



University of South Australia

***Correctional Offender Rehabilitation Programs: The
National Picture in Australia***

Report for Criminology Research Council

Prepared by

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Disclaimer

Please note that the information contained in this report reflects the views and opinions of those interviewed. These views may, or may not, be representative of Department Policy or the views of other Departmental employees.

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Offender Rehabilitation Programs:

The National Picture

Executive Summary

Executive Summary

There has been a resurgence of interest in offender rehabilitation, both in Australia and overseas. This is based upon a mounting body of international research suggesting that programs can be effective in reducing rates of re-offending. In light of this, it is surprising that comparatively little information (either outcome-based or descriptive) is currently available about offender programs delivered to offenders in Australia.

This report provides a descriptive picture of the nature of offender rehabilitation programs in Australia. It does this in three ways: First, it describes offender treatment programs that are currently offered to adult clients of correctional services throughout Australia. Second, it highlights areas of strength and areas for development in relation to internationally accepted good practice criteria. Third, it describes likely future developments and possible impediments to program implementation from the perspective of correctional managers in each jurisdiction.

Methodology

The information contained in this report was obtained from face-to-face interviews with representatives (and their nominees) from each State/Territory correctional administration. In addition, program information was elicited from existing documentation and program manuals supplied by each jurisdiction. Both interview data and program documentation were used to complete a checklist of program characteristics. Comments were then sought from individual States/Territories about the accuracy of the reports provided to them by the researchers. This information was collated into the current report.

The final report is divided into two sections. Part A begins with a description of the legislative guidance and/or mandates given to jurisdictions in the delivery of rehabilitation programs, followed by a description of the nine different types of

offender rehabilitation program that are currently offered in Australia. It concludes with a general discussion of the strengths and future challenges in delivering offender rehabilitation programs in Australia. Part B provides a more detailed description of programs, reported by jurisdiction. This provides information that may be used to compare and contrast the types of programs offered in each State/Territory.

Offender Rehabilitation Programs In Australia: The National Picture

Offender rehabilitation programs in Australia are clearly established, with each jurisdiction offering a range of offence-focussed programs. Each jurisdiction has a well-developed system of program delivery, highly motivated program staff and a general organisational acceptance of the importance of offender rehabilitation.

The legislative context for rehabilitation programs in Australia is varied and diverse. This diversity operates to thwart any clear national approach to achieving rehabilitative goals. In all jurisdictions, other factors (for example, protection of the community) appear to be given pre-eminence in sentencing. It can be argued strongly that affirmations of the rehabilitative purpose in legislation are not only useful, but should be required of legislators. Given the varied legislative guidance for offender rehabilitation, it is reassuring that this survey found that correctional departments are developing policies, procedures and operating guidelines to facilitate the delivery of offender rehabilitation programs.

Each correctional jurisdiction delivers offender rehabilitation programs on a local level, both in the community and the custodial setting. It was also encouraging to find that correctional departments share ideals in offender rehabilitation, as evidenced by the overwhelming use of the “what works” literature to inform program development, organisational structure, and program implementation.

The similarities between jurisdictions are great. Most, if not all, have programs dedicated towards the reduction of re-offending risk in sexual and violent offenders, along with other programs, such as cognitive skills, which have been designed to address some of the more general causes of offending. The lack of development of programs for Indigenous offenders and female offenders is noticeable. The most intensive programs are offered to violent and sexual offenders, and there is a trend in most jurisdictions to offer programs that are targeted to offenders of differing levels of risk of recidivism.

A general comparison of the programs currently offered against “good practice” criteria suggested areas for development. There is some variation between jurisdictions, examples of these included a need for further work articulating the theoretical underpinnings of programs, more developed assessment and selection processes, and better integration with broader case management processes.

A predictable consequence of the focus on ‘good practice’ in program delivery has been an interest in evaluation, quality assurance, and accreditation. This has led to the development of systems for program accreditation in England and Wales, Canada, and Scotland. Nationally two jurisdictions are developing program accreditation mechanisms, while other jurisdictions are developing program standards. Whether or not a national accreditation system is required remains open for discussion. It would appear; however, many would welcome increased opportunities to share information and solutions to implementation problems.

***Offender Rehabilitation Programs:
The National Picture***

The Rehabilitation of Offenders

Australia's prison population is growing at a rate of four times the general population (ABS, 2002). The latest census figures available indicate that in June 2001, there were over 82,000 adult persons receiving correctional services in Australia, with 73 percent of these being in community corrections and 27 percent in prisons (including periodic detention). This represents an increase of over 7 percent on the previous 2 years. Against this background, correctional administrators have become invested significant levels of resource into the development and delivery of programs that are likely to reduce rates of re-offending. This resurgence of interest in rehabilitation is based upon a mounting body of international research suggesting that rehabilitation programs can be effective in reducing rates of re-offending (for a more comprehensive review see Day & Howells, 2002). In recent years, it has become apparent that sanctions and incarceration without effective programs are unlikely to reduce recidivism and may in fact be associated with increased recidivism (Andrew & Bonta, 1998; Hollin, 2002).

The current level of interest in offender rehabilitation follows a period in the 1970s and 1980s when there was widespread pessimism surrounding the effectiveness of offender rehabilitation (see Hollin, 2001), exemplified by Lipton, Martinson and Wilkes' (1975) review of the offender rehabilitation literature of the time and their conclusion that "nothing works". Since the early 1970's the research base has grown and there are currently more than 1,500 published empirical studies reporting the outcomes of offender rehabilitation programs (Lipton et al., 1997), in addition to numerous volumes which articulate the importance and application of these findings (e.g. Hollin, 2001; McGuire, 2002; Sherman, Farrington, Welsh & MacKenzie, 2003). The development of the statistical procedure of meta-analysis has enabled researchers

to draw together findings from large numbers of studies in a way that is intelligible and easily interpreted. A number of meta-analytic reviews (e.g. Andrews, Zinger et al., 1990; Lipsey, 1992; Redondo, Garrido & Sanchez-Meca, 1999) from around the world have consistently reached the same two conclusions. First, that there is substantial evidence suggesting that interventions to reduce re-offending lead to an overall positive net gain when treated groups are compared to non-treated groups. Second, that some interventions have significantly larger effects than others. This has led to a focus on identifying characteristics of programs that produce the ‘best’ outcomes. This work has allowed us, for the first time, to begin to articulate what might be considered to be good practice¹ (Day & Howells, 2002).

In light of this evidence it is surprising that little information (either outcome-based or descriptive) is currently available about offender programs in Australia. This report will provide an outline of offender treatment programs² currently delivered by the Correctional Services throughout Australia.

The aims of this project are three-fold. First, the project aims to describe current adult offender treatment programs in Correctional Services throughout Australia. Second, it aims to highlight areas of strength and areas for development in relation to internationally accepted “good practice” criteria. Third, the project aims to describe

¹ The term “best practice” emerged in recent years in the Australian commercial sector to assist business and manufacturing to be more internationally competitive. The adoption of this term within the human services domain has attracted some discomfort, with the concern that ‘best’ implies only one right way to do things, regardless of context or circumstance. The term ‘good practice’ is therefore preferred in the human domain, where ‘products’ are not controllable and the aim is for continuous improvement.

² There is incredible diversity in the programs offered to offenders and it is difficult, therefore, to describe what might be considered a typical program. For the purposes of this review then, a program will accord with James McGuire’s (2000) definition of a “tertiary prevention program”, wherein a planned sequence of learning opportunities is delivered to offenders with the general aim of reducing their subsequent criminal recidivism. Internationally, program accreditation processes have led to the increasing standardisation of offender treatment programs (Hollin, 2002), with a trend towards manualisation of program content. Typical programs follow a generalised model of service delivery: that is they are usually delivered to groups over a specified number of sessions and target either specific offence categories or what have been termed ‘criminogenic needs’. A program should be internally coherent and should ideally have a theoretical model on which the program is based with empirical evidence to support its effectiveness. Most correctional treatment programs include educational, skills training and therapy components (McGuire, 2000).

likely future developments and possible impediments to program implementation, from the perspective of correctional managers in each jurisdiction.

Methodology

Initial contact was made with the CEO or a relevant senior manager, who was asked to identify a departmental representative responsible for offender programs in each State/Territory. The departmental representative assisted with ethics applications in each State/Territory. Once ethics approval was received from every jurisdiction and the University of South Australia's Human Research Ethics Committee, the departmental representative was contacted to nominate relevant program staff for face-to-face interviews.

The information contained in this report was obtained from face-to-face interviews with representatives (and their nominees) from each State/Territory correctional administration in Australia. Each jurisdiction was asked to provide details of adult offender programs currently delivered (programs for juvenile offenders were not included). In addition, program information was elicited from existing documentation and program manuals supplied by each department.

Programs were eligible for inclusion in the survey if they were relatively substantial (i.e. greater than 10 hours in duration) and were aimed directly at reducing the risk of recidivism in adult offenders. A semi-structured interview schedule to be used with departmental representatives and their nominees was devised based upon literature relevant to offender programs (see Appendix A). This schedule was used as a basis for 1-2 hour individualised participant interview. Participants were also asked to comment on the processes and procedures surrounding program implementation.

Interviews were conducted by telephone and face-to-face, in various locations, throughout Australia. In general, two members of the research team travelled to each jurisdiction to conduct interviews with the departmental representative and their nominees for a period of 1-2 days.

Both interview data and program documentation were used to complete a checklist of program characteristics (see Appendix B). The checklist was scored using present, partially present, absent, and unknown. A rating of 'present' represented a clear indication, either in the manual or from informants, that the program exhibited that feature. 'Partially present' represented a degree of ambiguity as to whether or not the program exhibited that feature. For example, a discrepancy between the manual and practice was recorded as "partially present". 'Absent' was recorded when there was clear evidence to indicate the characteristic was not present. A final rating of 'Unknown' represented uncertainty surrounding the characteristic. The ratings were not intended to represent an objective evaluation of each program, rather as providing a structure to provide individualised feedback to individual jurisdictions. In addition, detailed notes of interviews with the departmental representatives and their nominees were used to identify State/Territory themes.

Each State/Territory received a confidential individualised report describing their offender programs. The State/Territory report also included a detailed summary of the key strengths and weaknesses in the implementation of offender programs. Feedback was sought from individual States/Territories about the accuracy of their reports, and errors of fact and omissions were corrected. Each State/Territory was aware that the data contained in their individual report would be used to inform the National Picture. The key themes from these data were used to inform the national report.

The focus in this report is on the types of program offered to offenders in Australia. Part A of this report begins with a description of the legislative guidance given to jurisdictions in the delivery of rehabilitation programs. The main body of the report describes nine different types of offender rehabilitation program that are currently offered in Australia. These are programs which aim to target the following areas: cognitive skills, drug and alcohol, anger management, violence, domestic violence, sex offending, as well as programs for specific populations: special needs, female offenders and Indigenous offenders. Part A of the report concludes with a general discussion of the strengths and future challenges in delivering offender rehabilitation programs in Australia.

Part B of the report provides a more detailed description of programs offer to offenders, reported by jurisdiction. This provides information that may be used to compare and contrast the types of programs offered in each State/Territory.

It should be noted that all Departments currently deliver a number of other programs (educational and vocational) that may be considered to assist offender rehabilitation.

These programs are not considered in this report.

Part A:

Offence-focussed offender rehabilitation programs:

An Australian Perspective

Legislative Framework

The legislative context for rehabilitation programs in Australia is varied and diverse. This is not surprising, given the awkward constitutional structure under which matters of criminal justice, health, education, and rehabilitation are divided unevenly between State and federal agencies. This awkwardness operates to thwart any clear national approach to achieving rehabilitative goals.

The research team received sufficient written responses from representatives of each of the jurisdictions to allow us to draw certain conclusions about the manner and form of the parliamentary authority provided for, and the directions given to, adult offender treatment in correctional settings around the country. This parliamentary authority, however, changes markedly from jurisdiction to jurisdiction. Sometimes it appears in the criminal statutes, sometimes in correctional legislation and sometimes in the various sentencing laws that apply in some, but not all, jurisdictions.

Not only are there different legislative approaches, there are a variety of models as well. These models range from the virtually non-existent legislative guidance model, such as that which exists in Victoria, to a specific legislative mandate model such as the guidelines set out in Queensland's *Corrective Services Act 2000*. South Australia's legislature, in yet another approach, has provided a very general administrative fiat, with policy specifics left principally to departmental development.

One could safely assume that legislation has generally been seen, in years gone by, as purely a legal requirement, not as an important or helpful statement regarding the structure, value and purpose of rehabilitative practice. Generally speaking, then, those who have responsibility for the carriage of rehabilitation programs rarely, if ever, refer to current legislation for guidance.

This is a little unfortunate, but is not surprising, given the contemporary lassitude of Australian legislators on this subject compared to those whose rehabilitative zeal inspired prison reform three decades ago. Today, for the most part, lip-service is paid to the goal of rehabilitation in most of this nation's sentencing legislation. Indeed, much of the terminology is ambiguous or in passive voice, for example, section 5(1)(c) of the Victorian *Sentencing Act 1991* which states that one of the purposes for which sentences may be imposed is to “establish conditions within which it is considered by the court that the rehabilitation of the offender may be facilitated”. In all jurisdictions, other factors (for example, protection of the community) appear to be given pre-eminence in sentencing. In South Australia, for example, the *Criminal Law (Sentencing) Act 1988* states that one purpose of sentencing is “the rehabilitation of the offender”, but it is the thirteenth – section 10(m) – consideration. In Tasmania's *Sentencing Act 1997* (section 3(e)(ii)) rehabilitation is mentioned, but it is secondary to deterrence as a goal. In New South Wales, section 3A(d) of the *Crimes (Sentencing Procedure) Act 1999* lists “the promotion of rehabilitation” as number four in a list of seven considerations. Finally, in Western Australia's *Sentence Administration Act 1995 & 1999*, the rare mention of rehabilitation is in relation to parole decisions. Hence, while rehabilitation has never completely faded as a justification for, or purpose of, punishment, ‘deserts’-based approaches hold a pre-eminent place in contemporary Australian sentencing legislation (Sarre, 2001).

Indeed, it can be argued strongly that affirmations of the rehabilitative purpose in legislation are not only useful, but required. This would be done to place on record a government's commitment to rehabilitative ideals, and also to make such purposes less vulnerable to later political forces that might seek to undermine them.

One final matter of interest is that some jurisdictions, especially Victoria, are becoming familiar with the idea that courts themselves ought to become ‘problem-solvers’, also known as ‘therapeutic jurisprudence’ (Birgden, 2004). There would be much value, we think, in recognising and reinforcing the ability of judges to seek assurances from corrections that courts’ mandates are being followed appropriately. Again, these rehabilitative initiatives are being driven administratively rather than legislatively, and it would be of value for a government to provide, in legislative form, the fiat for these innovative ideas, and to state their purposes, especially since they underpin and underscore one of the significant aims of sentencing and corrections in contemporary society.

Be that as it may, what follows is a brief overview of the information we gained from jurisdictions concerning their legislative fiats, mandates and guidelines:

South Australia

The Department of Correctional Services offender rehabilitation operates in accordance with the *Correctional Services Act* 1982, Section 23 (6). “After the first assessment of a prisoner has been completed, the Chief Executive Officer must prepare a programme in relation to the prisoner that contains particulars of any proposals for the education or training or medical or psychiatric treatment of the prisoner, and may, after any subsequent assessment, add to or vary that programme.” This process is mandatory for the CEO. DCS Policy 7 (summarised below) does make explicit reference to offender rehabilitation.

Policy Statement

Offenders and prisoners with an assessed need will be provided with a range of targeted programs and services that will assist them in developing appropriate social and vocational skills to prevent their re-offending.

Relationship to DCS Vision and Mission

The Department's approach to rehabilitation encompasses those programs and services likely to impact on offending behaviour, which provide offenders and prisoners with opportunities to lead law-abiding and productive lives.

By providing these targeted programs and services for offenders and prisoners the Department is contributing to the reduction of repeat offending and a safer community.

Rationale

The rehabilitation process assists offenders and prisoners to:

- learn acceptable behaviour as alternatives to criminal behaviour;
- participate in offence-based programs and personal/vocational development opportunities;
- raise awareness of the impact of their offending behaviour on the victim(s) and the community; and
- integrate successfully in the community without re-offending.

Strategies

To ensure the effectiveness of Rehabilitation, the Department will:

- Continue to develop, maintain and make available Core programs for offenders and prisoners with an assessed need.
- Implement Case Management as detailed in the Department's System Operating Procedure No.1.
- Where appropriate, involve families, friends, volunteers and the community in the rehabilitation of offenders and prisoners.
- Provide vocational training and education opportunities for offenders and prisoners with an assessed need.
- Maintain and develop programs and services relating to offender/prisoner health.

- Facilitate and develop specific Aboriginal offender/prisoner Core programs.
- Facilitate and develop specific female offender/prisoner Core programs.
- Provide personal development opportunities for prisoners as outlined in the Department's System Operating Procedure No. 2, Prisoner Leave of Absence.
- Ensure prisoners have access to programs and services in the community to facilitate Throughcare and re-integration.
- Ensure intervention teams, volunteers and custodial employees are adequately trained to teach programs to offenders and prisoners.
- Where appropriate ensure access to rehabilitation programs and services for offenders completing Community Service programs.
- Encourage and support custodial employees to deliver prisoner programs.
- Incorporate Restorative Justice approaches when developing and implementing programs and services.
- Ensure the maintenance of quality standards for offender and prisoner programs.
- Maintain the number of Cognitive Skill Program coaches throughout the Department.

