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# Editorial

## Changing practice; changing lives

Having only recently joined the Department of Corrections, I am constantly amazed at how dedicated the staff here are to changing lives and improving circumstances for those with whom we work, whether this is in a prison or in the community or working in partnership with contracted providers.

Being editor of the Practice Journal has further reinforced for me just how far we have come on our journey of reducing re-offending and shaping futures.

This edition focuses on some key pieces of work being led by Corrections as well as initiatives being jointly led with other organisations, for example in the employment space and the family violence sector.

There are a number of articles that give us insight in to how much we have achieved over the last five years, in particular our Director Māori, Neil Campbell's, article on tikanga-based programmes. This article reminds us that addressing the high rate of Māori re-offending cannot be achieved alone and reinforces the need to collaborate with Māori groups to improve the way we design and deliver programmes.

Wayne Goodall's gem *The Sentenced Prisoner Population 1980-2016: The link between policy changes and growth* generates much food for thought. The article outlines key legislative and policy changes that have impacted on the growth and changing nature of the sentenced population.

As Goodall's article highlights, there are now many more people in prison for drug offences, hence the need for evidence-based alcohol and drug treatment, as outlined in the article by Dr Jillian Mullen. The relevance of these programmes is highlighted by the complexity of the needs we are seeing in the youth who are sentenced to prison. Dr Ashley Shearer highlights the importance of a principled approach and the involvement of communities when working with young people in the prison setting.

This also applies to how we work with women in the custodial environment. Hannah McGlue's article on trauma informed practice and the article from Bevan, Lynch and Morrison on female family violence perpetrators give rich information on understanding why women offend and how we can work differently with them to improve their lives.

These articles enable us to better understand those we are working with and how we can adapt our practice so they can make changes.

I cannot stress how much I recommend you to grab this edition and read it thoroughly. It will not only enrich your work, it will also remind you of our commitment to changing lives and how we can all make a difference every day.

**Nova Banaghan**

*Director Quality and Performance, Service Development*

*Department of Corrections*



# The Department of Corrections' tikanga-based programmes

**Neil Campbell**

*Director Māori, Department of Corrections*

## **Author biography:**

*Neil has been employed as the Director Māori for the Department of Corrections since July 2012. Before this, he held a number of positions within different Māori-focused teams including the Director Māori Rehabilitation and Reintegration, the Manager Māori Services (Southern Region), Partnership Manager Northern Region, and the Regional Adviser Māori Service Development. In his 21 years with Corrections, he has worked at every level of interaction with offenders including design, development and delivery of interventions. He currently has responsibility for the Māori Services Team and strategic relationships with Māori.*

## **Introduction**

The Department of Corrections is committed to delivering better outcomes for Māori offenders and their whānau. It is well known that Māori are over-represented in all stages of the criminal justice system. Corrections works to reduce the rate of Māori re-offending through the delivery of both mainstream and tikanga-based motivational, rehabilitative and reintegrative programmes.

Mainstream programmes ensure that all offenders, including Māori, gain access to interventions that are proven to be effective. All mainstream programmes are designed to be responsive to Māori, as a large number of Māori offenders will be eligible to attend them. We receive cultural input into the design of the programmes through cultural advisory groups and consultants. We also apply a Māori cultural framework when designing mainstream programmes so the Māori perspective is considered from the outset. Our evaluation results prove that in mainstream programmes Māori perform just as well, and in some cases better, than non-Māori offenders.

Although mainstream programmes are effective for Māori, we are very aware that there is not a "one size fits all" approach to reducing Māori re-offending. As a result, Corrections also offers tikanga-based programmes, which suit some Māori. These programmes incorporate Māori customs and Te Ao Māori (the Māori world view). They are designed to strengthen an offender's cultural identity, change their behaviour and reduce their likelihood of re-offending. The programmes can also address cultural distortions that encourage offenders to misuse aspects of Māori culture as justification for their criminal behaviour.

Corrections recognises that we cannot address the high rate of Māori re-offending on our own. Accordingly, we collaborate with Māori groups to improve the way we work with Māori offenders, and improve the way we design, implement and deliver programmes. Our dedicated Māori Services Team is responsible for developing and maintaining strong relationships with iwi (tribes), hapū (sub-tribes), kaitiaki (guardians), and other Māori community groups. These relationships include collaborative operational agreements, formal partnership agreements, and relationships based on Treaty of Waitangi settlement obligations.

In recent years Corrections has significantly increased the number of mainstream and tikanga-based programmes available to offenders, and also increased our efforts to evaluate their effectiveness. There has never been such a high level of investment directed towards reducing re-offending, particularly for Māori. The development of our key tikanga-based programmes is outlined below.

## **Motivational programmes**

Motivational programmes are designed to help offenders overcome barriers that prevent them from participating in rehabilitation programmes. Corrections' key tikanga-based motivational interventions are the Specialist Māori Cultural Assessment, Tikanga Māori Programmes, and the Te Ara Māori units.

## **Specialist Māori Cultural Assessment**

The Specialist Māori Cultural Assessment is a tool to address an offender's responsibility and motivational barriers. The tool is currently available to prisoners and community-based offenders in the Northern Region and at Waikeria Prison.

The assessment is undertaken by independent, contracted Māori assessors to encourage offenders to consider a culturally-enhanced pathway out of offending. The assessors engage in kōrero (talk) with the offender about who they are, how they see themselves, what it means to be Māori, and how that knowledge can help them. The assessors will kōrero with offenders about their place in their whakapapa (genealogy) and how to reconnect positively to it.

The assessors use the findings from the assessment to produce a detailed report that contains recommendations for Corrections staff and the offender. The recommendations for the offender are generally to engage in self-directed activities such as researching whakapapa or registering with their tribal authority or organisation. The recommendations for Corrections staff are generally to refer the offender to activities such as the Tikanga Māori or Te Tirohanga programmes.

A 2007 evaluation of the tool found that it immediately improved an offender's motivation in areas such as: participation in cultural programmes, learning whakapapa, developing whānau relationships, completing rehabilitation programmes, and addressing offending.

## **Tikanga Māori Programmes**

Tikanga Māori Programmes comprise a range of culturally-responsive motivational programmes for offenders who identify as Māori. The programmes are delivered by local providers and vary from site to site. They are designed to motivate offenders to engage more fully in rehabilitation programmes by helping them understand their cultural identity, and by encouraging them to embody the kaupapa (principles) and tikanga (customs) of their tipuna (ancestors). They cater to a variety of learning styles, and activities include discussion, role play, the practice of Māori protocol, and kapahaka (performing arts).

In 2012, Corrections sought feedback from a number of local providers on the delivery of the programmes as part of a wider review of all interventions. The feedback suggested that the programmes would benefit from greater consistency of purpose and approach. As a result, Corrections worked with Māori programme experts to develop a new framework and assessment tool.

The new framework, Te Ihu Waka, has been designed to ensure consistent and measurable outcomes for offenders who participate in prison and community-based programmes. All programmes delivered under the framework are now structured around the four kaupapa of manakitanga (hospitality), whānaungatanga (attaining and maintaining relationships),

rangatiratanga (autonomy) and wairuatanga (spirituality and wellbeing).

## **Te Ara Māori**

Te Ara Māori are prison units that provide a tikanga-based environment to support male prisoners in strengthening their cultural identity. This is achieved through the delivery of Tikanga Māori programmes. The units are particularly beneficial to prisoners serving short sentences who would otherwise not be eligible for an intervention. The units can also benefit prisoners who are serving longer sentences by encouraging them to attend the Te Tirohanga national programme. The first Te Ara Māori was established in a 20-bed unit in Manawatu Prison in 2015.

In October 2016, the first Te Ara Māori for women was established in an 18-bed unit at Auckland Region Women's Corrections Facility. We are currently developing another unit at Christchurch Women's Prison.

## **Rehabilitative programmes**

Rehabilitation programmes are designed to help offenders address the causes of their anti-social behaviour, and develop strategies to prevent them from committing further offences. Corrections' key tikanga-based rehabilitation interventions are the Te Tirohanga national programme, Mauri Tu Pae, and Te Kupenga.

## **Te Tirohanga national programme**

The Te Tirohanga national programme refers to a range of tikanga-based services delivered in five dedicated units at Waikeria, Tongariro, Hawke's Bay Regional, Whanganui and Rimutaka prisons.

## **The history of the programme**

The Te Tirohanga units were previously known as "Māori Focus Units". The first Māori Focus Unit opened in Mangaroa Prison (now Hawke's Bay Regional Prison) in 1997. By 2002, dedicated units had also been established at the other four prisons mentioned above.

In 2009, Corrections evaluated the Māori Focus Units and the Māori Therapeutic Programme (which is discussed in more detail below). In 2010/11, the therapeutic outcomes of the units were also specifically evaluated. The reviews found that the units provided a pro-social environment, but were not reaching their full rehabilitative potential. As a result, Corrections initiated the "Māori Focus Unit Improvement Project" to revitalise the therapeutic model operating in the units.

In order to progress the project, Corrections created a Māori Governance Board comprising iwi-mandated representatives from the areas where the five units were located. The Board worked alongside the

project executives, being the director Māori and the regional commissioners from the Central and Lower North regions. In December 2012, the Board and the project executives approved the revised Te Tirohanga programme. In October 2013, the new programme was implemented at Waikeria, Tongariro, and Hawke's Bay Regional prisons. The programme was later implemented at Rimutaka Prison in January 2014 and at Whanganui Prison in April 2014.

### **Te Tirohanga in operation**

Te Tirohanga is a six phase programme that includes whānau support, education and rehabilitation services. In developing the programme, the Māori Governance Board identified kaupapa values that provide the basis for interactions within the units. Staff and prisoners are expected to model these values on a daily basis.

The five Te Tirohanga units contain 258 beds in total; however, the rolling nature of the programme means that, if quarterly intake is at a maximum, 172 prisoners will complete it each year. Forty-six prisoners are expected to begin the first phase of the programme every quarter across all five sites.

Whānau support is primarily delivered by pou arataki (previously whānau liaison officers), who are responsible for assessing and improving the quality of the relationship between prisoners and their whānau. Pou arataki work with each prisoner to conduct a whānau assessment in the first three months of the programme. The assessment categorises relationships into three distinct groups: whānau toiora (positive), whānau tawhiti (disengaged) and whānau kore (non-existent). Pou arataki then support prisoners assessed as having whānau kore or whānau tawiti relationships to reconnect or establish positive relationships with their whānau.

Education services are primarily provided by Te Wananga o Aotearoa, who are contracted to deliver the Level 2 National Certificate in Māori within the units. The certificate is intended to improve a prisoner's literacy and numeracy skills, strengthen their cultural identity and provide a pathway towards vocational qualification.

As discussed below, rehabilitation services are primarily delivered in the units through the Mauri Tu Pae programme. Prisoners who meet the eligibility criteria will also attend a three-month intensive alcohol and other drug treatment programme at the Te Tirohanga unit at Whanganui Prison.

### **Mauri Tu Pae programme**

The Mauri Tu Pae programme is a three month medium-intensity rehabilitation programme delivered by Māori service providers in the Te Tirohanga units and at Northland Region Correction Facility (NRCF).

The programme is designed to help prisoners alter the behaviours that led to their offending, and to help them develop strategies for maintaining positive change. The programme includes: constructing an "offence map" which outlines the actions and decisions that led to their offences; challenging attitudes that support offending; guidance on managing emotions, conflict and relationships; and developing safety plans.

The Mauri Tu Pae programme was previously known as the Māori Therapeutic Programme. In 2000, the Māori Therapeutic Programme was piloted at the Māori Focus Unit in Hawkes' Bay Regional Prison. The programme was designed as a culturally enhanced rehabilitation intervention to better meet the needs of offenders participating in the units. Soon after the pilot, the programme was expanded to all other Māori Focus Units, and was also later implemented at NRCF.

The Māori Therapeutic Programme was not originally considered equivalent to, or as effective as, the Department's mainstream Medium Intensity Rehabilitation Programme (MIRP). In 2012/13, Corrections worked with the Māori service providers to review the programme, which led to the content being strengthened and the duration being extended. The revised Mauri Tu Pae programme is now considered equivalent to the MIRP.

### **Te Kupenga**

Te Kupenga is a highly tailored multi-agency approach to reducing intergenerational whānau offending. The programme focuses on collaboration and relationship – building to develop and achieve goals. Whānau are responsible for establishing their own goals and identifying the support people to help achieve those goals. Agencies help with processes to ensure the support is effective.

The programme started in 2014 and is currently in place in Kaikohe and Manurewa. At Kaikohe, for example, three Corrections staff established and led the multi-agency approach to providing rehabilitative services to a whānau of two parents and their six children, all of whom were either on a community or prison-based sentence.

Although Te Kupenga has only been delivered to a small number of whānau members, the approach has the potential to change the way Corrections manages complex intergenerational issues. Early indicators suggest the approach can successfully reduce whānau members' frequency and seriousness of offending. The programme can also change whānau members' attitudes and encourage them to engage in pro-social activities, including training and work; better engage with probation staff; cease alcohol and drug use while on parole; and reconnect with their marae.

## Reintegrative programmes

Reintegration programmes are designed to provide offenders with the tools and support to transition back into the community after a sentence of imprisonment. Corrections' key tikanga-based reintegration interventions are the Whare Oranga Ake and Tiaki Tangata.

### Whare Oranga Ake

Whare Oranga Ake were established in 2011 to help Māori prisoners reintegrate into the community by using a kaupapa environment to strengthen their cultural identity. The Department has two Whare Oranga Ake; one 24-bed unit at Hawke's Bay Regional Prison and one 16-bed unit at Spring Hill Corrections Facility. While Corrections provides security for the whare, the management and day-to-day operation is contracted to local service providers.

Whare Oranga Ake are designed to help prisoners train for employment; find sustainable employment and accommodation on release; and form supportive networks with iwi, hapu and community organisations. While other programmes have reintegrative aims, the whare are intended to be distinct in three respects:

- The activities and overall running of the unit is underpinned by a kaupapa Māori environment. Māori practices and values are integral in the day to day life of prisoners in the unit.
- The emphasis on reintegration involves education, training and employment, and taking the offender into the community to establish positive connections.
- An iwi-based Māori community service provider leads the services delivered in the communities.

The Whare Oranga Ake are located outside the secure perimeter of the prison. Only prisoners with a minimum security classification, and between three and six months left on their sentence of imprisonment, are eligible for placement.

The whare are similar to external self-care units, but with communal rooms. Prisoners do their own shopping, cooking and housework. Temporary releases during the day are encouraged to allow participants to seek or take up employment. During day releases, participants also seek post-release accommodation and take part in other activities to enable their successful reintegration. Prisoners from other prisons who intend to reintegrate into the Hawke's Bay or Waikato communities may be referred to participate in the programme.

### Tiaki Tangata Reintegrative Programme

In 2015 Corrections implemented the Tiaki Tangata programme, which is a wrap-around case management service that supports long-serving Māori prisoners to reintegrate into the community.

Tiaki Tangata is delivered by the National Urban Māori Authority in the Northern Region; the Wera Aotearoa Charitable Trust in the Central Region; Orongomai Marae, Tupoho Trust, Te Ikaroa Rangitahi and Te Runanganui O Ngati Porou in the Lower North Region; and Nga Ngaru Rautahi O Aotearoa in the Southern Region. The providers are contracted to deliver individualised support to offenders. They help offenders develop a comprehensive pre-release assessment and reintegration plan. The providers also help offenders after they are released from prison to find accommodation and employment, and to connect with iwi, hapu, whānau and other support people.

### Conclusion

Reducing re-offending is Corrections' foremost priority. We know that success in reducing re-offending means success in reducing Māori re-offending. We have come a long way in recent years and now offer a wide range of mainstream and tikanga-based programmes, yet there is still more we can do. We will continue to develop strong relationships with Māori groups, review our existing programmes, and look to develop innovative initiatives. We believe we can continue improving the lives of Māori offenders and become the international benchmark for success with indigenous populations.





# Innovations in reducing re-offending

**Juanita Ryan**

*Director of Programmes and Interventions, Department of Corrections*

**Robert Jones**

*Policy Adviser, Department of Corrections*

## **Author biographies:**

*Juanita Ryan has worked for Corrections for the past eight years; starting as a senior psychologist in Hamilton and moving into the principal psychologist role two years later. Prior to Corrections she held roles at a training facility for clinical psychology students and within a mental health team at Waikato District Health Board.*

*Robert Jones is a policy adviser in the Policy Team at the Department of Corrections. He studied design at Massey University and, after graduating, was briefly employed at Corrections as a public information officer. He then spent five years as a freelance video editor, before returning to Corrections as a ministerial services adviser in October 2012.*

## **Introduction**

Corrections has placed reducing re-offending at the forefront of our collective effort. We know that well-designed rehabilitation interventions delivered to appropriately selected offenders can reduce re-offending. We know that offenders who have access to education, training and employment opportunities are more likely to find sustainable jobs and develop more stable lifestyles. We know that prisoners who are supported to reconnect with their prosocial whānau and communities are more likely to change their own lives.

Over recent years we have significantly redeveloped our services to deliver better outcomes in these areas. We have evaluated, refined and expanded offender access to existing initiatives. We have also designed and implemented new initiatives.

We have transformed our services over such a short period that we can forget to reflect on our achievements. A number of innovative highlights from the past five years are outlined below. These initiatives are just a few examples of the progress we have made.

## **Offender management**

Completing a prison sentence or a community-based sentence or order can be challenging for offenders, particularly if they have behavioural or developmental issues. We actively manage offenders to support them through their sentence, improve their attitudes, and help them take advantage of health, rehabilitation, education, employment, and reintegration opportunities.

Over the last five years we have enhanced the way we manage and deliver services to offenders. Key initiatives include the Industry, Treatment and Learning Framework, Case Management, the Right Track framework and the Reducing Re-offending Boost Programme.

## **The Industry, Treatment and Learning Framework**

Offenders often lead unstructured and unstable lifestyles in the community, which can contribute to their offending and anti-social behaviour. The Industry, Treatment and Learning Framework has been designed to engage prisoners in a 40-hour week with a particular focus on activities related to rehabilitation and reintegration, education and training, employment, and other constructive activities. These activities help prisoners develop skills, experiences and behaviours that assist them to manage the inevitable challenges that will confront them when reintegrating. The activities also help them find employment to assist in maintaining a stable lifestyle on release from prison.

Corrections originally piloted the concept as “Working Prisons” at three sites in late 2012. A working group then developed an overarching framework for the concept. By 2015 we had implemented the framework and converted all public prisons into Working Prisons. The concept has been renamed to reflect the range of activities prisoners engage in under the framework. Over the coming years, we will continue work to ensure all sites are fully engaged as centres of Industry, Treatment and Learning.

## **Case management**

Corrections recognises that our efforts to support prisoners to change their behaviour must begin from the time they are received in custody. Corrections previously employed sentence planners, who were responsible for identifying an offender’s activities for the offender plan and writing the Parole Assessment Reports. In order to move to end-to-end case management of prisoners, we introduced new “case manager” roles in 2011.

Case managers take a more active role in making decisions about a prisoner's management and motivating them to complete activities on their plan. They are responsible for ensuring that prisoners and remandees have an individualised pathway of rehabilitative and reintegrative interventions which are aligned to their assessed risk and identified needs. This is achieved in a number of ways, such as face-to-face contact with the individual, collaboration with other staff, and referrals to both internal rehabilitative programmes and external reintegrative providers. To help assess risk and identify factors contributing to the individual's offending, we introduced a dynamic risk assessment tool for case managers, namely the Structured Dynamic Assessment Case Management – 21 items (SDAC-21), in July 2013.

The field of case management has continued to evolve since 2011, most notably with the implementation of the Integrated Practice Framework in July 2014. The framework supported case manager practice to move from a task based process to an offender-centric approach where decisions are made based on the risk, need, and responsivity of the individual prisoner or remandee.

Case management has led to improvements in:

- the assessment of prisoner needs
- prisoner motivation to complete activities
- the scheduling of programmes
- the level of reintegration support.

As at June 2016, we employed approximately 200 FTE case managers. Over the 2016/17 period an additional 44 roles will be established nationwide.

### **The Right Track framework**

As part of our efforts to reduce re-offending, Corrections committed to taking a more active management approach to our daily interactions with offenders. In accordance with this commitment, we introduced the prison-based Right Track framework in 2012.

The Right Track framework assists frontline staff to make informed decisions and take timely and appropriate action to support offender decisions and actions. It outlines the knowledge, behaviours, skills, tools and systems we need to encourage offenders to make good choices in their lives. First, it's about supporting staff to make the right choice and take the right action with prisoners at the right time. Then, it's about influencing prisoners to do the same in their daily lives.

A key feature of the model is identifying that prisoners are at different stages in their willingness to change. Once staff have identified the prisoner's stage

of change, the framework helps them select the appropriate tactics, actions or responses. It also helps staff set immediate, measurable targets to support prisoners to achieve the desired change.

Staff from all parts of Corrections – including custody, case management, health, psychological services, offender employment and education – have important daily interactions with prisoners. Accordingly, a multi-disciplinary approach is required for Right Track to succeed. Staff meet regularly, work together, make informed decisions and agree on actions to support prisoners through their sentence.

Corrections commissioned an independent evaluation of the Right Track pilot in 2013. The findings indicated that the framework had been implemented successfully and that the activities were being completed as intended. The framework is now standard practice in New Zealand prisons.

### **The Reducing Re-offending Boost Programme**

Corrections staff provide as much targeted support to as many offenders as possible. In December 2014, we initiated the Boost Programme, which aimed to reduce re-offending by re-prioritising our resources from high-intensity low-volume interventions towards less intensive interventions that could be delivered to more offenders.

The project formally closed on 30 June 2016. Compared to the previous financial year, in the 2015/16 period:

- programme attendance by remand prisoners increased by 128%
- attendance by prisoners serving short-term sentences increased by 79%
- attendance by prisoners serving long-term sentences increased by 21%.

Overall, the initiative significantly increased the number of offenders who had access to programmes, particularly those for whom access has historically been difficult.

### **Offender health and wellbeing**

Offenders are more likely to have physical and mental health issues than the general public. Many offenders arrive in prison with serious issues resulting from a lifetime of inadequate care; a lack of screening for chronic conditions; violence, alcohol and drug abuse; and poverty-related illness. We support offenders to improve their wellbeing as doing so increases their ability to participate in our programmes, promotes healthier lifestyles, and enables them to engage in a more meaningful and constructive way with their whānau and wider society.

Over the last few years we have expanded and improved our existing services, including screening prisoners for hearing loss in some prisons and gaining Cornerstone® accreditation for all public prison health centres. Cornerstone® accreditation gives an assurance that our health centres are providing prisoners with a level of care equivalent to what they could expect in the community. We are also conducting a case review of all apparent suicides in prisons since 1 July 2010, and introducing a well-validated Columbia Suicide Severity Rating Scale (C-SSRS) tool which is used internationally to screen for suicide risk in custody and community settings.

