

TE WHAKAKOTAHITANGA

An evaluation of the TE PIRITI SPECIAL TREATMENT
PROGRAMME for child sex offenders in New Zealand

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DEDICATION



CHRISTINA RUSH

1953 - 2000

General Manager
Psychological Service (1995-2000)

He Mihi

E kare

Ka tuku tonu
te aroha mōu

Ahakoā kua wehe tāua

Kua wātea tōu wairua

This research is dedicated
to Christina Rush.

Without her support,
belief and
encouragement, we
would never have
embarked upon this work.

FOREWORD

Tikanga Māori are a set of practices predicated on a Māori world view and understanding of the Cosmos. In this respect Māori values are holistic and impact upon birth, life, death and beyond.

When tikanga Māori processes are applied to Māori individuals certain things happen to their wairua, hinengaro and tinana. What happens has never really been acknowledged within a Pākehā paradigm as a scientifically credible intervention in the psychology of human behaviour.

In a generic sense offending by Māori has been contextualised into a non-Māori paradigm. This has meant that Māori behaviours are continually defined outside of their cultural context and subsequent treatments are often inappropriate and lacking in cultural sensitivity.

Ngā Puhi kaumātua gave us the observation “Kotahi te hā o te kaumātua, me te hā o te mokopuna.” Translated this means that all human beings share in common a single breath, a commonality of spirit and a role in the generation of new life.

This research attempts to encapsulate an understanding of tikanga in a context of clinical psychology. Tikanga can be contextually diverse but also conceptually affirming and this dichotomy provides a basis for the use of a tikanga Māori approach to working with both Māori and non-Māori offenders.

It brings with it a parallel understanding of human life stages and direction about what can be achieved, when it can be achieved and by whom. For years Corrections policy makers have failed to recognise the efficacy of “cultural interventions” and relegated them to cultural clip-ons or window dressing to obtain Māori support for new initiatives based on European models and interventions.

Indeed tikanga Māori and Western psychology are derived from such different perspectives that proponents of both models have not thought it possible for the two to meet in the arena of delivering services to individual clients.

The Psychological Service began its move along the continuum of bicultural therapy when it established a process of referral to Māori Tohunga for psychological treatment. The work at Te Piriti goes one step further by enabling a Māori paradigm to stand in its own right as an appropriate intervention within a context of delivering Western psychological therapy.

This important and bold step acknowledges the existence of a holistic view of human behaviour. The application of Māori tikanga does not isolate one aspect for treatment but rather seeks to develop an intervention that embraces and values all dimensions of a human being.

Tikanga then becomes a vehicle by which all these dimensions can be addressed. In this sense the Māori world view goes far beyond clinical psychology, and it is here that the two paradigms overlap in their ability to support and meet the needs of sex offenders.

The Department of Corrections has been brave enough to invest in the duality of these worldviews to find better ways for reducing the risks of reoffending by sex offenders. That investment has paid off in many ways. We now have a new approach that we know works and can be substantiated within a Pākehā fraternity of researchers. Second, we at last have something that works for Māori in a way that also meets all of our cultural needs. A third benefit is that the Department’s commitment provides support and new possibilities for Māori staff, and tohunga, to find a niche within a culturally safe environment developing new cultural interventions.

Hopefully as more evidence emerges for these interventions and Māori staff gain research expertise, the Department will continue to gain confidence and further empower more Māori communities to take control of offender issues amongst ourselves. This important piece of work shines a light for others to follow in finding a place for our tikanga, to achieve what Pākehā science could not on its own.

The solutions to reoffending by Māori lie amidst the clamour of everyday survival as Māori who have been robbed of our right to be proud. David Hillman and Te Piriti have found a tune in that clamour; and the tune is Māori.

Pereme Porter – Ngā Puhi nui tonu

Haami Piripi – Ngā Puhi nui tonu

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Unuhia te rito o te harakeke
Kei hea te kōmako e kō ?
Whakatairangitia mai,
Rere ki uta, rere ki tai
Uia mai koe ki ahau.
He aha te mea nui o tēnei ao ?
Māku e kī atu
He tangata, he tangata, he tangata

The nature of this piece of work required from the onset a whanau mindset and a broad consultative approach. I am indebted to the following:

My mother and sons, Wiremu, Matt and Daniel and my whānau: Pēreme Porter, Garry Mcfarlane-Nathan, Haami Piripi, and Trish Nathan. To my tūpuna and whānau – he mihi atu, aroha mai. Your enduring aroha, guidance, perseverance and tautoko are the mauri of this piece of work.

David Hillman, Cultural Consultant at Te Piriti, ‘a child of the mist’ and leader of the Tūhoe people – I pay tribute to you and your tūpuna for the mana, wairua and aroha that clearly shine throughout this piece of work.

Nick Wilson, Senior Advisor Research Psychological Service for his tautoko, āwhina and willingness to step outside the square and assist us all to appreciate and understand some of the strengths and values of Western science for Māori.

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Mark Byers, Chief Executive Department of Corrections for having the tenacity and vision to allow and support this work, David Riley Director Psychological Service, Department of Corrections and the staff of Psychological Service for their continuous support and belief that we can make a difference and that the precepts of tikanga Māori do have a place and can sit alongside the precepts of Western psychology.

Dr Marewa Glover, Trena Mitcheson, Janet Murray, Carla Houkamau, Simon Gibson, Charles Tawhiao, Jon Royal, Justine Canning all of whom provided invaluable assistance and guidance throughout.

The staff at Te Piriti Special Treatment Unit for their patience and tolerance.

Te Taura Whiri i te Reo Māori who completed the quality assurance of Māori word usage.

Lavinia Nathan – Ngā Puhi nui tonu me Ngāti Whātua.

ADDITIONAL REPORT INFORMATION

This report summarises a large amount of information gathered in the course of the research project. It is recommended that the reader consult these important documents in order to understand the depth of information, especially in regard to the Tikanga Māori cultural processes that guided the project. The following is a list of these documents:

- FReMO: Framework for Reducing Reoffending by Māori;
- Tikanga Māori Literature Review: Core concepts and themes that exemplify Tikanga Māori;
- Cultural Issues within Western Sex offender Treatment Programmes;
- Guidelines for Cultural Variables for the Focus Group;
- Te Piriti Demographic Questionnaire;
- Te Piriti Demographic Data;
- Te Piriti Psychometric results;
- Te Piriti Cultural Evaluation Assessment;
- Likert Scale Developed for Qualitative Cultural Variables.

While the publication of this important information in combination with this report was not possible all the documents concerned are able to be accessed on the Department of Corrections website at: www.corrections.govt.nz under research.

In addition, the second author of this report is happy to provide the documents and can be contacted by mail at:

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GLOSSARY OF KEY MĀORI TERMS

Amorangi	Priest	Marae	Māori complex of buildings etc
Aotearoa	New Zealand	Mārama	Light, clear
Ariki	Paramount Chief	Mate	Sickness, death
Aroha	All encompassing love	Mātauranga Māori	Māori education, knowledge
Atua	God	Mauri	Life force
Awhi	To embrace	Mihi	To greet someone, greeting
Āwhina	Care, kindness	Mokopuna	Grandchild
Hapu	Extended family	Mutunga	End
Haka	Posture dance	Ngā Puhī	Tribe of the North Island
Hākari	Feast	Ngākau	Heart
Hinengaro	Thoughts, feelings	Ngāti Whātua	Tribe of the Auckland district
Hui	Meeting	Noa	Neutralising influence, restoration of normality
Iwi	Tribe	Pā	Village
Kai	Food	Pākehā	A person of predominately European descent
Kāi Tahu	Tribe of the South Island	Pānui	Notice
Kaikorero	Spokesperson	Papatūānuku	Mother Earth
Kainga	Home	Piriti	Bridge
Karakia	Prayer	Pōhauhau	Anxiety
Karanga	To call	Poi	A light ball with string attached to it
Kaumātua	Elder	Pōrangī	Mentally distracted
Kawa	Protocol	Poutama	Tukutuku pattern depicting development
Kete tuauri	One of three baskets of knowledge	Pōwhiri, Pōhiri	Welcome
Kōkiri	To move forward, to progress	Rangatira	Chief
Kōrero	To speak	Ranginui	Father Sky
Kotahitanga	Unity	Rongo	God of Peace
Kuia	Elderly Woman	Taha hinengaro	Mental dimension
Kupu	Word	Taha tinana	Physical dimension
Mākutu	Curse	Taha wairua	Spiritual dimension
Mamae	Pain, sore	Taha whānau	Family values
Mana	Prestige, authority	Tāmaki Makaurau	Auckland
Manaaki	To care for	Tamariki	Children
Mana atua	Godly authority	Tāne	Male God also male dimension
Mana tangata	Human rights	Tangata	People
Mana wahine	Female authority	Tangata whenua	People of the land
Mana whenua	Authority over land		
Manuhiri	Visitor		
Māori	Person of indigenous race of New Zealand		
Māoritanga	Māori culture		

GLOSSARY OF KEY MĀORI TERMS

Tapu	Sacred	Wareware	To forget
Tautoko	To support	Whaikorero	Speech
Te ira tangata	Life principle of people	Whakamā	Shy, embarrassed
Te Puni Kōkiri	Ministry of Māori Development	Whakapapa	Genealogy
Te Reo	The language	Whakapiripiri	Introduction
Te Whare Tapa Whā	Strategy for Māori health	Whakawhanaungatanga	Active family support
Tinana	Body	Whakataukāi	Proverb
Tohi	Ritual	Whānau	Family
Tohunga	Expert	Whānau hui	Family meeting
Tika	Right, correctness	Whanaungatanga	Wider family support
Tikanga	Customs	Whanganui	Provincial town also known as Wanganui
Tikanga Māori	Māori customs	Whare wānanga	School/college/institute of higher learning
Timatatanga	Beginning	Wharekura	School
Tohunga Ahurewa	High Priest	Whenua	Land, placenta
Tuatahi	First	Whenua tipu	Ancestral land
Tūhoe	Tribe of the Bay of Plenty region		
Tuku	To send		
Tūmataunga	God of war		
Tuna	Eel		
Tupuna, Tipuna	Ancestor		
Tūrangawaewae	Place to stand		
Tūturu	Authentic		
Uri	Descendant		
Waiata	Song		
Wairua	Spirit		
Wānanga	Place for debate and discussion		

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This study evaluated, in an exploratory fashion, the cultural processes incorporated into the Te Piriti Special Treatment Unit for offenders imprisoned for sexual offences against children. The Te Piriti programme has been in operation for over eight years employing the core cognitive behavioural/social learning theory components utilised in its sister programme Kia Mārama in the South Island, as well as processes that are culturally appropriate for Māori. The programme endeavours to implement tikanga Māori within the wider unit and prison environment. However, it needs to be acknowledged that there has been little integration of tikanga Māori processes into the therapy room.

A critical component of this study was the incorporation of the *Framework for Reducing Māori Offending* (FReMO) concept into the research process. This was necessary to appropriately and effectively evaluate the cultural processes that define the treatment approach provided at Te Piriti. While evaluative aspects such as recidivism and offence related difficulties were examined, the principle focus was on what was different for Māori men convicted of sexual offences against children and whether they benefited from the tikanga focus in the unit.

For many, the concepts within FReMO seem vague and there appears to be little evidence of benefit in the application of FReMO. In our view this project demonstrates that, when applied in a practical fashion, the FReMO process adds value. FReMO is “worth the journey”.

