## CHAPTER 5

## PROCESSES AS RESEARCH METHODOLOGY

### 5.1 INTRODUCTION

The researcher focused on the basic principles of processes as research methodology. This is an accepted approach in the caring professions because it is largely circular in configuration (Leedy, 1993 as in De Vos, Strydom, Fouché, Poggenpoel & Schurink, 1998, p. 38). It also adds to the general underlying body of scientific knowledge available to the profession. This is in line with Binder and Geis (1983) and others' perspectives. In their criminal justice research, Binder and Geis (1983) held that research methodology was a set of procedures/processes designed to achieve clear thinking. Graziano and Raulin (1989, p. 2) concur, stating, "the essence of modern science is the way of thinking, the discipline in asking and answering questions. It is the intellectual and logical processes of thoughts and demands for evidence, and not the technologies, which characterize science." Marshall (1996) is of the opinion that there is a need to consider therapeutic processes as a primary target for research and clinical development as these processes will enhance the achievement of current treatment targets.

This chapter discusses the various processes involved in the study, as it was critical to produce results that would add value to the existing body of available research.

### 5.2 DEFINING A PROCESS

For the purposes of this study, a process was "a series of natural stages passed through bringing development or change" (Chambers-MacMillan, 1996, p. 765).

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## 5.3    THE PROCESSUAL PARADIGM

Over the years three strategic schools of thought developed about the way managers/entrepreneurs think about their daily business (Van der Heijden, 1996).  In this study the researcher's "daily business" was very much strategic thinking, which meant identifying strengths, weaknesses, challenges and opportunities as well as looking for solutions to identified problem areas.  This then involved many different processes.

According to Van der Heijden (1996), there are three schools of thought, namely:

> ➤ The rationalist strategic school, who codify thought and action separately. The underlying assumption for them is that there is one best solution and to get as close to this as possible within the limited resources available.  The metaphor for this paradigm is often compared to a machine.

> ➤ The evolutionary strategic school, who emphasize the complex nature of organizational behaviour beyond the realms of rational thinking but have little predictive power.  The metaphor for this paradigm suggests ecology.

> ➤ The processual strategic school, who take a middle position.  They suggest that while it is not possible to work out optimal strategies through a rational thinking process alone, they can create a process in organizations that will make them more flexible, adaptable and capable of learning from their mistakes.  This school looks for successful evolutionary behaviour of the organization as the ultimate test of a successful process.  They also believe that this can be influenced, and draw on the "management of change" literature (Van der Heijden, 1996, p. 39).  This paradigm is often compared to a living organism or system.

The processual view starts from the premise that business success requires an original intervention from people involved.  This implies the mobilization of the brainpower of its people in their networking and observational skills.  The processualist is interested in internal processes.   Studying the processes taking place inside

organizations leads to the fundamental starting point of the processual paradigm, namely the "interwovenness of action and thinking" (Van der Heijden, 1996, p. 36).

Processualists believe that we need to get into a loop of thinking action, perception and thinking towards continual learning and that an effective strategy is one that triggers one's entry into that learning loop. The concept of the learning loop/learning cycle is an integrative learning model developed by David Kolb who synthesized it from the theories of Kurt Lewin, John Dewey, Jean Piaget and others (Van der Heijden, 1996; Inglis, 1994).