Key innovative initiatives from the last five years include Smokefree Prisons, the High Dependency Unit, the Mental Health Screening Tool, and the Mental Health "In Reach" Service.

### **Smokefree Prisons**

Corrections is committed to providing a safe and healthy work and living environment for everybody on our premises. Our commitment includes reducing harm caused by secondhand smoke. On 1 July 2011, all New Zealand prisons became smokefree. Prior to the decision, we offered support to prisoners and staff to quit smoking. We now offer incoming prisoners nicotine replacement therapy to help them stop smoking. Within a year we saw a 72% reduction in fire-related incidents, fewer opportunities for prisoners to use lighters to melt plastic into dangerous weapons, and a rapid and substantial improvement in indoor air quality. We were proud to receive a Public Sector Excellence Award from the Institute of Public Administration of New Zealand for our smoke-free prisons in 2012.

### **High Dependency Unit**

Older people have more complex health-related needs than the general population and require more support to maintain their level of functioning. To support an ageing prison population, Corrections opened a new High Dependency Unit at Rimutaka Prison in 2012. At the end of 2015, the unit was expanded and a new 10-bed wing was opened. As a result, 30 prisoners can be placed in the unit at any one time.

The unit provides assistance to prisoners with complex health issues that make it difficult for them to function independently in a mainstream prison environment. These prisoners receive appropriate care, from trained health staff, in a fit-for-purpose environment. The unit has greatly improved the level of healthcare for this small high-needs section of the prison population.

### **Enhanced Mental Health Services**

Research has shown that mental health disorders and illnesses are more prevalent among prisoners than the general population. We work to address an offender's mental health issues to improve their overall wellbeing.

In order to more effectively identify and treat prisoners' mental illness, Corrections introduced a new Mental Health Screening Tool in 2012. The tool is used to screen all prisoners over 18 years of age. Prisoners who screen as "positive" can be referred to Forensic Services for a specialised assessment. If Forensic Services assess a prisoner as having mild to moderate needs, they are referred back to the prison health centre. Health staff then decide whether to refer the prisoner to a medical officer, nurse or contracted provider. If Forensic Services assess a prisoner as having serious needs, they receive treatment directly from the forensic team. In acute cases prisoners may be transferred to a secure forensic mental health facility. From 1 July 2012 to 30 June 2016, staff conducted approximately 27,000 Initial Health Assessments, which included mental health screenings. Thirty-six percent of those prisoners were referred to forensic services for a specialised assessment.

In 2014, Corrections also introduced a new Mental Health "In-Reach" service, where experienced clinicians are contracted to work in selected prisons. The clinicians support prisoners with their mental health needs, for example by providing brief interventions. They also support our health and custodial staff to manage prisoners with mental health issues. The service aims to improve health outcomes for prisoners, reduce self-harm incidents, reduce transfers to At Risk Units, reduce referrals to Forensic Services and improve continuity of care on release.

In 2016 the government also approved a package to better support offenders with mental health issues. The additional support services include: improved mental health services to prisoners and community offenders; supported accommodation for select offenders with significant mental health concerns or cognitive impairment; social workers and counsellors to work with female offenders dealing with trauma; and a wrap-around support service for offenders with multiple mental health needs and their families. Corrections is currently implementing these services.

### **Offender rehabilitation**

Rehabilitation interventions give offenders the opportunity to learn the skills they require to change their patterns of behaviour through education and therapy.

We have enhanced our existing services over recent years including refining the Māori Focus Units and

Māori Therapeutic Programme into our Te Tirohanga programme; and increasing placements in our medium intensity rehabilitation suite of programmes. Key initiatives from the last five years include the Family Violence Programme, the new approach to AOD treatment in prisons, AOD Aftercare, and the Short Intervention Programme for Child Sex Offenders. These initiatives are further outlined below.

### **Family Violence Programme**

Corrections' family violence programmes are delivered by contracted providers, who previously operated under their own individual guidelines. In 2011 and 2012 we reviewed our community-based domestic violence programmes delivered by contracted providers. We found variance in the types of programmes delivered, with some not adhering to evidence-based practice for addressing offending needs. Specifically, most programmes were mixing all risk levels of offenders, and not using effective therapeutic models to facilitate thinking and behavioural change.

In order to streamline the delivery of the services, we developed a new targeted Family Violence Programme (FVP) in 2013. The programme is delivered individually or in groups to male offenders assessed as low to low-moderate risk of re-offending. Medium and high risk male offenders are now matched by risk and need and attend departmental Medium Intensity Rehabilitation Programmes or receive individualised psychological services. The FVP focuses on better assessing risks, treating the needs of offenders, and helping them understand motivations for their abusive behaviour. It includes modules on managing emotions, beliefs and attitudes, substance use, relationship skills, and the effects of family violence.

We ran a pilot of the programme with 13 community-based family violence providers from October 2014 to September 2015. At the same time, we introduced it into prisons to test it in a custodial setting. In addition to the prison-based programme, the FVP for community-based offenders was fully introduced in June 2016.

### **The Short Intervention Programme for Child Sex Offenders**

Corrections provides differing levels of individualised and group treatment for child sex offenders. We operate two long-running Special Treatment Units that provide intensive group programmes for medium to high-risk child sex offenders: Kia Marama at Rolleston Prison and Te Piriti at Auckland Prison. These programmes provide treatment to a small but significant percentage of the total number of child sex offenders.

Prior to 2012, a large number of lower risk child sex offenders were not receiving group treatment in prison. Instead, these offenders tended to engage in brief individual work with a psychologist. This approach was resource intensive and not considered the best use of the psychologist's time given their primary focus on higher risk offenders. To address this gap, Corrections introduced the Short Intervention Programme (SIP), which is run at sites adjacent to the two Special Treatment Units. The programme runs in three phases: a pre-intervention assessment phase, a group intervention phase, and a post intervention phase.

The SIP has ensured that more child sex offenders engage in group-based treatment to address their offending needs. We conduct between 80 and 90 assessments for the SIP each year. Of the low-risk child sex offenders who are assessed, 60 are placed in the programme each year.

The comprehensive assessment process also highlights previously unidentified higher risk offenders and allows us to place them in the high-intensity Special Treatment Units. These high risk offenders may not have been consistently identified before the SIP was introduced, and are now able to receive treatment to address the causes of their offending.

### **AOD treatment in prisons**

Alcohol and other drug (AOD) misuse is a major driver of crime. Corrections previously only delivered treatment to prisoners through specialised Drug Treatment Units. This meant many other prisoners were not being provided with access to interventions. From 2012, we implemented a comprehensive new approach to addressing a prisoner's AOD needs. The new approach aimed to ensure that every prisoner with an identified need had access to an appropriate treatment, regardless of their location, risk, and sentence length.

As a result of the approach the following interventions are now available in prisons:

- *Brief Support*: this motivational programme is aimed at prisoners who are unsure whether they want to change how they use AOD. It is available to all prisoners at all prisons.
- *Intermediate Support*: this programme is aimed at prisoners who are willing to change but are not sure how. It is available to all sentenced prisoners at all prisons.
- *Intensive Treatment*: this programme is aimed at prisoners with significant AOD issues. It is delivered at select prisons by contracted service providers.

The new approach has significantly increased the number of prisoners who have access to programmes that address their AOD issues. Since 2012/13, approximately 10,000 prisoners accessed the intensive, intermediate or brief support programmes.

### **AOD aftercare**

On release to the community, ex-prisoners previously managed their AOD use through outpatient or community addiction treatment services. The long waiting lists for these services meant offenders risked losing their motivation to stay AOD free. To address this gap, we began implementing a suite of three AOD aftercare programmes in 2016. These new services will provide maintenance support for offenders who have completed more intensive AOD treatment in prison to both support their AOD goals and also to assist their transition back into the community. The aftercare project also focuses on improving access to high quality community-based residential AOD treatment for offenders with high dependency needs. The aftercare project will be evaluated in the 2017/2018 financial year.

### **Offender industry and learning**

Offenders who find sustainable employment in the community are less likely to re-offend. However, a large percentage of prisoners have limited education or work experience. In order to improve an offender's prospects of finding a long-term job, we offer a wide range of educational, training and employment opportunities.

Over recent years we have expanded and improved existing services including:

- opening new trade and technical training workshops in Christchurch Men's Prison
- increasing our partnerships with organisations who want to employ offenders; expanding literacy and numeracy support so it is delivered by industry instructors
- expanding prisoner access to qualifications.

Key initiatives from the last five years include Secure Online Learning, Intensive Literacy and Numeracy, and a Parenting Programme.

### **Secure Online Learning**

Corrections heavily restricts digital mediums in prisons to prevent prisoners from using them in ways that are counterproductive to their rehabilitation, such as intimidating victims and organising gang activities in the community.

Despite the need to protect public safety, we are aware that prisoners need to improve their digital literacy to function in society. Accordingly, in August 2015 we introduced the new Secure Online Learning

(SOL) programme to provide prisoners with restricted access to educational websites. Education tutors now facilitate learning in SOL suites at 14 prisons to improve prisoners' digital literacy and employment prospects.

Over the coming year we will increase the number of pre-approved websites; explore e-learning platforms; introduce Microsoft Office; provide access to rehabilitation-related sites, and implement new SOL computer suites at the remaining sites across the prison estate.

### **Intensive Literacy and Numeracy Support**

An offender's ability to function in society is significantly impeded if they have unmet literacy and numeracy skills. Up to 63 percent of prisoners do not have the skills to be competent in everyday literacy tasks.

Prisoners with very high needs were previously unable to access support similar to that in the community. Additionally, very limited literacy is a responsibility barrier to rehabilitative treatment which meant that potentially high numbers of offenders were not benefiting as fully as they could do from Corrections' rehabilitative opportunities. To address this gap, in October 2015 we implemented a new approach to prison literacy and numeracy support. We now have education tutors who conduct literacy screening assessments as part of each prisoner's induction into prison. We also contract providers to deliver intensive literacy and numeracy support in prisons, with Te Wananga o Aotearoa delivering support nationally, and Methodist Mission delivering support in Otago only.

Prisoners with the highest need are able to access up to 100 hours of the intensive literacy programme. Those with more moderate needs are supported by Secure Online Learning; Howard League and other volunteers; and programmes on the New Zealand Qualifications Framework that are delivered by external providers and industry instructors. We have also brought the assessment of prisoner needs "in-house" to ensure those with the highest needs are prioritised for the new intensive programme. In 2015/16, 961 prisoners started the new intensive programme, with promising initial results.

### **Parenting programme**

Corrections is committed to supporting offenders to connect with their prosocial whānau and reduce intergenerational offending. In 2015, we introduced a new Parenting Support service for prisoners. The service is designed to help prisoners learn parenting skills and communicate with their child. Participants also have access to community support once they are released from prison, which ranges from a few home

visits to phone calls in the first three months after release. The programme has a broad eligibility criterion and is not strictly for parents. It can provide services for a prisoner who is not a parent, but who wants to strengthen the role they play with the children in their lives. The service promotes strong whānau connections and improving the lives of the children of prisoners.

## **Offender reintegration**

Corrections provides reintegrative services to help offenders transition from prison back into the wider community. These services aim to help offenders remain crime-free and settle into the wider community as prosocial members of society.

Over recent years we have purchased a whole suite of reintegrative services which range from immediate-needs services to intensive services that provide offenders with employment support, accommodation support and assistance to reconnect with their whānau and communities. We have also significantly expanded access to supported accommodation. Key initiatives include Employment Support Services, Out of Gate, Whare Oranga Ake, and Guided Release.

## **Employment support services**

We know that offenders who successfully complete treatment programmes and then find sustainable employment are more likely to move on from their criminal behaviour and become productive members of society. In 2014, we introduced an employment support service for prisoners who are due for release, and motivated offenders on a community-based sentence or order.

Contracted providers support offenders to find and maintain employment through active case management, job placement, and in-work support. The service offers two levels of in-work support: a Full Package for offenders without employment and a Partial Package for offenders who have already obtained, or are returning to, employment. Support is offered on an individualised rather than group basis and is ongoing for up to six months once a job is secured. In the 2015/16 financial year, 320 offenders were enrolled on the Full Package service, which is 203 more offenders than the previous period.

## **Out of Gate**

Reintegrative programmes have generally focused on assisting long-term prisoners into the community. However, short-serving prisoners (who often cycle in and out of prison with limited opportunity for meaningful support) also face significant barriers to reintegration. To address this gap, Corrections launched a new navigation-style service called Out of

Gate in 2013 for the approximately 2,150 short-serving offenders being released from prison each year.

Contracted Out of Gate navigators meet with prisoners before they are released to assess their needs and complete a reintegration plan. The navigator supports the ex-prisoner during the first four weeks following release (for the standard service) or the first 12 weeks following release (for the enhanced service). The navigator assists the ex-prisoner to address their identified re-integrative needs. This may include picking them up at the prison gate, transporting them to the required services, helping with paper work, and linking with services for whānau and children of offenders.

## **Whare Oranga Ake**

Corrections is committed to delivering better outcomes for Māori as they are disproportionately represented in all stages of the criminal justice system. We offer a range of tikanga-based programmes, which incorporate Māori customs and Te Ao Māori (the Māori world view).

In 2011, we introduced Whare Oranga Ake to help Māori prisoners reintegrate into the community by using a kaupapa environment to strengthen cultural identity in a culturally responsive context. Corrections has two whare; one 24-bed unit at Hawke's Bay Regional Prison and one 16-bed unit at Spring Hill Corrections Facility. Whare Oranga Ake are similar to mainstream external self-care units. They are located outside the secure perimeter of the prison and only minimum security prisoners who have already completed relevant treatment programmes are eligible for placement. Whare Oranga Ake are designed to help prisoners train for employment; find sustainable employment and accommodation on release; and form supportive networks with iwi, hapu and community organisations.

## **Guided Release**

In Budget 2016, the government set aside funding for a new Guided Release initiative, which is now in place at all public prisons. Case managers work intensively with long-term prisoners to identify, plan and carry out specific meaningful reintegration activities. The activities vary depending on the prisoner's need and suitability, but will generally take place outside of the prison site.

The initiative provides an additional opportunity for suitable prisoners to address reintegrative needs prior to their final release. The case manager's oversight may gradually lessen as the prisoner's final release date approaches, and as oversight from an approved external sponsor increases. The Guided Release process will bring together the prisoner, their family/community support people and Corrections staff in comprehensive reintegration planning, allowing for a smooth transition from custody to community.

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## Conclusion

Although Corrections has made significant progress over the past five years, we can still do more. In August 2016, we launched *Change Lives Shape Futures*, our strategic plan for the next 12 months. This year we will focus on enhancing the safety and capability of our staff; strengthening the safety of the community; engaging more offenders in industry, treatment and learning; and modernising our infrastructure. Our focus areas have shifted slightly, but our vision and goal remain the same – to create lasting change by breaking the cycle of re-offending. We know we can keep improving, keep innovating, and keep making a difference in the lives of offenders, their whānau and the New Zealand public.



# The Sentenced Prisoner Population 1980-2016: The link between policy changes and growth

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## Author biography:

Wayne has been employed by the Department of Corrections for two years. For almost all of the last 22 years he has worked in the Justice sector. Wayne has a PhD in criminology, his thesis addressed regional disparity in sentencing in the District Courts.

## Introduction

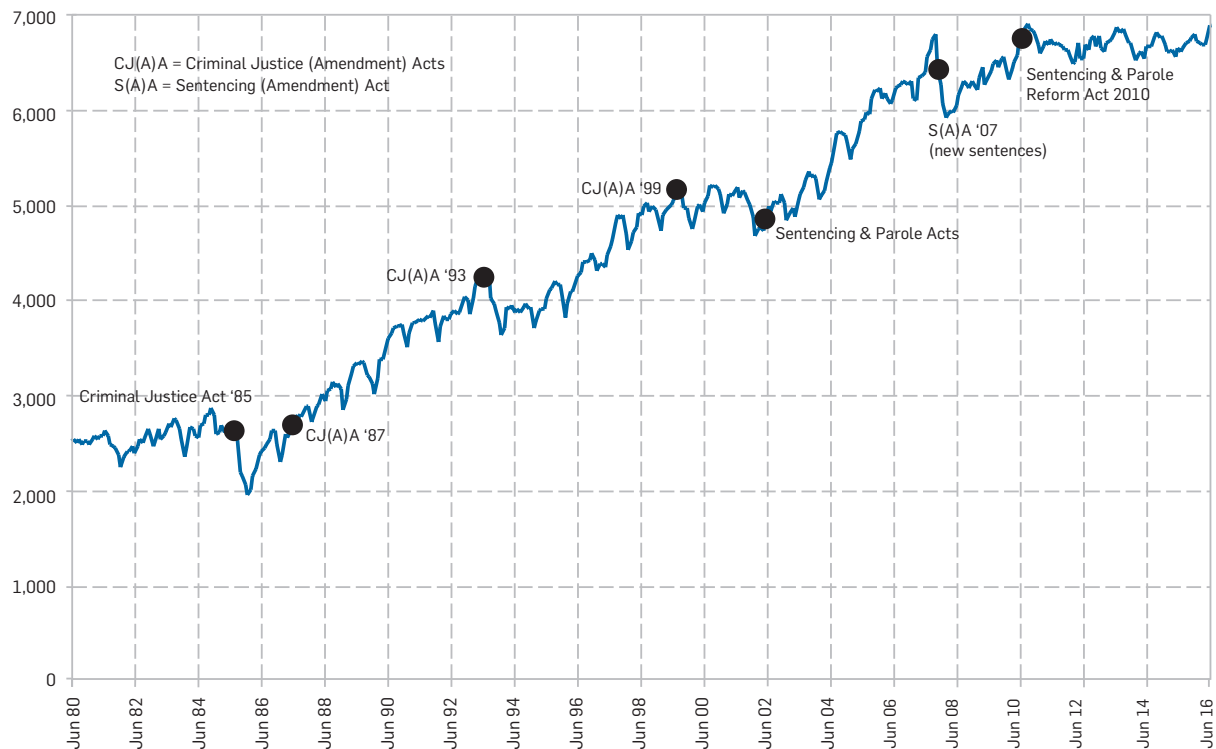
Since 1980, New Zealand's sentenced prisoner population has grown by 170%. A full explanation of the change would encompass, among other factors, changes in the volume and mix of offenders and offences, societal change, policy change and changes in sentencing approach. A paper within the confines of this journal cannot disentangle the relative contribution of each factor. This paper primarily focuses on the generalised link between policy change and movements in the sentenced prisoner population with limited reference to other factors. It concludes with a description and discussion of the changing composition of the population and the link back to policy changes.

## The sentenced prisoner population 1980-2016

The growth in the sentenced prisoner population is depicted in Figure 1 along with a series of key policy changes. At a very general level the population was stable from 1980 through to 1985 before rising fairly constantly for more than 20 years through to 2007. The detail reveals three noticeable short term drops in 1985, 1993 and 2007 and a plateau around the turn of century. All of these can be linked to policy changes or the absence of change.

## Figure 1:

The sentenced prisoner population 1980-2016 and key policy changes





## Impacts of legislative change

The following narrative works through the series of major policy changes included in Figure 1. It is followed by some examples of the influence of changes to maximum penalties for individual offences and an example of what might be classed as non-legislative responses to a sentinel event (a single or small number of horrific offences in close proximity). The discussion concludes with a brief reference to impact of the custodial population on the sentenced prisoner population.

### The Criminal Justice Act 1985

*The Criminal Justice Act 1985* was the first policy change post-1980. The immediate effect of the Act was a reduction in the prison population. The reduction was primarily due to the introduction of a presumption against imprisonment for property and other non-violent offending and a heightened expectation of imprisonment for more serious violent offending. The Act introduced universal parole eligibility at half sentence and reduced mandatory release from three-quarters of time served to two-thirds.

The immediate effect of the 1985 Act was not sustained; the population returned to close to 1985 levels within two years. This was a consequence of the more severe sentences for violent offending coupled with a growth in convictions for violent offending.

The 1985 Act marks the start of a period of change in the composition of the prison population. This is discussed in more detail in a subsequent section of this paper.

### The 1987 Criminal Justice Amendment Act

In 1987 the first of a series of amendment acts responded to rising concern about law and order issues. The concern was spurred by a series of sentinel events – the abduction and murder of two primary school girls (Louisa Damodran and Teresa Cormack), the abduction and rape of a woman by a recently released prisoner and a gang rape. Parole eligibility was abolished for offenders serving sentences for specified serious violent offences. Parole eligibility for those serving life sentences or on preventive detention was increased from seven to ten years, and the scope of preventive detention was broadened by reducing the minimum age from 25 to 21 and adding specified serious violent offences to the list of qualifying offences.

### 1993 Criminal Justice Amendment Act

Like the 1985 Act, the immediate effect of the *1993 Criminal Justice Amendment Act* was a reduction in the prison population. This occurred despite a further strengthening of provisions governing the sentencing and release of sex offenders and serious violent

offenders. The changes were also in response to disquiet about high profile crimes; the rape and murder of 15 year-old Kylie Smith and the rape and murder of primary school girl Sarah Curry. The maximum penalty for rape and unlawful sexual connection was increased from 14 to 20 years. Despite resulting in a marked increase in sentence lengths, the impact of the change on the prison population was delayed. This is common for increases in maximum penalties because the impact only becomes noticeable when the first offenders sentenced under the new law reach the point at which they would otherwise have been released but for the longer sentence.

The immediate decrease after the passage of the amendment and stable population through to early 1997 is linked to three measures: The introduction of suspended sentences, provision for the release of non-violent offenders on home detention, and reduction of parole eligibility from half to one-third for prisoners other than serious violent or sexual offenders. Judges were able to suspend any prison sentence of six months to two years, which was expected to divert offenders from prison and result in a long term reduction in the prison population.

The expected longer term reduction in the population due to suspended sentences did not eventuate. There were “unintended consequences” as suspended sentences began to add more prisoners than were diverted. This has been attributed to a high proportion of suspensions in cases where the offender would not otherwise have been imprisoned. The subsequent activation of some of these suspensions outweighed the number diverted from prison.

### 1999 Criminal Justice Amendment Act

The severity of sentences for serious violent and sexual offences was further increased in the *1999 Criminal Justice Amendment Act* if the offending took place during a home invasion. In effect a new set of offences was created since the maximum sentence for certain offences became five years greater than for the same offence absent from the element of home invasion. A 13 year minimum non-parole period was introduced for murder. Any impact the change had on the prison population was either negated by other shifts in offending or sentencing or was too small to be noticeable; the population was relatively stable from 1999 to 2002. The latter explanation is the most likely for two reasons. First, the number of offences occurring in these circumstances would likely have been small, but more importantly, as described above, any effect would have been delayed until the prisoner went beyond the point at which they would otherwise have been released. The changes were short-lived, being repealed as part of the 2002 reforms.

