). Group therapy can also be more cost-effective than dyadic sessions (Scheidlinger, 2004).

When evaluating group treatment programmes, there is the need for researchers to focus on understanding how and why specific group processes work (Marshall et al., 2003; Scheidlinger, 2004). Traditionally, research into the efficacy of sexual offender treatment has focussed on the content or procedure of the treatment, with little focus on process variables.

Treatment Processes

Yalom (1985) refers to process in therapy as "the nature of the relationships between individuals who are interacting with one another" (p.137). From Yalom's perspective, the process of any interaction between individuals can be contrasted from the content of this interaction. It is important to consider process variables as these can impact on the effectiveness of sexual offender treatment (Drapeau, 2005; Frost, Ware, & Boer, 2009; Marshall et al., 2003; Yalom, 1985). Ward and Maruna (2007) argued that the mechanisms by which people change in therapy are as important as understanding the factors associated with offending. It is important to note that content and process are not independent variables but are inter-related in therapy (Marshall et al., 2003).

It is recommended that all aspects of a treatment programme should be sensitive to the culture of an offender so that it will be engaging and relevant and ensure maximisation of benefits (Hollin, 1999). Treatment is thought to be more effective if it is delivered in a manner responsive to an offender's learning style, culture and cognitive abilities (Andrews & Bonta, 2003; Yates, 2003). Responsivity factors also play a role in choosing the type and style of treatment from which an offender is most likely to benefit from. As Whitaker and Malone (1981) state:

> "Clients … who leave psychotherapy must enter a community of cultural values and function adequately in a real sense. Therefore, psychotherapy must be based on some of the given values around which the culture is patterned. There must be some unity of purpose between psychotherapy and the culture. (p.63).

Therapists' characteristics and the quality of the therapeutic alliance are widely identified as associated with positive treatment outcomes (Marshall, 2005). Marshall and Fernandez (2003) advocated an empathic but firmly challenging style and noted that confrontational styles with offenders was unhelpful and could be detrimental to treatment. Geary (2007) completed a process evaluation of three community treatment programmes for adolescent

sexual offenders in New Zealand. Maori *rangatahi* (youth) clients and whanau who participated in the research identified that having a Maori therapist was helpful in that it enabled them to communicate in culturally appropriate ways and helped them to feel comfortable and understood.

While therapeutic alliance is thought to be an important factor influencing engagement, there has been a lot of focus on the dyad of therapist-client interactions, and less on the group therapy format (Jennings & Sawyer, 2003). It is often considered that group members can challenge and learn from each other in a group setting, more effectively than they might in individual therapy. Additionally, group members are able to offer mutual support (Ward, Vess, Collie, & Gannon, 2006).

Schiedlinger (2004) said that certain processes and dynamics inherent to particular groups who share a collective identity can contribute to good therapeutic outcomes. Beech and Fordham (1997) reported that successful sexual offender treatment groups were those that instilled a sense of hope in their members, were cohesive, well-organised, had desirable group norms, and were well-led. Beech and Hamilton-Giachritsis (2005) found that the level of cohesiveness in the group and the extent to which group members felt encouraged and able to express themselves was associated with changes in dynamic risk factors for group members.

Group environment is also important to group process (Harkins & Beech, 2007b). It is generally accepted that mixing sexual offenders in group therapy with different types of offenders is counter-productive as people who have sexually offended against children have different needs and higher levels of stigmatisation. This may impact on group cohesiveness thereby having a potentially negative effect on openness and participation of individuals in treatment.

There is also the risk that many treatment programmes may not accept high-risk offenders because they may be disruptive in a group or may be more difficult to engage in treatment. Difficulties engaging in treatment may relate

to an offender's level of motivation. Motivation to engage in treatment requires more research as many indications about the influence of motivation come from clinical impressions rather than empirical evidence (Harkins & Beech, 2007b). For example, estimation of an offender's motivation to engage may be based on behavioural as well as attitudinal indicators including attendance, attrition rates, and participation (e.g., disclosure and willingness to complete therapeutic tasks) (Barrett, Wilson, & Long, 2003). However, it is theoretically supported and of clinical importance to effective treatment that motivation be considered a dynamic variable and able to be positively influenced by internal and external factors over time (Barrett et al., 2003; Yates, 2003).

Community treatment providers should expect some difficulties engaging clients in treatment, as there are many community environmental factors that impact on motivation (Barrett et al., 2003). These factors may include life stressors including unemployment, relationship difficulties, and adjustment to community living after periods of incarceration. Research that clarifies factors influencing motivation and engagement in sexual offender treatment could help to improve risk assessments and programme effectiveness.

Barbaree (1997) noted that the concept of recency is important when considering the efficacy of research, meaning that the likelihood of change resulting from treatment may reduce in accordance with the length of time since treatment has lapsed. This may lend support for continuing treatment in the community even if institutional treatment has been provided and also supports the importance of community based treatment for the generalisation of relapse prevention skills. This may also highlight the importance of generalising skills learnt in therapy to the community setting.

Very few studies in the field of sexual offender treatment have focused on the views of treatment recipients. There has also been relatively little emphasis on the factors identified as helpful to Maori clients and whanau in sexual offender treatment. There is a need for research to examine the factors associated with change in sexual offender treatment as well as the factors

that may impede change (Beech & Fordham, 1997; Beech & Hamilton-Giachritsis, 2005). These may include factors specific to the cultural norms of the group as well as factors generic to sexual offender treatment programmes across cultural groups. Beech and Fordham (1997) found that the perceptions of therapists and clients differed and that it was important to consider client's views of therapy in order to inform conclusions about the value of a service.

Background to the Research

SAFE Network Incorporated (SAFE) is the largest community programme for sexual offenders in New Zealand. It is a professional counselling agency established in Auckland, New Zealand in 1993 with the purpose of reducing child sexual abuse in the community by treating perpetrators of sexual offences against children. SAFE is funded primarily by government departments such as the Department of Corrections; the Ministry of Health; the Crime Prevention Unit; and Child, Youth and Family Services. The treatment programme at SAFE incorporates a CBT model that includes both group and individual therapy components (Lambie & Stewart, 2003).

While SAFE has adult and adolescent clients from a variety of backgrounds, SAFE officially acknowledge the Treaty of Waitangi as an agreement that has established a relationship between Maori and non-Maori in New Zealand. Consequently, SAFE's programmes and policies seek to reflect this relationship. In 2002, SAFE management sought to identify and address the specific needs of Maori by developing a programme specifically for adult Maori men who had sexually offended against children. It was intended that this programme be facilitated and implemented by Maori staff of SAFE.

Since 2002, the SAFE Maori programme has implemented a mixture of group, individual, and family interventions. Since its inception the programme has grown and now offers services to both adult and adolescent clients and their whanau. The team of Maori practitioners referred to themselves simply as the "SAFE Maori Team" until 2005, when "Te Kakano – The seed" was chosen as the name for the Maori programme and the *roopu* (group) of staff. The

meaning of Te Kakano – the seed, provokes images of an object with great potential at the precipice of a significant transformation.

Purpose of the current study

The current thesis is based on a process evaluation of Te Kakano that began in 2004. As Te Kakano was comprised exclusively of Maori clients and facilitated by Maori staff, this programme provided a unique opportunity to explore and describe Maori initiatives for sexual offender treatment. Additionally, there was an identified need to evaluate the programme and to provide a transparent and potentially replicable research base in this expanding field.

The intent of this research was to gain an understanding about the impact of this specific Maori-centred community sexual offender treatment programme on Maori offenders and their whanau. My aim was not to be prescriptive about treatment approaches for Maori in general as that is considered beyond the scope of this research. Additionally, I do not consider myself to be an authority of matters of Tikanga. What I intend to focus on is the experiences of services users including their views of cultural processes and cultural influences in sexual offender treatment.

The aims of this thesis are as follows:

1. To describe and evaluate Te Kakano's programme implementation (i.e., what is actually being delivered) with a focus on describing cultural practices.

2. To describe service users experiences of the programme including identified strengths and areas for improvement.

3. To provide recommendations to improve service delivery and staff development and training; and contribute to assessment of programme effectiveness.

Chapter 3

Methodology

The first section of this chapter begins with a description of Process Evaluation research and the analytic frameworks used for this study, Utilisation-focused Evaluation and Kaupapa Maori Theory. A description of the approach used for data analysis is provided and consideration of potential threats to validity and the quality of the research is then given. The latter half of this chapter describes the procedures used in this research.

Process Evaluation

Traditionally, evaluation research has been primarily concerned with measuring how well a programme, policy or other type of action achieves certain goals (Glaser & Erez, 1988). In recent years, there has been a shift in evaluation research from focussing on the outcomes or effectiveness of treatment programmes, to trying to understand why programmes have (or do not have) anticipated effects. Given that intervention programmes may not always be implemented as planned or can be delivered to clients in a non-standardised manner, a good understanding of what occurs in a programme is a necessary component of assessing a programme's overall value (Bouffard, Taxman, & Silverman, 2003; Finney & Moos, 1989; Glaser & Erez, 1988).

In many evaluations of offender treatment programmes, the emphasis is likely to be on outcomes with the most common criteria being prevention or reduction of re-offending. However, in all treatment programmes some process is undertaken to achieve results and the outcomes can vary depending on how the intervention was implemented. Programmes may also vary in their effectiveness due to factors other than service delivery and therapeutic interventions. In the real world, people are not randomly assigned into treatment programmes but are selected into programmes based on factors such as programme admission criteria, personal characteristics (e.g.,

level of motivation, level of risk), and service availability. Treatment outcomes can also vary depending on situational factors such as life stressors for the client and availability of support networks. Attention to these factors can help to clarify programme utility by examining relationships between consumer characteristics and service characteristics (Edwards, 1987; Finney & Moos, 1989).

An evaluation that examines programme processes is known as a formative programme evaluation or process evaluation. Process evaluations are defined as "… an analysis of the processes whereby a programme produces the results it does" (Patton, 1980, p.60). Broadly speaking, process evaluations attempt to understand what happens within a programme, what the programme's strengths and weaknesses are and how people perceive the programme. Process evaluations can then be used to provide feedback to people responsible for service delivery in order to improve programme content and implementation and ultimately, programme outcomes (Leon, Dziegielewski, & Tubiak, 1999; Patton, 1997). Dissemination of successful programme processes can also be used to replicate successful interventions in other programmes.

For the current study, a process evaluation was considered to be the most appropriate evaluation approach to address the research aims, which were presented in the previous chapter. Although conducting a process evaluation is a strategy to allow for useful exploration of programme components and dynamics, it was necessary for the evaluation to be guided by a theoretical framework. An appropriate analytic framework should provide guidance as to how a researcher conducts their inquiry and makes decisions throughout the process. The following session describes two analytic frameworks that were used throughout this project: Utilisation-focused Evaluation and Kaupapa Maori Theory.

Utilisation-focused evaluation

It is important to make explicit the analytic frameworks used throughout research as these contain assumptions and worldviews that shape the aims,

data collection and interpretation of research. Utilisation-focused evaluation offers a philosophy of evaluation and a practical framework for designing and conducting evaluations (Patton, 1997). A utilisation-focused evaluation as defined by Patton (1997) means that the evaluation will be designed and judged in terms of its utility for intended users of the programme. Utilisation-focused evaluation focuses on primary intended users of the programme and addressing their specific needs through the evaluation.

Patton (1997) argues that no evaluation can be value free and that the values of an effective evaluation should reflect users who have responsibility to apply evaluation findings and implement recommendations. This requires the researcher to form a working relationship with intended users of the programme when designing the study to help them determine what is needed from the evaluation. Utilisation-focused evaluation does not advocate any particular theory, model, or method for evaluating programmes but can be used by evaluators to determine the best approach to conducting an evaluation based on the needs of the intended users.

In considering the design for this study and the utility of the evaluation to the intended users, it was essential to consider the specific needs of Maori in relation to the current study and the impact of previous research concerning Maori.

Kaupapa Maori Theory

Amongst Maori communities, there has been an historical mistrust of research due to past injustices committed by non-Maori researchers who have mis-represented Maori experiences and had control over the legitimisation of research involving Maori (Bishop, 2005; Smith, 1999). Some challenges for Maori researchers have been to convince Maori of the value of research involving Maori, as well as advocating the validity of Maori knowledge and Maori input into research (Smith, 1999). Kaupapa Maori approaches to conducting research have been offered to assist Maori researchers to meet these challenges.

Smith (1999) describes Kaupapa Maori approaches to research as being "based on the assumption that research that involves Maori people, as individuals or as communities, should set out to make a positive difference for the researched" (p.191). A Kaupapa Maori approach does not advocate for any particular method of data collection but advocates a Kaupapa Maori perspective be utilised when framing and structuring research involving Maori (Milne, 2005; Smith, 1999). Such approaches seek to maximise the participation and benefits for Maori; prescribe appropriate processes of interacting and sharing knowledge; involve critical analysis of mainstream literature and experience and its application in a Maori context; and value Maori philosophies, principles and practices (McFarlane-Nathan, 1999; Milne, 2005; Smith, 1999).

Researchers have argued that a critical element of conducting Kaupapa Maori research is identifying as Maori and applying Maori world-views and values to research (Bishop, 1996, 2005; Smith, 1999). However, this framework does not exclude non-Maori researchers from participating in Kaupapa Maori research as long as Maori are involved and have influence throughout the research process. Smith (1999) argued that all researchers – Maori and non-Maori - must recognise how their own beliefs and assumptions influence research findings and attempt to minimise negative outcomes of the research on Maori.

Smith (1999) recommends the following guidelines for working ethically with Maori communities as an extension beyond issues of consent and confidentiality in research. A focus is on respecting and protecting the culture, rights, interests and values of the research participants. These guidelines were influential throughout the research process when interacting with participants and making decisions about the research procedure.

1) Aroha ki te tangata (a respect for the people).
2) Kanohi kitea (the seen face, that is present yourself to people face to face).
3) Titiro, whakarongo, … korero (look, listen and then speak).

4) Manaaki ki te tangata (share and host people, be generous).
5) Kia tupato (be cautious).
6) Kaua e takahia te mana o te tangata (do not trample over the mana of people).
7) Kaua e mahaki (do not flaunt your knowledge) (Smith, 1999 p. 120).

When undertaking this evaluation, I wanted the outcomes of this research to be useful for intended users of the programme, namely Maori involved with implementing and utilising the service and their respective whanau, hapu and iwi. In doing so, I attempted to adopt research methods that would address the research aims in a way that was culturally responsive and useful to my participants. The next section will describe the research methods that were utilised for this study.

Qualitative Evaluation and Research Methods

The use of qualitative forms of inquiry is generally considered appropriate when studying process because qualitative methods allow for detailed descriptions of the phenomena under study (Patton, 1990). Qualitative research methods such as interviews and programme observations are particularly suited for process evaluations as such methods allow for exploration of programme dynamics and detailed descriptions of programme content and context (Patton, 1990). Additionally, qualitative approaches can be appropriate where programme features are not easily quantifiable, such as when programmes are innovative, where the focus is on understanding consumers' perceptions of the programme, and where it is not practical or ethical to manipulate variables of interest (Lincoln & Guba, 1985; Patton, 1990).

An evaluation approach is inductive to the extent that the researcher attempts to make sense of the situation, to understand the unique dynamics of a process, and to identify the strengths and weaknesses of a programme while limiting the imposition of pre-existing expectations on the programme under study (Patton, 1990, 2002). Given that the incorporation of Tikanga into

sexual offender treatment programmes therapy is an area that is currently without a well-documented research base, an inductive approach to data collection and analysis using qualitative methods was considered suitable. This would enable the researcher to discover in-depth information about the programme that could be relevant for understanding programme processes.

Group observations are considered to be a very important research procedure for a process evaluation of a group treatment programme (Patton, 1978, 1982, 1997, 2002). Observations allow for first-hand information about programme implementation and describe how the group functions (Fry, 1973; Kurz, 1983). Interviewing is also considered a useful method of data collection for process evaluations and a basic source of raw data for qualitative inquiry as it allows the researcher to understand their participants' perceptions and experiences.

Thematic Analysis

Across qualitative research studies, there are a range of approaches and procedures associated with analysing qualitative data. Qualitative research is most commonly associated with inductive as opposed to deductive analysis. Inductive analysis utilises an approach that begins with the raw data and derives concepts or themes from interpretations made from the raw text (Thomas, 2004). The purpose of such an approach is firstly to condense extensive raw text data into a brief summary format. Then clear links are established between summary findings and raw data with these linkages being transparent, justifiable, and based on research objectives. Finally, a model or theory is developed about the underlying structure of processes or experiences which are evident in the raw data (Thomas, 2004). This approach differs from deductive approaches where data is analysed in relation to its consistency with prior hypotheses or assumptions that have been determined by the researcher.

This study primarily utilised an inductive analytic approach although there was a deductive element to the research as the data was interpreted in terms of the relevance to the research aims. Therefore, the method for data analysis

needed to be flexible and practical in terms of allowing the researcher to make a meaningful interpretation of a large amount of data.

Thematic analysis was chosen as the method for data analysis in this study as it provided a flexible research tool that is not constrained for use with any particular theoretical approach. It is broadly defined as "a method for identifying, analysing and reporting patterns (themes) within data" (Braun & Clarke, 2006). Thematic analysis is a method of making sense of data and deriving meaning from themes within the data and is compatible with inductive and deductive approaches to research. I considered that the method of thematic analysis would allow me to interpret the data within the theoretical frameworks I had chosen for the study.

Although the flexibility of this method is considered an advantage, Braun and Clarke (2006) recommend the following steps as guidelines to ensure for quality thematic analyses. These steps, which were utilised during the data analysis phase, are summarised below.

1. **Familiarise self with data.** First it is recommended that the researcher becomes immersed in the raw data and is sufficiently familiar with the depth and breadth of the information. Interviews and research notes are transcribed allowing for the data to be converted into a format that facilitates analysis. The transcripts are then read and initial notes are made based on ideas for coding the data into themes.
2. **Generating initial codes.** This step involves a preliminary categorisation of interesting features of the data across the entire data set. The data extracts can then be collated together under initial codes to allow for further analysis. Data extracts can be categorised under one or several different codes. It is also recommended that data extracts that are inconsistent with other extracts be identified and included in further analysis.
3. **Searching for themes.** At this stage, the researcher examines the existing codes and then combines related codes into categories for

potential themes. Some initial codes may form main themes, sub-themes or be excluded from the final analysis.

4. **Reviewing themes.** This step involves checking if the themes work in relation to the coded extracts and the entire data set. At the end of this phase, the researcher should have a good sense of the different themes and how they relate to each other.
5. **Defining and naming themes.** This step involves defining the specifics and boundaries of each theme and providing clear definitions and names for themes. At this stage of the analysis, the researcher should have a good understanding of each theme in relation to the research objectives and literature.
6. **Producing the report.** This step involves producing the final analysis. The results are presented using selected extracts that clearly describe the identified themes. The final analysis goes beyond description and relates the results in an analytic narrative to the research objectives and previous literature.

Issues of Validity and Quality Control

This section discusses how potential threats to validity were considered in this study and the measures taken to ensure quality of the research. This is not intended to be an exhaustive list of threats to validity and quality but is presented with a focus on the most commonly encountered issues in qualitative evaluation studies.

In qualitative research and evaluation studies, the quality of research is demonstrated via the credibility of the study, the transferability of results, the dependability of information obtained, and the utility of the findings for intended users (Lincoln & Guba, 1985; Patton, 1982, 1990, 1997, 2002). For evaluations to have impact, the intended users must perceive the evaluator and the evaluation as trustworthy (Patton, 1997). Techniques to ensure that this happens include prolonged engagement with service users to ensure that crucial elements of the programme are being identified and explored. Persistent observation and interviewing allows the researcher to gain an in-depth understanding of the programme before formulating opinions.

Presenting a rich description of the findings with clear explanations of analyses enables for transparency in research processes and confirmability of the results (Lincoln & Guba, 1985).

Researcher bias is often considered a threat to internal validity, as the researcher is primarily responsible for data collection and interpretation. Numerous authors including Bishop (2005), Smith (1999) and Lincoln and Guba (1985) consider that researchers should be critically reflective on their own biases when undergoing research processes and should make this explicit to their audience. Identifying as an indigenous researcher does not automatically mean that one will have a positive bias when conducting research on Maori as this does not account for diversity within groups such as age, gender, socio-economic status, education level and influence from Western research paradigms (Bishop, 2005). Engaging in regular supervision and peer debriefing can assist researchers to enhance the validity of research findings.

To improve the verifiability and validity of research findings the method of triangulation is commonly used in qualitative evaluation studies (Patton, 2002). This involves using multiple qualitative data sources and comparing information across sources for consistency. As an example, observations of service delivery may be compared with participants' perceptions of what was actually covered in the session. Reviewing programme documentation such as therapeutic manuals, information brochures for service-users and client's progress notes can also be a form of triangulation to check for consistency across participants' reports.

Another potential threat to the validity of studies that utilise participant observation is the notion of participant reactivity. Participant reactivity describes the problem of participants' behaviour being influenced by the presence of an observer. This can inadvertently change the dynamics of the group and the behaviour of group members. A researcher can attempt to minimise participant reactivity by working to build rapport and trust within the

group and by attending sessions frequently and regularly (Kurz, 1983; Lambie, 1991; Patton, 1987). These efforts allow for repeated observations over time to increase the likelihood that accurate information will be obtained and enable participants to habituate to the presence of the researcher thereby minimising reactions to being observed (Kurz, 1983).

In conclusion, this section has summarised the methodological approaches and considerations that were utilised for this thesis. The following section includes a detailed and explicit description of the processes concerned with the research design, implementation and analysis.

Method

This section begins with a presentation of the background of the main researcher. A description of the development of the research project, research tools and consultation processes is then provided. Following this, I outline the research procedure including a description of the participants and the procedures of data collection. The section concludes with a description of the data analysis.

Researcher Disclosure

As discussed in the previous section, the process of qualitative research is subjective and the researcher is considered an instrument of the data gathering and analysis. As a result, it is necessary to provide a reflexive account of my background and reasons for interest in this study because this has implications for the way findings are perceived and presented (Patton, 2002).

I was born and raised in Rotorua, a city in the North Island of Aotearoa, New Zealand. I affiliate to Te Arawa, the iwi that occupies the Rotorua lakes district and part of the central Bay of Plenty coastline. My hapu are Ngati Pikiao and Ngati Makino. My Pakeha whakapapa comes from my father who

affiliates to Taranaki and who also has English and French ancestry. Through my maternal grandfather, I also have ties to Tuhoe, Ngaitai, Whakatohea and Te Whanau-a-Apanui. I was supported throughout this research project by a research support network comprised of Maori and non-Maori whanau, academics, and clinicians.

As I was aiming to become a Clinical Psychologist, I had a particular interest in research that was of clinical relevance. I also wanted to be involved in research that aimed to further the wellbeing of Maori. My particular areas of clinical interest include understanding and reducing offending and violence committed by Maori and within Maori families.

Before beginning the research and my clinical training, I had little experience working with offender populations. Prior to commencing data collection in 2005, I completed a four-month placement at a specialist sexual offender treatment unit at Auckland Prison with the Department of Corrections. This placement gave me invaluable experience working with sexually abusive men from a cognitive-behavioural approach within a bicultural framework for reducing re-offending. I also gained experience assessing and providing group and individual treatment for the men in this programme. Throughout the four-year phase of this research project, I completed my clinical training and gained further experience working with clinical and forensic populations including youth and adult forensic services.

Before commencing the research, I was officially welcomed to SAFE by the Maori team and invited to attend a group therapy session so that I could meet the Tane in the programme. This was an important opportunity to meet the men and to get a sense of the group process and dynamics. Throughout the consultation and data collection phases, I participated in cultural supervision workshops and *Wananga* (seminar, place of learning) with Te Kakano staff as well as Maori staff from other sexual offender treatment services. This allowed me to Whakawhanaungatanga (make connections) with Maori staff and to develop trust and rapport with them. It also enabled me to directly

observe their interactions and cultural training programmes and informed my understanding of the goals, values and practices of Te Kakano[2].

In addition to my research supervisors (both of whom were non-Maori), I received cultural supervision from a Maori clinical psychologist who was independent to SAFE. My cultural supervisor's role in the project was to support me as a cultural mentor, to monitor the research aims and methods that pertained to Tikanga issues and offer advice throughout the research process on cultural issues. I also participated in regular peer research groups with Maori and Pacific doctoral students within the Department of Psychology at the University of Auckland, as well as conferences and seminars of relevance to Maori psychologists and clinicians.

I am not fluent in Te Reo so I participated in weekly Te Reo classes to develop my knowledge and use of the Maori language. I had undertaken this as part of my own commitment to developing my use of Te Reo and participating in cultural activities. I also considered that my understanding of Te Reo would assist me to approach the research with a richer understanding of Maori concepts, values and beliefs.

Throughout the research I also kept a journal documenting my experiences during the research process, my beliefs and assumptions as well as my personal reactions. The following italicised text is an excerpt from my journal about my beliefs and assumptions about treating Maori who have sexually offended. As an evaluator I had a powerful role in terms of giving feedback and recommending changes for a programme. It is important to articulate my own judgements and perceptions as they are involved with the interpretation, attention and analysis of the data (Braun & Clarke, 2006; Lincoln & Guba, 1985; Patton, 1990; Smith, 1999).

[2] The content of cultural supervision and training workshops is not included as part of Te Kākano programme descriptions as it is the intellectual property of an independent educator and kaumatua.