**Figure 5.1          The Learning Cycle**



**Kolb's learning cycle**
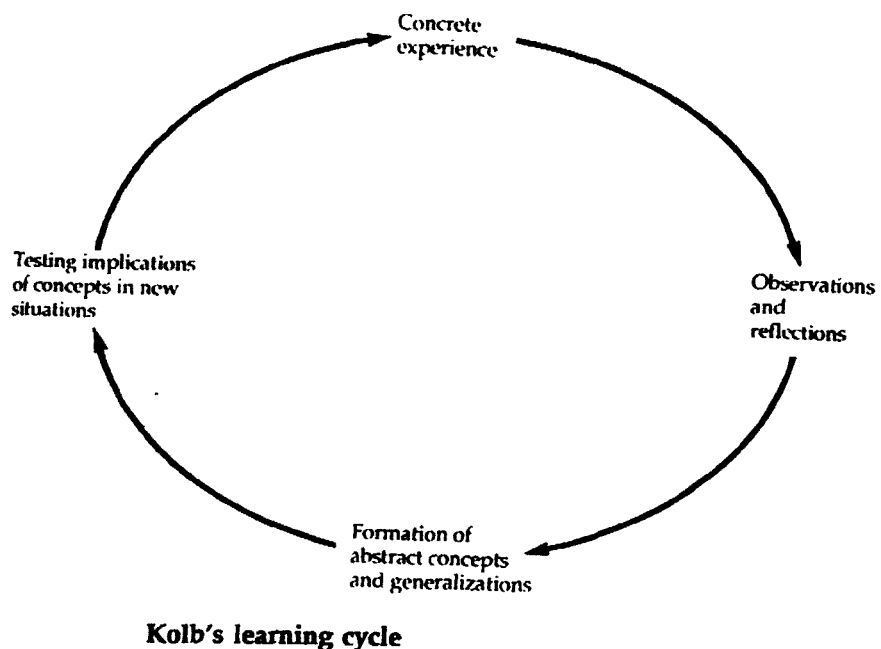
Source:  Inglis (1994, p. 15)

According to this model, the learning loop/cycle describes the strategy development process in its integration of experience, sense making and action into one holistic phenomenon. It is not incidental or episodic, but a process that goes on continuously

by means of step-by-step development, rather than finding one right answer. Uncertainty and ambiguity are therefore faced head on.

The steps followed in this study also included controls. Schermerhorn (1997) indicates that there are two types of controls, namely output controls and process controls. He sees output controls as a focus on desired targets that allow managers to use their own methods for reaching defined targets, while process controls are an attempt to specify the manner in which tasks are to be accomplished. Both these concepts are valid but this study focused mainly on process controls. Schermerhorn identifies three types of process controls, namely

- ➤ policies, rules and procedures (e.g., the requirements by the University of Pretoria, policies and rules by the Department of Correctional Services, procedures in psychometric tests, etc)
- ➤ formalization and standardization (e.g., written documents and/or procedures that guide behaviour and decision making as this allows a proper sequence of tasks to be executed in the future and for similar activities to be repeatedly performed in a similar manner by other researchers/managers)
- ➤ total quality management (which determines the process for continual improvement. It includes and sets the guidelines for future development of the organization's operations emphasizing training, learning and consistency of purpose as important lessons that all organizations need to be reminded of constantly.)

This study therefore focused mainly on processes and processual points of view and process controls. However, the other rationalist and evolutionary views were also brought together in the end because organizational learning represents a way to integrate these three perspectives.

## 5.4    STEPS FOLLOWED IN THIS RESEARCH PROCESS

It is important to understand what is meant by research process.  Leedy (in De Vos et al., 1998) indicates simply that basic research has one primary goal: discovery.   For Leedy (De Vos et al., 1998. p. 37), that goal is as old as the human race because discovery was essential for primeval existence, such as how to make a fire:

> Some early experimenter discovered that if two sticks were vigorously rubbed together they become warm. Aha! A brilliant idea exploded within that skull: Fire was in the stick.  This was probably the first research hypothesis!  Rub the sticks long enough and vigorously enough and the stick would smoke.  Ultimately the smoke would ignite, solving one of humanity's earliest problems.  And it was resolved by research methodology.  The term 'methodology' merely means the way in which we proceed to solve problems, i.e. the *research process*.

De Vos et al. (1998, p.38) state that modern research procedure/process contains a detailed description that is mainly circular:

- ➢ It originates with a *problem*.
- ➢ It ends with a *conclusion*.
- ➢ The entire process is based upon observable *facts*, called data.
- ➢ It is *logical*.
- ➢ It is *orderly*.
- ➢ It is guided by a *reasonable guess*.
- ➢ It *confirms* or *rejects* the reasonable guess (the hypothesis) on the basis of fact alone.
- ➢ It arrives at a *conclusion* on the basis of what the data, and only the dada dictate.
- ➢ The conclusion *resolves* the problem.