□ THE KEY FINDINGS FROM THE STUDY ARE:

- The Te Piriti programme was found to be effective in reducing sexual reconviction for Māori and non-Māori men. The total study sample of all men who completed the programme had a 5.47% sexual recidivism rate. This was significantly less than a comparable untreated control group of Māori and non-Māori convicted child sex offenders who had a sexual recidivism rate of 21%.
- The majority of the sexual recidivism by men completing the Te Piriti programme occurred within the period two to four years after release. Only two offenders committed further sexual offences within the two year period post release.
- Māori men who completed the Te Piriti treatment programme had a significantly lower sexual recidivism rate (4.41%) than Māori who completed the Kia Mārama treatment programme (13.58%).
- A number of demographic, offence related variables, and time to reoffending were examined to establish whether the difference in sexual recidivism for Māori completing the two programmes was due to interactional or confounding effects. No significant differences were found for these variables in relation to sexual recidivism.
- Non-Māori men made up the majority of programme participants and they were also found to have a lower sexual recidivism rate following treatment (6.02%). It was also noted that non-Māori, while higher on indices of depressed mood, anxiety and loneliness pre-programme, indicated significant reductions in all these areas post-programme. In other words, non-Māori men do not appear to have been negatively affected by the Te Piriti programme's focus on tikanga values and processes.
- Psychometric evaluation pre and post programme comparison between Māori and non-Māori participants revealed that non-Māori tended to score higher for measures of hostility towards woman, depression, anxiety, self-esteem, suppression of anger, and loneliness. All of these areas reduced over the course of the programme.
- A comparison of Māori and non-Māori offenders attending the Te Piriti programme found a number of significant differences in terms of child sex offending characteristics. Māori child sexual offenders preferred female rather than male victims, had more intra-familial victims, began offending at an earlier age, used more violence in offending, and had received less treatment prior to attending the programme.
- Māori men attending the Te Piriti treatment programme revealed significant change pre and post therapy in a number of key cultural variables:
 - Knowledge of Whakapapa;
 - Mate Māori/Mākutū;

- Māori traditional values and beliefs;
 - Knowledge of Marae protocols;
 - Cultural skills;
 - Colonisation/acculturation.
- The use of the FReMO process provided the study with the ability to evaluate both cultural variables and the effectiveness of the programme with Māori in a manner, which had credibility with Māori. However, while FReMO became the “engine room” driving this research project, the lack of previous rigorous application of this model meant that the process was exploratory in nature.

□ THE RECOMMENDATIONS FROM THE PROJECT ARE:

- The use of tikanga in combination with CBT appears to be an effective treatment programme for Māori and non-Māori offenders convicted of sexual offences against children. It is recommended that the use of tikanga in the Te Piriti programme should continue to be developed.
- The model is presently ‘housed’ within the minds of the manager and cultural consultant. It is recommended that priority be given to production of a manual.
- This study provided support for the inclusion of Māori in the conception, design and management of research. It is recommended that training and support be provided for Māori staff in Corrections to enable this to continue to occur.
- Consideration needs to be given to the development of a robust and rigorous cultural assessment tool incorporating some of the findings from this project and the variables used at Te Piriti. This should then be piloted in other cultural initiatives within Corrections to demonstrate the impact of tikanga principles across programmes.
- Consideration should be given to evaluation of the use of a tikanga focus in other criminogenic programmes.
- It is recommended that a FReMO manual be developed detailing how the model can be applied to a variety of projects using the experiences of the Te Piriti project. This manual would provide a much-needed guide to the operational application of FReMO with the additional benefits of serving as a quality assurance measure of its application within the organization. It would also assist in deciding the intensity of the FReMO process that is appropriate for a particular project.
- It is recommended that a FReMO champion be appointed to mentor and monitor integrity of application. The FReMO process was the ‘engine room’ of this project in driving and shaping much of the direction. In particular, we note the importance of consideration of the organisational culture factors which, although often subtle, have the ability to undermine and sabotage policies, programmes, initiatives etc. In addition, the Department of Corrections needs to ensure that any project that requires the application of FReMO is appropriately resourced for the additional expenditure this process requires.
- The difficulties found in using North American developed and normed psychometric instruments with Māori highlight the need for more research into the validity and reliability of such measurements for use with New Zealand populations.
- More research needs to be carried out into the effect of the Te Piriti and Kia Mārama programmes in reducing general reoffending. This study found high levels of general reoffending after release. Not enough is known about how much successful participation in the two-specialist sex offender treatment programmes reduces pervasive antisocial beliefs.
- Consideration should be given to reviewing current tikanga Māori programmes within the department given the findings of the effectiveness of this project in relation to the combination of both CBT and tikanga Māori.
- We recommend the development of a training manual in cultural skills for staff use as a resource. At present staff are trained on site for the skills they require to reinforce the cultural processes. There is no training manual or resource material.

INTRODUCTION

E tipu e rea, mō ngā rā o tōu ao
tō ringaringa ki ngā rākau a te pākehā,
hei oranga mō tō tinana
tō ngākau ki ngā taonga a o tipuna,
hei tikitiki mō tō māhunga
tō wairua ki Te Atua
nāna nei ngā mea katoa.

Grow tender shoot,
For the days of your world turn
your hand to the tools of the Pākehā,
For the wellbeing of your body, turn your heart
to the treasures of your ancestors,
As a crown for your head, give your soul
unto God the creator of all things.

Sir Apirana Ngata.

This study represents an attempt to evaluate the Māori cultural component of the Te Piriti Special Treatment Unit, a unit aimed at providing a treatment programme to all offenders in order to reduce sexual re-offending against children. There were two specific areas of interest: firstly, to assess the impact of the use of cultural components on the reoffending rate of sexual re-offending against children by Māori participants, and secondly to ascertain the degree to which processes and cultural systems have been successfully integrated into the programme for Māori.

The lack of acknowledgement of “culture” as a variable relevant to treatment efficacy represents a gap in the literature in this field. Jones et. al. (1999) note that, despite a large body of research and theory surrounding aetiology, treatment and prevention of child sexual abuse, there has been meagre attention paid to culture-specific contributions to the problem. Programmes described in published articles generally exclude minority groups, fail to provide details of the ethnicity of subjects, and, if treatment outcomes are described, they are rarely (if ever) distinguished by ethnicity. When minority groups participate in treatment, professionals working with them may assume that treatment has worked. It may be however, that those positive outcomes for non-minorities simply mask poor outcomes for minorities (Jones et. al., 1999).

BACKGROUND AND PROGRAMME OVERVIEW

Te Piriti means 'The Bridge, a crossing over to a better life'. This name was given to the Special Treatment Unit by Ngāti Whātua, one of the primary Iwi of Tāmaki Makaurau where the unit is situated.

The programme at Te Piriti was established at Auckland Prison in May 1994. The cognitive-behavioural content of the programme derives from that utilised in the Christchurch based Kia Mārama programme (Hudson, Marshall, Ward, Johnston & Jones, 1995). The Te Piriti programme, like Kia Mārama, is based in a stand-alone facility and utilises cognitive behavioural/social learning theory-based procedures to effect behaviour change. However, the key feature which distinguishes Te Piriti from Kia Mārama, other international programmes for sex offenders (Larsen, Robertson, Hillman, & Hudson, 1998; Marshall, Hudson, Ward, & Fernandez, 1998) and most other Departmental initiatives has been the concerted effort by management and staff to develop and promote a therapeutic environment within a tikanga Māori framework.

The core components of the Te Piriti programme as operated within the therapy room are similar to those of Kia Mārama.

The programme comprises the following modules:

- Group Norm Building;
- Offending Patterns;
- Sexual Reconditioning;
 - Victim Empathy;
- Relationship Skills and Sexuality Education;
 - Mood Management;
 - Relapse Prevention.

In addition, Te Piriti attempts to provide a culturally appropriate context to complement the primarily cognitive-behavioural programme with the aim of attracting, and treating more effectively, Māori men who have sexually offended against children. This addresses the responsivity principle as outlined by Andrews and Bonta (1998) recognising and valuing the competencies, interests, and learning styles of Māori men.

All participants in the programme are welcomed into the unit through the pōhiri/pōwhiri process. From then until they leave the programme, hui, mihimihi, kōrero, and wānanga form a regular feature of daily activities. At present the inclusion of Māori processes and context has focused more upon supporting what happens within the therapy room than being fully integrated into the therapeutic processes. However, tikanga Māori processes are observed and supported where possible throughout the environment that houses the programme itself. In this way prosocial relationships are developed and reinforced between the inmates and, as appropriate with staff, through highlighting and supporting the system of genealogical, social, and spiritual relationships that are integral to tikanga Māori.

Although the Te Piriti programme operates within the building housing the therapeutic unit, there have been concerted efforts to implement tikanga Māori within the wider custodial context. However, despite the efforts of custodial management and staff, the demands of custodial imperatives as they presently operate often preclude the adoption of tikanga Māori processes. Anomalies notwithstanding, together these features have come to define the treatment approach provided at Te Piriti.

The holistic and process orientated systems of tikanga Māori (which are dynamic, behavioural, cognitive and spiritual) are based upon both individual and collective rights and responsibilities. Together these provide a pro-social framework which, when applied around a programme, can reinforce the ability of participants to develop positive ways of perceiving themselves and the people around them. Within tikanga Māori, although individuals may

inherit mana through whakapapa, they can only acquire or build up mana lost through misdeeds by building, reinforcing and maintaining pro-social relationships. This highlights one of the overt strengths of a tikanga Māori framework for rehabilitation, that is, all people have the potential to enhance their mana through their own efforts and the tautoko of whānau, friends, and their tūpuna.

Cultural knowledge contributes to construction of self-concept or identity. According to Madden (1997) identity is found in belonging and 'in relating oneself to others and events in the universe and in accepting one's place in the mighty scheme of things.' Mason Durie (1998a p 23) describes cultural identity as being "conceived as an amalgam of personal attitudes, cultural knowledge and participation in Māori society. Particular attention is focused on self-identification, knowledge of whakapapa (ancestry), participation in marae activities (customary social and cultural centres), involvement with whānau (extended family), access to whenua tipu (ancestral land), contact with other Māori people, and use of Māori language."

The Te Piriti model works to produce a tikanga Māori context that enables a supportive environment within which to operate cognitive-behavioural based programmes. The precepts of tikanga Māori, particularly those such as mana, tautoko, whakawhanaungatanga and tika can assist participants to approach and work within the therapy programme with an expectation that:

- they have the ability to change;
- that they will be supported to change;
- that they will be respected for their ability to develop themselves;
- that they may not advance themselves without developing an awareness of the impact of their anti-social behaviour upon the people around them;
- that by developing themselves they are supporting the significant others in their lives;
- that with diligence and determination they can succeed.

Cognitive-behavioural therapy is acknowledged and operated within Te Piriti as an evidence-based behavioural-change system which can both support and be supported by the pro-social systems of tikanga Māori. In line with this, the Unit has developed and maintained strong linkages with the local iwi, Māori service providers, and the whānau, hapū and iwi of participants.

Te Piriti employs a full-time Cultural Consultant who has primary responsibility for delivering, reinforcing, monitoring, and maintaining the culturally specific aspects of the programme. The Cultural Consultant conducts an in-depth cultural assessment, the results of which are used to identify and address the unique culture-related needs of each individual. In addition, the Cultural Consultant plays an active role in programme delivery and training, both with staff and programme participants and as a consequence the programme is able to draw upon indigenous metaphors, values and practices to assist in the delivery of cognitive-behavioural material. The cultural emphasis is also manifest in the re-integration process, whereby whānau hui are held for almost all of the men as an adjunct to their re-integration back into their community.

Finally cross-cultural training aims at providing staff with an analytic framework and knowledge base to enable them to deliver the therapeutic concepts of cognitive-behavioural therapy within a context that acknowledges the world-views and every-day realities that operate for both Māori and non-Māori in Aotearoa/New Zealand. To this end there is an emphasis on the complementarity between tikanga Māori and cognitive-behavioural therapy.

COGNITIVE-BEHAVIOURAL THERAPY (CBT) AND TIKANGA MĀORI

The weight of evidence in relation to CBT producing successful outcomes with child sex-offenders has led to the wide acceptance of CBT as an effective method for working with this population (Bakker, Hudson, Wales, & Riley, 1998).

While there is evidence that CBT offers an excellent tool for behavioural change and rehabilitation, the way in which it is applied to offenders and the components that accompany it are equally important for the achievement of successful outcomes. At present, there is very little evidence about what specifically works for rehabilitating Māori who offend sexually against children. Nevertheless it was because of the demonstrable success of similar CBT treatment programmes that this approach was used as the base on which the Te Piriti programme was developed.

There are differences in the size of Māori population between the North Island and South Island catchment areas therefore the programme set out to attract Māori offenders to the Te Piriti Special Treatment Unit through a focus upon their particular needs. Māori, like all indigenous peoples who have been colonised, are still experiencing the after-effects typified by dysfunctional familial environments and over-representation in statistics on unemployment, housing, poverty, imprisonment, with poor health and educational outcomes. Tikanga Māori, although under-utilised by most of society's institutions, has been promoted by Māori themselves as the vehicle of choice for re-establishing themselves as a successful people.

The Department of Corrections, acknowledging the over-representation of Māori within the Corrections system (50% of the prison population and only 15% of the general population), has begun to explore tikanga Māori as a mechanism for change. Te Piriti is one of many Māori-specific initiatives. Others include the use of Māori service providers to work with Māori inmates and probationers, Māori Focus Units in prisons and wider consultation with Māori as a people in Departmental planning. The Department is also attempting to implement an analytical and advisory tool, the Framework for Reducing Māori Offending (FReMO), and requires all research and projects to utilise FReMO in order to ensure that they consider Māori specific variables and issues. This project has been developed and operated using FReMO.