- *Sexual offending is a problem found in many ethnic, socio-economic, religious, and political groups and not just a problem relevant to Maori.*

- *I would like to see the implementation and delivery of more programmes that can provide effective, clinically sound and culturally appropriate treatment to offenders.*

- *Sexual offending can have significantly harmful and long-term effects on individuals, families and communities.*

- *People who commit sexual offences are responsible for their behaviours and are capable of changing their behaviour.*

- *I think that sexual offending can be successfully treated (in terms of preventing recidivism) in some but not all cases.*

- *Men who attend the programme may vary in their motivation to engage and reasons for attending – those who are least motivated are likely to drop out of the programme regardless of mandatory requirements to attend.*

- *Culturally appropriate programmes may facilitate engagement, disclosure and improve clinical outcomes for some of the men.*

Consultation Processes

This project aimed to evaluate a sexual offender treatment programme developed exclusively for Maori and aimed at the overall benefit of Maori. Several fundamental principles embodied in the Treaty of Waitangi provided guidance for the proposed evaluation study, including partnership, equity, and *Tino Rangatiratanga* (power over resources and self-determination). As discussed previously, there is a demonstrated need for therapeutic programmes that are responsive to the needs of Maori, are compatible with beliefs and values that guide the behaviour of many Maori, and work towards

achieving equitable outcomes for Maori offenders. My supervisors and I acknowledged from the beginning of the project that the intellectual property of the SAFE Maori Programme belonged primarily with Te Kakano staff, as they were responsible for the development and implementation of the programme. It was the expressed interest of Te Kakano staff that the project would result in information that would assist them in their clinical work and lead to ongoing developments within their programme. It was planned that I would actively work in partnership with Te Kakano at all stages of the research, such as deciding the aims, methods, and feedback processes.

As the principal researcher and cultural supervisor in the research team identified as Maori, this meant that Maori were represented at all stages of the research process including the organisation, management, and conduct of the project and reporting of the results. For Maori participants, this project was an opportunity for *whakawhitiwhiti korero* (shared thoughts) about their experiences of the programme. This was intended to give Maori the opportunity to have their voices heard and to be acknowledged as the experts of their own experiences, consistent with the principle of Tino Rangatiratanga. With the endorsement of Te Kakano, the information gathered from this research was intended for distribution to the wider community through public Hui, so that other organisations offering services to Maori could benefit.

I provided weekly progress updates to Te Kakano staff during the data collection phase and annually during the analysis and writing phases. Without ongoing consultation and developing a trusting relationship with the staff and consumers of the programme, it would have been very difficult to complete this research project. Initially I had concerns that giving negative feedback to the team could be difficult given the developing relationship between the team and myself. However, the regular process of meeting to provide updates lessened my discomfort and staff actively encouraged all types of feedback.

Ethics Procedure

Ethical approval to carry out this research was obtained in October 2005 from the University of Auckland Human Participants Ethics Committee, Reference

2005/370. I also had permission from SAFE management to complete the research and signed a consent form with SAFE, agreeing to protect the identity of SAFE clients and their families.

Interview Schedule Development

Three separate semi-structured interview schedules for each participant group were designed to explore participants' experiences of the programme. Interview schedules were initially drafted following consultations with staff of Te Kakano and SAFE Management to identify areas for exploration and information identified in the literature review. The interviews were designed to be semi-structured in order to gain the participants' perceptions in their own words, to provide the opportunity to explore topics in depth, experience emotional responses of the answers, clarify questions, and identify unconsidered topics for exploration (Patton, 1990).

The general structure of the interview schedules for clients included demographical information, referral and assessment processes, treatment processes (group and individual sessions), reviews of therapy, perceptions of strengths and weaknesses of the programme, outcomes and perceptions of changes made due to the programme and goals for the future.

The staff and whanau interview schedules followed a similar format. Additionally, staff were asked to describe and discuss their approach to therapy including what they do that is unique or generic and what challenges they face in their role. Whanau were primarily asked about their experiences of the programme through direct contact with the agency and their whanau member's experiences. Copies of each interview schedule are included in Appendix A.

Participants

Throughout the evaluation process, I attended group programmes and explained the purposes of the research. Men and their whanau were invited

to participate in the research at no obligation to their progress within the programme. Written and verbal information about research participation were provided. Copies of the information sheets are included in Appendix B.

Those who chose to participate in the research were asked to attend a semi-structured interview with the researcher and to allow permission for the researcher to observe and document their participation in group sessions. Written consent was obtained from participants before any interviews or records of group participation took place. Copies of consent forms are included in Appendix C.

Participants included: Tane (male clients), their whanau support people, and Te Kakano Kaimahi (staff) working within the adult programme.

Tane (male clients)

1) Twelve men agreed to participate in the research, all of whom were currently engaged in the SAFE Maori Programme. Ages ranged from 26 to 56 years. Observation data of individual contributions from group sessions pertain to these 12 men. Of the 12, only nine were interviewed. The other three men could not be interviewed for the following reasons: one who had restrictions on his time due to work commitments which prevented him from being accessible during the day for interview; one who was not interviewed based on the advice of the therapist (due to a number of significant stressors in his life at the time and the stage of therapy he was involved in) and who then moved out of the area; and one who breached bail conditions and returned to prison before the interview could occur.

The following tables 1 - 4 give an overview of the offence characteristics of the 12 men who participated in the research.

All of the participants had committed at least one sexual offence against a child. Only one of the participants had offended (exhibitionism) against children who were strangers, the majority had offended against children known to them (see Table 1 below).

Table 1. Participant's relationship to victim(s).

Relationship to Victim(s)	**Number of participants in offender group**
Biological Child(ren), grandchild(ren)	2/12
Stepchild(ren)	3/12
Wider family members (e.g., niece, nephew, cousins)	3/12
Friend's/Associates children	2/12
Strangers	1/12
Unknown	1/12

Out of the 12 participants, only one reported having abused males exclusively, the remaining 11 participants reported exclusively abusing females.

The majority of the participants (7/12) disclosed or had been charged with offences against one known victim. Four of the participants had offended repeatedly against the same victim(s) over a period of months/years. Only one participant had offended against and been charged with offences (exhibitionism) against more than five victims, including women and children (see Table 2).

Table 2. Total number of victims disclosed by participants.

Total Number of Victims (disclosed and/or known about by authorities)	No. of participants in offender group
1	7
2 – 5	4
> 5	1

The most common type of offence was inappropriate touching followed by oral sex and penetration. The least common forms of offending were masturbation in front of the victim and exhibitionism. Four of the participants had committed different types of offences (e.g., penetration, inappropriate touching, oral sex) against the same victim(s) (see Table 3 below).

Table 3. Types of sexually abusive behaviour

Sexually Abusive Behaviour	No. of participants in offender group
Penetration (vaginal or anal)	6/12
Oral sex	7/12
Inappropriate touching	10/12
Masturbating in front of victim	2/12
Exhibitionism	1/12

The majority of participants in the offender group had served a period in custody for their offences. Only one participant had not been charged for his offence at the time of data collection. However, the researcher learnt that he was subsequently charged and convicted of his offence. See Table 4 for details of legal outcomes.

Table 4. Legal outcomes

Legal Outcomes	**No. of participants in offender group**
Custodial sentence with probation	7/12
Home detention with supervision/ conditions	4/12
Not charged	1/12

Out of the 12 participants in the offender group, only one attended the programme voluntarily. The majority of the participants attended the programme due to Court order or conditions of parole. Table 5 outlines the treatment progress for participants during the phase of data collection (see below).

Table 5. Treatment progress during data collection phase.

Progress on programme	**No. of participants in offender group**
Successful completion	3/12
Excluded from programme	1/12
Transferred to service in a different region	1/12
In progress	7/12

<u>Whanau (family, support person)</u>

2) Four female whanau support members agreed to participate (three of whom were interviewed). All participants in this sample were partners of the men on the programme. The fourth participant could not be interviewed due to travel and time restrictions. All whanau participants identified as Maori.

Kaimahi (Te Kakano adult programme staff)

3) Three Kaimahi who were involved in the adult treatment programme participated in the research. All Kaimahi identified as Maori. The group was comprised of one counsellor and two social workers, all had experience providing individual and family therapy. Kaimahi had varying levels of knowledge of Tikanga, Te Reo and Te Ao Maori. At the time of data collection, all Kaimahi had at least two years of experience working with sexual offenders either at the SAFE Auckland site or at similar community sexual offender treatment programmes in New Zealand.

Setting

All data collection including observations and interviews took place on SAFE premises, with the consent of SAFE Management, and during work hours. When interviewing men and/or whanau, the researcher always notified other SAFE staff of her whereabouts on the premises.

Procedure

Programme Observation as an Evaluator-Observer

Observations were intended to reflect the physical and social environment or context of the programme and aim to describe processes such as Tikanga (powhiri for new members, karakia before group, *mihimihi* (speech) for individual group members), service delivery, participant behaviours (including client to client, client to staff member, and staff member to staff member), presenting issues, informal interactions, needs of clients that may arise throughout sessions, and efforts made by staff to address client needs. Observations were also used to make comparisons between programme objectives and outcomes.

Group observations from 37 two-hour weekly group sessions over a 15-month period (October 2005 - December 2006) were recorded. The primary researcher attended sessions regularly in order to develop and maintain

personal connections and to desensitise group members to the process of observation.

All new members were informed about the purpose of the research and the reasons for the researcher's attendance. Not all group members consented to participate in the research therefore, recordings were not made of their interactions. I recorded observations in a research diary during the mid-session break and immediately after the session in order to accurately record content and process. I occasionally took notes during the session but found that this drew attention to me and highlighted my role as a researcher. I was concerned that this would make the participants more likely to react to the observations and behave differently than they would without an evaluator in the room. I also found that this distracted me from attending to the group process. As a result I preferred to make my notes outside of the session and kept any in-session note taking to a minimum.

I maintained an observer role throughout the period of involvement and did not facilitate any groups. I tried to have minimal direct participation in the content of the group discussions but I regularly participated in group processes such as opening rounds, and taking turns to say karakia to open the group. I introduced myself to each new group member along with the rest of the group, by giving my *pepeha* (presentation of ancestral lineage and tribal affiliation) as well as an introduction in English. I considered these to be culturally appropriate disclosures within the Tikanga of this group.

I was not available to observe interactions between Tane, Whanau and Kaimahi outside of group time. I had originally intended to observe groups for four months. However, after four months of observation I did not feel that I had an adequate understanding of the programme. This was because the programme went through many changes in members throughout that time period and this seemed to disrupt the cohesion and progress of the group. In the third quarter, a stable and cohesive core group had been established and I began to observe very rich and interesting group sessions. By the fourth quarter, I had gained a greater understanding of the programme's processes

and dynamics and had assembled a dynamic picture of the group. I was no longer gathering new information from observations or interviews and was recording perceptions that I had heard before. At this point I concluded that I had reached data saturation and decided to end observations at the end of 2006, coinciding with a natural break in the group for the Christmas and New Year holiday period.

Interviews

Interviews took place over a nine-month period in 2006, within the same time period that programme observations were recorded. Interviews were recorded using an audiotape recorder for accuracy but handwritten notes were also made. Before each interview, I provided a preamble about the interview and research process. An example of the preamble given to participants is as follows.

> *Thank you for taking the time to talk to me today. Just before we begin I want to explain again the purposes of the interview and how you are protected. I am interested in finding out what the Maori programme is like for you, what things about it you think are good and what you think might be helpful. Remember that today I will not be asking you about your offending or your victims but more about how you have found therapy here at SAFE. Please also remember that if I were to become aware that you were at risk of harming yourself or someone else, or that you yourself were at risk of being harmed by another person – I would be obligated to share that information with your therapists and could not keep that confidential. That is the main instance where I would break confidentiality. Otherwise, as I explained to you I am obligated to protect your identity throughout the course of this research. Please also remember that you do not have to answer any questions that I ask of you and you have a right to your copy of the interview as well as a copy of the results of this research. If you want the tape recorder turned off at any stage, please let me know. Do you have any questions before we begin?*

Participants were advised that they could bring a support person to the interview if they wished. Two of the men chose to bring their partners as their support person. No safety issues or undisclosed offending were identified or reported throughout the interviews.

Of the nine men interviewed, two described themselves as fluent in Te Reo. I offered to arrange a translator for both men, as I do not speak fluent Te Reo. However, both men chose to answer the majority of questions in English. When Te Reo was used throughout the interviews, I clarified my understanding of the word with each participant to ensure that I had the correct meaning.

All participants were offered the opportunity to begin and end the session with a *karakia* (prayer or incantation). *Kai* (food) was provided for all participants at the end of the interview as a *koha*, a gesture of reciprocity and hospitality.

The interviews ranged between one to two hours. Each audiotape was transcribed into a Microsoft Word document. Independent transcribers were contracted by the researcher to provide transcripts of ten interviews. Each transcriber signed a confidentiality agreement with the firm and the researcher. The researcher completed transcripts for five of the interviews and crosschecked the accuracy of all transcripts with the relevant recordings. Inaudible portions of the recordings were noted in the transcriptions with a time stamp and omitted from the analysis.

Data Analysis

All data was analysed using the guidelines for thematic analysis recommended by Braun and Clarke (2006), which was outlined earlier in this chapter. This section describes specifically how the analysis was conducted for this study.

During the data collection phase, some analysis was conducted as recommended by Patton (1990) via regular review of observation notes and

discussions on points of interest and potential themes with my participants and supervisors. The majority of the data analysis occurred after all data were collected. All interview recordings were listened to in their entirety and all documentation including observation notes and interview transcripts were read and re-read. This was done so that I could familiarise myself with the data. I made initial notes in the form of a summary for each interview transcript and each session observed. The summaries were my impressions of the main points or themes identified in that particular encounter and served as a preliminary form of data analysis (Braun & Clarke, 2006).

I began with the first interview transcript and worked systematically through the document to generate initial codes for each point of interest. I recorded these codes manually in the margins next to each point. From the first interview, I generated a list of 32 codes. I used a word processor to manage the data and created a separate document with my list of initial codes. I then worked my way through the remaining transcripts and identified points consistent with my initial codes as well as points that generated new codes. I repeated this process for the observation notes beginning with my records from the first session through to the last session. I eventually reached a list of 88 initial codes devised from approximately 500 pages of raw data (interview transcripts and observation notes). This list was not intended to be the final list of themes but served in the development of a categorisation system.

I then created separate documents for each initial code and entered the coded extracts into each document under the relevant theme. I then compared each document and refined the coding system by collapsing codes that contained extracts with very similar content. At this stage, I was able to generate a list of tentative themes based on the raw data and research aims. I met with my supervisor throughout this process to discuss the classification system. We identified important themes and discarded others, discussed relationships between themes and considered the relevance of outliers and negative cases that did not appear to fit within the classification system. Throughout this process I also met formally with the team at Te Kakano, including staff from both adult and adolescent treatment programmes, on

three separate occasions to present my working list of themes and the raw data that described these themes. After this process, a consensus was reached between Te Kakano staff, my supervisor and myself about the themes and their relevance to the research aims. I then finalised a list of the themes and sub-themes along with a description of each theme and relevant quotations to be used in the final report.

Chapter 4

Programme Description

This is the first of three chapters that present the research findings. The three results chapters will address the following areas: Programme Description, Tane and Whanau Perspectives, and Kaimahi Perspectives.

When quotes are presented, the identification of the participants will follow the quote (T = Tane [Male clients], W = Whanau [Whanau support people], K = Kaimahi [Maori staff]) unless the participant group is obvious from the passage. When interactions between multiple participants from the same participant group are reported as in group sessions, speakers will be labelled with the initial of their first name and the participant group (e.g., Tane, Whanau, Kaimahi) in brackets.

Where necessary, some quotes have been edited to remove information that could identify an individual. I have also included some of my own insertions directly into quotes where the context of the topic may not be clear from the quote or when a translation is required. These insertions will be marked in square brackets [ ] to distinguish them from the original quote. Many quotes have been presented with unnecessary fillers (“um”, “yeah”, etc.) removed to promote ease of reading. While a number of quotes may have contributed to each theme, only a small number of quotes have been presented due to the limited length of this thesis. Some quotes contributed to a number of themes and may be repeated in different sections when the quote was considered to add a different meaning. I have attempted to ensure that each participant group has been represented throughout each section. However, comments from Tane do constitute the majority of quotes as they represented the largest participant group and their perspectives as consumers of the programme were of paramount importance.

Overview

This section presents an overview of Te Kakano, the SAFE Maori Adult programme throughout the research period of 2005 to 2006. Particular attention is given to group therapy sessions, where all research observations took place. The description of Te Kakano during the research phase is necessary to provide a context for the research findings. An updated overview of the programme including recent developments will be included in the discussion chapter. Where a separate programme in SAFE is discussed, this will be identified by the name of that programme (e.g., SAFE adult mainstream group, Special Needs group).

Te Kakano offered a combination of individual and group therapy for a period ranging between 12 - 24 months for adults aged 17 years and older. Services were offered to both male and female offenders, however, only men attended group sessions. Consistent with SAFE policy, clients were required to have an identified support person throughout the programme.

Maori make up approximately 25% of clientele at SAFE. Te Kakano is one of several adult programmes offered including the mainstream adult programme, a programme for offenders with special needs such as low intellectual functioning, and a group for internet offenders. The policy of SAFE was that Maori clients could choose to attend the Maori or mainstream programme or attend other programmes if they were more suited to their needs. It is acknowledged that the perspectives of other Maori clients at SAFE including those who chose not to attend Te Kakano are of interest. However, that line of inquiry is outside the scope of this thesis.

Kaupapa of the Programme

Kaimahi identified the main *kaupapa* (philosophy) of Te Kakano as providing a culturally appropriate service for prevention, education, and treatment in the area of sexual offending for Maori whanau and the wider Maori community.

The team describe their service as ‘for Maori by Maori’ within a mainstream organisation for sexual offending treatment but do not describe themselves as

a Kaupapa Maori service. They have a degree of autonomy within the organisation as a separate programme and consider their kaupapa to be consistent with SAFE's overall mission statement of reducing sexual offending. Te Kakano also has a role at management level in ensuring that the needs of Maori are reflected in SAFE policies and practices. Kaimahi described the Kaupapa of their service below.

"… working with the organisation and its staff to provide a service that's more culturally appropriate to Maori people …

"… ensuring that in our Mission statement around working with Maori that SAFE is walking those roads and those places in terms of being a bicultural organisation".

Kaimahi (Staff)

Throughout data collection phase, there were four members of Te Kakano amongst approximately 30 staff at SAFE. One Kaimahi worked primarily in the adult programme, one worked in the adolescent programme, and a third worked across both adult and adolescent programmes. The fourth Kaimahi was Manager of Maori Development at SAFE. This Kaimahi had a clinical background and a role within SAFE of ensuring that agency wide policies and practices were consistent with a bicultural framework.

All staff in Te Kakano identified as Maori and affiliated to different tribal regions throughout New Zealand. Staff had professional training in the disciplines of counselling and social work. Staff had varying levels of knowledge of Tikanga and Te Reo Maori. At the time of the research, all Maori staff had at least two years of experience working with sexual offenders either at the SAFE Auckland site or at similar community sexual offender treatment programmes in New Zealand. All had previous experience working in counselling and community services in areas other than treating sexual offending.

Referrals

Government agencies, professionals or clients can make referrals to Te Kakano. Most clients were referred through Court, Probation Officers, lawyers, and Child, Youth and Family (CYF)[3] social workers. Most were mandated to attend as conditions for home detention, supervision orders, or parole. One was required to attend treatment by CYF in order to gain access to visits with his children. The length of periods for mandated treatment varied from 9–24 months depending on factors such as end date for community based sentences. This meant that not every client would attend the programme for the full 24 months that it was offered. For most participants, the costs of treatment were covered by the referring agency (e.g., Community Probation Service). One client attended on a voluntary basis and his fee was negotiated with SAFE based on his income level.

All referrals for adults to SAFE are completed on a standard referral form and sent to SAFE. There is no separate referral process for Te Kakano. Referral forms request information on demographic details including ethnic identity and iwi or hapu if the client identifies as Maori. Additional information requests are for: availability of support people; offending and victim details; legal circumstances; involvement of other agencies; developmental, learning or mental health difficulties; and relevant reports such as Summary of Facts, Psychological, Neuropsychological, or Psychiatric Reports, Victim Impact Statements, and Sentencing Notes.

Referrals were primarily from the Auckland region, however, referrals were accepted from areas such as Northland, Bay of Plenty, and Hawkes Bay where there was no suitable service available. The length of time from referral to acceptance on the programme varied depending on factors such as busy referral periods, existing waiting lists, and availability of staff to complete assessments.

[3] Statutory child protection service in New Zealand.

Assessments

Clients who identified as Maori and were referred for an assessment were matched with Maori clinicians where possible. Some participants reported being assessed solely by Maori Kaimahi or having joint assessments with Maori and non-Maori staff members. Non-Maori clinicians were involved in assessments when their area of expertise was needed (e.g., a psychologist when psychological testing is needed or when a client had mental health issues). Assessments were completed to clarify the client's suitability for SAFE, identify their therapeutic needs in relation to their offending, and determine responsivity issues (e.g., culture, cognitive ability).

Kaimahi reported determining a client's level of risk based on clinical judgement and attention to known risk factors for sexual offending. They also utilised collateral information such as interviews with whanau, case consultation with professionals from other agencies, and documentation such as previous reports and risk assessments. Kaimahi also collaborated with other SAFE personnel when different areas of expertise were required and utilised supervision to assist with clinical judgements. All Kaimahi stated that identifying strengths and protective factors within the client and whanau was an important part of risk assessment.

As there were no psychologists amongst Te Kakano staff, they relied on SAFE personnel in the wider service to complete psychometrics. From the assessments, the clients' risk factors are determined and an individualised safety plan is developed with the client and their support person. The development of an offence cycle and safety plan began at assessment and continued throughout therapy for all of the men.

Structure of treatment

Group sessions were scheduled weekly and were scheduled for two hours. Group numbers were limited to a maximum of 12 men at any time in order to provide quality of care. Breaks in the group sessions occurred during holiday periods or when the therapists were unavailable (e.g., attending conferences). Two Maori therapists jointly facilitated groups, a Tane and a *Wahine* (woman,

female). The therapists stated explicitly to the *roopu* (group) that the purpose of having a Tane and Wahine was to ensure female viewpoints were promoted and to enable the men to have a model of a healthy male-female relationship. The female therapist was also a w*haea* (mother, elder Wahine). This meant that she had a special status and the men in the group often explicitly acknowledged this status out of respect for her. If a therapist was ill, another Maori staff member within SAFE would substitute for them where possible. Te Kakano also offered Whakawhanaungatanga evenings at approximately quarterly intervals throughout the year. On these evenings, whanau were invited into the group so that they could share their views and express themselves along with Tane and Kaimahi. Kai would be shared amongst the group on these evenings.

Often partners of clients waited for their Tane in SAFE reception while they were in weekly group therapy sessions. Over time, the partners formed their own support group, which will be described in a later section.

Men also attended individual therapy sessions, which were scheduled weekly or fortnightly depending on the needs of the client and their stage in the programme. Occasionally, sessions for couples or whanau were scheduled when there was an identified clinical need (e.g., developing a safety plan, addressing relationship difficulties). System reviews were to be held every three months for men and their whanau along with key professionals such as probation officers.

A unique feature of Te Kakano in comparison to SAFE's other adult programmes was that after men completed, they had the option of returning to the group once a month to participate in a group session. This practice was initiated via consensus between Kaimahi and the first Maori graduates of the programme. The rationale given for this practice was for previous graduates to *tautoko* (support) the kaupapa of the programme, to mentor men currently working through the programme, and to reflect and review on their own progress. Throughout the research phase, three men opted to return for monthly sessions after their own graduation.

Therapy - Process

Individual sessions

Tane attended individual therapy sessions on a weekly or fortnightly basis. These sessions provided individuals with time and space to identify antecedents and consequences for offending and develop personalised safety plans as well as to address personal issues. Tane were also provided with a SAFE Adult Programme workbook. These workbooks contained education about the effects of sexual abuse as well as tasks and assignments to help clients understand the cycle of offending and identify unhealthy patterns and behaviours associated with offending. The workbooks also included exercises to develop and practice healthier thoughts and behaviours. Tane completed these workbooks in their own time or with the assistance of their therapist and reviewed their progress in individual sessions. As the researcher did not observe these sessions, participants' perspectives of individual therapy sessions will be presented in forthcoming chapters to provide more detail.

Group sessions

All group therapy sessions took place on SAFE premises. Te Kakano had its own group therapy room. This was simply furnished with chairs, a whiteboard and refreshment facilities. A Maori carving, which was made and gifted to the roopu by a previous graduate of the programme, was displayed within the room. Before entering the room before a group therapy session, shoes were removed and left outside the door. In this aspect the room was treated as akin to a *wharenui* (meeting house), a place to be treated with respect and where discussions of importance took place. Group members and facilitators would greet each other individually with a hongi and/or handshake.

Tikanga provides the framework for all group therapy sessions. Each two-hour group session began with a *karakia* (prayer) and *mihi* (formal introductions). Different group members were able to take turns delivering the opening karakia and mihi each week. Although it was usually delivered in Maori, this was not considered a necessity because members had a varying

knowledge of Te Reo. The group consensus was that any member who opted to open or close a group session could choose how they did this – some used Maori karakia, prayers, a greeting in English, or a *whakatauki* (proverb) relevant to the programme. On special occasions such as a Whakawhanaungatanga evening, preference would be given for the senior members (in terms of age and/or status within the group) to deliver the karakia and mihi. Group sessions always ended with a karakia. The use of karakia was acknowledged often throughout session as important for protecting the wellbeing of group members and the tapu nature of the korero or content of discussion.

When a new member entered the group, they would be welcomed with a mihi by either the male Kaimahi or a senior group member. After the initial welcome, members stood and introduced themselves to the new member. Tane generally introduced themselves by providing their pepeha or whakapapa, and this varied in formality of delivery depending on the men's knowledge of Te Reo and Tikanga. Usually men would also disclose their offences at this point and state their opinion of the programme. They would usually also acknowledge the difficulties they had entering the programme and encouraged the new member to feel comfortable and try to participate as best they could.

As Te Kakano was an open programme, a new member could potentially start each week. Throughout observation periods, a number of group members had exited the programme while new members had been introduced. During this period, there was a high turnover in the group and some men would join the programme but stop attending after a few sessions. As there was a waiting list, these places would usually be filled quickly. This meant that during this period, a great deal of group time would be spent welcoming new group members. After a period of approximately three months, there was a core group of men who had started the programme within approximately six months of each other and who attended the programme regularly. Once this core group was established, the content of group sessions focused more on offence-related interventions. This appeared to work well as the regular

members established a cohesive *roopu* (group) and acknowledged that they were able to trust and support each other. Additionally, interventions became more intensive as this appeared to fit with the progress of group members throughout the content or modules of the programme.