## Sentencing Act 2002 & Parole Act 2002

In 2002 the sentencing and release provisions were comprehensively reformed with the *Sentencing Act 2002* and the *Parole Act 2002* replacing the relevant parts of the Criminal Justice Act 1985. The Sentencing Act is very different to the Criminal Justice Act, but many of the changes had little effect on sentencing patterns because they codified the sentencing practices already followed by the Courts. There were two changes targeted at the most serious violent offenders. First, the qualifying age for preventive detention was further reduced from 21 to 18. Second, a minimum non-parole period of at least 17 years was required for offenders convicted of murder in any of nine aggravating circumstances unless it would be manifestly unjust to do so. In addition to abolishing the "home invasion" provisions, the Act also abolished suspended sentences.

The Parole Act was revolutionary. All offenders sentenced to more than two years on a determinate sentence became eligible for parole at a minimum of one-third or up to two-thirds if the sentencing judge ordered a minimum non-parole period. The almost automatic release at two-thirds was removed meaning that offenders could serve the full sentence.

The change was expected to result in an increase to the prison population; it was designed to make dangerous offenders, who posed a risk to the community, serve a greater proportion of their prison sentence. Although it was estimated that the prison population would increase by about 400, the actual increase has been much higher. The effect has been estimated to be an increase of about 1,500, mostly occurring between 2002 and 2008.

## Sentencing Amendment Act 2007

The *Sentencing Amendment Act 2007* introduced home detention as a sentence in its own right, and the new sentences of community detention and intensive supervision slowed the growth in the prison population. The slowing of the growth was primarily due to judges making much greater use of home detention as a sentence in its own right, compared to previously where it was a way for an offender to serve all or part of a short sentence of imprisonment (two years or less). Under the old regime, judges granted leave to offenders to apply to the Parole Board to serve the sentence on home detention. The Parole Board was possibly more risk averse than judges have proven to be, but also appeared to consider whether the prisoner deserved to be released on home detention rather than just considering whether the risk they posed warranted keeping them in prison. It has been estimated that the change has resulted in the prison population being about 1,000 lower than would otherwise be the case.

## Sentencing and Parole Reform Act 2010

The *Sentencing and Parole Reform Act 2010* introduced the three strikes regime. It is another example of a change which will have delayed effects. It takes time for offenders to accrue strikes, and it takes time for those offenders to reach the point in their sentence where they would otherwise have been released but, due to the three strikes regime, remain in prison. At present there are around 2,400 "first strike" offenders in prison, and almost 100 "second strike" offenders, with the possibility that the first "third strike" case is likely to be received in the near future. The prison forecast allows for an additional 250 prisoners over the next 10 years due to the three strikes regime.

## Increased maximum penalties and a sentinel event

There have been periodic increases to maximum penalties over the years, the following three examples provide a sense of the effects such changes can have:

- In 1998 the maximum penalty for a third or subsequent drink driving offence increased from three months to two years, resulting in an increase of about 50 in the prison population.
- In 2003 methamphetamine was re-classified from Class B to Class A, lifting the maximum penalty for dealing offences from 14 years to Life Imprisonment, resulting in an increase of about 150 in the prison population.
- In 2013 the maximum penalty for breaching a protection order increased from two to three years resulting in a four percentage-point increase in the imprisonment rate and a seven-week increase in average sentence length resulting in an additional 50-70 prisoners.

Sentinel events can also play a significant role outside the contribution to policy changes discussed above. For instance, the serious re-offending while on parole by Graeme Burton in 2006 resulted in a rapid increase in the prison population. Not only did the Parole Board adjust its decision-making, courts became more inclined to remand defendants in custody.

## The custodial remand muster

A discussion of the sentenced prisoner population would be incomplete without a brief mention of the relationship with the custodial remand population. Increases and decreases in the custodial remand population may be partially matched by a reverse effect on the sentenced prisoner population. An increase in the rate of custodial remand for an offence type is, all other things being equal, likely to suppress the sentenced prisoner population because more of those sentenced to prison will have served time on remand. Likewise an increase in the average time on remand is likely, all

other things being equal, to suppress the sentenced prisoner population because offenders have less time left to serve post-sentence. It is likely that the increase in remand population over the last 18 months (more than 700 additional prisoners) has suppressed the sentenced prisoner population.

### The changing composition of the sentenced prisoner population

The composition of the prison population by high level offence groupings has changed markedly since 1980. The change is depicted in Figure 2 (the change in volume) and Figure 3 (the proportionate composition of the population).

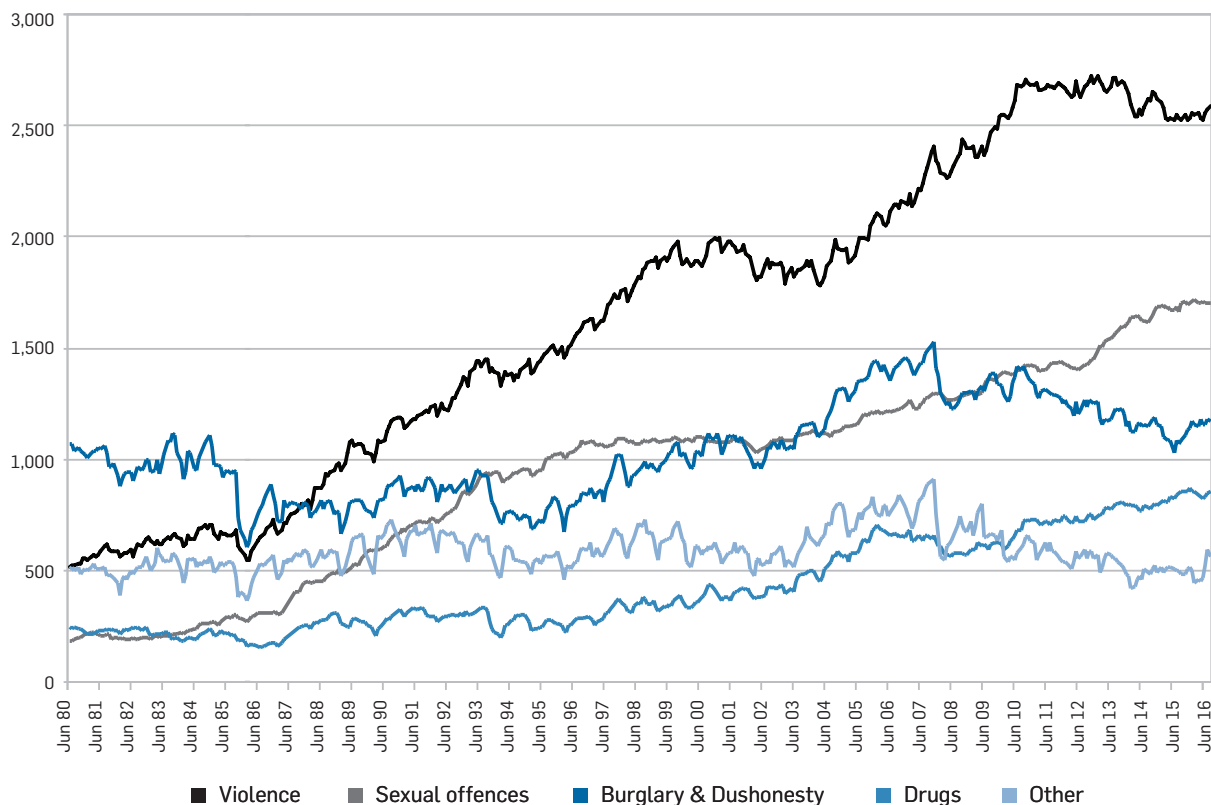
Figure 2 shows very sharp changes beginning in 1985. Prior to 1985, burglary and dishonesty offenders were the largest group in prison. The Criminal Justice Act 1985 created a swift change. By the end of 1987 there were more violent offenders in prison than burglary and dishonesty offenders and in July 1993 the number of sexual offenders overtook the number of burglary and dishonesty offenders. To some extent this was a

consequence of growing numbers of offenders but it was also substantially influenced by the legislative changes. More serious violent and sex offenders could expect to be imprisoned whereas there was a presumption against the imprisonment of others. The subsequent changes in 1987 and 1993 increased the severity of sentencing for violent and sex offenders. It took until 1997 for the number of burglary and dishonesty offenders to return to pre-1985 levels. All three groups rose in the five years immediately after the Parole Act 2002 came into force. Many offenders were not released until later in their sentence and some were not released until sentence expiry; notably more than one-third of burglars served their entire sentence in prison. In 2007 the number of burglary and dishonesty offenders fell whereas the other two groups continued to increase.

While these changes were taking place, the number of drug offenders in prison slowly increased through the 1990s and subsequently grew more quickly. The number of offenders imprisoned for offences outside the four named groups has been relatively constant.

**Figure 2:**

*The composition of the sentenced prisoner population by offence type*



All these shifts mean that the composition of the sentenced prisoner population is very different now compared to 1980; this is depicted in Figure 3.

As expected there has been substantial growth in the proportions of violent and sexual offenders and a decrease for burglary and dishonesty offenders. Consistent with the changing numbers, the population has an appreciably higher proportion of prisoners serving sentence for drug offences, whereas the relatively unchanging number of prisoners for other offences means they now account for a much smaller proportion than the 20% up to 1985.

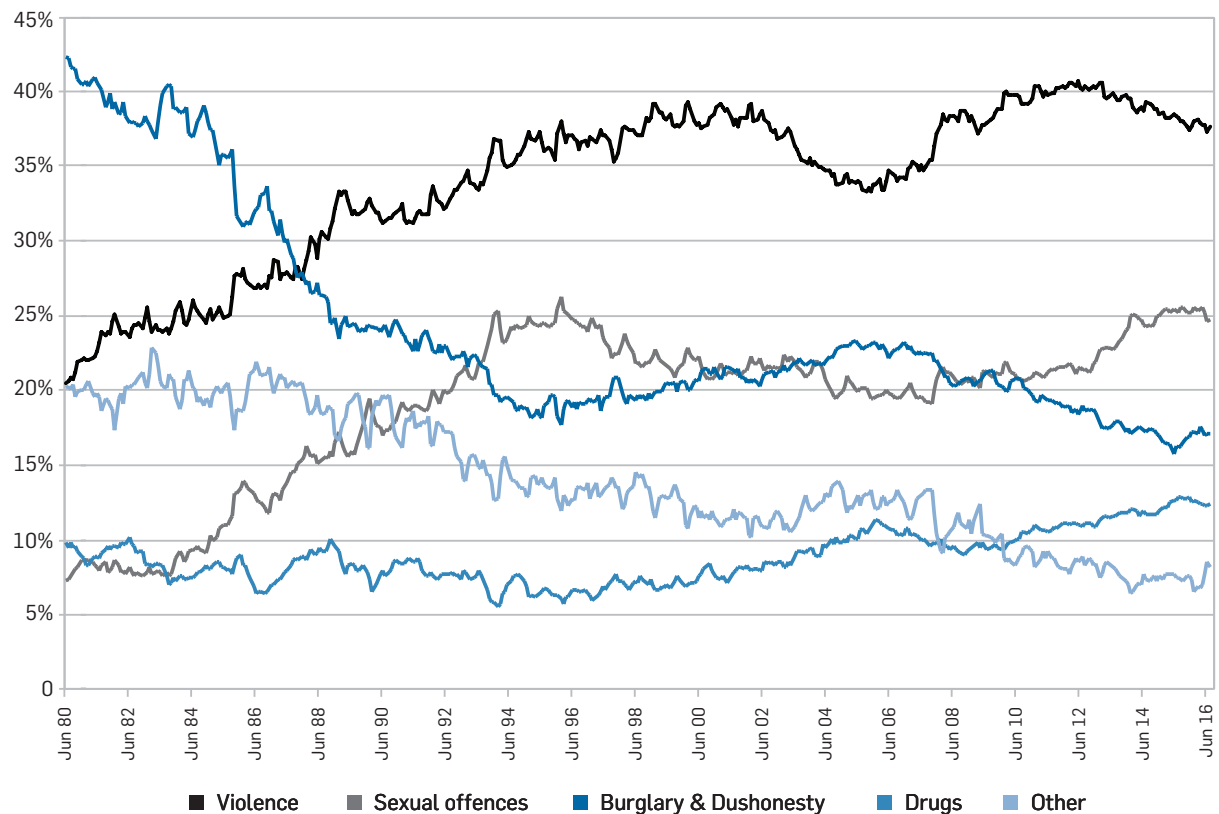
There is a surprising dip in the violent offender share of the population in the mid-2000s; there is a drop and then a “correction”. There is a much shallower dip for sex offenders. Both dips can be explained by a combination of factors. The first is that there was an upturn in the number of prisoners serving sentence for drug offences which reduced the proportionate shares for both groups. The second and third factors apply to policy changes that had disproportionate impacts on burglary and dishonesty offenders. The beginning of the dip coincides with the application of the new parole regime. The regime impacted more quickly on burglary

and dishonesty than other groups because these offences attract a greater proportion of parole governed sentences. As the Parole Board began to decline parole for these prisoners because they imposed an undue risk of re-offending, the number of prisoners began to climb. The effect was relatively short-lived because of the 2007 changes, in particular home detention becoming a sentence directly available to judges. The proportion of short sentences converted to home detention was much greater for burglary and dishonesty offenders and the change was reversed.

Hidden within the violent and sex offender numbers and proportions is the growing significance of indeterminate (life and preventive detention) sentences. In June 1980 offenders serving these sentences (80) accounted for 3.2% of the sentenced prisoner population. By June 2016 the number had grown to 829 and accounted for 12% of the sentenced prisoner population. The increase is partially attributable to the periodic changes expanding the eligibility criteria for preventive detention. The increases in sentence length result from changes to sentencing maximums for sexual violation and unlawful sexual connection and longer minimum non-parole periods.

**Figure 3:**

*The proportionate composition of the sentenced prisoner population by offence type*



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## **Closing comment**

It is readily apparent that a large part of the growth in the prison population can be linked to changes in policy. In general the growth was expected, but on some occasions, for example the parole reform of 2002, the impact was much greater than anticipated. Those measures intended to reduce the prison population have had mixed results. The introduction of home detention as a sentence was successful, whereas suspended sentences did not have the desired result.



# Trauma hiding in plain view: the case for trauma informed practice in women's prisons

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## **Author biography:**

*Hannah is the Principal Advisor, Female Offenders at the Department of Corrections where she is leading a strategy to improve outcomes for women in the corrections system. She completed a law degree and post graduate studies to become a barrister in England before commencing work for the Department in 2013. She started as a corrections officer at Auckland Region Women's Corrections Facility and since then has worked in both strategic and operational policy roles at National Office.*

*"It just blows you away the lives they've led. It's a testament to their strength that they're still in the condition they're in. They're survivors and I guess they've been like that forever" – Corrections officer in a women's prison in New Zealand*

Criminal justice systems across the world have started to understand that men and women need to be managed on the basis of their different needs – what works for men, and what works for women (Barett, Allenby and Taylor, 2010, Government of South Australia 2014, Prison Service Order 4800 HM Prison Service 2008, Bloom, Owen and Covington 2003). Female offenders are different to male offenders and while this statement may be obvious, many jurisdictions have taken the same approach to managing women as they have with men, with not surprisingly, mixed outcomes. They need different interventions and respond to management and supervision in different ways (Wilton, 2012; Bevan & Wehipeihana, 2015; Wright, Van Voorhis, Salisbury & Bauman 2012). Working with female offenders to achieve change takes a particular skill set and a particular level of resilience.

This is a significant shift from the historic practice of women being an afterthought in system design. Policies, practices, processes and infrastructure have often been designed with men in mind.

Across the world, including in New Zealand, women typically make up 6% of the prison population and 20% of the community offender population. This means they aren't just a slight minority, they are the significant minority. On the whole, women are in prison for less serious offences than men, are on shorter sentences and have a lower risk of re-offending. However, these trends are tracking in the wrong direction. The number of women managed by Corrections today is 69% higher than it was at the start of this decade. Recidivism is increasing, with more women starting a second sentence and unsurprisingly, this is mirrored

in their risk of re-offending levels which have also shifted upwards.

## **A fresh focus on female offenders in New Zealand**

Corrections has been working for many years to meet women's needs and reduce their criminogenic risks. However, given recent trends, a fresh focus is being placed on female offenders.

To reduce women's re-offending, Corrections is seeking to ensure that women have equitable access to services and interventions to meet their offending needs, and that women's management is trauma informed, relational and empowering (Bevan & Wehipeihana, 2015).

Key to our approach is effective responses to women's mental health issues, substance dependence and experiences of trauma. All of these are likely to be intertwined for women; substance dependence and mental health challenges are often linked to historic trauma. These issues play a significant role in the lives of women who offend, and impact on how they are managed within the system, especially in prison. We know that these issues are common across our entire offending population (Indig, Gear & Wilhem, 2016). The picture for women is bleaker in every category.

- 52% of women in prison have Post Traumatic Stress Disorder
- Recent Departmental research indicates that two thirds of women in prison in New Zealand have been victims of family violence, rape and/or sexual assault
- 75% of women in prison have diagnosed mental health problems
- 62% of women have co-morbid mental health and substance disorders across their lifetime

This prevalence of trauma may explain some of the behaviours that are potentially misinterpreted by those working with the women: behaviours viewed as “manipulation”, “non-compliance” and “neediness.” The remainder of this paper provides a brief look at how trauma can affect individuals, how prison environments and culture can trigger re-traumatisation, and what effect trauma informed practice can have on women’s success in custodial environments.

## **Trauma: what is it and what does it do to you?**

Recent research by Corrections suggests that around two thirds of women in prison have experienced family violence or sexual assault prior to their entry into prison (extracted data from Indig, Gear & Wilhem, 2016). Looking at all types of traumatic events, some international studies estimate that rates of trauma histories among women in prison are as high as 90% (Bloom, Owen & Covington, 2005; Wright et al 2012).

Trauma has a range of definitions, multiple causes, and varied responses depending on the individual. Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being (SAMSHA, 2012). It can be caused in a range of ways, from physical or sexual assault to death of a loved one or loss of a job or a relationship. Historical trauma as a result of intergenerational poverty, racism or disenfranchisement is also an area with a growing body of research (Brave Heart, 2005). This is particularly relevant to New Zealand’s prison population where Māori are significantly overrepresented, even more so in the women’s prison estate.

The impact of trauma can be “subtle, insidious, or outright destructive” (SAMSHA, 2014), with many sufferers stuck in a constant state of extreme stress and self-protection. In real terms, trauma can have the following impacts:

- Difficulty trusting, making it hard to establish close relationships
- Negatively affected cognitive abilities
- Undermined sense of safety causing counterproductive behaviour in an effort to regain control over their environment. Such behaviour could include self harm, defiance and aggression
- Hypervigilance and fearfulness
- Physical pain or illness symptomology
- Emotional numbing, feeling nothing most of the time
- Freezing when there is a present or perceived danger.

In a prison environment the impacts of trauma can be exemplified because many of the day-to-day occurrences in a prison can be perceived as threatening for trauma sufferers. Musters, loud noises, banging doors, shouting, confined spaces, control and restraint techniques, lack of privacy and body searches can all trigger responses for trauma sufferers, or profoundly re-traumatise them (Benedict n.d.).

This means that many of the behaviours that staff in women’s prisons witness on a daily basis *may* be better understood and explained as the result of trauma, and not as women being “attention seeking”, or “non-compliant”. Building on the list above and making it directly relevant to the prison environment, these behaviours also include self harm, defiance, extreme emotional reactions and refusal or difficulty engaging positively with staff, other prisoners or in rehabilitative programmes because their trauma is a responsivity barrier (Benedict, n.d., Miller & Najavits, 2012.) The tendency of women in prison to form intense relationships and pseudo families with other prisoners has also been cited as common among women suffering from the on-going symptoms of trauma (Benedict, n.d.).

It is unsurprising that the connection between the trauma and the behaviour seen by prison staff goes unnoticed. This is not confined to prison services, and many different services have the potential to re-traumatise. The Manitoba Trauma Information and Education Centre states first and foremost that:

*“Service organisations are confronted by the signs and symptoms of trauma every day and yet often fail to see it and make the necessary connections. Trauma hides in plain view. Every organisation and system has both the potential to re-traumatise and interfere with recovery and the potential to support healing.”*

## **Trauma informed practice: what is it and how can it work in a prison?**

Trauma informed practice is about taking the time to understand the reasons for women’s behaviour, and responding accordingly. Those responses seek to avoid causing further trauma.

Prisons are full of unavoidable triggers for trauma sufferers and institutional security will continue to be a primary function of prison staff. However, this does not mean that trauma informed practices cannot be introduced in a prison environment, and early evidence indicates wide ranging benefits for women in prison and prison staff.

A number of women’s prisons across the world have begun making their environments more trauma informed, and have started offering trauma specific services as well. There are examples across the USA

where these new practices and services have been implemented, and England and Wales have taken some initial steps.

- A prison service which is trauma informed should encompass the following:
- Staff understand trauma, its prevalence and its effect in their environment. They have the skills to effectively and empathetically manage women suffering from trauma related symptoms.
- The effect on staff of trauma exposure, and potential for vicarious trauma, is recognised and staff are given the help, support and training they need to avoid countertransference and burn out.
- Triggering trauma reactions or retraumatising women is avoided through changing operational practices and cultures
- Programmes and services are introduced to educate women on the effects of trauma, and help them cope with its effects.

By introducing these measures the women's prisons have seen benefits for staff safety, prisoner safety and prisoner's engagement in industry, treatment and learning. These benefits have included:

- Improved attendance and participation in programmes and other interventions
- Improved job satisfaction and staff morale for prison staff
- Decreased prisoner on staff assaults, and prisoner on prisoner assaults
- Decreased conflict between prisoners
- Decreased suicide and self harm attempts
- Decreased use of segregation
- Decreased use of restraint
- Decreased disciplinary charges.

(Benedict n.d., Miller & Najavits, 2012; Paterson, Uchigakiuchi & Bissen, 2013)

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*“Since the staff learned about trauma, they act differently. Some staff used to be hostile, but now they explain the rules calmly, they don't yell. They take more pride in their jobs. It has changed their negative, judging attitudes to acceptance and understanding.”*

**Roberta, a prisoner at Women's Community Correctional Centre, Hawai'i**

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To achieve these benefits, the prisons that have begun implementing trauma informed practice introduced a range of measures that included:

- Significant training for all prison staff
- Inclusion of women in strategic decisions
- Increasing community outreach and engagement in prison life
- Language changes
- Increased access for women to their children and changes in the activities women undertook with their children during visits
- Environmental change including increased grassy areas which replaced concrete yards and replacing “institutional colours” with bright colours and artwork.

(Benedict n.d., Miller & Najavits, 2012; Paterson, Uchigakiuchi & Bissen, 2013)



## A step in the right direction for New Zealand

In New Zealand prisons we have already taken some significant steps to manage women according to their gender specific needs. Some trauma specific services are offered to women in prison, including counselling through ACC. In recognition of the high numbers of women in prison who are suffering from the ongoing effects of trauma, funding has recently been granted by the Justice Sector Fund to provide full time counsellors and social workers in women's prisons, employed by Corrections. The counsellors will concentrate their time on delivering trauma specific services to those women in need. The social workers will dedicate their time to supporting and enhancing women's wellbeing in prison, particularly women who are mothers.