Given that there is evidence in the literature of the importance of the core CBT elements having an appropriate 'fit' with other programme componentry to enable successful outcomes, the focus upon Māori men by Te Piriti begs the case for appropriate componentry for Māori. It seems likely that the crucial support and enhancement material for CBT would be that which enables appropriate motivation within a prosocial context, the ownership of the rehabilitative process and growth in confidence by the participants in their ability to change. These constituents together generate the integration required for genuine and sustainable self-development and rehabilitation to occur. All these elements fit easily within the dynamic social system formed by tikanga Māori and can be taught to and operated by Māori as a means of living a successful and non-abusive lifestyle in both Māori and mainstream life.

In addition, participants learn to develop and maintain relapse prevention strategies. Reintegration processes are also addressed. It is unlikely that tikanga Māori would have difficulty providing a supportive context for any of these components. Generally the protocols and processes of tikanga Māori can find common ground with the prosocial institutions and precepts of the West as long as the individual respects and supports family, friends, their iwi and that any success they experience lifts and embraces their community as a whole. Accordingly then, an attempt has been made by Te Piriti management, staff, and participants to meld the CBT and social development modules of Kia Mārama with the prosocial frameworks and processes of tikanga Māori.

Te Piriti does not claim to be a 'tikanga Māori tūturu' (unadulterated) sex-offender programme' as its 'within therapy room' programme remains little changed from that used by Kia Mārama. The clients remain a mixture of Māori, Pacific Island peoples and Pākehā. Staff are for the most part Pākehā, and the organisational infrastructure and physical environment are those of a rehabilitation unit and custodial institution. However, all staff, participants, and visitors engage in the programme via the pōhiri/pōwhiri process and prosocial relationships are formed and reinforced by unit staff through such tikanga Māori precepts as awhi, tautoko, aroha, wairua, whanaungatanga, whakapapa, whakapiripiri and hākari. For example

motivation, drive and confidence in one's ability to change for the better can be derived from an awareness of one's inherent mana and through active participation in the mihi and pōhiri/pōwhiri processes. Responsibility for others and awareness of one's actions upon others can derive from whakawhanaungatanga and whakapapa.

Despite this array of seemingly discrete elements, the most significant contribution by tikanga Māori to the Te Piriti programme may be its inherently dynamic and synergistic nature. However, this does make it very difficult to formally assess. Te Piriti has used tikanga Māori as an intervention in addition to the Kia Mārama CBT based programme. For the purposes of the present research project, questions then arise such as:

- Given the quality of the tikanga Māori processes, and their particular nature, is Te Piriti conducting the right processes in the right way? From a tikanga Māori perspective, is it tika?
- How well have tikanga Māori processes been integrated into the programme given that it is a custodial rehabilitation unit with clear environmental differences between the therapy unit itself and the custodial compound that houses the participants?
- Has the inclusion of tikanga Māori processes compromised the efficacy of the CBT aspects of the programme?
- Has it helped or hindered compliance and thereby real world outcomes such as recidivism rates?

These and other important questions were explored through developing and operating the methodology that guided the project.

"It is the psychological side, the physical side, the spiritual side, the family involvement and the taha education. Without these the other does not exist to sustain one another."
(Māori Focus Group Hui.)

COGNITIVE BEHAVIOURAL THERAPY WITH MĀORI

International literature supports the use of cognitive behavioural techniques with different offender populations. The success of cognitive behavioural therapy programmes for all types of offender groups is frequently espoused in the literature. (Andrews & Bonta 1998; Bohn 1993; Bonta & Cormier, 1999). However there are few empirical studies which clearly evaluate the content and effect of such programmes (Hughes 1993; Hennings, & Frueh 1996; Simon, 1998).

There is, however, an increasing recognition of the need to take into account cultural factors in the assessment and treatment of Māori offenders. It is widely accepted among Māori researchers and academics across a range of disciplines that acknowledging cultural issues for Māori does have the capacity to improve treatment outcomes – in almost any domain – including health, mental health, education, substance abuse, domestic violence and crime (Broughton, 1995; Durie, 1985; 1994; 1999; Emshoff, Avery, Raduka, Anderson, & Calvert 1996; Hirini, 1997; Huriwai, Sellman, Sullivan, & Potiki, 2000; Maynard, Coebergh, Anstiss, Bakker, & Huriwai, 1999; McFarlane-Nathan, 1999; Ratima et al., 1999).

Issues considered important in relation to the treatment of Māori offenders include cultural identity, facilitating access to mātauranga Māori and nurturing the offender's social and familial relationships. In terms of using cognitive behavioural therapies with indigenous peoples, socio cultural histories, ethnicity, culture, social class and various other socio demographics need to be recognised as important aspects of the person (Helms 1999) and addressed as part of a culturally responsive approach to therapy.

Renfrey (1992) has noted that culturally responsive cognitive behavioural therapies are suitable to use with Native American clients. In this respect Renfrey (1992) and McFarlane-Nathan (1996) note the need to account for issues of acculturation (the extent to which a client is comfortable within a culture which is not their own) and deculturation (the extent to which the client is alienated from their own culture) – as part of increasing cultural responsiveness. Cultural responsiveness is imperative for work with Māori, as many are not fully acculturated into Pākehā society yet they have been deculturated from Māori society – a state associated with acculturative stress (discussed in later sections). One way to increase cultural responsiveness is to undertake a cultural assessment of clients – including a consideration of the contribution of the effects of deculturation to the clients' offending.

While there has been extensive research conducted on sexual offending against children and associated rehabilitative programmes, there is little research available on the cultural and organisational impact on programme implementation (referrals, engagement, compliance, completion) and on the broader goal of reducing sexual re-offending against children (Jones et al., 1999; Robertson, Larsen, Hillman, & Hudson, 1999). This issue is important because:

- the Department of Corrections acknowledges a responsibility to promote a bi-cultural environment, and
- the FReMO (Framework for Reducing Māori Offending, McFarlane-Nathan 1999) initiative emphasises the need to promote tikanga Māori and Māori perspectives in the development, implementation and evaluation of therapeutic environments.

In order to increase the ecological validity and real life applicability of research and programmes for Māori there is a greater need to involve Māori in research that is meant to benefit them. In addition, there is a need to consult with and include Māori in all phases of development of programmes designed to meet Māori needs.

☐ METHOD

The primary methodology of this research project is laid out by the Framework for the Reduction of Māori Offending (FReMO)¹. From the inception of this project an attempt was made to apply the FReMO process to all aspects of the study. FReMO lays out a number of key steps in the development of any policy, intervention or research initiative. These steps, along with the relevant actions taken to apply FReMO in this project, are outlined in detail in FReMO document.

¹ FReMO, Western or mainstream literature and knowledge is combined with Māori knowledge streams to form an enhanced resource for the creation and evaluation of more effective policy, interventions and research for reducing Māori offending (McFarlane-Nathan, 1999).

However, while the FReMO process required the project team to consider these elements, team members felt that they had to be realistic in what could be carried out within the confines of a single project. A further consideration was that at least some elements of this project must be exploratory because there was little in the way of precedents to follow. Accordingly the project team decided on the following course of action.

- The project would identify the present tikanga Māori processes being operated within the Te Piriti Special Treatment Unit through their being described by those Māori with primary responsibility for applying them.
- The project would explore the quality of the tikanga Māori processes against criteria gained from the Māori focus groups, the development of a Likert Scale and the literature review on tikanga Māori.
- The project would offer commentary and recommendations for any areas relating to tikanga Māori processes (and their integration into the programme) that were identified as requiring further development.
- The project would ascertain the overall impact of the tikanga Māori-enhanced Te Piriti programme by comparing it to its sister child sex offender unit Kia Mārama, employing similar outcome measures to those used to evaluate Kia Mārama outcomes, these being mainly psychometric pre and post programme measures.

□ STUDY PARTICIPANTS

The participants in this study were 201 men convicted of sexual offending against a child who participated in the Te Piriti² programme and who had been released into the community for at least 12 months prior to the analysis of recidivism data in May 2001. Participants in a short 12 week programme briefly trialed at the unit were not included and those repeating the programme before release were eliminated. Participants were all serving a sentence of imprisonment of more than 18 months. Māori men convicted of child sexual offences made up 33.8 % of the study sample with the remaining group mainly being of European descent. Some Pacific Islanders and other ethnic groups were treatment participants but their small numbers meant that no significant statistical analysis could be carried out for these groups. Therefore, they were placed into a group with those of European descent labelled non-Māori (see Table 1).

No significant difference between non-Māori and Māori men was found in the educational level achieved by study participants. The majority of both groups reported only achieving third - fourth form secondary school level. More non-Māori reported Polytechnic or University study (9.7%). Half the total participants indicated they had literacy difficulties.

Ethnicity	N	%
Non-Māori	133	66.17
Māori	68	33.83
Total	201	100.00

Table 1. Distribution of ethnicity in Te Piriti study sample

² Te Piriti is a 40 week group based programme.

□ EVALUATION – CULTURAL ASSESSMENT INSTRUMENT

The Cultural Consultant provided pre and post cultural assessments on all men in the sample who were assessed as having Māori ancestry. Due to incomplete assessment data, it was necessary to re-evaluate a number of the cultural assessments prior to data analysis.

The cultural assessment material was not designed with research in mind but rather it was designed to suggest areas the client may be struggling with as a result of acculturation/deculturation and acculturative stress. The need to create a database necessitated the development of a Likert-type scale. The qualitative data within these cultural assessments required several such scales to be developed before the final instrument was designed. A number of factors influenced this decision:

- feedback from the Māori stakeholders;
- feedback from the Māori staff and external Māori consultants.

Piloting of the scoring of the initial Likert scale highlighted the difficulties of translating primarily qualitative information into such a scale. As a result the Cultural Consultant carried out the rating of the cultural variables. “A culturally appropriate assessor will relate to the client in a manner which will decrease the opportunity for transference and counter-transference of differing cultural values” (Hillman 1994). This reduced the risk of further misinterpretation of the qualitative data but did not allow for validation of the data by someone other than David Hillman.

The tikanga Māori precepts suggested by the Māori focus group provided the framework in which they would be included in a Likert scale.

As previously noted, the cultural assessments were not designed with research in mind, but rather they provided the Cultural Consultant with a formalised process to gather data and consider the acculturation/deculturation factors. This then enabled the Cultural Consultant to have a baseline with which he could begin addressing, through a treatment plan, the most appropriate cultural methods or intervention within the precepts of tikanga Māori and CBT.

□ VALIDATION OF THE TE PIRITI CULTURAL ASSESSMENT USING FREMO FOCUS GROUP

A series of consultation hui were held as part of the FReMO process. These hui examined what significant Māori stakeholders thought should occur in therapy when tikanga principles were used. A pānui was extended to these stakeholders. Two consultation hui were held prior to any development of the evaluation process and suggested the following tikanga Māori concepts needed to be considered in relation to their ability for enhancement for Māori:

- Whakapapa;
- Wairua;
- Te Reo;
- Tārangawaewae;
- Rongo;
- Mana;
- Whakawhanaungatanga;
- Whakamā;
- Kawa/tika;
- Tikanga;
- Whenua;
- Manaaki;
- Tautoko;
- Awhi;
- Mauri.

“Te Piriti is a jolly good thing, you know how others are working there, but this is my own personal view, the truth is taha Māori with taha pākehā must walk side by side”

“I believe in my heart that Māori should look after Māori”

(Māori Focus Group Hui)

Tikanga Māori concepts identified through the hui were very similar to those already included in the cultural assessment designed by the Cultural Consultant at Te Piriti in 1996. The independent identification of these precepts by the Māori Focus group provided an external quality assurance to both the future refinement of a cultural assessment tool and to the direction that the project team had been considering in this regard.