Victoria

The *Corrections Act* 1986 and Regulations appear to make no reference to rehabilitative programs at all. The *Sentencing Act* 1991 has oblique references, cited here.

For persons to be eligible for a community-based order, they must abide by the conditions laid down, amongst others, in section 38 (1)(d):

38. Program conditions

(1) Program conditions of a community-based order are-

... (d) that the offender undergoes assessment and treatment for alcohol or drug addiction or submits to medical, psychological or psychiatric assessment and treatment as directed by the Regional Manager;

For persons to be eligible for reintegration programs, they must abide by the conditions laid down, amongst others, in section 18S:

18S. Program conditions

(1) The court may attach to a combined custody and treatment order

(a) a condition that the offender during the period of the order submit to testing for alcohol or drug use as specified in the order; or

(b) any other condition relevant to the offender's drug or alcohol addiction or usage that the court considers necessary or desirable.

(2) A court is not required to attach any program conditions to a combined custody and treatment order.

(3) A court must not impose any more program conditions than are necessary to achieve the purpose or purposes for which the order is made.

For persons to be eligible for a drug treatment order, they must abide by the conditions laid down, amongst others, in section 18ZG:

18ZG. Program conditions

(1) The program conditions that may be attached to a drug treatment order are that, while the treatment and supervision part of the order operates, the offender-

- (a) must submit to drug or alcohol testing as specified in the order; and
 - (b) must submit to detoxification or other treatment specified in the order (whether or not residential in nature); and
 - (c) must attend vocational, educational, employment or other programs as specified in the order; and
 - (d) must submit to medical, psychiatric or psychological treatment as specified in the order ...
- (2) The Drug Court must attach to a drug treatment order at least one program condition but must not attach any more program conditions than it considers necessary to achieve the purposes for which the order is made.
- (3) An offender must comply with all of the program conditions attached to the drug treatment order.

New South Wales

The *Crimes Legislation Amendment (Criminal Justice Interventions) Act 2002*, Part 9 provides for the recognition and operation of certain programs for dealing with accused persons and offenders, known as “intervention programs”. An accused person or offender may be referred for participation in an intervention program at several points in criminal proceedings against the person, as follows:

- (a) a court that grants bail to a person may impose a condition of bail under section 36A of the *Bail Act 1978* that the person enter into an agreement to subject himself or herself to an assessment of capacity and prospects for participation in an intervention program or other program for treatment or rehabilitation.

(c) a court that finds a person guilty of an offence may make an order requiring the person to participate in an intervention program (and to comply with any plan arising out of the program) under section 10 of the *Crimes (Sentencing Procedure) Act 1999*,

(d) participation in an intervention program (and compliance with any plan arising out of the program) may be made a condition of a good behaviour bond under section 9 or 10 of the *Crimes (Sentencing Procedure) Act 1999*, or of a suspended sentence under section 12 of that Act,

(e) sentencing of an offender may be deferred for the purpose of assessing an offender for participation in an intervention program, or for allowing an offender to participate in an intervention program (and to comply with any plan arising out of the program) under section 11 of the *Crimes (Sentencing Procedure) Act 1999*.

Australian Capital Territory

In the Australian Capital Territory, the *Rehabilitation of Offenders (Interim) Act 2001* and regulations made thereunder govern the provision of rehabilitation services to offenders, insofar as ‘rehabilitation’ is assumed to occur as a part of the availability of home detention and parole. The Act allows for a detainee’s attending personal development activities or counselling or treatment programs with home detention or as a part of parole, as directed by a corrections officer, although rehabilitation programs are not specifically mentioned. The law is written in a way that says that if a program is available as part of home detention or parole, there are directions which participants must abide by.

The Act sets out the rules for home detention in section 18(1)(a). Regulation 7 thereunder speaks of standard conditions of home detention.

Section 7p states “The person must allow contact between

- (ii) a person conducting an approved activity or program attended by the person.”

Section 7r states that “the person must comply with all reasonable directions of a corrections officer, including, for example, directions about any of the following”

- (iii) attending or taking part in an approved activity or program.”

For programs for parolees, reference is made in regulation 8(k) (iv).

Other legislation, likewise, makes oblique reference to rehabilitation programs. The *Periodic Detention Act* 1995, section 15 states “The director may, by order, direct a detainee to (a) participate in any activity, attend any class or group or undergo any instruction that the director considers conducive to the detainee’s welfare or training”.

The *Crimes Act* 1900 sections 402 and 403 relate to the conditional release of persons convicted of an offence. The Court can order that the person may be released on specific conditions, for example, treatment.

The *Crimes Act* 1900 section 341(c) specifies that a sentence may be imposed with the specific aim of rehabilitating the offender.

The only purposes for which a sentence may be imposed are-

- (a) to punish the offender to an extent and in a way that is just and appropriate in all the circumstances; or
- (b) to deter the offender or other persons from committing the same or a similar offence; or

- (c) to rehabilitate the offender; or
- (d) to make it clear that the community, acting through the court denounces the type of conduct in which the offender engaged; or
- (e) to protect the community from the offender; or
- (f) a combination of 2 or more of the purposes referred to in paragraphs (a) to (e)

Queensland

The *Corrective Services Act* 2000, Section 190, specifically addresses the need for offenders programs. This Act specifically gives directions to the CEO to provide services or programs to offenders. More specially, Section 190 (Services and programs to help offenders) states:

- (1) The chief executive must establish services or programs--
 - (a) for the medical welfare of prisoners; and
 - (b) to help prisoners to be integrated into the community after their release from custody, including by acquiring skills; and
 - (c) to initiate, maintain and strengthen ties between offenders and members of their families and the community; and
 - (d) to help counsel offenders who are subject to community based orders.
- (2) The services and programs must take into account the special needs of offenders.

The Department of Corrective Services in Queensland incorporated this legislative framework into a Policy document, entitled “Offender Programs”.

Northern Territory

The Department of Justice’s offender rehabilitation operates in accordance with, and under the framework of, the *Sentencing Act* Part 6 of the Act empowers a court to impose a condition requiring an offender to undertake a prescribed treatment program. Section 100 states:

“Where a court may attach a condition to an order or require an offender to give an undertaking, the court may, as a condition of the order or as part of the undertaking, require an offender to undertake a prescribed treatment program.”

Sections 101 and 102 require the informed consent of the offender to participate in the prescribed treatment program.

101. Consent of offender to conditional order

A court shall not make an order which has attached to it conditions or which requires an offender to give an undertaking unless the conditions are explained to the offender in accordance with section 102 and the offender consents to -

(a) the order being made and to the conditions being attached; or

(b) the conditions being included in the undertaking,

as the case may be.

102. Explanation of orders

(1) Where a court proposes to make an order which has attached to it conditions to which an offender is required to consent or which requires an

offender to give an undertaking, it shall, before making the order, explain or cause to be explained to the offender, in language likely to be readily understood by the offender -

- (a) the purpose and effect of the proposed order;
- (b) the consequences that may follow if the offender fails without reasonable excuse to comply with the proposed order;
- (c) where the proposed order requires the offender to undertake a program referred to in section 100, the benefits and detriments of the program, including the medical risks and benefits of any drugs used in the program; and
- (d) the manner in which the proposed order may be varied.

(2) Non-compliance with subsection (1) does not affect the validity of the order.

Moreover, the *Prisons (Correctional Services) Act 1980* Part XX relates to, and provides guidelines and rules concerning, medical treatment for offenders serving a term of imprisonment. Treatment programs are possible through these provisions to any prisoner on a consensual basis.

Tasmania

The *Corrections Act 1997* appears to have no directions regarding rehabilitation or programs. Despite this lack of legislative direction, the Department had been active in drafting operating frameworks (e.g. Custodial Operating Model Project) and procedures and policies for sentence planning (e.g. Implementation of Sentence Planning Tasmanian Prisons: Stage 1 Offender Services).

Western Australia

The *Prisons Act* (1981) sections ss 95(1)(a) and 95(1)(b) provide legislative guidance for the provision of offender programs. Section 95 (Preparation and implementation of activity programmes) states that:

“(1) Without prejudice to the generality of the responsibility of the chief executive officer for the welfare of prisoners conferred on him by section 7(1), the chief executive officer may provide services and programmes for the welfare of prisoners at every prison and, in particular, services and programmes may be designed and instituted with the intention of providing —

(a) counselling services and other assistance to prisoners and their families in relation to personal and social matters and problems;

(b) opportunities for prisoners to utilise their time in prison in a constructive and beneficial manner by means of educational and occupational training programmes and other means of self improvement; and

(c) opportunities for work, leisure activities, and recreation.

(2) Participation in and use of services provided under this section shall be voluntary, except that, unless a prisoner is medically unfit, he may be required to work.”

A REVIEW OF AUSTRALIAN OFFENCE FOCUSED REHABILITATION PROGRAMS

This review will look at those types of treatment programs that are offered in Australian correctional settings; cognitive skills, drug and alcohol, anger management, violent offender, domestic violence and sexual offender. In addition, this review will cover programs for special needs groups, namely Indigenous offenders and female offenders.

The following commentary provides a brief overview of the literature relating to each program area. This is followed by a description of offender programs targeting the area of need. Finally, a commentary is provided about the implementation of these specific program categories.

Cognitive Skills Programs

Review of the literature

Cognitive skills programs are based on the theoretical premise that offending behaviour, for some, is linked to inadequate thinking skills, such as interpersonal problem solving, moral reasoning, cognitive style, self-control and perspective-taking (Ross & Fabiano, 1985). Early research into social problem solving skills (D’Zurilla & Goldfried, 1971, Shure & Spivack, 1978, and Feuerstein, 1980) proposed that the ability to cope effectively with difficulties in the interpersonal domain requires the ability to utilise a number of skills that are thought to be distinct from academic achievement and are associated with styles of child-rearing that facilitate more effective problem-solving. This recognition that problem-solving skills are learned led to a further proposal that training might alleviate deficit in this area.

Ross and Fabiano (1985) applied this earlier research to the area of offender rehabilitation and noted that persistent offenders seemed to lack cognitive skills when compared with other offender groups. They also observed that the most effective offender programs involve an element of cognitive skills training. Canadian research has confirmed that cognitive skills programs have a positive impact on recidivism, depending on the type of offence (Robinson, 1995). Those convicted of sexual, violent, or drug-related crimes responded positively to cognitive skills training whilst those convicted for acquisitive crime responded less well. However, similar research in the UK has found that cognitive skills programs appear to be as effective with acquisitive offenders as those convicted of non-acquisitive crimes (Wilson et al., 2003).

Based on this evidence, offender treatment programs that target cognitive skills training are a common feature in many correctional management strategies. More recently, the development of multi-modal programs that incorporate problem-solving components with educational and therapeutic aspects have produced the greatest effects and such programs have been demonstrated to be effective over a variety of target groups in a range of settings (Ross & Ross, 1995; Ross, Fabiano & Ewles, 1988; Robinson, 1995; Henggeler et al., 1998). This research has established that cognitive skills training, when focused on offence related factors, can develop those problem-solving skills that can assist offenders to manage or avoid situations associated with their offending behaviour.

McGuire (2001) has highlighted the need for attending to difficulties that may arise in group settings, particularly the need for highly skilled facilitation with 'pro-social modelling' and the establishment of group ground rules as significant components. McGuire also expresses some reservations regarding the application of test

measurements of problem-solving abilities such as those which are a product of training, to those behaviour changes that demonstrate everyday problem-solving effectiveness. Of further concern is the influence of motivational factors for selection and retention of participants.

Evaluations of cognitive skills programs, particularly in the UK post-accreditation, are still in their infancy. It should be noted however, that recent evaluations of existing programmes are somewhat cautious in their findings of reduced recidivism rates (Falshaw, Friendship, Travers & Nugent, nd) and call for further evaluation research to assess whether these particular programmes delivered in this form are working.

Cognitive Skills Program: In Practice

All Departments deliver or are piloting a Cognitive Skills Program (as outlined in Table 1), with three jurisdictions implementing the Think First program. Departments, in general, viewed the cognitive skills program as a foundation program in which core skills could be developed and built upon during subsequent offender rehabilitation.

Table 1: Cognitive Skills Programs

Jurisdiction	Program Title	Duration	Specific Target
SA	Think First – Community*	44 hours	
	Think First – Prison*	60 hours	
VIC	Think First - Community	51 hours	
	Think First – Prison	60 hours	
NSW	Think First - Community	44 hours	
	Think First – Prison	60 hours	
ACT	Thinking for Change	44 hours	
QLD	Cognitive Skills	32 hours	
NT	Cognitive Skills	24 Hours	
TAS	Offending Is Not The Only Choice	46 hours	
WA	Reasoning and Rehabilitation	76 hours	
	Legal and Social Awareness	66 hours	Intellectually Disabled

* Pilot

In general, Cognitive skills programs are underpinned by cognitive behavioural therapy and the principles of social skills training. Programs seek to enhance self-control, critical reasoning, problem-solving, interpersonal perspective taking, socio-moral decision making, victim awareness and to prevent relapse. These aims align with research findings that cognitive skills training can have a positive impact on recidivism (refer to Robinson, 1995). What is surprising is that despite a clear theoretical and empirical rationale for the implementation of cognitive skills programs in correctional management (as outlined above) these principles are not routinely articulated in program manuals. The exception to this rule is the comprehensive theoretical introduction found in the Theory Manual for the Think First Program.

Facilitator training is generally well developed, with many jurisdictions employing overseas trainers to deliver staff training. The sustainability of this approach warrants further consideration. It might be possible to maintain this high level of overseas input if jurisdictions pool their resources, as has been the case with training for the Think First Program. However, there remains the challenge to develop local expertise.

What is less developed are the mechanisms for staff accreditation (both initial and ongoing) and ongoing professional supervision and development. Three of the programs (Think First, Reasoning and Rehabilitation, and Offending Is Not The Only Choice) have mechanisms in place for staff accreditation at the end of training.

The pre-treatment assessment processes are diverse across programs and jurisdictions. There is a general trend for programs to be offered to only those offenders with a moderate to high-risk of re-offending. In many of the programs, cognitive skills deficits are comprehensively assessed through clinical interview, psychometric assessment or both. These programs routinely have in-built psychometric assessments

of change. It was unclear if these psychometric data were routinely collated by all jurisdictions.

Cognitive Skills programs are generally delivered in a group environment employing the principles of active learning, experiential learning, personal responsibility, and changing knowledge. Group size is commonly restricted to 8-12 participants.

Evaluation of cognitive skills programs is on the agenda for most Departments, with Victoria, and Western Australia having recently completed a program evaluation and/or reviews.

Anger Management

Review of the Literature

Anger Management Programs are typically based on the general assumption that the risk of violent re-offending can be reduced through helping offenders manage their anger (criminogenic need) more effectively. Research findings lend credibility to this assumption. We know that poor anger control plays a role in many violent offences, and that violent offenders commonly experience greater difficulties in managing anger effectively than non-violent offenders (Howells, 1998; Novaco, 1997). The content of cognitive-behavioural therapeutic interventions for anger and aggression has been described in a number of clinical accounts, research reports, and reviews. Anger management training has a number of possible components, including, relaxation training, social skills training and cognitive restructuring, and that these various components may have differential effects on the different dimensions of anger. As a minimum, however, a cognitive-behavioural treatment of anger would include an educational component, methods to control physiological arousal, coping with provocations, changing cognitions and beliefs about provocations, and improving

general coping styles. Given that, there has been relatively little research that has sought to identify which of these components are most effective, Howells (1998) suggests that interventions should be comprehensive in their content, rather than focus on single treatment techniques. In addition, Morgan and Flora (2002) argue that homework is an important component in group psychotherapy with offenders and that it significantly improves outcomes.

Evaluations of anger management programs conducted with a wide range of client groups, across different settings, have shown that participants who have completed anger management improve their control of angry impulses. Although comparatively few of these evaluations have been conducted with violent offenders, there is sufficient reason to think that programs (when designed and delivered in certain ways) will be reasonably effective with this group.

There are a small number of studies evaluating anger management with offenders, but many of these studies suffer from methodological problems, including lack of control groups, absence of behavioural measures, or poorly specified comparison groups. The following is an overview of selected controlled studies that have been conducted with adult offenders:

Stermac (1986) evaluated the effects of a program including cognitive skills, relaxation, and assertiveness training with 40 forensic psychiatric patients. Participants with a history of anger control problems or aggressive behaviour were randomly assigned to treatment or to a control group. In comparison to the control group, at post test the treated group reported less angry feelings, more cognitive change and less self-denigration in response to provocation.

McDougall and Boddis (1991) evaluated a brief Anger Management Program for offenders with anger-control problems, as identified by prison staff. Participants were randomly assigned to either a treatment or control group. Greater improvements were found for the treated group on self-reported aggression, anger, and governor's reports.

Dowden, Blanchette and Serin (1999) conducted a large study of the effectiveness of an anger-management program with adult male offenders in Canada. The program itself was a reasonably substantial one (25 two-hour sessions), targeting a range of criminogenic needs, including self-management, problem solving, effective communication, identifying high risk situations, prosocial skills training and cognitive errors. This program included most of the components of interventions that studies of general populations have shown to be effective (see above). The program also included a number of other good practice elements, including thorough staff training and supervision, regular supervision, regular audits to ensure integrity, modelling, role-playing, and homework tasks (Dowden & Serin, 2002). The program was shown to have an impact in reducing recidivism over a three-year period, though this improvement was found only for high-risk offenders. It is noteworthy that this program is far more intensive than anger-management programs offered in many jurisdictions.