Table 5.1 illustrates De Vos et al.'s (1998, p. 44) broad guideline that was utilized to guide the research process in a step-by-step manner.

**Table 5.1    The research process**

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**1    Choice of a research problem/topic/ theme**

Step 1:  Look for a researchable topic or theme and identify the problem.

**11    Decision on the qualitative choice**

Step 2:    Consider the underlying assumptions or basic characteristics of the mode of enquiry in order to decide whether it will be the researcher's choice.

**111    Selection of the qualitative design**

Step 3:  Select the specific qualitative design to be used.

**1V    Preparation for data collection**

Step 4:  Plan how the sampling will be executed.

Step 5:  Delineate the researcher's role (e.g., how entry to a research site is going to be gained and consideration of ethical issues, for instance when leaving the field).

Step 6:  Tentatively design the protocol for recording information.

Step 7:  Write a research proposal.

**V    Data collection and analysis**

Step 8:    Collect the information, e.g., through observational methods, especially participant observation, grounded theory methodology, interviews, including focus groups, interviews and visual material and record immediately.

Step 9: Process the data (preparation for analysis) i.e., reduce the data to themes and categories with the aid of a coding procedure.

Step 10: Analyze and interpret the data (putting it all together and drawing conclusions).

**V1    Data verification**

Step 11: Ensure internal validity, e.g., by applying the available criteria for the assessment of qualitative research.

**V11    Report writing**

Step 12: Plan the narratives, compare with theories and literature, i.e., undertake a literature control.

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In the study, the researcher followed the steps described in the following sections.

### 5.4.1   Choice of a research problem, topic or theme

*Step 1:  Look for a researchable topic or theme and identify the problem.*

According to De Vos et al. (1998), three factors determine how research problems are formulated, namely

> ➢ the unit of analysis (e.g. individuals, organizations, interventions, etc. which happens almost automatically at the problem identification stage)
>
> ➢ the research goal (where the researcher decides to focus on applied research directed at developing innovative interventions - referred to as intervention design and development by De Vos (1998).  This study intended to provide possible solutions for practical problems and included a process to develop and simultaneously evaluate the treatment programme for incarcerated rapists.)
>
> ➢ the research approach

In selecting the problem area the researchers decide where their time, energy and personal resources will be invested.  In this study the researcher chose to focus on the evaluation of a treatment programme for incarcerated rapists, as the research area fell directly within her daily activities, knowledge and working environment as senior manager in the Department of Correctional Services.  As a strategist, the researcher could also think on behalf of the entire organization and work out an optimal strategy as a process of searching for maximum utility among different options (Van der Heijden, 1996).

De Vos et al. (1998) point out that for a problem/topic to be researchable, it must demand interpretation of the data leading to a discovery of fact where the discovery of fact goes beyond a mere statistical statement of comparative status or relationship, and

interpretation of the data is an explanation of the actual meaning of the data that have been gathered, arranged and processed.  Because the research, therefore, is not just a yes or no answer and is much more than simple comparisons of facts or figures, such a process taxes every mental faculty of the researcher (De Vos et al., 1998).

After finding a theme (process), the theme must be defined verbally, preferably in written form (the product) and this first definition or formulation is the identification of the research problem.  Identifying the problem and defining the theme and aims of the study involved a review of the literature and related research.  This gave the researcher a clearer understanding of the nature and meaning of the identified problem and enabled her to acquaint herself with the range of professional activities existing in the general area of the problem.  Gathering information to develop a treatment programme for incarcerated rapists included visits to various correctional facilities and international conferences to review what had already been done in this field (see chapter 2).

The associations between identifying the topic/theme and the formulation of the problem are seen as a process-product relationship (De Vos et al., 1998).

The researcher included definitions of *conceptualization* and *operalization* in order to understand what is meant clearly by these two concepts and to avoid confusion.  According to De Vos et al. (1998), conceptualization deals with the process going on in people's *mind* when they are conceptualizing simple, down-to-earth processes throughout the day while carrying on with ordinary tasks.  Operationalisation, on the other hand is dealing with the *application* of this simple process of conceptualization to the research endeavour that enables researchers to get on with the particular research project.