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*“In the past we would see negative behaviour as simply a management issue; now we are looking more closely at the root causes of negative behaviour. This shift allowed us to break new ground and look at the impact of trauma on the behaviour of women”*

**Lynn Bissonnette, Superintendent,  
Massachusetts Corrections Institution  
at Farmingham**

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While the provision of trauma specific services is important for the women, the work done in these sessions will be most successful if it is supported by an all of prison commitment to trauma informed practice. Initial conversations have taken place, notably in the Southern Region, and as part of Service Development's fresh focus on women, we have committed to the further investigation and eventual implementation of trauma informed practice in our women's prisons. This work will be challenging and will require a culture shift in the way we work, but this commitment is a step in the right direction.

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# Cross-agency plan to deliver world leading interventions for people who use violence within their family

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## **Author biography:**

*Zoey has a Masters Degree in Social Work from Massey University and is a registered social worker. Zoey spent most of her time as a frontline practitioner, working with young people in the justice sector in the United Kingdom and New Zealand. She has held several national policy roles at the Ministry of Justice and the Office of the Children's Commissioner and is now based at the Department of Corrections as their Principal Adviser – Family Violence.*

Family violence is a complex problem that generates long term costs to New Zealanders: socially, economically and morally. An expert panel reporting to the New Zealand Government in 2013 described family violence as the result of many complex and interconnected causes that requires an agile response to address its complexity (*Expert Advisory Group on Family Violence, 2013*). Family violence includes intimate partner violence (including male, female and same sex partners as victims), elder abuse, and child abuse (Lievore, Mayhew, Mossman, 2007). New Zealand is often cited as having one of the highest rates of family violence in the world and has previously been assessed as having the highest rate of intimate partner violence out of 14 OECD countries (UN Women, 2012). Consequently, the New Zealand Government has committed to a work programme that will deliver a response to family violence that is coordinated, integrated, leads to lasting change, and ensures people get the right service at the right time.

The Domestic Violence Act (1995) defines domestic violence as violence against a person by any other person with whom that person is, or has been, in a domestic relationship. Violence can be physical, sexual or psychological abuse (which includes having a child bear witness to violence in the home). Victims as defined in the Act may include partners, family members and others who share a household or have a close personal relationship with the perpetrator.

In their most recent annual report the New Zealand Family Violence Death Review Committee made strong recommendations to address what they viewed as systemic failures of the current response to family violence. They described the current response as a 'system by default' which has grown organically as needs are identified and services have been built. They noted that while New Zealand's response to family violence has some strengths, services are often delivered in isolation, and the overall system has not been designed in a way that produces an efficient and effective response (Family Violence Death Review Committee, 2016).

## **Background to the Ministerial Group for Family Violence and Sexual Violence**

The New Zealand Government has established a Ministerial Group for Family Violence and Sexual Violence (MGFVSV), which is co-chaired by the Minister of Justice and the Minister of Social Development, to set the direction and oversee the proposals and cross-Government changes required to improve the response to family violence and sexual violence. The overall objectives of the MGFVSV are:

- less family violence and sexual violence in New Zealand
- minimising harm to victims
- more perpetrators end or reduce their use of violence and sexual violence and are held accountable for their behaviour
- more men, women, and children have respectful and non-violent relationships.

As part of this ambitious work programme, the MGFVSV has commissioned a range of work-streams and key areas of focus. Each of the 11 work-streams<sup>1</sup> is led by a Government department, although they are established and resourced collectively. The Department of Corrections is part of this comprehensive cross-agency programme of work and has been appointed as the lead agency for the Perpetrator Interventions work-stream. To that end, Corrections is working with partner agencies including the Ministry of Justice, New Zealand Police, the Ministry of Social Development and Te Puni Kokiri, to ensure that the response to people who use violence within their family is comprehensive, fit for purpose, and results in the optimum mix of interventions.

### **Action taken to date**

The wider ministerial work programme is building evidence of 'what works', in order to provide a safe and effective family violence response. A recent literature review by the Department of Corrections examined existing responses to people who use violence within their family (Morrison et. al., 2015). The review found that solutions to address family violence are complex and not well researched. Further, Morrison et. al. challenged the traditional typology of family violence because it takes a singular lens to the issue, focusing on issues of power and control built from feminist theories (Duluth Model, 2011). The review suggests that we move to a more holistic typology that considers the range of causes of family violence. One suggested model outlines four categories: coercion and control (fear-inducing behaviour that has an emotional and psychological element), separation (violence that occurs at the end or separation period of a relationship, when violence had not previously been present), situational (violence that does not contain the emotional and psychological elements of coercive and controlling behaviours) and violent resistance (generally carried out by females as a response to previous victimisation) (Johnson, 2008; Kelly and Johnson, 2008; Dutton, 2006 cited in Morrison & Davenne, 2016). Further evidence and exploration of the use of these typologies in a New Zealand context is required, including exploration of the fluidity of typologies. However, it is likely that taking this wider view of the causes of family violence will ensure we can tailor responses and interventions for people who use violence within their family, and this should have a greater impact on desistance.

<sup>1</sup> The 11 work-streams are: Workforce Development, Risk Assessment and Management Framework, Perpetrator Interventions, Integrated Safety Response Pilot, Sexual Violence Service Development, Primary Prevention Framework, Investment Case, Victims Services, Sexual Violence Policy and Governance, Youth Sexual Violence Strategy and Action Plan, and Research and Evaluation.

The Perpetrator Interventions work-stream has also completed a Service Level Review to describe the 'current state' of how Government agencies currently fund and rationalise their response to people who use violence within their family, through the purchase and delivery of community-based family violence perpetrator programmes. The overall work programme has implemented a pilot integrated system response (ISR) in Christchurch, with a further expansion into Hamilton. The lessons learnt from the ISR pilot will give us vital data on the scale of both the problem and how well resourced communities are to respond. Our next step will be to gain a clearer picture of the philosophy and content of these interventions, via a small-scale research project led by a team from Victoria University of Wellington. Collation of all this information will help to solidify what changes are needed to generate effective impacts.

### **What the cross-Government work programme means for us**

While the Department of Corrections is the lead agency for Perpetrator Interventions, it will be multi-agency responses (including the NGO sector) that will deliver comprehensive outcomes. The scope of the Perpetrator Interventions work-stream is to create a rehabilitative environment for people who use violence within their family, that fosters transformational change when and where it is needed across the system. This means reviewing what is currently being delivered and how, but also what systemic changes and infrastructure we need to support the system to deliver a streamlined, multi-modal response. This transformational change will see interventions for people who use violence within their family that cross agency boundaries when needed, and deliver interventions within a whānau or inclusive environment when appropriate.

It's possible that by supporting the Duluth or traditional feminist models (which focus solely on coercion and control family violence typologies) with a wider range of theories and typologies, we may be able to better respond to a broader range of needs. For example, incorporating the principles of risk, need and responsivity to ensure effectiveness, and building on what we know works in the rehabilitation of the general offender population (Andrews & Bonta, 2010). Thinking about the system as a whole while strengthening our current default system, will provide the transformational change needed within the family violence system.

## What's next?

The current focus of the work-stream is to develop a greater understanding of what is already being delivered to people who use violence within their family. We will then clarify what the optimum service mix looks like and identify the easiest way for people who use violence within their family to access interventions. Then we will create a supportive infrastructure that further enhances interventions and streamlines processes for providers and funders. The aim of the new system will be to ensure people get the services they need at the right time, delivered in the best way possible to reduce family violence and make communities safer.

## Conclusion

This ambitious programme of work has the scope to make significant positive change for people who use violence within their family. Taking a cross-government approach that engages with providers means we can draw on the strengths and skills across the sector.

Anyone who wishes to find out more, or to be involved, can contact the author of this paper. ([zoey.henley@corrections.govt.nz](mailto:zoey.henley@corrections.govt.nz))

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# Towards an understanding of female family violence perpetrators: A study of women in prison

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## **Introduction**

A significant amount of research has been produced internationally, and in New Zealand, on family violence in the last three decades; however, comparatively little has been written about female perpetrators of family violence. It is generally acknowledged that women commit less violence and less serious violence against family members than men, although the frequency and severity of this violence is contested. Women are also more likely than men to be the victims of family violence; however, no doubt owing to the dominant focus on women as victims, there has been little research on women as perpetrators.

The current study aimed to make an initial contribution to this field. It examined administrative data held on all 45 women in prison for family violence offences in December 2015, including their demographic information and details on the nature of their offending. By virtue of being in prison, these women had typically committed serious family violence offences. Consequently, the findings underplay less serious family violence offending, and for this reason cannot be considered representative of all female family violence perpetration in New Zealand. For the purposes of this study, family violence was broadly conceptualised to include offences against family members, including current and ex-intimate partners, children, extended family and whānau and anything else flagged as a family violence offence by NZ Police at the time of initial charging.

No women were interviewed as part of this study and the information included has been based largely on the information presented in Provision of Advice to Court (PAC) reports and other administrative documents. While such documents are typically based on information provided by the women and/or their families they cannot be assumed to represent the women's perspective. Notwithstanding these limitations, the current study provides a useful insight into women imprisoned for family violence. A review of New Zealand and international literature on female violence was completed alongside the data analysis to direct data extraction and contextualise the subsequent findings.

## **Women commit family violence but to what degree is contentious**

Internationally, it is generally accepted that there has been an increase in the number of women prosecuted and convicted for domestic violence since the 1980s (Bair-Merritt et al., 2010; Byczek, 2012; Dasgupta, 2007; Howard-Bostic, 2011; Pimlott Kubiak et al., 2013). However, there is debate within the research literature about the quantity of violence women commit, and the extent to which *actual* violence rather than simply the reporting of violence is increasing (Johnson, 2006; Lievore & Mayhew, 2007; Melton & Sillito, 2012).

## A profile of women who commit family violence

Looking at the characteristics of women in prison for family violence the study revealed that:

**Table 1:**

*Profile of female family violence perpetrators*

| <b>Characteristic</b>          | <b>Description</b>  |
|--------------------------------|---|
| Age                            | Family violence offenders were a slightly older group (average age 32.7 years) than other female prisoners.   |
| Ethnicity                      | Māori women were over-represented. Although Māori women comprise 56% of the general prison population, they made up just under two thirds (65%) of women in prison for family violence.   |
| Gang association               | There were low numbers of identified gang-associated women, although information held electronically is likely to under-represent the true level of gang association among these women.   |
| Dependent children             | It was uncommon for women to have dependent children at the time of their offending.  |
| Alcohol, drugs & mental health | There was high prevalence of alcohol and drug issues, and mental health conditions. Over two-thirds (71%) of the women had a recorded alcohol or drug issue at the time of their offending <sup>1</sup> and half had a recorded, diagnosed mental health condition. <sup>2</sup>  |
| Criminal history               | Most women had criminal histories, but not typically for family violence. Around half (24) had previous convictions for violence, and just under half (21) had prior convictions for family violence offending. Few could be regarded primarily as “family violence offenders”, with their histories suggesting more versatile offence histories. |
| Family violence victimisation  | There were high rates of past sexual and family violence victimisation among these women. Three quarters of the women had previously experienced some form of family violence or sexual violence victimisation.   |

## Types and contexts of women’s family violence offending

### Female family violence offenders commit serious violence

Not surprisingly, female family violence perpetrators in prison had often committed serious offences. Applying the standard Departmental seriousness measure, over three quarters of the women had committed offences deemed to be of moderate to high seriousness. At the more serious end, women were serving sentences for murder (2), attempts to murder (2), unlawful sexual connection with a spouse (1), injures with intent (4) and wounds with intent to cause grievous bodily harm (10).

In the moderate category, women had been convicted of contravening a Protection Order (6); assault (2); blackmail (1); burglary (1); ill-treatment/neglect child under 16 Years (1); and threatens to Kill/Do GBH (1). At the lower end of the spectrum, women were in prison for common assault (13) and wilful trespass (1).<sup>3</sup>

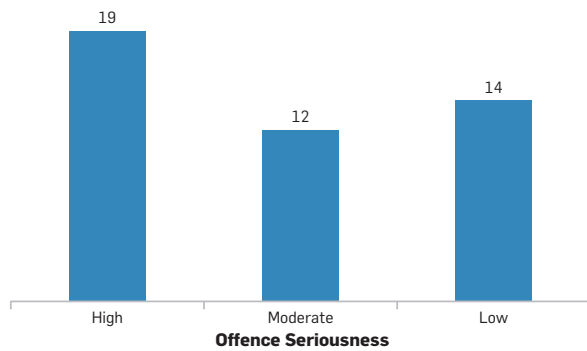
1 For four women there was insufficient information to enable classification.

2 This is likely an under-representation of true rates of mental illness, as many files contained insufficient information to determine whether a diagnosis had been made.

3 Women convicted of low seriousness offences were likely in prison due to multiple other offences, long histories of breaching protection orders or community sentences.

**Chart 1:**

*Seriousness of family violence offences*



It was not possible within the parameters of this study to assess whether women and men's family violence is of similar severity. However, international and New Zealand research consistently shows that when women do use violence against their partner it is generally less severe compared to men's use of violence against their female partners (Byczek, 2012; Dasgupta, 2007; Howard-Bostic, 2011; Storey & Strand, 2012; Lievore and Mayhew, 2007). Notwithstanding this general finding, it is also the case that women's violence does on occasion involve severe injuries to victims (Stewart, Gabora & Allegri, 2014) and is occasionally lethal.

### The victims of women's family violence were predominately current or former partners

The victims of women's offending were most commonly their current or former intimate partners. This occurred in 22 cases, which made up nearly half of the sample. Children were the next most common victim (eight cases); parents were the victim in five cases; then siblings, and others, including: flatmates, extended family, and current partners of the offender's former partner. This aligns with international research, which has shown that the victims of women's violence are most likely to be their current or former intimate partners (Belknap et al., 2012; Kruttschnitt, Gartner & Ferraro, 2001; Storey and Strand, 2012). In three cases the victim of the offence could not be identified from the file documents.

### Family violence offenders committed different "types" of violence

International research has shown that family violence offenders commit different "types" of violence, and the motivation and context of their violence can be categorised into different typologies. Such typologies have been predominantly focused on classifying intimate partner violence (IPV). The current study applied Johnson's intimate partner violence typology to the offences of those women serving sentences for IPV offences, a total of 16 cases (Johnson, 1995; 2006; 2008).

**Table 2:**

*Johnson's Typology*

| Type of Violence                                       | Description   | Number of women in the NZ sample |
|--|---|----------------------------------|
| Situational couple violence or mutually violent combat | Situational couple violence and mutually violent combat involve both partners engaging in violence against each other.  | 8                                |
| Separation instigated violence                         | Separation violence occurs when violence is committed against an ex-partner after the relationship has ended.   | 5                                |
| Self-defence and violent resistance                    | Violent resistance/self-defence occurs when a person uses violence against someone who has used controlling violence against them. This violence is often reactive and is not controlling in nature (Howard-Bostic, 2011).                        | 2                                |
| Coercive controlling violence ("intimate terrorism")   | Coercive controlling violence occurs when one party is the primary perpetrator and uses physical and psychological violence to control and have power over the other partner. It is generally more frequent and severe in nature (Johnson, 2006). | 1                                |

### **Most violence appeared to be part of patterns of mutual relationship violence**

The most common type of violence in our sample appeared to be mutual violence/situational couple violence, where both partners were violent to each other. This occurred in eight of the 22 IPV cases. Violence for these women appeared to be part of a sustained pattern of violent behaviour in relationships. These findings are consistent with international research which shows that situational couple violence is the most commonly identified form of female perpetrated violence (Howard-Bostic, 2011; Johnson, 1995; 2011; Skubak-Tillyer and Wright, 2013; Stewart et al., 2014; Byczek, 2012).

### **Women can be primary perpetrators in separation violence**

Separation violence was the second most common form of violence perpetrated by the women and occurred in five cases. In these cases, the woman tended to be the primary perpetrator of the violence, although some had experienced violence from their partner prior to the relationship ending. In several cases the violence was related to unresolved child custody issues. While some appeared to be one-off cases of violence, there were also cases which showed sustained patterns of harassment and stalking. In all of these cases the women had convictions for past family violence offences, often against the same partners.

### **Self-defence or violent resistance was uncommon**

Clear cases of self-defence or violent resistance were rare, with only two cases identified in the current sample. In these two cases the current offence represented the women's first family violence conviction. The actual contexts of these incidents of violence were often unclear and it was difficult to ascertain whether the violence was in response to an immediate perceived threat to safety, or more a case of "revenge and retaliation" after sustained abuse. The prevailing anecdotal view is that women's violence is mainly undertaken in self-defence. However, this idea has found mixed empirical support, which the current research reinforces (Stewart et al., 2014). International studies suggest that there are clear gender differences in this form of violence, as it is primarily used by women against men, and accounts for only a very small proportion of men's family violence offending.

### **Coercive controlling violence was rare**

Coercive controlling violence was the rarest type of violence within the sample. There was one case where the woman was clearly the primary perpetrator,

although the extent to which her violence could be considered "coercive controlling" was unclear, as she did not appear to use violence as part of a sustained pattern to control her partner. This aligns with international research, based mostly in the U.S, where males are found to commit the majority of coercive controlling violence, although some studies show as much as 10% of women's family violence offending can be considered coercive controlling (Fanslow, Gulliver, Dixon & Ayallo, 2014; Johnson, 2008; Graham-Kevan and Archer, 2003 cited in Howard-Bostic, 2011).

### **Other types of violence**

The above typologies were created to categorise forms of IPV and no similar categorisations have been developed for other forms of family violence such as violence against children or other family members. There were, however, some noticeable patterns or dynamics within these other forms of violence which are explored briefly below.

#### **Children**

There were two types of violence against children: abuse and/or neglect which had continued for a sustained period of time, and "one-off" violence. Most of the offences within the current sample related to chronic or sustained patterns of offending. A male partner was often recorded as a co-offender, and such offending often occurred in the context of violent intimate relationships. In all of the cases the women had no previous convictions for any type of offending. This may imply that they represent a slightly different group to the majority of other female family violence offenders.

#### **Parents**

All parental violence involved daughters' violence against their mothers. In these cases the perpetrator's mother was often the primary caregiver of her daughter's children at the time of offending, and the violence occurred in the context of disputes over custody or access to children. Violence or disputes with mothers had often occurred in the past, and the current violence was often part of a sustained pattern of behaviour.

#### **Others**

The final grouping of "other" included a range of victim types including siblings, in-laws, extended family, flatmates/boarders, and current partners of ex-partners. There were no apparent patterns or commonalities across these groupings and most appeared to be part of a broader pattern of generally violent behaviour.



## **Rehabilitation and desistance**

Research on effectiveness in the treatment and rehabilitation of female violence offenders is largely absent, and evaluations of perpetrator programmes for women are scarce, particularly in the New Zealand context. There is also an absence of qualitative studies on the process of women's desistance from family violence offending. This represents an area ripe for further qualitative investigation.

## **Summary and future directions**

This study reveals that our knowledge of female family violence perpetrators in New Zealand is limited. This study adds further weight to the small body of international research on this topic, and points towards some useful areas of further exploration and work. The main findings and questions generated by this study are briefly summarised below.

### **There are differences between women and men's violence**

International research has shown that there are differences in the severity, extent and nature of women's and men's family violence offending. What is known about male violent offenders cannot be assumed to be directly translatable to understanding women's violent offending and "what works" for them.

### **Women's family violence is not homogenous**

The frequency and types of violence women committed differed. This included who they were committing violence against, the extent to which the victim was also committing violence against them, and also in terms of whether their violence constituted a "one-off" as opposed to a more sustained pattern of violence. More work is needed to understand these distinctions and also to explore the extent which they may require different types of treatment. It is conceivable that women who have committed violence in the context of a relationship where they have experienced extensive violence may need a different treatment approach to those who have a primary or more equal role in violence perpetration, or those who have exclusively perpetrated violence against children.

### **Women's violence needs to be recognised**

While cases where women were the sole perpetrator were not common, they did exist in intimate and other relationships, though in the majority of cases women committed violence within mutually-violent relationships. It is important that women are not exclusively seen through a "victim" lens and that their violence is taken seriously. It is necessary for women to address their own violent behaviours and explore how to develop healthy relationships.

## **We need more understanding of non-IPV violence**

While IPV offenders made up the largest grouping, there were a number of women who had offended against children, parents, siblings and other family members. There were some unique dynamics within these groupings; for example, the centrality of conflicts surrounding childcare in women's violence against mothers. There is a need to better understand the dynamics of non-IPV family violence, and what treatment options work best for this group of offenders.

### **Work needed to understand relationships between victimisation and perpetration**

Rates of past and current victimisation were high and need to be taken into account when considering how treatment can address women's simultaneous victimisation and perpetration of violence. More information is needed to better understand relationship dynamics in IPV cases, and also how experiences of family and sexual violence lead to violent behaviours.

### **More discussion is needed on how to work with mutually violent couples**

This work raises questions around how to deal with couples whose relationships involve chronic violence by both partners. In cases where couples are adamant that they will stay together, there may be merit in further exploring effective approaches to working with such couples.

### **Role of children**

Children and child custody issues were a common source of tension. Situations where women's mothers or partners had custody of their children were often identified as precipitants to violence. The role of children and care arrangements, and how issues pertaining to this can affect both women's use of violence and ability to comply with community sentences and treatment programmes warrants further attention.

### **More research is needed**

Within New Zealand further research effort could usefully be directed towards developing a better understanding of different types of family violence committed by male and female family offenders. More work is also needed to understand desistance processes associated with family violence and the interplay between family violence and other types of offending for both genders. The Department of Corrections is planning to interview male and female family violence offenders in late 2016 and early 2017 to start addressing this knowledge gap.

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# Evidence-based principles for prison-based alcohol and drug treatment

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## **Alcohol and drug use**

The misuse of alcohol and other drugs (AOD) has considerable impact on health, public safety, productivity, and crime, and causes a significant economic burden to society. In New Zealand, prisoners are seven times more likely to have a substance use disorder diagnosis compared to the general population (New Zealand Department of Corrections, 2016). But New Zealand is not alone, as international research indicates that this is true in many other countries, with studies consistently showing that a high proportion of prisoners are dependent on alcohol and/or drugs (e.g., Lo & Stephens, 2000; Pernanen, Cousineau, Brochu, & Sun, 2002). Recently published research by the Department shows that the majority of prisoners sampled in New Zealand had a lifetime diagnosis of a substance use disorder diagnosis (87%), and approximately half (47%) had a current substance use disorder diagnosis (New Zealand Department of Corrections, 2016). Imprisonment therefore offers a unique opportunity to provide treatment to a high need population, which could have profound effects on society.