Dowden and Serin (2002) have recently extended this 1999 study to investigate treatment completers/non-completers, to look at survival (no recidivism) rates for drop-out, untreated and treated groups and to assess whether factors other than treatment per se might explain the positive effects of the Anger Management Program in reducing recidivism. In this study, anger management participants did not do any better than non-participants in terms of being engaged in institutional "incidents" following treatment. There were, however, marked differences in subsequent

recidivism between the three groups (untreated, treated and treatment dropouts). Over the three-year follow up period, the recidivism rates for the dropout, control (untreated) and treatment groups were 52%, 30% and 10% respectively. The recidivism rates for *violent* recidivism were 40%, 17%, and 5% respectively. The high recidivism rates for dropouts are very striking, although difficult to interpret. The authors suggest that low motivation to change may be a possible factor.

In Australia, two controlled studies published by Watt and Howells (1999) have, however, been conducted in Western Australia and suggest a need for caution before applying anger management indiscriminately with violent prisoners. These studies are of particular interest in that the Anger Management Programs evaluated were of a type and format common across various jurisdictions in Australasia. In two separate samples of violent prisoners undergoing anger management therapy, these authors found no difference between the treatment groups and untreated controls on a range of dependent measures, including anger experience, anger expression, prison misconduct and observational measures of aggressive behaviour. Watt and Howells suggest several reasons for these findings, including poor motivation of participants, the high complexity of the program content, low program integrity and limited opportunities to practice the skills learned. It is also clear from Watt and Howells's account that the participants were not subjected to a pre-treatment assessment to establish whether their violent offending was actually anger-mediated (this issue is discussed in more detail below).

There are fewer outcome studies of the effectiveness of anger management or similar programs with offenders than is desirable. Ideally, a study would involve pre- and post- treatment assessments, an adequate control group, and a range of multi- modal outcome measures that would include clinical variables and recidivism data. In a

recent Australian study (Howells et al., 2002) most of these features were present with the exception of recidivism data. In this study over 200 male offenders receiving Anger Management Programs (20 hours in total) in correctional systems in South Australia and Western Australia were compared with waiting-list controls on a range of measures relating to anger and aggression. Sub-groups of the treated group were followed up and re-assessed at 2 months and 6 months after the end of treatment. The vast majority had formal convictions for violent offences. One of the main findings from this study was that the treated participants consistently showed improvements on a range of anger measures, but these effects were very small in absolute terms and, generally, were hardly greater than the changes observed in the control group. The one exception to this general picture was that anger knowledge improved more in treated participants than in controls. The interpretation of the results was that change occurred for the “educational” aspect of anger management but not in relation to the actual experience and expression of angry feelings. While, arguably, the former has some benefits, the latter would be crucial if anger-related violent behaviour is to be reduced. The authors proposed a number of different explanations for the low impact of these programs, the most likely of these relating to the relatively low intensity of the programs evaluated (20 hours).

Anger Management Programs: In Practice

Anger Management Programs are delivered in six of the eight correctional jurisdictions (refer to Table 2). The intensity of programs ranged from 12 to 50 hours.

Table 2: Anger Management Programs

Jurisdiction	Program Title	Duration	Specific Target
SA	Anger Management	20 hours	
VIC	Simple no-nonsense anger management program (SNAP)	12 hours	
	Managing Emotions	48 hours	
NSW	Anger Management	20 hours	
QLD	Anger Management	20 hours	
NT	Anger Management	20 hours	
WA	Women's Anger Management	40 hours	Female offenders
	Managing Anger and Substance Use	50 hours	
	Indigenous Managing Anger and Substance Use	50 hours	Indigenous Offenders
	CALM*	48 hours	

** Manual not available*

In general, the Anger Management programs offered in Australia are underpinned by educational and cognitive behavioural techniques. The programs commonly seek to assist offenders to understand anger, recognise anger, utilise anger reduction techniques (for example, relaxation, and time out), restructure cognitions, and create an individualised relapse prevention plan.

Staff training and accreditation are not well developed for anger management programs. In general, the approach to training was not systematic, with many jurisdictions infrequently providing staff training programs. It was more common for facilitators to be trained through co-facilitation. Models of facilitator supervision were present in most jurisdictions.

Pre-program assessments were often unstructured and lacked a focus on the relationship between anger and offending. Pre- and post-program psychometric measures of anger experience and expression were not routinely used.

Several of the jurisdictions (South Australia, Western Australia and Queensland) have had external evaluations of their anger management programs. The results indicated that the overall impact of the programs was modest, although some groups of offenders benefited more than others.

Drug and Alcohol Programs

Review of the literature

The use and abuse of licit and illicit drugs by offenders is a major concern for all of those who work in criminal justice systems. Not only are there significant health risks associated with substance use, but a close statistical relationship between substance misuse and offending has been well documented (e.g., Dowden & Brown, 2002; Hammersley, Forsyth & Lavelle, 1990; Weekes, Moser & Langevin, 1997).

Liriano and Ramsay (2003) have noted that over half (55%) of UK drug using prisoners acknowledge a connection between their substance use and crime. In a recent meta-analysis, Dowden and Brown (2002) examined the extent to which substance misuse factors predict recidivism, finding that combined alcohol and drug problems were most predictive of recidivism, followed by drug misuse, parental substance misuse and alcohol misuse. Other statistics suggest that approximately two thirds of all first-offenders who enter the prison system report a history of substance misuse that is directly related to their offending behaviour. For second and subsequent incarcerations, this figure is thought to be as high as 80% for men and 90% for women (Victorian Prison Drug Strategy, 2002).

It is important that any programs offered to offenders with substance use problems by correctional administrations are delivered in ways that are consistent with the National Drug Strategy. The overarching goal of this strategy is to minimise the harm caused to

society by drugs through controlling or limiting the supply of drugs, and also by reducing individual demand for drugs. Whilst many rehabilitation programs are aimed specifically to reduce the demand for drugs, the strategy also highlights the importance of programs that seek to minimise the harm that substance use causes. In this context, the term 'harm reduction' refers to programs that focus on the physiological effects of substance abuse, and awareness of high-risk behaviours for overdose, HIV, hepatitis and other disease transmission.

In addition to harm reduction programs, the last few years have seen the emergence of prison substance use programs that aim explicitly to reduce rates of re-offending. Such rehabilitation programs select participants based on an assessment of the risk of re-offending and the extent to which drug use is a criminogenic need, as well as their level of dependency. There have, to date, been few published reviews of this type of program, or evaluations of effectiveness. Indeed, relatively few treatment outcome studies have used recidivism as an outcome measure. In the only meta-analytic review of the outcomes of prison drug treatment, Pearson and Lipton (1999) identified only a relatively small number (26) of empirical studies (which met their criteria for inclusion in this meta-analysis) that used recidivism as an outcome measure. Of these, six related to boot camp programs and only two studies evaluated the effectiveness of substance misuse education (the most commonly offered type of program) on offending.

Prison substance use programs have been classified in terms of the level of intensity, based on the four-tier system developed by the Federal Bureau of Prisons in the USA (Weinman & Lockwood, 1993). This system identifies education programs as the least intensive type of program, followed by non-residential programs, and then residential programs. The fourth level is comprised of transition programs that link

prison and community services. In addition, other treatments including medical or pharmacologically based treatments (such as methadone maintenance) are also considered to be an integral part of service provision in this area.

Brief psycho-educational programs are the least intensive and most commonly delivered programs in the correctional context (Incorvaia & Baldwin, 1997), they typically involve delivering information and education in a small group format, with the aim of increasing the individual's motivation to enter treatment. More intensive psycho-educational programs aim to change an individual's motivation for substance use, typically using cognitive-behavioural and relapse prevention methods.

Unit based residential treatment is the most intensive form of intervention offered in prisons (Wexler, Falkin & Lipton, 1990). This term is often used to refer to therapeutic community (TC) programs, but may also be used to refer to drug-free treatment units and boot camps. Therapeutic communities typically offer intensive, long term, highly structured, self-help, residential treatment for chronic drug misusers. Prison based therapeutic communities are often adaptations of those developed in community settings and vary according to the extent to which there is an adherence to therapeutic community treatment philosophies. Group discussions and meetings are an important part of the treatment, and peers are used to provide positive persuasion to change behaviour.

In the USA, many communities operate on behavioural principles, using a system of punishment and reward (Incorvaia & Baldwin, 1997). For example, the communities are organised hierarchically, with the roles of staff and residents clearly specified. New residents are typically assigned to work teams at the lowest level of the hierarchy, and offered incentives that enable them to earn better work positions, associated privileges and improved accommodation.

Some of the strongest evidence for program effectiveness comes from evaluations of intensive residential programs, such as therapeutic communities (Wexler, DeLeon, Thomas, Kressel & Peters, 1999; Hiller, Knight & Simpson, 1999a). There are, however, mixed findings about other forms of prison residential treatment. Shewan, MacPherson, Reid and Davies (1996) evaluated a residential prison reduction program, or drug free unit, reporting that those who completed the program used fewer drugs than those who did not. Conversely, a review of the extant literature on the effectiveness of boot camps by Pearson and Lipton (1999) revealed that this type of program is largely ineffective in reducing either substance misuse or recidivism when compared to no-treatment comparison groups. In fact, Pearson and Lipton reported that two studies have actually found higher rates of post-intervention recidivism in boot camp subjects relative to a comparison group.

For all of the programs described above, the issue of through-care and links between prison based and community services is particularly important. Transitional Programs, including both pre-release programs and half-way houses, are used to help reintegrate the offender back into the community. Hiller et al. (1999) reported that reductions in recidivism were increased when treatment was supplemented with residential community-based aftercare. The issue of treatment non-completion is a particularly important one. Hiller, Knight and Simpson (1999) argue that many offenders prematurely drop out of transition and community after-care programs once the legislatively mandated component of their treatment is completed. In their therapeutic community (TC) program, they found that recidivism rates were lower for those that had completed both stages of the treatment (36% of the TC only group compared with 30% of those offenders who completed the in-prison TC program *and* the transitional program had been arrested for a new offence).

In summary, the close association between substance use and offending suggests that the provision of substance use programs for offenders should be a major area of rehabilitative activity. A range of different types of rehabilitation program have been developed that aim to meet the diverse needs of offenders. These range from health education programs that aim to minimise the harm that substance use causes and to assist prisoners make decisions regarding treatment programs available to them at a later stage in their sentence (Melbourne Criminology Research Evaluation Unit, 2003), through to intensive residential treatment programs. It is apparent that the effectiveness of all of these programs is enhanced when prison treatment is integrated with community care.

Whilst many prison substance use programs aim to improve the social and emotional well-being of participants, a current trend in the delivery of prison rehabilitation programs is to develop programs that explicitly aim to reduce the risk of re-offending by targeting those offenders for whom drug use is closely related to their offending.

Drug and Alcohol Programs: In Practice

All jurisdictions deliver drug and alcohol programs (refer to Table 3). Of interest is the, general, low intensity of programs offered, with the majority of programs running for 20 hours or less. The lack of intensive programs (over 50 hours) is surprising given the high percent of substance users, predominately poly-substance users, in the criminal justice system.

Table 3: Drug and Alcohol Programs

Jurisdiction	Program Title	Duration	Specific Target
SA	Alcohol and Other Drugs (Part A & B)	12 hours	Indigenous Offenders
	Ending Offending	12 hours	
VIC	Alcohol and Driving Education	12 hours	Indochinese Women's adaptation available
	Benzodiazepine Education Program	12 hours	
	Cannabis Education Program	12 hours	
	CLD Drug Education Program	12 hours	
	Prison Based Drug and Alcohol Program - Intensive	130+ hours	
	Alchemy: Alcohol Education and Reduction	20 hours	
	Understanding Substance Abuse and Dependence	40 hours	
13 Week Intensive Drug Treatment Program*	125 hours		
Alcohol and Other Drugs*	12 hours		
NSW	Alcohol and Other Drugs: Education	12 hours	
	Alcohol and Other Drugs: Relapse Prevention	12 hours	
ACT	Drug Awareness Program	12 hours	
	Coping Skills Program	30 hours	
QLD	Ending Offending	12 hours	Indigenous Offenders
	Substance Abuse Managing and Preventing Relapse	20 hours	
NT	Illicit Drug Treatment Program	16 hours	
	Cannabis Treatment Program	16 hours	
	Alcohol Treatment Program	20 hours	
TAS	Substance use is Not the Only Choice	46 hours	
WA	Women's Substance Use Program	20 hours	Female Offenders
	Moving on From Dependencies (Men)	100 hours	Female Offenders
	Moving on From Dependencies (Women)	100 hours	
	Pathways *	99.5 hours	
	Choices*	43 hours	
Substance Abuse Relapse Prevention*	25 hours		

* manual not available

Most of the drug and alcohol programs currently offered could be described as psycho-educational, with some employing cognitive behavioural techniques. These programs most commonly seek to educate offenders about substance use, to explore the costs and benefits of substance use, to introduce harm minimisation strategies, to promote an understanding of triggers to substance use, and to develop strategies to reduce substance intake. What is often not present in these programs is an explicit focus on the relationship between substance use and criminal behaviour. While program facilitators indicated that they routinely explored this issue, there was often no explicit reference to this in the program manual.

Specific staff training packages to deliver drug and alcohol programs varied between jurisdictions. It was not uncommon for facilitator experience and/or previous training in the area of drug and alcohol counselling to be a pre-requisite for program delivery. Other models of training included structured training workshops, delivered either locally or by an overseas trainer; models of co-facilitation; or simply learning in situ by “picking up the manual”.

Pre-program assessment tended to focus on motivation to engage in treatment. There was a tendency for program staff to make an effort to accommodate all program referrals, and as such, program inclusion and exclusion criteria were not strictly adhered to.

The transtheoretical model was widely cited as the model of change that was used to monitor program efficacy. Psychometric measures of change, or even changes in self-reported substance use, were infrequently used.

Given the importance of post-program care (see above), it is surprising that processes for throughcare and follow-up were not more systematically integrated into offender management systems.

Evaluations of the efficacy of drug and alcohol programs in Australian corrections are rare, although Queensland and the Australian Capital Territory have completed (or are completing) external reviews of their programs.

A final point to note is that the majority of these programs were delivered by external providers or in conjunction with other Government Departments. This may, in part explain why many of the programs had a greater emphasis on harm reduction than on risk (of re-offending) reduction.

Victim Awareness Programs

Victim awareness programs seek to promote understanding of the concept of victim, explore the role of offending and the creation of a victim, and discuss issues surrounding taking responsibility for offending. Two jurisdictions deliver the same Victim Awareness Program (refer to Table 4). However, it should be noted that Violent Offender, Domestic Violence, and Sexual Offender programs also involve discussion of these issues.

Table 4: Victim Awareness Programs

Jurisdiction	Program Title	Duration	Specific Target
SA	Victim Awareness	10 hours	
NT	Victim Awareness	10 hours	

Domestic Violence

Review of the Literature

Domestic Violence programs are somewhat unique amongst correctional programs due in part to their particular historical location; that is, as a response to a problem identified by second-wave feminism of the late 1960s and early 1970s. This second-wave feminist perspective involved utilising a socio-political framework in understanding the problem of domestic violence, focussing on social explanation rather than explanation at the level of individual pathology. Consequently, domestic violence programs are generally considered to be one part of a broader agenda of social change, with less emphasis on individual offender treatment than other offender treatment programs.

In addition, domestic violence issues have been seen to be the province of various areas of law enforcement, social welfare and public health, falling under both federal and state jurisdictions. This has meant that Domestic Violence initiatives have emerged in a variety of government sectors with differing emphases and philosophical underpinnings.

This philosophical and bureaucratic heritage has also left a legacy of debate regarding the nature of effective intervention, with particular concerns around the differing levels of intervention. Broadly speaking there can be seen to be four major views. The first is the strong socio-political view which opposes any intervention with individual men; the second uses a socio-political framework to work with individual men or groups of men as part of a broader social agenda; the third focuses on the psychological characteristics of individual men, identifies subgroups or typologies and devises treatment accordingly; the fourth uses a systemic approach to focus on couples and families rather than individual perpetrators.

Domestic violence perpetrator programs are generally underpinned by theoretical perspectives held by views two and three above. Of those constructed from a socio-political perspective, the concepts of gender and power are central. Violence against women is understood in the context of broader social inequality, where violence occurs against a background of gendered behaviour and attitudes. More recently, the intersection of gender with race, ethnicity, and class is being explored in an attempt to arrive at a more nuanced understanding of the socio-political landscape in which violence occurs.

Group work from this perspective has been commonly termed 'gender-based, cognitive-behavioural group work'. Here the emphasis is on educating men about gender and power in relationships, with the goal of preventing violent or controlling behaviours. Violence is seen as an intentional behaviour (Dobash & Dobash, 1992) and men as accountable for their acts. These approaches rely on a high level of confrontation and place emphasis on abusers taking responsibility for violent behaviour. In general, research would suggest that excessive confrontation is ineffective (Murphy & Baxter, 1997) and, in Australia, work based on narrative therapy approaches (White & Epston, 1989) proposes 'respectful interventions' (Jenkins, 1990; White, 1989) which contrasts with the confrontational approach of the educational group work largely found in the United States. From the narrative perspective, the inclusion of skills-based relationship training and anger management is considered inappropriate because it implies that violence arises from skills deficits rather than social inequality.