Both these aspects of the process were involved in this study.  The researcher conceptualized and looked at mandates for the treatment of prisoners, the number of sexual offenders in prison and the availability of treatment procedures in this country and other countries while continuing with daily activities in the work situation (see chapter 3).

In order to operationalise the process, the researcher reviewed and utilized two models (viz, the Total Transformation Management Process and the Change Cycle) to develop and evaluate a treatment programme for incarcerated rapists (see chapter 4). The essential theoretical definitions, descriptions, models, theories and concepts of the study and the analysis of the literature review are discussed in this chapter.

### 5.4.2 Decision on the qualitative choice

*Step 2:   Consider the underlying assumptions or basic characteristics of the qualitative mode of enquiry in order to decide on research choice.*

The term "qualitative research" means different things to different people and there is no general consensus on its definition (De Vos et al., 1998). For the purposes of this study, qualitative research refers to a multi-perspective approach (utilizing different qualitative techniques and data collection methods). It aims to understand, describe, make sense of, interpret or reconstruct meanings and intentions of everyday human action.

The researcher chose a qualitative approach in order to gain first-hand, holistic insight into the research problem by means of a flexible strategy of data collection.

### 5.4.3 Selection of the qualitative design

*Step 3: Select the specific qualitative design to be used.*

The researcher decided to utilize a wide range of strategies of enquiry as it depended on the skills and resources available to the researcher. Use was made of questionnaires, psychometric assessments, observation as well as participation in the treatment programme.

The literature on sexual offending provides no conclusive findings that can easily direct the design of correctional treatments (Report of the Working Group Sex Offender

Treatment Review, 1990).  Despite substantial and steadily growing knowledge in the field, there remains considerable speculation about what motivates these offenders to commit their offences, and considerable uncertainty about how best to treat or manage those who pose a risk.  From the points of view of public safety and sound correctional practice, the management and treatment of rapists should aim to reduce their risk of reoffending.  The Report of the Working Group Sex Offender Treatment Review (1990) indicates that assessment should identify risk factors related to sexual offending, treatment should deal with those risk factors amenable to change, and effective management should ensure that whatever risk remains is minimized.  This simple conceptualisation is a useful starting point.  However, effecting and coordinating the steps in the approach is much more complicated.  It requires an appreciation of the complex nature of sexual offending and of the diversity that characterizes these kinds of offenders.

The researcher therefore decided on a one-group pretest-posttest design as it is a popular and easy to implement design (De Vos et al., 1998).  De Vos et al. (1998) maintain that this design, in which a pretest precedes the introduction of the independent variable (e.g. the treatment programme) and a posttest follows it, can be used to determine precisely how the independent variable affects a particular group.  Furthermore, the researcher resolved that only the researcher and one departmental psychologist would conduct interviews with offenders in order to inform and educate the rapists regarding the potential benefits and/or risks of treatment, administer the pre- and post-assessments, and implement the treatment programme at the Leeuwkop Prison in order to eliminate possible compounding variables.

The design included decisions on which treatment modalities were best suited.  In this study a diverse population, a specific setting, namely a prison, and various methods of therapeutic and other interventions (cognitive, group, art and psychodynamic therapies) were utilized - all of which had an effect on the process and outcome of the research.

*5.4.3.1 Group therapy as treatment modality*

It is generally agreed that the most effective kind of counselling for sex offenders takes place in group settings. Cull (1992), Marshall et al. (1999), Prendergast (1991) and Clear and Cole (1999) indicate that group settings are the most effective for sex offenders as they provide peer confrontation and group support when needed, because prison treatment groups are often highly confrontational. A closed group format was used, which meant that the group was kept constant for the whole programme and no new members were included after the pretests were finalized. According to Henning (1986), this is a pre-requisite if a structured programme is implemented.