In general, the first hour of any group session consisted of Whakawhanaungatanga, or greetings and "check-ins". Topics for discussion generally included updates on the previous week, any risk issues, or items to be put before the group for feedback. If new group members were present, the round would be more formal with members presenting their whakapapa, their reasons for attending the group and their progress to date. Following a break, the second hour generally involved offence or relapse prevention related exercises or discussion of a relevant risk issue raised by a group member.

Group members who completed the programme were formally farewelled by the group with a Poroporaki or farewell ceremony. Their whanau were invited to attend a group session. Usually the whole session would be dedicated to the farewell. Speeches from the Tane, his whanau, Kaimahi and other Tane would take place. Gifts were sometimes given to the Tane. One Tane was presented a Taonga Pounamu (greenstone), which had been carved by another group member. The Taonga was presented to the departing group member as a symbol of his progress, his contribution to the group and the esteem by which other members held him. The Poroporoaki would conclude with w*aiata* (songs) and the sharing of *kai* (food).

Therapy Approaches

The content of group sessions incorporated components of offence cycle, relapse prevention, education, mood management, and relationship skills. All components took place within a Tikanga framework where Maori values encompassed the modules for intervention.

The therapists utilised different types of interventions including role-play, self-disclosure, role modelling, skills practice (e.g., communication exercises),

validation and positive regard, normalisation of certain experiences, wananga or education sessions, active group work and activities. Cognitive behavioural interventions such as cognitive restructuring were also utilised to address offence-related cognitions.

Relevant cultural values that were incorporated into the content were Mana, Tapu, Whakawhanaungatanga, Wairua, and Manaakitanga. The definitions of these values were presented in Chapter 1. Other important variables included Tika, Pono, Aroha, and Taonga. Tika was defined as *"being seen to do the right thing".* Pono was defined as *"doing the right thing".* Aroha was defined as *"care, positive regard of self and others"*. Taonga is referred to as a treasure or object of great value such as a carving. It can also be used to refer to the intrinsic worth of a person. Cultural values are referred to explicitly in every therapeutic session and incorporated into therapy work. Staff explained the meaning of concepts to men who did not have a full understanding or people's understandings of these concepts would be generated in a group discussion.

Offence Work

In group sessions, offence work typically began with disclosures of the men's offending. Tane often made disclosures to the group upon introducing themselves and then again when new members were introduced. Men varied in the detail they gave of their offending and the degree to which they accepted responsibility for their actions. At these times, therapists and other group members would gently challenge the Tane about their disclosure. For example, one man spoke of *"having an affair with his wife's best friend"* as the reason why he was attending group. When other Tane questioned him about this, he gradually disclosed more information about his offences including the fact that his victim was 9 years old. He received feedback from the group that his initial disclosure was misleading and minimised his responsibility for his actions. He appeared to take this information on and his later disclosures presented a more accurate picture of his offending.

Offence work also focused on considering wider consequences for their actions other than legal consequences. Tane were encouraged to consider the consequences of their offending and their relationships with their victims. Many men attributed the following losses: family, friends, mana, respect from others, and respect for self. They were encouraged to look at the loss their victims had suffered. The analogy of a rock being dropped into a pond and creating a ripple effect was used to highlight the effects of the abuse on their victims, and their whanau, hapu and iwi, in addition to the whanau, hapu and iwi of the men.

Increasing the men's empathy for their victims was also an important part of offence work. Group exercises were used to reflect on experiences they had of being powerless or victimised. The men were encouraged to translate their feelings from these experiences to considering the negative impact of their actions on their victims. One Kaimahi made the following statement to the group.

K: *"You are here because you have hurt someone's wairua. You must take it seriously – the work you do here. Your victim's will always carry that mamae [hurt]. Once you acknowledge that then you can work to change".*

A description of the Cycle of Offending used by SAFE and Te Kakano will be given with a focus on cultural variables. These stages in the offence cycle were worked on together in group and individual therapy sessions. Men were tasked to develop their own individualised offence cycles and safety plans and present to the group.

Lifestyle issues

Lifestyle problems and stressors identified by many Tane included childhood experiences of abuse (physical, sexual, emotional), unemployment, experiences of ethnic discrimination, substance use, relationship difficulties, feeling lonely, uncertain, and depressed. It was emphasised that the men's

offences probably occurred because of the ways in which they dealt with these lifestyle issues.

Others talked about how their own views about sexuality were influenced by abuse within their own family.

L: *"Why does this kind of thing happen in our whanau [abuse]?"* (Tane).
W: *"Well we are here now and we have the opportunity to end it now, with our generation".* (Tane).

Feeling angry, hurt or humiliated

Men talked about having problems with anger as well as difficulties in intimate relationships that contributed to stressors. A number of men talked about using violence to protect their mana or status. This led to an interesting discussion about mana and cultural identity.

T: *"What is it about Maori that we always have to get into fights?"* (Tane).
L: *"It's about protecting your mana … you know, like being a warrior".* (Tane).
K: *"Is this protecting your mana … getting into fights?"* (Kaimahi).

Silence.

K: *"Is this about mana?"* (Kaimahi).
L: *"It's about building your mana when someone else wants to have a go at you".* (Tane).
K: *"I don't buy that. This [fighting] isn't about mana. I've seen too many of our men go down, go to prison, over just one punch – one fight. It's not worth it, it's not about mana".* (Tane).

This led to a discussion about the varying concepts of mana and the qualities that were often valued in men in traditional Maori societies. The concept of a *"warrior"* was discussed and the men presented their understanding of this word. Different responses included *"strong", "leader", "courageous", "violent",*

"fighters". The female Kaimahi presented her understanding of the Warrior as she had been taught by her whanau. She stated that warriors fought to protect their people and their land. They were also providers and nurturers of their people, and were able to achieve love and intimacy.

The female Kaimahi stated: *"… we [women] see you as angry, violent men"* and explained this differed from her understanding of the warrior concept. She also stated that many Maori women wanted their men to be able to achieve respect without violence. Many men commented that they appreciated this definition. This concept was returned to many times in further groups with many men stating they wanted to emulate these values in their own lives.

Hiding place

Unhelpful coping strategies were also identified throughout group sessions as being linked to offending. Men talked about avoiding problems such as withdrawing physically after arguments with partners or refusing to discuss problems, or using drugs or alcohol as their "hiding place" or to block out difficult feelings.

Avoidance of discussing their offending and resistance towards addressing difficult topics was also demonstrated in group sessions. One Tane resisted discussing his offending in group for months - *"don't like to be reminded [of offence], trying to move on".* A Kaimahi responded with the following statement:

K: *"This is what we're here for – to talk about the hard stuff. We can sit around having cups of tea and talking about nice things but what's the point? You are here because you have already sexually offended against a child. We are all here to help you not to do that again".*

The men in the group were observed as supportive and encouraging to each other when talking about difficult issues but could also be challenging when

men did not show commitment to the programme (e.g., not attending) or were viewed as not contributing.

Wanting utu (revenge) or love

Contributing factors for offending included loneliness (wanting love) and anger for various men. One man talked about being angry at his wife and committing his offence in an effort to *"get back at her".* When questioned by another Tane about his choice to sexually offend rather than exact revenge by another means, the first Tane also admitted to offending in an effort to achieve sexual gratification – described by him as *"self indulgence"*.

Utu was used as a term for revenge but also to describe reciprocity in relationships. The Kaimahi emphasised in sessions that it was important to have a balance in personal relationships, to be able to understand one's own needs (e.g., for love and intimacy) and to respond to others in appropriate ways (e.g., non-abusive).

Inappropriate sexual fantasies

The Kaimahi challenged the men to think about why they had sexually offended against children and whether they thought sex with children was appropriate and/or sexually arousing. One man stated that he often used sex including pornography as a coping strategy for dealing with distressing situations or feelings. Some talked about how they had *"grown up [their] victim in their mind",* such as knowing the child was young but focusing on a feature (e.g., a pretty face) to detract from the fact that they were offending against a child.

Choosing a victim

One Tane who offended against his stepdaughter said he had a close relationship with his victim and had felt sorry for her because he did not think her mother showed her enough love. Another talked about how he had seen his victim as his possession and as an object. By viewing her in this way he had found it easier to offend against her. He was shocked when on one occasion she demonstrated anger towards him and had rejected him. He

explained this was the first time he saw her as a person rather than an object. Another man had chosen to offend against his nephew as he had become sexually attracted to his nephew who had reached adolescence.

When asked to identify their own high-risk situations, many men identified *"stranger danger"* situations such as being near a park or playground even when the majority had not offended under these circumstances. The Kaimahi encouraged them to think about their relationships with their victims as their offending had taken place in the context of a relationship. Many of the men appeared surprised by this and were encouraged to view their offending as having taken advantage of their roles and responsibilities in those relationships.

Planning, grooming, offending

In group sessions, the men disclosed using various means to plan their offence and overcome their victim's resistance. One Tane had drugged his victim so that she was unconscious when he committed his offending. Another stated he waited till his wife was not home or had gone to sleep before offending against his stepchild. Others spoke of planning to meet their victim alone or ensuring they had access to their victim (e.g., babysitting).

Another Tane spoke of physically overpowering his victim and had managed to *"block out"* her attempts to resist. He described his offending as *"taking what he wanted" and said he "didn't hear her screams or see her face".*

During one session, one Tane's ("M") situation was discussed in depth because he had violated his parole conditions after seeing his daughter [also his victim] alone. He told the group he was worried because he had confided in his Kaimahi who told him his Probation Officer would have to be notified. The other men in the group confronted the Kaimahi about this matter. The exchange is described below.

G: *"Is this place run by Tauiwi [non-Maori]? Maori have to have aroha for each other not dob [report] him in".* (Tane).

K: *"He was being honest telling you that and now he's gonna get in trouble. Makes me want to be careful what I say around you!"* (Tane).

The Kaimahi asked "M" to give the group more information. "M" stated that he had been having sexual thoughts about his daughter for a number of weeks. On two occasions she had called him because she had needed to be picked up. He had seen both times as an opportunity to help her but also to spend time alone with her. He stated he had not offended against her but had thoughts of doing so. At this point, all the other men in the group stated they had changed their mind about the situation now that they had more information.

L: *"You gotta stop that shit now".* (Tane).
G: *"That's grooming man, what you're doing".* (Tane).

After much discussion, "M" decided he would call his Probation Officer. He also organised taxi chits for his daughter so that he could help her without needing to be in a high-risk situation with her. This was a good example of the group being able to support "M" but also challenging him on his actions that might lead to him re-offending.

Feeling scared, guilty

Three men stated they instantly regretted their actions immediately after the offence. Both had confessed their actions to partners or whanau. One of these Tane described feeling guilty, disgusted and overwhelmed by his offending. He stated that he had eventually confessed to his partner to *"get it off [my] chest"*.

The Kaimahi emphasised that feeling bad about their offending would not automatically stop Tane from making the same choices in the future. The importance of identifying their triggers and making alternative choices was stressed.

Making excuses

Excuses were identified as methods by which the men could justify their behaviour and minimise their own responsibility for their actions. Examples of excuses were often seen in early stages of treatment and were challenged by Kaimahi and other members of the group. One Tane stated *"I was not getting sexual satisfaction from my own partner and went and did …"* This Tane was encouraged by other group members to take responsibility for his own behaviour rather than blaming his partner.

Relapse prevention plans focused on identifying strategies to "exit" the offence cycle at various stages. In developing their own offence cycle, men were encouraged to plan their own "exits" based on their own risk factors. This often involved developing new skills such as assertive communication or mood management to assist men to choose alternative, positive coping strategies. The Kaimahi often encouraged the men to utilise their existing skills or strengths in this exercise. For example, in a group exercise men had to identify a talent they had (e.g., bone carving, sports) and describe the skills (e.g., discipline, respect for others) needed for that talent. The Kaimahi stated that utilising these skills for their relapse prevention plan could help keep them safe in the future.

One Tane ("T") was encouraged by his Kaimahi to utilise his skills as an expert carver when developing his safety plan. To do so he brought a whale-bone into the group that he was in the process of carving into a *mere* (club). The group acknowledged the mana and value of this bone with mihi and karakia. "T" explained that he was still in the process of completing the mere and used it as an analogy for his progress in the programme. He also described the process of carving, which he stated was a tapu process. Throughout his work, he must respect the mana of the object at all times as well as the sacredness of the act of carving. "T" stated that this is the *tika* or right way. He then told the group that he did not utilise the tika pathway when he offended because he had disrespected the mana and violated the tapu of his victim. He stated that he planned to ensure that he followed the *"tika, right pathway"* in his relationships as well as his carving in order to lead a safe life.

Summary

This chapter has provided an overview of Te Kakano including a description of programme goals, staff characteristics, referral pathways and assessment processes. A presentation of group therapy content and processes with attention to cultural processes and values in offence-related work has also been presented.

To summarise, Te Kakano's adult programme offered a combination of group and individual therapy for Maori adults aged 17 and over. Group therapy was available only to male clients with a maximum of 12 men in the group. The Kaupapa or philosophy of Te Kakano is to provide culturally appropriate service for prevention, education, and treatment in the area of sexual offending for Maori whanau and the wider Maori community.

Overall, Maori clients comprised approximately 25% of SAFE clientele but had the option of attending Te Kakano, or other SAFE programmes including mainstream adult or special needs. Two Maori therapists (Kaimahi) provided treatment for Te Kakano's adult programme and another Kaimahi worked in a management role. Kaimahi had professional training in social work and counselling and at least two years experience working in the field of sexual offender treatment.

Referrals for the programme were primarily from the Auckland region with the majority of referrers from the Justice system (e.g., Court, Probation Services). The majority of clients were mandated to attend treatment with treatment costs generally covered by the referring agency. Though designed to be a 24-month programme, in reality men attended Te Kakano for periods ranging from 9-24 months depending on the length of time they were mandated to attend. Referrals were made to the SAFE programme with no separate referral process for Te Kakano.

Assessments aimed to clarify the client's suitability for SAFE, identify their therapeutic needs in relation to their offending and determine responsivity

issues (e.g., culture, cognitive ability). Risk assessments were based on clinical judgement and collateral information such as interviews with whanau, case consultation with professionals within SAFE and from other agencies, and documentation such as previous reports and risk assessments.

Tane attended weekly two-hour group sessions with individual therapy sessions scheduled weekly or fortnightly depending on level of need. Individual sessions were primarily used to assist men to develop individualised offence cycles and safety plans. Whanau involvement and support was encouraged throughout all phases of treatment.

Tikanga provided the framework for all group therapy sessions with each session incorporating cultural processes including mihi, karakia, and Whanaungatanga, and emphasis on cultural values and concepts such as tapu and mana. The content of group sessions included components of offence cycle, relapse prevention, education, mood management and relationship skills. Interventions included role-play, self-disclosure, role modelling, skills practice (e.g., communication exercises), validation and positive regard, normalisation of certain experiences, wananga or education sessions, active group work and activities. Whakawhanaungatanga evenings took place at quarterly intervals where whanau were invited to attend and participate in group therapy sessions. A unique feature of Te Kakano was that Tane who had successfully completed the programme could choose to attend monthly group therapy sessions in order to maintain support networks.

The views of Tane and Whanau involved with the programme will now be presented.

Chapter 5

Tane and Whanau Perspectives

This chapter presents the perspectives of the Tane and Whanau who participated in this research. Beech and Fordham (1997) highlighted the point that client and staff perspectives of effective treatment aspects can differ. As a result, I have decided to separate the perspectives of Tane and Whanau from Kaimahi as both have valid though different viewpoints to consider.

Participants' responses were divided into three main themes or sections, which coincided with their progress throughout the programme. Each section includes a number of sub-themes. The sections that will be covered in this chapter include perspectives on factors influencing engagement in the programme, treatment factors associated with change and perceived outcomes.

Factors that influenced engagement

In the area of offender rehabilitation, engagement is a particularly important issue. This is because offenders are often more difficult to engage given that they usually attend treatment due to salient external motivators (such as legal requirements) rather than having internal motivations for change (e.g., relief of distress) (McMurran & Ward, 2004). In this section, the overarching theme of engagement is described as an ongoing process throughout assessment and treatment. It is characterised by attendance and participation in the programme as well as the quality of relationships between clients and their whanau with service staff and other programme users. A number of factors were identified from the perspectives of Tane and Whanau as influencing the development and maintenance of engagement. These factors included: mixed perceptions of whether the programme would be helpful; face-to-face contact increases receptiveness to the programme; whakawhanaungatanga is an important process; the quality of the therapeutic relationship affects engagement; regular attendance is necessary to gain the benefits of the

programme; and whanau involvement and support is critical throughout therapy.

Mixed perceptions of whether the programme would be helpful

Many Tane and Whanau stated that they were experiencing a great deal of stress at the time they were referred to SAFE. Stressors included legal difficulties, family conflict and relationship breakdowns, emotional distress, and major changes such as adjusting to community living after lengthy prison sentences. As a result, the majority were reluctant to engage in a treatment programme or were under significant stress when presenting to Te Kakano.

A mixture of negative and positive views about attending a programme for treating sexual offending was reported by many of the men. At least eight of the men reported feeling apprehensive about being judged, attacked or stigmatised for their actions. Two Tane were reluctant to attend because they were worried about potentially negative characteristics of other men who would be attending the programme.

"I wasn't happy, I mean I wasn't sure what kind of people I was gonna meet because even though despite what I did I didn't really class myself as a paedophile … and then I thought I'd be coming here and it'd just be full of people like that and I just wasn't comfortable at all".

"I thought I'd be going in with guys that are all like really hard core offenders and, I was a bit apprehensive as how it was gonna pan out". (T).

Three Tane expressed a strong desire to attend the programme because they wanted help. As one Tane stated: *"I did a bad thing … I just … [want] the help that I really need … cause I want to stop what I'm doing".*

One Tane said there was little that Kaimahi or other SAFE staff could have done to improve the process for them at the time. *"No, it wasn't easy coming here, but just knowing you had to come here through the Courts means you have to come or else you go inside".*

One whanau member talked about her partner's resistance to attending the programme. *"Oh talk about negative, he was an A-hole. He swore, he said "Not coming here to be fucked round" - he had a real attitude. But I think I picked up on that attitude too and I carried it".*

All Tane and Whanau found it was helpful to have the option of attending a Maori programme. One man stated that he would have refused to attend therapy if there had not been a Maori programme available. When asked why this had been the case he simply stated *"because its Maori".* Another man thought it was helpful to know that it was not necessary to have a high level of cultural knowledge to join the programme. *"I thought that I'd try the Maori programme cause it wasn't based on whether you knew Te Reo … it was just to do with whether you had some Maori background".*

Two men commented that they had not known they had a choice and had been directly allocated to Te Kakano but were happy with the allocation.

<u>Face-to-Face meetings increased receptiveness to programme</u>

Initial meetings with Te Kakano appeared to increase the receptiveness of many men to the programme by allowing them to meet with staff, ask questions and receive programme information. For many this served to allay some anxieties about the programme and increased beliefs that the programme could be helpful.

Prior to the first assessment appointment, three Tane and their whanau reported receiving written information about the programme. They reported that the information was easy to understand and helpful. One Tane referred himself to the programme after his Whanau had obtained information about SAFE from the Internet. He stated that he and his whanau had been searching for assistance and found the website to be easily accessible and easy to understand. Others could not recall receiving any written information about the programme prior to their first appointment.

All Tane and Whanau reported that they obtained the most useful information about the programme upon meeting face-to-face with clinicians for the assessment. The majority of Tane and Whanau attended an initial interview on SAFE premises with only one whanau requesting an interview at their home. All Tane and Whanau interviewed felt that the setting for their initial interview was appropriate and did not think the assessment would have been better conducted in a different space such as a marae.

All Tane and Whanau reported experiences of being warmly welcomed by administration/reception staff and being offered refreshments. This demonstration of manaakitanga (hospitality) helped them to feel comfortable.

W: *"… they always greet you with a smile, they talk to you, they ask you "Would you like a drink?" And they'll come back later to see if you need a top up. I think it's probably those people in reception that's made me feel more comfortable".*

Most men reported having their initial assessment with a male and female clinician. One man found it helpful to have a female clinician involved because it gave him a different perspective and started the process of thinking about his offending.

T: *"I didn't really sort of have a female perspective on things, so that was really helpful as well. And I learnt a bit about, how women look at things. Cause what I thought I knew was pretty much not even close to how women actually really think …"*

Some men found it helpful to have an extended assessment phase, which included attending an introductory treatment group at SAFE (offered to all new adult clients). This allowed for the clients to become more comfortable with talking to clinicians about difficult topics. Many said this alleviated anxiety about attending therapy and showed them how the programme might be of benefit.

T: "…opening up and being able to feel comfortable about talking about the offending and just life in general, it was really quite informative".

A few men wanted more clarity at the assessment stage about how long they had to commit to the programme. At least four men were unclear how long they would have to attend the programme and not having a clear end date contributed to some anxiety for them. They also stated that staff had been unable to clarify this matter for them. Of these four men, most were required to attend for their Parole period and had their counselling paid for by Probation Services. One Tane said he was only mandated to attend for nine months but was aware the programme lasted for 24 months. He stated he did not want to attend longer than he had to because he would have to fund the cost of counselling himself. This Tane also expressed anxiety that if he did not continue to attend the programme, he might receive a negative report from Te Kakano. He stated that more clarity from Te Kakano would have been helpful at that time.

<u>Whakawhanaungatanga is an important process</u>

The process of whakawhanaungatanga began at first contact between Tane and their whanau with Te Kakano Kaimahi and other clients of the programme.

Although all men in the programme identified as Maori, there was much diversity within the group in terms of knowledge about Te Ao Maori *(the world of Maori)*. Some men also identified with other ethnicities and reported varying levels of knowledge about Te Reo and Tikanga Maori or their own whakapapa *(genealogy)*. Amongst men and their whanau, there were also varying levels of participation in cultural activities such as involvement with their marae, hapu and iwi.

Despite this diversity, many participants identified that being connected to each other - through a common culture and ancestral ties - was one of the most positive factors about the programme as it helped them to feel accepted and understood by other Maori (staff and clients).

The process of whanaungatanga in Te Kakano was done through Tikanga processes such as exchanging whakapapa or pepeha. The extent to which people presented their whakapapa or pepeha varied – for some this involved a formal pepeha with rich and detailed descriptions of their ancestry, for others it involved saying what geographical area they came from and their whanau name. The following quote came from a Tane who described his experience of Whanaungatanga.

"… seems like there are just 10 people in the room. Then when everyone's done their round and their whakapapa, you see the room is full. For every person, they might have about 10 tipuna (ancestors) standing behind them. So you are not just greeting that person, you are acknowledging where they have come from and who they represent".

The option for graduates of the programme to return to monthly sessions could be seen as consistent with the concept of Whanaungatanga. This allowed men to maintain their connections and support the collective group.

<u>The quality of the therapeutic relationship affects engagement</u>

The qualities and skills of staff were identified as important factors in facilitating change for men in the programme. These qualities were particularly important when initially engaging with the men, but were also factors that contributed to the maintenance of engagement. All men identified that having a therapist who was Maori was a positive factor.

T: "…our Maori therapists know issues about our personal lives that Pakeha may not understand about our lifestyle. To them certain things that have gone on as adolescents and as teenagers growing up you know they all understand."

T: "He was pretty good being Maori, being a Maori therapist and [we] had karakia before we started … Cause I find it hard to talk to a Pakeha but him being a Maori I just told him everything, yeah.

Many clients expressed that a positive therapeutic relationship allowed them to feel hopeful about making changes in their lives. Additionally, positive therapist qualities outlined by Tane included the following.

Showing manaakitanga (respect and hospitality) and aroha (care). Most men rated their Kaimahi more positively if they were able to show respect and aroha or care for them, and if they were non-judgemental, supportive and approachable. *"And the reason that I have a good outlook on life is because it would be like tramping on them by not doing all the hard work that they put in, the attitude that they had towards us. The aroha that they had towards all the men and myself".* A non-judgemental approach also helped men to be more open about their offending.

Five Tane did report some negative experiences with a Kaimahi and reported feeling judged and disrespected. "*I felt unsupported. I felt I was being picked on. I did actually".* These interactions were likely to lead to resistance within therapy. Although these clients reported a commitment to remain in the programme, the potential negative impact on their recovery is of concern.

However, one Tane reported an improvement in the relationship with his therapist over the course of the programme.

T: *"But, you know, I think it was having to sit down and getting to know your therapist, them being Maori too, you had to really get down and do your mahi [work]… and I think that's what it was all about, whereas me - I was being a bit whakamaa [shy]".*

This Tane identified that he contributed to the engagement difficulties by not being open and honest with his therapist. He stated that once his relationship with his therapist improved, he felt more positive about the programme and participated more actively.

Knowledgeable about their work Being able to highlight strengths and positive qualities, being able to run groups efficiently and keep groups on track, and being able to teach new skills were considered valuable qualities for staff. *"[Staff are] very knowledgeable and instinctive in drawing stuff out".*

Showing commitment to helping them *"You know, she didn't give up on me and that's what the change was, she didn't give up".*

Being firm and able to challenge – *"Well she wouldn't let me stay home. So had to be there, made it a point for me to be at these programmes".*

The following men identified the ability to challenge respectfully as a valuable therapeutic skill: *" …staff stop you from being lazy and stuff, [you] can't just say whether you agree – have to say why".* Another Tane stated: *"They may give you a wero (challenge) but it's done with aroha (love, respect)."*

<u>Regular attendance is necessary to gain the benefits of the programme</u>

Part of engaging with a programme entails actually attending the programme. Regular attendance was expected of all group members. Men could be excluded from the programme for missing three appointments without a justifiable reason. When a group member consistently missed group sessions, there was often concern expressed amongst Kaimahi and other Tane about their commitment to the group and their personal wellbeing.

Amongst the men who missed a number of sessions, reasons cited for non-attendance were lack of transport, problems in personal relationships, and other commitments. Two Tane were employed on night shifts that conflicted with the group sessions. One could not negotiate time off for group with his employer although the Kaimahi had written a letter to explain his need to attend. He eventually left the job because of his legal requirements to attend the programme. Other factors such as resistance and denial were identified as barriers to engagement. For example one Tane stated he was initially reluctant to attend because did not think he had a problem: *"I don't need to*

go to that place, I'm better than that, I won't do it again - you know, those kind of thoughts".