The primary critique levelled at these socio-political approaches is that there is a tendency for such approaches to treat all perpetrators as a homogenous group. Those who understand domestic violence as a function of individual characteristics, promote

the identification of psychological typologies (Holtzworth-Munroe & Stuart, 1994; Tweed & Dutton, 1998). They suggest that different perpetrator subtypes may be identified and may in turn respond to differing forms of treatment.

However, in a recent large longitudinal study of perpetrator program outcome, Gondolf (2002) found little support for the pathologies identified by previous studies as over-represented in perpetrators of domestic violence, such as borderline tendencies, 'abusive personality' or post-traumatic stress disorder, concluding that "these findings raise caution to characterizations that may 'overpathologise' batterers and battering" (Gondolf, 1999, p.15). Furthermore, White and Gondolf (2000) identified, in a random sample of 100 perpetrators, a trend towards "narcissistic and avoidant tendencies that cut across the groupings" (p.483), dissolving the distinctions between previously identified subtypes. They concluded that "although one size does not fit all, one size appears to fit most" (p.486) and recommended 'gender-based cognitive-behavioural' group treatment as appropriate for most offenders.

Despite variations in approach, there is a general consensus amongst those who do group work with domestic violence perpetrators that behavioural interventions alone, without some socio-political component, are an inadequate response to the problem of domestic violence. For this reason, stand-alone anger management programs are generally regarded as inappropriate interventions for domestic violence offenders because they fail to address the gendered issues of controlling behaviour and responsibility for abuse.

The implications of such a diversity of theoretical views for program evaluation are many. Identifying best practice in domestic violence offender programs is largely dependent upon the focus and level of intervention. 'Successful' intervention may be seen to be anything from reductions in reconviction rates, to the cessation of any form

of controlling behaviour, to the subjective feeling of safety by partners. In addition, methodological issues have plagued outcome research. Reliance on data which undercounts re-offending, such as men's self-report or police rearrest records; high drop-out rates from programs; no control or comparison groups; small sample sizes; evaluations by staff with vested interests in successful outcomes; as well as difficulties involving perpetrators' partners in research have made evaluation of domestic violence programs difficult.

Nevertheless, a comprehensive, longitudinal, multi-site evaluation project in the USA, using 're-assault' as the main outcome measure found that the majority of men in programs "eventually do stop their violence, apparently for long periods of time" (Gondolf, 2002, p.123). Even though the cumulative assault rate revealed that the majority of the men in programs re-assaulted, the trend over time revealed a de-escalation and eventual cessation in assault for most of the men. Gondolf found that most of the men re-offended in the earliest stages of the program, when exposure to the program was low. He suggests that this finding has implications for levels of intensity and supervision during the initial stages of domestic violence programs. In addition, the men's perceptions of the program indicated that most men (90%) reported using techniques learned in the programs to avoid re-assault. Interestingly, they reported that they used behavioural techniques such as 'time out' most frequently and only 5% of the men reported using notions of respect and empathy for their partners (Gondolf, 2000).

Most significantly, Gondolf's study highlights the need for coordinated and integrated systemic responses to domestic violence. This is echoed in an Australian national evaluation of perpetrator programs (Keys Young, 1998) which recommends integrated approaches to intervention. Programs appeared to be more effective when

implemented within the context of broader systemic responses, such as support services for women and children, strong pro-arrest policy, consistent sentencing, strong penalties for repeat offences and victim advocacy and support. There is strong support then for perpetrator programs to be one part of a broader response to domestic violence.

Generally speaking, evidence suggests that group programs are more effective than individual or couple counselling. Effective programs appear to be those which “are offered over a substantial period and focus on educational, attitudinal and behavioural change, rather than on therapy, support or counselling” (Keys Young, 1998, p.116). There is a need for further evaluation of the effectiveness of programs for mandated clients and a need for the development of programs that are specifically designed for Indigenous and other cultural groups of offenders.

Domestic Violence Programs: In Practice

Domestic violence programs offered in Australian jurisdictions typically educate men about gender and power in relationships, with the goal of preventing violence or controlling behaviour through the acknowledgement of personal responsibility and skills-based relationship training.

Most jurisdictions deliver domestic violence programs (refer to Table 5). Australian domestic violence programs may be classified as low to medium intensity (20-72 hours). It was not uncommon for these programs to be delivered either by or with external service providers. Several jurisdictions have specifically designed programs for Indigenous perpetrators of domestic violence.

The broad objectives of the Domestic Violence Programs are to promote an understanding of domestic violence, to assist men acknowledge their own violence, to understand the effects of violence, to empathise with their partner's experience, to develop skills to prevent violence, to rebuild interpersonal trust with their partners and children, and to take responsibility for monitoring and evaluating their own behaviour.

Table 5: Domestic Violence Programs

Jurisdiction	Program Title	Duration	Specific Target
SA	Domestic Violence	24 hours	
VIC	Me and My Family	20 hours	
	Managing Our Relationships	28 hours	
ACT	Power and Control: Tactics for men who batter	48 hours	
QLD	Domestic Violence*	48 hours	
	Ending Family Violence	20 hours	Indigenous Offenders
NT	Indigenous Family Violence Program	54 hours	Indigenous Offenders
WA	Building Better Relationships	72 hours	

** manual not available*

When articulated in program manuals, theoretical underpinnings of domestic violence programs tend to be gendered, and centre on the relationship between power, control and domestic violence. Many of the programs utilise the Duluth Model, which emphasise the involvement of the victim and their feelings of safety.

Staff training practices were diverse. Some jurisdictions required tertiary qualifications in domestic violence, others provided their own training courses, while others used models of co-facilitation or had unspecified training practices. Of note, Indigenous facilitators appeared to receive little or no formal training in program delivery.

Pre-program assessments are routine for most programs. Structured clinical assessments were used in most programs, which typically focussed on acceptance of

responsibility and motivation to engage. Standardised risk/need assessments were infrequently utilised.

Methods of evaluating participant change varied between programs. While some program routinely employed pre and post program psychometrics, others focused on client satisfaction. Others placed emphasis on the women's feelings of safety. Formal program outcome evaluations were largely absent.

Sex Offender Programs

Review of the Literature

The rehabilitation of sexual offenders presents particular challenges, largely due to the heterogeneity of the group and low base rates of known re-offending. This has made it difficult to design rigorous studies to evaluate the effectiveness of sex offender treatment programs. Despite several meta-analyses having found little evidence that treatment reduces recidivism (Furby et al., 1989; Quinsey et al., 1993), other reviews have found that treatment does positively affect recidivism (Nagayama Hall, 1995; Marshall, Jones et al., 1991; and Blanchette, 1996). In their review, Hanson et al. (2002) found that current sexual offender treatment led to a relative reduction in recidivism of 40%. The absolute reduction in recidivism was around 7%, in that current treatments were associated with a sexual recidivism rate of 9.9%, compared to a 17.4% in untreated groups. Across the 38 treatment outcome studies included in their review, the sexual recidivism rate was 16.8% for the comparison groups, compared with 12.3% for those in the treatment groups.

In a meta-analysis of studies designed to examine the impact of sex offender treatment on recidivism, Polizzi, Mackenzie and Hickman (1999) stress that broad generalisations regarding the efficacy of sex offender treatment programs cannot

easily be made due to the lack of homogeneity in the offender group. However, they do conclude that non-prison-based sex offender treatment programs using cognitive-behavioural treatment appear to be most effective in reducing recidivism, and that there is some evidence to suggest that some prison-based programs are effective. It appears then that discussions of sex offender management are moving from a debate about whether sex offenders should receive treatment, to a discussion of how treatment should be implemented, and whom particular programs should target.

There is considerable discussion in the literature of the distinction between child molesters and rapists. According to Polascheck and King (2002), “a thorough examination of the...literature on sex offender rehabilitation reveals that it is predominantly based on men who offend against child victims” (p.215): in the literature, child molesters are considered the prototypical sex offenders. Polascheck and King (2002) argue for the design of different specialist rehabilitation programs for rapists, based on the considerable overlap of this group with general offender groups such as non-sexual violent offenders, although few programs of this type are reported in the literature.

The aetiology of sex offending is varied. Offending is thought to be related to inadequate relationship skills, expressions of anger or power, as well as deviant erotic attraction. Hanson and Harris (2000) have identified factors such as deviant sexual arousal, problems with emotional regulation, intimacy deficits, and loneliness as targeted criminogenic needs in sex offender treatment.

The most comprehensive models of sex offending aetiology integrate developmental, psychosocial, environmental and physiological factors (Marshall & Barbaree, 1990). Models of sex offending aetiology are various and comprehensive take into account both inter- and intra-psychosocial factors (see Finkelhor, 1984; Marshall & Barbaree;

1990; Hall & Hirschman, 1992; Ward, McCormack & Hudson, 1997; Ward and Siegert 2002; Ward & Sorbello, 2003). Therefore, sex offending is a complex landscape for intervention, demanding assessment of individual offenders' risks and needs. Despite this complexity, sex offending is nevertheless considered a learned behaviour and as such, amenable to change (Curnow, Streker & Williams, 1998).

Ward and Stewart (2003) have suggested that focussing solely on criminogenic needs, or those factors which are directly related to recidivism, limits sex offenders' engagement in treatment. They propose that addressing unmet human needs in sex offenders and assisting them to implement 'good lives plans' will move the offender beyond simply managing risk. Ward and Stewart emphasise the central role of identity formation, drawing on the work of Maruna (2001) to suggest that effective rehabilitation and further desistance from crime is dependent on offenders establishing an alternative and coherent prosocial identity. Ward and Stewart also point to work that demonstrates the role of non-criminogenic needs, such as self-esteem (Marshall, Cripps, Anderson & Cortoni, 1999), collaborative engagement (Mann & Shingler, 2001) and therapeutic alliance (Marshall et al., 2003) have in moderating treatment outcome.

Generally speaking, sex offender programs take a victim-centred approach. Their primary aim is to reduce the likelihood of sexual re-offence, thereby protecting the community and potential victims. Typically, they involve challenging offender denial, accepting responsibility, reducing cognitive distortions, reducing deviant arousal and fantasising, developing victim empathy, understanding offence-related behaviour, and relapse prevention strategies (Polaschek & King, 2002; Matson, 2002) using cognitive-behavioural approaches to treatment (Beech & Fisher, 2002).

A number of factors have been shown to impact upon the effectiveness of interventions, including nature of offence, risk level of offender, motivation and readiness factors, timing of interventions and program integrity (Lievore, 2003; Kemshall, 2001; McGrath, 1994). Recent discussions about sex offender treatment programs by leading Australasian researchers are proposing accommodating individual differences in sexual offending programs through more flexible and personalised intervention approaches (Glaser, 2003; Drake & Ward, 2003).

Sex Offender Programs: In Practice

Six jurisdictions deliver sex offender program of varying intensities (refer to Table 6).

In general, programs are of high intensity, that is greater than 100 hours in length and are delivered over extended periods. A number of programs are delivered in therapeutic communities.

Many jurisdictions have well developed frameworks for program delivery based on the client's assessed risk of recidivism. Risk and criminogenic needs assessments are comprehensive and typically include a risk/need assessment (sexual offender specific), a clinical assessment, file review and psychometric assessment. Case formulation and identification of individual treatment goals are an integral component of the intensive programs.

Table 6: Sex Offender Programs

Jurisdiction	Program Title	Duration	Specific Target
VIC	Sex Offender program (MMIP)	144-288+ hours	
NSW	CUBIT – Adapted*^	720 hours	
	CUBIT – Moderate Intensity*^	480 hours	
	CUBIT – High Intensity*^	600 hours	
	CORE*	120 hours	
ACT	Sex Offender Treatment Program	260 hours	
QLD	Community Sex Offender Program	44 hours	
	Sex Offender Intervention Program	60 hours	
	Sex Offender Treatment Program	216 hours	
	Indigenous Sex Offender Program	216 hours	Indigenous
TAS	Sex Offender Treatment Program	216 hours	
WA	Community-Based Program	75 hours	
	Community Based Sex Offender Treatment Program	75 hours	Intellectual Disability
	Medium Sex Offender Program	192 hours	
	Medium Sex Offender Program (Indigenous)	192 hours	Indigenous
	Sex Offender Intensive Program	450 hours	

**Sections of manual available for review ^Therapeutic Community*

In general, the programs aim to develop insight (both historical and proximal) into the offending cycle, increase understanding of the effects of the offence on the victim, challenge cognitive distortions, modify deviant arousal, explore the role of fantasy in offending, develop intimacy and relationship skills, enhance problem solving, and to develop an individualised relapse prevention plan.

For programs that target medium to high-risk offenders, facilitators are generally psychologists. For these programs, staff training programs have been developed and national and international experts regularly give staff workshops.

Most sex offender treatment programs have undergone (or are undergoing) external review. Evaluation data were unavailable for the current report.

Several issues arose for those involved in program delivery. First, most jurisdictions excluded offenders denying responsibility for the offence, but did not provide alternative treatments options. Second, some types of sex offender (e.g., sexual murders) were excluded from programs, but also not referred to violent offender programs due the sexual nature of their offending. Third, there were differing views about the merits of including those with offences against adult and children in the same treatment group.

Violent Offender Programs

Review of the Literature

Violent offenders form a majority group within the sentenced prison population and represent a group which attracts general public concern and interest due to perceived and actual risk of re-offence upon release. Whilst it has been well established that violent offences are not necessarily angry offences (Mills, Kroner & Forth, 1998), deficits in anger control may be considered a criminogenic need for some violent offenders (Howells, Watt, Hall & Baldwin, 1997) and a risk factor for the prediction of violence (Novaco, 1997). Violent offenders commonly experience difficulties with anger. As a group, prison inmates score substantially higher on measures of anger arousal and expression than other populations with violent offenders experiencing higher anger scores than non-violent offenders (Spielberger, 1991; Mills, Kroner & Forth, 1998). However, violent offenders as a group are considerably heterogeneous, with a range of variables contributing to aggressive and homicidal behaviour. These variables need to be considered theoretically in the development of intervention strategies and operationally in the application of admission criteria for treatment programs.

A frequently used distinction within violent offender populations is between those individuals whose violence is “angry” and those whose violence is “instrumental” in function (Buss & Durkee, 1957). According to this perspective, angry violence is emotionally mediated, whereas instrumental violence need have no emotional antecedents. However, this distinction has been questioned by the likes of Indermaur (1995), who point out that violence that appear to be instrumental may on further investigation be found to have angry components. Similarly, understanding violent acts by categorising them according to crimes committed (such as property violence) makes the false assumption that crime categories reflect unitary psychological mechanisms. For instance, two men may each have committed a violent assault. For one it is the product of a broadly antisocial personality and poor impulse control; for the other the situational antecedents may be a marriage breakdown and disinhibition by alcohol. Blackburn (1997) has expanded on Megargee’s (1966) distinction between under-controlled and over-controlled violent offenders and highlights the need to acknowledge individual differences in the regulation of emotional control. Clearly there are a wide variety of variables that contribute to violent offending behaviour and as such, there is a need to structure intervention programs with a mind to this heterogeneity.

Violent offenders therefore have a range of criminogenic needs that might be targeted by intervention programs. Persistently violent offenders have been shown to have greater needs than non-persistent violent offenders or non-violent offenders, particularly in the areas of substance abuse, employment, personal/emotional stability, community functioning, criminal attitudes, associations and marital and family relationships (Serin & Preston, 2001). Others have discussed the importance of the

social context in which violence occurs as warranting attention (Henry, Tolan & Gorman-Smith, 2001; Beck, 2000, 2002).

Howells and Day (2002) have discussed the importance of addressing low readiness in violent offenders. They identify a number of impediments to readiness in this group, and highlight the challenge of engaging such clients in treatment. “Such clients may have been referred because of concerns of others about their violent behaviour, may enter treatment with quite different goals from those of staff and referring agents, feel pressured into attending and have high levels of hostility to program staff” (p.225).

Evaluations of violence treatment programs have concluded that anger management is not of itself sufficient in the treatment of violent offenders (Howells & Day, 2002; Howells et al., 2002). Anger has been shown to be only one criminogenic need and it would be insufficient to attempt to address violent offending with anger management programs. The most recent literature indicates a need to expand on current approaches to therapeutic treatment with violent offenders in ways that begin to address the broad range of causal influences on violent offending behaviour and in ways that increase engagement of offenders.

Violent Offender Programs: In Practice

Three Departments currently deliver intensive custodial-based violent offender programs (refer to Table 7). Both Victoria and South Australia intend to implement violent offender programs in the near future.

Table 7 Violent Offender Programs

Jurisdiction	Program Title	Duration	Specific Target
NSW	Violent Offender Therapeutic Program*^	831.5 hours	
QLD	Violence Intervention Program	134 hours	
WA	Violent Offender Treatment Program	450 hours	
	Violent Offender Treatment Program+	64 hours	

**sections of manual available for review ^ Therapeutic Community +manual not available*

These program aim to promote an understanding of violence offending, identify and challenge cognitive distortions that maintain offending, develop an understanding of the consequences of offending and develop an individualised relapse prevention plan.

Staff training is mandatory for all programs. At least one psychologist delivers programs deliver the programs. Models of ongoing supervision and staff support are generally well developed. When custodial staff are involved in program delivery, they are given specialist training. Pre-program assessments are comprehensive and include file review, clinical interview and psychometric assessment. Case formulation and identification of individual treatment goals are an integral component of the more intensive programs.

All of the violent offender programs have undergone, or are undergoing, review. The results of the evaluations were not available for the current study.