Prison treatment groups are often highly confrontational (Clear & Cole, 1999). Marshall et al. (1999) point out that confrontational treatment has had little effect so far. Clear and Cole (1999) are nevertheless of the opinion that even if confrontational, the most common group therapy technique should be guided group interaction. In guided group interaction the aim is to help offenders to understand how problems arise from failure, to acknowledge reality and to behave responsibly. Clear and Cole (1999) consider guided group interaction to be particularly effective in conveying the message that offenders need to change their ways. Cull (1992) states that group therapy provides an opportunity for an offender to be confronted and challenged by his peers at the same time as being supported and encouraged to persist with the often difficult process of treatment. Group therapy also enables other group members to process issues relevant to them that have been identified by another offender working within the group setting. The element is caring and warmth and empathy (Marshall et al., 1999). Marsh and Walsh (1995) point out that emotional intensity is vital and must be high for successful treatment, yet the therapist should maintain fair and firm, control and be aware of potentially abusive forms of confrontation. Recent economic restraints have encouraged therapists to be more efficient and offer programmes in group settings. According to Nichol (1991), offering such programmes in a group setting has therapeutic advantages in that group members can often act as cotherapists and provide valuable insights into pathological thinking and

behaviour that are unavailable to therapists. Group counselling furthermore provides peer confrontation and, when needed, group support. Any barriers to the therapeutic goal are less effective when confronted by peers, and manipulation and game playing is quickly detected and rejected by other prisoners, as it is far easier for them to detect deception than non-prisoners (Marsh & Walsh, 1995). According to Prendergast (1991), exposure to peers also serves other functions, namely:

- ➤ It helps to assuage intense guilt.
- ➤ It will earn the therapist's acceptance.
- ➤ It prevents guilt from occurring should they allow a group member to deceive the therapist, be released and lead to another victim.

The researcher used an open-ended activity group therapy approach. Each session was designed to have both directive and non-directive components. The directive components most frequently focused on activities related to disclosure of feelings, social interaction tasks, sharing of feelings and experiences with the remaining part of the group, and giving feedback. Each group member was required to actively participate in all sessions. Marshall et al. (1999) view active participation as essential, because participation has been found to facilitate the acquisition of new skills and attitudes and it promotes self-awareness and self-confidence. Moreover, it provides an opportunity for the therapist to judge how deep the offenders' expressions and pro-social views are.

No individual therapy sessions were used, an approach that is supported by Marshall et al. (1999). Prisoners were only seen individually for the pre- and post-psychometric assessments and in some instances as a short-term intervention to sort out a personal difficulty or problem. This was done just outside the group room as one group member's behaviour negatively affected another one's behaviour or was perceived to be a disruption of the group. After the intervention the offender would normally return to the group.

*5.4.3.2 Group format*

A closed group format was used, which meant that the group was kept constant for the whole programme. No new members were included after the pretests were finalized to account for attrition. According to Henning (1986), this is a prerequisite when a structured programme is implemented. During the first and second week, however, many new offenders requested to be included and had to be denied.

The programme was presented in a modular format. "A module is a separate unit that combines with others to form a larger unit, structure or system" (Chambers-Macmillan, 1996, p. 611), such as in degree courses where courses are divided into different modules and each module represents, say, a term's work. In this study a modular format was considered to be a similar process, as the programme had a set number of sessions (Appendix 6) and all combined with the others to form a larger unit. The modular form of group psychotherapy was utilized because Cull (1992) had shown it to be the most effective in treating sex offenders. It also included a combination of strategies (Knopp & Stevenson, 1988).

### 5.4.4 Preparation for data collection

*Step 4: Plan how the qualitative sampling will be executed.*

Sampling is a major aspect in the total research endeavour as the sample is the element of the population considered for actual inclusion in the study. The sample is an effort to understand the population from which it was drawn (De Vos et al., 1998). A sample is a small representation of a whole. It has been found that research workers need to interview or observe only some of the people or phenomena (a sample) to gain usable characteristics of all the subjects (De Vos et al., 1998).

Generally, the larger the population, the smaller the sample needs to be (De Vos et al., 1998). The information obtained from the Departmental computer database indicated that the Leeuwkop Prison would be the best suited as it had a sufficient number of prisoners in the required sentence category and was also exactly the same distance (approximately 30 km) for each of the psychologists to travel daily.

### 5.4.4.1 The size of the sample

Twenty-two prisoners were available in the Leeuwkop Prison who complied with the inclusion criteria. After the initial interviews some rapists indicated that they were unwilling to participate in the project. Ten rapists indicated their willingness to participate in the whole programme.

