

# The Kia Marama Sex Offender Treatment Programme New Zealand



## Type of intervention



Group Work



Individual Work



Prison

## Target group/s, level/s of prevention and sub-group/s:



Tertiary prevention

Adults (21 Years +) | Males | Group Work, Individual Work, Prison | English

## Target population

Adult males who are in a medium secure unit and who have committed sexual offences against children.

Kia Marama was established in 1989 as New Zealand's first specialist prison treatment programme for child sex offenders. Originally based on the Atascadero Sex Offender Treatment and Evaluation Programme in California (Marques, 1988), Kia Marama was established as a 60-bed therapeutic community that provided group-based interventions to convicted child sex offenders.

## Delivery organisation

Department of Corrections (Statutory Body), New Zealand.

## Mode and context of delivery

The 60 bed medium secure unit is dedicated to the treatment of child sex offenders and allows for social and therapeutic interaction. The programme works with groups of eight men.

## Level/Nature of staff expertise required

There are five therapists on staff (four psychologists and one social worker/therapist) who are closely supervised to maintain quality of treatment. Prison officers employed in the unit are assigned to each therapy group and

encouraged to support and monitor the inmates' progress. The Kia Marama programme has access to a part-time cultural consultant who has helped therapists with individual clients and developed culturally appropriate welcome and departure ceremonies.

### **Intensity/extent of engagement with target group(s)**

The programme runs for 31 weeks, with groups meeting for two and a half hour sessions, three times a week. Non-therapy time is spent on assignments, therapy-related activities, prison work (e.g. kitchen and garden) or at leisure.

### **Description of intervention**

The highly structured programme aims to prevent relapses, by teaching offenders that their offending is the result of linked steps of thought and behaviour. It offers skills and strategies to break these links and opportunities for change, from initial assessment, through treatment, to post release.

The programme views sexual offending through a relapse prevention framework, based on cognitive behavioural principles. We believe this framework works better for the client because:

- it encourages him to see his offending as a series of identifiable links in a chain of problematic behaviour, rather than as a random event, which is the common view
- it allows him the possibility of control at several points (i.e. escape or avoidance) in order to end the behaviour chain
- he is not held responsible for factors making him vulnerable to offending, but is responsible for managing them
- if he can grasp the relapse prevention framework at even a simple level and if his treatment and what it required of him makes sense, then he will be better motivated

#### Assessment:

The programme starts with a two weeks assessment, culminating in a clinical formulation that allows an individual's programme to be customised within the overall structure. It includes a series of clinical interviews, beginning with the man's view of his offending and what led up to it and going on to canvas social competence. Men also complete 16 self-report scales.

#### Treatment:

- Norm building – The first module aims to establish rules of conduct essential to the group's effective functioning and to give participants an overview of treatment: 'the big picture'. Men share personal details, such as family structure and developmental and social history, to establish appropriate group interactions and elicit self-motivating statements, as well as to initiate disclosure, risk-taking and honesty.
- Understanding your offending – This module aims to enable the participant to understand his own offence chain. With the help of other group members, he is expected to develop an understanding of how factors in his background, such as low mood, lifestyle imbalances, sexual and intimacy difficulties (Ward, Hudson & Marshall, 1996) set the scene for offending.

The next two links in the chain (long-term planning and entering the high risk situation, which includes short-term planning and the offence behaviour) are distinguished by the presence of a potential victim (Hudson & Ward, 1996) or being where the presence of a potential victim is likely.

The participant describes his reactions to having offended and how these add to his difficulties and increase the likelihood of his re-offending. He then identifies essential components in his offence process; typically, three links in each of the distal planning and high risk phases. Treatment goals are specified for each link.

- Arousal conditioning – We believe any linking of children with sexual pleasure means that in a risk situation (e.g. a negative mood and the presence of a potential victim) the man will experience deviant sexual arousal. This view is borne out by the literature (e.g. Marshall & Barbaree, 1990b).
- Victim impact and empathy – Men are encouraged to read aloud accounts of sexual abuse and see videotapes of victims describing their experiences. An abuse survivor comes in as a guest speaker and facilitates a discussion about the impact of abuse, both in general and specifically to her. The men then write an ‘autobiography’ from their own victim’s perspective, covering the distress they suffered and the on-going consequences of the abuse. Finally, each group member role-plays himself and his victim, with the group helping, challenging, suggesting additional material and, with the therapist, approving.
- Mood management – Men are introduced to a cognitive-behaviour model underpinned by mood. They are taught to distinguish between a range of emotions, including anger, fear and sadness. Physiological techniques include relaxation training and information on diet and exercise.
- Relationship skills – The programme establishes the benefits of intimate relationships and discusses how these may be enhanced. It focuses on four areas; conflict and resolution, constructive use of shared leisure activities, the need for communicating, supporting and rewarding each other and intimacy as the key to the other three.

The programme pays attention to the relationship style each man exhibits or describes, identifies features which might block development of intimacy and looks at more effective ways of developing intimacy.

This module also introduces issues of sexuality and sexual dysfunction and confusion about adult sexual orientation, as a part of reducing risk.

- Relapse prevention – This is the programme’s lynchpin and its concepts are introduced early on. It further helps the participant to identify internal and external factors that are risky for him and to link them with good coping responses. The programme’s overarching belief is that there is no ‘cure’ for a person’s sexual attraction to children and the goal of treatment is to enhance self-monitoring and behaviour control.
- Relapse planning and aftercare – Release plans are discussed and refined throughout the programme. A full time therapy staff member (re-integration co-ordinator) liaises between the offender, community agencies and significant others.

## **Evaluation**

“And there was Light” (Bakker, Hudson, Wales & Riley, 1998) details the effectiveness of the Kia Marama programme in reducing recidivism. 238 Kia Marama graduates were compared against a control group of child sex offenders convicted between 1983 and 1987 (N=284), before the programme started. The control group was not a pure control group in the sense that Psychological Service staff would have already seen many of these offenders for individual treatment.

After controlling for various demographic and offence variables (e.g. ethnicity, number of previous sexual convictions) and differing lengths of follow-up, survival analysis revealed a significant difference (Ward statistic=5.6221 [df=1],  $p < .05$ ) between the Kia Marama treatment completed group and the non-treatment control group. Kia Marama treated subjects had less than half the number of re-offenders than were present in the control group (10% as opposed to 23% reconvicted of a sexual offence).

## **References**

<http://www.corrections.govt.nz/resources/the-effectiveness-of-correctional-treatment/2-kia-marama-sex-offender-treatment-programme.html>

Bakker, L., Hudson, S., Wales, D., & Riley, D. (1998). *And there was light: Evaluating the Kia Marama treatment programme for New Zealand sex offenders against children*. Psychological Service Report, Department of Corrections. Wellington, New Zealand.

Hudson, S.M., Wales, D.S., & Ward, T. (1998). Kia Marama: A treatment program for child molesters in New Zealand. In W. Marshall, S.M. Hudson, T. Ward, & Y. Fernandez (Eds.), *Sourcebook of treatment programs for sexual offenders* (pp 17-28). New York: Plenum.

## **Contact details**

Email: [alexandra.green@corrections.govt.nz](mailto:alexandra.green@corrections.govt.nz)