Special Groups

Review of the Literature

Within the correctional system, there are a number of recognised groups whose needs are deemed sufficiently different from the mainstream prison population to warrant special attention. They often include women offenders, Indigenous offenders, mentally ill offenders, intellectually disabled offenders, and offenders from other cultures.

It may be argued that most offender treatment programs are substantially based upon dominant cultural assumptions which are inconsistent with the understandings, values and beliefs of certain diverse groups. Within a Risk-Needs approach, these concerns largely reflect the Responsivity Principle, which suggests that rehabilitation programs are most effective when they are designed and delivered with the learning styles and specific needs of the participants in mind.

Within Australia, there is recognition amongst many that special offender rehabilitation programs are appropriate for Indigenous offenders and Women offenders. There is also some movement towards acknowledging the specific program requirements of offenders from other cultures and intellectually disabled offenders. This section will give a brief overview of offender rehabilitation programs for these groups.

Female Offenders

Review of the Literature

Despite relatively small numbers of women offenders in the Australian criminal justice system, the numbers are growing (Byrne & Howells, 2002), as is a consensus that “women’s lawbreaking is on the whole qualitatively different to men’s” (Carlen, 1998). While male and female offenders share many psychological and offence related characteristics, there is evidence to suggest that women have distinctive areas of need which influence the effectiveness of correctional treatment programs (Sorello, Eccleston, Ward & Jones, 2002; Byrne & Howells, 2000). These include; multiple and co-occurring mental health problems; needs relating to family relationships and parenting; victimisation; communication and assertiveness problems; reintegration and skills training needs.

Of primary concern within the literature is the prevalence of mental health problems among female prisoners. Mental health problems are more common for women prisoners than for male prisoners. High rates of depression, anxiety disorders, personality disorders (especially Borderline Personality Disorder) anger control problems and self-harm are noted in the literature (Armytage et al., 2000; Thomas & Pollard, 2001; Hurley & Dunne, 1991; Keaveny & Zauszniewski, 1999; Gorusch, 1998). In addition, women offenders are noted as having high incidence of multiple and co-occurring disorders. This has significance for the designing of treatment programs for women offenders. Multiple psychosocial problems are considered best treated as equally important, with co-occurring problems best treated concurrently rather than sequentially (Peters, Strozier, Murrin & Kearns, 1997).

Not surprisingly, substance abuse levels are extremely high, with large numbers of incarcerated females having drug-related offences. Neglectful or abusive backgrounds, self-esteem problems, experiences of victimisation and abusive adult relationships - often experienced by female offenders – disrupt the development of adaptive coping strategies and often lead to the use of substances (Thomas & Pollard, 2001). Substance abuse programs are found in most standard rehabilitation strategies as a ‘core’ program. These programs, most often devised for male offenders, are often delivered to women whose substance abuse antecedents and functions are considered different to their male counterparts. It has been suggested that the responsivity principle raises issues regarding the appropriateness of changes in delivery of these programs and that programs need to be modified accordingly (HMCIP 1997; Byrne & Howells, 2002).

Similarly, it has been argued that anger management programs need to address women’s experience and expression of anger and the assumption that intervention

strategies developed for use within the male prison population will equally benefit women should be questioned (Suter, Byrne, Byrne, Howells & Day, 2002). This would presumably also apply for other standard core programs and as Byrne and Howells (2002) suggest, “the content of such courses should reflect what is known about specific needs of women that cause offending and reoffending” (p.41).

It appears then, that the question of what constitutes a criminogenic need for women offenders is somewhat fraught. In their meta-analytic review, Dowden and Andrews (1999) found the strongest predictors of treatment success were targeting interpersonal needs such as affection and supervision within families. Others have suggested that treatment programs which target victimisation and self-esteem might be considered criminogenic needs for women offenders (Morash, Byrum & Koons, 1998; Koons et al., 1997) and that programs to address self-esteem difficulties should be given priority (Hardesty, Hardwick & Thompson, 1993).

In a comprehensive review of the needs of Australian women offenders, Sorbello, Eccleston, Ward and Jones, (2002) highlight the inadequacy of a criminogenic needs focus in devising correctional programs for women. They argue that women offender’s diverse range of gender-specific issues such as sexual abuse, self-image, or parenting is ignored in mainstream male correctional programming. “Correctional policy needs to look beyond recidivism rates to recognising the various obstacles preventing female offenders from living balanced and fulfilling lives” (p.202). A current trend in rehabilitation for women offenders is to base programs on best practice principles, especially the principles of risk, need, and responsivity, whilst acknowledging the gender-specific needs of women offenders. What is clear in discussions of specific rehabilitation programs for women offenders is that this is an

area that calls for continued exploration, investigation and the monitoring of the needs of women offenders.

Female Offender Programs: In Practice

Western Australia was the only jurisdiction to develop programs specifically for female offenders (as outlined in Table 8). Both Victoria and Queensland have adapted programs to meet the needs of female offenders. In Queensland, the Department has recently piloted a “Transitional Program” for female offenders; the evaluation of this program is still underway.

Table 8: Female Offender Programs

Jurisdiction	Program Title	Criminogenic Need	Duration
QLD	Anger Management	Anger	20 hours
	Cognitive Skills Program	Cognitive Skills	32 hours
VIC	Intensive Program (Women)	Substance Use	130+ hours
WA	Women’s Anger management	Anger	40 hours
	Women’s Substance Use Program	Substance Use	20 hours
	Moving on from Dependencies (Female)	Substance Use	100 hours

There was recognition that programs need to be developed and/or adapted for women offenders, which address the differing needs of Indigenous and non-Indigenous women offenders and women serving custodial sentences and community orders.

Indigenous Offender Programs

Review of the Literature

Programs which focus on the specific needs of Aboriginal and Torres Strait Island peoples are generally referred to as Indigenous Offender programs. These programs have been developed as a response to the significant over-representation of Indigenous Australians in the criminal justice system as highlighted by the Royal

Commission into Aboriginal Deaths in Custody (1991). While Indigenous people constitute less than 2% of the total Australian population, they make up 20% of the prison population (ABS, 1999), with the number of Indigenous prisoners increasing at approximately 1.7 times the rate of non-Indigenous prisoners (Carach, Grant & Conroy, 1999).

These figures are one of a number of social indicators which reflect the residual effects of colonialism and the relatively rapid eroding of Indigenous cultures. In a review of literature relating to Australian Indigenous offenders, Jones, Masters, Griffiths and Moulday (2002) suggest that correctional programs have the potential to support “Indigenous recovery from colonisation” (p.188), by acknowledging “the resiliency and strength of Indigenous people’s ongoing survival and struggle for equality” (p.195). They suggest that an understanding that Indigenous offending should be embedded within a broader historical and cultural context, allows for the design and delivery of programs that are relevant and appropriate for Indigenous offenders.

If offender programs are largely a response to offender need, Indigenous offenders appear to have a greater range and intensity of needs than non-Indigenous offenders (Howells et al., 2000; Jones, Masters, Griffiths & Moulday, 2002). Jones, Masters, Griffiths and Moulday, (2002) utilise Ward and Stewart’s (2003) “good lives” model of offender needs, arguing that a ‘criminogenic needs’ model (Andrews & Bonta, 1998), which focuses on targeting dynamic risk factors, is insufficient for addressing Indigenous need. Jones et al. suggest that Indigenous offenders have complex, culturally embedded needs that do not easily fit the criminogenic/non-criminogenic distinction. These needs are not compartmentalised, but are interrelated and are operational on both the socio-cultural and psychological levels and as such are not

individually correlated with recidivism. In addition, Jones et al. argue that a criminogenic needs approach would be inconsistent with holistic, culturally embedded healing practices.

There are a number of needs that have been identified as particularly significant for Indigenous offenders. These include substance abuse and personal/emotional functioning (Mals, Howells, Day & Hall, 2003; Howells et al, 2000); acculturation stress and deculturation (Larson, Robertson, Hudson & Hillman 1998); the impact of separation from family, communities and land (Lippman, 1991); physical health problems; mental health issues (McKendrick et al., 1992); identity confusion; intra and inter-family violence; discrimination (Masters & Jones, 2002); literacy and numeracy problems (Lippmann, 1991); generational unemployment (Mals et al., 2003; Fitzgerald & Manner, 1999); life skills deficits and significant and specific transitional and post-release needs. In addition, these needs are not singular in focus; they are multidimensional, incorporating need both at the individual and at the social level.

The implications for effective programming involve an understanding that Indigenous offenders require relevant and appropriate programs which address the multi-layered and complex nature of Indigenous offender needs. This involves a commitment to the principles of social justice in ways that potentially challenge notions of 'what works'. The social agenda of reconciliation and reconnecting indigenous people to their culture becomes central to offender treatment intervention programs.

In utilising Ward and Stewart's model of human flourishing, Jones et al. (2002) have stressed the need to emphasise Indigenous strengths, resiliencies and successes, warning of the stigmatising and pathologising effects that can so easily occur when disadvantaged groups are constructed in terms of need. It is, they say, "crucial that

correctional programs address Indigenous offenders' needs in ways that identify and build upon client strengths" (p.195).

When discussing the needs of Indigenous offenders, a caveat should be drawn. There is a danger of generalising across Indigenous Australians from various communities and indeed across Indigenous peoples from various countries. Australian and Torres Strait Islander peoples consist of more than 600 different cultures and tribal groups. The diversity of such groups invites various and specific responses to local needs and highlights the importance of seeking local Indigenous guidance and input into offender treatment strategies.

Indigenous Offender Programs: In Practice

Given the over-representation of Indigenous people in the criminal justice system, especially in custodial environments, and the general recognition by informants that mainstream offender rehabilitation programs do not adequately meet the needs of Indigenous offenders, it is surprising that only a handful of programs have been specifically developed for Indigenous offenders (refer to Table 9).

Table 9: Indigenous Offender Programs

Jurisdiction	Program Title	Criminogenic Need	Duration
SA	Ending Offending	Substance Use	10 hours
QLD	Ending Offending	Substance Use	12 hours
	Ending Family Violence	Domestic Violence	48 hours
	Indigenous Sex Offender Program	Sexual Offending	216 hours
NT	Indigenous Family Violence Program	Domestic Violence	54 hours
WA	Indigenous Managing Anger and Substance Abuse	Anger/Substance Use	50 hours
	Medium Sex Offender Program	Sexual Offending	192 hours

In a custodial environment, it was noted that Indigenous offenders often served sentences short sentences which made them ineligible for many programs. Informants

report that Indigenous offenders have multiple needs, including poly-substance use, employment and educational difficulties, accommodation problems, grief and loss issues, parental problems (e.g. stolen generation) and family abuse/violence, and “trans-generational trauma”.

While Indigenous offender specific programs are available, informants noted difficulty in recruiting appropriately qualified Indigenous staff, especially in regional locations. For example, in Western Australia it was reported that that Indigenous programs were often delivered in metropolitan prisons with non-Indigenous facilitators. In these cases the Indigenous participants were transferred from rural/remote prisons to the metropolitan prison for the duration of the program.

Participants noted that there was a need to develop Indigenous programs throughout Australia, as one of the shared strategic goals was to decrease Indigenous recidivism. There appeared to be major challenges in program delivery to Indigenous offenders, including offender discomfort with non-Indigenous facilitators, the high proportion of Indigenous offenders who repeat programs without receiving any additional benefit, the failure of Indigenous offenders to complete programs in mixed groups, the cultural relevance of key program concepts (especially the use of jargon and the lack of relevance of content to Indigenous participant), difficulty with language, the heterogeneous needs of this group, and the high proportion of Indigenous offenders will not complete programs unless they are mandated. These challenges were attributed to program content, especially the use of jargon and the lack of relevance of content to Indigenous participants and the paucity Indigenous-informed policy.

Offender Rehabilitation Programs in Australia: Summary

What is Good Practice?

Andrews and Bonta (1998) have put forward a number of 'good practice' principles for rehabilitation, among them the frequently cited principles of Risk, Need, Responsivity, Professional Discretion and Program Integrity. The Risk principle suggests that higher risk offenders stand to benefit more from rehabilitation programs than low risk offenders; the Needs principle suggests that programs should target individual 'criminogenic' needs, or those dynamic risk factors that are directly related to offending behaviour, and the Responsivity principle refers to those internal and external factors that may impede an individual's response to interventions, such as weak motivation or program content and delivery. The Professional Discretion Principle refers to ensuring that program deliverers have a degree of discretion and a capacity to use professional judgement in assessing and managing offenders when necessary. Program Integrity relates to reducing the gap that commonly exists between the program as it exists in design and the reality of how it is delivered in practice.

Paul Gendreau (1996) has attempted to identify those characteristics that distinguish between effective and ineffective programs, using primarily meta-analytic techniques. He found that effective rehabilitation programs were intensive and behavioural or cognitive-behavioural in nature; targeted criminogenic needs of high-risk offenders; matched the characteristics of offenders, facilitators and programs; reinforced program contingencies and behavioural strategies in a firm but fair manner and were delivered by appropriately qualified/trained, competent facilitators with well developed interpersonal skills. Effective rehabilitation programs also included adequate supervision of facilitators, were designed to provide offenders with

situations where prosocial activities predominate, provided relapse prevention strategies and provided through care and brokerage with community agencies.

Those aspects of program intervention that have been found to have less success in reducing reoffending, include unstructured case work or counselling, insight-oriented psychodynamic and client-centred approaches, medical model approaches, punishment, sanction or deterrence approaches (Gendreau, 1996). In fact, other large-scale reviews have shown that those intervention strategies that employ intensified criminal sanctioning or deterrence have been found to increase recidivism (Andrews et al., 1990; Lipsey, 1992, 1995; Lipsey & Wilson, 1998). Similarly, programs that target low-risk offenders or that target weak predictors of criminal behaviour (such as depression or self-esteem) have been found to be largely ineffective in reducing rates of re-offending. Whilst self-esteem, psychological distress or anxiety may be targets of attention within a duty of care context, empirical research indicates that intervention in these areas does little to alter recidivism risk.

Implementation of Good Practice Principles

The evaluation of the effectiveness of different interventions has been steadily increasing; however, there is now an acknowledgement of the need to evaluate these interventions within practical settings. Whilst most evaluations of programs have been structured research projects which typically use controlled selection of participants, manuals and careful selection of staff, there is now an understanding that in practice, interventions are responsive to various referral or allocation practices which are affected by resources, and secondary decision-making (such as courts or administrations). There is also much less control over the pattern of delivery within a real setting.

Not surprisingly, when studies that investigate programs in real world settings are compared with controlled research projects (called ‘demonstration studies’) lower mean effect sizes are evident (Lipsey 1999); however, even within these ‘real-world’ studies, a significant reduction in recidivism rates is evident. Whilst mean effect sizes of recidivism are lower, ironically the ‘problem’ of external validity has yielded some potentially valuable information in terms of the implementation of rehabilitation programs. We are now beginning to acknowledge the importance of organisational factors, staff training and supervision, communication and feedback systems, referral systems and resources – now collectively referred to as program implementation - for effective intervention. In fact the importance of the setting and the quality of program delivery has only just begun to be recognised as an important aspect of effective offender rehabilitation (Gendreau, Goggin & Smith, 1999, 2001). There is also evidence that the quality of implementation is directly correlated with reduced recidivism in community-based interventions (Byrne & Kelly, 1989; Fagan, 1990). This is especially true where attendance was court-mandated and the program was delivered by a criminal justice agency (Lipsey, 1999).

Gendreau, Goggin and Smith (1999) have presented 32 guiding principles of program implementation organised under the following categories: general organisational factors, program factors, change agent activities, staffing. Whilst they admit that their principles are still evolving and are not currently supported by data pertaining to the individual factors, they offer them as an impetus for validity studies of various implementation factors.

Bernfeld, Blasé and Fixen (1990) have adopted a systems perspective as a way of understanding implementation issues. They argue that successful program implementation involves an interplay between sometimes competing variables in the

multilevel correctional systems. They identify four levels of analysis for attention: *client, program, organisational and societal*. Within the *client level*, this systems perspective encourages a view of the client as embedded in a broader social system. The *program level* includes those factors directly related to the implementation of the program itself, such as staffing and resource issues. The *organisational level* includes those socio-political factors that operate within organisations and the *societal level* includes those aspects of broader social economy and cultural imperatives that impact upon policymakers. As James Maguire (in press) suggests, “it may be that in recent policy developments in some countries there have been disproportionate amounts of attention given to the second of these ingredients at the expense of the other three”. From a systems perspective then, effective offender rehabilitation programming is best implemented when all four levels are considered.

Good Practice: In Australia

In order to generate an overall picture of offender rehabilitation in Australia, data from each jurisdiction, including State/Territory reports, program manuals and informant interviews, were compiled. To highlight strengths of the offender programming in Australia and the challenges for future program implementation, data were sorted in accordance with the following categories described by Gendreau, Goggin and Smith (1999): theoretical/philosophical, staffing considerations, program referral, program selection, program exclusion, treatment manual, participant profile, evaluation, participant follow-up, departmental support, level of program need and relationship between rehabilitation programs.

Theoretical/Philosophical

Departments were committed to delivering programs congruent with “good practice”, with offender rehabilitation strategies being Departmental foci. Australian offender rehabilitation philosophy was strongly underpinned by the “What Works” literature, as outlined by the Departmental policies, procedures and action plans. While participants expressed some difficulty with the movement from policy to practice, there was a uniform Department commitment to the delivery of offender rehabilitation programs, by recognising the need to ensure that staff practices mirrored Departmental philosophy.

Programs manuals were available in all jurisdictions, which clearly outline the contents of the program; and some manuals included a theoretical introduction to introduce facilitators to the criminogenic need addressed by the program. While some theoretical introductions were comprehensive, most were lacking.