According to Lantz (1993), the success of a group is enhanced by the inclusion and/or composition of the members and the optimal group size is 8 persons. Brammer and Shostrom (1982) regard a minimum of 3 and a maximum of 12 as the optimal group size. Marshall et al. (1999) recommend an optimal group size of 8, with a minimum of 3 or 5 and a maximum of 10 or 12. The 10 prisoners who were involved in the treatment programme fell into the suggested optimal group size and a group treatment approach best described as open-ended activity group therapy was used with both directive and non-directive components. The prisoners were encouraged to participate actively as this promotes self-awareness and self-confidence, facilitates new skills and attitudes and allows the therapist to judge the depth of the offenders' expressions and pro-social views (Marshall et al., 1999).

### 5.4.4.2 Inclusion criteria

In selecting all possible rapists for participation in the treatment programme, the researcher took note of Evans and Gallichio's (1991) inclusion criteria. Evans and Gallichio (1991) found that participants with the best prognosis for treatment have a limited history of sex offences, are not suffering from a psychiatric disorder, are of

normal functioning and want to change.  According to Cull (1990), the need to want to change is very important because for people to want to change in order to get parole, they need to be able to acknowledge that they have a problem and then want to do something about it.  To be included in the group, then, the participants had to meet the following criteria:

> be first-time offenders convicted for rape
> have a sentence of between 7-10 years
> have no previous convictions
> have at least 4 years of their prison sentence left to ensure continuity and deal with possible attrition
> be willing to participate in the research project
> participate voluntarily by giving written and informed consent to partake in the whole treatment programme as this greatly determines the successful completion of any programme, especially for sex offenders (Pallone, 1991)
> be from different cultural groups and have different customs and belief systems

The researcher used these criteria for the following reasons:

> According to Evans and Gallichio (1991), first-time offenders convicted for rape have the best prognosis and based on the researcher's own experience, first-time prisoners are usually more motivated to participate in any treatment programmes offered by the Department of Correctional Services.  As the treatment programme was designed primarily for rapists, it was decided to focus on rapists only and therefore any other sexual offence, such as indecent assault, voyeurism, etc., could not be included.
> It was decided to utilize a specific sentence category as choices could be made from short terms (less than 7 years), between 7 and 10 years, longer than 10 years and/or those prisoners serving sentences longer than 20 years. Offenders serving sentences between 7 and 10 years only were included

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because they would possibly leave prison sooner than the long-term prisoners, which would allow them to utilize skills gained from the programme much sooner. No prisoners serving sentences shorter than 7 years were included as the possibility that they might leave the programme before it terminated would jeopardize the project.

➢ It was decided that the prisoners should not have had previous convictions and should have a straight sentence for rape only, since a sentence of between 7 and 10 years for rape on a first conviction is considered to be quite a serious offence in general.

➢ The prisoners had to have at least 4 years of prison sentence left as it had often happened (based on the researcher's own experience and knowledge of the prison system and release policy) that prisoners who had served half of their sentences could be considered for parole. If so, they would be sent to another prison closer to their families a few months before release. If this happened before the end of the programme, a prisoner could not be held back and he would leave the programme before its completion, which would affect the outcome of the research.

➢ The offenders needed to be willing to participate voluntarily as it is the policy of the Department of Correctional Services not to force any prisoner into treatment (Correctional Services Act 111 of 1998). One hundred and thirty-five prisoners were incarcerated for sexual offences and were in the Leeuwkop Prison according to the computer printout. Twenty rapists who were in prison for forcible rape met the criteria of being first offenders and were serving a sentence of between 7 and 10 years' imprisonment. All of them were called out to participate. Only 10 were willing to participate in the full treatment programme. The others were allowed to leave the programme.

➢ In terms of internal Departmental policy and the Ethical Code of Professional Conduct (1999), written consent is required from a prisoner when any research project is done involving prisoners. Offenders who agreed to participate voluntarily, were requested to sign a contract whereby they stated that their participation was voluntary and that they agreed to complete the

whole six-week programme, which included pre- and posttesting.  Offenders who indicated they did not want to participate were free to go.