Amongst the Tane that participated in this research, it was notable that some of them missed a number of group sessions during times of risk. One Tane had a number of unexplained absences from group in a row. When he returned, he said that the group (Kaimahi and Tane) had been glad to have him back but clearly expressed disapproval about his absence. He quoted *"I got my ass kicked by the group"*. He then informed everyone that he was being charged for physically assaulting his partner. He eventually had to leave the programme as his new charge violated his parole conditions and he was recalled to prison.

Other men demonstrated varying levels of attendance and were threatened with exclusion. For many men, exclusion would mean legal consequences. Except for the Tane who was sent back to prison, the other men who received warnings all returned to group and improved their attendance. As an observer, I noticed that when their attendance improved these men participated more actively in group sessions, appeared to get along better with other group members, openly expressed experiencing more benefits from the programme, and received good progress reports in their individual therapy sessions.

<u>Whanau involvement and support is critical</u>

In Te Kakano, all participants identified the involvement of whanau as an integral factor throughout therapy. Whakawhanaungatanga evenings were referred to as a unique component of the Maori group. These evenings were held periodically (approximately three times per year) so that clients, whanau and staff could meet to share kai and experiences.

Whanau members who were interviewed stated that their involvement in the programme allowed them to have a *"voice"* during their whanau members' recovery. They were also able to meet whanau of other men in the programme and develop support networks.

W: I've got my mana back. Because I had, I felt so much shame it was almost like I was the perpetrator, I felt like he did… "

One Wahine who was interviewed stated that she found contact with other whanau members essential in helping her support her partner throughout the programme. She recalled being judged by some of her own whanau for her decision to support her partner after he had sexually offended. She described feeling depressed, withdrawn and isolated but was reluctant to seek help because she feared judgement.

W: [I had]… a sense of shame maybe guilt because my husband was a perpetrator and I had this idea that everybody in the building knew why we were here, everybody knew that he offended. I used to think everybody that looked at me was talking about me - I'm married to a molester or something like that. I hated feeling that way. I closed myself off from people I knew because I didn't want anybody to ask me questions. And I pretty much became a recluse".

She said she was able to gain relief when talking to other partners or whanau who experienced the same difficulties.

The men stated that they are kept accountable to their whanau through their regular involvement but also felt supported throughout their treatment. Three men suggested that an addition of a separate group for whanau and support people could be an improvement to the programme.

T: "I think they need to get a programme going to support our support person, our partners. I sort of feel that they're left in the dark - she knew where I was going, she was coming to the meetings but a lot of them are not getting an input on how to go about their partners or what to do without their partners, all these kind of things".

Although many Tane and whanau acknowledged the value of whanau being able to informally support each other or to meet on Whakawhanaungatanga evenings, they suggested that a formal group that met regularly with Kaimahi could be more helpful for whanau.

Summary of Engagement section

Attention to factors that promote and maintain engagement in offender rehabilitation programmes is important. Although attendance in treatment programmes can be mandated, engagement cannot be forced. This section presented factors identified by men and their whanau as helping them engage with Te Kakano. Due to stressors clients and whanau face at the time of initial engagement, face-to-face meetings with programme staff helps alleviate anxieties, provides useful information about the benefits of the programme, and offers the opportunity to Whanaungatanga and establish connections. Indeed, many men identified that the option of attending a Maori programme where cultural processes and values facilitated each encounter helped them to engage.

A factor highlighted in this section is the importance of the therapeutic relationship for developing and maintaining engagement in therapy. Many men identified that having a Maori therapist assisted them to feel comfortable and disclose more in therapy. Additionally, qualities valued in therapists included: showing manaakitanga (respect and hospitality) and aroha (care); being knowledgeable about their work, showing commitment to helping their clients; and being firm and able to challenge. Negative encounters with therapists included feeling judged and disrespected, and were likely to contribute to resistance in therapy.

Factors that interfered with therapy included lifestyle stressors such as lack of transport, financial difficulties, conflicts with work, and relationship difficulties. However, regular attendance facilitated engagement with staff and other clients and allowed for good therapeutic progress. It was noted that for some men, irregular attendance was also associated with risk (e.g., violence in interpersonal relationships) and denial or minimisation of responsibility for

offending. Regular attendance was considered necessary for engagement and gaining the benefits of the programme.

Whanau involvement and support is crucial throughout all stages of the programme as this allows them to participate in their Tane's recovery and understand their difficulties. It also provided support people with an opportunity to establish their own support networks, although some men thought a more formal arrangement for whanau support was necessary.

Treatment factors associated with change

This section presents Tane and Whanau perspectives on therapeutic aspects of the programme including treatment approaches and modalities. A discussion of the programme's strengths and areas for improvement as suggested by Tane and Whanau is discussed throughout this section.

<u>Adhering to Tikanga processes and values creates safety in the group</u>

Cultural values and Tikanga processes were integrated throughout all programme components. Many participants identified their cultural identity as an important issue in their lives. Some reported that they had learnt a lot about Te Reo and Tikanga throughout the programme. Many appreciated the chance to engage in Tikanga processes and talk about cultural values.

T: "Because as a Maori, it's the whole process of how you are raised … in society. The protocols that are involved in being a Maori on a Maori programme that I adhere to, that I have a strong belief in … makes me feel more engaged, more relaxed …more open … in a lot of ways Te Kakano can be a harder programme to be on. Because we are so open".

The process of group therapy sessions was described in detail in the previous chapter. The men's perspectives of these processes are presented in this section.

The environment is important

Many men acknowledged the therapy room as a sacred space where healing takes place. This was also acknowledged by removing shoes as a sign of respect before entering the room.

Physical greetings help establish connections

Traditional physical greetings such as the hongi or pressing of noses acknowledged the physical and spiritual aspects of an individual.

Importance of Karakia

Karakia was identified by many men as essential in creating a sense of safety in therapy.

"… it's protecting the korero. Cause a lot of the korero in that room is tapu so you got to make it safe for everyone in that room".

Karakia at the beginning and end of each session identified as important in enabling difficult subjects and emotions to be shared and dealt with.

Acknowledging Taha Wairua

Most men identified feeling a powerful spiritual aspect to the programme that they associated with engaging in Tikanga processes with other Maori.

T: "I have great belief in my tupuna [ancestors] and I feel very strong about that. And I believe that I feel [it] in the room at any given time depending on what the particular topic is or whoever's speaking. I find that it's almost like an invisible korowai [cloak], you know, like it just surrounds the group".

Many men in the group stated that they felt a strong sense of wairua in the group and that it was a powerful experience for them.

T: "I think you can sort of just, you feel it. It's the Maori thing, you know it's there… even though the wrong [offending] is there but you still feel

that the wairua side of us is still coming out. I think it's just like everyone is trying to find a way to right it [the offending] and the only way to do that – you still need the support of the Maori people".

Group sessions have positive and negative aspects

Most Tane identified the group sessions as a salient and powerful feature of the programme. However some areas for improvement to group sessions were identified.

Shared experiences and values reduce barriers to participation

Having shared experiences with fellow group members as well as their therapists was seen as positive in that it allowed for mutual understanding of painful experiences and facilitated honest disclosures.

T: "I think being a Maori and being with the Maori people they communicate a lot better, and you don't feel whakamaa … not afraid to talk about things because you're Maori talking to Maori".

T: "I wouldn't discuss things, you know, personal things with tauiwi [non-Maori], I think I'd sooner be around the Maori …"

For many of the men, they had many negative experiences of being Maori, including prejudice and racial discrimination. For some this was compounded by the stigma associated with being a sexual offender.

T: "When you commit a sexual offence you are as low as it gets. Even murderers get treated better than us. As Maori you are already considered low, then you do this and you are even lower."

Other positive factors associated with having a Maori group included feeling accepted and connected to others - *"hard to describe but you just don't feel like you have to feel ashamed of who you are".* Members were able to discuss frustrations over discriminatory experiences and provided mutual support and understanding.

Having similar offence types also facilitated disclosures and acceptance of responsibility for offending.

T: *"Well you've got nothing to worry about, no one's gonna come in behind you and smack you over the head or anything, or put a knife in your back. You can talk about it, you don't have to be afraid - everyone in that group has been where you've been".*

T: *"…when they [other group members] speak about their offending it makes me feel good - I'm in the same boat as them so it's easier to let it out".*

Many men identified Te Kakano as the place where they should be able to talk about difficult topics though making disclosures was still acknowledged as a challenge.

T: *"I think accepting that you fucked up, you know, you've screwed somebody else's life up is probably the biggest part of your healing. Admitting it will free you".*

T: *"I feel it needs to be talked about - a lot of the 'take' [topic] that's been said [in group] has been put in the backyard for so long that it's never been spoken about. So there are the good things with the group that can get it all out".*

Feedback and Support is Valued

All Tane that were interviewed stated that feeling understood and accepted by other men in the group was of great benefit. *"That's what's keeping me here, yeah, is the other men".*

Many men utilised each other as contacts for support outside of group time. At least half of the men interviewed stated that they got equal benefit from

discussion issues during group breaks with each other as they did within the actual group session.

Many men reported that being challenged in group was difficult. Five group members stated they preferred to be challenged by other group members than by Kaimahi. One Tane explained that this was because they *"see through each other cause it's the same thing we have done".*

One man stated that being challenged by other men was acceptable as long as it was done to be helpful rather than hurtful: *"even when you get a wero [challenge], it comes with aroha. You might not like it anyway but you know why they are doing it".*

Men were also able to encourage each other to participate and get maximum benefits from the programme.

T: *"If you go out into society and you haven't done everything you possibly can to make yourself a better person and to continue that process for the rest of your life – then an incentive [referring to external influences for attending] is not going to help you along the way".*

Problems with group cohesion have a negative impact on therapy

For many Tane, the stability of a core cohesive group was identified as a positive factor. Negative impacts on group cohesion throughout the period of the research were mainly due to the frequent turnover of group members. Additional factors likely to affect cohesion included differing levels of commitment to the programme, consistency of attendance, and quality of participation.

Frequent introductions of new members was generally regarded as a negative factor and perceived as disruptive to the group. If new group members were introduced each week, whole sessions would be devoted to whakawhanaungatanga at the expense of planned exercises (e.g., presentations of offence cycles). Members tended to prefer a consistent

group of men who attended regularly. This allowed for increased trust amongst group members and enabled the group to function more efficiently with more intensive emotional topics able to be addressed.

T: *"… they've pretty much closed it [entry into the group] off and I think that's helped with all the guys as well as myself. We're not gonna have to go through introductions weekly. We're not gonna see guys coming and going all the time and you can get down and get into our work as a group. Everyone feels probably a lot more comfortable with that in mind".*

Three clients suggested that in the future, new group members could be introduced at intervals (e.g., monthly) so that their introductions did not detract from the progress of therapeutic work within the group.

Four Tane complained about the negative group impact of other members. One stated that he thought the groups occasionally were *"a waste of time – can be quite tedious and boring – some guys could spend the whole night talking about going fishing".* He explained that he found groups more useful when men were challenged to talk about difficult rather than mundane topics. Two men found group frustrating when other men were not able to keep up with the topics for discussion or when group members talked too much or strayed off topic too frequently. Another man also found group members who were not motivated to engage or participate impacted on his experience of the group. He stated he was better challenged when everyone was engaged and working together.

<u>Individual therapy is helpful</u>

According to the men interviewed, individual sessions gave them an opportunity to work on personal issues associated with their offending, discuss relationship problems, and address lifestyle difficulties. Areas that were generally not focused on in depth in the group were substance use and the men's own experiences of trauma. One man who had significant

substance abuse difficulties attended a separate alcohol and drug counselling service while attending Te Kakano.

Five men reported being victims of sexual abuse. One was engaging in abuse-focused trauma counselling while attending Te Kakano. The other four men stated that they had not received counselling for their own abuse. They thought that having an opportunity to focus on their own abuse would have further helped them to address their own offending (e.g., addressing beliefs or attitudes endorsing or normalising sexual contact with children). One man stated he had attempted to seek abuse-focused counselling and reported his self-referral was rejected when he disclosed having committed a sexual offence. He reported feeling distressed and angry about not being able to receive support for his own abuse experiences.

Many of the men developed their offence cycle and relapse prevention plans in individual sessions. All Tane reported that being assisted to identify relevant risk factors was helpful. Most found the therapeutic materials such as the therapeutic workbook to be useful and easy to understand.

One Tane expressed his dissatisfaction about a previous risk assessment completed by another service, which rated him as high risk. He reported receiving little feedback about the assessment but had been told that his risk *"would never change".* He said he felt frustrated and angry and did not feel hopeful about the benefits of engaging in therapy. In contrast he stated that his risk assessment and safety plan in Te Kakano gave him hope about change. This was because it was relevant to his life circumstances and he was able to utilise existing strengths as protective factors.

This man's example highlights the importance of utilising dynamic risk factors in relapse prevention plans as addressing these factors gave him a goal to work towards (safety), hope for change, and self-efficacy (value and belief in his own skills).

Summary of Therapy section

A central finding was that Tikanga processes and values encompassed all aspects of therapy and were highly valued by men and whanau despite differing levels of cultural knowledge amongst the group. Appropriate rituals of encounter including mihi and karakia assisted men to feel emotionally, physically and spiritually safer within the group and helped guide respectful interactions.

Group sessions were acknowledged as helpful in allowing men to share their experiences and offer mutual support as well as challenge each other on offence-related matters (e.g., minimisation of responsibility). However, the benefits of group therapy were compromised when there were problems with group cohesion. The most common reasons for problems included too frequent introductions of new members as men found too much of group time was taken up with Whanaungatanga and introductions rather than group work. On occasions this meant that important planned group activities such as presentations of offence cycles or safety plans were missed. Frequent turnovers also compromised men's feelings of safety and trust in the group and hindered participation and disclosures. Allowing new group members to join the group at set periods throughout the year as well as ensuring group sessions ran more efficiently (e.g., covered appropriate content) were among the suggestions for programme improvement.

Although individual therapy is not always offered in sexual offender treatment programmes, the majority of the men interviewed found these sessions helpful in allowing them to understand their individualised offence cycles and plan for safety. The benefits of doing so collaboratively with programme staff were also discussed. Other benefits of individual therapy included being able to address more personal lifestyle issues including trauma and relationship difficulties with the therapist. Of note was that 5 men (55% of men interviewed and 42% of the Tane participant group) disclosed experiences of sexual abuse in their childhood. One man was receiving abuse-focused counselling concurrently with his treatment for offending while the other men stated that having the opportunity to address their own abuse while at SAFE

would have been helpful for them. Although SAFE does not provide abuse-focused counselling, this is an important finding to consider as untreated or unaddressed trauma experiences may impact on progress in therapy.

Outcomes

This chapter ends with a section on perceived outcomes for Tane and Whanau. During the research process, only three men had completed the programme whereas the majority were still in progress. The focus of this section will be on their perceived gains.

Gaining skills to prevent further offending

Clients identified effective programme components including victim empathy, understanding of offence cycles and risk factors, relapse prevention, communication and interpersonal skills, and mood management. Many of the men identified Maori world-views and concepts as facilitating a change in attitude. One man stated that realising the impact of his offence on his own whanau, hapu and iwi as well as the impact on the family of the victim was a powerful motivator for change. He reported that conceptualising his offending in this way gave him more motivation to change than any legal motivation to attend the programme. Other men reported changes in the way they viewed woman and children and attributed more value to their whanau than they had done so previously. Five men stated that being reminded about the mana and tapu nature of all people would help them to show greater respect for others in the future. Two of the men's comments are included as follows.

T: "Yeah. I think the SAFE programme, I think they should put that into high schools, so that they learn how to keep them [selves] safe".

T: [what learnt?] "Just keeping yourself safe, cause we weren't taught this stuff in school. But, you know, if I came here before I offended I wouldn't have offended, so this is good".

One man stated that the highlight of the programme had been a session provided by an international speaker at SAFE for all adult programmes on victim empathy. He stated that the speaker who was Jewish, had disclosed his own family's experiences of being victimised during the Holocaust and related this to the effects of sexual abuse. The participant stated that this session *"demonstrated very powerfully to me the effects of abuse on victims".*

Another Tane spoke about specific strategies he had identified as "exits" when confronted with various triggers for re-offending. These included carrying a card where he had documented the consequences of his offending as a reminder; confiding in his partner when he felt distressed; and utilising positive coping strategies such as relaxation and distraction exercises. He stated:

T: "Been on this programme six months now. And I love it, it really helps me… inside me I wanna change and I wanna change all my negative stuff to positive and like have a good life and go to the beach and do fishing and things like that. That's what I want to think of, I don't wanna go back to negative ways and, yeah, that's why it's helping me. That's why I like counselling. They give you the opposite side of things to help to change what you're thinking".

Another man reported that his view of therapy and its usefulness had changed since being on the programme.

T: "… before I wouldn't have thought therapy was a good idea, it's just people complaining about stuff they don't need to, but after actually having gone through it, it doesn't seem too bad. It's not like they're just telling me how you're fucked up like this, you're stuffed, you're crazy. It's like actually seeing where problems are lying and how people react - so no it helps, it's good".

One Tane stated he found the programme helpful in terms of increasing his self-awareness and helping him to improve his communication skills.

However, he did not think the programme was necessary to prevent him from re-offending. *"I just think I shouldn't get in the same situation. Not everyone who offends needs counselling to stop it from happening again… "*

Improved Relationships

Tane and whanau reported improvements in relationships. All whanau interviewed reported increased trust in their Tane due to their engagement with the programme. .

W: *"Well … normally when he goes out he's in trouble already, cause I just get that feeling when he goes out by himself I'm scared he's gonna get into trouble again… he's better in this programme… cause now I can actually trust him to go out by himself without getting into any trouble".*

One man talked about having more capacity for intimacy in his relationship.

T: *"It took me a long time to love because I never got that at home when I was small. And it took me a long time to love her as my partner.*

This man's partner also reported an improvement in their relationship since he had been on the programme.

W: *"Cause I've actually seen a change in my partner that I've never seen in the last two years that we've been together, it's like he's comfortable … cause he'll talk to me about things".*

Improvements in personal relationships were also reported particular in the area of communication – *"now I'm talking with her not at her".*

Treatment helps alleviate distress

A number of men reported feeling happier about their lives and relationships and having more positive coping strategies to deal with stress.

T: *"It [offending] caused chaos in my life. At least I can come here and say to anyone who wants to know that I did what I needed to do to change. Anyone wants to know what I did can call my counsellors here at SAFE and ask them".*

One Tane talked about how he had previously tried to justify his actions because of his lifestyle difficulties and own abuse history.

T: *"But at the end of the day regardless of the experience, there was no reason to sexually offend. That doesn't give you the right. That doesn't give you permission, that doesn't allow you to deceive or manipulate people so that you can sexually offend against them. Never".*

W: *"I've changed, he's changed. Like he's a lot freer than he was before he came. He's free mentally, emotionally, spiritually - he's free. Because he has accepted that he screwed up and he's also screwed up another life and maybe more lives, like her [victim's] kids".*

Knowing Te Kakano is available contributed to peace of mind for Tane and their whanau as demonstrated by the following comments.

T: *"I think the Maori programme being here, not only for myself but for all those that come here - it's a good thing to know that it's here, cause I know that one day one of our people are gonna hit rock bottom and wonder "where am I gonna go from here". For me the first place I hit is to ring here and look for that information".*

T: *"It's the first programme that I've ever been involved in that invited me to come back. And it's not inviting me to come back to just tautoko [support] the group and support the other men, it's to get a sense of myself! SAFE might have finished for me but its gonna be with me for the rest of my life."*

Summary of Outcome section

As the majority of Tane who participated were still completing the programme at the time of the research, the focus of this section was on their perceived gains from treatment.

Many men reported the programme had enabled them to develop skills to prevent further offending including developing empathy for victims and other people, developing positive alternative coping strategies for distress and identifying their own risk factors for offending with strategies to deal with triggers. Additionally, many men and their whanau reported improvements in interpersonal relationships and personal wellbeing and an increased ability to seek relief and happiness through positive, prosocial means.

Chapter 6

Kaimahi Perspectives

This chapter presents the perspectives of the Kaimahi (staff) who participated in this research. Kaimahi responses were divided into three main themes with each section including a number of sub-themes. The three themes that will be presented in this chapter include: Kaimahi perspectives on Te Kakano including strengths of the programme and associated challenges; perspectives on therapeutic approaches; and views of client factors associated with change. There were three Kaimahi involved with Te Kakano's adult programme during the research phase. Two had been involved with the programme's conception and all had worked at SAFE for at least two years.

Perspectives on Te Kakano

This theme presents Kaimahi perspectives on the programme including the history of the programme's development, future goals, and organisational challenges. Overall, Kaimahi were positive about the programme but identified challenges within their roles and the wider organisation. Relevant sub-themes are presented as follows.

<u>Programme is innovative and dynamic</u>

Kaimahi reported that development of the programme had taken a number of years but the initial goal of having an exclusive programme for Maori, beginning with the adult programme, had been achieved. Goals in progress at the time of the research included developing specialised programmes for Maori adolescents and Maori adults with special needs (i.e., intellectual difficulties). One Kaimahi also stated a goal was to develop a formal group for whanau to provide education and support.

Kaimahi stated that Te Kakano was developed by a core group of Maori practitioners within SAFE. The model for Te Kakano was largely based on experiences of *"what worked"* in their own practice and cultural services in

other settings. One Kaimahi described the process of developing the programme as exciting and innovative.

K: *"[it was like] we're developing a Maori team and you're it. And that was it, you know. And so anything we did was new. … we would try stuff and we would look at the ways that we worked and didn't, so it was all new".*

All Kaimahi stated that it had been rewarding to be involved in the development of Te Kakano but also intimidating in that it entailed a great sense of accountability and responsibility to their communities. All Kaimahi stated the idea of Te Kakano becoming an autonomous programme had been considered. However, they were unanimous in their preferences to remain associated with SAFE network at the time of the research. Reasons cited for wanting to remain with SAFE included lack of resources and funding to set up a new programme, as well as the benefits of accessing organisational support and expertise.

<u>Whanaungatanga and consultation is essential</u>

The importance of consulting with local iwi, Ngati Whatua, throughout the development of Te Kakano was highlighted. Additionally, all Kaimahi stated that networking with Maori practitioners and Kaupapa Maori services within the region and nationally was an essential component in developing and reviewing programme implementation. All Kaimahi identified that support and advice from their own whanau and their community guided them in identifying the Kaupapa (philosophy) as well as goals and values of the programme.

K: *"[I was] Talking to a minister and told him* [about] *the work we did. Do you have any advice for Maori doing this mahi? He said 'you just be tika. You be true to what you do'. … We should be tika. And if I see him again I'll tell him that this is the word I hold onto".*

One Kaimahi stated that ongoing support from whanau also ensured accountability and cultural safety throughout her work.

K: *"[I] Have support from whanau to do this work - elders - they keep me safe. Safe practice means that I don't takahi* (trample) *on the mana* [integrity] *of anyone in my work".*

One Kaimahi also stated that support from SAFE management had been essential in the development of Te Kakano and that this support was greatly valued.

<u>There is room for improvement for staff training and supervision</u>

Reports about the provision of training opportunities within and outside the organisation were generally positive. *"I had a lot of training opportunities".* Kaimahi also contributed to presentations at national and international forums on sexual offender treatment with organisational support. All Kaimahi stressed the importance of seeking supervision and support to maintain cultural and clinical safety for themselves and their clients.

At the time of the research, clinical supervision was provided to the team via a non-Maori clinical psychologist as an external supervisor. Team members also received individual clinical supervision from external supervisors. Te Kakano staff also provided consultations with non-Maori clinicians within the organisation, supervision to Maori who worked in the community in various agencies, and liaised frequently with Maori community agencies in Auckland, Waikato, Northland, Bay of Plenty, Wellington, and Christchurch.

Kaimahi identified that regular cultural supervision had been harder to source. The team had either to travel outside of Auckland or make arrangements for supervisors to be transported to Auckland. Periodically, the team had attended Wananga delivered by a Kaumatua with extensive clinical and mental health experience and offered solely to Te Kakano staff and/or Maori clinicians working in the field of sexual offender treatment. Staff also identified whanau and members of Maori community networks as essential sources of cultural support in their work. None of the Kaimahi claimed to be

experts in all cultural domains and stated that cultural support and supervision was necessary to ensure safe and competent practice.

Kaimahi also reported they relied on other Te Kakano team members for clinical and peer support. Throughout the research phase, the team role of clinical leader had been vacant with duties of the role primarily filled by the manager of Te Kakano. This was not seen as a viable long-term option as the demands of the extra role placed significant burdens on the manager's workload.

Te Kakano staff carry heavy caseloads

The main challenge identified by Kaimahi was managing heavy caseloads while continuing to provide a quality service. Two Kaimahi provided individual and group therapy for adult Maori clients despite only working part-time. One of the Kaimahi also worked in SAFE's adolescent programme. Both stated that heavy work demands contributed to high stress levels and thought that having more Maori staff was necessary to meet the demands of the workload. However, all Kaimahi acknowledged it was difficult to recruit skilled Kaimahi in the field of sexual offender treatment. The lack of Maori therapists in the field of sexual offender treatment was identified as the main barrier to recruitment. One Kaimahi stated it was particularly important to provide a good service within Te Kakano because Maori had few other options for Maori focused services.

K: *"I used to think that - I wanna work with all cultures, but the reason I wanna work with Maori is because specialists are very few and far between. For those that are Maori who are specialists - they're head hunted by mainstream. I want people to have access to the information that I have. I'd like to make myself accessible to Maori, specifically".*

Perspectives on therapeutic work

This theme relates to Kaimahi's thoughts about components and processes of the therapeutic work including factors unique to Te Kakano.

The benefits of culturally appropriate interventions need to be recognised

Kaimahi identified that a major strength of the programme was the ability to provide a culturally appropriate service to Maori by Maori therapists. Kaimahi had varying levels of knowledge of Tikanga, Te Reo, and Te Ao Maori. Kaimahi stated it was important to utilise Maori values and processes to engage their clients and understand their difficulties as well as to assist them to make positive changes in their lives.

Working holistically was also identified as a feature of a culturally appropriate service. *"With Maori … we don't work with just one part we work with the whole part".* Acknowledging spiritual, physical, emotional, and relational domains of wellbeing was considered as important as addressing offending behaviour.