Staffing Considerations

While all Departments were committed to providing training programs for new facilitators, a number of difficulties were identified that hindered the delivery of effective training.

Training

All Departments recognised the need for staff to receive formal training before they delivered programs. In practice, staff training practices varied, both between and within jurisdictions. Staff training needs analyses were infrequently undertaken, sometimes resulting in all facilitators receiving the same training.

It was not uncommon for formal staff training to be conducted on an infrequent basis; with staff more likely to be introduced to programs in their workplaces. Methods for staff training included formal training, training through co-facilitation, “picking up the

manual” and/or a combination of these. For the more intensive sexual offender, violent offender and cognitive skills programs, however, staff training packages had been developed and were routinely delivered.

While staff training is a priority for Departments, budgetary constraints, a lack of centralised scheduling of training and underdeveloped mechanisms for ongoing monitoring of staff competency, appear to be ongoing challenges for most jurisdictions.

Supervision

Models of professional supervision varied between and within Departments. There was a strong emphasis on the provision of ongoing professional supervision for all program facilitators. In practice, however, more developed models of professional supervision were associated with the more intensive programs. Departments recognised the need to aim for high levels of professional supervision in all programs. Supervisors appear to have no specific pre-requisite skills, and range from peers, Senior Social Workers, Senior Psychologist to extra-Departmental “experts”.

Facilitator numbers

In general, offender rehabilitation programs were delivered in a group format, by (ideally) two facilitators with between 8-12 participants. In special circumstances, programs might be offered on an individual basis.

Facilitator numbers appeared to be problematic across the Departments. Staff movement, difficulties with staff retention and recruitment and a lack of suitably trained staff to run programs contribute to the problem. Departments specifically expressed difficulty recruiting and retaining psychologists.

Qualities

The desirable personal qualities of program facilitators were infrequently documented in program manuals. When comments are made, desirable qualities centred on tertiary qualifications, training and relevant experience. A few program manuals mentioned personal attributes of staff suited to working with specific offender groups, including Indigenous, sexual, and violent offenders.

Workloads

Some participants reported that high facilitator workloads made it difficult to prepare for, and debrief after, program sessions. For others, however, facilitators had developed work-management strategies to ensure that they had adequate preparation and debriefing time. Policies and procedures that clearly outline the amount of time required for program preparation, debriefing and writing exit reports were helpful in ensuring that this occurred.

There was a general view that pre- and post-program assessments, especially psychometric assessments, created an additional workload for program facilitators.

Program Referral

Six of the Departments had mechanisms in place for screening offender program needs, both in custodial and community corrections environments. Such screening commonly involved the development of a Case Management Plan, in which program needs are identified using an actuarial risk/need assessment tool. These program needs were used to make program referrals.

Program Selection

Across most jurisdictions, programs were delivered when the required number of participants to run a group was reached.

In general, pre-group assessment, when undertaken, tended to focus on the ability of participants to work together, the level of individual offender motivation to complete the program and the offender's "Stage of Change". In some programs, assessments were largely unstructured and relied on the facilitator discretion.

On one hand, efforts were made to accommodate every offender in the next program. This might mean that exclusion criteria (e.g. low literacy) might not be not strictly adhered to. On the other hand, strict pre-assessment procedures often existed which clearly state the need to assess criminogenic need (through structured/semi-structured interviews, case formulation and psychometric tools) and determine whether the individual need is congruent with that of the program.

In many of the program manuals pre-test (and sometimes post-test) tools were recommended, however informants note that due to time constraints and the perceived lack of relevance of these tools, they were not always completed.

Program Exclusion

Although some program manuals specify criteria for program exclusion, in practice only offenders who cannot be accommodated in a group, for example because of psychotic symptoms, were excluded. Participants noted however, that group members would be suspended/removed from the group if they were inappropriate or disruptive, or if they did not attend regularly. The more intensive violent and sex offender programs, however, were typically much clearer about their exclusion criteria and took steps to enforce them.

Treatment Manual

All of the offender rehabilitation programs had facilitator treatment manuals. These manuals clearly outlined the aims and objectives of each session. Most provide a script for the facilitator to follow, however, in most cases specific exercises were not

linked back to theoretical concepts. Participant handouts and facilitator leaning aids were included, although some appeared to require a level of literacy beyond that of the target population. Many program manuals contain guidelines for assessing offender change. These range from pre- and post-program psychometric evaluation, assessment of knowledge gained at the end of sessions to level of participant satisfaction with the session/program.

Participant Profile

The recording of data related to program performance varied across jurisdictions. Most informants indicated that there is a need to develop further electronic management systems to ensure exchange of program information between program staff and other staff.

Participant attendance was recorded by all jurisdictions. Any additional information relating to participant change varies from program to program. Despite this, facilitators generally kept a written record of participant participation during each session and their impressions of behaviour, attitudinal or knowledge change.

Evaluation

There was limited information available on the efficacy of offender programs in Australia. Anger Management Programs in South Australia, Western Australia and Queensland have undergone an external evaluation. In Queensland Department of Corrective Services has evaluated, or is in the process of evaluating, all of its rehabilitation programs. Unfortunately, these data were unavailable for the current report.

In Western Australia, the Department is committed to external evaluation of its offender rehabilitation programs, and over the last few years has commissioned evaluations of several programs. In addition, the Department, in conjunction with

Edith Cowan University, has established “Offender Program Edith Cowan” (OPEC) in which the university has been commissioned to determine longer-term outcomes for all offender programs. The data collection process has been running for two years.

In Victoria, the sex offender program is currently under review and the manual is in the process of being modified. A similar situation is occurring with the violent offender program in NSW. In both, Tasmania and NSW the sex offender programs are undergoing evaluation. Finally, the Northern Territory has just undergone external review of its offender rehabilitation framework.

More commonly, measurement of offender change throughout the program is primarily based upon the personal observations of program staff, who typically look for evidence of learning, group interaction and attendance, and review homework tasks. These data are then collated into an exit report.

While many rehabilitation programs have psychometric assessments inbuilt (pre- and post-program), in many cases it was unclear how, or even if these data were used to inform the evaluation of offender change.

Post-program Follow-up

The routine follow-up offenders who have completed programs does not occur. Moreover, there appeared to be poor links between program performance and ongoing case management. All of the jurisdictions indicated that a future goal was to enhance throughcare within and between prisons and community corrections. Several Departments plan to develop an electronic information system that would promote integration between prisons and community corrections.

Departmental Support

Despite a policy framework that broadly supports the provision of offender rehabilitation programs, participants suggested that strategic support could be undermined by several factors including: a lack of commitment to training, inadequate program resources, organisational culture, and the de-centralising of program delivery.

Level of Program Need

Although population needs analyses have not been routinely undertaken, informants reported that there is a high need for the programs. Many jurisdictions had data management systems that did not produce a detailed profile of the criminogenic needs of their population.

Relationship between offender rehabilitation programs

There is an urgent need to draw links between different rehabilitation programs, more specifically to begin to identify a sequence for program completion for offenders with multiple needs. In general, offender programs were offered as independent treatment units with no integration either with other programs or to long-term case-management. Moreover, many of the more psycho-educational, lower intensity programs, which might be understood as aiming to increase motivation to change, had no apparent therapeutic sequel. With only a few exceptions (e.g., sex offender programs), there appeared to be little or no relationship between prison-based and community based interventions.

Private Prisons

Several jurisdictions have privately operated prisons, which uphold the strong emphasis on offender rehabilitation programs. Private prisons delivered either identical programs to that of the Department, or programs with “like outcomes”.

Models of program delivery, including referral and pre-program assessment, mirror those of the Department. The challenge for some Departments is the exchange of offender information from and to private prisons.

Community Corrections

In general, offender rehabilitation programs are less developed in Community Corrections. This can be attributed largely to the recency of offender programming initiatives, resource limitations, the greater diversity, in terms of sanction and risk, and thus the prioritisation of custodial environments.

Most Community Corrections Departments are developing or have developed frameworks for the identification of offender risk and criminogenic needs, and the development of case management plan. Probation and Parole Officers then make program referrals. There appears to be a trend in the community to refer, and indeed accept, clients who might not be suited to the programs. This was attributed to the perceived need that “doing something” is better than “doing nothing”.

Offender Rehabilitation Programs: Strengths

Each jurisdiction has a well-developed systems of program delivery, highly motivated program staff and a general organisational acceptance of the importance of offender rehabilitation. The last ten years has seen a major expansion in the range of programs offered and, over time, the quality of programs offered appears to be improving. A number of program strengths were identified, including

- The consistent evidence-based approach to offending throughout Australia;
- The delivery of offender rehabilitation in both community and custodial environments;
- The commitment of program staff not only running the programs but also to ongoing development and review of these programs;
- The implementation of models for professional supervision;
- The development of pre-program assessments;
- The recognition of the need for program evaluation, with several jurisdictions having undertaken or are undertaking external review of their programs; and
- The increasing recognition of the need to deliver, adapt and/or develop programs for offenders with special needs, female offenders and Indigenous offenders.

Offender Rehabilitation Programs: Emerging Themes

It is striking that all jurisdictions have dedicated considerable resources to the development of offender rehabilitation programs and have well developed models of service delivery currently in place. The similarities between jurisdictions are great: most, if not all, have programs dedicated towards the reduction of re-offending risk in sexual and violent offenders, along with other programs, such as cognitive skills, which have been designed to address some of the more general causes of offending.

None of the jurisdictions has a clear legislative mandate to deliver such programs, and as such, their ability to implement successfully rehabilitation programs gives testimony to the commitment and belief of staff in the value of rehabilitation. There is a universal commitment to evidence-based practice, and adherence to the principles of service delivery commonly referred to as the ‘what works’ approach. At the same time, most jurisdictions identified areas where further development was needed to strengthen existing programs. Across all jurisdictions these included a need for program evaluation, and in particular a need to establish the longer-term effects of programming upon recidivism, and the need for further infrastructure support, notably in the area of additional resources for staff training and ongoing professional supervision.

A general comparison of the programs currently offered against “good practice” criteria suggested other areas for development. Although there is some variation between jurisdictions, examples of these included a need for further work included articulating the theoretical underpinnings of programs, more developed assessment and selection processes, and better integration with broader case management processes.

One issue of major significance is the intensity of existing programs. Most programs would be regarded as brief in comparison with accepted international practice, which recommends a minimum of 100 hours program time if programs are to achieve optimal results in terms of reductions in recidivism. Currently only a few programs delivered in Australia would be this intensive, and obviously, these programs are more demanding of resources. The extent to which less intensive programs currently offered can achieve strong reductions in recidivism is currently unknown.

Regarding particular types of program offered, the lack of development of programs for Indigenous offenders was noticeable. This was despite a widespread recognition of the need for this type of program. Similarly, the differing needs of women offenders, while acknowledged, are yet to be comprehensively addressed through specific offender rehabilitation programs.

We would also draw attention to the diversity of substance use programs that are available, with our survey revealing only a few examples of programs that directly addressed the relationship between substance use and crime in any significant manner. Moreover, given the high levels of poly-substance use and dependence in offending populations, it is of concern that these programs are generally of low intensity and poorly integrated with other offender rehabilitation programs.

Offender Rehabilitation Programs: The way forward?

Pooling of Resources?

This survey has highlighted a remarkable degree of uniformity across jurisdictions in their approach to offender rehabilitation. Whilst the suite of programs offered varies slightly, each jurisdiction has shown a commitment to developing evidence-based rehabilitation programs united around a common set of human service principles. There appears to be a strong case for closer collaboration between the States and Territories in further developing these programs. For example, staff training conducted by international experts could be better co-ordinated, and jurisdictions could share the responsibility for developing a stronger theoretical rationale for programs. It is particularly encouraging that jurisdictions now appear to be sharing programs, such that a consistent approach to sex offender and cognitive skills programming is now emerging across Australia. The recent introduction of an offender programs newsletter represented a positive attempt to share expertise between jurisdictions, and it is unfortunate that this initiative now seems likely to fold.

Accreditation?

A predictable consequence of the focus on 'good practice' in program delivery has been an interest in evaluation, quality assurance, and accreditation. In those international jurisdictions that have introduced treatment program accreditation, such as England and Wales, Canada, and Scotland, there has been acceleration in the effectiveness of correctional programming and renewed acceptance of treatment programs by authorities (Lipton et al., 2000).

Two different models of quality control seem to exist in correctional services internationally. Formal accreditation systems require the preparation of an extensive application for accreditation and formal review procedures to ensure further accreditation. Offender program standards, on the other hand, provide basic guidelines for program development, implementation, and evaluation without the need to seek formal approval from an independent authority. The major differences between the two models relate to the role of the accreditation panel compared with the role of a responsible authority. The Accreditation model vests a great deal of power in a centralised decision-making body *prior* to the implementation of any offender rehabilitation program. It also performs an annual audit of compliance with program design. The second model utilises clear program standards, which specify both service requirements and practice standards or performance indicators, to guide correctional services in the development of programs. The responsible authority conducts compliance monitoring *after* implementation of the program.

In the United Kingdom, a new accreditation process was established in 1999 to operate jointly for prison and probation services. This operates as the Joint Prison and Probation Accreditation Panel, whose key responsibilities are to accredit programs; recommend and review program design and delivery criteria; advise on curriculum development and advise on related matters such as assessing risk and need. Accreditation involves both video-monitoring and site visits and auditing of records of quality of delivery. The overall audit result for each site is expressed as an Implementation Quality Rating.

In New Zealand, there is currently no independent body comparable to the UK Joint Prison and Probation Accreditation Panel. However, correctional authorities use a process of 'clinical monitoring' for their 100 hour programmes that addresses

criminogenic needs. This involves regional staff viewing 15 hours live or videotaped recordings of programmes and subsequently rating the programme on a range of measures. In addition, all programmes within corrections are subject to outcome evaluation using a locally developed statistic entitled 'The Rehabilitation Quotient' which is reported on every twelve months.

The Correctional Service of Canada has been actively involved in a review process to ensure that its programs are designed to maximise effectiveness and that they embrace the latest treatment techniques and delivery standards for each specific program area. Programs are presented to review panels that consist of internationally-recognised experts in the field who assess the program in relation to specific criteria. Those programs that are rated as fulfilling the required criteria are then recommended by the panel to the Commissioner for accreditation. In turn, the quality of the delivery of accredited programs in the field (institutions and community) is then assessed through a process of site accreditation.

The United States has a system of independent State jurisdictions in addition to the Federal government managing a correctional system under the Department of Justice's Bureau of prisons. According to Lipton et al. (2000), no jurisdiction has adopted an accreditation system for its correctional treatment programming. In the last few years however, the American Correctional Association and the Therapeutic Communities of America have developed a set of standards for in-prison therapeutic communities for drug-users. These provide minimum criteria for assuring appropriate implementation of prison based TC oriented programs.

In Australia, New South Wales has established a Program Accreditation Framework, and the Program Accreditation Panel has accredited one program, Think First. Moves are afoot in this jurisdiction to accredit sites delivering rehabilitation programs via the

Site Accreditation Panel. Similar accreditation directions are planned for Queensland with the development of their Quality Assurance Guidelines. Other jurisdictions (e.g., Victoria and South Australia) have developed sets of program standards as a means of ensuring program quality.

To date there has been no attempt to describe the nature and scope of offender rehabilitation programs offered across Australia (Howells & Day, 1999) despite some interest in the idea of developing national accreditation procedures and some state based initiatives. Whether or not a national accreditation system is required remains open for discussion. In a federal system, such systems can easily become overly bureaucratic and limit service developments. It would appear; however, that increased opportunities to share information and solutions to implementation problems would be welcomed by many, and there appears little need for any jurisdiction to be defensive about its progress in the area of rehabilitation. We hope this report will provoke further debate on the issue of national accreditation, as the issue is far more complex in Australia than in other international jurisdictions. For example, legislative, geographic, and political separation may be a serious impediment to the development of national accreditation processes.



Part B:

Offender rehabilitation programs:

A Jurisdictional Perspective

Offender Rehabilitation in Australia: Overview

The following section is anticipated to be of most interest to program managers, administrators and facilitators, who might be interested in offender rehabilitation in States/Territory other than their own. It is intended to provide a descriptive account of offender programs offered throughout Australia, by providing an overview of the current status of offender numbers throughout Australia, the rate of program enrolments and the budgets allocated to offender rehabilitation.

Given the varied legislative guidance for offender rehabilitation, it is reassuring that Departments are developing policies, procedures and operating guidelines to facilitate the delivery of offender rehabilitation programs. Each correctional jurisdiction implements offender rehabilitation programs on a local level, both in the community and custodial settings.

The following section provides an overview of offender rehabilitation programs delivered by each State/Territory. Tables 10-18 provide a summary of the offence focussed programs delivered in 2003, which meet the current study's offender rehabilitation program definition: that is, a group program that targets offence-based needs greater than 10 hours in duration, for each jurisdiction in Australia. It should be noted that all Departments currently deliver a number of other programs (educational and vocational) that may be considered to assist offender rehabilitation. These programs are not considered in this report.

South Australia

The Department for Correctional Services manages some 5,000 prisoners annually, with a daily average of approximately 1,300 inmates. In South Australia, inmates are

housed in one of 9 prisons (Adelaide Remand Centre, Yatala Labour Prison, Adelaide Women's Prison, Port Augusta Prison, Port Lincoln Prison, Mobilong Prison, Cadell Training Centre, Adelaide Pre-release Centre, and the privately operated Mount Gambier Prison). In the community, approximately 10,000 offenders are supervised annually, and Community Corrections is responsible for the administration of about 20,000 orders. Community-based orders are supervised by 16 Community Corrections offices, across both country and metropolitan areas.