> The prisoners also had to be representative of and from different cultural groups with different customs and beliefs as it is the policy of the Department of Correctional Services not to discriminate against certain cultural groups and to give all prisoners equal opportunity to participate (internal Departmental research policy).  The researcher also wanted to see whether different cultural groups shared similar or opposed views to the treatment programme in order for it to be accessible to more prisoners within the Department of Correctional Services.

### 5.4.4.3  Exclusion criteria

In order not to hamper the research, it was also necessary to determine certain criteria for exclusion.  Accordingly, no offender was accepted for participation in the programme who

> could not reasonably understand English
> exhibited features of acute mental illness requiring immediate psychiatric treatment
> exhibited a severe personality disorder of the paranoid kind
> had a low IQ and difficulty in understanding the therapist
> displayed signs of organic brain damage.

### 5.4.4.4  Inclusion of one selected offender to act as interpreter

Due to cultural diversity and language problems, it was deemed necessary to use one selected offender with facilitation skills who was assigned to the group to act as an interpreter.  The particular offender was widely utilized by the resident psychologist at the Leeuwkop Prison in other cognitive treatment programmes, and was willing to assist the researcher.  He was in prison for a violent offence, namely murder.  The aim of

having an interpreter was to utilize the same person as translator during the whole treatment programme in order to ensure continuity and to assist with language difficulties due to the fact that none of the psychologists could speak an indigenous language.

*Step 5:   Delineate the researcher's role (e.g. how entry to a research site would be gained and consideration of ethical issues).*

### 5.4.4.5  Entry and access to the research site and prisoners

In this study the following procedures had to be followed in the Department of Correctional Services before any research proposal was permitted:

➢ Obtain permission from the National Commissioner in the Department of Correctional Services to do research in the Department of Correctional Services.

➢ Obtain access to the Department of Correctional Services Management Information System (MIS) - a database on sentenced prisoners.

➢ Arrange access to a specific prison(s).

➢ Arrange and be allowed access to prisoners.

➢ Motivate and gain the cooperation of prisoners to participate in a research project voluntarily. Individual interviews were held with all the rapists who were in the Leeuwkop Prison who met the set criteria, to determine which of the prisoners were interested in participating in the research project.  During the initial interview the purpose and nature of the study was explained verbally and in writing to the prisoners and they were given the opportunity to express their views and ask questions (Appendix 1).  Prisoners who did not want to participate were free to go and those who were interested were asked to sign a research agreement and contract with the researcher (Appendix 2).

➢ Obtain the co-operation of correctional officials (Area Managers, Heads of Prisons, correctional officials (especially those who guard prisoners) and/or any other personnel who might sabotage or influence the prisoners).

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Consultations were held with the Area Manager at Leeuwkop Prison informing him of the research project, obtaining his support and commitment and the services of a correctional official to guard the prisoners and safeguard the researchers for the duration of the project.

➢ Obtain an adequate facility to work in, as many of the older prisons were not designed for treatment or research purposes.

➢ Work out a process to implement the programme in the Leeuwkop Prison as this involved the researcher's conducting the treatment programme according to the treatment schedule (Table 5.2).

➢ Repeat the first interview with the written information (Appendix 1) to ensure that the rapists understood what was expected of them and the researcher and to answer any outstanding questions from the first interview before the programme started.  The rapists were also asked to give written consent and/or permission if a video recording or photographs needed to be taken by the researcher, again reassuring them of confidentiality (Appendix 3).