## **Evidence-based principles of treatment**

Substance use treatments are commonly delivered within prisons. Considering the positive impact that treating alcohol and substance misuse within prison could have, it is important that the treatments being delivered are effective. Considerable research has been conducted over the past two decades examining which components of substance use treatment for prisoners are likely to reduce use and re-offending. This research has resulted in a growing consensus within the sector on what are considered evidence-based principles for effective substance use treatment for individuals within the criminal justice system (e.g., Belenko, Hiller & Hamilton, 2013; Fletcher & Chandler, 2006; Friedmann, Taxman & Henderson, 2007). Twelve key principles are outlined below.

### **Principle 1: Treatment duration should be 90 days or more**

The length of time an individual is in AOD treatment is one of the most reliable predictors of reductions in AOD use. It is generally accepted that treatment lasting 90 days or longer is most effective, however, the optimum duration is dependent on individual needs. Delivering treatment within prison to meet these time periods is not always feasible due to sentence length, sentence type (i.e. remand), and other competing rehabilitation needs. In these instances, prison still presents the opportunity to adopt Screening, Brief Intervention, and Referral to Treatment (SBIRT) programmes. SBIRT programmes allow for the identification of those in need of treatment and provide the opportunity to engage them in treatment.

### **Principle 2: A comprehensive assessment should be conducted prior to treatment**

Implementing standardised assessment tools and measures that have been empirically validated is an important first step in the treatment process for two main reasons. First, assessments of substance use and risk of re-offending can be used to identify the most appropriate prisoners for treatment (i.e., those of highest risk and highest need). Second, an in-depth comprehensive assessment allows not only for the identification of AOD problems, but also to gauge the extent of these problems and identify any other co-existing issues that might impact on the person's recovery. The results of a comprehensive assessment therefore enables treatment plans to be developed that match the needs of the individual.

### **Principle 3: Tailoring services to the needs of the individual**

People differ on many factors: age, sex, culture, co-occurring psychiatric disorders, treatment motivation level, severity of AOD misuse, cognitive ability, housing status, and employment status among others. These factors influence AOD treatment outcomes. As such, it is important to use comprehensive assessments to guide treatment planning to meet the needs of the individual.

### **Principle 4: Monitor drug use**

Breathalysers and urinalysis provide objective measures of AOD use. Monitoring a prisoner's AOD use during treatment allows both treatment and custodial staff to examine a prisoner's progress. Lapses are a normal part of recovery and monitoring substance use enables unreported use to be identified. This is important, as detected AOD use is a key teachable moment for therapeutic intervention. It has to be acknowledged, however, that given the environment, prison-based AOD treatment programmes offer only a limited opportunity to work with lapses. For example, an initial lapse may be addressed therapeutically (depending on the risk to the unit as determined by the principal corrections officer) but clear consequences and parameters could then be put in place to address any future use.

### **Principle 5: Target factors associated with criminal behaviour**

This principle suggests that AOD treatment should also incorporate components addressing factors associated with criminal behaviour to reduce the likelihood of re-offending. Research has shown that there are a variety of factors that predict criminal behaviour. The Risk Needs and Responsivity model (Andrews & Bonta, 2006) is a widely regarded model for guiding offender assessment and treatment and is the model adopted by the Department. This model indicates that antisocial attitudes, antisocial personality, antisocial behaviour and antisocial associates, referred to as the "big four", are key predictors of re-offending and therefore should be key targets.

### **Principle 6: Co-ordinating correctional supervision requirements and treatment**

When identified as a need, substance use treatment should be incorporated into correctional supervision requirements. Research has shown that individuals referred to treatment as part of correctional supervision requirements have similar, if not better, treatment outcomes compared to those who self refer (e.g., Miller & Flaherty, 2000).

### **Principle 7: Continuity of care**

Those receiving AOD treatment in prison are vulnerable to relapse upon release. The gains made during prison-based AOD treatment are less likely to be maintained without continued support for the offender to manage issues and barriers to their recovery in the community. Research has consistently shown that participation in a continuum of treatment is the most effective strategy for alcohol and other drug involved prisoners (e.g., Butzin, Martin & Inciardi, 2002).

### **Principle 8: Rewards and sanctions**

The systematic application of rewards and sanctions can shape behaviour. For example, contingency management has been shown to be an effective practice that shapes behaviour in community settings (e.g., Kirby, Benishek & Tabit, 2016; Prendergast, Podus, Finney, Greenwell & Roll, 2006). This involves rewarding individuals for achieving objectively measured behaviours; it is more effective when the reward is delivered as close as possible to the behaviour. Behaviours typically targeted are abstinence from drugs, treatment attendance, treatment engagement, and medication compliance. Within prison, however, it is important to also include sanctions for negative behaviours.

### **Principle 9: Integrating mental health treatment**

The presence of co-occurring psychiatric disorders is a key predictor of poor AOD treatment outcomes (e.g., Compton III, Cottler, Jacobs, Ben-Abdallah & Spitznagel, 2003). We know that the prevalence of psychiatric disorders within the prison population is higher than in the general population; recent research from the Department shows that in New Zealand, one in five prisoners sampled had a diagnosis for both a substance use disorder and other psychiatric disorder, which was higher for women than men (New Zealand Corrections Department, 2016). It is therefore important to ensure that individuals engaging in substance use treatment are at least screened for psychiatric disorders. If a co-occurring psychiatric disorder is present, an integrated treatment approach may be required to meet the individual's needs.

### **Principle 10: Medication-assisted treatment**

Psychotherapy is most often the primary approach taken to treat substance use disorders. However, for more severe cases medications may be used. Several medications have been approved internationally to treat substance use disorders. For example, Methadone and Buprenorphine have been shown to be effective for treating opiate/heroin use disorder and Naltrexone and Acamprosate have been shown to be effective for alcohol use disorder, particularly when augmented with behavioural therapies.

### Principle 11: Identifying appropriate individuals for treatment

It is important that resources are focused on the people who need them. Through screening and comprehensive assessments it is possible to identify those who need treatment, identify the level of treatment suitable for that individual and prioritise treatment for those who need it most. AOD treatment, although associated with reductions in re-offending, offers other considerable benefits in terms of harm reduction and health enhancement. As such, AOD treatment intensity should be matched to the offender's AOD use severity and therefore, should not only be prioritised for those at higher risk of re-offending.

### Principle 12: Treatment engagement and motivation

Motivational interviewing (Rollnick & Miller, 1991) is a prominent client-centered counselling style used to elicit motivation for behavioural change and has been shown to significantly improve rates of treatment engagement and retention. Irrespective of sentence length, motivational interviewing techniques can be incorporated at many intervention points within an offender's prison journey and can be delivered by AOD treatment providers, healthcare professionals and Corrections staff.

### Concluding remark

Treating AOD misuse among prisoners has significant implications for both public safety and public health. Prison provides a unique opportunity to reach a high risk, high need population but in order to capitalise on this it is vital that evidence-based principles for treating alcohol and drug misuse continue to be implemented. The Department is committed to taking an evidence-based approach to treatment; ensuring that these principles are being implemented across all Drug Treatment Units.

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# State of mind: mental health services in New Zealand prisons

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## **The scale of the challenge**

The provision of mental health services is a challenging area of public policy as demand is increasing, issues are complex, and service provision is often costly. Over time, the shift away from institutional facilities to non-residential community based care has brought more people with mental health needs into contact with the justice system, with significant consequences for the Department of Corrections and other justice sector agencies.

Research conducted in New Zealand on behalf of Corrections by Indig, Gear, & Wilhelm (2016) has highlighted the extent and inter-connectedness of mental health issues in the prison population. Offenders have considerably more issues with both mental health and substance abuse disorders than the general population, with 91% of prisoners having been diagnosed with either a mental health or substance use disorder over their lifetime. Indig et al (2016) found that over the previous 12 month period:

- 62% of prisoners had been diagnosed with either a mental health or substance abuse disorder – a rate three times higher than the general population.
- 14% had thought about or attempted suicide – a rate four times higher than the general population.
- 20% had experienced two or more identified mental health or substance use disorders in the previous 12 months.

Comparing these findings from Indig et al (2016) against research commissioned by the Department in 1999 (Simpson, Brinded, Laidlaw, Fairley, & Malcolm) shows that rates of diagnosis are increasing across all mental health and substance disorder categories and levels of comorbid and complex disorders are high, requiring a multi-disciplinary response.

These trends are common to most OECD corrections systems and there is a growing recognition that new ethical and practical responses are needed. This article considers how New Zealand's corrections system is responding to this challenge across the spectrum of mental health needs, from moderate through to acute.

## **How mental health services are provided in New Zealand**

In New Zealand, primary health care in the community is provided by or through local District Health Boards. In prisons, Corrections provides all primary health services, including mental health services. As prisoners are in custody, the Department must respond to all health concerns, regardless of diagnosis or eligibility criteria. Increasingly, Corrections is managing long-serving prisoners, who present with increasingly complex physical and mental health needs.

The research from Indig et al (2016) has allowed Corrections to analyse the changing nature of mental health issues present amongst the prison population. As a result, the Department has decided to focus on providing increased services to these individuals.

A number of services are currently delivered to prisoners to support their mental health. These include screening for mental health needs on arrival, with additional assessments applied to those in distress or at risk of self harm. Corrections contracts clinicians at all prisons to work directly with prisoners who have moderate mental health needs. Clinicians focus on stabilising mental health issues within the prison environment. Prisoners also receive assistance with reintegration planning and the development of coping strategies once released to the community. Additionally, in some prisons clinicians also work with Corrections staff to recognise, manage and support prisoners experiencing mental health issues.

## Addressing moderate mental health needs

In June 2016, the Department received \$14 million from the Justice Sector Fund to pilot comprehensive and integrated mental health services to prisoners and community offenders. This will be invested in services for individuals with moderate mental health needs, with the aim of addressing mental health challenges before they escalate into more acute behaviours. New or supplemented services will be available across the prison estate and in four pilot Community Corrections districts over a two-year trial period. Corrections is negotiating these contracts with service providers. The intention is to increase opportunities for offenders to access consistent, high-quality mental health treatment and support.

The new services will operate under a continuity of care model, supporting prisoners throughout their time under Corrections' management and during their reintegration into the community. Contracted providers will work directly with individuals to stabilise and address their mental health needs, ensuring they can manage within their current environment (in prison or in the community). Support will be provided through brief or crisis interventions and education around coping strategies – techniques which have been found to be highly beneficial engagement models (Taylor, 2009).

Alongside the significant rates of mental health issues among prisoners generally, Indig et al (2016) identified a key area of need for women: over half of women prisoners have a lifetime diagnosis of post traumatic stress disorder, which is four times the rate experienced by the general public.

To address this issue, Corrections is employing social workers and counsellors in women's prisons, supporting women to manage their trauma related needs and providing practical assistance relating to family and parenting issues. It is intended that engaging with social workers and counsellors will provide opportunities for women in prison to develop resilience, establish practical tools and strategies for managing their complex situations, and improve their own responses to external barriers.

Corrections' investment in enhanced mental health services and support for women prisoners aims to reduce barriers to engaging in rehabilitative programmes and reintegrative opportunities, contributing to better outcomes in the longer term.

The purpose of the community pilot is providing support to released prisoners and community offenders to access and engage with their local community mental health services. Mental health and addiction issues cannot be addressed in isolation; they are broader components of overall health and their effective

treatment requires an integrated response from Corrections and community health agencies.

Compton et al (2003) found that mental health issues are one of the biggest predictors of poor outcomes in alcohol and drug treatment outcomes. Unsupported mental health issues are also linked to poor engagement with education and employment (Mental Health Commission 1999). Corrections intends that the new mental health services will support better overall health and wellbeing, leading to increased engagement in employment, education, and rehabilitation.

## Addressing acute mental health needs

Addressing the mental health needs of offenders in prison and in the community at an early stage may help prevent escalation of their needs. This is vital to support offenders to remain in the community. Many offenders have acute, complex, or high-risk mental health issues, and therefore require a comprehensive response from prison mental health services.

This is a challenge for many jurisdictions. The intersection of mental health and correctional responses is complex. International models provide examples of different service delivery options for complex mental health issues, however, demand and resources continue to be a barrier.

### New Zealand model

In New Zealand, Corrections is responsible for providing mental health services as part of primary health care to prisoners. Secondary and acute services are provided by regional forensic mental health services (that are part of District Health Boards), and prisoners are eligible for the same services as the general population.

Prisoners are particularly complex mental health service users. As discussed, they have higher rates and complexity of mental health needs than the general population. However, their access to services can be limited. This is the case for two key reasons:

- Regional forensic mental health inpatient beds are in high demand, and members of the general population may receive higher priority. This is partly because prisoners may be perceived to be in a physically safe and secure environment, while members of the public may have more complex and urgent circumstances, such as homelessness, in addition to their mental health needs.
- Many prisoners have personality disorders, the treatment of which is complex and problematic in many jurisdictions (UK Ministry of Justice, 2011).

'At-risk' units are used to manage prisoners who are at risk of or are actively self-harming. However, these units are not equipped to treat or respond to the underlying causes of self-harming or suicidal behaviour (Harris, 2015). Instead, they are about managing and preventing self harm and suicide by close monitoring of prisoners. People displaying the same acute mental health needs while in hospital care would generally be managed differently (Human Rights Commission, 2011).

Addressing the scale and complexity of at-risk unit admissions has become a priority for Corrections. Since 2013, additional support has been provided to prisoners experiencing mental distress at three pilot prisons. This has resulted in a reduction in the number of admissions and length of time spent at the at-risk units. Corrections is investing in expanding this support to all sites to ensure the mental health needs of prisoners are appropriately met.

### Alternative models

In Canada, the federal Correctional Service Canada (CSC) is responsible for the delivery of essential health care to prisoners (CSC, 2014). Demand for psychiatric care and treatment is steadily increasing, which is putting pressure on the allocation of specialist beds. The CSC is proposing to address the pressure on specialist beds by increasing the availability of intermediate care facilities seemingly with the intention of managing need at an earlier level and to prevent escalation. Intermediate care facilities provide for prisoners who either do not require, or do not consent to hospital admission and whose needs exceed the services available in mainstream prisons. In its 2014 – 15 Annual Report, the Office of the Correctional Investigator noted its concern that the CSC was potentially underestimating the demand for both acute psychiatric care and intermediate care beds by 50% (Sapers, 2015). This highlights the challenges of appropriate resource allocation for groups who have high needs.

In Victoria, Australia, Forensicare (a statutory body set up to provide, promote and assist in the provision of forensic mental health) delivers specialist mental health services at prisons under a contract arrangement with the Department of Justice. These services include assessments upon reception, acute units within prisons, and outpatient treatment (Forensicare, n.d.). Forensicare provides clinical services that span the mental health and justice sectors, and claims this as a unique strength, in having scope and expertise in delivering forensic mental health services. The contracting arrangement with the Department of Justice seems to ensure that issues over eligibility and availability do not arise, as treatment by Forensicare in prisons is not linked to the demand for services from the general population but is reserved solely for prisoners.

### Supporting staff

Staff can be deeply affected by working with people in crisis, more so when crises extend for significant periods of time. The prison environment is complex, and staff resilience can be tested when working with prisoners displaying a range of behaviours from anxious, withdrawn, or depressed through to aggressive, self-harming, manic, or suicidal. Dealing with this range of behaviour is challenging and can have long-lasting consequences on the ways in which staff are able to interact with prisoners, in turn affecting both staff and prisoner welfare.

The Department has a programme of work to strengthen custodial knowledge and practice around mental health. The provision of training and supervision for staff working with prisoners with mental health and substance abuse needs will lead to more holistic offender management practices and increased capacity and capability within our workforce.

The Canadian federal system, and the Victorian system, both offer an alternative model for supporting prisoners with complex mental health needs. Under any system, support must still be available for all levels of need.

### Conclusion

Providing support for complex and acute cases presents challenges in a prison environment, but is necessary to improve wellbeing, safety, and rehabilitation outcomes. Our investment in mental health care and support is intended to reduce the escalation of mental health needs, and ideally – over time – reduce the number of prisoners who require intensive mental health support.

Prisoners in New Zealand are eligible for the same health services and care they would receive in the community. Providing equivalent services requires prison and health agencies to share resources, staff, expertise, and facilities. We must aim to ensure that wherever a person experiencing crisis happens to be located – prison, community, or mental health facility – they receive the appropriate level of care, while avoiding duplication. This is both a practical and an ethical consideration.

Agencies are committed to making changes in mental health services to ensure the best outcome for service users. An example of this commitment is the new Police-led working group undertaking a whole of sector "gap analysis" which will investigate access to mental health care and support for people in contact with justice agencies, and identify where and when appropriate interventions should take place. Implementing any significant changes to treatment for mental health will require buy in from all parties, and there is a need to avoid duplication.



New Zealand needs to be open to the possibility of doing things differently, focusing on designing services that are evidence-based and will provide effective and appropriate treatment. In the context of a growing prison population and estate, we must think about the future of the prison environment, and the most effective way to ensure access to care and support for those under Corrections' management.

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# Supporting offenders into employment - a joint initiative

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## **Background**

Approximately 7,700 people leave prison every year in New Zealand. Research shows that prisoners face a range of challenges on their release, including finding stable accommodation, obtaining and maintaining employment, reconnecting with partners, family and friends, and re-establishing themselves in the community (Bevan, 2015; Duwe, 2015; Petersilia, 2003). Offenders often have issues that can make their reintegration more difficult.

## **Drug and alcohol abuse**

Drug and alcohol abuse is strongly correlated with mental health disorders. Prisoners often have high levels of drug and alcohol abuse which results in lower employment prospects prior to and after their release from prison (Debus, Visser and Yahner, 2008).

A 2015 study (Bowman, 2015) showed that New Zealand prisoners have considerably more issues with substance abuse than the general population, and their mental health is significantly worse. Over their lifetime, 87% of the prisoners surveyed had been diagnosed with a substance use disorder and 46% had been diagnosed with a mental health disorder (excluding alcohol or drugs). Over a 12-month period, almost two-thirds of prisoners surveyed had been diagnosed with either of these disorders, and this was three times higher than the general population.

## **Literacy and numeracy issues**

Between 1 July 2015 and 23 August 2016, 8,088 literacy and numeracy assessments were completed using the Literacy and Numeracy Adult Assessment Tool (LNAAT) as part of the Department of Corrections' Education Assessment and Learning Pathway process. The data obtained shows that up to 63% of prisoners have literacy and numeracy levels below Level 1 on the NZQA framework. Level 1 is deemed to be the standard required to be competent with everyday life tasks; for example reading children's reports, an employment contract or understanding a tenancy agreement.

Around 27% of prisoners are at steps 1 and 2 on the Adult Literacy and Numeracy Progressions, meaning they are considered to have the highest level literacy and numeracy needs. A further 36% of prisoners are at step 3 literacy and step 3 and 4 numeracy. Various programmes available in prison and the community, support these learners to achieve literacy competency to a Level 1 standard (step 4 literacy and step 5 numeracy).

A study of released prisoners in the United Kingdom showed 52-71% of prisoners had no qualifications compared to 15% of the general population; 48% of prisoners were reading at or below the level of an 11-year-old compared to 23% of the general population; and 65% of prisoners had numeracy levels at or below the levels expected of an 11-year-old compared to 23% of the general population (Clark and Dugdale, 2008).

## Discrimination and stigmatisation

People with a criminal conviction history may be barred from many jobs because a large number of employers discriminate against people with criminal records. Schmitt and Warner (2010) found that the vast majority of employers (80-90%) preferred hiring people with little work experience or lengthy unemployment, than ex-prisoners. Discrimination and stigmatisation of ex-prisoners may be preventing large numbers of work-ready ex-prisoners from finding employment in New Zealand.

## Existing initiatives for prisoners

To improve the likelihood of prisoners obtaining employment on their release, the Department of Corrections (Corrections) provides various education programmes, and training and employment opportunities in prisons. These include literacy and numeracy up-skilling, as well as industry training including farming, forestry, horticulture, engineering, welding, construction, catering, plumbing, painting, machine operation, and traffic control. Qualifying prisoners can gain work experience in the community through Release to Work. In addition, Corrections helps released prisoners into work through its navigation service Out of Gate, as well as its Employment Support Services.

Despite this assistance, many prisoners still have difficulties finding employment on their return to the community.

## History of criminal convictions

Offenders who have been convicted of a crime and served some type of criminal sentence are heavily over-represented in the welfare population (Greenfield, Miller, McGuire and Wolanski, 2015):

- **About a quarter of the 2014/15 beneficiary population have a criminal conviction in their past; for males it is four in ten.** One in ten welfare clients has been to prison and one in ten has been convicted of a violence-related crime.
- **There is a strong statistical relationship between welfare clients who have been convicted and served a sentence and long-term benefit receipt.** People in the 2015 valuation cohort who have committed a crime leading to a sentence have an average future lifetime welfare cost that is over \$37,000 higher than those without such history. About 40% of this difference is directly attributable to the circumstances of those having criminal histories (as measured by the existence of criminal convictions). The remainder reflects correlation with other risk factors. The proportion directly attributable to the circumstances of having a criminal history is larger for people who have spent more time serving sentences.

- Benefit payments to current welfare clients with a past community or custodial sentence represent a **third of the total current client liability** – well over their 25% share of the welfare client population.

For all clients aged 22 to 24 (inclusive) for whom Child, Youth and Family – Youth Justice (CYF-YJ) data and several years of adult Corrections data are available (Greenfield et al, 2015):

- About one in ten has a YJ history and two in ten have an adult criminal conviction
- About 70% of clients with a YJ history have an adult criminal conviction on record (five times the rate of those without a YJ history)
- About 36% of clients with an adult criminal conviction have a YJ history too (nearly ten times the rate of those without an adult criminal conviction).

## Correlations amongst risk factors

For clients aged less than 25, we now have a significant number of factors to understand their risk of long-term benefit receipt. One important feature is that these factors correlate – that is, **people with one risk factor tend to have higher incidences of other risk factors.** For example (Greenfield et al, 2015) :

- 36% of the cohort has some CYF history, but this rate is 1.6 times higher (56%) for the subset of the cohort with intensive family benefit history.
- Young adult beneficiaries with care and protection history are 1.7 times more likely to have had YJ or criminal conviction history.
- Those from long-term beneficiary families are 1.5 times as likely to have a YJ or conviction history.

Meanwhile, as noted above, about 70% of beneficiaries aged 22 to 24 with a YJ history also have criminal convictions as adults (five times the rate of those without a YJ history). This shows that **risk factors are closely inter-related, and that family vulnerability in childhood and youth is associated with early contact with both welfare and justice systems – and more intensive contact in adulthood.**

## Supporting Offenders into Employment trial

To further assist prisoners into employment on their release, MSD and Corrections are trialling two services over a three year period. Funding for this trial was secured through the Budget 2016, for a total of \$15.3 million. The aim of this trial is to improve employment outcomes for ex-prisoners, reduce re-offending rates, and generate fiscal savings and reduce liability.