☐ PSYCHOMETRIC/OFFENCE RELATED FACTORS

A range of psychological tests is administered before and after treatment. Tests used at Te Piriti have been chosen because they measure behavioural attitudes or cognitions having a demonstrated or hypothesised relationship to child sexual offending behaviour. These measures have been recorded in a psychometric database since the programme began, but their use has been developed over its lifetime: questionnaires have been added, deleted or refined. Therefore not all participants have completed exactly the same questionnaires: enough have, however, for most psychometrics to be analysed. The instruments with most complete data were used during this evaluation and included the following:

- Sexual Attitudes and Behaviours (SADS);
- Abel and Becker Cognitions Scale (ABCS);
- Hostility Towards Women Scale (HTW);
- Rape Myth Acceptance Scale (RMAS);
- Beck Depression Inventory (BDI);
- Spielberger State Trait Anxiety Inventory (STAI);
- Spielberger State Trait Anger Expression Inventory (STAXI);
- Social Self Esteem Inventory (SSEI);
- Assertion Inventory: Response Probability (AIRP);
- Fear of Intimacy Scale (FIS);
- University of California Loneliness Scale (UCLS).

☐ INTERPRETATION AND USE OF TEST SCORES

By far the most important consideration in the testing of culturally diverse groups relates to the interpretation of test scores. The most frequent misgivings regarding the use of tests with minority group members stem from misinterpretations of scores (Anastasi, 1988). Instead of accepting a low or deviant score at face value it is essential to investigate other variables relating to culture that may in fact be the causal factor in the indicated test score.

The project team critically appraised the psychometric test results. It was acknowledged that the data captured within might not provide a clear picture of what was going on for Māori as there had not been any validation of the instruments with Māori. It can be difficult to determine what inferences and conclusions can be drawn for Māori due to cultural or other biases. Therefore the psychometric data were not analysed until all the data were in a database and the Māori Focus groups had met to consider the results. This was primarily to enable the project team to consider the results in the context of how Māori behaviour is shaped. It also assisted in identifying and finding unique Māori variables that may/could be operating.

☐ DEMOGRAPHIC AND OFFENCE RELATED INFORMATION

All programme participants were required to complete a 42-item demographic and offending related data questionnaire as part of the initial assessment phase of the programme. This questionnaire was designed to provide therapy staff with information on factors that have been shown in child sex offender literature to be important in understanding their offence histories. The questionnaires are not coded until participants have completed the entire programme in order to make the most of opportunities for corroboration.

The data was subject to cross reference checks to elicit the most accuracy e.g., reported ethnicity. Many Māori do not wish to identify as Māori in this type of data gathering process. Often, identifying as Māori within the organisational culture, has been a negative experience. Similarly many Māori have a “learned behaviour” of responding to written questionnaires (e.g., forming patterns in their responses such as all 3s or intermittent other numbers) which may cause the validity of the data to be discounted. All data needed to be critically assessed to confirm its validity.

Finally, there was a need to consider Māori world views and the use of language in relation to gathering of personal data such as demographics and the links to whānaungatanga. Many Māori will not provide written responses that could be considered to shame their whānau or iwi.

☐ RECIDIVISM DATA

An important part of the evaluation was assessing the effectiveness of the Te Piriti programme in reducing sexual recidivism for Māori and non Māori programme participants. Up to date electronic criminal records were obtained from the Law Enforcement System to provide information on both sexual and general recidivism post programme completion and release into the community. Only convictions were used in calculating recidivism rates. Those offenders who were subject to recall or on remand at the time of the analysis were not included. The first instance of a new sexual offence and/or criminal conviction was used to calculate survival (failure) following release.

An important component of the evaluation of recidivism was a comparison of the reoffending by Māori men who completed the Te Piriti programme with Māori who had completed the Kia Mārama programme. Kia Mārama gave access to their database at the time to enable details to be selected for all Māori men who completed their treatment programme. Researchers from the Te Piriti programme then accessed recidivism data up until the same date used for the initial Te Piriti analysis to generate comparison survival curves.

RESULTS

- Māori and non-Māori men who completed the Te Piriti programme had a 5.47% sexual recidivism rate. This was significantly less than a comparable untreated control group of Māori and non-Māori convicted child sex offenders who had a sexual recidivism rate of 21%.
- The majority of the sexual recidivism by men completing the Te Piriti programme occurred within the period two to four years after release. Only two offenders committed further sexual offences within the two year period post release.
- Māori men who completed the Te Piriti treatment programme had a significantly lower sexual recidivism rate (4.41%) than Māori who completed the Kia Mārama treatment programme (13.58%).
- A number of demographic and offence related variables were examined to establish whether the difference in sexual recidivism for Māori completing the two programmes was due to interactional or confounding effects. No significant differences were found for these variables in relation to sexual recidivism.
- Non-Māori men made up the majority of programme participants and they were found to have a lower sexual recidivism rate following treatment (6.02%). It was also noted that non-Māori, while higher on indices of depressed mood, anxiety and loneliness pre-programme, indicated significant reductions in all these areas post-programme. In other words, non-Māori men do not appear to have been negatively affected by the Te Piriti programme's focus on tikanga values and processes.
- Psychometric evaluation pre and post programme comparison between Māori and non-Māori participants revealed that non-Māori tended to score higher for measures of hostility towards woman, depression, anxiety, self-esteem, suppression of anger, and loneliness. All of these areas reduced over the course of the programme.
- A comparison of Māori and non-Māori offenders attending the Te Piriti programme found a number of significant differences in terms of child sex offending characteristics. Māori child sexual offenders preferred female rather than male victims, had more intra-familial victims, began offending at an earlier age, used more violence in offending, and had received less treatment prior to attending the programme.

• Māori men attending the Te Piriti treatment programme revealed significant change pre and post therapy in a number of key cultural variables:

- Knowledge of Whakapapa;
 - Mate Māori/Mākutu;
- Māori traditional values and beliefs;
 - Knowledge of Marae protocols;
 - Cultural skills;
- Colonisation/acculturation.

- The use of the FReMO process provided the study with the ability to evaluate both cultural variables and the effectiveness of the programme with Māori in a manner which had credibility with Māori. However, while FReMO became the “engine room” driving this research project, the lack of previous rigorous application of this model meant that the process was exploratory in nature.

□ EFFECTIVENESS OF THE TE PIRITI PROGRAMME IN REDUCING RECONVICTION

An examination of the criminal records for the total Te Piriti evaluation sample found a 5.47% sexual reoffending rate as at the end of May 2001 (see Table 2). The sample had an average of 2.4 years in the community post programme at the time of this analysis. The total sample was also found to have a 31.34% general reoffending rate with much of this offending relating to alcohol and driving offences. However, it was noted that there were a considerable number of violent offences committed by the sample. When the sample was broken down into Māori ($n = 68$) and non-Māori ($n = 133$), the sexual reoffending rate was 4.41% for Māori and 6.02% for non-Māori. A similar breakdown for general reoffending found a significant difference ($p = .0154$) for general reoffending with 41.18% for Māori and 26.31% for non-Māori.

Variables	Group	N	%	P
Sexual reconviction	Te Piriti Māori	68	4.41%	ns (.3753)
	Te Piriti Non-Māori	133	6.02%	
	Total sample	201	5.47%	—

Variables	Group	N	%	P
General reconviction	Te Piriti Māori	68	41.18%	*0.0154
	Te Piriti Non-Māori	133	26.32%	
	Total sample	201	31.34%	—

*Significant at $p < .05$

Table 2: General and sexual reoffending for Te Piriti evaluation sample

□ CONTROL GROUP

The control group used in this study were comparable to participants from the Te Piriti study on variables such as age, ethnicity, and number of previous sexual offences (see Table 3). No significant differences were found for any of these variables. All the men in the control group were imprisoned for child sexual offending (1983-1987) prior to the establishment of the Kia Marama programme in late 1989. It should be noted that no comparison of general reoffending has been carried out with the control group due to difficulties in sourcing this data at this stage.

Variables	Group	N	M	SD	P
Previous conviction	Te Piriti	201	0.80	2.28	<i>ns</i> (.1188)
	Control	283	1.05	2.30	
Age at current conviction	Te Piriti	201	35.4	11.30	<i>ns</i> (.0990)
	Control	281	36.8	12.1	

Ethnicity	Group	N	%	P
Māori Non-Māori Pacific Island	Te Piriti	201		
			34%	<i>ns</i> (.1210)
			66%	<i>ns</i> (.1839)
			—	—
Māori Non-Māori Pacific Island	Control	281		
			29%	
			62.5%	
			8.5%	

Table 3. Demographic information on sexual conviction variables for the Te Piriti treatment group and the control group

The sexual recidivism rate for the Te Piriti sample was compared to the 21% sexual reoffending by the control group ($N = 283$) who did not receive structured group based CBT treatment for their sexual offending (see Table 4)³. The difference between the two groups was highly significant ($p \geq .0001$).

³ This control group was the same one used in the previous departmental study (*And there was light*) that evaluated the Kia Marama programme.

Variables	Group	N	%	P
Sexual reconviction	Te Piriti	201	5.47	*.0000
	Control	283	20.8	

*Significant at $p < .001$

Table 4. Sexual reconviction for the Te Piriti and Control samples

Variables	Group	N	M	SD	P
Mean time to sexual recidivism	Te Piriti	11	1053	479	ns (.4035)
	Control	59	1128	988	
Follow up	Te Piriti	190	1416	595	*0.0000
	Control	225	3087	679	

*Significant at $p \geq .001$

Table 5. Mean length of time for sexual recidivism or until end of follow up for Te Piriti and Control groups

It should be noted that the mean time to sexual recidivism for both the Te Piriti treatment group and the control groups was not significantly different revealing that the time to sexual recidivism was similar for the untreated and treated offenders. There was a significant difference found for the mean time to follow up with the control group having been out a significantly longer time.

SURVIVAL ANALYSIS OF RECIDIVISM

In examining recidivism it is of real interest to look at time-to-event data or survival analysis. In this case we looked at recidivism as our particular time-to-event recidivism and how the study participants either moved over time to this state or do not move. Only one state was used, either reoffend or no reoffending. Survival describes time either until the end of the time period studied or time until data finished for an individual case in survival graphs for this study. The right censored data in this study (we knew the start time for all cases) was observed over a continuous length of time. Survival function was estimated from the continuous survival or failure times for each individual case (Kaplan-Meier Product-Limit Method).

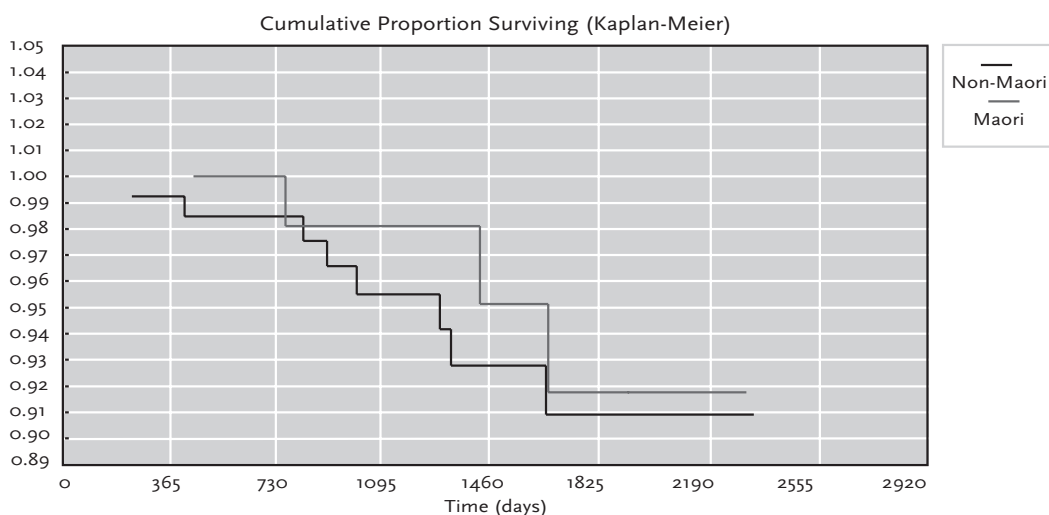


Figure 1. Comparison of Māori and non-Māori sexual recidivism for Te Piriti sample

Figure 1 reveals that only two offenders from the evaluation sample re-offended sexually within the first two years after release. The majority of the sexual reoffending occurred within the period two to four years after release. However, a similar pattern was not found for non-sexual reoffending when Māori and non-Māori Te Piriti programme completers were compared (see Figure 2 over page). Instead, there is non-sexual reconviction reported from shortly after release for both groups with Māori programme participants continuing a steady high rate of recidivism.