K *"I mean Maori work with the tangible and the intangible, you know. And in mainstream they work with the tangible and the intangible, but I think the tangible gets measured over and above the intangible".*

All Kaimahi stated it was essential for Te Kakano staff to be competent in both cultural and clinical domains throughout their work as described in the following comments.

K: *"The ability to do the work and do the work well, being professional. Holding Te Ao Maori and Tikanga, as well as being able to work clinically. And sometimes it's about knowing which voice to have or what 'hat' to wear and which occasion".*

One Kaimahi stated that the ability to work competently across clinical and cultural matters also included understanding one's own limitations and strengths. As an example the Kaimahi stated that Te Kakano staff could not provide traditional cultural healing services but needed to recognise and respond to cultural sources of distress. The Kaimahi described working with a whanau to address a Tane's sexual offending while the whanau were also

utilising traditional healing services for a spiritual matter. The Kaimahi stated that both issues needed to be addressed before the whanau could make positive changes.

One Kaimahi identified a concern that existing clinical measures utilised by the agency did not accurately reflect cultural needs or the effects that cultural interventions may have on managing risk. *"I find it quite undermining when having the conversation with a clinical psychologist saying 'Yes, but I've got to sign off the forms'. I said "Look I'm totally cool with that, but how will you be able to clinically determine how we apply some of our work?"*

When asked for examples of cultural applications with good clinical outcomes, one Kaimahi gave the following example.

K: *The clinical outcomes is men have learnt how to respect females, but they just need to extend it a bit further than their culture knowledge, therefore if the men have the ability to respect* [female facilitator] *as a whaea* [mother] *that is what will support them in supporting their partners as whaea also. That's a clinical outcome, because it's that cultural application that keeps that person safe. Now I don't know any other way of saying it but like that …And only we can do it. It's about as simple as I can put it".*

Kaimahi reported utilising components from Maori models of health in their work including Te Whare Tapa Wha. Additionally, the ability to integrate Maori concepts of health and wellbeing with mainstream intervention approaches such as cognitive-behavioural therapy (CBT) and narrative therapy was considered a skill.

K: *"… we will take on board mainstream models, skills, knowledge, experience and hopefully blend it into who we are as Maori and I guess deliver something that's palatable to Maori in a way that will engage them in the programme and you know covering our bases and knowing that we do know this work and that we do know how to work*

professionally and with integrity, working with confidence in our policies and structures … "

All Kaimahi stated that the ability to work biculturally reflected specialist skills for Maori therapists when working with Maori.

K: *"I am comfortable in two worlds,* [I] *think a lot of Maori aren't and that can either make you stronger or push you over the rails. We walk those fine lines between the Pakeha and Maori world – how do I balance that? Well that is the nature of the mahi* [work] *when you are working with Maori – is trying to find a balance".*

<u>The mahi (work) is both rewarding and personally challenging</u>

Kaimahi stated that the rewarding aspects of the work included seeing clients and their whanau make positive changes. This was seen by all as the main reason for their continued enthusiasm for the work.

Kaimahi stated it was difficult at times to work with their client group due to the emotionally demanding nature of the work. As one Kaimahi stated:

K: *" … some pretty shitty, shitty stories have been told in these walls and I've had to leave the room, you know. Left the room crying, or I've left the room angry and I'll go and tangi [cry], just cause some of the stories I hear … And that is the reality of the work, you know. How do you sit there with someone who's committed a sexual offence against a child and say to them - look them in the eye and say 'I appreciate your honesty'. And you say it but in your mind you think 'I'm thanking the guy for telling me that he just sexually abused his daughter and he told me how'. You wonder that sometimes. But we do it and it works somehow".*

One Kaimahi stated that *"finding out what makes the men tick"* helped her to continue to work in the field. She elaborated on this statement as follows:

K: *"I've come to respect a lot of the men – for who they are but not for what they have done. I would fight for them because I know a little bit now of why they got to this place".*

Being able to understand and empathise with clients' difficulties was considered to be a necessary skill for working with men who have sexually offended.

All Kaimahi stated that the most rewarding aspect of their work was the aim of preventing further re-offending. As one Kaimahi stated: *"… being out there in the community trying to keep children safe".*

Factors that influence change for clients and whanau

Kaimahi stated they had received positive feedback about the programme from clients, referrers, and relevant professionals including social workers and probation officers. This theme relates to factors about clients and their whanau that Kaimahi associated with successful outcomes. These include factors contributing to positive changes as well as factors that impede change.

<u>Motivation for change contributes to success</u>

All Kaimahi stated that men varied in their degree of motivation to engage with the programme and make lifestyle changes. One Kaimahi stated it was important to be able to ascertain how genuine their clients were about making changes. This Kaimahi identified that barriers to engagement were: *"Really around resistance to treatment, denial".*

One Kaimahi stated that a large part of the work involves engaging clients and utilising a strengths-based approach to working with resistance. This Kaimahi stated that problems with attendance and engagement are expected in the field.

K: *"I mean to be honest challenges are expected, not turning up, not reporting, not wanting to engage, I expect my clients to lie to me, I expect them to hide from me, I expect them not to answer their phone*

when I ring them, I'm well prepared for them and so when I meet with them I'm aware that all of these dynamics are at work".

All Kaimahi stated that it was important to assist clients to identify their own personal values and motivators for change rather than simply focusing on external motivators such as legal requirements to attend the programme. One Kaimahi presented a detailed example of how one client was resistant to addressing his offending but revisited his own values in therapy.

K: "…he said he didn't need to be there [in treatment], he knew his Tikanga, he spoke about tupuna, he spoke about mana, he brought these things into the room. All I did was meet his reference points, I didn't bring it into the room. But my question was 'Where were your tupuna when you offended?' And you know, they get that. They get that. And I've had men shift, a huge shift. And it was really tangible for him … he came up afterwards and said 'that freaked me out, that was really heavy'. He came to the next session and said 'I had deviant thoughts last night, I want to move away from offending, what do I need to do to keep myself safe?' And it worked, he hasn't offended again …"

<u>Whanau involvement and support is essential</u>

All Kaimahi identified positive whanau involvement and support as an important feature contributing to success. Kaimahi stated that men and their whanau often reported improvements in whanau relationships as a result of engaging with the programme. Often this was identified as a key goal for whanau given the devastating effects of the offending on the whanau of the victim and the offender. As one Kaimahi stated:

K: "… the aim of their person and their family getting treatment is so that they can be whole and reintegrated again, if that's the goal then they're more likely to engage in the process".

One Kaimahi also stated that involving whanau directly in the programme via whakawhanaungatanga evenings allows them to see the process of change

all men undertake. It also allowed whanau a chance to participate in a programme that acknowledged and celebrated their cultural identity. An example was given and is described as follows.

K: *"… he stood up and he spoke in Maori and said a karakia. His [adult] children came and said they had never heard their father speak Maori. They said 'what is it about this programme that gave us this back?'. It's [about] sex offending yeah but it's really about people. Their journeys, their lives, discoveries, everything. When he left, his family said 'thank you' to SAFE for hearing about how he [the offender] was being kept safe in the community. So that's a successful story. The main feature is that although it was about offending it was also about making his family whole".*

Client factors that impede change

Client factors that were identified as barriers to change included: lack of support, personality factors, avoidance of responsibility, and unresolved trauma. As one Kaimahi stated: *"Difficult thing is that it's the same stressors that bring them here … lack of support, no money … are the ones that get in the way of them having treatment".*

Two Kaimahi referred to "personality factors" as associated with ongoing risk. Kaimahi described a small group of clients who completed the programme successfully but continued to present as high risk. "*This guy was high risk but he would do his work really well. What he would do when he wasn't conscious of being observed though you know – really scary, worrying, and concerning".*

Two Kaimahi identified clients who had complex presentations including unresolved trauma and significant emotional distress. They stated that these factors impacted on the men's abilities to engage with the programme. A detailed example given by one Kaimahi was provided.

K: *"… knowing the history and looking at his life – this man was so damaged. I looked at his offence and thought the writing was on the wall from when he was a baby, in care, sexually abused left, right, and centre, all these placements, drugs, the whole shebang. I wondered what sort of hope there was really. He was permanently banned from public transport because of his offence. He doesn't drive and lives three hours away. The person he currently resides with is the person who offended against him 20 years ago and who had an inappropriate relationship with him. And as much as he tried – it was just too hard and there was just too much damage. There was just too much against him. And I mean – those are probably the ones that are disadvantaged from the start really. Systems have been in his life for so long and all these other things have probably contributed to this [the offending]".*

In a related point, one Kaimahi described one client's own abuse history as relevant to his risk of sexual offending.

K: *"…where the system has let him down or he's let himself down is that his offending has direct correlation to his own historical trauma, traumatic upbringing and that was not addressed. He needed work outside of SAFE, he can repeat back to me the workbook, he had all that knowledge, but he never took up a wero [challenge]. I said 'you need to get ACC counselling for your own abuse' because it was always going to be an issue for him. And I was worried because it was a risk factor for him – maybe he was going to offend again if he didn't address it [his own abuse]. But the difficulty is we can't make him do that counselling …"*

This Kaimahi further stated that trauma-focused counselling was not a remit of SAFE but thought it was often needed with the client population. *"… maybe that's something we need to explore here at SAFE knowing that a high percentage of these men have been sexually abused".*

Summary of Kaimahi Perspectives

During the research phase, Te Kakano was a relatively new programme with SAFE. The development of Te Kakano took place over a number of years with the availability of an exclusive programme for Maori men seen as an important achievement. This initiative owed much to the existence of a core group of Maori therapists who were dedicated to providing an effective programme to Maori who had sexually offended.

The main strengths of the programme identified by Kaimahi were associated with the provision of a culturally appropriate service for Maori. Kaimahi stated that being able to effectively integrate cultural and clinical principles for Maori clients was an important aspect of the programme. Kaimahi also identified challenges with the programme including limited staff numbers and stressors from heavy caseloads. The need for more Maori staff members who were able to work effectively with complex presentations was discussed. Kaimahi also identified that quality training and supervision as well as appropriate support from their whanau and communities was necessary to ensure good cultural and clinical practice.

Chapter 7

Discussion

This chapter begins with an overview of the research project and the research aims. A discussion of the findings in relation to previous research is provided. Recommendations for Te Kakano are outlined before the limitations and strengths of the study are considered. This chapter concludes with suggestions for further research.

Overview

This study was broadly concerned with examining cultural influences and processes in a sexual offender treatment programme for Maori (Te Kakano), the indigenous people of New Zealand. The thesis was based on findings from a process evaluation conducted on Te Kakano from 2005 to 2006. The evaluation aimed to: 1) describe and evaluate Te Kakano's programme implementation (i.e., what was actually being delivered) with a focus on describing cultural practices; 2) describe service users' experiences of the programme including identified strengths and areas for improvement; and 3) provide recommendations to improve service delivery and staff development and training, and contribute to assessment of programme effectiveness.

Qualitative methods, including interviews with service users and observations of group therapy sessions, were carried out over a 15-month period. Twelve Tane (men), four whanau (family) members and three Kaimahi Maori (staff) participated in the research. Salient assessment and treatment issues identified in the programme were presented. While the primary audience for the evaluation was Te Kakano staff and SAFE management, the research findings may inform the development, implementation, and review of sexual offender treatment programmes around New Zealand. Additionally, it is acknowledged that the programme content and delivery of Te Kakano had progressed since the evaluation period. Therefore, the discussion of results will focus on general themes that emerged from the research during the data

collection phase. The results of this study will also be presented to participants and SAFE management in a separate report.

Discussion of key findings

Overall, feedback about Te Kakano from Tane and their whanau was positive. Kaimahi also reported satisfaction about the programme's progress and their work with Maori clients. The results indicated that the programme is attentive to cultural processes and values, which was viewed as a strength by the research participants. Additionally, the programme integrates mainstream therapeutic theories and techniques for treating sexual offending into a Tikanga Maori framework. All Tane and whanau reported benefits from the programme including gaining understanding about their offending, developing skills to live an offence-free life, and improvements in relationships and personal well-being. Service-users were able to identify perceived flaws of the programme and gains they had achieved from Te Kakano.

<u>Cultural approaches to sexual offender treatment</u>

The central finding was that Tikanga processes and values encompassed all aspects of the programme and were highly valued by men and their whanau despite differing levels of cultural knowledge amongst the group. It was notable that mainstream techniques were adapted to fit the programme's *Kaupapa* (philosophy) where Tikanga principles and processes were often prioritised. Maori values and protocols were not simply an adjunct to treatment or a process to complete before the "real work" of therapy began, but as interventions in their own right. The presence of skilled and experienced Maori therapists was a key factor, as they possessed specialised cultural and clinical knowledge. Consequently, the programme was able to adopt a holistic approach to treating offending by identifying and responding to cultural areas of strengths and needs.

A Maori-centred approach has a number of potential benefits. Firstly, it allows for participation in activities that can strengthen cultural identity and knowledge. In Te Kakano, men were able to increase their cultural knowledge and enjoy positive experiences of identifying as Maori. This

relates to Durie's (2003) assumption that a secure identity is necessary for well-being and can form a basis for healing. Graves (1999) also reported that promoting cultural identity and knowledge in Alaskan natives who had sexually offended, had beneficial effects as it helped offenders develop a positive self-identity other than that of a sexual offender. Additionally, focusing on cultural strengths and resources can promote hope for change and increase confidence in one's ability to change. The "warrior" concept was utilised at many points to challenge assumptions about violence as part of the Maori identity. Men were encouraged to consider alternative perspectives of this concept, where positive outcomes (e.g., respect) could be gained through prosocial means.

Secondly, the approach recognises the importance of relationships as a context for change. Relationship difficulties, including problems forming and maintaining intimate relationships, have been reported by sexual offenders (Abracen & Looman, 2004; Burk & Burkhart, 2003). Alienation from whanau and one's community has also been identified as a risk for poor outcomes for Maori (Durie, 2003). The importance of *Whanaungatanga,* establishing connections and kinship ties, was a prominent theme throughout the research. This fundamental principle provided the basis for virtually all encounters between Tane, Whanau and Kaimahi throughout the programme. All participants noted that a strength of Te Kakano was the consistent and active involvement of whanau throughout therapy processes. Many participants reported improvements in their intimate relationships as a result of the programme. Men were better able to identity the impact of their offending on their victim as well as their wider communities. Some men were utilising the programme in an attempt to repair the damage caused to their whanau by their offending. The notion of whanau as a resource to support Tane was also highlighted.

While the focus on existing whanau relationships was noted, the development of positive relationships within treatment was also found. Many men identified the group as a source of support. Shared experiences enabled the men to effectively challenge and *tautoko* (support) their peers. Having a good

relationship with their therapists was also associated with positive experiences of the programme. Whanau, who had identified their own distress and isolation as a result of their Tane's sexual offending, were able to offer support and understanding to each other. These examples highlighted the importance of relationships throughout Te Kakano. As the following quote illustrates: *"The Maori resource which is least developed is not land, nor maritime reserves, nor forests, but people"* (Durie, 2003 p.70).

Thirdly, Te Kakano provides a programme that is culturally responsive to Maori offenders. According to Andrews and Bonta (2003) increasing responsivity can maximise treatment effectiveness and the likelihood of positive outcomes. Maori can participate in a process with which they are comfortable and familiar, and do not have to explain or justify their own values and principles. This may increase their willingness to engage and participate in therapy in a way that is meaningful and beneficial. Men also reported that appropriate rituals of encounter, including *mihi* and *karakia*, helped them feel emotionally, physically, and spiritually safer within the group. Learning and implementing Tikanga also provided a framework for social interactions, learning, and alleviating distress. The benefits of attending to the cultural context when working with Maori has also been found in previous research with adolescent sexual offenders (Geary, 2007), violent offenders (Berry, 1999), and incarcerated sexual offenders against children (Nathan et al., 2003).

Adapting the principles of mainstream sexual offender treatment programmes to suit the needs of minority groups has also been utilised with other groups including Alaskan Natives to good effect (Graves, 1999). Cultural understandings are important and necessary for accurate understandings of a client's difficulties and motivations. It can also allow for interventions that are consistent with the client's worldview and cultural practices (Renfrey, 1992). An example was presented in the results section of a Tane who applied his own skills as a master carver and knowledge of Tikanga processes to guide his relapse prevention plan. He discovered he had not followed the *"tika"* or right pathway when committing his offences as he had violated the *tapu* and

disrespected the *mana* of his victim. In order to live a safe life, he had committed to adopting the "tika" pathway in all areas of his life. This is an example of an intervention utilising a cultural worldview that had a good clinical outcome. Such interventions may be more meaningful and accessible to Maori clients and as a result they may be more likely to utilise these skills.

Finally, Durie (2000) recommended that the lead role in strengthening Maori society or enhancing Maori culture and knowledge should be assumed by Maori. Te Kakano is a service that provides a culturally responsive service delivered by Maori Kaimahi. The involvement of Maori amongst therapy staff and management is a step towards ensuring that Maori values and perspectives are represented within the organisation. Kaimahi also have autonomy to adapt treatment approaches to respond to the needs of clients. This is a positive move towards *Tino Rangatiratanga*, adequate control of resources for Maori and self-determination in the area of service development and delivery.

This section has discussed the benefits of cultural approaches to sexual offender treatment identified in Te Kakano. The following sections will consider generic features of the programme, including strengths and areas for improvement.

<u>Engagement and treatment behaviour</u>

Engaging offenders in treatment is a critical issue and in recent years, research has been more focused on maximising offenders' benefits from treatment programmes (McMurran & Ward, 2004). Offenders are often selected for treatment on the basis of verbal assertions of their motivation for change, whereas increasing motivation for change can be a treatment goal in itself. However, it can be difficult to ascertain how sincerely motivated an offender is as there are many clear benefits to showing willingness to change (e.g., positive effects on sentencing decisions) (Hanson & Bussiere, 1998). It is also important to note that having an external motivator for change (e.g., mandated treatment) is not necessarily equated with poor treatment progress or outcomes (McMurran & Ward, 2004).

The research findings demonstrated that engagement is an important aspect of treatment and that level of engagement for the men in Te Kakano was variable within the group and for individuals at varying times. Engagement was not just a goal to be attained in the early stages of therapy, but a dynamic process that varied throughout the programme's duration.

Men and their whanau identified that the provision of a Maori programme and the processes of whanaungatanga assisted them to engage. Additionally, the quality of the therapeutic alliance and involvement of whanau support were also identified as helpful. In addition to verbal reports of motivation, attendance and participation in treatment provided a behavioural indicator of motivation for change. It was noted that lifestyle stressors such as transport and lack of finances to travel to the programme were barriers to attendance. This is a relevant barrier as the programme was located in central Auckland and covered a wide catchment area including wider Auckland as well as Northland and Bay of Plenty. Additionally, some men reported the group conflicted with work hours. Although group sessions were scheduled for evenings this only benefited men who worked daytime hours rather than evening or shift work. Offering an alternative daytime group to cater for shift workers did not seem feasible due to the limited resources (Kaimahi numbers and time). However, the need for men to gain and maintain employment is a valid point.

Despite the barriers to attendance, it was notable that for some men irregular attendance was associated with increased risk of re-offending with one man having to leave the programme due to breaching his parole conditions. Failure to complete treatment has been demonstrated to be a moderately significant predictor of sexual offence recidivism as well as nonsexual criminal recidivism (Hanson & Bussiere, 1998). It is possible that high-risk offenders may be more likely to quit or be excluded from programmes for reasons including denial, clinician's reports of low treatment motivation or breaches of programme rules (e.g., non-attendance). However, it is of surprise that these factors have been found to be unrelated to recidivism (Hanson & Bussiere,

1998). The perspectives of men who had dropped out of Te Kakano were not included in this research but would help to inform understandings of treatment effectiveness and engagement.

Engagement also relates to treatment behaviour including participation and self-disclosures. An individual's ability to participate in therapy may vary with their ability to access their emotions and express emotional states (Chambers, Eccleston, Day, Ward, & Howells, 2008). Kaimahi gave examples of men whose unresolved trauma related to their sexual offending, impacted on their participation in therapy, and presented a risk factor for sexual recidivism. This has also been discussed in previous research where it was hypothesised that the impact of childhood trauma may be associated with poor engagement and attendance for sex offender treatment (Howells & Day, 2006). Although psychological distress may not be considered a criminogenic need, treatment providers at SAFE could consider addressing these clinical needs (Howells & Day, 2006).

The research findings also noted that some men found participation in an introductory treatment group at SAFE to be of benefit. This process facilitated their readiness for treatment by alleviating their anxiety and giving them information about the benefits of the programme. It is also worth noting that a number of the men in the group had recently served custodial sentences. In prison populations, offenders are often reluctant to make personal disclosures (particularly about sexual offending) in front of other inmates and staff due to fear of retribution (Howells & Day, 2006). This suggests that some offenders may take longer to develop trust in therapists and other group members before participating more actively in programmes. The men interviewed in this project identified that the support of the group and shared experiences facilitated disclosures and encouraged acceptance of responsibility.

Characteristics of therapists

Therapeutic characteristics were identified as important factors impacting positively and negatively on Tane experiences of their treatment. According to Fernandez (2006) many treatment programmes for problems such as

sexual deviance and addictions have tended to adopt a more confrontational style. This can result in hostile interactions between the client and the therapist and contribute to pessimism on the clients' part about the possibility of change (Fernandez, 2006). This is despite the well-documented therapeutic characteristics associated with positive outcomes such as positive regard, instilling hope and belief in change, and collaborative goal setting.

Tane identified benefits arising from positive interactions with therapists. The need for appropriate and respectful challenging was also highlighted. However, perceptions of being judged, mistrusted or disempowered by a therapist had a detrimental effect. Marshall (1999) advocates for a balance between engaging sex offenders in treatment programmes without being aggressively confrontational, but avoiding collusive behaviour where the offender is not challenged (Marshall, 1999). The ideal is of a supportive environment that respects the client's dignity and emphasises strengths while encouraging growth and change (Marshall, 1999). It is also considered important to adjust confrontations to the individual's stage in therapy. Jennings and Sawyer (2003) propose that early stages of therapy should focus on developing rapport and safety in the therapeutic relationship, and that challenges should come when there is sufficient trust.

Given the importance of the therapeutic alliance, adequate supervision and training is necessary to ensure therapists are skilled and competent to treat sexual offending. Due to the nature of the work, therapists may become fatigued and stressed as a result of "burnout", vicarious trauma, and potential risks from clients (e.g., anger and violence issues). This may impact negatively on the well-being of the therapist and the quality of their work, as well as their relationships with clients. Minority staff may also be additionally burdened in organisations when they have smaller numbers but are required to see the majority of minority clients (Jones et al., 1999). Adequate organisational support for staff may reduce these stressors and ensure that therapists can provide a quality service. This is also likely to have a good impact on staff satisfaction and retention.

Meeting the needs of Maori offenders and their whanau

The research findings indicate Te Kakano incorporates features of contemporary models of sexual offender treatment. Education and interventions are available in the areas of victim empathy, offence-related cognitions (e.g., blaming the victim, minimising and/or justifying offending), intimacy and relationships, emotion management and positive coping skills, and sexual deviance and interests. An emphasis on accepting responsibility for one's own actions is apparent in the programme.

The Risk-Needs-Responsivity (RNR) model is one of the most widely used models for offender rehabilitation. Traditionally the focus on offender rehabilitation has been on issues of risk and criminogenic needs with responsivity earning less attention (Ward & Maruna, 2007). However, responsivity is an important principle as it relates to treatment effectiveness and usefulness for clients. Responsivity issues can apply at the individual level (e.g., cognitive ability, motivation) or more generally at the service level (e.g., matching treatment modalities to learning styles). Staff can also adjust interventions at these levels (e.g., tailoring the pace and content of sessions to the individual's ability and utilising cultural interventions for a specific ethnic group).

Any offender rehabilitation programme needs to make sense to clients and be relevant in helping them to live a better life (Ward & Maruna, 2007). The RNR model has been criticised due to its focus on risks and deficits (avoidance goals) rather than strengths (approach goals). It is considered that eliminating behaviours without proposing alternatives for achieving gains, is difficult and achieves little "buy-in" from offenders. A feature noted in Te Kakano is the focus on helping men to identify positive goals and pro-social means to go about achieving these goals (e.g., intimacy). This was found to be positive by many offenders as it promoted their strengths and gave them a greater sense of agency over their behaviour.

Collaborative risk formulations and safety planning is essential when treating offenders (Shingler & Mann, 2006). It is recommended that risk assessment

is completed collaboratively - *with* a client rather than *to* them (Shingler & Mann, 2006). The men in Te Kakano were able to identify their own offence cycle including personalised risk factors, and to develop a safety plan that utilised personal resources as well as wider support networks. Additionally, a risk formulation that comprised both dynamic and static risk factors enabled men to address their risk and have realistic goals for change.

On a cautionary note, Seto and Barbaree (1999) found that good treatment behaviour (defined as positive and appropriate behaviour in sessions, good therapeutic work, and positive clinician's reports of motivation and overall change) was not necessarily related to reductions in re-offending. Seto and Barbaree's (1999) research was more specific to high risk offenders and focused on the relationship between psychopathy, treatment behaviour, and sexual recidivism. It also confirmed the need to consider multiple sources of information beyond offender's reports when formulating risk assessments. The current thesis researched a group of offenders with varying offence types and risk levels, who were being managed in the community. As a result the research findings may not be applicable to high-risk populations.

Another strength of Te Kakano is the availability of individual therapy to address personalised aspects of the offence cycle and personal areas of distress. Unresolved issues from negative childhood and familial experiences can impact on the effectiveness of standard sexual offender treatment programmes. For example, some clients may need to deal with childhood origins of their own empathic deficits or their own childhood sexual abuse before being able to recognise harm to their victims and develop empathy for others (Starzyk & Marshall, 2003). Addressing origins of intimacy deficits and attachment styles may also be necessary for offenders to recognise the inappropriateness of their relationships with their victims (Starzyk & Marshall, 2003).