## MSD in-house Intensive Client Support service

The MSD in-house Intensive Client Support service began in October 2016 in five districts across the North Island: Whangarei, Waitakere, Palmerston North, Hastings and Porirua. These districts were selected primarily due to their proximity to prisons and the volume of prisoners released into those areas.

An intensive client support manager (ICSM), employed by MSD, works from a Work and Income service centre in one of the five districts noted above. They have a case load of up to 40 ex-prisoners and begin working with them approximately 10 weeks prior to release from prison. They continue to manage that offender for 12 months, even if the offender gains employment.

To help offenders, the ICSM has a range of tools including:

- discretionary funds to pay for birth certificates and other items
- education and training grants
- in-work incentive payments if they remain in employment after reaching certain milestones.

The ICSM meets offenders in the prison prior to release to begin building a relationship and to help the prisoner access housing, financial support, and complete pre-benefit activities including CV preparation. The ICSM works closely with Corrections case managers to ensure a good understanding of the needs of the prisoner, the conditions of release, and how they impact on employment and other activities.

Once the prisoner has been released, the ICSM works with the new ex-prisoner and their probation officer. While the probation officer manages standard and special conditions ordered by the Courts or the Parole Board, the ICSM helps the ex-prisoner gain access to services that address any health, reintegration, financial and employment barriers. This includes housing, mental and physical health needs, education and training and any other barriers to employment.

The long-term outcomes expected from this trial include higher levels of employment and less dependency on benefits with reduced re-offending rates. Other outcomes include:

- 20% of ex-prisoners will enter into long-term employment (i.e. lasting two years or longer)
- mental and physical health conditions are identified, treated and managed
- alcohol and drug conditions are identified, treated and managed
- more ex-prisoners will engage in education and gain qualifications, including NCEA level 1 and 2
- 75% will participate in or complete skills development or training relevant to labour market.

## External contracted service

The second service is an externally contracted service for the Canterbury region which begins in November 2016 and will take referrals from the three prisons in that region. A service provider will be contracted for three years to deliver an innovative and holistic service with a multidisciplinary approach including mental and physical health, education and employment, reintegration and housing. They will co-ordinate care and support beginning 10 weeks before release from prison and continuing for 12 months. The provider of this service will be expected to support 200 participants at any one time, resulting in:

- at least 20% of participants entering into employment immediately after release and 50% of participants securing employment within nine months of release
- all participants having an education and training plan that leads to or supports them in employment
- all participants with mental health (including anger and violence), physical health or substance abuse issues being reassessed (directly or through referral) and treated (with the probation officer's approval)
- all participants having suitable and stable housing (e.g. no garages, no houses without electricity or water, no "couch-surfing" with no fixed address of their own)
- all participants connecting with positive networks within their wider family/whānau and cultural groups.

## Evaluation

MSD and Corrections will monitor and evaluate the effectiveness of the two services using the most suitable evaluation methodology.

A process evaluation will be done at six months and will include interviews with key stakeholders including Corrections case managers, intensive client support managers, Work and Income case managers, external providers (i.e. Christchurch based specialists), probation officers, employers and clients.

Impact evaluations at 12, 24 and 36 months will help to determine whether the Supporting Offenders into Employment trial is making a difference to outcomes. Impact evaluations will involve identifying a control group or "counterfactual" that shows what would have happened to the same people if the service did not exist.

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# Guided Release: A graduated pathway enabling safe and successful reintegration for long-serving prisoners

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*Anita joined the Department of Corrections in 2005 as a probation officer. Since then she has undertaken the roles of senior probation officer and practice leader. Her current substantive role is senior practice adviser in the team of the director case management.*

## **Introduction**

The successful reintegration of prisoners into the community is an essential step in reducing re-offending and therefore requires planning and consideration throughout a prisoner's time in custody. Department of Corrections case managers are responsible for initiating release planning, and work with the prisoner, community service providers, community probation and, most importantly, the prisoner's family, to achieve a successful release.

The Guided Release initiative has been developed by Corrections in response to an identified gap in the current reintegration process. Currently, reintegration services available to long-serving prisoners offer support options that are generally available only after they have been released. There are limited options for prisoners to start making the transition from prison to the community in gradual steps and be able to take part in reintegration activities prior to release, especially when they do not have an appropriate community sponsor.

The Guided Release initiative provides case management teams in all departmental prisons with case managers dedicated to the initiative, who form an integral part of the release planning process for long-serving prisoners. Guided Release case managers are experienced staff, and work closely with prisoners to identify, plan and carry out meaningful reintegration activities in preparation for the prisoners' return to the community.

This paper explains the concept and design behind Guided Release, and the expected benefits of the initiative.

## **Where is the real need?**

Long-serving prisoners often have complex needs due to the length of time they have been removed from the wider community. Long-term imprisonment impacts on everyday life, including basic living skills, understanding of new technology, and the ability to gain and sustain employment and/or accommodation.

Lack of support in the community and from family/whānau can also be a barrier. The longer a person is imprisoned, the harder it can be to maintain prosocial and supportive relationships. While Corrections attempts to locate prisoners near their families, prisoners still may be located in regions away from their family, which can impact on the level of support family and community members can provide. The stresses of trying to maintain regular contact can add further strain to already fragile relationships and frequently leads to their breakdown and loss of regular contact. Lynch and Sabol (2001) acknowledge the difficulty offenders can come up against in maintaining positive attachments during long periods of imprisonment and recognise how they often turn to antisocial peers for support upon release.

Temporary release is the release of a prisoner from the custody of the Department while the prisoner is still serving a prison sentence. It is primarily used to support and enable a prisoner's reintegration into the community. However, under the current temporary release process, prisoners can only be considered if they have an external sponsor who meets all the criteria. This means that a large population of long-serving prisoners, who are without appropriate community support, can be disadvantaged when it comes to opportunities in addressing reintegrative needs prior to their final release. It impacts on their ability to produce a realistic and supportive release plan as well as impacting the potential to be considered for an earlier release on parole.

As Dickson and Polascheck (2015) found, prisoners with better quality plans for life after release face fewer barriers (unstable accommodation, unemployment, limited prosocial support) and are less likely to re-offend. Therefore, by offering more long-serving prisoners the opportunity to complete meaningful reintegration activities, and start to build more specific, confirmed and prosocial release plans, Guided Release aims to increase the number of positive experiences prisoners will have on parole and upon their return to the community.

## Guided Release process

Guided Release is underpinned by the temporary release legislation. Eligible prisoners are long servers, who have an identified reintegrative need and meet the criteria for temporary release specified in Regulation 26<sup>1</sup> of the Corrections Regulations 2005. These prisoners are:

- minimum security prisoners who are serving a sentence of more than 24 months and have reached their parole eligibility date; or were sentenced to imprisonment prior to 1 July 2002 for a serious violent offence and are within 12 months of their sentence end date,
- low and low-medium security prisoners who have a release date set by the New Zealand Parole Board.

Case managers dedicated to Guided Release identify eligible prisoners and work with them to highlight reintegrative needs that would benefit from further support and could be addressed by a Guided Release activity in the community. While the actual activity is only able to take place after the prisoner has reached their parole eligibility date (PED), planning can take place before this. In fact, it is recommended that case managers start the Guided Release planning process in conjunction with the Parole Assessment Report, providing evidence to the New Zealand Parole Board that the prisoner is taking the appropriate steps in their release planning.

Every Guided Release application goes through an approval process headed by the prison director who receives advice from a multi-disciplinary advisory panel. The panels were established across all prison sites in February 2015 and consider any application that involves releases and employment options outside the prison. The panels are made up of internal staff including community probation, psychological services, case management, industries, and intelligence, and external representatives including the Ministry of Social Development, and New Zealand Police. The prison director is also supported by a Temporary Release Decision Making framework. This framework, and the advice from the panel, ensures that prison directors'

decisions are consistent and have public safety as a priority.

The ability for case managers to undertake the role of a sponsor on Guided Release activities gives case managers insight into how prisoners will respond to different community situations. It also enables case managers to identify any outstanding areas that require further support prior to the prisoner's final release.

While the majority of oversight provided on Guided Release activities is from the Department's case managers, Guided Release does not dismiss the role of the family and community members to act as sponsors. In fact, the initiative hopes to bring family into the release planning process at an earlier stage so they are aware of the prisoner's needs, risks and future sentence requirements. It is expected community support will increase as family members will be briefed and supported by Corrections staff throughout the Guided Release process.

Reintegration activities will vary depending on the individual prisoner's need and suitability, but activities must be meaningful and linked to a reintegration need. Activities should also be reasonably short in duration and it is essential that the prisoner cannot achieve the same result from an activity inside the prison.

## Expected benefits

Dickson and Polascheck (2015) note that offenders cannot fully concentrate on living a more prosocial life until their basic needs in the community are met. Guided Release aims to provide long-serving prisoners with increased opportunities to address their basic reintegrative needs prior to release, prepare intensive release plans and overall better equip them for their final release.

Guided Release also allows the Department to communicate to the New Zealand Parole Board a more realistic assessment of the prisoner's release plan and their ability to cope with community life. With these steps in place, it is envisaged that more long-serving prisoners will be considered suitable for an earlier release on parole and will have access to better community support. This will contribute to the government's commitment to public safety and reduced re-offending by increasing the opportunities for long-serving prisoners to successfully and safely reintegrate into the community.

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1 Regulation 26 relates to the class of prisoner who may be temporarily released under the Corrections Act 2004.



# Aukaha te Waka - the Future of Probation 2016 - 2021

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## **Author biography:**

*Brent started working as a probation officer in Hamilton in 2000. Since then, he has held a number of frontline probation roles and management roles in Corrections. Prior to his current role he was a practice manager in the Central region. He has a Bachelor of Social Science in Sociology and Psychology.*

## **Introduction**

On any operational day, probation staff see on average 3,048 people, complete 250 home visits, have 1,573 people reporting to complete community work sentences, and provide 84 reports to courts and the New Zealand Parole Board. How we conduct these interactions and how we practise, contributes towards changing people's lives and improving community safety.

Ensuring that we are always learning, and developing our practice in line with international research on 'what works', enables us to be more effective in our frontline practice and work towards improved outcomes. July 2016 saw the launch of the programme "Aukaha te Waka" The Future of Probation 2016 – 2021.

## **Background - probation practice**

The ninth of August 2016 marked 130 years of probation in New Zealand. The New Zealand Probation Service was formed in 1886. New Zealand pioneered the service long before any other country in the British Empire, including Great Britain. The legislation "First Offenders' Probation Act of 1886", which established probation in New Zealand, was introduced by the Hon. Joseph Augustus Tole who was Minister of Justice from 1884 to 1887.

Since the inception of probation in New Zealand there have been a number of legislative changes (1954 Criminal Justice Act, 1984 Criminal Justice Act) which have further set the sentences/orders managed by probation, and also developed probation practice in the philosophies, policies, direction and focus. For example, the 1985 Act placed greater emphasis on community participation and greater community liaison activities rather than one-on-one casework.

Historically, the role of a probation officer was regarded largely in terms of sentence compliance, with a strong overlay of social support. This often led to staff focusing more on offenders' general needs than their criminogenic needs. Dale (2006) states that "before 1995, the majority of probation staff had social work backgrounds, and though they approached their work with a strong human service orientation, practice and focus shifted heavily towards ensuring that the sentence or order was completed without undue complication".

2001 saw the launch of the IOM (Integrated Offender Management) Framework, bringing the psychology of criminal conduct, in particular RNR (Risk, Need, Responsivity) to be a bigger part of our overall practice across Corrections. IOM introduced comprehensive assessment of risks and needs, and assessed motivation for change. It also saw the development of a sentence plan prescribing relevant rehabilitative and re-integrative activities.

A number of events through the next decade, mainly involving violent re-offending, served to change this previous single focus. Probation practice began to change, with two key areas of enlarged focus. The first was on identification and management of acute and dynamic risk, and reducing the potential harm. The second was in rehabilitation, with probation officers playing an increasing role.

These aspects were developed when Corrections embarked on a significant Change Programme in community probation from 2009 to 2014. The programme redefined the purpose of the probation service and the way it worked. The new focus was on "holding offenders to account and managing them to comply with their sentences and orders, reduce their likelihood of re-offending and minimise their risk of harm to others".



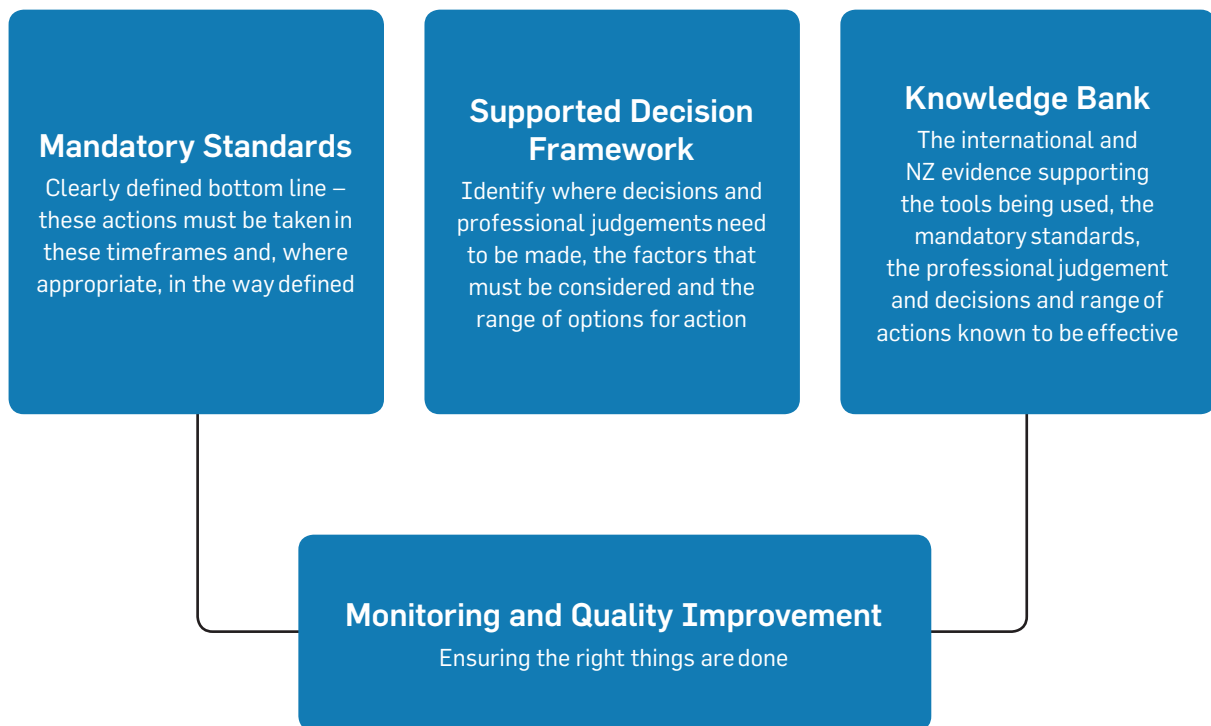
In June 2012, Corrections completed its redesign of probation practice. We implemented a new Integrated Practice Framework for managing parole, home detention, release on conditions, post detention conditions, extended supervision, intensive supervision and supervision, community detention and community work sentences and orders.

The Integrated Practice Framework set out clear bottom line mandatory standards that probation officers had to meet every time with every case. Our performance against these mandatory standards was assessed each month against a random sample of cases.

Beyond the mandatory standards, the integrated practice framework has a supported decision framework probation officers use, and knowledge bank to make professional judgements and decisions about the management of each individual based on the level of risk they present. Probation officers spend more time working with those who are medium or high risk, and less time with those who have a low likelihood of re-offending or of causing harm to others. They use risk assessment tools that measure changing factors that could contribute to the likelihood of re-offending and risk of harm to others. Probation officers consider the information from these assessments to manage and reduce the risk presented and in turn reduce the likelihood of further offending.

**Diagram 1:**

*The Integrated Practice Framework*



**Diagram 2:**

*The Community Probation Practice Leadership Framework.*



The Change Programme also led to the creation of the chief probation officer role. In 2012, Corrections carried out a wide range of structural changes to unify its effort to reduce re-offending. The restructure formed the Service Development group, which includes the positions of chief custodial officer, chief probation officer, and chief psychologist as the “guardians of best practice”. These roles are responsible for ensuring consistency in practice, and also for designing and developing practice.

The 2009 Change Programme was concluded in 2014, although further practice enhancement initiatives and framework changes were delivered in 2015/16 (e.g. mandatory standards moving to standards of practice in July 2015, common standards across all sentences and orders).

The Change Programme built a strong foundation and framework for our practice and subsequent frontline initiatives have built upon this. The programme won the 2012 International Corrections and Prisons Association (ICPA) Community Corrections Award.

We are now building further upon this foundation with a new programme called Aukaha te Waka.

## Aukaha te Waka

*Honoa te haumi, aukaha rawa i ngā rauawa, whakaū rawa he herepuru anō mō ngā rauawa, he raupō hoki mō te wai kei uru ki roto – Add the canoe extension, lash the top boards, reinforce the caulking for the top boards, including with raupō, least water leak in.*

To support the new programme, a name was required to reflect the next stage in developing our practice. Given that frontline staff have put significant effort into developing their practice and adopting changes, a title was chosen to build on our strong current practice models and approaches. The concepts for the new programme were discussed with Department of Corrections Director Māori Neil Campbell who suggested “Aukaha te Waka”. Literally, this means to strengthen, renew or extend a waka. Metaphorically, it suggests building on the current practice model, with the strong intent to further develop practice when working with Māori.

## Our practice

In 2015 a research project examined how well probation officers were following the evidence based practice in the Integrated Practice Framework in their interactions with cases.

The research found that there was more emphasis on risk factors relating to offending, Motivational Interviewing concepts were being used, and staff were taking action to address risk factors or build protective factors. The research identified that practice would benefit from more development of Motivational Interviewing skills, risk assessment, and report-in session structure.

We have gathered ideas from staff, the Executive Leadership Team, Service Development, practice leaders and managers, the Director Māori and international best practice, and these have informed the objectives in Aukaha te Waka, the Future of Probation.

## Objectives

Currently, Aukaha te Waka has six objectives, under which a number of initiatives fall:

1. **High risk management:** Develop increased/enhanced practitioner ability to assess risk and manage high risk cases in the community. Introduce enhanced multi-agency practice models to support Corrections to manage risk.
2. **Motivational Interviewing:** Enhance Motivational Interviewing practice for frontline staff to intermediate and advanced levels.
3. **Strengthen Māori practice:** Strengthen the work in the community with Māori. Ensure there is a strong focus on Māori practice in all aspects of Community Corrections work.
4. **Target cohorts:** Focus on particular high risk cohorts such as gangs, alcohol and other drug users, family violence offenders, and offenders with mental health issues, to reduce their re-offending.
5. **Continuity of care:** Integrate probation services across transition points from custody, time on remand and beyond the end of sentences or orders. Integrate user feedback to inform and develop user informed practice initiatives.
6. **Support systems and infrastructure:** Continue development of Community Corrections sites and technology to support staff. Progress initiatives to improve staff safety.

## Proposed implementation

Part of the success of the 2009-2014 Change Programme was that it was driven by frontline staff. Staff contributed ideas and gave feedback on all iterations. A similar approach will be used with Aukaha te Waka. We will involve staff in three main ways:

1. *Focus groups*: Managers will hold focus groups for frontline staff throughout the programme.
2. *Intranet*: Developments will be published on Corernet (Corrections' intranet), and staff are encouraged to contribute ideas and outline any concerns.
3. *Testing, pilots and trials*: Staff will test design elements to ensure they are practical and "fit for purpose".

Another successful aspect of the 2009-2014 Change Programme implementation was input from an Expert Panel, which included external experts and staff. We will appoint a new Expert Panel for Aukaha te Waka, to oversee implementation, and to provide support, expert advice and governance.

The chief probation officer and wider service development team will lead the programme.

## Consultation and feedback

We are seeking ideas to help inform Aukaha te Waka.

If you have any questions or feedback, please email Chief Probation Officer Darius Fagan  
[darius.fagan@corrections.govt.nz](mailto:darius.fagan@corrections.govt.nz)

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# An exploratory analysis into the mortality of offenders

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*Ella joined the Department of Corrections Research and Analysis Team in 2015. Ella graduated from Victoria University in 2016 with an honours degree in Criminology. Prior to joining the Department, she worked in a research role at Wellington Rape Crisis.*

## **Introduction**

The Department of Corrections is increasingly seeking new knowledge and insights into the offenders it manages through research using Statistics New Zealand's Integrated Data Infrastructure (IDI). This study seeks to shed light on the association between criminal careers and mortality rates of offenders.

Research on the effect of imprisonment and/or offending on mortality and life span relative to the general population is limited (Pridemore, 2014; Rosen, Schoenbach & Wohl, 2008). Most existing research has focused on the issue of prisoner (and ex-prisoner) suicide, as suicide is consistently found to be a leading cause of death for prisoners in several countries (Sattar & Killias, 2005), although Pratt and colleagues (2006) suggest studies do not often consider the issue of suicide in the post-release period. Evidence from several international studies indicates that prisoners and ex-prisoners (male and female) have higher mortality rates than the general population (Kariminia, Jones & Law., 2012; Pratt, Piper, Appleby, Webb & Shaw., 2006; Pridemore, 2014; Pritchard, Cox & Dawson, 1997; Rosen et al., 2006; Van Dooren, Kinner & Forsyth, 2013).

Kariminia and colleagues' (2012) exploration of the increased mortality of indigenous people during and after their release from prison in New South Wales (1998-2002) highlighted this difference, finding the mortality rate to be 4.8 times higher for Aboriginal men and 12.6 times higher for Aboriginal women than that of New South Wales residents of the same age and sex, also highlighting a gender difference in the rate of death. Offenders have also been found to have markedly lower life spans than the general public,

with the median age of death often being in the early to mid-thirties<sup>1</sup> (Kariminia et al., 2007; Kariminia et al., 2012; Sattar & Killias, 2005). In Sattar and Killias' (2005) study of the death of offenders in Switzerland, the mean age of death was found to be 33.5 years with 45.5% of total deaths occurring in the 25-34 year old age band. This low life span is explained as a result of higher proportions of unnatural deaths occurring in younger age bands. Pridemore (2014:215) concluded, from interpretation of data from the Russian Family Study (male only) that "incarceration has durable effects on illness, [and] that its consequences extend to a greater risk of early death".

Several reasons have been put forward to explain the differential in mortality. Rosen and colleagues (2008:278) consider that mortality rates could reflect the impoverished communities which many prisoners come from, as well as prisoners' participation in risky behaviours, activities and lifestyles (e.g. substance abuse, violence and greater exposure to situations involving risk of assault or homicide) which are "illegal and harmful to health". It is also likely that the greater number of deaths from natural causes may be a result of limited access/engagement with healthcare providers in the community and issues surrounding greater alcohol consumption and smoking, as well as dietary factors (Kariminia et al., 2012). Pridemore (2014) also considers that offenders' negative health outcomes and early death compared with the general population could be exacerbated or caused by exposure to infectious diseases from the prison environment, stress from imprisonment and reintegration, and broken or damaged relationships with families and partners.