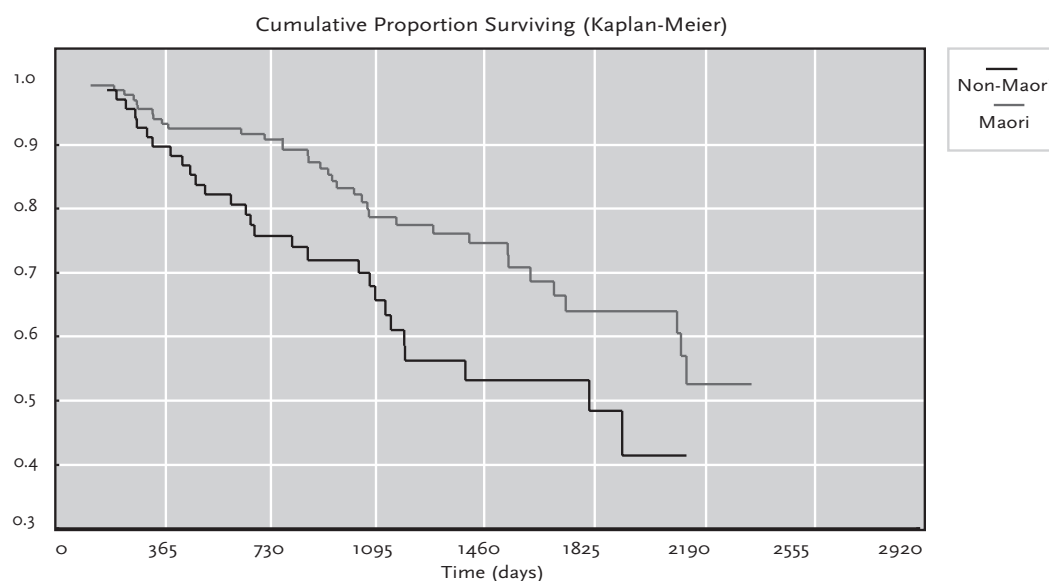


Figure 2. Survival analysis for non-sexual reoffending for Māori and non-Māori programme completers

□ EFFECTIVENESS OF THE TE PIRITI PROGRAMME FOR MĀORI PARTICIPANTS

The research project looked at the effectiveness of the promotion of a Māori tikanga environmental focus in reducing sexual reoffending. This analysis took advantage of the fact that the Māori environmental focus was only in place at the Te Piriti programme and not at its sister programme at Kia Mārama. The Kia Mārama programme did not have a significant Tikanga focus during the period the Māori offender sample was selected from. However, it is noted that during the last three to four years an increased focus on providing culturally appropriate support has been implemented at Kia Mārama.

Both programmes provide the same CBT based therapy programme focused on changing maladaptive thoughts and behaviours relating to child sexual offending and increasing prosocial skills. Most Māori convicted of offences against children attended the Te Piriti programme due to geographic factors and the later development of the North Island programme. However, a large number had completed the Kia Mārama programme.

The Māori treatment participants from both programmes used in this comparison had completed therapy and been released at least 12 months prior to this evaluation. This resulted in a sample of 68 Māori men from Te Piriti and 81 from Kia Mārama⁴. Reoffending data was found using the Justice Department computerised criminal history database to establish recidivism information and when this offending had occurred. The offence date was used to generate survival analysis curves.

Māori men completing the Te Piriti programme had a sexual reoffending rate of 4.41% and general reoffending rate of 41.18% (see Table 6). In contrast Māori men completing the Kia Mārama programme had a 13.58% sexual reoffending rate and a 44.44% general recidivism rate.

Variables	Group	N	%	P
General reconviction	Te Piriti	68	41.18%	ns (.3564)
	Kia Mārama	81	44.44%	
Sexual reconviction	Te Piriti	68	4.41%	*0.0282
	Kia Mārama	81	13.58%	

Variables	Group	N	M	SD	P
Mean time to sexual recidivism	Te Piriti	3	1294	(473)	ns (.3186)
	Kia Mārama	11	1529	(789)	
Follow up	Te Piriti	65	1383	(591)	**0.0000
	Kia Mārama	70	2026	(924)	

*Significant at $p < .05$

**Significant at $p < .0001$

Table 6. Recidivism variables for Māori men treated at Kia Mārama and Te Piriti and mean length of time for sexual recidivism or until end of follow up for both groups

⁴ The identification of Māori men who completed the Kia Mārama programme was based on data collected in an electronic database with only completors included and all those who died who did not reoffend being deleted.

Māori from Te Piriti on average took 1035 days to general recidivism (range 60-2350) and 1294 days to sexual recidivism (range 446-2364). Māori who completed the Kia Mārama programme on average took 1355 days to general recidivism (range 37-3434) and 1529 days to sexual recidivism (range 37-3583). Table 6 indicates that while the mean time to sexual recidivism did not differ significantly between the two groups the longer follow up time for the Kia Mārama group was significant. The difference in mean days translates to approximately 18 months longer average follow up for the Kia Mārama group. However, it is noted that the majority of the sexual recidivism for the Kia Mārama group took place within the follow up period allowed for the Te Piriti study follow-up.

Figure 3 shows the differences in sexual reoffending over time since release for Māori men from the Kia Mārama and Te Piriti programmes. Cox's *F* test was used to compare survival in these two groups and found the difference was significant at $F(6,22) = 3.21, p > .05$. Therefore, the 4.41% sexual recidivism rate for Māori offenders who completed Te Piriti was significantly lower than for the 13.58% found for Māori men who completed the Kia Mārama programme even though there were differences in follow up time. While the significant difference in sexual recidivism between the groups appears hard to see in the graphed data this is due to the low base rate nature of sexual recidivism.

The graph shows the difference in rate of sexual reoffending. However, the speed of recidivism appears virtually the same. Sexual reoffending in the main occurred in a period 2-4 years after release for Māori men from both programmes. This temporal pattern has been noted before in both overseas and New Zealand research into child sexual recidivism.

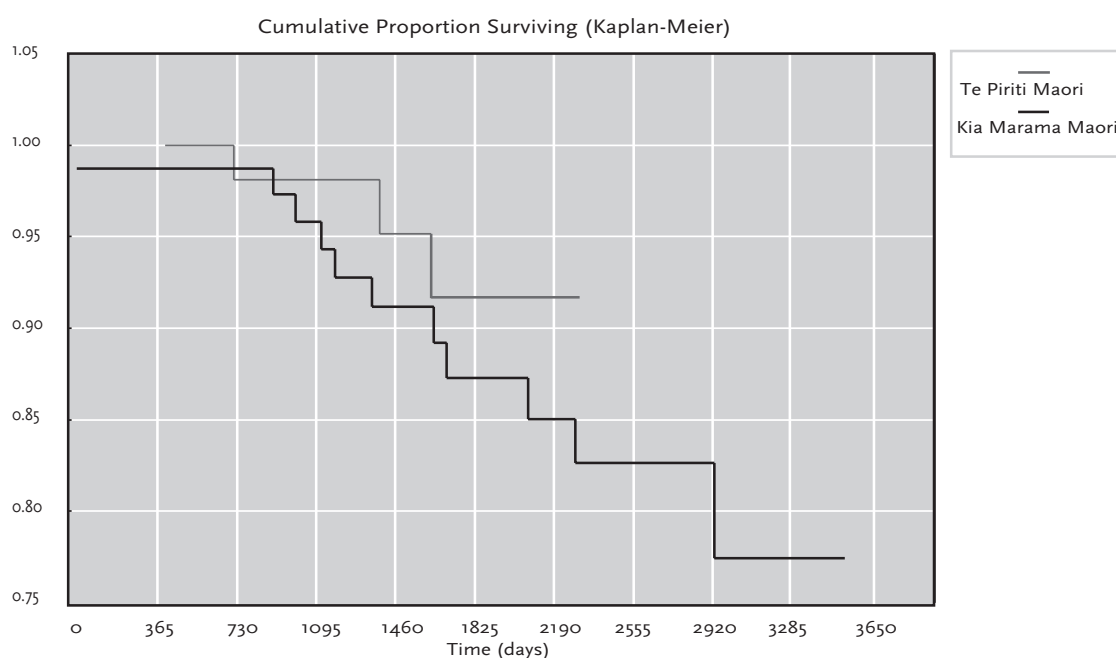


Figure 3. Survival analysis for sexual offending. Comparison of recidivism for Māori men completing the Te Piriti and Kia Mārama programmes.

Figure 4 shows the recidivism pattern after release for general reoffending. There was no difference in speed of general recidivism between Māori men from both programmes (see Table 6). In addition, the pattern of offending in Figure 3 of sexual recidivism not tending to occur for a considerable period after release did not re-occur. Instead, there was a steady rate of general reoffending following release that continued for a number of years. Almost half of the Māori men from both programmes were reconvicted of an offence following release. This rate on the basis of the data paths in Figure 4 would be expected to increase over time.

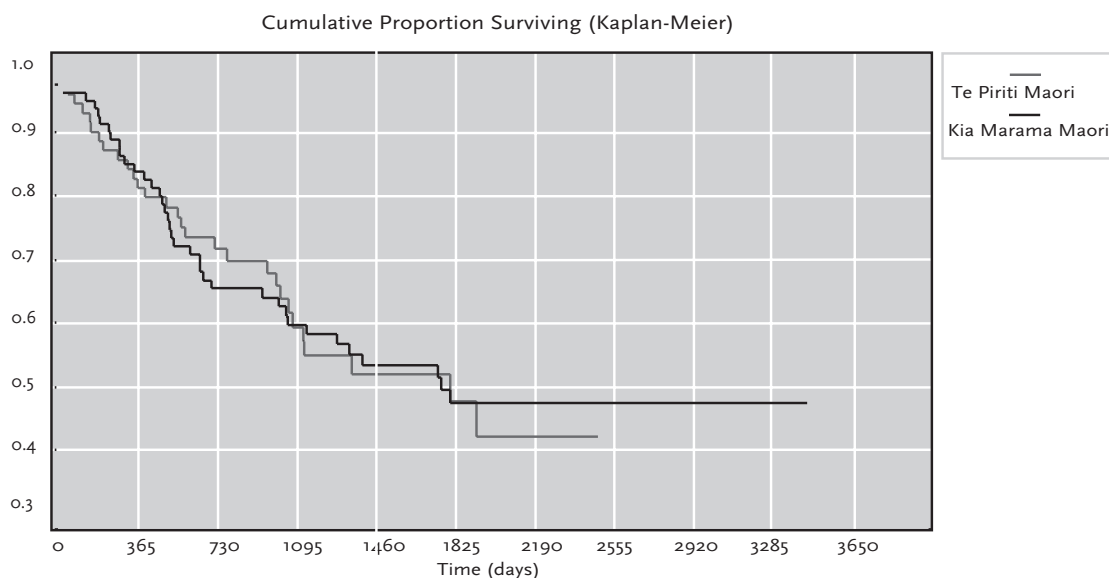


Figure 4. Survival analysis of general offending. Comparison of recidivism for Māori men completing the Te Piriti and Kia Mārama programmes.

The difference in sexual recidivism for Māori appears marked with those completing the Kia Marama programme having a reoffending rate more than twice that of those who went through Te Piriti. When the percentage difference for sexual reoffending was examined the p value was found to reach statistical significance at a .05 level ($p = .0282$). However, it is important to remember the effect of low rates of offending when looking at statistical difference.

□ ANALYSIS OF VARIABLES THAT MAY HAVE AFFECTED SURVIVAL TIMES

Regression analysis was used to examine a number of variables that may have affected the survival times of Māori graduates from the Te Piriti and Kia Marama programmes (see Table 7). A PC based Statistical Package *Statistica 5.1* Cox proportional hazard method was used to examine the impact of these on sexual recidivism (see Table 8). The treatment groups were compared using a forward stepwise entry to variables associated with sexual recidivism that had been collected as part of programme assessment to establish if these significantly affected recidivism. This allowed these variables to be viewed as co-variables to control for any interactional effects or confounding that might have occurred between these variables and the difference in sexual recidivism rates found between the Te Piriti and Kia Marama treatment groups. While Table 7 revealed that significantly more Māori men were younger at the time of their first sexual offence later analysis of this variable as a co-variate did not find it affected survival to sexual recidivism for the two groups.