Kaimahi and Tane noted a gap in Te Kakano in that offender's own experiences of sexual abuse could not be addressed. It should be noted that many individuals who have been abused do not go on to abuse; likewise,

many sex offenders do not have a history of being sexually abused (Burn & Brown, 2006; Burton et al., 2002; Starzyk & Marshall, 2003). However, experiences of abuse are associated with psychological difficulties as the individual may develop beliefs that others cannot be trusted and that they must protect themselves by having greater control over their environment (Burk & Burkhart, 2003; Romano & DeLuca, 2001). Poor means of emotional regulation may contribute to likeliness of using externally based means of self-regulation, with sexual offending being a possible strategy (Hanson & Bussiere, 1998). Although Te Kakano staff may not have the resources or clinical expertise to complete abuse-focused work as well as offence-related work, this may be an area for further development.

As Yalom (1985) stated, the therapeutic social system allows for group members to influence each other in both positive and negative ways. In terms of group processes, Tane reported mostly positive experiences of group sessions. The main areas of dissatisfaction were associated with high group turnovers and too much time spent on introductions rather than offence work. Since the evaluation period, a number of changes have occurred at Te Kakano. In order to maximise efficiency of the programme, *wananga* (places of learning) are held four times in a year. New members are introduced at these points and take part in a marae stay for whanaungatanga and intensive educational sessions. This process is likely to strengthen group cohesion and functioning and improve the use of group time.

Programme Recommendations

Based on the research findings, the following recommendations for Te Kakano are respectfully offered. These recommendations aim to validate successful programme practices and suggest areas for improvement. Although many recommendations are contextually specific to this programme, I have attempted to include some suggestions for ideal features of culturally responsive sexual offender treatment programmes in Aotearoa/ New Zealand. This is not intended to be an exhaustive list of necessary programme components but an attempt to highlight fundamental components.

1. When treatment programmes are designed for Maori or feature a high number of Maori service-users, it is important that Maori are represented amongst management and programme staff, and have input into organisational decisions as well as service design, delivery, and review.
2. The *Kaupapa* (philosophy), goals, mission statements, and policies of the programme should reflect the importance and value of Maori world-views, beliefs, and practices, and seek to further the well-being of Maori and the safety of the community.
3. In order to ensure adequate recruitment and retention of quality Maori staff, the following suggestions are offered:
    a. When recruiting staff, place value on cultural competence and knowledge as well as clinical competence, as necessary skills for working appropriately with Maori.
    b. Ensure training and supervision in cultural and clinical areas to ensure competent and safe practice. It is important that Maori staff have access to cultural supervision and support in addition to standard organisational or professional requirements for training and supervision.
    c. Reduce stressors that may be unique to Maori staff. This includes reducing the potential for burnout where client numbers are high and minority staff numbers are low. Provide support and ensure staff have manageable caseloads. Consult with staff on organisational requirements for cultural initiatives, training, and consultation. If Maori staff have additional responsibilities such as organising cultural initiatives (e.g., powhiri for guests or new staff members), cultural training, or consultation to non-Maori staff, then these responsibilities will impact on their existing workload. Negotiate reasonable expectations and responsibilities with staff.
4. Be aware that Maori are diverse in terms of cultural identity and knowledge. Do not assume all Maori require the same treatment. Where Maori have the choice to attend mainstream or Maori-specific programmes, ensure this choice is apparent to clients and whanau.

Also, provide cultural competency training to all organisational staff as they may be required to work with Maori.

5. Utilise assessments that identify strengths, cultural values and processes, as well as culturally relevant risk factors (e.g., identity conflict, acculturation, experiences of prejudice) and supports. Be aware that presentations and the effectiveness of interventions may vary across ethnic groups.
6. Discourage culturally biased assessment methods. When using psychometrics that have been normed on non-Maori, ensure that these measures are utilised within a broader assessment approach that incorporates contextual and socio-cultural factors into the clinical formulation and treatment plan.
7. Attend to the physical environment when engaging with clients and whanau. A comfortable setting and provision of refreshments is important. Be prepared to meet whanau at their homes or on marae if requested.
8. Organise face-to-face meetings with Maori clients and their whanau as soon as possible, to provide information and address concerns about therapy early in the engagement phase.
9. Provide clarity about programme length and expectations for clients.
10. Collaboratively formulate safety plans with clients and whanau. Utilise existing strengths to promote self-efficacy and hope for change.
11. Involve whanau in treatment and safety planning from an early stage. Provide them with information about what to expect and advice as to how they can support their whanau member.
12. Incorporate cultural practices into encounters with Maori clients and therapeutic processes where appropriate. For example utilise Karakia, Mihi, Whakawhanaungatanga and Poroporoaki to assist with engagement, maintaining cultural safety, and acknowledging the significance of certain phases (e.g., welcomes, farewells) in the group.
13. Utilise cultural values where appropriate for interventions. For example, the use of Tikanga Maori values and principles such as Whanaungatanga, Mana, and Tapu in offence work can provide a more

meaningful rationale for prosocial behaviours, and assist with healing and reparation processes.

14. Adapt offence-related work so that it is culturally responsive to clients. For example utilise *Te Reo* (Maori language), or myths to explain concepts, or to explore relevant issues.
15. Have set entry times for new group members and limit frequent turnovers, as this disrupts group cohesion (trust and therapeutic work).
16. The therapeutic relationship is very important – clients reported better responses to respectful, empathic therapists who showed manaakitanga and aroha, and were able to teach them valuable skills and provide appropriate challenges.
17. Staff are responsible for facilitating efficient groups and ensuring that planned topics are covered where possible, **except** where matters of risk or urgency are raised. It is important to find an appropriate balance between group process and content.
18. Expect engagement and motivation problems throughout different phases of therapy and attend to them as they arise.
19. Prioritise intensity of treatment based on level of risk and need. But bear in mind that good clinical practice may involve addressing non-criminogenic needs if necessary for clients.
20. A support group for whanau would be ideal if staff and resources were available.
21. Ensure ongoing research and evaluation of the programme with a focus on cultural influences and processes in treatment. An outcome study by a culturally competent Maori researcher is recommended to identify within-treatment and post-treatment changes, rates of client retention, and treatment efficacy (including effects on recidivism).

Strengths and limitations of the research

A particular strength of this research is its attention to the experiences of programme users (clients, whanau) and staff. This area of inquiry has traditionally been under-researched in sexual offender treatment programmes. More recently researchers have been interested in process issues in therapy including therapist's experiences, the impact of the therapeutic relationship on

client's, and contextual factors in treatment programmes (Marshall et al., 2003). While it is essential to evaluate outcomes including effects on recidivism for offender treatment programmes, it is also important to study process issues that affect treatment results. This study has been able to accomplish this through interviews and weekly programme observations, which have allowed for a rich description of group processes and client's responsiveness.

The use of triangulation methods to provide multiple qualitative data sources and to check for consistency across reports has enabled an in-depth exploration of programme components. As Patton (1990) stated, there is an extent to what can be learned about a phenomena based on what people say. Often direct participation and observation of the phenomena is the best way to gain a thorough understanding. Qualitative methods of data collection also enabled me to gain an understanding of participants' experiences without limiting these experiences to pre-defined categories.

Although gaining a rich, in-depth description of the programme was useful, a limitation to this naturalistic form of inquiry is that the findings may only be applicable to this particular context (Lincoln & Guba, 1985). Factors influencing this context include but are not limited to: heterogeneity of the participant group, the programme's unique organisational climate, and the specific relationships and interactions between the participants and myself. In presenting the results I have attempted to include a range of views and a detailed description of programme processes. This was done so that readers could judge the confirmability of the results, and decide whether the findings could be applied to other contexts.

Another strength of this research was the involvement of Maori at all stages of the research, with the primary researcher – myself - identifying as Maori. When commencing this research, I wanted it to contribute to improving the wellbeing of Maori and not be harmful, exploitative, or disempowering. My concerns were not solely due to my ethical obligations as a researcher but came more primarily from my feelings of obligation and responsibility to my

whanau, hapu and iwi – as well as the communities of my research participants. My greatest concern was that my research could be potentially harmful to Maori, through my actions or by disseminating the information in a way that allowed it to be misused. I worried that I would not be able to do the subject matter justice due to lack of knowledge and competence rather than misconceived intentions. I noticed that I spent more time to complete the research project than my non-Maori colleagues – from consultation, to data collection to analysis and writing phases. I had wanted to ensure I presented a balanced thesis that sufficiently reciprocated the time and energy my participants gave to me.

The influences of my own values and biases on the research process are associated with a common limitation of qualitative research – that of objectivity and bias. In wanting to complete a research project of benefit to Maori, it is possible that I was more attentive to participants or programme aspects that presented more positive views or confirmed what I expected to find. However, steps have been taken to allow the reader to judge whether an appropriate level of objectivity was obtained. These included gaining informed consent from participants about the purpose of the research, how the information would be used, and my role as a researcher independent from Te Kakano. During the data collection and analysis phases, I also maintained an awareness of my own values and preconceptions (using supervision and a research journal) and attempted to gain evidence of negative cases (examples contrary to expected findings). I have attempted to document these efforts so the reader can judge the credibility of the findings.

However, from a Kaupapa Maori perspective, my values and biases as a Maori researcher may be considered a strength. It was because of my identity as a Maori and my value of Maori beliefs, knowledge and practices that I was able to engage with my participants and complete this research. From a Kaupapa Maori perspective, ethical research with Maori involves respecting and protecting the culture of research participants and minimising negative outcomes for Maori. I have attempted to present the research findings with a focus on improving the programme for Maori service users –

through validating successful programme components and highlighting areas for improvement.

Another limitation of this study relates to the participant group. In relation to Tane (clients), it is noted that offender disclosures are not always truthful (Gannon et al., 2008) and that positive reports of treatment are not always related to positive outcomes (e.g., reduced rates of re-offending) (Seto & Barbaree, 1999). The findings of this study would be complemented by an appropriately conducted outcome study.

It is also noted that not all men who attended the programme volunteered to participate in the research. Men who had dropped out of the programme were not interviewed while only one man who failed to complete the programme participated in the research. It is acknowledged that the experiences of these men are equally valid and may differ from research participants. Interviewing men who did not have good experiences or good outcomes in the programme may have offered good information for programme improvement. However, it was not possible or ethical to mandate clients to participate in this research so only volunteer participants were included.

Characteristics associated with volunteers include being approval-motivated, self-disclosing, arousal-seeking and unconventional, which may limit generalising this study's findings (Rosenthal & Rosnow, 1991). It is also possible the men volunteered for the research because they thought it would place them in a favourable light with programme staff. Additionally, the evaluation process may have influenced the behaviour of Kaimahi and their relationships with Tane and Whanau, and affected the results. However, the prolonged amount of time spent in the research environment may have allowed for a more comprehensive account of the programme and limited this participant reactivity effect. I was also careful to protect confidentiality of participants from Te Kakano staff in order to minimise these effects. However, due to the small size of the participant group and the fact that all data collection was completed on SAFE premises, it is possible that staff and

client's behaviour was influenced by knowledge of whether they were participating in the research or not.

Recommendations for Future Research

This research has focused on describing the content and process of Te Kakano and its strengths and areas for improvements. An obvious direction for future research would be to examine outcomes of Te Kakano including recidivism rates. Additionally, exploring any changes in the areas of individual lifestyles, whanau relationships, cultural identity, health, education/employment, and participation in society would be of value. This would allow for an ongoing focus on individual and contextual factors that contribute to offending, or that serve as protective factors. An outcome evaluation would assess the programme's contribution to the well-being of Maori and their whanau, and its effectiveness in treating sexual offending. Evaluation of within-treatment changes would also be a useful addition to an outcome study. A control group would be recommended for any future evaluation as would the inclusion of treatment refusers and/or drop-outs.

Research on factors associated with attrition rates and treatment failures including the views of these offenders and their whanau, would contribute to programme development and improvement. It would provide valuable information as to how treatment programmes can maximise effectiveness and enhance engagement.

The current study has focused on men included in Te Kakano. Consideration of treatment experiences and outcomes for Maori in mainstream sexual offender treatment programmes, special needs populations, and female offenders, is recommended. Special populations (including men and women with intellectual disabilities or mental health needs) who have sexually offended are a particularly under-researched group who may receive different services and treatment pathways. Further research would contribute to the ongoing development of services and clarify treatment needs and outcomes for Maori in these populations.

Research on guidelines for culturally competent practices has often focused on practitioners who differ from the ethnic group they are treating. Given the increasing numbers of Maori in therapeutic and clinical positions, further research could contribute to Maori workforce development and training. As programmes survive or fail based on the strength of their staff, research could specify areas for refinement to improve services. Research could also help to define how the impact of cultural initiatives can be measured, and whether existing risk measures adequately capture culturally relevant variables. If Maori are able to take primary roles in these research initiatives, it is more likely that such measures will be suitable to the needs and values of Maori.

Conclusions

This thesis presents the findings of a process evaluation of Te Kakano, the SAFE programme implemented by Maori clinicians and offered to Maori men who have committed sexual offences against children. The results indicate that therapeutic initiatives for Maori offenders that utilise Tikanga Maori beliefs and practices may help to reduce offending by improving engagement in treatment, providing a rationale for prosocial behaviours, and assisting healing and reparation processes for individuals, whanau, and the wider community.

The treatment of sexual offenders in general can contribute to heated discussion in the public arena. Opponents of the rehabilitation approach may see more value in punishment than treatment and may be against allocating resources to this area. The saying “prevention is better than the cure” is certainly apt when addressing sexual abuse. However, treatment programmes for sexual offending can have significant effects on reducing further sexual recidivism. Efforts to treat sexual offenders should always be primarily aimed at protecting *tamariki* (children) in our communities.

Providing culturally responsive approaches may be mistaken for taking a “soft” approach on offenders, or showing unfair favouritism to minority groups at the expense of public safety. However, if mainstream treatment services cannot meet the unique needs of minority ethnic groups then this may result in disparate and inequitable outcomes for offenders, leaving them and their

communities at risk. Creating an appropriate and meaningful cultural environment reduces barriers to engagement, allows for appropriate processes of interaction, presents positive experiences of cultural activities and identity, and seeks solutions that are framed in cultural values and norms.

References

Abracen, J., & Looman, J. (2004). Issues in the treatment of sexual offenders: recent developments and directions for future research. *Aggression and violent behavior, 9*(3), 229-246.

Andrews, D. A., & Bonta, J. (2003). *The psychology of criminal conduct* (3rd ed.). Cincinnati, Ohio: Anderson Publishing Co.

Barbaree, H. (1997). Evaluating treatment efficacy with sexual offenders: the insensitivity of recidivism studies to treatment effects. *Sexual abuse: a journal of research and treatment, 9*(2), 111-128.

Barrett, M., Wilson, R. J., & Long, C. (2003). Measuring motivation to change in sexual offenders from institutional intake to community treatment. *Sexual abuse: a journal of research and treament, 15*(4), 269-283.

Beech, A. R., & Fordham, A. S. (1997). Therapeutic climate of sexual offender treatment programs. *Sexual abuse: a journal of research and treament, 9*(3), 219-237.

Beech, A. R., & Hamilton-Giachritsis, C. E. (2005). Relationship between therapeutic climate and treatment outcome in group-based sexual offender treatment programs. *Sexual abuse: a journal of research and treament, 17*(2), 127-140.

Berry, S. (1999). *The Montgomery House violence prevention programme: an evaluation*. Wellington, New Zealand: Department of Corrections.

Bishop, R. (1996). *Whakawhanaungatanga: collaborative research stories.* Palmerston North, NZ: Dunmore Press Ltd.

Bishop, R. (2005). Freeing ourselves from neocolonial domination in research: a Kaupapa Maori approach to creating knowledge. In N. K. Denzin & Y.

S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (3rd ed., pp. 109-138). Thousand Oaks: Sage Publications.

Bonta, J. (2000). Offender assessment: general issues and considerations. *Forum on Corrections Research, 12*(2).

Bouffard, J. A., Taxman, F. S., & Silverman, R. (2003). Improving process evaluations of correctional programs by using comprehensive evaluation methodology. *Evaluation and Program Planning, 26*(2), 149-161.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology, 3*, 77-101.

Briere, J. (1992). *Child abuse trauma: theory and treatment of the lasting effects*. Newbury Park, CA: Sage.

Briere, J., & Scott, D. (2006). *Principles of trauma therapy: a guide to symptoms, evaluation, and treatment*. Thousand Oaks, CA: Sage.

Brislin, R. W. (Ed.). (1990). *Applied cross-cultural psychology*. Newbury Park, CA: Sage.

Burk, L. R., & Burkhart, B. R. (2003). Disorganised attachment as a diathesis for sexual deviance: developmental experience and the motivation for sexual offending. *Aggression and violent behavior, 8*(5), 487-511.

Burn, M. F., & Brown, S. (2006). A review of the cognitive distortions in child sex offenders: An examination of the motivations and mechanisms that underlie the justification for abuse. *Aggression and Violent Behavior, 11*(3), 225-236.

Burton, D. L., Miller, D. L., & Shill, C. T. (2002). A social learning theory comparison of the sexual victimization of adolescent sexual offenders

and nonsexual offending male delinquents. *Child abuse and neglect, 26*, 893-907.

Chambers, J. C., Eccleston, L., Day, A., Ward, T., & Howells, K. (2008). Treatment readiness in violent offenders: The influence of cognitive factors on engagement in violence programs. *Aggression and Violent Behavior, 13*(4), 276-284.

Day, A., Bryan, J., Davey, L., & Casey, S. (2006). The process of change in offender rehabilitation programmes. *Psychology, Crime and Law, 12*(5), 473-487.

Drapeau, M. (2005). Research on the processes involved in treating offenders. *Sexual abuse: a journal of research and treament, 17*(2), 117-125.

Durie, M. (1994). *Whaiora: Maori health development*. Auckland, New Zealand: Oxford University Press.

Durie, M. (2000). *Contemporary Maori development: issues and broad directions (Working Paper)*. Hamilton, New Zealand: University of Waikato.

Durie, M. (2001). *Mauri Ora: the dynamics of Maori health*. Melbourne, Victoria: Oxford University Press.

Durie, M. (2003). *Nga Kahui Pou: launching Maori futures*. Wellington: Huia Publishers.

Edwards, P. K. (1987). Conceptual and methodological issues in evaluating emergent programs. *Evaluation and Program Planning, 10*, 27-33.

Fergusson, D. M., & Horwood, L. J. (1998). Exposure to interparental violence in childhood and psychosocial adjustment in young adulthood. *Child abuse and neglect, 22*(5), 339-357.

Fergusson, D. M., Horwood, L. J., & Swain-Campbell, N. (2003). Ethnicity and criminal convictions: results of a 21-year longitudinal study. *Australian and New Zealand Journal of Criminology, 36*(3), 354-368.

Fernandez, Y. M. (2006). Focusing on the positive and avoiding negativity in sexual offender treatment. In W. L. Marshall, Y. M. Fernandez, L. E. Marshall & G. A. Serran (Eds.), *Sexual offender treatment: controversial issues* (pp. 187-197). Chichester, England: John Wiley & Sons Ltd.

Finkelhor, D., Hotaling, G., Lewis, I., & Smith, C. (1990). Sexual abuse in a national survey of adult men and women: prevalence, characteristics and risk factors. *Child abuse and neglect, 14*, 19-28.

Finney, J. W., & Moos, R. H. (1989). Theory and method in treatment evaluation. *Evaluation and Program Planning, 12*, 307-316.

Frost, A., Ware, J., & Boer, D. P. (2009). An integrated groupwork methodology for working with sex offenders. *Journal of sexual aggression, 15*(1), 21-38.

Fry, L. J. (1973). Participant observation and program evaluation. *Journal of Health and Social Behavior, 14*(September), 274-278.

Gannon, T. A., Beech, A. R., & Ward, T. (2008). Does the polygraph lead to better risk prediction for sexual offenders? *Aggression and violent behavior, 13*, 29-44.

Geary, J. E. (2007). *Adolescent sexual offender treatment programmes in New Zealand: a process evaluation.* Unpublished Doctor of Philosophy, University of Auckland, Auckland.

Geer, J. H., Estupinan, L. A., & Manguno-Mire, G. M. (2000). Empathy, social skills, and other relevant cognitive processes in rapists and other child molesters. *Aggression and violent behavior, 5*(1), 99-226.

Glaser, D., & Erez, E. (1988). *Evaluation research and decision guidance*. New Brunswick: Transaction Books.

Graves, R. (1999). Sex offender treatment for Alaska native groups. In A. D. Lewis (Ed.), *Cultural diversity in sexual abuser treatment: issues and approaches* (pp. 164-178). Brandon, VT: Safer Society Press.

Hanson, R. K., & Bussiere. (1998). Predicting relapse: a meta-analysis of sexual offender recidivism studies. *Journal of consulting and clinical psychology, 66*(2), 348-362.

Hanson, R. K., & Morton-Bourgon, K. E. (2005). Characteristics of persistent sexual offenders: a meta-analysis of recidivism studies. *Journal of consulting and clinical psychology, 73*(6), 1154-1163.

Harkins, L., & Beech, A. (2007a). Measurement of the effectiveness of sex offender treatment. *Aggression and Violent Behavior, 12*(1), 36-44.

Harkins, L., & Beech, A. (2007b). A review of the factors that can influence the effectiveness of sexual offender treatment: Risk, need, responsivity, and process issues. *Aggression and Violent Behavior, 12*(6), 615-627.

Hollin, C. R. (1999). Treatment programs for offenders: Meta-analysis, "What Works," and beyond. *International journal of law and psychiatry, 22*(3-4), 361-372.

Howells, K., & Day, A. (2006). Affective determinants of treatment engagement in violent offenders. *International journal of offender therapy and comparative criminology, 50*(2), 174-186.

Hunter, E. (2007). Aboriginal and Torres Strait Islander mental health. In K. Bhui & D. Bhugra (Eds.), *Culture and mental health: a comprehensive textbook*. New York: Oxford University Press.

Jackson, M. (1988). *The Maori and the criminal justice system - a new perspective = He Whaipaanga Hou*. Wellington, New Zealand: Department of Justice.

Jennings, J. L., & Sawyer, S. (2003). Principles and techniques for maximising the effectiveness of group therapy with sex offenders. *Sexual abuse: a journal of research and treament, 15*(4), 251-267.

Jones, R. L., Loredo, C. M., Johnson, S. D., & McFarlane-Nathan, G. (1999). A paradigm for culturally relevant sexual abuser treatment: an international perspective. In A. D. Lewis (Ed.), *Cultural diversity in sexual abuser treatment: issues and aproaches* (pp. 1-44). Brandon, VT: Safer Society Press.

Kohn, R. (2007). Mental health and cultural psychiatry in the United States and Canada. In K. Bhui & D. Bhugra (Eds.), *Culture and mental health: a comprehensive textbook*. New York: Oxford University Press.

Kurz, D. E. (1983). The use of participant observation in evaluation research. *Evaluation and Program Planning, 6*, 93-102.

Lambie, I. (1991). *Toward a new model of psychiatric rehabilitation.* University of Auckland, Auckland.

Lambie, I., & Stewart, M. W. (2003). *Community solutions for the community's problem: an outcome evaluation of three New Zealand community child sex offender treatment programmes*. Auckland: University of Auckland.

Lane Council of Governments. (2003). *Managing sex offenders in the community: a national overview*. Washington, DC: US Department of Justice.

Leon, A. M., Dziegielewski, S. F., & Tubiak, C. (1999). A program evaluation of a juvenile halfway house: considerations for strengthening program components. *Evaluation and Program Planning, 22*, 141-153.

Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage Publications Inc.

Losel, F. (2002). Rehabilitation of the offender. *International encyclopaedia of the social & behavioral sciences*.

Marshall, W. E., D., A., & Fernandez, Y. M. (1999). *Cognitive behavioural treatment of sexual offenders*. Chichester: John Wiley & Sons Ltd.

Marshall, W. L. (1999). Current status of North American assessment and treatment programs for sexual offenders. *Journal of interpersonal violence, 14*(3), 221-239.

Marshall, W. L. (2005). Therapist style in sexual offender treatment: influence on indices of change. *Sexual abuse: a journal of research and treament, 17*(2), 109-116.

Marshall, W. L. (2006). Appraising treatment outcome with sexual offenders. In W. L. Marshall, Y. M. Fernandez, L. E. Marshall & G. A. Serran (Eds.), *Sexual offender treatment: controversial issues*. Chichester: John Wiley & Sons Ltd.

Marshall, W. L., Fernandez, Y. M., Serran, G. A., Mulloy, R., Thornton, D., Mann, R. E., & Anderson, D. (2003). Process variables in the treatment of sexual offenders: a review of the relevant literature. *Aggression and violent behavior, 8*(2), 205-234.

McFarlane-Nathan, G. (1994). *Cognitive behaviour therapy and the Maori client.* Paper presented at the Psychological Services Division Annual Conference.

McFarlane-Nathan, G. (1999). *FReMO Framework for reducing Maori offending. How to achieve quality in policy and services to reduce Maori offending and enhance Maori aspirations.*: Psychological Service, Department of Corrections.

McGregor, K. (2003). *"Therapy - it's a two way thing": women survivors of child sexual abuse describe their therapy experiences.* Unpublished Doctor of Philosophy, University of Auckland, Auckland.

McGuire, J. (2002). Integrating findings from research reviews. In J. McGuire (Ed.), *Offender rehabilitation and treatment: effective programmes and policies for reducing re-offending*. Chichester: John Wiley & Sons Inc.

McMurran, M., & Ward, T. (2004). Motivating offenders to change in therapy: an organizing framework. *Legal and criminological psychology, 9*, 295-311.

Mead, H. M. (2003). *Tikanga Maori: living by Maori values*. Wellington, New Zealand: Huia Publishers.

Milne, M. (2005). *Maori perspectives on Kaupapa Maori and Psychology: a discussion document. A report for the New Zealand Psychologists Board*. Wellington: New Zealand Psychologists Board.

Mitchell, J. (2007). History. In B. Carson, T. Dunbar, R. D. Chenhall & R. Bailie (Eds.), *Social determinants of indigenous health*. Crows Nest, NSW: Allen & Unwin.

Nathan, L., Wilson, N., & Hillman, D. (2003). *Te Whakakotahitanga: an evaluation of the Te Piriti Special Treatment Programme for child sex offenders in New Zealand*: Psychological Service, Department of Corrections.

Patton, M. Q. (1978). Evaluation of program implementation. In M. Q. Patton (Ed.), *Utilization-focused evaluation* (pp. 318-346). Beverly Hills: Sage.