Specific amounts from the Community Corrections (\$15.3 million) or the Prison (\$54.4 million) operating budgets are not currently allocated to the delivery of Core Programs. However, the current government has recently made \$6 million available for the development of three new rehabilitation programs to target sexual offending, violent offending, and Indigenous offending.

In 2003, program enrolment rates indicate that of the 5,000 offenders who are supervised by the Department in 2000 were enrolled in a rehabilitation program, with nearly 80% of these offenders completing programs. Approximately 36% of offenders were enrolled in brief interventions (2 hours in duration). Less than a third of offenders enrolled in programs were enrolled in one of the programs of interest for the current study (anger management, alcohol and other drugs – therapeutic, domestic violence, ending offending and/or victim empathy).

The Department of Correctional Services delivers five offender rehabilitation programs or “Core Program” (refer to Table 10). The delivery of “core programs” is unique in that identical programs are offender in custodial and community settings. Similarly, with the exception of Domestic Violence, all programs are deemed to be gender non-specific. The Department has one program specifically for Indigenous Offenders, and is in the process of developing a “Grief and Loss Program”. The

Department is currently introducing a new Cognitive Skills Program, Think First, and is piloting this program in a prison and community setting.

Table 10: Offender Rehabilitation Programs: South Australia

	Duration	Treatment Area	Special Needs
Anger Management	20 hours	Anger	
Victim Awareness	10 hours	Victim Awareness	
Alcohol and Other Drugs (Part A and B)	12 hours	Substance Use	
Domestic Violence	24 hours	Violence	
Ending Offending	12 hours	Substance Use	Indigenous
Think First (Pilot)	44-60 hours	Cognitive Skills	

South Australia: Future Directions

“State Government funding for Rehabilitation Programs will see the introduction of Sex Offender Treatment Programs into both prisons and Community Corrections in 2004, to be followed soon after by programs for Violent Offenders. As part of the same initiative there will also be extra staff and specific programs for Aboriginal prisoners and offenders. The proposed building of a new women’s prison should provide the opportunity for not only purpose built facilities but also the development and introduction of programs specific to the needs of women. Following last year’s pilot of the ThinkFirst (cognitive skills) program it is anticipated that 2004/05 will see the program operating in both prisons and Community Corrections. Plans for (program facilitator) training to be centrally located, the review and evaluation of current programs, along with the anticipated introduction of an enhanced assessment process, should see an improvement in targeted service delivery and treatment options. In tandem with these program initiatives are the regular reviews of our Case Management and Throughcare policies and procedures. This provides the opportunity to update continually and improve our practice in order to ensure a consistent and integrated approach to prisoner/offender management and rehabilitation is taken across the organisation.”

Quote from South Australian departmental representative

Victoria

Corrections Victoria has a daily average of 3,644 prisoners. In Victoria, adult inmates are housed in one of 13 prisons (11 public, 2 private, one of which is primarily a

remand facility). In the community, the daily average of offenders supervised is 7,407. Community-based orders are supervised by 35 Community Corrections offices throughout Victoria.

In keeping with the rehabilitation goals of Corrections Victoria, Corrections Victoria delivers offence-focused rehabilitation programs, in both community and custodial settings. In 2002-03, 181 offenders completed community-based programs and 125 prisoners completed custodial-based programs. To date, in 2003-04, 327 offenders completed community-based programs and 331 prisoners completed custodial-based programs (at March 2004).

Of the net recurrent expenditure on prisons (\$195,935,000), \$1.8 million was allocated to the delivery and development of offender rehabilitation programs (cognitive skills, sexual offender and violence programs), \$2,163,382 was allocated to deliver drug and alcohol treatment programs in public and private prisons. Funding of drug and alcohol treatment programs in the community is provided by the Department of Human Services.

Corrections Victoria, in conjunction with private service providers, delivers 16 offence-focussed rehabilitation programs, in private and public prisons and community corrections (refer to table 11). In line with policy direction, to reduce the number of prisoner beds, there is a strong emphasis on the delivery of offence focused rehabilitation programs in custodial environments, with the majority of these programs targeting substance-using offenders. The Department has a policy framework for the future deliver of programs to meet the needs of cognitively impaired, sensory impaired, physically impaired offenders and offenders from different cultural backgrounds.

Table 11: Offender rehabilitation programs Victoria

	Duration	Treatment Area	Special Needs
Simple No-nonsense Anger management Program (SNAP)	12 hours	Anger	
Think First	51-60 hours	Cognitive Skills	
Alcohol and Driving Education+	12 hours	Substance Use	
Benzodiazepine Education Program+	12 hours	Substance Use	
Cannabis Education Program+	12 hours	Substance Use	
CLD Drug Education Program+	10 hours	Substance Use	Culturally Diverse
Prison Based Drug and Alcohol Program – Intensive Program+	130+ hours	Substance Use	Female adaptation
Relapse Prevention Program +	12 hours	Substance Use	
Alchemy: Alcohol Education and Reduction+	20 hours	Substance Use	
Understanding Substance Abuse and Dependence+	40 hours	Substance Use	
Managing Emotions+	48 hours	Anger	
Me and My Family+	20 hours	Domestic Violence	
Sex Offender Program (MMIP)	144-288+ hours	Sex Offender	
Managing Our Relationships	28 hours	Domestic Violence	
13 Week Intensive Drug Treatment Program*+	125 hours	Substance Use	
Alcohol and Other Drugs*+	12 hours	Substance Use	

* Manual not available +program delivered by private service provider

Victoria: Future Directions

" In 2001 substantial State Government funding was provided to manage a predicted increase in the prisoner population. The development and delivery of new assessment processes and a range of programs and support in public and private prisons and community correctional services is one of numerous initiatives of the Corrections Long Term Management Strategy. To date, sex offender programs and drug and alcohol programs have been revised, cognitive skills programs have commenced delivery, and violent offending programs are due to commence. All these programs are based on theoretical principles that address risk (offender assessment), need (offender treatment) and responsivity (offender management). In the future, it is planned for program delivery to become modular (i.e., the more needs, the more treatment offered). A correctional system responsive to offender need requires an effective offender management system. Case management processes are currently being revised to meet "what works" principles."

Quote from Victorian departmental representative

New South Wales

The Department of Justice manages a daily average of approximately 8500 inmates. Data on community corrections were unavailable. Correctional Budget allocations to offender rehabilitation were unavailable. Program enrolment and completion rates were not available.

The Department for Corrective Services has recently culled the number of programs delivered, from in excess of 1000 in 2002, to five in 2003 (refer to table 12). This move corresponds with the Department's commitment to the delivery of programs congruent with "best practice". The Department has recently established a Program Accreditation Framework and, to date, the Program Accreditation Panel has accredited one program; Think First. The Department has well developed educational and vocational programs, in which entry is linked to risk/need assessment (LSI-R).

Table 12: Offender Rehabilitation Programs: New South Wales

	Duration	Treatment Area	Special Needs
Alcohol and Other Drugs: Education	12 hours	Substance Use	
Alcohol and Other Drugs: Relapse	12 hours	Substance Use	
Think First	44-60 hours	Cognitive Skills	
Violent Offender Therapeutic Program*	831 hours	Violence	
CUBIT – Adapted*	600 hours	Sex Offender	
CUBIT – Moderate*	480 hours	Sex Offender	
CUBIT – High Intensity*	720 hours	Sex Offender	
CORE (Sex Offender)*	120 hours	Sex Offender	

**sections of manual reviewed*

New South Wales: Future Directions

“New South Wales is currently embarked on a program of change which will bring about improvements in both the delivery of offender programs and information technology to support and evaluate the programs.

In respect of programs:

The Department has identified the Level of Service Inventory–Revised (LSI-R) as the most appropriate instrument to be used to assess the risk of re-offending and to broadly identify the areas which need to be addressed to reduce that risk. The LSI-R will not replace all other assessments. Screenings to identify risk of suicide, family and social issues, transitional

needs and security classification will also be maintained. Drug and alcohol, education and psychological assessments will continue to be completed where necessary. For some categories of offenders eg sexual offenders, the LSI-R may be supplemented with other tools. The battery of assessments, including the LSI-R will be used to formulate a case plan for offenders for their whole of sentence, including any period under community supervision.

- *The Department will be making a distinction between programs directed towards reducing re-offending and those directed towards inmate safety and wellbeing. Programs directed towards reducing re-offending will be accredited under a program accreditation framework developed by the Department, and which reflects the “what works” literature, whilst other programs will need to be approved by the Program Development Unit.*
- *Specialist programs will also continue to be delivered in areas related to drugs, disabilities, violence and sexual offences.*
- *A new unit is being established to develop integrated programs and services based on evidence of ‘what works’. The unit will produce modularised and manualised programs that target specific dynamic risk factors and which will undergo the accreditation process.*
- *Staff will be trained to develop the new programs and to operate under a program framework.*

In terms of information technology the Department has embarked on an “e-case management” strategy designed to support an integrated approach to managing offenders throughout their entire sentence. This strategy will also provide the data collection capacity required to comprehensively report on and evaluate programs conducted throughout the Department.”

Quote from NSW departmental representative

Australian Capital Territory

The Department of Corrective Services manages some 734 remandees annually. In the ACT, adult remandees are housed in two remand centres and one period detention centre. In the community, nearly 1,038 offenders are supervised annually. Community-based orders are supervised by one Probation and Parole Unit.

Of the Correctional Budget of \$18,135,000, approximately \$1,125,054 was allocated to interventions. This offender program budget includes the provision of offender rehabilitation programs, and infrastructure.

Program enrolment rates indicate that of the 734 offenders who were on remand since 2003, just over 500 (or nearly 70%) were enrolled in a rehabilitation program, with approximately 71% of these offenders completing the program.

ACT Corrective Services delivers five offence-focussed programs (refer to Table 13). The Department offers a unique programming service in that it offers offender rehabilitation programs, most commonly substance use programs, to offenders sentenced to periodic detention.

Table 13: Offender Rehabilitation Program: Australian Capital Territory

	Duration	Treatment Area	Special Needs
Drug Awareness Program	12 hours	Substance use	
Coping Skills Program	30 hours	Substance Use	
Thinking for Change	44 hours	Cognitive Skills	Women's Adaptation
Power and Control+	48 hours	Domestic Violence	
Sex Offender Treatment Program	260 hours	Sex Offender	

+program delivered by private service provider

Australian Capital Territory: Future Directions

“ACT Corrective Services established the Offender Intervention Programs Unit in November 2000 as a means of demonstrating its commitment to ensuring that the ‘What works’ principles are incorporated into the day-to-day case management of both community-based offenders as well as those who have been incarcerated. Since that time, program development has been at the forefront of correctional service provision. Hence, the Service is committed to ensuring that all programs are evaluated on an ongoing basis to ensure that best practice standards are met. For example, the alcohol and drug programs have been reviewed since this research was undertaken and other programs are currently under review. Furthermore, the Service recently sponsored the training, in Canada, of a staff member in the Correctional Program Assessment Inventory (CPAI). The Service considers that it is in a unique position, to develop a centre of excellence in regard to the deliver of offender intervention programs and it is highly likely that the CPAI along with the information obtained through this research project will be the catalyst for achieving this.”

Quote from ACT departmental representative

Queensland

The Department of Corrective Services manages some 5,095 prisoners annually. In Queensland, adult inmates are housed in one of 13 prisons (11 public, two private and 6 performing remand and reception functions). In the community, nearly 12, 000 offenders are supervised annually. Community-based orders are supervised by 32 Community Corrections area offices throughout the Queensland.

Of the Correctional Budget of \$395,658,000, approximately \$47,633,000 was allocated to interventions. This offender program budget includes the provision of offender rehabilitation programs, industry and infrastructure.

Program enrolment rates indicate that of the 5,000 offenders who were imprisoned by the Department in 2003, 3,556 (or nearly 70%) were enrolled in a rehabilitation program, with approximately 61% of these offenders completing programs and nearly 20% of offenders failing to complete programs for reasons beyond their control (e.g. institutional transfer).

In Community Corrections, of the nearly 12,000 offenders supervised, approximately 2854 (or nearly 24%) of offenders were enrolled in a rehabilitation program, with approximately 61% of these offenders completing the program.

The Department for Corrective Services delivers 11 offender rehabilitation programs (refer to table 14). The Department has designed and adapted several programs to meet the needs of Indigenous and female offenders. The Department is developing mechanisms to strengthen Quality Assurance mechanisms.

Table 14: Offender Rehabilitation Programs: Queensland

	Duration	Treatment Area	Special Needs
Anger Management	20 hours	Anger	Female adaptation
Cognitive Skills	32 hours	Cognitive Skills	
Ending Offending	12 hours	Substance Use	Indigenous
Substance Abuse Managing and Preventing Relapse	20 hours	Substance Use	
Violence Intervention Program	134 hours	Violence	
Ending Family Violence	20 hours	Domestic Violence	Indigenous
Community Sex Offender Program	44 hours	Sex Offender	
Sex Offender Treatment Program	216 hours	Sex Offender	
Sex Offender Intervention Program	60 hours	Sex Offender	
Indigenous Sex Offender Program	216 hours	Sex Offender	Indigenous
Domestic Violence+	48 hours	Domestic Violence	

+program delivered by private service provider

Queensland: Future Directions

“The Department is developing a new offender management system and database that aim to provide more effective and targeted interventions and offender-centred business processes. A core component of this framework is effective and efficient rehabilitation that is equitable and responsive to the diverse needs of offenders. Evidence-based practice, systematic assessment and evaluation, and continuous and sustainable improvement are key principles of the Department's efforts to provide rehabilitation programs consistent with good practice. The Department also recognises that without appropriate staff training, supervision and support, rehabilitation efforts are hindered, and is therefore committed to ensuring that those needs are met. Priorities for the coming year are:

- Policy, procedures and guidelines for program service delivery;*
- Practices for assessment based targeted program service delivery consistent with 'what works';*
- Effective systems for timely access to reliable and relevant program service delivery information and data;*
- Good governance and accountability systems; and*
- Program, facilitator and site accreditation.”*

Quote from QLD departmental representative

Northern Territory

The Department of Justice manages some 2,000 prisoners annually, with a daily average of approximately 715 inmates. In the Northern Territory, adult inmates are housed in one of two prisons (Darwin Correctional Centre and Alice Springs Correctional Centre). In the community, nearly 1,500 offenders are supervised annually. Community-based orders are supervised by 11 Community Corrections offices throughout the Northern Territory.

Of the Correctional Budget of \$44 million, approximately \$1.1 million was allocated to offender program management. This offender program budget includes the provision of clinical staff and program management and operating costs for programs in Darwin and Alice Springs Correctional Centres.

Program enrolment rates indicate that of the 2,000 offenders who were imprisoned by the Department in 2003, 342 (or 17%) were enrolled in a rehabilitation program, with nearly 75% of these offenders completing programs. Information on program completions in Community Corrections was not available.

The Department of Corrective Services delivers six offence-focussed rehabilitation programs (refer to Table 15). These programs are, to date, only delivered in custodial settings. The Department's strategic direction has recently been externally reviewed. Recommendations from this review are being implemented.

Table 15: Offender Rehabilitation Programs: Northern Territory

	Duration	Treatment Area	Special Needs
Anger Management	20 hours	Anger	
Victim Awareness	10 hours	Victim Awareness	
Cognitive Skills	24 hours	Cognitive Skills	
Alcohol Treatment Program	20 hours	Substance Use	
Illicit Drug Program	16 hours	Substance Use	
Cannabis Treatment Program	16 hours	Substance Use	
Indigenous Family Violence Program	54 hours	Domestic Violence	Indigenous

Northern Territory: Future Directions

“NT Correctional Services, Adult Custodial Operations has recently been reviewed by CAYA Management Consulting International Inc. Their report, titled “A Path to Good Corrections” (available www.nt.gov.au/justice) provided 71 recommendations, each of which the Northern Territory Government has committed to implementing. The report correctly identifies significant gaps in rehabilitation opportunities provided to prisoners within the Northern Territory, and makes recommendations that aim to enhance the range, scope, and efficacy of rehabilitation options available to prisoners. Included in this is the recommendation that professional staffing numbers are increased, and that criminogenic needs are rigorously assessed with relevant intervention programs being provided to meet the identified needs. The interventions are to remain targeted towards the ‘high-risk’ offenders, with an emphasis on strategies that are based on cognitive-behavioural theoretical approaches. The review recommends a greater emphasis on evaluation of effectiveness of interventions. The Department remains committed to the continuing development of suitable rehabilitation options that meet the specific needs of the prison population of the Northern Territory.”

Quote from NT department representative

Tasmania

The Department of Justice manages some 1600 prisoners annually, with a daily average of approximately 460 inmates. In Tasmania, adult inmates are housed in one of five prisons (Risdon Maximum Security Prison, Risdon Female Prison, Hayes Prison Farm, Hobart Remand Centre and Launceston Remand Centre). In the community, nearly 1000 offenders are supervised annually. Community-based orders are supervised by six Community Corrections offices throughout the Tasmania.

Of the Community Correctional Budget of \$3.046 million, approximately \$40,000 was allocated to the training and professional development of program facilitators.

Other budgetary allocations to offender rehabilitation were unable to be provided.

In 2003, educational and vocational programs were delivered in custodial environments, with approximately 55 prisoners completed educational and/or

vocational programs. In a community setting, 33 offenders were enrolled in cognitive skills, with 27 completing the program.