Variables	Group	N	M	SD	P
Previous sex conviction	Te Piriti	61	0.90	2.05	<i>ns</i> (.2456)
	Kia Marama	81	0.68	1.16	
Previous sex imprisonment	Te Piriti	61	0.37	.86	<i>ns</i> (.3719)
	Kia Marama	81	0.42	.77	
Age first sex offence	Te Piriti	61	29.1	10.3	*.0270
	Kia Marama	81	25.5	9.3	
Occurred pre age 20 yrs	Te Piriti	61	0.44	0.45	<i>ns</i> (.1095)
	Kia Marama	81	0.55	0.50	
Victim age	Te Piriti	61	9.7	3.2	<i>ns</i> (.5000)
	Kia Marama	81	9.7	6.5	
Extrafamilial	Te Piriti	61	0.40	0.47	<i>ns</i> (.3272)
	Kia Marama	81	0.36	0.48	
Intrafamilial	Te Piriti	61	.85	.45	<i>ns</i> (.3079)
	Kia Marama	81	.81	.39	

*Significant at $p < .05$

Table 7. Offence Related Variables for Te Piriti and Kia Mārama Māori Treatment Completers

The variables examined in the analysis were: *Age at first sexual offence; Extrafamilial victims; Intrafamilial victims; Convicted before age 20 years; Number of previous sexual convictions; Number of previous sentences of imprisonment for sexual offending; Age of victim.* Table 8 provides the analysis output for these variables. No significant differences were found between the two groups for these variables so no adjustment was required to the survival curves presented in Figure 3.

Variables	Beta	S.E	Wald	df	Sig	Exp (B)
Age at first offence	0.0196	0.0356	0.3022	1	0.583	1.0198
Offended before age 20	0.4811	0.7324	0.4316	1	0.511	1.6179
Age of victim	-0.0137	0.0624	0.0482	1	0.826	0.9864
Extrafamilial victim	0.9613	0.6920	1.9298	1	0.165	2.6152
Intrafamilial victim	-1.2384	0.6828	3.2899	1	0.070	0.2898
Previous sexual convictions	0.1242	0.1503	0.6827	1	0.409	1.323
Previous sentence for sexual offending	0.1489	0.4533	0.1079	1	0.743	0.8617

Table 8. Analysis of possible sexual reoffending confounding variables for Māori who completed Te Piriti and Kia Mārama

□ PSYCHOMETRIC CHANGES: PRE AND POST PSYCHOMETRIC EVALUATION

A large number of psychometric instruments were administered as part of the pre and post assessment for those attending the Te Piriti treatment programme. A number of those in the total sample (N= 201) did not complete all instruments included in the psychometric battery due to administrative difficulties. Only those with both pre and post assessments for each instrument were included in the analysis of the psychometric results. Full results for all psychometric instruments are recorded in the Te Piriti psychometric results. Note that all participants are split into Māori and non-Māori groups in the following analyses.

SEXUAL ATTITUDES AND BEHAVIOURS (SADS)

No significant difference was found between Māori and non-Māori participants that completed this instrument. Non-Māori had a non-significant trend in the expected direction with no discernable change in scores for Māori.

ABEL AND BECKER COGNITIONS SCALE (ABCS)

While no significant difference was found between the two groups, both Māori and non-Māori reported significant change for pre and post testing in the expected direction (Māori $p = 0.0016$; non-Māori $p = 0.0000$).

HOSTILITY TOWARDS WOMEN SCALE (HTW)

A significant difference between Māori and non-Māori ($p = 0.0461$) was found for pre test means for the HTW. Māori had a lower mean score than non-Māori. Following treatment post scores for the HTW indicated that non-Māori scores had reduced significantly (mean = 10.17, $p = 0.0113$) but were still greater than those recorded for Māori (mean = 9.73).

RAPE MYTH ACCEPTANCE SCALE (RMAS)

Māori and non-Māori both recorded significant change in the expected direction, pre and post for the RMAS (Māori $p = 0.0007$; non-Māori $p = 0.0000$). However, comparison of scores between the two groups only found a significant difference between post scores ($p = 0.0082$).

BECK DEPRESSION INVENTORY (BDI)

The BDI found that non-Māori (mean = 18.20) were significantly ($p = 0.0457$) more depressed than Māori (mean = 13.57) at the start of the Te Piriti programme. The lower scores for Māori remained constant pre and post however the higher scores for non-Māori reduced significantly over the course of the programme (post mean = 14.49, $p = 0.0168$).

SPEILBERGER STATE TRAIT ANXIETY INVENTORY (STAI)

The STAI state scores were significantly ($p = 0.0420$) higher for non-Māori (mean = 41.80) than Māori (mean = 36.54) at the start of the programme. The scores for Māori (mean = 32.22, $p = 0.0237$) and non-Māori (mean = 36.27, $p = 0.0047$) reduced significantly with no significant difference found between the groups at the end of the treatment programme. Trait score for the STAXI were not found to differ significantly between the two groups however the scores for non-Māori did show a significant reduction ($p = 0.0007$).

SPEILBERGER STATE TRAIT ANGER EXPRESSION INVENTORY (STAXI)

Māori did not reveal any significant changes in any of the five main sub scales of the STAXI (Anger Express; Trait Anger; Anger Express; Anger Suppress; Anger Control). The only significant between group differences was for the pre programme scores for the STAXI-Anger Suppress scale ($p = 0.0584$) with non-Māori (mean = 18.88) having a higher mean score than Māori (mean = 17.09). Non-Māori had significant change pre and post in the expected direction for Anger Suppress ($p = 0.0053$) and Anger Express ($p = 0.0016$) scales.

SOCIAL SELF ESTEEM INVENTORY (SSEI)

Non-Māori were found to have significantly lower scores pre ($p = 0.0584$) and post ($p = 0.0200$) for this measure of self-esteem than Māori. Both groups indicated a non-significant trend in a positive direction pre and post for the SSEI. While Māori did not reveal any significant change for this Western developed measure of self-esteem, they did show significant change on cultural variables that also measured self-esteem.

ASSERTION INVENTORY: RESPONSE PROBABILITY (AIRP)

No significant differences were found between the groups on this measure. However, non-Māori scores reduced significantly ($p = 0.0256$) pre (mean = 113.54) and post (mean = 105.71) treatment.

FEAR OF INTIMACY SCALE (FIS)

The FIS did not indicate any between group significant differences, however, non-Māori had a significant change in mean score pre and post programme ($p = 0.0256$) in the expected direction.

UNIVERSITY OF CALIFORNIA LONELINESS SCALE (UCLS)

The UCLS found a significant difference ($p = 0.0038$) between non-Māori (mean = 49.54) and Māori (mean 41.77) pre-test. The higher mean indicating a greater experience of loneliness. Non-Māori indicated that their UCLS scores reduced significantly over the course of treatment (mean = 40.68, $p = 0.0000$).

OFFENCE RELATED DIFFERENCES BETWEEN MĀORI AND NON-MĀORI STUDY PARTICIPANTS

Male victim preference. Significantly ($p = 0.0059$) more non-Māori (18.8%) reported a male preference with only a small percentage of Māori agreeing with this focus (5.8%). The majority of Māori participants in this study indicated that they preferred a female victim (76%) compared to just over half of the non-Māori group (55.6%) (see Table 9).

Māori	N	%	Non-Māori	N	%	Total	N	%
*Male	4	5.88	Male	25	18.80	Male	29	14.43
Female	52	76.47	Female	74	55.64	Female	126	62.69
Both	3	4.41	Both	6	4.51	Both	9	4.48
Missing	9	13.24	Missing	28	21.05	Missing	37	18.41

* Male victim preference percentage between Māori and non-Māori was significant at $p = 0.0059$

Table 9 Preferred Gender of Victim

Victim age. Twenty six percent of the total study sample indicated that their victims had been 13 years and older and 74% that they had been 12 years and under. This focus on pre-pubescent victims was common across both main cultural groups. Data on preferred victim age also revealed no cultural difference with the majority of the sample indicating a preference for children aged 11 years and under.

Extra-familial v/s intra-familial victims. A significant difference ($p = 0.026$) was found for this offence related factor between Māori and non-Māori. A large percentage (46.62%) of non-Māori indicated that their victims were not intra-familial, (i.e., not part of their family) while 67.65% of Māori revealed their victims were intra-familial or whanau (see Table 10).

Māori	N	%	Non-Māori	N	%	Total Sample	N	%
*No	11	16.18	No	44	33.08	No	55	27.36
Yes	46	67.65	Yes	62	46.62	Yes	108	53.73
Missing	11	16.18	Missing	27	20.30	Missing	38	18.91

*Male victim preference percentage between Māori and non-Māori was significant at $p = 0.0056$

Table 10 Distribution of intra-familial and extra-familial victims

First sexual offence. A large number (36.76%) of Māori study participants indicated their offending began as a teenager (<20 years of age). This differed significantly ($p = 0.0010$) from non-Māori study participants with only 22.56% reporting that they began their offending at a similar age (see Table 11).

Māori	N	%	Non-Māori	N	%	Total Sample	N	%
*PreAdult (<20)	25	36.76	PreAdult (<20)	30	22.56	PreAdult (<20)	55	27.36
Adult (20+)	31	45.59	Adult (20+)	76	57.14	Adult (20+)	107	53.23
Missing	12	17.65	Missing	27	20.30	Missing	39	19.40

*PreAdult percentage between Māori and non-Māori was significant at $p = 0.0010$

Table 11 Age of first sexual offence for treatment participants

Previous sexual abuse of offenders. A factor that is often believed to play a part in the offence antecedents for child sex offenders is a history of previous sexual abuse (see Table 12). A total of 51.47% of Māori reported having been a victim of sexual abuse as a child and 45.86% of non-Māori. This was not a significant difference between these two groups.

Māori	N	%	Non-Māori	N	%	Total Sample	N	%
Yes	35	51.47	Yes	61	45.86	Yes	96	47.76
No	20	29.41	No	42	31.58	No	62	30.85
Missing	13	19.12	Missing	30	22.56	Missing	43	21.39

Table 12 Percentage reporting sexual abuse inflicted as a child

Finally, two other significant child sexual offences related differences were found. These were:

Violence in sexual offending and previous engagement in treatment. Māori reported more use of violence in their sexual offences (30.88%) than non-Māori (12.78%) (see Table 13). A greater percentage of non-Māori participants (15.79%) had received previous treatment for their sexual offending prior to taking part in the Te Piriti programme (see Table 14). Only 7.35% of Māori had taken part in previous treatment.

Māori	N	%	Non-Māori	N	%	Total Sample	N	%
*Yes	21	30.88	Yes	17	12.78	Yes	38	18.91
No	37	54.41	No	88	66.17	No	125	62.19
Missing	10	14.71	Missing	28	21.05	Missing	38	18.91

*Offence violence percentage difference between Māori and non-Māori was significant at $p = 0.0010$

Table 13 Percentage using violence in offending

Māori	N	%	Non-Māori	N	%	Total Sample	N	%
*Yes	5	7.35	Yes	22	15.79	Yes	27	13.43
No	53	77.94	No	84	63.16	No	137	68.16
Missing	10	14.71	Missing	27	20.30	Missing	37	18.41

*Previous treatment percentage difference between Māori and non-Māori was significant at $p = 0.05$

Table 14 Previous child sex offender treatment for participants

Education level. One research question that was examined related to a possible link between reoffending and a reduced ability to respond to CBT therapy approaches due to poor academic ability. No significant differences were found between Māori and non-Māori participants on pre programme scholastic/academic achievement in the Te Piriti programme. In addition, no significant relationship was found between these variables and offenders who after release went on to reoffend (both for sexual and general reoffending).

CULTURAL VARIABLES

David Hillman, Te Piriti Cultural Consultant developed an assessment instrument to assess cultural variables that he considered represented important aspects of Māori culture. These variables were measured using a Likert scale at the start and finish of the treatment programme. The results are set out in Table 15.

A number of the cultural variables were found to change significantly in a positive direction including:

- knowledge of whakapapa;
- mate Māori/makutu;
- Māori traditional values and beliefs;
- knowledge of marae protocols and
- cultural skills.

In addition, the variable measuring Colonisation/Acculturation changed significantly in a negative direction, indicating that this was not impacting on the Māori programme participants to the same degree at the conclusion of the programme. A full description of all these variables is as follows:

CULTURAL IDENTITY

Cultural identity revolves around tribal roots, taha wairua and whakapapa. In assessing Cultural Identity, one attempts to assess the extent to which a person is acculturated and/or deculturated.

KNOWLEDGE OF WHAKAPAPA

Whakapapa is the basis for the organisations of knowledge in respect of the creations and development of all things. The word tātari is often used as a synonym for whakapapa. However he identifies that there is a major difference in that the kupu tātari signifies the order and structure of various domains, for example organisation of the stars and heavenly bodies, the organisation of the forest, sea and sky. For humans, tātari often refers to the actual recital of genealogies rather than the system of descent from one generation to another.