Patton, M. Q. (1980). *Qualitative evaluation methods*. Thousand Oaks, California: Sage Publications, Inc.

Patton, M. Q. (1982). *Practical evaluation*. Newbury Park, CA: Sage Publications, Inc.

Patton, M. Q. (1987). *How to use qualitative methods in evaluation*. Newbury Park, CA: Sage Publications, Inc.

Patton, M. Q. (1990). *Qualitative evaluation and research methods*. Newbury Park, CA: Sage Publications, Inc.

Patton, M. Q. (1997). *Utilization-focused evaluation: the new century text* (3rd ed.). Thousand Oaks, CA: Sage Publications Inc.

Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, California: Sage Publications, Inc.

Pithers, W. D. (1994). Process evaluation of a group therapy component designed to enhance sex offenders' empathy for sexual abuse survivors. *Behaviour Research and Therapy, 32*(5), 565-570.

Policy Action and Research Group. (2007). *Over-representation of Maori in the criminal justice system: an exploratory study*: Department of Corrections.

Policy Strategy and Research Group. (2009). *Maori focus units and Maori therapeutic programmes: an evaluation report*. Wellington: Department of Corrections.

Read, J. (1997). Child abuse and psychosis: a literature review and implications for professional practice. *Professional Psychology: research and practice, 28*, 448-456.

Reed, A. W. (1988). *Maori myth and legend*. Auckland, New Zealand: Reed Metheun Publishers Ltd.

Renfrey, G. S. (1992). Cognitive-behavior therapy and the Native American client. *Behavior Therapy, 23*(3), 321-340.

Robertson, P., Larsen, J., Hillman, D., & Hudson, S. (1999). Conceptual issues in therapy with sexually abusive Maori men. In A. D. Lewis (Ed.), *Cultural diversity in sexual abuser treatment: issues and approaches* (pp. 188-214). Brandon, VT: Safer Society Press.

Romano, E., & DeLuca, R. V. (2001). Male sexual abuse: a review of effects, abuse characteristics, and links with later psychological functioning. *Aggression and violent behavior, 6*(1), 55-78.

Rosenthal, R., & Rosnow, R. L. (1991). *Essentials of behavioral research: methods and data analysis*. Boston, MA: McGraw Hill.

Ryan, P. M. (2008). *The Raupo dictionary of modern Maori* (2nd ed.). Rosedale: Penguin Group.

Scheidlinger, S. (2004). Group psychotherapy and related helping groups today: an overview. *American Journal of Psychotherapy, 58*(3), 265-280.

Seto, M. C., & Barbaree, H. E. (1999). Psychopathy, treatment behavior, and sex offender recidivism. *Journal of interpersonal violence, 14*, 1233-1248.

Seto, M. C., & Lalumiere, M. L. (2000). Psychopathy and sexual aggression. In C. B. Gacono (Ed.), *The clinical and forensic assessment of psychopathy: a practitioner's guide*. Mahwah, NJ: Lawrence Erlbaum Associates Inc.

Shingler, J., & Mann, R. E. (2006). Collaboration in clinical work with sexual offenders: treatment and risk assessment. In W. L. Marshall, Y. M. Fernandez, L. E. Marshall & G. A. Serran (Eds.), *Sexual offender treatment: controversial issues*. Chichester: John Wiley & Sons, Ltd.

Smith, L. T. (1999). *Decolonizing Methodologies.* Dunedin, New Zealand: University of Otago Press.

Starzyk, K. B., & Marshall, W. L. (2003). Childhood family and personological risk factors for sexual offending. *Aggression and violent behavior, 8*(1), 93-105.

Thomas, D. R. (2004). *A general inductive approach for qualitative data analysis*. Auckland, New Zealand: School of Population Health, University of Auckland.

van der Kolk, B. A., McFarlane, A. C., & Weisaeth, L. (1996). *Traumatic stress: the effects of overwhelming experience on mind, body and society*. New York: Guilford.

Walker, R. (2004). *Ka whawhai tonu matou: struggle without end*. Albany, New Zealand: Penguin Group.

Ward, T., & Beech, A. R. (2006). An integrated theory of sexual offending. *Aggression and violent behavior, 11*, 44-63.

Ward, T., & Maruna, S. (2007). *Rehabilitation*. Oxon: Routledge.

Ward, T., Polaschek, D. L. L., & Beech, A. R. (2006). *Theories of sexual offending*. Chichester: John Wiley & Sons Ltd.

Ward, T., Vess, J., Collie, R. M., & Gannon, T. A. (2006). Risk management or goods promotion: The relationship between approach and avoidance goals in treatment for sex offenders. *Aggression and Violent Behavior, 11*(4), 378-393.

Whitaker, C. A., & Malone, T. P. (1981). *The roots of psychotherapy*. New York: Bruner/Mazel Inc.

Whitaker, D. J., Le, B., Hanson, R. K., Baker, C. K., McMahon, P. M., Ryan, G., Klein, A., & Rice, D. D. (2008). Risk factors for the perpetration of child sexual abuse: a review and meta-analysis. *Child abuse and neglect, 32*, 529-548.

Wyse, M., & Thomasson, K. (1999). A perspective on sex offender treatment for Native Americans. In A. D. Lewis (Ed.), *Cultural diversity in sexual abuser treatment: issues and approaches* (pp. 83-107). Brandon, VT: Safer Society Press.

Yalom, I. D. (1985). *The theory and practice of group psychotherapy*. United States: Basic Books, Inc.

Yates, P. M. (2003). Treatment of adult sexual offenders: a therapeutic cognitive-behavioural model of intervention. *Journal of child sexual abuse, 12*(3/4), 195.

Appendix A

Interview Schedules

Tane (Client) Interview Schedule

Preamble – *Thank you for taking the time to talk to me today. Just before we begin I want to explain again the purposes of the interview and how you are protected. I am interested in finding out what the Maori programme is like for you, what things about it you think are good and what you think might be helpful. Remember that today I will not be asking you about your offending or your victims but more about how you have found therapy here at Safe. Please also remember that if I were to become aware that you were at risk of harming yourself or someone else, or that you yourself were at risk of being harmed by another person – I would be obligated to share that information with your therapists and could not keep that confidential. That is the main instance where I would break confidentiality. Otherwise, as I explained to you I am obligated to protect your identity throughout the course of this research. Please also remember that you do not have to answer any questions that I ask of you and you have a right to your copy of the interview as well as a copy of the results of this research. If you want the tape recorder turned off at any stage, please let me know. Do you have any questions before we begin?*

Is there anything you would like to do before we begin such as say a karakia?

<u>Clients</u>

A) Background Information

First of all I would like to ask you some questions about yourself so that I can get a few details about your background.

How old are you?

Where are you from?

Where do you live and how long have you lived there?

Who do you live with?

Are you working or training?

How do you like to spend your free time?

How long have you been coming to the programme?

B) Referral process

In this next section I am going to be asking you some questions about what it was like for you when you first found out that you would be going to the programme at Safe.

How did you find out about the Safe Maori Programme?

What went through your mind when you found out you would be coming to the programme? How did you feel at the time?

What sort of information did you get about the programme before you started? What information was helpful? What other things would have been helpful for you to know?

What did your whanau or people close to you think about you coming to do this programme?

Was there anything that was difficult for you during this time? If so, what would have made it easier?

Was there anything that was helpful during this time? If so, can you describe what it was and how it was helpful?

C) Assessment Process

Now I am going to ask you some questions about how things were for you when you first came to Safe.

What did you think of Safe when you first came here? (e.g., reception, staff, assessment interview).

What sort of things were you asked about during this first appointment? (i.e., family background, offending history, cultural background).

What did you think about the questions asked? How did you feel?

What was this part like for you? What was helpful? What would have been more helpful?

How was it decided that you go into the Maori programme? What information did you have about the programmes available?

What were your thoughts about Safe having a programme available for Maori and run by Maori therapists?

As a Maori, how comfortable have you felt about being at Safe? Do you have any suggestions that would make things more comfortable?

D) Programme

Now I am going to ask you some questions about the Maori programme at Safe.

What was it like when you first came to group? (Look for descriptions of process, what helped or didn't help).

How would you describe the staff? What about them has been helpful or unhelpful? (Probe for how open and honest they feel they can be, rapport, trust in their therapists' abilities, what feedback they feel able to give to staff).

In what ways do you see the Safe programme as being a Maori programme?

What do they do at Safe to address cultural issues?

In general, how do you get along with the other group members?

What is group like for you? How has it changed for you since you first started?

What things are talked about in group sessions?

Men in the group are at different stages in the programme. What do you think are the benefits and disadvantages of having group members at different stages of therapy?

What about the programme has been most helpful for you?

What about the programme has been most difficult for you? How would you change it if you could?

What do you get out of coming to this programme? Ultimately, what would you like to get out of the programme?

Have any of your whanau been involved throughout the programme? If so, has this been helpful or unhelpful? Why?

Since you have been coming to the programme, how have things been for you? (e.g., living arrangements, contact with family members, conflict resolution, interpersonal relationships). What do you think are the reasons for this?

Since you have been coming to the programme, what changes have you made in terms of your offending? (e.g., thoughts, feelings, behaviours, victim awareness and empathy). What do you think has led to those changes?

What might stop you from making or maintaining changes in terms of your offending?

How do you think the programme can assist you in making or maintaining those changes?

Please think about any therapy sessions (group, whanau, individual) that you have attended. Can you tell me about something you have learnt during these sessions that you have found important to remember? Why has that been important for you?

In these sessions, what sort of things do you talk about? Can you describe what those sessions are like?

What things have been helpful or unhelpful? (Probe more for whanau and individual sessions and how these may differ from group sessions).

Have you ever attended any other treatment group for your offending? If so, what was it like? (probe for any differences, culturally or other).

Is there anything else you would like to say about the programme?

Thank you for participating in this research. Do you have any feedback for me in terms of how you have found the interview?

Whanau interview schedule

Preamble – *Thank you for taking the time to talk to me today. Just before we begin I want to explain again the purposes of the interview and how you are protected. I am interested in finding out what the Maori programme is like for your whanau, what things about it you think are good and what you think might be helpful. Remember that today I will not be asking you about your ____'s offending or his victims but more about how your experience here at Safe. Please also remember that if I were to become aware that you were at risk of harming yourself or someone else, or that you yourself were at risk of being harmed by another person – I would be obligated to share that information with your therapists and could not keep that confidential. That is the main instance where I would break confidentiality. Otherwise, as I explained to you I am obligated to protect your identity throughout the course of this research. Please also remember that you do not have to answer any questions that I ask of you and you have a right to your copy of the interview as well as a copy of the results of this research. If you want the tape recorder turned off at any stage, please let me know. Do you have any questions before we begin?*

A) Background Information

What is your relationship to the person attending the Safe Maori Programme?

How long has he been attending the programme?

How long have you/ your whanau been associated with the programme?

B) Referral and Assessment Processes

When did you first hear about the Safe Maori Programme?

What information about the programme was made available to you at this time?

What other information would you have liked?

How was this time for you? What was helpful? What would have been more helpful?

Did your (whanau member i.e. husband, brother, father, son, etc.) have any particular concerns about going to the programme?

What do you think might have made this time easier for him?

Did you go with your ____ to the assessment interview?

If yes, what were some of the issues talked about during this initial assessment? (e.g., family background and involvement, sexually abusive behaviour, goals).

What input did you have during the assessment process? Please comment as to whether you felt you had enough input.

What were your expectations about your whanau coming to the programme? Have they been met so far? (Get descriptions of how expectations have been met. Suggestions for improvements if expectations not met).

C) Programme

What involvement have you had in the programme since your _____ first started attending the programme?

What support or assistance have you received?

What information have you received about sexual abuse?

Do you have any suggestions for improvements to the support and/or information you have received?

How would you describe the staff in terms of their friendliness/approachability?

How have staff kept you informed about your _____ progress? Please comment on whether this has been adequate or not.

What is your whanau's experience of being a part of a programme that caters for Maori?

What difference do you think having a Maori therapist makes?

Have you noticed any changes in your _____ behaviour since coming to the programme? (Probe for specific examples like increased personal responsibility, better coping skills in high-risk situations, maintaining positive relationships, etc.).

What do you think has brought about those changes? How much do you think the programme was related to these changes in comparison to other things going on around that time?

Based on your experience, what has your whanau gained from attending the Safe Maori Programme?

Based on your experience, how might the programme be improved?

What are the greatest challenges that your whanau faces? How might the Safe programme be able to assist you with that?

Do you have any further comments to make about the Safe Maori Programme?

Thank you for participating in this research. Do you have any feedback for me in terms of how you have found the interview?

Staff Interview Schedule

A) Organisational information.

To start with can you describe your role at Safe and within the Maori programme?

How long have you been working for Safe?

What experience do you bring to your current role?

What staff training do you receive at SAFE (general or specific to the Maori team)?

How is your work performance measured?

What are your arrangements for receiving clinical supervision? How has this suited you?

What are your arrangements for receiving cultural supervision? How has this suited you?

How does Safe assist with the well-being of its staff? How does this suit you?

What issues, if any, do you think the Maori programme faces within the organisation? (Probe for: cultural safety, staff conflicts, staff turnover, funding, allocation of resources, availability of resources, agency co-ordination, organisational support, follow-up support, inappropriate referrals, accountability, admission criteria).

What issues, if any, do you face in your work as a therapist?

What issues have you faced in your current work that you think relates directly to being Maori? If so, could you describe these issues and how they were managed?

B) Referral and Assessment Processes

Who are the main agencies you receive referrals from?

How would you describe your organisation's relationship with agencies in the community? (What works well? What could be improved)?

How would you describe the process of matching a client to the mainstream or Maori programme?

What is the process for assessing a new client?

- In terms of their cultural needs?
- In terms of their level of risk (e.g., what sources of information are used, what instruments are used).
- In terms of clients who have complex backgrounds (like acute mental health difficulties, multi-agency involvement, and so forth)?
- Other relevant issues?

Following an assessment, what procedures take place before a client is accepted into a programme?

What sort of things would prevent a client from entering the programme?

Is there anyone that you report back to after the initial assessments?

Do you have any suggestions for improvement throughout this assessment process?

C) Programme

What do you understand to be the goals of the Maori programme in general?

In your opinion, how is the programme working in terms of meeting those goals?

How has the programme changed since you started? What were the reasons for these changes?

Could you describe what you typically do to assist your clients?

Could you describe how you set goals and objectives with your clients?

What procedures do you have for working with clients who have:

- Specific cultural needs.
- High levels of risk.
- Complex backgrounds (eg acute mental health difficulties, multi-agency involvement etc).
- Other relevant issues?

What are some of the most common problems or issues you help your clients and their whanau deal with in your work?

What do you consider to be a successful outcome in your work? How do you measure this eg what criteria?

Can you think of a client you have seen who has been very successful in the programme. What do you think has contributed to their success?

What do you consider to be unsuccessful outcomes in your work? How do you measure this eg what criteria?

Can you think of a client you have seen who has been unsuccessful in the programme? What do you think has contributed to this?

What has been the most rewarding aspect of your work?

What has been the most challenging aspect of your work?

What would you do differently in your work for Maori clients than for non-Maori clients? You can draw on your experience in other programmes if that helps.

What would you do in your work that would be the same for Maori and non-Maori clients?

What barriers to treatment, if any, do you think there are for Maori clients (can answer generally and/or specifically)? What do you think can be done to remove those barriers? How might the Maori programme work towards removing these barriers?

What do you think the men in the programme gain from coming to the Maori programme?

What skills, training and support do you have that you find really helpful in your work? Are there any further training or support that you would like?

Overall, what aspects of the programme are working well?

What aspects of the programme could be improved?

What do you see as the future goals for the Maori programme?

Do you have any other comments?

Thank you for participating in this research. Do you have any feedback for me in terms of how you have found the interview?

Appendix B

Information Sheets

THE UNIVERSITY OF AUCKLAND
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Auckland, New Zealand

Research Project: A process evaluation of the Safe Network Maori Programme

Researcher: Karmyn Billing

To Clients of the Safe Maori Programme

Invitation to Participate in Research

Nga mihi ki a koutou. My name is **Karmyn Billing (Ngati Pikiao – Te Arawa)** and I would like to invite you to participate in a research project that I am conducting on behalf of the Maori Programme at Safe Network Incorporated, Tamaki Makaurau. The Safe Maori programme is unique to Aotearoa because it is the only adult sexual offender treatment programme offered solely to Maori and facilitated only by Maori. As you are a client of the Safe Maori Programme, your contribution to this research project would be of great value.

As Maori involved with this research, this is an opportunity for whakawhitiwhiti korero (shared thoughts) about your experiences of the programme. The aims of this study are to assist the Safe Maori Team in their work by providing them with your feedback and to contribute to the hauora (health) of Maori by seeking to describe and understand a Tikanga Maori therapeutic programme. Finally, it is intended that Maori involved with this programme have the opportunity to have their voices heard and to be acknowledged as the experts of their own experiences. It is also hoped that the information gained from this research will be distributed to the wider community, through public Hui so that other organisations offering services to Maori may benefit.

I am conducting this research in order to achieve my degree of Doctor of Clinical Psychology at the University of Auckland. My academic supervisors are: **Dr Ian Lambie** (Ph.D, Director of Clinical Psychology at the University of Auckland, Clinical Consultant for Safe Network Inc.), and **Dr Heather McDowell**, (Ph.D, Psychology Department, University of Auckland). **Sharon**

Rickard (Te Aho Tapu Trust, MA Hons, PGDipClinPsych, MNZPSS) will provide cultural supervision throughout the research. This research project is being funded by a University of Auckland Doctoral Scholarship.

What 'participation' means and how you will be protected.

Interviews.

If you agree to be a participant in this research, you will be asked to attend a 2-hour interview at Safe Network Inc., where I will ask you a variety of questions about your experiences of the Safe Maori programme. I have signed a confidentiality agreement with Safe Network, which means that I must keep your identity as a Safe client confidential. For accuracy of information, it is essential that your interview is recorded on audiotape and that notes are made, however, you may choose to have the tape recorder turned off at any time during your interview. You may choose to have an audio-copy of your interview once the research has been completed. If you provide your answers in Te Reo, I may require someone (such as my cultural supervisor) to assist me in translating these answers. However, this person will have signed a confidentiality agreement with Safe Network and will not be able discuss this information with anyone else. You can refuse to answer any of the interview questions and you may like to ask questions of your own. You are also welcome to bring a support person with you to the interview. You may be quoted in the final report but you will not be identified as the person who gave the information. However, if you provide information that implies a serious risk to yourself or others (such as threat of self-harm or reports of undisclosed abuse) then I will be obligated to relay this information to one of the Safe Maori Programme staff. Kai and refreshments will be provided at the end of each interview as a gesture of gratitude for your participation.

Group Observations.

In order to be able to describe and understand the Safe Maori Programme, I will sit in on Monday night group sessions for approximately a one-year period, to make observations and take notes. During these observations, I will be interested in what happens within group – such as how a new group member is welcomed, how another group member is farewelled, what issues are talked about in group, and how staff and clients get along with each other. As mentioned, I have signed a confidentiality agreement with Safe Network, which means that I must keep the identity of Safe clients private. Any notes that I take during group sessions will not identify members by name. If you agree to participate in this study, you do not have to do anything differently in group sessions because I am interested in what happens normally. I may make notes of certain things that happen within group or I might ask you some questions after group about how you found the session. These observations would only be used to further my understanding of the programme and would not be used to make judgments about anyone's individual progress. I may describe some of these observations in the final report but I would not identify any member as the source of this information. Due to the small size of the group, it is possible that you could be identified as a group member but I will do my best to protect your identity – such as not

naming you, or altering minor details when describing a situation that involves you.

If you are a client in the Safe Maori Programme and do not wish to participate, you also do not have to do anything differently within group sessions and I will not make any records of your activities. Your decision to participate OR not to participate in the research is completely voluntary and will not have any influence on your progress within the Safe programme nor will it affect your relationships with Safe staff members.

Should you choose to, you will receive a summary of the research findings and you will be invited to attend a presentation of the results at the conclusion of the project. All notes, audiotapes and records of your participation will not identify you as the source of the information and will be stored in a locked cabinet at the University of Auckland until the completion of the research (estimated around March 2008), after which time the information will be destroyed. Your consent form will be stored at the University of Auckland, separate from your audiotapes and records, for a period of six years. You also have the right to withdraw your consent to participate in the research at any time without having to give a reason and you may withdraw any information you have given before October 1, 2006, provided this information does not imply a risk to yourself or others. If you have any concerns about the research project, please direct your enquires to Karmyn Billing or Dr Ian Lambie in the first instance. If you have serious concerns you may contact the Chair of the University of Auckland Human Participants Ethics Committee (UAHPEC) at (09) 373 7599 Extn 87830.

Your participation and input into this project is highly valued by the research team. If you have any questions or would like further information about this project, please contact Karmyn Billing on:

Waea: (09) 373 7599 Ext: 86755
Emera: kbil009@ec.auckland.ac.nz

Or Dr Ian Lambie
Waea: (09) 373 7599 Ext: 85012
Emera: i.lambie@auckland.ac.nz

Or Associate Professor Fred Seymour (Head of Department, Psychology, University of Auckland)
Waea: (09) 373 7599 Ext: 88414
Emera: f.seymour@auckland.ac.nz

Or contact Karmyn Billing, Ian Lambie or Fred Seymour at:

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APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE on 12/10/2005 for a period of 3 years to 12/10/2008 Reference 2005/370.

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Private Bag 92019
Auckland, New Zealand

Research Project: A process evaluation of the Safe Network Maori Programme

Researcher: Karmyn Billing

To Whanau members of Safe Maori Programme Clients

Invitation to Participate in Research

Nga mihi ki a koutou. My name is **Karmyn Billing (Ngati Pikiao – Te Arawa)** and I would like to invite you to participate in a research project that I am conducting on behalf of the Maori Programme at Safe Network Incorporated, Tamaki Makaurau. The Safe Maori programme is unique to Aotearoa because it is the only adult sexual offender treatment programme offered solely to Maori and facilitated only by Maori. As you are a whanau support person of a Safe Maori Programme client, your contribution to this research project would be of great value.

As Maori involved with this research, this is an opportunity for whakawhitiwhiti korero (shared thoughts) about your experiences of the programme. The aims of this study are to assist the Safe Maori Team in their work by providing them with your feedback and to contribute to the hauora (health) of Maori by seeking to describe and understand a Tikanga Maori therapeutic programme. Finally, it is intended that Maori involved with this programme have the opportunity to have their voices heard and to be acknowledged as the experts of their own experiences. It is also hoped that the information gained from this research will be distributed to the wider community, through public Hui so that other organisations offering services to Maori may benefit.

I am conducting this research in order to achieve my degree of Doctor of Clinical Psychology at the University of Auckland. My academic supervisors are: **Dr Ian Lambie** (Ph.D, Director of Clinical Psychology at the University of Auckland, Clinical Consultant for Safe Network Inc.), and **Dr Heather McDowell**, (Ph.D, Psychology Department, University of Auckland). **Sharon Rickard** (Te Aho Tapu Trust, MA Hons, PGDipClinPsych, MNZPSS) will provide cultural supervision throughout the research. This research project is being funded by a University of Auckland Doctoral Scholarship.

What 'participation' means and how you will be protected.

Interviews.

If you agree to be a participant in this research, you will be asked to attend a 2-hour interview at Safe Network Inc., where I will ask you a variety of questions about the experiences you and your whanau have had of the Safe Maori programme. I have signed a confidentiality agreement with Safe Network, which means that I must keep your and your whanau member's identity confidential. For accuracy of information, it is essential that your interview is recorded on audiotape and that notes are made, however, you may choose to have the tape recorder turned off at any time during your interview. You may choose to have an audio-copy of your interview once the research has been completed. If you provide your answers in Te Reo, I may require someone (such as my cultural supervisor) to assist me in translating these answers. However, this person will have signed a confidentiality agreement with Safe Network and will not be able discuss this information with anyone else. You can refuse to answer any of the interview questions and you may like to ask questions of your own. You are also welcome to bring a support person with you to the interview. You may be quoted in the final report but you will not be identified as the person who gave the information. However, if you provide information that implies a serious risk to yourself or others (such as threat of harm to yourself or others, or knowledge of undisclosed abuse) then I will be obligated to relay this information to one of the Safe Maori Programme staff. Kai and refreshments will be provided at the end of each interview as a gesture of gratitude for your participation.

Group Observations.

In order to be able to describe and understand the Safe Maori Programme, I will sit in on Monday night group sessions for approximately a four-month period, to make observations and take notes. I will also make observations of the sessions where whanau members are invited into the group. During these observations, I will be interested in what happens within group – such as what issues are talked about in group and what input whanau have into the programme. As mentioned, I have signed a confidentiality agreement with Safe Network, which means that I must keep the identity of Safe clients and their whanau private. Any notes that I take during group sessions will not identify anyone by name. If you agree to participate in this study, you do not have to do anything differently in group sessions because I am interested in what happens normally. I may make notes of certain things that happen within group or I might ask you some questions after group about how you found the session. These observations would only be used to further my understanding of the programme and would not be used to make judgments about your whanau member's individual progress. I may describe some of these observations in the final report but I would not identify any individual as the source of this information. Due to the small size of the group, it is possible that you could be identified as a whanau member but I will do my best to protect your identity – such as not naming you, or altering minor details when describing a situation that involves you.

If you are a whanau support person of a client in the Safe Maori Programme and do not wish to participate, you also do not have to do anything differently

within group sessions and I will not make any records of your activities. Your decision to participate OR not to participate in the research is completely voluntary and will not have any influence on your whanau member's progress within the Safe programme nor will it affect your relationships with Safe staff members.

Should you choose to, you will receive a summary of the research findings and you will be invited to attend a presentation of the results at the conclusion of the project. All notes, audiotapes and records of your participation will not identify you as the source of the information and will be stored in a locked cabinet at the University of Auckland until the completion of the research (estimated around March 2008), after which time the information will be destroyed. Your consent form will be stored at the University of Auckland, separate from your audiotapes and records, for a period of six years. You also have the right to withdraw your consent to participate in the research at any time without having to give a reason and you may withdraw any information you have given before November 24, 2006, provided this information does not imply a risk to yourself or others. If you have any concerns about the research project, please direct your enquires to Karmyn Billing or Dr Ian Lambie in the first instance. If you have serious concerns you may contact the Chair of the University of Auckland Human Participants Ethics Committee (UAHPEC) at (09) 373 7599 Extn 87830.