Despite the recent implementation of the Department’s two offender rehabilitation programs (refer to Table 16), it has established a framework to deliver medium to high intensity programs. The Department has developed custodial-based educational and vocational programs to augment proposed offender rehabilitation programs. The Department is in the process of implementing a community- and prison-based substance abuse program; Substance Use Is Not The Only Choice.

Table 16: Offender Rehabilitation Programs: Tasmania

	Duration	Treatment Area	Special Needs
Offending Is Not The Only Choice	46 hours	Cognitive Skills	
Sex Offender Treatment Program	216 hours	Sex Offending	

Tasmania: Future Directions

“The mission of Community Corrections states that “We are committed to working with Offenders on community based orders in ways that aim to reduce re-offending and contribute to a safer society.” The focus on reducing reoffending is consistent with the Tasmania Together plan which is the Government’s strategic plan for the state. Cognitive behavioural based group programs for offenders can be a useful tool in reducing reoffending and have accordingly been recognised and accepted as a core function of Community Corrections.

Within the Prison Service our future is very much aligned to that of Community Corrections, that is reducing re-offending and integrated offender management. The principles upon which we are formulating our custodial operating models are drawn from Australian and overseas, and are based upon “What Works”. Our focus will be on two key components of throughcare management. The first being reception, induction, classification and assessment, together with case management (including sentence planning, pre-release and community integration management) and the second focus being on programs which reduce re-offending. These will include intervention or rehabilitation programs and education, training and employment programs.”

Quote from Tasmania departmental representative

Western Australia

The Department of Justice has a daily average of nearly 3,000 prisoners. In Western Australia, adult inmates are housed in one of 15 prisons (public, private and 6 prison farms). In the community, the daily average of offenders on community correction orders is nearly 6,000. Community-based orders are supervised by 35 Community Corrections area offices throughout Western Australia and employing approximately 470 staff.

Details of the prison Correctional Budget and the percentage of this budget allocated to offender programs were unavailable.

In 2003, 993 offenders were enrolled in offender rehabilitation programs delivered in State-owned prisons and Community Corrections. Data from the private prison were not available.

The Department of Justice delivers 18 offender rehabilitation programs (refer to Table 17). Of note, the Department's programs are predominately moderate to high intensity. The Department offers a range of programs to meet the specific needs of Indigenous, intellectually disabled and female offenders. The Department has a private prison, Acacia Prison, with a mandate to deliver a wide range of offender programs.

Table 17: Offender Rehabilitation Programs: Western Australia

	Duration	Treatment Area	Special Needs
Women's Anger Management	40 hours	Anger	Women
Women's Substance Use Program	20 hours	Substance Use	Women
Moving on From Dependencies	100+ hours	Substance Use	
Managing Anger and Substance Abuse	50 hours	Substance use	
Building Better Relationships	72 hours	Domestic Violence	

	Duration	Treatment Area	Special Needs
Violent Offender Treatment Program	450 hours	Violence	
Legal and Social Awareness	66 hours	Cognitive Skills	
Community-Based Program (Sex Offender)	75 hours	Sex Offending	
Community-Based Sex Offender Treatment Program (Intellectual Disability)	75 hours	Sex Offending	Intellectually Disabled
Medium Sex Offender Program	192 hours	Sex Offending	Indigenous adaptation
Sex Offender Intensive Program	450 hours	Sex Offending	
Reasoning and Rehabilitation*+	76 hours	Cognitive Skills	
CALM*+	48 hours	Anger	
Pathways*+	99.5 hours	Substance Use	
Choices*+	43 hours	Substance Use	
Substance Abuse Relapse Prevention+	20 hours	Substance Use	

**manual not available +program delivered at Acacia private prison*

Western Australia: Future Directions

- *“Development of a solid base of expertise and experience in the provision of offender programs, based on the provision of strong staff supervision, relevant professional development and the opportunity for staff to become skilled across a variety of program areas.*
- *A commitment to best practice by reference to international research (the "What Works" literature) and the development of links with other practitioners and programs worldwide.*
- *A commitment to the development and evaluation of programs in an ongoing effort to improve their impact on offending behaviour.*
- *The development of more appropriate and responsive services to identified offender groups, especially to female offenders, Indigenous offenders and offenders with disabilities.*
- *The development of strategies that integrate programs with other aspects of offender management and which make use of the valuable contributions that uniformed prison staff can make to program implementation.*
- *A developing ability to assess risk of re-offence and criminogenic need, via the use of local and international protocols, and to use this in directing offenders to appropriate programs and to provide more accurate advice to correctional decision makers and releasing authorities.*

An understanding that the ultimate client of offender services is the community and the many victims of offending behaviour. All work with offenders if ultimately focussed on the reduction of further victimisation.”

Quote from WA departmental representative

Summary

The variation in offender numbers, budgetary allocations and different services that fall under the umbrella of offender programs, makes comparisons between jurisdictions virtually impossible. Similarly, program enrolment rates, while they paint an interesting picture of the possible expansion of program delivery, they do not highlight the number of offenders who are imprisoned for short-periods or who have received community-based sanctions which make program participation unwarranted. What these data highlights is the need to develop strategies to enhance program completion rates.

In summary, offender rehabilitation programs in Australia are clearly established, with each jurisdiction offering a range of offence-focussed programs. While the level of program intensity varies from program to program, jurisdiction to jurisdiction, there is a trend for most jurisdictions to offer programs to meet of a range of criminogenic needs and these programs are targeted to offenders of differing levels of risk.

Departments share ideals in offender rehabilitation, as evidenced by the overwhelming use of the “what works” literature to inform program development, organisational structure and program implementation. Likewise, when Departments across Australia were asked to identify future directions, a degree of consistency emerged. All agreed that the enhancement of program delivery was a priority While Departments had slightly different priorities, this goal was going to be achieved through revising and expanding programs, development of modular programs, enhancing throughcare and electronic communication, streamlining assessments (clinical, actuarial and pre-program) and developing further staff training.

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Appendix A: Interview Schedule

Part A. Initial Questions

1. Job title.
Can you tell me about your position here? What is job title? What is your role in the department?
2. Qualifications/Experience
Do you have any formal qualifications? What experience that you have brought to the position that has helped you?
3. Job History
How did you come to be in this position? Briefly what is your background? Have you worked in Corrections for some time?
4. Understanding of/ability to comment on the programs
In terms of programs, what aspects are you able to best comment upon? (Individual programs, overall programs; organisational aspects etc)
5. Briefly describe the program/s under your jurisdiction.

Part B: History

1. What is the general history of program delivery in this institution/office/department/state?
2. What programs have been delivered in the last 2 years?
3. Have these programs been run by the same staff/ what is the pattern of staff continuity?
4. How long have individual programs been running?
5. What is the rate of turnover of programs?
6. What has been the level of acceptance of these programs (*inter-departmental, community, political*)

Part C: Theoretical/Philosophical basis

1. What are some of the ideas about rehabilitation that inform these programs?
Theoretical models?
2. What informs these ideas about rehabilitation/ is there a particular influence?
Research or theory/ name of researcher or a model/
3. Is there a policy framework that articulates this position?
4. Any documentation to support this position?
5. How are theoretical/ philosophical ideas about programs conveyed to those facilitating the program?

Part D: Participant Selection/ Treatment need

1. Who are the programs meant for?
2. Are there any stated aims and objectives in terms of participant selection?
3. Are the people specified in these aims and objectives the people that, in practice, are selected for the programs?
4. Are there any problems with selection criteria? For example of people who don't fit neatly into selection criteria who end up doing the program anyway or who would be better off doing a different program?
5. What is the system of referral? Who can refer participants to a program?
6. Who finally determines participants?
7. How are participants identified as having a need for the program? How do you assess the individual needs of program participants/ Is this pre-delivery or during the program?

8. Are any tools used in selecting participants – described them
9. Is treatment related to broader correctional plans, sentencing, parole conditions?
10. How are exclusions determined? Are there people who would best be excluded who end up doing programs because for instance there are not any other suitable programs?
11. How are issues such as motivation determined? And who determines them?
12. Are there any issues such as stage of sentence or availability that are relevant in selecting participants? Anything else that impacts upon selection of participants for the program?

Part F: Program features

General

1. Why are these programs important?
2. What is the level of need for these types of programs?
3. How do these programs relate to each other? Is there a model of delivery – ie are programs delivered concurrently? Is there a priority or order in which an offender does more than one program?

Specific Programs

1. Is this program delivered in the community/prison?
2. Is this a group program or individual program? What size are the groups?
3. When was this program devised
4. What offending-based needs are targeted by this program?
5. What other sort of needs are addressed in this program?
6. What methods and strategies are used in this program? Examples of activities
7. Who determines the content of programs? Is there any staff input into program delivery or program design? Authors of the program? Feedback or planning procedures that impact upon content?
8. Who decides on changes to the program content?
9. Have you needed to modify the program from the manual to attend in any way to the individual needs of participants? In what ways? (order of material covered, exercises run to time specified? Any changes in style of delivery, any extras added? Rationale for changes?)
10. How many programs do you complete per year?
11. What is the timetable for delivery of this program?
12. When program or program sessions are disrupted or cancelled (due to staff leave, sickness, staff workload, offender crises) how is this managed? (catch up sessions, staff and time allocated to catch up sessions? Is there provision for proper sequencing?)
13. Describe the accommodation and facilities available for program delivery. Have you found them adequate? (room size, chairs, tables as required, audio-visual equipment, any resource inadequacies?)

Part G: Evaluation

1. Has any program evaluation of program/s been done? Details. Documentation? (*audits, reviews, evaluations – in-house or external?*)
2. Are outcomes measured in any way? What are you looking for when measuring outcomes? Short term? Long term?
3. How are outcomes measured? *Tools employed? Is client feedback sought?*
4. In what ways do you check the participants learning or change? What do you find works best in gauging their learning? How do you measure change?

5. What happens to clients after they leave the program? How are participants monitored/followed-up post-program?
6. What provisions are there for intervention or 'through-care' post-program? Is there any provision for therapeutic intervention? In residential settings, officer/staff involvement in after care? Any obstacles to after care?
7. What links are there between prison and community corrections in terms of follow-up? What information is passed on? How is that passed on?
8. How are participant attendance and completion recorded? Are absentees followed-up? Are there any requirements for formal records to be kept? Or problems with keeping formal records?

Part H: Staff considerations

1. How many facilitators per program? Do they deliver the entire program or do different staff deliver different aspects of the program?
2. Who are the program facilitators managed/employed by?(*ie any outsourcing?*)
3. What are some important facilitator qualities? (*Credentials, skills, interpersonal qualities, experience*).
4. How are staff recruited to be program facilitators?
5. Are there any issues in staff selection that have been problematic in program delivery? (*issues such as gender, ethnicity, understanding of offending issues, philosophy at odds with department*)
6. What constitutes training in program delivery given to program facilitators? Are there specific training programs for that particular program? What general training in program delivery occurs?; any observation of others – best practice models? Is training on-going or is it a on-off? Is training mandatory?
7. Is there an individualised training needs analysis or is training a part of the general induction of program staff?
8. Are training requirements documented in any way – manual for specific program or policy document for recruitment and induction of program staff?
9. What preparation is necessary by staff for delivery of programs (*time spent, meetings with other staff, resources needed, any obstacles?*)
10. What preparation time and debriefing time is given to facilitators? Is this time formally allocated or is it subsumed into workload? *Ie institutional support for adequate preparation and debriefing*
11. What record-keeping is required by facilitators? Is this requirement documented?
12. How are facilitators supervised, assessed and monitored? Is there formal or informal supervision of any kind? What are the methods of assessment and monitoring of staff? How do staff receive feedback on supervision or assessment? Are there any remedial action plans? Are these documented?
13. What provisions are there for staff support in the form of further relevant training? Conferences, workshops, provision of literature, in-house staff development? What competencies have been targeted in the past?

Part H: Organisational issues

1. How does program management work within this state/institution? How do line management systems operate?
2. Who makes decisions about programs within this state/institution?
3. To whom do you report regarding programs? To whom do you speak regarding programs? Who would you speak to regarding problems/suggestions for program delivery?

4. Would you say that programs are generally well supported from an organisational perspective?
5. What do you envisage as the future of program delivery in this state? Future directions? New initiatives?
6. Do you see any projected obstacles to future program delivery in this state/institution?
7. What are the contractual arrangements for provision of offender programs in privately run correctional facilities in this state? And tended out programs?
8. What are some of the potential punctuations in program policy and delivery in this state? (*points of interruption or change such as change in government, change in senior personnel, change in policy, which may impact upon delivery*) What factors have tended to influence or interrupt program delivery in this state? In what ways?
9. What is the budget for programs – are there resources for training, evaluation, program development?
10. How sustainable is the current level of program delivery in terms of adequate funding and resources?
11. What is the perceived community support for rehabilitation programs within this state? Within this department? How is this reflected in government policy and funding?

Part I:

Can you identify say 3 strengths and 3 weaknesses of rehabilitation programs in this department, as you see it?

Appendix B: Offender Program Checklist

The checklist was scored using present, partially present, absent and unknown. A rating of ‘present’ represented a clear indication, either in the manual or from informants, that the program exhibited that feature. ‘Partially present’ represented a degree of ambiguity as to whether or not the program exhibited that feature. For example, a discrepancy between the manual and practice was recorded as “partially present”. ‘Absent’ was recorded when there was clear evidence to indicate the characteristic was not present. A final rating of ‘Unknown’ represented uncertainty surrounding the characteristic. These ratings were used in this project to provide an indication of how programs compare with good practice characteristics identified in the published research and that form the basis for accreditation systems in other countries. The ratings are not intended to represent an objective evaluation of each program. The checklists were provided to individual Departments, in the form of a State/Territory Report.

PROGRAM ELEMENTS	Present	Partially present	Absent	Unknown
Theoretical/Philosophical				
Theoretical basis articulated at Policy level				
Theoretical basis articulated in Manual				
Program designed on research				
Need determined				
Clear relationship between programs				
Theory manual				
Theory manual or section of manual				
Summary of theory and literature in language understandable by program facilitator				
Staffing Considerations				

PROGRAM ELEMENTS	Present	Partially present	Absent	Unknown
<p>Area of study/training relevant to program delivery</p> <p>Individualised training needs analysis</p> <p>Documented staff training needs</p> <p>Detailed staff training course manual</p> <p>Staff receive formal training in theory and practice of intervention employed, along with additional on-the-job training, workshops etc.</p> <p>Criteria for ensuring staff competence at the end of training</p> <p>Guidelines for review of staff performance</p> <p>Personal qualities of staff outlined</p> <p>Ongoing supervision for staff</p> <p>Staff able to modify or adapt program structure as required</p> <p>Manual specifies number of staff required to deliver program</p> <p>Pre-Treatment Assessment Process</p> <p>Description of nature of offence or offender targeted</p> <p>Description of process of referral</p> <p>Description of assessment process i.e. psychometric instruments used</p> <p>Assessment of criminogenic need</p> <p>Assessment of offender responsivity (e.g. literacy, substance use, learning difficulties etc)</p> <p>Assessment of offender motivation to change</p> <p>Use of standardized psychometric risk/need assessments</p> <p>Entry provided to higher risk/need offenders</p> <p>Specified inclusion criteria</p> <p>Specified exclusion criteria</p> <p>Criteria for deselection</p> <p>Treatment manual</p> <p>Printed treatment manuals are available</p> <p>Pre-program preparation specified</p> <p>Treatment environment described (i.e. room set-up, group norms etc)</p> <p>Specify aims and objectives for each session</p>				

PROGRAM ELEMENTS	Present	Partially present	Absent	Unknown
<p>Link each session with theory</p> <p>Explain how each exercise will impact on targeted needs</p> <p>Specify a logical sequence of skill development</p> <p>Specify the methods used in skill training</p> <p>Skill training methods should vary to maintain offender interest</p> <p>Evaluate the level of skill development attained</p> <p>Provisions made for gender, culture, ethnicity or religion</p> <p>Participants Profile</p> <p>Data base of client profile</p> <p>Participant progress recorded systematically(i.e. attendance rates, interest, participation)</p> <p>Absentees documented</p> <p>Program Features</p> <p>Criminogenic needs are set as intermediate program goals</p> <p>Individual differences are considered in structuring and delivering the program elements</p> <p>Program participants are separated from rest of the population</p> <p>Delivery of treatment programs matches learning styles of clients i.e. engage higher levels of offender responsivity</p> <p>Characteristics of staff matched with type of programs they deliver</p> <p>Staff are assigned to clients they can work with effectively</p> <p>Client input helps to shape certain aspects of program structure and delivery</p> <p>Attempts made to evaluate outcomes for offenders (e.g. skill acquisition, staff ratings)</p> <p>Evaluation</p> <p>Offender feedback solicited</p> <p>Changes in attitude, behaviour and skill level monitored</p> <p>Completion or planning of a formal outcome evaluation</p> <p>Program evaluation completed (pre-post program outcomes)</p> <p>Effect of the program on recidivism determined</p>				



PROGRAM ELEMENTS	Present	Partially present	Absent	Unknown
<p>Follow-up of participants</p> <p>Follow-up of participants systematic</p> <p>Exchange of information between program and other staff</p> <p>End of program report/summary/notes</p> <p>Other</p> <p>Ethical guidelines specified and followed</p> <p>Positive changes in the program planned or underway</p> <p>Positive and stable funding situation</p> <p>Program supported from an organisational perspective</p>				