<sup>1</sup> It is possible that this is also a result of, or determined by, socio-economic factors.

Ex-prisoners also appear to be at heightened risk of death soon after their release (Farrell & Marsden, 2007; Pridemore, 2014; Rosen et al., 2006). This finding was reinforced in Kariminia and colleagues' (2007) Australian research which found that the first year of release coincided with the highest excess mortality for both male and female ex-prisoners. In particular, suicide was three times more likely to occur within the first year of follow up than after three years (Kariminia et al., 2007). Similarly, an analysis into suicide rates of recently released prisoners in England and Wales (Pratt et al., 2006) found that of the suicides that occurred within a year of release, 21% of ex-prisoner suicides occurred within the first 28 days, with suicide rates for all age bands of recently released prisoners being higher than the general populations'. Strikingly, Farrell and Marsden's (2007) investigation into drug-related deaths of recently released prisoners in England and Wales, found that male and female prisoners were more likely to die in the week after their release (29 times and 69 times, respectively) from prison compared to the death rate of the general population during this time.

The literature is consistent in the chief causes of prisoner and ex-prisoner death. These include: substances (namely drug overdoses/accidental poisoning), suicide, homicide and accidents/injury (Van Dooren et al., 2013; Farrell & Marsden, 2007; Kariminia et al., 2007<sup>2</sup>; Kariminia et al., 2012; Pratt et al., 2006; Pridemore, 2014; Rosen et al 2008; Sattar & Killias, 2005). Unnatural deaths, particularly from drug overdose, suicide and homicide, were found by Kariminia and colleagues (2012) to be more frequent in those younger than 45 years. Sattar and Killias' (2005:317) analysis into the death of offenders in Switzerland confirmed that death as a result of unnatural causes is "rather common" for offenders, with 65.4% of deaths being classified as unnatural. A high rate of drug related death was found in Farrell and Marsden's (2007) study of newly released prisoners in England and Wales. From a sample of nearly 49,000 male and female prisoners released between 1998 and 2000, whose mortality was tracked over three years, 59% of deaths were recorded as drug related. Drug overdose also played a significant role in deaths of offenders, with drug overdose overall being accountable for 29% of excess deaths from Aboriginal men and 39% for Aboriginal women (Kariminia et al., 2012).

Regarding death from natural causes, ex-prisoners appeared to have excess mortality and more commonly died from cardiovascular, respiratory, digestive and liver related diseases as well as infectious diseases (Farrell & Marsden, 2007; Kariminia, Jones & Law, 2012; Pridemore, 2014; Rosen et al., 2008). In an

Australian study (Kariminia et al., 2012) which explored the mortality of Aboriginal offenders in New South Wales, the "leading" cause of death for men was cardiovascular disease (23%). However, the central cause of death for women was recorded as being from mental or behavioural disorders (23%) which were all deemed to result from drug addiction. Sattar and Killias' (2005) Swiss study found that adult convicted prisoners who died between 1984 and 2000 most commonly died of natural causes (i.e. illness and disease in 34.6%). However, this was closely followed by unnatural deaths from drug overdose (28.6%) and suicide<sup>3</sup> (28.2%). High excess mortality from chronic conditions, particularly cardiovascular and respiratory conditions were considered to be a possible outcome of higher rates of smoking, alcohol use and dietary issues among this population (Kariminia et al., 2012). As expected, natural deaths were more strongly associated with an older age group (Kariminia et al., 2012; Sattar & Killias, 2005).

On the basis of such findings, research has advocated for more drug treatment programmes and mental health support, and for this support to extend beyond imprisonment and into the community (Kariminia et al., 2007; Rosen et al., 2008). In addition, the role of prison in addressing offender health needs is noted, with Kariminia and colleagues (2012:278) arguing that prison "provides an important (but underutilised) public health opportunity to screen for chronic diseases and assess treatment needs of offenders who are likely to have limited interaction with the health system when in the community". Rosen and colleagues (2008:2278) also found that the excess of ex-prisoner deaths from "injuries and medical conditions common to prison populations highlight ex-prisoners' medical vulnerability and the need to improve correctional and community preventive health services".

## Offender mortality study

Research into offender mortality in New Zealand has (until recently) been limited which meant it could not be conclusively demonstrated that lower life expectancy was an issue amongst the offender population. This is in part due to limitations in data collection. For instance, the Department is unable to record reliable data on offender deaths unless the event occurs in prison; death may be recorded when it occurs before the end of a community sentence, but this is not always done.

With the advent of the Integrated Data Infrastructure (IDI), many new kinds of statistical analysis are now

2 Disease related causes of mortality were not considered in this study.

3 Sattar and Killias (2005) noted that their finding that suicide was the third cause of death was unusual and lower compared to other studies of imprisonment and death which have found suicide to be the top cause of prisoner death. They explained that their finding of a comparatively lower rate of suicide was likely due to the fact that their sample did not include pre-trial detainees.

possible within any given sub-population, including offenders. The IDI facility allows data from various government agencies to be brought together and linked according to individual identity. A major advantage of using data in the IDI is that it is not susceptible to systemic bias in recording of cases. Whilst data may not be 100% complete in either the Department of Internal Affairs' (DIA) or Ministry of Health's (MoH) mortality data, it does not bias for or against any one class of individual (in this case, offenders). As a result, it offers the potential to generate many new insights into sub-populations of interest.

## Methodology

Data from Births, Deaths and Marriages (DIA) and the MoH's mortality data have been matched within the IDI against offender identities held by Corrections. The current analyses sought to identify the following:

1. the proportion of deaths within an age-range of offenders
2. the rate of deaths within the age-range
3. the life expectancy of offenders
4. the causes of deaths;

and to compare rates with those recorded across the New Zealand population as a whole.

The first three analyses used data derived from the DIA data tables. The DIA table also contains the causes of death. However these are in free text form

and are, therefore, quite difficult to analyse efficiently. To remedy this, MoH mortality data was used instead for cause of death. This data covers people who died either in a hospital, or had the cause of death recorded by a hospital. It presumably excludes the deaths of the elderly in their own home where there are no suspicious circumstances. For the offender population, nearly 80% of all deaths had a MoH cause of death recorded. The proportion for the general public was only slightly less at 76%.

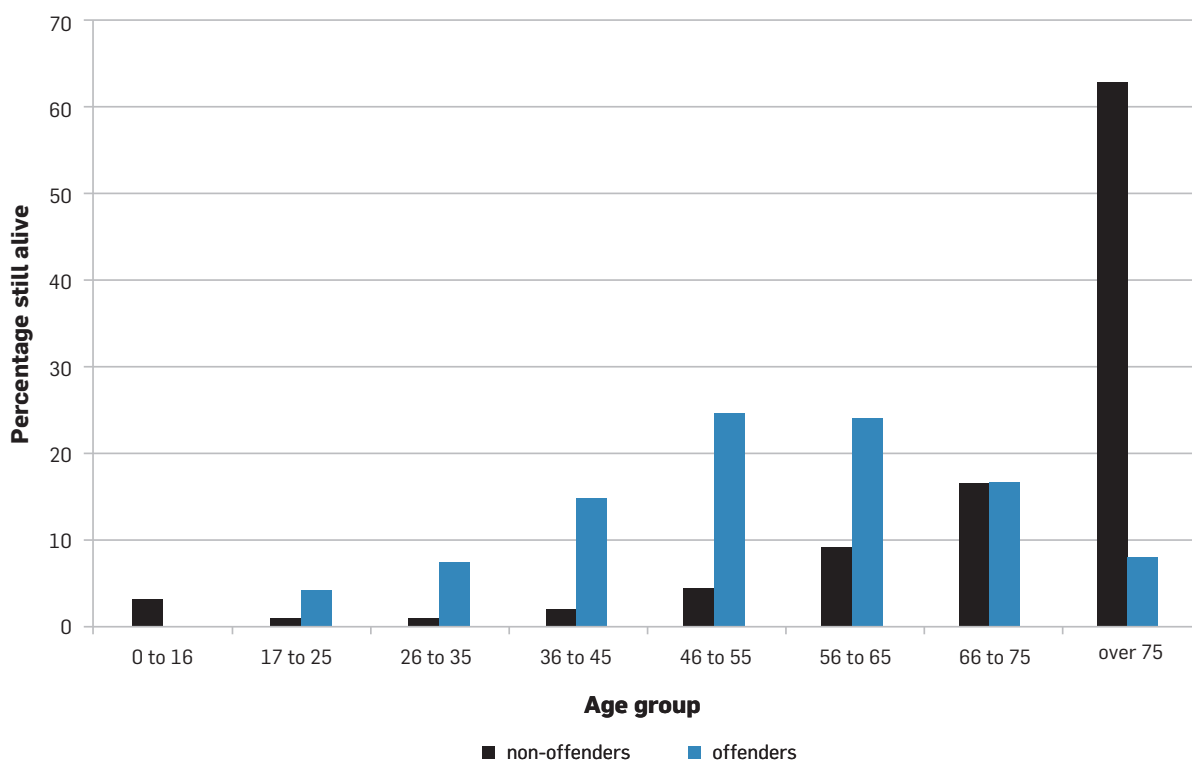
## Results of the study

Corrections holds records of around 365,000 persons. Since 2005, matched data indicates that around 16,200 offenders have died. In the same time period, the total number of deaths in New Zealand was about 346,000. Figure 1 shows the distribution of mortality by age group, for both offenders and non-offenders.

The difference in the pattern of mortality is striking: peak mortality for "all persons" is in the above-75 group, while for offenders it is in the 46-55 and 56-65 year age-groups. A logical reason accounts for the differential in distributions: most offenders are relatively young at time of sentencing, and Corrections' data is patchy and incomplete for those dealt with prior to the mid-1970s. Together, these reasons mean that the pool of known offenders who now are (or would have been) elderly is actually quite small.

**Figure 1:**

*Distribution of mortality by age-group*



This is graphically shown in Figure 2. Given the disparity of the over-75 group, it is unsurprising that this is reflected in the mortality percentages of offenders.

A better way of investigating the mortality of offenders is via rates of mortality within distinct age groups. Given the differences between the offender and non-offender population in terms of gender and ethnicity distribution, this was done for four categories:

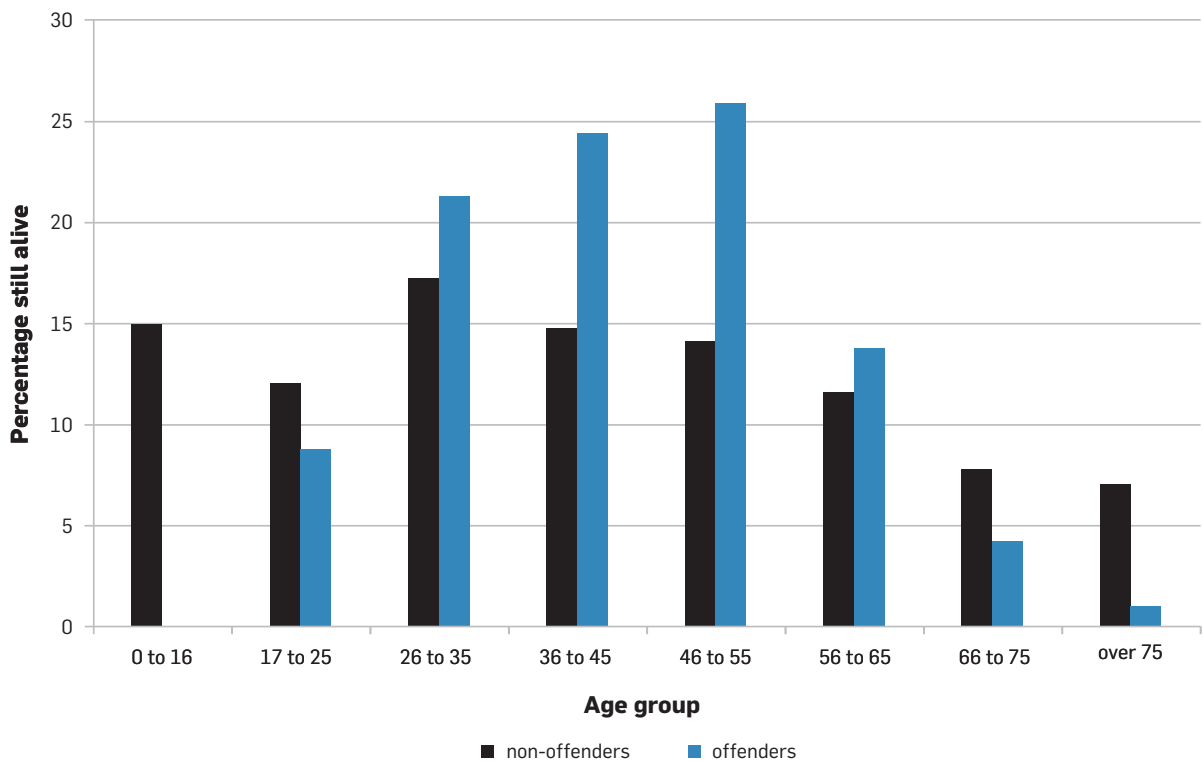
1. male and Māori/Pacific ethnicity
2. female and Māori/Pacific ethnicity
3. male and "other" (including NZ European) ethnicity
4. female and "other" (including NZ European) ethnicity.

From these figures, ratios for offender vs non-offender rates can be calculated; these "odds ratios" are shown in Figure 3 and can be thought of as the multiplier effect of being an offender on mortality.

What these show is quite remarkable: the highest ratios are non-Māori/Pacific males and females in the youngest age-bands (i.e. from 17 to 45 age groups). Offenders in these age bands are six to seven times more likely to die within that age band than are non-offenders of the same age, sex and ethnicity.

**Figure 2:**

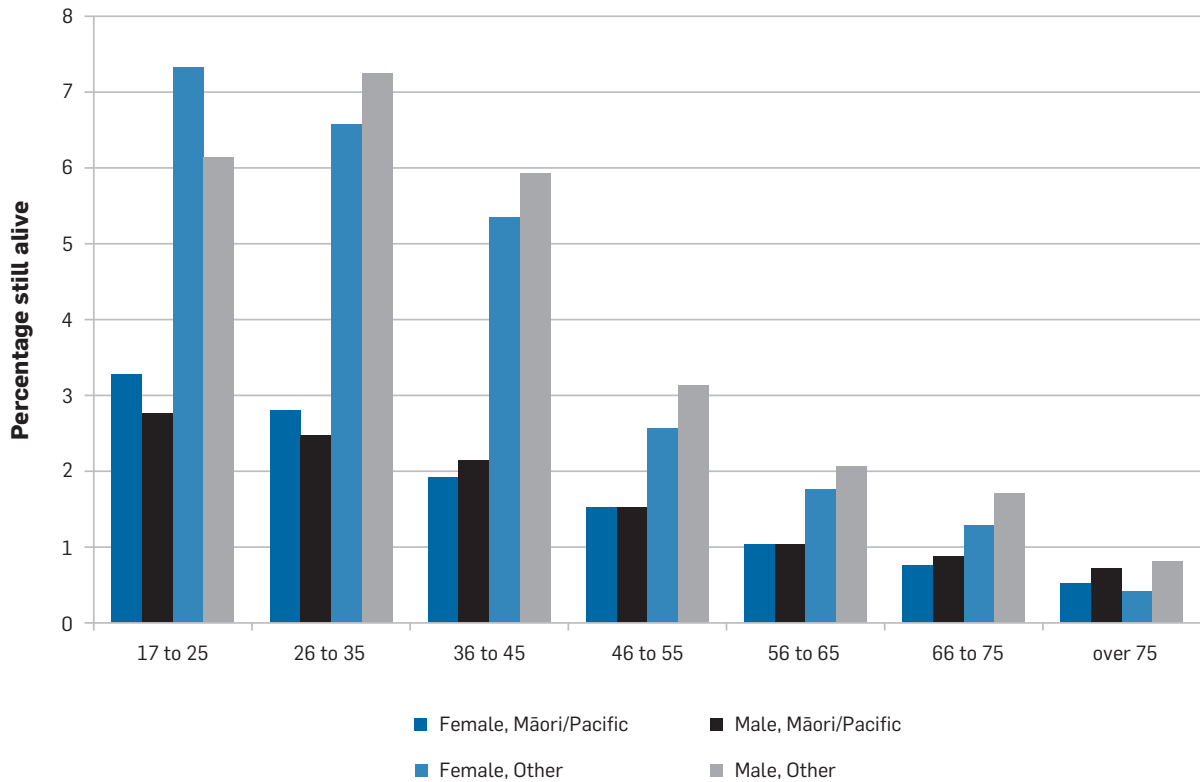
*Distribution of groups still alive*





**Figure 3:**

Ratio of mortality rates for offenders, relative to non-offenders.



### Cause of death

MoH morbidity tables list the causes of deaths in New Zealand. The distribution and ranking of cause of all deaths for all New Zealanders, and for offenders, are shown in Tables 1 and 2. Also shown are the mean age for the cause of mortality and relevant percentages.

The most common causes of death are heart disease and cancer, which applies equally to both offenders and the wider public.

However, the third most common cause of death for offenders was found to be intentional self-harm (suicide). Suicides thus account for 8% of all offender deaths, compared to just 1.6% across the wider public. In relation to suicide, the mean age of mortality is 36.1 years. Other causes that feature more prominently amongst offenders are accidents (transport, non-transport) and assaults (i.e., homicides).

**Table 1:***Distribution of causes of mortality: All New Zealand*

| <b>Category (ICD-10)</b>   | <b>Mean age</b> | <b>Percent</b> |
|--|-----------------|----------------|
| Heart and circulatory system diseases                                | 79.0            | 40.9           |
| Neoplasms (malignant, in situ, benign)                               | 71.9            | 26.1           |
| Respiratory system diseases  | 79.7            | 7.6            |
| Nervous system diseases  | 74.9            | 3.7            |
| Endocrine, nutritional and metabolic diseases                        | 72.5            | 3.4            |
| Mental and behavioural disorders                                     | 86.7            | 2.9            |
| Digestive system diseases  | 78.1            | 2.6            |
| Other external causes of accidental injury                           | 65.4            | 2.4            |
| Intentional self-harm  | 40.9            | 1.6            |
| Transport accidents  | 40.9            | 1.5            |
| Conditions originating in the perinatal period                       | 0.1             | 1.4            |
| Genital, urinary system diseases                                     | 82.9            | 1.4            |
| Skin diseases  | 80.7            | 1.0            |
| Musculoskeletal system diseases                                      | 77.1            | 0.9            |
| Congenital malformations, deformations and chromosomal abnormalities | 15.6            | 0.9            |
| Infectious and parasitic diseases                                    | 71.0            | 0.7            |
| Assault and other  | 46.7            | 0.4            |
| Not elsewhere classified   | 55.1            | 0.3            |
| Blood and blood-forming organ diseases                               | 74.4            | 0.2            |
| Pregnancy, childbirth  | 34.5            | 0.0            |
| Unknown  | 80.4            | 0.0            |

**Table 2:***Distribution of causes of mortality: Offenders*

| <b>Category (ICD-10)</b>   | <b>Mean age</b> | <b>Percent</b> |
|--|-----------------|----------------|
| Heart and circulatory system diseases                                | 57.8            | 35.7           |
| Neoplasms (malignant, in situ, benign)                               | 58.5            | 22.6           |
| Intentional self-harm  | 36.1            | 7.9            |
| Respiratory system diseases  | 62.0            | 6.4            |
| Transport accidents  | 38.5            | 5.9            |
| Other external causes of accidental injury                           | 43.6            | 5.2            |
| Endocrine, nutritional and metabolic diseases                        | 55.7            | 4.8            |
| Digestive system diseases  | 57.2            | 3.0            |
| Assault and other  | 39.5            | 2.4            |
| Nervous system diseases  | 51.9            | 2.0            |
| Certain infectious and parasitic diseases                            | 52.2            | 1.1            |
| Skin diseases  | 65.4            | 0.7            |
| Mental and behavioural disorders                                     | 60.5            | 0.7            |
| Genital, urinary system diseases                                     | 59.1            | 0.6            |
| Musculoskeletal system diseases                                      | 53.8            | 0.3            |
| Congenital malformations, deformations and chromosomal abnormalities | 43.3            | 0.2            |
| Not elsewhere classified   | 46.6            | 0.2            |

## Discussion

This analysis provides statistical evidence for what until this point could only be hypothesised; that having a criminal history is associated with a shortened life span. The data matching exercise using Corrections, MoH, and Department of Internal Affairs data shows, on average, a person with a criminal history in New Zealand has a life expectancy of 64 years, which is between 10 and 15 years less than that enjoyed by the average New Zealand citizen. This could have important implications for future decision making and practice surrounding offenders' health and wellbeing.

Cause of death data largely confirm that lifestyle, risk-taking and psychological issues are key to understanding this disparity. People with criminal histories have a higher chance of dying in car accidents, being killed by another person, and are more likely to take their own lives.

While consistent with research on offender mortality internationally, these are an uncomfortable set of findings. Further research is required to unpick the specific reasons for the different rates of death between groups of offenders and between offenders

and non-offenders, but understanding these differences is important in informing where healthcare services and resources are directed in order to increase the lifespan of offenders, to target preventable illnesses and to provide sufficient mental health care, particularly post-release support.

Mental health services may be particularly important given this study found suicide to be a leading cause of offender mortality, a marked contrast to the general population.

This finding aligns with the Department's piloting of increased availability of mental health services to both prisoners and offenders in the community. Corrections already works to support offenders to address their health and mental health needs, especially as unmet needs can impact on rehabilitation. For example, in 2012, the Department introduced a mental health screening tool to identify prisoners' mental health needs and improve their care. Prisoners undergo a number of other checks and assessments for their mental health needs during their time in prison. These include drug and alcohol screening, psychological evaluation, and assessments to check if they are at risk of self-harm or suicide. In addition, all prisoners

are seen by a registered nurse following their arrival to prison. Healthcare staff engage prisoners in over 100,000 consultations a year.

Following a comprehensive survey of prisoner mental health needs (Bowman, 2015) Corrections is investing further in mental health services, including packages of support, counselling, post-release family services and supported accommodation. Corrections is also working on additional alcohol and other drug (AOD) aftercare services to be delivered over the next two years, including AOD aftercare workers to support graduates of our Drug Treatment Units and Intensive AOD Treatment Programmes.

While the implications of the research findings presented here will require further analysis and consideration, one implication is to reinforce the value of offender rehabilitation. Arguably, effective rehabilitation not only benefits society by reducing crime, but may directly benefit offenders through improved health outcomes and increased lifespan.

As such, the findings of this analysis may serve as useful motivational information for engaging offenders in the process of rehabilitation. The findings also have relevance to current work relating to managing risk of self-harm amongst those on community sentences and orders.