Your participation and input into this project is highly valued by the research team. If you have any questions or would like further information about this project, please contact Karmyn Billing on:

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Auckland, New Zealand

Research Project: A process evaluation of the Safe Network Maori Programme

Primary Researcher: Karmyn Billing (Ngati Pikiao – Te Arawa)
To Staff of the Safe Maori Team

Invitation to Participate in Research

Tena koutou katoa. I would like to formally invite you to participate in a process evaluation study of the Maori Programme at Safe Network Incorporated, Tamaki Makaurau. As staff of the Maori Programme, your input into this research project is valued highly.

The aims of the evaluation are to 1) describe programme characteristics, 2) document and understand programme implementation, and 3) provide recommendations about the programme based on its strengths and weaknesses as identified by service users. The evaluation will utilise qualitative methods of data collection such as semi-structured interviews and participant observations. Programme documentation will also be used as a source of data. The purpose of the research is to validate successful programme processes, suggest improvements in relation to unsuccessful areas, and provide a transparent and potentially replicable research base for sexual offender treatment services that meet the specific needs of Maori.

I am conducting this research on your behalf and also to achieve my degree of Doctor of Clinical Psychology at the University of Auckland. My academic supervisors are: **Dr Ian Lambie** (Ph.D, Director of Clinical Psychology at the University of Auckland, Clinical Consultant for Safe Network Inc.), and **Dr Heather McDowell**, (Ph.D, Psychology Department, University of Auckland). **Sharon Rickard** (Te Aho Tapu Trust, MA Hons, PGDipClinPsych, MNZPSS) will provide cultural supervision throughout the research. This research project is being funded by a University of Auckland Doctoral Scholarship.

As Maori involved with this research, this is an opportunity for whakawhitiwhiti korero (shared thoughts) about your experiences of the programme. The research team intend to provide feedback to your team to assist you in your work and also to contribute to the hauora (health) of Maori by seeking to describe and understand a Tikanga Maori therapeutic programme. Ultimately,

the overarching aim of this research project is to assist Safe's efforts to protect our tamariki (children) by reducing sexual offending within our communities. It is also intended that Maori involved with this programme have the opportunity to have their voices heard and to be acknowledged as the experts of their own experiences. At the conclusion of the project, your team and Safe Management will receive a report of the research findings and you will be invited to attend a presentation of the results. You may also choose to have the results of this research presented to members of the wider community, through public Hui so that other organisations offering services to Maori may benefit.

What does participation involve and how am I protected?
Interviews.
You will be asked to attend a 2-hour interview during employment hours at Safe Network Inc., where I will ask you a variety of questions about your experiences of the Safe Maori programme. For accuracy of information, it is essential that your interview is recorded on audiotape and that notes are made, however, you may choose to have the tape recorder turned off at any time during your interview. You may choose to have an audio-copy of your interview once the research has been completed. If you provide your answers in Te Reo, an individual fluent in Te Reo who will have signed a confidentiality agreement with Safe Network will assist the primary researcher in translating these answers. You can refuse to answer any of the interview questions and you may like to ask questions of your own. You may be quoted in the final report but this will be done so in a way that does not identify you as the source of the information. Kai will be provided at the end of each interview as a gesture of gratitude for your participation.

Group Observations.
In order to be able to describe and understand the Safe Maori Programme, I will sit in on Monday night group sessions for approximately a one-year period, to make observations and take notes. During these observations, I will be interested in what happens within group – such as how a new group member is welcomed, how another group member is farewelled, what issues are talked about in group, and how staff and clients get along with each other. Any notes that I take during group sessions will not identify members (including staff) by name. If you agree to participate in this study, you do not have to do anything differently in group sessions because I am interested in what happens normally. These observations would only be used to further my understanding of the programme and would not be used to make judgments about a clients' progress or a staff members' skills. Due to the small size of the group, it is possible that you could be identified as a group member but I will do my best to protect your identity – such as not naming you, or altering minor details when describing a situation that involves you. If you do not wish to participate, you also do not have to do anything differently within group sessions and I will not make any records of your activities.

Once again, your decision to participate in this research is completely voluntary. All notes, audiotapes and records of your participation will not identify you as the source of the information and will be stored in a locked

cabinet at the University of Auckland until the completion of the research (estimated at March 2008), after which time the information will be destroyed. Your consent form will be stored at the University of Auckland, separate from your audiotapes and records, for a period of six years. You also have the right to withdraw your consent to participate in the research at any time without having to give a reason and you may withdraw any information you have given before 24 November, 2006, which means that information obtained from your interview or observations will be withdrawn from the final report.

As you may be aware, I have signed a researcher confidentiality agreement with Safe Network. This agreement guarantees that I will maintain confidentiality of sensitive agency information, such as names of clients, and that the intellectual property rights and interests of Safe are respected throughout the course of the research. **Your employer has also guaranteed that your participation or non-participation in this research will not affect your employment**. If you have any concerns about the research project, please direct your enquires to Karmyn Billing or Dr Ian Lambie in the first instance. If you have serious concerns you may contact the Chair of the University of Auckland Human Participants Ethics Committee (UAHPEC) at (09) 373 7599 Extn 87830.

If you have any questions or would like further information about this project, please contact Karmyn Billing on:

Waea: (09) 373 7599 Ext: 86755 or (021) 110 0694
Emera: kbil009@ec.auckland.ac.nz

Or Dr Ian Lambie
Waea: (09) 373 7599 Ext: 85012
Emera: i.lambie@auckland.ac.nz

Or Associate Professor Fred Seymour (Head of Department, Psychology, University of Auckland)
Waea: (09) 373 7599 Ext: 88414
Emera: f.seymour@auckland.ac.nz

Or contact Karmyn Billing, Ian Lambie or Fred Seymour at:

Department of Psychology
University of Auckland
Private Bag 92019
Auckland
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APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE on 12/10/2005 for a period of 3 years to 12/10/2008 Reference 2005/370.

THE UNIVERSITY OF AUCKLAND
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Research Project: A process evaluation of the Safe Network Maori Programme

Primary Researcher: Karmyn Billing (Ngati Pikiao – Te Arawa)

To John McCarthy, Director of Safe Network Incorporated

Invitation to Participate in Research

Tena koe. I would like to formally ask for your approval to conduct a process evaluation of the Maori Programme at Safe Network Incorporated, Tamaki Makaurau. The aims of the evaluation would be to 1) describe programme characteristics, 2) document and understand programme implementation, and 3) provide recommendations about the programme based on its strengths and weaknesses as identified by service users. The evaluation will utilise qualitative methods of data collection such as semi-structured interviews and participant observations. Programme documentation will also be used as a source of data. The purpose of the research is to validate successful programme processes, suggest improvements in relation to unsuccessful areas, and provide a transparent and potentially replicable research base for sexual offender treatment services that meet the specific needs of Maori.

I would be conducting this research on behalf of the Safe Maori Team and also to achieve my degree of Doctor of Clinical Psychology at the University of Auckland. My academic supervisors are: **Dr Ian Lambie** (Ph.D, Director of Clinical Psychology at the University of Auckland, Clinical Consultant for Safe Network Inc.), and **Dr Heather McDowell**, (Ph.D, Psychology Department, University of Auckland). **Sharon Rickard** (Te Aho Tapu Trust, MA Hons, PGDipClinPsych, MNZPSS) will provide cultural supervision to myself throughout the research. This research project is being funded by a University of Auckland Doctoral Scholarship.

Benefits of the research

As you are aware, the Safe Maori programme is unique to Aotearoa because it is the only adult sexual offender treatment programme offered solely to Maori and facilitated only by Maori. The results of this research could benefit your agency by adding to your understanding of effective treatments for Maori adults who sexually offend against children. For people involved with the Maori programme, as a client, a whanau support person of a Safe client, a

Safe Maori Team staff member, or a key stakeholder within the community, this is an opportunity for whakawhitiwhiti korero (shared thoughts) about their experiences of the programme. The research team intend to provide feedback to the Safe Maori Team to assist them in their work and also to contribute to the hauora (health) of Maori by seeking to describe and understand a Tikanga Maori therapeutic programme. Ultimately, the overarching aim of this research project is to assist Safe's efforts to protect our tamariki (children) by reducing sexual offending within our communities. It is also intended that Maori involved with this programme have the opportunity to have their voices heard and to be acknowledged as the experts of their own experiences. At the conclusion of the project, Safe Network would receive a report of the research findings and a presentation of the results. Safe Management and staff of the Maori Team may also choose to have the results of this research presented to members of the wider community, through public Hui so that other organisations offering services to Maori may benefit.

Who will participate in the research?

Safe Maori Team staff, clients of the Maori Programme, whanau support people for Safe clients, and community professionals or stakeholders who have contact with Safe such as Child Youth and Family or Community Probation workers (with the approval of the respective agency). Participation is completely voluntary for all participants. All participants receive detailed information sheets about the research and give written consent to be involved with the project. Participants may be quoted in the final report but this will be done so in a way that does not identify them as the source of the information.

What does participation involve for individuals associated with Safe?

Interviews.

All participants will be asked to attend a 1.5-2-hour interview (conducted by Karmyn Billing) about their experiences of the Safe Maori programme. Interview topics include referral and assessment processes, programme content and delivery, and group processes. The researcher will provide kai and refreshments at the end of the interview as a gesture of gratitude for their participation. With your permission, interviews with Safe staff would take place during employment hours on Safe Network premises. For safety reasons, the researcher also requests that interviews with Safe clients and whanau support people take place at Safe, preferably during employment hours or when Safe staff are on the premises. As a safety plan, the researcher will inform staff of the Maori Team if a client or whanau member of a client divulges risk information (such as a report of undisclosed abuse or a threat of harm to oneself or others). Participants will be informed that information they give cannot be kept confidential under such circumstances. Stakeholder interviews will take place at a location convenient to that participant. All efforts will be made to protect the privacy and confidentiality of participants.

Group Observations.

In order to be able to describe and understand the Safe Maori Programme, the researcher proposes to observe Monday night group sessions for approximately a four-month period. The reasons for conducting observations

are to gather information about the therapeutic interventions used within the programme and to describe how the group functions. Participation is voluntary and group members can decline to participate. Group observation records will not contain names or any information that would clearly identify a member (staff or client), regardless of whether this member is a participant or non-participant. No records or notes will be made of the actions of non-participants within group and descriptions of interactions that involve non-participants will not be included in the final report. Participants will not be identified as the source of any information in the final report. Observations would be used to further understanding of the programme.

What else is required of Safe Management?

Programme Documentation

The researcher also seeks your approval to access Safe programme documentation for this evaluation project. Programme records provide information about the programme's activities and may be useful for generating questions that can be further explored through observations and interviews. Programme documentation may include clinical and therapeutic manuals, past evaluations of other programmes within the organisation, meeting agendas, programme handouts, information sheets, and therapeutic workbooks used by clients.

Protection for Staff

The University of Auckland Human Participants Ethics Committee (UAHPEC) requires that employees of an agency be protected when participating in research. To allow for a useful evaluation study it is hoped that staff's decisions to participate or not to participate in research will not affect their employment and that agency management guarantee this protection.

How is Safe protected?

The researcher has signed Safe Network's researcher confidentiality agreement and agrees to all terms including confidentiality of Safe records and policies, respect for the intellectual property of Safe, and protection of the privacy of clients. The researcher is also required to maintain high ethical standards throughout the process of this research project as stipulated by the UAHPEC. The cultural supervisor has also signed a confidentiality agreement with Safe, as the primary researcher may require assistance with translations or cultural concepts during data analysis stages of the research.

Should you have any concerns about the research project, please direct your enquires to Karmyn Billing or Dr Ian Lambie in the first instance. If you have serious concerns you may contact the Chair of the UAHPEC at (09) 373 7599 Extn 87830.

As the principal investigator for this research project, I am excited to have the opportunity to carry out a research project on the Safe Maori Programme and I hope to make a valuable contribution to your organisation.

If you have any questions or would like further information about this project, please do not hesitate to contact Karmyn Billing on:

Waea: (09) 373 7599 Ext: 86755 or (021) 110 0694
Emera: kbil009@ec.auckland.ac.nz

Or Dr Ian Lambie
Waea: (09) 373 7599 Ext: 85012
Emera: i.lambie@auckland.ac.nz

Or Associate Professor Fred Seymour (Head of Department, Psychology, University of Auckland)
Waea: (09) 373 7599 Ext: 88414
Emera: f.seymour@auckland.ac.nz

Or contact Karmyn Billing, Ian Lambie or Fred Seymour at:

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Appendix C

Consent Forms

THE UNIVERSITY OF AUCKLAND
NEW ZEALAND

DEPARTMENT OF PSYCHOLOGY
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CONSENT FORM FOR CLIENTS OF SAFE MAORI PROGRAMME

This consent form will be held for a period of 6 years

A process evaluation of the Safe Maori Programme

Researchers: Karmyn Billing, Dr Ian Lambie, Dr Heather McDowell, Sharon Rickard

- I have been given and have understood an explanation of what this research involves.
- I have had an opportunity to ask questions and to have them answered to my satisfaction.
- I understand that my participation in this research is voluntary.
- I understand that my decision to participate **OR** not to participate will not have any influence on my progress in the Safe Maori Programme nor will it influence my relationships with Safe staff members.
- I understand that another individual may assist the primary researcher (Karmyn Billing) in making translations of my answers (if given in Te Reo) but that this person will have signed a confidentiality agreement with Safe.
- I understand that reports will be made relating to this research outside of Safe Network Incorporated.
- I understand that I do not have to answer all questions asked of me and that I do not have to give reasons for choosing not to answer.
- I understand that my interview will be recorded on audiotape.
- I understand that I am free to withdraw from the research at any time without giving a reason and I understand that I have the right to withdraw my information up to October 1, 2006.
- I understand that the records from my interviews or group participation will be stored in a locked cabinet at the University of Auckland, separate from my consent form, until approximately March 2008 or until the research is completed.
- I understand that I may receive a copy of my audiotape from my interview at a later date and that other copies of the audiotape will be destroyed after the research has been completed.
- I understand that any information I give throughout the research process may not be kept confidential if this information implies that there is a risk to myself or to others. Under such circumstances, the researcher will be required to give this information to staff of the Safe Maori Team.
- I understand that I may be quoted in the summary of results but that this will be done so in a way that does not identify me as the source of the information.

- I understand that Safe Network Incorporated Management has given approval for this research project and that Management will receive a final copy of this report.
- I understand that if I have any concerns about this project, I should direct my enquiries to Karmyn Billing, Dr Ian Lambie, or a staff member of the Safe Maori Team in the first instance. If I have serious concerns I may contact the Chair of the University of Auckland Human Participants Ethics Committee (UAHPEC).

I agree to take part in this research.

Signed: _____

Name: _____
(Please print clearly)

Date: _____

For the following options, please tick if your answer is yes, or cross, **x,** if your answer is no.

- ❑ I would like to receive a summary of the results of the research.
- ❑ I would like to receive an audio-copy of my interview.

Approved by the University of Auckland Human Participants Ethics Committee on 12/10/2005 for 3 years to 12/10/2008 Reference Number 2005/370.

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CONSENT FORM FOR WHANAU SUPPORT PERSON

This consent form will be held for a period of 6 years

A process evaluation of the Safe Maori Programme

Researchers: Karmyn Billing, Dr Ian Lambie, Dr Heather McDowell, Sharon Rickard

- I have been given and have understood an explanation of what this research involves.
- I have had an opportunity to ask questions and to have them answered to my satisfaction.
- I understand that my participation in this research is voluntary.
- I understand that my decision to participate **OR** not to participate will not have any influence on my whanau member's progress in the Safe Maori Programme nor will it influence our relationships with Safe staff members.
- I understand that another individual may assist the primary researcher (Karmyn Billing) in making translations of my answers (if given in Te Reo) but that this person will have signed a confidentiality agreement with Safe.
- I understand that reports will be made relating to this research outside of Safe Network Incorporated.
- I understand that I do not have to answer all questions asked of me and that I do not have to give reasons for choosing not to answer.
- I understand that my interview will be recorded on audiotape.
- I understand that I am free to withdraw from the research at any time without giving a reason and I understand that I have the right to withdraw my information up to November 24, 2006.
- I understand that the records from my interviews or group participation will be stored in a locked cabinet at the University of Auckland, separate from my consent form, until approximately March 2008 or until the research is completed.
- I understand that I may receive a copy of my audiotape from my interview at a later date and that other copies of the audiotape will be destroyed after the research has been completed.
- I understand that any information I give throughout the research process may not be kept confidential if this information implies that there is a risk to myself or to others. Under such circumstances, the researcher will be required to give this information to staff of the Safe Maori Team.
- I understand that I may be quoted in the summary of results but that this will be done so in a way that does not identify me as the source of the information.

- I understand that Safe Network Incorporated Management has given approval for this research project and that Management will receive a final copy of this report.
- I understand that if I have any concerns about this project, I should direct my enquiries to Karmyn Billing, Dr Ian Lambie, or a staff member of the Safe Maori Team in the first instance. If I have serious concerns I may contact the Chair of the University of Auckland Human Participants Ethics Committee (UAHPEC).

I agree to take part in this research.

Signed: _____

Name: _____
(Please print clearly)

Date: _____

For the following options, please tick if your answer is yes, or cross, **x,** if your answer is no.

- ❑ I would like to receive a summary of the results of the research.
- ❑ I would like to receive an audio-copy of my interview.

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON 12/10/2005 for 3 years to 12/10/2008 Reference Number 2005/370.

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Auckland, New Zealand

CONSENT FORM FOR STAFF OF THE SAFE MAORI TEAM

This consent form will be held for a period of 6 years

A process evaluation of the Safe Maori Programme

Researchers: Karmyn Billing, Dr Ian Lambie, Dr Heather McDowell, Sharon Rickard

- I have been given and have understood an explanation of what this research involves.
- I have had an opportunity to ask questions and to have them answered to my satisfaction.
- I understand that my participation in this research is voluntary.
- I understand that the Director of Safe Network Incorporated has given approval for this research project and that Safe Management and the Safe Maori Team will receive a report of the research findings.
- I understand that my decision to participate **OR** not to participate will not affect my employment within this agency as Safe Management has guaranteed this.
- I understand that reports will be made relating to this research outside of Safe Network Incorporated.
- I understand that another individual may assist the primary researcher (Karmyn Billing) in making translations of my interview answers (if given in Te Reo) but that this person will have signed a confidentiality agreement with Safe.
- I understand that I do not have to answer all questions asked of me in the interview and that I do not have to give reasons for choosing not to answer.
- I understand that my interview will be recorded on audiotape.
- I understand that I am free to withdraw from the research at any time without giving a reason and I understand that I have the right to withdraw my information up to 24 November, 2006. I understand that the records from my interviews or group participation will be stored in a locked cabinet at the University of Auckland, separate from my consent form, until approximately March 2008 or until the research is completed.
- I understand that I may receive a copy of my audiotape from my interview at a later date and that other copies of the audiotape will be destroyed after the research has been completed.
- I understand that I may be quoted in the summary of results but that this will be done so in a way that does not identify me as the source of the information.
- I understand that if I have any concerns about this project, I should direct my enquiries to Karmyn Billing or Dr Ian Lambie. If I have serious

concerns I may contact the Chair of the University of Auckland Human Participants Ethics Committee (UAHPEC).

I agree to take part in this research.

Signed: _____

Name: _____
(Please print clearly)

Date: _____

For the following options, please tick if your answer is yes, or cross, **x,** if your answer is no.

- ❑ I would like to receive a summary of the results of the research.
- ❑ I would like to receive an audio-copy of my interview.

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON 12/10/2005 for 3 years to 12/10/2008 Reference Number 2005/370

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CONSENT FORM FOR SAFE NETWORK INCORPORATED – TO BE SIGNED BY THE CHIEF EXECUTIVE OFFICER

This consent form will be held for a period of 6 years

A process evaluation of the Safe Maori Programme

Researchers: Karmyn Billing, Dr Ian Lambie, Dr Heather McDowell, Sharon Rickard

- I have been given and have understood an explanation of what this research involves.
- I have had an opportunity to ask questions and to have them answered to my satisfaction.
- I understand that this agency's participation in this research project is voluntary.
- I understand that Safe employees decision to participate in this research is voluntary.
- I agree that a Safe employee's decision to participate or not to participate in this research will not affect their employment within this agency.
- I understand that interviews with Safe staff, Safe clients and whanau support people of Safe clients will take place on Safe Network premises and during employment hours or when other Safe staff are on the premises.
- I understand that a Safe staff member will be notified as soon as possible if a Safe client or whanau member discloses risk information to the primary researcher.
- I understand that the primary researcher and the cultural supervisor have signed Safe's researcher confidentiality agreement and consent to all terms.
- I understand that reports will be made relating to this research outside of Safe Network Incorporated.
- I understand that any information given to the primary investigator regarding sensitive agency information or names of clients will not be included in the final report.
- I understand that I am free to withdraw consent for this agency's involvement with the research at any time without giving a reason.
- I understand that Safe Management will receive a copy of the final research report and will receive a presentation of the research findings at the conclusion of the project.
- I understand that if I have any concerns about this project, I should direct my enquiries to Karmyn Billing or Dr Ian Lambie. If I have serious

concerns I may contact the Chair of the University of Auckland Human Participants Ethics Committee (UAHPEC).

I consent to this process evaluation of the Safe Network Incorporated Maori Programme.

Signed: _____

Name: _____
(Please print clearly)

Date: _____

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Glossary

All translations have been taken from Ryan, P.M. (2008) *The Raupo Dictionary of Modern Maori (2nd edition).* Rosedale: Penguin Group.

Ariki	chief of chiefs, first born, noble
Aroha	love, sympathise, relent, pity
Atua	god
Awa	river
Awhi	embrace, aid, help
Haere	move, motion, depart
Hakari	feast, gift
Hangi	earth oven, food from earth oven
Hapu	pregnant, sub-tribe
Hine	girl, female
Hinengaro	mind, heart, intellect, conscience, psychology
Hongi	pressing of noses
Hui	gathering, meeting
Iwi	tribe, bone, race, people, nation, strength
Kaha	strength, boundary
Kai	food, eat
Kaimahi	worker, staff
Kainga	home, residence, settlement, habitat
Kakano	seed
Kanohi	eye, face
Kanohi kitea	the seen face
Kapahaka	group, performing Maori songs
Karakia	prayer, chant, incantation

Karanga	call
Kaumatua	old man, elder
Kaupapa	strategy, theme, philosophy
Kawanatanga	government
Koha	donation, gift, parting message
Korero	speak
Koro	sir, old man
Korowai	cloak, mantle
Koru	spiral pattern
Kotahi	one
Kotahitanga	accord, unity, solidarity, coalition
Kotiro	girl
Kuia	old lady
Kupu	word
Kura	school
Mahi	work, job, practice
Makutu	bewitched, black magic
Mamae	pain, stress, hardship
Mana	integrity, charisma, prestige, status, power
Manaakitanga	hospitality
Maori	ordinary, natural, native people
Marae	meeting area
Marama	apparent, transparent, moon
Mate	sickness, death, problem
Maunga	mountain
Mauri	life principle
Mere	short, flat club
Mihi	greet, acknowledge
Moana	lake, sea
Mokopuna	grandchild, young generation
Nga	(indicates plural) the
Noa	free from tapu

Pai	good, excellence, quality
Pakeha	non-Maori, European, Caucasian
Patu	weapon
Pepeha	proverb
Pono	truth, valid, principle
Poroporoaki	farewell, closing ceremony
Pou	upright post, sustenance, support
Pounamu	greenstone
Powhiri	welcome, opening ceremony
Ra	day, sun
Rahui	no trespass, render tapu, embargo
Rangatahi	youth
Rangatira	chief
Raruraru	trouble, problem
Reo	voice, language, speech
Rohe	margin, boundary, territory
Roopu	society, group
Roto	lake
Taha	aspect
Takahi	trample, abuse
Take	cause, topic, reason, subject matter
Tama	son, boy, child
Tamahine	daughter
Tamaiti	child, boy
Tamaki Makaurau	Auckland isthmus
Tamariki	children
Tane	husband, male, man
Tangata	person, people, participant
Tangata Whenua	local people, Aborigine, native
Tangi	wail, mourn, lament
Tangihanga	mourning

Taonga	treasure
Tapa	edge, margin
Tapawha	quadrangle
Tapu	sacred, forbidden, confidential, taboo
Tauiwi	foreigner
Tautoko	support, reinforce, verify, advocate
Te	(indicates singular) the
Te Ao Maori	the world of the Maori
Te Reo Maori	the Maori language
Te Tiriti o Waitangi	The Treaty of Waitangi
Tika	correct, authentic, accurate, valid
Tikanga	meaning, custom, obligations and conditions, criterion, convention
Timata	begin, initiate, commence
Tinana	body
Tino	very, absolute, real
Tino Rangatiratanga	self-determination
Tipuna	ancestor, grandparent
Titiro	look
Tohunga	expert, specialist, priest
Tupuna	(plural) ancestor, grandparent
Turangawaewae	domicile, home
Utu	cost, price, revenge, compensation
Wahine	woman, wife, female
Waiata	sing, song
Wairua	attitude, mood, spirit, soul
Waka	canoe, vehicle, descendents of historic canoe
Wananga	learning, seminar, series of discussions
Wero	challenge
Wha	four
Whaea	mother, aunt, madam

Whaikorero	speech, oration
Whaka	(prefix) to cause
Whakaaro	think, opinion, feelings, concept
Whakamaa	shy, embarrassed, loss of mana
Whakamarama	explain, account for, enlighten, illuminate
Whakapapa	genealogy, cultural identity, family tree
Whakarongo	listen
Whakatauki	proverb, maxim
Whakawhitiwhiti	communicate, exchange
Whanau	family
Whanaunga	relative (by blood), kindred
Whanaungatanga	relationship, kinship, group dynamic
Whare	house
Whareherehere	prison
Wharekai	dining room, restaurant
Wharenui	meeting house
Whare Wananga	university, school of higher learning
Whenua	ground, country, afterbirth, placenta