MATE MĀORI/MAKUTU

Mate Māori refers to a “sickness” which results from one’s actions. It can be mental or physical. The principles of tapu and noa are the guidelines for social behaviour in Māori society. Breaches of tapu (hara) are often manifested as mate Māori i.e., physically by a person feeling pain or mentally by delusions or hallucinations. Noa is a neutralising influence which restores normality, for example the use of food and water to clear away any potential bad influences is an example of noa.

Mākutu refers to a curse which is inflicted on a person from an external source. The source can be another person or another entity, for example, a tupuna.

MĀORI TRADITIONAL VALUES AND BELIEFS

These are collectively referred to as Tikanga Māori and they are an important and integral part of Māori identity. In assessing for this variable, one is attempting to assess for the level of knowledge of traditional concepts.

MARAE PROTOCOL (KNOWLEDGE)

This variable attempts to identify the understanding of Māori protocol on the marae and the values and beliefs associated with marae processes. The marae has a special value to Māori as a place of unification and celebration.

MARAE PROTOCOL (EXPERIENCES)

This variable looks at the actual experience of participation in certain roles on the marae.

TE REO – (LANGUAGE AND COMMUNICATION)

To fully appreciate and understand the culture of the Māori and to be conversant with the philosophy and the mythology of the Māori worldview, it is necessary to understand the language. The Māori view is that the language enshrines its wairua and is the life force and substance of the culture.

CULTURAL SKILLS

This variable refers to the demonstration of the ability to take part in cultural processes i.e. to participate fully with whakatauhā, in whaikorero and waiata, in ngā purākau (myths and legends and traditions). It also includes arts and craft skills such as carving.

MOTIVATION TO DEVELOP TIKANGA MĀORI

This variable aims to assess willingness to develop a thorough understanding of Māori tikanga to enable them to be confident in basic Te Reo, marae situations, waiata, haka, arts and crafts etc.

FAMILY (WHANAU) NUCLEAR/EXTENDED

The smallest social unit in Māori society usually has three generations (e.g. grandparents, parents, children). The extended whanau is also recognised with connections to a wider social group such as hapu, iwi, and waka.

The changes in the cultural variables were discussed with participants who attended the post analysis FReMO consultation Hui. The consensus was that the changes were expected given the tikanga focus of the programme. Namely, the increase in the cultural variables measuring knowledge and skills was mirrored in the reduction in the negative aspects of not identifying with the dominant culture.

		M	SD	N	t	p
Cultural Identity	Pre	3.57	0.97			0.9091
	Post	3.59	0.95	68	-0.1146	
Knowledge of Whakapapa	Pre	2.71	1.12			0.0058
	Post	2.99	1.09	68	-2.8532	
Mate Māori/Makutu	Pre	2.28	1.17			0.0170
	Post	2.54	1.07	68	-2.4488	
Māori Traditional Values and Beliefs	Pre	2.78	1.05			0.0025
	Post	3.03	0.88	68	-3.1471	
Protocols of Marae (knowledge)	Pre	2.90	1.04			0.0175
	Post	3.07	0.90	68	-2.4374	
Protocols of Marae (know and exper)	Pre	2.72	0.99			0.0702
	Post	2.88	0.86	68	-1.8398	
Te Reo	Pre	2.28	0.96			0.0734
	Post	2.40	0.96	68	-1.8190	
Cultural Skills	Pre	2.49	0.94			0.0070
	Post	2.75	0.95	68	-2.7824	
Colonisation/Acculturation	Pre	3.21	1.07			0.0081
	Post	2.93	0.89	68	2.7310	
Motivate to dev and apply tikanga Māori	Pre	3.09	0.75			0.6979
	Post	3.12	0.66	68	-0.3898	
Family/Whanau Support	Pre	3.63	0.71			0.1447
	Post	3.38	1.25	68	1.4757	

*NB All figures in bold were significant at $p \Rightarrow .05$

Table 15. Pre and post treatment cultural measure results

DID THE CULTURAL VARIABLES RELATE TO REOFFENDING?

Analysis was carried out to investigate if the variables measured pre and post had a relationship with recidivism. No significant relationship was found either with sexual reoffending or with general reoffending. It should be noted that both pre and post scores for these variables were high with low Standard Deviations recorded. As such the variables were unlikely to differentiate among subjects identified as Māori who either did or did not reoffend.

□ EFFECTIVENESS OF THE TE PIRITI PROGRAMME IN REDUCING SEXUAL RECIDIVISM

This study has demonstrated that the Te Piriti programme has been effective in reducing sexual recidivism against children for both Māori and non-Māori men who completed treatment. The study sample of 201 men had a significantly reduced sexual recidivism rate ($p < .0001$) for the follow up period (mean time 3.9 years) of 5.47% when compared to 20.8% for a control group ($N = 283$). The two groups were similar in terms of previous sexual convictions, age at index sexual offence, and ethnicity. The only difference was for mean follow up time with the control group having a longer follow up period (mean time of 8.45 years). However, the mean time to sexual reconviction was not significantly different revealing that the failures for the control and Te Piriti groups were similar.

The majority of men in the Te Piriti study sample were non-Māori (67%) and this group was found to have a higher sexual recidivism rate (6.02%) than Māori (4.41%) although this difference was not statistically significant.

In terms of general recidivism Māori men in the sample had a significantly higher rate (41.18%) than non-Māori (26.32%) ($p < .05$). A similar high general recidivism rate was found for Māori men (44.44%) who attended the Kia Mārama programme. This higher recidivism rate reflects the larger number of historical criminal convictions for Māori men later convicted of child sexual offending. However, it is noted that previous studies into recidivism by child sex offenders has found a very high incidence of non-sexual recidivism (Bench, Kramer & Erickson, 1997; Hanson & Bussiere, 1998). The study by Bench et al. (1997) followed 408 sex offenders for an average of four years and found a nonsexual recidivism rate of 26.8 percent. Such findings provide support for the conclusions that considerable overlap exists in the risk factors for both sex offenders and nonsex offenders (Andrews & Bonta, 1998).

The pattern of sexual recidivism indicated in the survival analysis of all those in the Te Piriti study was for reconviction to typically occur within the period two to four years after release. This temporal recidivism pattern has been noted in other research into reoffending by child sex offenders (Hanson & Bussiere, 1998). However, longer follow periods indicate that while the pattern of little sexual recidivism within the first two years of release holds sexual recidivism continues on after the four year period.

□ COMPARISON OF MĀORI SEXUAL RECIDIVISM: KIA MĀRAMA AND TE PIRITI

This comparison took advantage of a natural quasi experimental condition (Shadish, Cook, & Campbell, 2002). The two Department of Corrections prison based sex offender treatment programmes began at different times and were located in each of the two main islands that comprise New Zealand. This meant that, while the majority of Māori reside in the North Island, a large number attended the Kia Mārama programme before the start of the Te Piriti programme. In addition, a small number of Māori men convicted of sexual offences against children reside in the South Island and preferred to remain down there to be near whanau. The Māori men who had completed treatment at the Kia Mārama programme became a control group to compare the Te Piriti Māori treatment group against to establish, firstly to measure whether they were as successful post release and secondly whether the combination of CBT and tikanga further decreased sexual recidivism. The only apparent difference between the two groups was the addition of the tikanga principles for those who completed the Te Piriti programme. The two groups of offenders were of similar age, had been convicted of a range of child sexual offences, and volunteered for treatment.

Māori men who completed the Te Piriti treatment programme that combined a tikanga focus and Cognitive Behaviour Therapy (CBT) had a lower sexual recidivism rate (4.41%) than Māori who completed Kia Mārama with only CBT (13.58%) over time. This difference in sexual recidivism ($p < .05$) meant a treatment effect difference of more than 50%. Regression analysis used to examine a number of variables that may have affected the survival times of Māori graduates from the Te Piriti and Kia Mārama programmes, no confounding variables were found in this analysis. While there was no difference for time to sexual recidivism for the two groups there was a significant difference for mean length of follow up. However, the vast majority of sexual reconviction for Kia Mārama graduates occurred within the time range used for the Te Piriti study sample.

A test of statistical significance only provides evidence that a result is unlikely to be the result of a chance finding but does not provide information on the size, importance, or clinical significance of a result (Ogles, Lunnen, & Bonesteel, 2001). A result may have statistical significance but no meaning in terms of real change. For example a group treatment programme of patients suffering from Bulimia Nervosa may find that the weekly rate of binge eating and inappropriate compensatory behaviours (usually self induced vomiting) has reduced significantly from an average of six to four times but that the individuals still met the DSM-IV diagnostic criteria for the disorder (APA, 1994). The significance of the sexual recidivism difference between Māori completing the two programmes comes from an examination of the magnitude of the effect size and its stability over time providing evidence of reliability (Cohen, 1992).

The finding of a lower sexual reoffending rate for Māori men completing the Te Piriti programme while retaining a similar pattern of sexual recidivism and general reoffending over time provides support for the positive effects from a tikanga Māori focused environment. There is now some significant experimental evidence that Māori men appear to be better off in a programme that combines a CBT treatment programme for child sex offending and a tikanga environmental focus that is responsive to their culture. This fits with the focus on responsivity issues in Andrews and Bonta's (1998) development of a psychology of criminal conduct. In this theoretical approach they postulate that the important mediating factor in delivering effective treatment for offenders with significant criminogenic needs is attending to their specific competencies, interests and learning styles. Māori appear to have benefited more from a programme that demonstrated sensitivity to their cultural identity and to how culture has affected responsivity to social reinforcement and costs. Many clinical examples exist of the impact on Māori sex offenders of being convicted of such offending, especially since the majority of their victims are whanau/family members. The usual impact of the revelation of such offending is whakama or shame, a negative emotional consequence that is likely to result in a lack of engagement in treatment if cultural responsivity is not present.

The results of this study are consistent with the findings of an earlier study carried out at Kia Mārama that therapeutic changes do not occur in a vacuum (Frost, 2000). This doctoral study examined factors that influenced the engagement of men in the therapy programme. It found that change in the main occurs outside of session rather than within session. Therefore, it is the environmental conditions that can be created around an offender outside of direct therapy that, in terms of engagement, can maintain or increase behavioural change. The Kia Mārama study found that, once relieved of the stresses that participants associated with the formal group context, almost all of the participants engaged in some level of reprocessing of their experiences within the group. Participants actively sought out other unit residents to reconcile their experience of the therapy sessions with the responses of their peers. They were only able to do this because therapeutic engagement issues that could have been a responsivity barrier were reduced by access to others who were attentive to their wishes, feelings and expectations (Andrews & Bonta, 1998).

In the introduction to this study two questions were put that related to firstly, the inclusion of tikanga Māori processes possibly compromising the efficacy of the CBT aspects of the programme, and secondly, whether it had helped or hindered compliance and thereby 'real world' outcomes as measured by recidivism rates. The results of this study appear to have answered both these questions in a positive sense. Māori who attended the Te Piriti programme have benefited in a therapeutic sense from both the CBT programme and its delivery within a tikanga environment focus.

These results while based on a small sample and a quasi-experimental design are important when examined in the context of a dearth of published literature that examines the impact of the application of specific intervention types on specific ethnic offender groups. Most studies in this area either fail to provide validated treatments or to have access to adequate comparison groups. Studies are usually descriptive in nature with a number advocating the approach adopted at Te Piriti (i.e. a Western based best-practice programme delivered within a culturally-responsive context). However, similar programmes have not been open to statistical examination. The ability of this study to overcome these factors is examined later in a discussion of the benefits from applying the FReMO process. The findings of this study appear to be unique and an important step forward in furthering our understanding of how to improve treatment outcomes with Māori men convicted of child molestation.

☐ EFFECTIVENESS OF THE TE PIRITI PROGRAMME ACROSS CULTURES

The majority of programme participants in the study were non-Māori (67%). Of these most were of European descent. This group were found to have a higher sexual recidivism rate (6.02% vs 4.41%) than Māori participants. However they still appear to have performed slightly better than non-Māori who attended the Kia Mārama programme. It is acknowledged that this difference is not statistically significant. However, what is of real interest for non-Māori participants in the Te Piriti programme was that they achieved a similar reduction in sexual recidivism through exposure to a programme that had both CBT and a tikanga environmental focus.

Support for the conclusion that the tikanga focus in the Te Piriti programme did not appear to have a negative effect on the treatment of non-Māori comes from their scores in the psychometric battery. Non-Māori, while higher on indices of depressed mood, anxiety and loneliness pre-programme, revealed significant reductions in all these areas post-programme. Thus it would appear that they have neither maintained nor suffered increases in negative affect or avoidant behaviour through exposure to the Te Piriti programme's focus on tikanga values.