This analysis opens the door for future valuable research and analysis to show the extent and direction of correlation between mortality and other variables such as, type of offences, length of criminal career, and time spent in prison.

## Conclusion

This analysis demonstrates that offenders have different mortality patterns to the general public. For some age and ethnic groups, the likelihood of offenders dying is much higher than non-offenders of the same age and ethnic cohort. In addition, self-harm is a leading cause of mortality for offenders.

Understanding these different patterns will enable relevant agencies to develop policy responses to improve the health and well-being of persons with a criminal history.

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# Building relationships to improve outcomes for youth in Corrections

**Dr Ashley Shearar**

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**Brigid Kean**

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## **Author biographies:**

*Ashley Shearar has recently returned to the Department of Corrections after managing the Youth Policy team at the Ministry of Social Development. She previously held a variety of roles with Corrections, from working as a probation officer to leading the High Risk Response Team. Ashley completed her PhD at Victoria University comparing youth justice transformation between New Zealand and South Africa. She is passionate about improving outcomes for young people in the justice system.*

*Brigid Kean project managed the Department of Corrections' Youth Strategy Acceleration Project. She has worked in a variety of roles in criminal justice in New Zealand, Australia and the United Kingdom, and began her career as a probation officer in Porirua.*

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*"I learnt that in all walks of life we all experience fear, anger, sadness, happiness, anxiety and pride. I learnt to overcome my fears and push myself to complete tasks with a little bit of risk involved. I learnt that I can overcome any challenge standing in the way of success, if I just set my mind to it. I learnt that no matter what life you've lived, you've still got a life to live and it's up to you what you do with it."*

*– A young person from a Corrections Youth Unit who took part in an "adventurous journey" as part of the Duke of Edinburgh Award.*

## **Introduction**

Young people present a unique challenge for the Department of Corrections. They are at a critical stage of development, requiring acknowledgement of their strengths and aspirations, as well as genuine opportunities and support to permanently exit from the justice system and go on to live happy and productive adult lives.

The Department recognises that to achieve a significant reduction in re-offending overall, it must improve outcomes for youth. We have demonstrated a commitment to improving services, supports and outcomes for youth through the implementation of the Corrections Youth Strategy in 2013. In 2015 we increased our efforts through the Corrections Youth Strategy Acceleration Project which set aspirational goals to:

- develop Youth Units as centres of excellence
- provide exceptional staff engagement with a focus on Youth Champions
- develop world leading rehabilitation and reintegration services.

## **The challenge and the opportunity**

For the most part, the youth we work with have complex needs and extensive histories of trauma and abuse (Moffit, 1993). Their important early attachments were often severed as a result of their parents' drug and alcohol addictions, mental health issues, criminal activities and imprisonment, leaving them vulnerable and with few, if any, positive role models or trusted adults to turn to (Moffit, 1993). A high percentage of youth in Corrections have been in and out of the care and protection or youth justice systems, destabilising their sense of identity, belonging and security and disrupting their learning and development. There is no doubt that these experiences contribute to their offending behaviour and that to address their offending we need to find ways to improve their environments and change their future narrative.

The Department cannot do this alone. The only way we can succeed with the youth in our system is through our joint efforts with communities, families and partner agencies.

We are fortunate that there is a lot happening in the wider context that we can take advantage of to improve outcomes for these young people. For example, government, businesses and philanthropists are partnering more to increase youth development opportunities around New Zealand. Also, a new approach to vulnerable children could enable access to better transition support for youth in Corrections. We also know that social investment modelling, which is increasingly informing where the government should concentrate its resources for longer-term benefits, consistently identifies youth in the justice system as a population needing targeted effort.

This wider context lends itself to reaching out, increasing the visibility of youth in the Corrections system and building relationships where we can work alongside each other to help our youth navigate through our system back to the community. We are progressively seeing this playing out, with a number of new partnerships emerging, creating exciting and inspirational experiences for youth.

## Corrections Youth Units

Over the past year, the two Corrections Youth Units in Christchurch Men's Prison and Hawkes Bay Regional Prison have been looking at ways to involve communities and other agencies in their rehabilitative and reintegrative efforts. This is helping them to develop more stimulating environments which engage young people, respond to their needs and capability and provide them with relevant learning and development opportunities. The Youth Units are also finding ways for the youth to give back to the community. For example, honey from the apiculture work and vegetables from the Youth Unit garden in Hawkes Bay are sent to community trusts that distribute them to Women's Refuge and families in need.

## The Duke of Edinburgh's Hillary Award Trial in the Youth Units

The Duke of Edinburgh's Hillary Award trial is one example of how youth in our Youth Units are benefitting from a partnership with a community group that offers philanthropic support.<sup>1</sup> The Award is a programme for 14 – 25 year olds which is open to all young people in the community, regardless of background or ability. It offers young people a range of personal benefits such as enhanced self esteem and a sense of achievement. The Award also provides young people with many of the skills and qualities employers value, including: communication, reliability, decision-making, confidence, team work and leadership. Internationally, over 6,000 young people who have offended have engaged with the Award in over 200 justice-focused facilities. Research shows that working towards the Award improves relationships between young people and staff, and that re-offending can be significantly reduced (Duke of Edinburgh's Award International Association, 2007).

For the first time in New Zealand, the Youth Unit trial focuses on offering young people in prison the opportunity to achieve the Bronze Award in a custodial setting. The Bronze Award is made up of three long-term sections: skills development, service, and physical recreation. Two of these sections must be completed for three months and one section for six months. The young people must also complete a two-day "adventurous journey", and preparation training

sessions. How these sections are currently being completed in our Youth Units is outlined below.

**Skills development (3 or 6 months):** The Youth Units' current life-skills and independent living skills activities undertaken by the young people can be counted towards achievement of the Award. This includes joinery training and developing cooking, horticultural and agricultural skills. Activities are packaged together as a way to evidence the "soft" skills employers are looking for in new employees.

**Service (3 or 6 months):** The Youth Units also run activities that count towards the Service section of the Award. Examples of these activities include:

- Making and selling wooden furniture (with the money going to charity or the prison resource fund if the furniture is sold)
- Beautification of the communal or public areas of the prisons
- Growing vegetables for the prison kitchen
- Assisting with catering for prison events.

**Physical recreation (3 or 6 months):** This is increasingly becoming an embedded part of prison life in the Youth Units. The young people play touch rugby and basketball, run round the inside perimeter of the prison wire and train in aspects of Crossfit. They then document their progress in their Award record book.

**Adventurous journey (20 hours training, 2 days 1 night practice tramp and 2 days 1 night qualifying tramp):** Young people in the units also complete a two night "adventurous journey" which involves camping on prison grounds, and preparation training sessions. A typical comment from a young person was "truly amazing", with one reflecting: "I felt like the whole Corrections facility believed in us".

The adventurous journey enables the young people to discover new things and to look at the world differently while achieving an internationally recognised award during their sentence:

*"We learnt leadership skills and that obstacles can be overcome."* – A young person from a Corrections Youth Unit who took part in an "adventurous journey" as part of the Duke of Edinburgh Award.

## Building on the gains

Innovative ideas like the Duke of Edinburgh's Hillary Award are adding value and tangible reward to existing programmes. They remind us that we have collective responsibility in supporting our young people. Young people in our system really appreciate input from the wider community during their sentence. It gives them a chance to identify their strengths and interests, makes them feel connected and valued, and helps them to shape a more positive identity. Serin, Mailloux and

<sup>1</sup> The sponsor for this programme wishes to remain anonymous.

Wilson (2008) highlighted that building a prosocial identity and setting high expectations which provide “hope and a life worth living” are among the key dynamic protective factors which can help to reduce the risk of re-offending.

We are now looking into how we can build on what the Duke of Edinburgh's Hillary Award has started as the young people prepare to transition back to the community. For Corrections, this will require good communication between prison staff and the Community Corrections staff who will be managing the young person's order following their release. Probation officers can play an important role in acknowledging a young person's efforts on the programme and identifying ways to continue to grow and achieve. Our Duke of Edinburgh's Award colleagues are interested in identifying ways to continue to support the young people who have been on their programme after they transition to the community. Together, we are starting discussions to develop a plan around how this can occur.

Involving the wider community during a young person's sentence is not enough. To prevent re-offending, young people must be assisted to sustain and build on any gains they've made to help prevent future offending. It is therefore essential that we develop our relationships so the wider community can continue to support young people well after they complete their sentences.

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# Book Review: *What Works in Crime Prevention and Rehabilitation*

David Weisburd, David P. Farrington, Charlotte Gill (editors) 2016

Reviewed by: Kahurangi Graham  
Policy Adviser, Department of Corrections

## **Reviewer biography:**

Kahurangi Graham joined the Strategic Policy Team as a Policy Adviser in April 2016. She has an Honours degree in Political Science from the University of Canterbury and, prior to joining the Department of Corrections, volunteered as a researcher for an NGO in Timor-Leste.

The academic debate about “what works” in crime prevention and rehabilitation has a long and often contentious history. The international context of falling crime rates, relatively static re-offending rates and rising prison populations in many OECD countries provides a complex and at times puzzling context for these enquiries.

The authors have attempted a “review of reviews”, looking at all of the most rigorous studies of criminal justice interventions, from those targeted at individuals and social groups before they enter the justice system, through to primary crime prevention, and concluding with attempts to rehabilitate those in the criminal justice system. This ambitious meta-analysis is timely in the New Zealand context because of the government’s *investment approach*, which requires justice sector agencies to collectively justify how their policies will improve outcomes and reduce expenditure over the longer term.

This book does not proffer any “silver bullets”. However, it is optimistic about what can be achieved when resources are targeted by risk and location, when interventions align with how offenders actually make decisions, and when rehabilitation programmes are rigorously evaluated. The authors rightly stress that conclusions about what works are only as good as the evidence base that underpins them, and several useful chapters are dedicated to how research methodologies can be strengthened.

## **What does the evidence tell us about crime prevention?**

In recent decades, crime rates have been falling in most OECD countries. This trend has coincided with what the authors describe as a period of “tremendous vitality and innovation in crime prevention”, which in turn has focused criminological research on which of

the multitude of interventions and strategies adopted over this period have been the most successful.

In general terms, the authors conclude that a proactive approach to addressing crime – anticipating issues and engaging with communities and offenders – is more effective than reactive policing that deals with incidents as they occur.

The American SARA model (Scan, Analyse, Respond, Assess) provides a strategic framework for such an approach. Programmes like CAPS (Chicago Alternative Policing Strategy) illustrate how giving communities a stake in how they are policed can reduce crime. This is likely to be more of a pre-requisite for addressing crime in American cities, many of which are riven with a legitimate distrust of the police.

Smart environmental design and enhancing technological practices can also play a big part in deterring opportunistic crime. Situational crime prevention (SCP) strategies, including, for example, the use of CCTV cameras in public places, support crime resolution by motivating offenders to expend more effort to avoid detection and, if they are caught, increasing the likelihood of a successful prosecution. In support of this approach, Police are more effective at reducing crime and disorder when they target specific “hot spots” of crime, as opposed to patrolling a much wider area. New Zealand Police do this by setting strategic priorities for public areas such as bars, shopping malls and hospitals.

The research also draws attention to the recent trend towards deterring offending/re-offending through “swift, certain and fair” (SCF) sanctions. For example, Operation Ceasefire in Boston involved police notifying gang members what would happen if they were engaged in violence – this was followed by an immediate response if the warning was ignored,



tempered by support in the way of rehabilitation services or other initiatives to encourage pro-social behaviour. Two other American initiatives – Project HOPE and the 24/7 Sobriety Program – work along similar lines, with short but escalating periods in jail used immediately to deal with probation violations, such as failing an alcohol or drug test.

The success of the SCF approach is contrasted with the more conventional strategy of increasing prison sentences to deter offending behaviour. The evidence appears to confirm that the severity of a sentence often means very little to a potential offender who may never even consider what the “tariff” of the crime is in the event they are prosecuted. The evidence also challenges the use of simplistic messages about the risks of illegal drugs to dissuade potential users, which have been at the centre of international drug policy for decades. Equally, *Scared Straight* programmes, long used to deter youth from crime through shock exposure to the prison environment, have been found to do more harm than good – showing that even well-intentioned interventions can backfire.

### **Nothing works? Some things work? The case for offender rehabilitation**

The August 2016 issue of *Practice: The New Zealand Corrections Journal* (Thurston, 2016) took an in-depth look at the decades-long “what works” debate. In the 1970s Robert Martinson’s infamous paper claimed to debunk the dominant assumption that rehabilitation generally worked. This encouraged broad political consensus that “nothing worked” in offender rehabilitation, and as a result, resources were shifted to the more easily addressed areas of crime prevention and incarceration. Despite general pessimism over rehabilitation up until the 90s, the public still expected this to be a core objective of the correctional system, and practitioners strived to prove that “some things work” – even if only some of the time. *What Works* is an effort to establish whether there is anything left to learn from current rehabilitation practice and its crime prevention potential.

The research primarily focuses on the custodial context, and this is where the strongest evidence lies. It finds that the most effective programmes are based around cognitive-behavioural group therapy, both for general offenders and sex offenders. This corresponds with analysis recently conducted in New Zealand (Ministry of Justice, 2016). Interestingly, these programmes were not targeted at specific criminological factors, but addressed social deficits through developing skills such as anger management and interpersonal problem-solving.

Hormonal treatment for sex offenders is also found to be effective at reducing re-offending, with the

caveat that because this treatment is voluntary, it is hard to identify a control group. This is contrasted with insight-oriented therapy for sex offenders, which is generally found to be ineffective. Other promising interventions include vocational training and adult basic and post-secondary educational programmes. Naturally, successful interventions depend on quality implementation – any programme has the potential to fail, no matter what the evidence base, without adequate facilitation and on-going support.

*What Works* is less thorough in its examination of what works in the community setting, concluding that management tools – such as electronic monitoring or intensive supervision – are ineffective at reducing re-offending, without considering them as part of a wider mix of interventions and management approaches used by probation staff. The research does look at reintegration, finding that “re-entry” programmes can reduce re-offending if they focus on repairing harm and restoring social bonds, or offer practical assistance to offenders (such as employment programmes that offer work placement, rather than job training). Opportunities such as temporary release could also have a positive effect on re-offending and offenders’ ability to reintegrate into society. These conclusions provide little more than a rule of thumb for what works. Evaluations of domestic programmes, such as Corrections’ *Out of Gate* reintegration service, are more illustrative of what success looks like in practice.

The research also highlights the link between re-offending and drug misuse, but found that successful interventions generally treat addiction as a health rather than a criminogenic issue. Naltrexone treatment (which blocks the effects of opioids such as heroin) and prison therapeutic communities (which provide support between abstinence and recovery) were the most successful interventions, both in terms of treatment and crime reduction. Interestingly, reviews of supervision and surveillance programmes such as drug testing showed mixed results – some were effective, some were not, and some even favoured the comparison group – suggesting that the intervention itself may be harmful if other factors are at play. For instance, people who are constantly monitored may simply be more likely to be caught than those who are not.

### **Where to from here?**

The authors conclude their study with several chapters on the importance of research methodologies to effective interventions.

There have been big strides forward with the research around crime prevention and rehabilitation, sustained by institutions such as the Cochrane and Campbell collaborations. Yet the authors find that there are still methodological gaps and challenges that practitioners

need to address. At the highest level, qualitative and primary research could be strengthened to provide a more robust pool of resources to draw from. It is also important to acknowledge that research techniques can be prone to biases and flaws, including how findings are reported and the treatment of sample groups. There could also be more investigation into the economic impact of interventions, which would give practitioners more guidance towards where they could best invest.

This last point is particularly important in the context of an increasing focus on investment-thinking in political decision-making. Policy advisers are rightly being asked to justify expenditure on crime prevention, rehabilitation programmes and other interventions in terms of their ability to minimise future liabilities. Research of the kind presented in this latest contribution to the *What Works?* literature is essential to meeting this challenge.

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# Book Review:

## *Environmental corrections: A new paradigm for supervising offenders in the community*

Lacey Schaefer, Francis T. Cullen and John E. Eck  
Publisher: Sage Publications, 2016

Reviewed by Dr Peter Johnston  
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### **Author biography**

*Dr Johnston has been with the Department of Corrections for over 20 years. He started in the Corrections psychological service in Christchurch, as one of three psychologists who set up the first special treatment unit, Kia Marama, at Rolleston Prison in 1989. He then moved to prison services, where he was involved in setting up a prison-based "inmate assessment centre". In his current role in National Office he leads a team of nine staff who undertake research and evaluation, and in-depth analysis of data to support new policy initiatives.*

This book encourages probation officers to adopt environmental crime science principles into their direct management of offenders. It suggests that environmental corrections is potentially the next big thing in correctional practice, offering a complete "paradigm shift" in offender supervision. The book's initial chapters suggest that current probation practice in the USA is ineffective, and does not always achieve its intended objectives. Community management of offenders has, in their view, been beset by the conflicting priorities of "control" versus "treatment", with neither able to be properly effected in practice. They note that over the last 30 years in the US, "the addition of 3.5 million community corrections clients have ... hamstrung efforts to effectively supervise offenders". It is also argued that contemporary probation practice is bereft of "a cohesive and directive theory", a situation they label "a disgrace" (p.8).

As an alternative, Schaefer, Cullen and Eck recommend wholesale adoption of what they call "environmental corrections", based on environmental crime science. This model is built on a body of research that revolves around certain key research findings. Firstly, it holds that crime tends to occur in reasonably predictable ways, and is to a significant degree governed by the routines followed by offenders as they go about their daily lives. For example, it is known that houses are more likely to be burgled if they are located on thoroughfares along which offenders regularly travel, such as a main road between the central city area, and a suburb with a higher-than-average concentration of offenders living there.

Environmental crime science seeks also to exploit opportunities and insights which arise from the

understanding that any given crime event requires three key elements: a motivated offender, an attractive target, and the absence of a capable guardian. It is claimed that the frequency with which crime occurs in any general location can be reduced by intervening with any of these factors. Commonly cited examples include improved lighting in streets, parks and alleys, as this effectively increases the likelihood that any criminal act will be observed by others who (thus enabled as "capable guardians") then report their observations to Police. Advising the general public not to leave valuables in parked cars reduces the frequency of attractive targets. Making items more difficult to steal (e.g., cars fitted with immobilisers) has a similar effect.

However, the aspect of environmental crime science of greatest interest to these authors is the tendency for offenders' crimes, to an extent, to be predictable in terms of locations, time of day/day of week, and with reference to specific companions. They argue that people generally, including offenders, have "relatively stable spatiotemporal movement patterns". This means that an individual offender follows a routine that places him or her in certain places at certain times, and that the crimes the person commits will tend to occur in semi-predictable ways around these locations. This then opens up the possibility of controlling the offender's risks of re-offending through exerting various forms of influence over the key crime event elements listed above: their motivational state, their encounters with (and perceptions of) attractive targets, and the presence of capable guardians.

On this basis the authors encourage a new approach to community correctional management, one that is heavily focused on "opportunity reduction supervision".

This form of management starts with a comprehensive assessment of each individual offender's offending patterns. The critical focus is on answering the following questions:

- with whom does the individual commit crime?
- when does the individual commit crime?
- where does the offender commit crime? and
- why does the offender commit crime?

Answering these questions at the individual offender level then enables the probation officer to work with the offender to create a case plan, customised to the unique risks and criminogenic needs presented by the individual offender. The plan thereby directs effort towards reducing the offender's exposure and vulnerability to "crime opportunities".

So far, so good. However, once the book turns to the question of "how to intervene" using this knowledge, weaknesses of the approach become apparent. As it turns out, the recommended techniques for turning insights into intervention are fairly ordinary, in fact already commonly used in practice in New Zealand. In discussing the issue of antisocial associates, the authors recommend that "for instance, the client *should be prohibited* (emphases added) from being around or communicating with co-offenders that the individual has a documented history of committing crime with" (p.62). Similarly, the offender "should *only be allowed* to associate with potential co-offenders when identified prosocial influences are present" (ibid). High-risk times of the day are controlled by "structuring the offender's time through restrictions ... such as curfew, and the *replacement of access* to crime opportunities ... with exposure to ... employment". With regard to known crime "hotspots", the offender should be "*re-directed* to geographic safe zones where crime opportunities are minimal" (p. 63). It is similarly advised that "the probationer should be *restricted* from being in the presence of ... crime precipitators (such as) alcohol consumption".

This section of the book, which attempts to operationalise the insights of crime science, abounds with phrases similar to those emphasised above. Offenders are to be "actively discouraged", "allowed", and "required to" do certain things. Certain activities are to be "forbidden", "substituted with", and so on.

While sounding plausible, one is left with the sense that these kinds of injunctions are likely to "work" only with motivated and co-operative offenders who are already engaged in personal change. Arguably, the vast majority of offenders managed on community sentences fall somewhat short of this ideal state. This raises the question of precisely how a probation officer is expected to "discourage", "allow", or "require" unmotivated offenders to do the things needed to reduce crime.

Here, the advice seems to consist of just two primary options: "graduated consequences" (the "stick") and "earned discharge" (the "carrot"). The former principle enjoins the probation officer to convey clearly to the offender that misbehaviour will certainly be "punished", via a series of progressively increased "noxious consequences" (not further defined), each applied at a level of strength which "matches the severity of the infraction" (p. 66). The second principle is use of "accelerated release" from the community sentence or order, when the offender demonstrates "arrest-free behaviour and self-sufficiency". A later chapter adds the idea that, where possible, the probation officer ought to enlist the services of the local Police, both in terms of directly monitoring individual offenders, and through increasing their supervision of common "targets and places". It is acknowledged however that Police may have limited resources to direct into such activity.

In some ways this is an odd book. The authors promote the sense that environmental corrections ought be the "next big thing", but in outlining their manifesto they repeatedly refer to articles they themselves published on this topic nearly 15 years ago. One wonders why the claims for the superiority of their proposed approach would be any more successful now than when it first appeared in 2002. Other oddities like this occur: they refer approvingly to "upcoming" ecological theories (p.26) but reference this with an article published in 1981!

Overall, the sense is left that there may not in fact be much that is new here. In some ways the advice given is simply a modest enhancement to what is widely known as "relapse prevention training". Competent correctional personnel already understand the importance of "offence mapping", whereby the familiar pathways resulting in prior offences are carefully unpacked and detailed in discussion with the offender, and the principles of avoiding "high risk situations" are designed and agreed upon. Much of this type of intervention – which New Zealand probation officers are generally well familiar with – encompasses most of the principles and ideas that are promoted here as unique to "environmental corrections".

Probation officers, correctional programme facilitators and personnel involved in offender reintegration will likely gain some useful insights from reading this book. However, it seems unlikely that its conceptual and practical innovation will be sufficient to usher in anything approaching a "paradigm shift" in community offender management in New Zealand.

#### **Reference:**

Schaefer, L., Cullen, F.T., & Eck, J.E. (2016). *Environmental corrections: A new paradigm for supervising offenders in the community*. Los Angeles: Sage Publications.



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