This finding is very important when considering the implications of the reduced sexual reoffending for Māori participants for other criminogenic treatment initiatives. It provides support for the inclusion of tikanga process into programmes with both Māori and non-Māori participants rather than signalling the need to provide separate programmes. However, further research is needed to determine whether the interaction of Māori and non-Māori treatment participants reduces or increases the therapeutic gain for Māori.

☐ PSYCHOMETRIC EVALUATION

It is important before discussing the results from the psychometric tests used pre and post at Te Piriti to refer the reader to previous statements in this report on the lack of normative data for these tests for Māori.

Psychometric evaluation pre and post programme comparison between Māori and non-Māori participants revealed a number of differences. Non-Māori tended to score higher for measures of hostility towards woman, depression, anxiety, self-esteem, suppression of anger, and loneliness. All of these areas reduced over the course of the programme. What was not revealed by the battery of psychometric tests were any of the behavioural changes indicated in the pre and post cultural assessments. In particular, the psychometrics included measures of self-esteem (*Social Self Esteem Inventory*), and social withdrawal (*University of California Loneliness Scale*) that should have reflected the significant positive changes in identity and acculturation revealed by the cultural assessments. This finding may provide evidence for the

argument that the psychometric tests are not be sensitive to culture related changes for Māori programme participants. There is a need for further research into the validity of psychometric instruments with Māori. Other instruments that appear to have limited applicability to Māori programme participants were:

- *Hostility Towards Women Scale (HTW)* – A significant difference was found between Māori and non-Māori. Post treatment scores for the HTW indicated that non-Māori scores had reduced significantly but were still greater than those recorded for Māori. One could hypothesise that the concepts of Te Whare Tangata and the traditional roles of woman, as held within the precepts of tikanga Māori, and the role modelling by both staff and the Cultural Consultant at Te Piriti had influenced this result.
- *Beck Depression Inventory (BDI)* – The BDI found that non-Māori were significantly more depressed than Māori at the start of the programme. The lower score for Māori remained constant pre and post assessment; however the higher score for non-Māori reduced significantly over the course of the programme. This results invites consideration of the application of this psychometric test across cultures. It would appear that Māori may well be conditioned to having, feelings and thoughts associated with the Western measures of depression. As a minority group operating within a society that is controlled by the dominant culture, feelings of alienation and isolation could be prevalent – a part of everyday living – and therefore not necessarily a state that is likely to change of the course of the treatment programme. The significant reduction for non-Māori could well be the pro-social elements operating within the precepts of tikanga Māori that offer any human being the sense of collectiveness and empowerment therefore reducing the feelings measured by the psychometric test.
- *Speilberger State Trait Anxiety Inventory (STAI)* – The STAI scores were significantly higher for non-Māori than Māori at the start of the programme. The scores for Māori and Māori reduced significantly with no significant difference found between the groups at the end of the treatment programme. The fact that the Te Piriti programme is a bi-cultural programme and is promoted as such right from the initial contact with any potential clients, could influence a sense of anxiety by non-Māori participants. Every group commencing treatment is received at the programme by the pōhiri/pōwhiri process. This process in itself invokes anxiousness and a degree of resistance by some non-Māori participants. The pōhiri/pōwhiri occurs before any pre-assessment testing. Furthermore, this environment for Māori participants is perceived as a 'safe place to be – where being Māori is acknowledged'. This subtle acknowledgement empowers and could be seen to reduce anxiety as measured by the Western tools for Māori.

In addition to further validation of the Te Piriti psychometric battery for use with Māori, the question of the utility of this approach in measuring behavioural change for Māori should be investigated. Being able to say that a particular scale has changed significantly may not provide the information needed by either the treatment participant or the therapist on what has actually changed or needs to change. Dr Bill Marshall from Canada is currently investigating this issue and is proposing a more unit based approach where key areas are described in terms of behavioural steps (covert and overt) (*Personal communication*, November 2001). Thus, change is assessed via progression through four or five steps. This approach would enable consultation with cultural consultants to place descriptions of cultural change into such assessments.

□ OFFENCE RELATED DIFFERENCES FOR MĀORI AND NON-MĀORI PROGRAMME PARTICIPANTS

A number of offence related differences were found between Māori and non-Māori programme participants. This information should be viewed as descriptive of this programme only. No generalisations based on this study's results alone can be made about all Māori and non-Māori convicted of sexual offences against children.

A comparison of Māori and non-Māori offenders attending the Te Piriti programme did find a number of significant differences in terms of child sex offending characteristics. Māori child sexual offenders preferred female rather than male victims, had more inter-familial victims, began offending at an earlier age, used more violence in offending, and had received less treatment prior to attending the programme.

Of all these differences, the one that received anecdotal validation from both the consultation hui and the experience of programme staff was that Māori appear to offend more against inter-familial victims. This has important implications for treatment in regard to the reintegration of programme participants to the community and in the power of shame or whakama in motivating change.

A recent New Zealand study into the prediction of recidivism for sex offending against children found that Māori and Polynesian offenders were at lower risk of further sexual reoffending than European offenders. While no causal relationship was presented to explain this trend some insights may come from the Te Piriti study results. Māori offenders revealed a lower incidence of two recognised risk factors for recidivism:

- more female victims;
- more interfamilial victims.

A preference for males or extrafamilial victim choice are recognised as added risk factors for recidivism (Quinsey et al., 1998). This area requires further study as the treatment effect may come from the whakama that many Māori offenders experience when sentenced for a sexual crime. One offender stated “when my name went in the paper I was sentenced again by my whanau”. It is noted that general recidivism remained high for Māori offenders from both the Te Piriti and Kia Mārama programmes. This appears to support the opinion that it is sexual crime that increases whakama rather than other offending.

□ IMPACT OF THE TIKANGA FOCUS ON KEY CULTURAL VARIABLES

The cultural assessment instrument developed by Cultural Consultant David Hillman revealed significant differences pre and post programme. Once all the cultural variables had been loaded into the database the Cultural Consultant endeavoured to separate out Urban Māori and Traditional Māori to consider the issues of acculturation and deculturation. Unfortunately the sample size was not big enough. However, this is strongly supported as an area for future research.

Māori men attending the Te Piriti treatment programme revealed significant change pre and post therapy in a number of key cultural variables:

- knowledge of whakapapa;
- mate Māori/makutu;
- Māori traditional values and beliefs;
- knowledge of Marae protocols;
- cultural skills;
- colonisation/acculturation.

The variable measuring *Colonisation/Acculturation* changed significantly in a negative direction, indicating that this was not impacting on the Māori programme participants to the same degree at the conclusion of the programme

There was less than significant change for Māori men in the following cultural variables measured pre and post therapy:

- cultural identity;
- marae protocols (knowledge and experience);
- te Reo;
- motivation to develop and apply tikanga Māori;
- family/whanau support.

There would appear to be a need to further explore why some cultural variables were found to change in a positive direction whilst others did not. For example, one might speculate that Knowledge of Whakapapa would be linked with Cultural Identity yet this does not appear to be the case.

The changes in the cultural variables were discussed with participants who attended the post analysis FReMO consultation Hui. The consensus was that the changes were to be expected given the tikanga focus of the programme, namely, the increase in the cultural variables measuring knowledge and skills and the reduction in the negative aspects of not identifying with the dominant culture.

These findings may confirm the Māori view that tikanga Māori is holistic in all facets. If any element is drawn out or isolated then its relationship with the 'tika' or correct process of tikanga Māori falters and it loses relevance. Thus, it may be that any exploration and research that focuses upon individual cultural variables will not advance these results any further.

Other possible explanations for these results may be that:

- The acquisition of cultural skills directly contributes to the reduction of offending in some, as yet unspecified, way. The absence of a clear connection between changes in the cultural variables measured and re-offending does not rule this out. However, if there was a link between tikanga Māori and an increase in prosocial behaviour, why did Māori offenders still have such a high general recidivism rate?
- The tikanga approach has a healing effect on Māori, grounding them in their culture and providing them with a basis to re-establish positive links with whānau. This in turn lowers the likelihood that they will engage in sexual offending.
- The effects of social learning from modelling pro-social behaviour have an enhancing effect on the content of the therapy programme.

□ EFFECTIVENESS OF FReMO

A critical component of this study was the incorporation of the *Framework for Reducing Māori Offending* (FReMO) concept into the research process. This was necessary to appropriately and effectively evaluate the cultural processes that define the treatment approach provided at Te Piriti. The use of the FReMO process provided the study with the ability to evaluate both validity of the cultural variables used at Te Piriti to assist the men in changing their behaviour in and the effectiveness of the programme with Māori.

Together these dictated an approach that utilised both quantitative and qualitative methods. The quantitative methods centred largely upon the pre-programme and post-programme performance by Māori and other clients in psychometric tests in order to enable a comparison with the Kia Mārama programme. There was also a quantitative analysis of the pre and post-programme cultural assessments undertaken by the Cultural Consultant at Te Piriti, David Hillman.

The specifics of the quantitative methodology were developed by the team as a whole but driven by the team member with most experience in the area of psychometric testing and quantitative research. The team made a proviso that the limitations of psychometric testing in relation to Māori would be highlighted and that the test results would be interpreted in relation to the total context of the Te Piriti programme and the requirement to enhance access by Māori to Māori cultural processes as identified by FReMO.

The qualitative methods centred around a description of cultural processes by Te Piriti staff, including their interactions with the organisational culture. This description, in conjunction with the outcomes of the pre and post programme cultural assessments, was appraised against criteria drawn from the descriptions of what cultural processes could be expected to be in such a programme developed from the Māori focus groups, and the descriptions of tikanga Māori provided by the two literature reviews (one focused on Māori processes and one on CBT treatment of offenders who commit sex offences against children).

The criteria for assessing the tikanga Māori components to the Te Piriti programme were developed by a Māori cultural consultant with previous research experience.

In summary the FReMO process provided a formalised framework which guided the project team through the cultural variables and ameliorated against the biases that operate in measuring and assessing tikanga Māori. Finally, the FReMO process also highlighted the biases of ethnocentrism in both the gathering and interpretation of all data within this project.

□ THE RECOMMENDATIONS FROM THE PROJECT ARE:

- The use of tikanga in combination with CBT appears to be an effective treatment programme for Māori and non-Māori offenders convicted of sexual offences against children. It is recommended that the use of tikanga in the Te Piriti programme should continue to be developed.
- The model is presently 'housed' within the minds of the manager and cultural consultant. It is recommended that priority be given to production of a manual.
- This study provided support for the inclusion of Māori in the conception, design and management of research. It is recommended that training and support be provided for Māori staff in Corrections to enable this to continue to occur.
- Consideration needs to be given to the development of a robust and rigorous cultural assessment tool incorporating some of the findings from this project and the variables used at Te Piriti. This should then be piloted in other cultural initiatives within Corrections to demonstrate the impact of tikanga principles across programmes.
- Consideration should be given to evaluation of the use of a tikanga focus in other criminogenic programmes.
- It is recommended that a FReMO manual be developed detailing how the model can be applied to a variety of projects using the experiences of the Te Piriti project. This manual would provide a much-needed guide to the operational application of FReMO with the additional benefits of serving as a quality assurance measure of its application within the organization. It would also assist in deciding the intensity of the FReMO process that is appropriate for a particular project.
- It is recommended that a FReMO champion be appointed to mentor and monitor integrity of application. The FReMO process was the 'engine room' of this project in driving and shaping much of the direction. In particular, we note the importance of consideration of the organisational culture factors which, although often subtle, have the ability to undermine and sabotage policies, programmes, initiatives etc. In addition, the Department of Corrections needs to ensure that any project that requires the application of FReMO is appropriately resourced for the additional expenditure this process requires.
- The difficulties found in using North American developed and normed psychometric instruments with Māori highlight the need for more research into the validity and reliability of such measurements for use with New Zealand populations.
- More research needs to be carried out into the effect of the Te Piriti and Kia Mārama programmes in reducing general reoffending. This study found high levels of general reoffending after release. Not enough is known about how much successful participation in the two-specialist sex offender treatment programmes reduces pervasive antisocial beliefs.
- Consideration should be given to reviewing current tikanga Māori programmes within the department given the findings of the effectiveness of this project in relation to the combination of both CBT and tikanga Māori.
- We recommend the development of a training manual in cultural skills for staff use as a resource. At present staff are trained on site for the skills they require to reinforce the cultural processes. There is no training manual or resource material.

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