### 5.4.4.6  Consideration of ethical issues

Certain ethical issues regarding treatment of prisoners had to be considered and respected.  The following sensitive ethical issues are important in a prison context and were taken into consideration:

➢ *Informed consent.* Treatment without the prisoner's consent is ethically problematic and contrary to professional codes of ethics for health care professionals (Report of the Working Group Sex Offender Treatment Review, 1990), except in limited circumstances.  In all cases the therapist therefore should endeavour to obtain informed consent from all clients prior to participation in a programme. In order to obtain consent the full scope of the programme and the client's obligations should be discussed at length. These measures are necessary in order to ensure that the prisoner makes a decision with the fullest possible knowledge of all influences operating upon

him, the implications of those decisions and the demands that are likely to be made on the prisoner's time and effort (Nichol & Lee, 1990). Arboleda-Flòrez (1991) maintains that prisoners should be able to receive and understand the information about the proposed research in order to give informed consent about participation. General benefits for participating in research, such as the advancement of knowledge or the social good, are not sufficient. Prisoners must therefore not only obtain physical benefits but also emotional benefits and it is the responsibility of the researcher to maximize the benefits for the prisoner (Arboleda-Flòrez, 1991).

The literature points out the positive values of allowing individuals to exercise choice in a wide range of matters affecting them and patient choice in favour of treatment appears to be an important determinant of treatment success, especially for criminal offenders who have demonstrated their unwillingness or inability to behave in accordance with society's rules (Winick, 1994). Winick (1994) states that unless people themselves see the merit in achieving a particular goal, they will often not pursue it or will do so only half-heartedly.

According to the Ethical Code of Professional Conduct (1999), a psychologist must use language that is reasonably understandable to research participants in order to obtain informed consent. Such informed consent must also be appropriately documented. The following guidelines for psychologists on informed consent are given in the Ethical Code of Professional Conduct (1999):

- Use language that is reasonably understandable to participants.
- Psychologists shall inform participants of the nature of the research.
- They shall inform participants that they are free to participate or to decline to participate or to withdraw from the research.
- They shall explain the foreseeable consequences of declining or withdrawing.

- They shall inform participants of significant factors that may be expected to influence their willingness to participate (such as risks, discomfort, adverse effects, or limitations on confidentiality).
- They shall explain other aspects about which the prospective participants enquire.

The researcher obtained informed consent according to the guidelines of the Ethical Code of Professional Conduct (1999).   All the participants were interviewed on an individual basis approximately one month prior to the beginning of the treatment programme.  During this interview the following issues were discussed and brought to the attention of every individual offender:

- The study was a Departmental research study conducted by the Director of Psychological Services from the Department of Correctional Services. They were also informed that she was a clinical psychologist with many years of experience in the treatment of prisoners.
- A departmental psychologist from the Krugersdorp Prison would assist her as well as a trained facilitator from the Pacific Institute, South Africa.
- The aim of the study was to compile a treatment programme for incarcerated rapists and/or other sexual offenders.
- They had been selected to participate according to their crime and sentence of imprisonment.
- They had a choice in the matter as participation was voluntary and if they did not want to participate, they were free to go and it would not be held against them or documented on their files.
- If they were willing to participate in the six-week programme voluntarily, they would be expected to sign a contract with the researcher in which they committed themselves to participate in the whole research project as it formed part of taking responsibility for themselves and others.   In addition it would be detrimental to the group if people just came and went

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as they wish. The researchers would also sign the contract and give their commitment to be there daily and present the treatment programme until the end.

- The group would stay the same as on the first day and they and the researchers would be required to be there every day for the duration of the programme.
- No newcomers would be allowed.
- They would be asked to participate in psychometric testing in December 1997 and again in March 1998 as well as to complete a six-week structured treatment programme.
- The researchers intended to see whether the treatment programme identified and challenged negative thinking patterns which had led to their crime, developed personal and interpersonal skills, identified high risk situations for the offenders in the future and increased their ability to take responsibility for their own offending behaviour in the future.
- The Director of Psychological Services and a departmental psychologist would be the psychologists responsible for the interviews, psychometric testing and the programme and would give them feedback on the results after the programme.
- All information would be regarded as highly confidential, all results would be managed anonymously in the research outcome and their identity would be protected.
- Their assistance was valuable as it could help the Director of Psychological Services as well as other professionals to understand their and other offenders' specific problems and needs.
- Whether they participated or not, would not positively or negatively affect their parole or release from prison as that was not the intention of the study.

This information was again discussed during the first group session of the treatment programme in order to determine whether the participants knew exactly what was expected of them as well as of the researcher.

➤ *Voluntary participation*: Treatment professionals who work in the forensic treatment area are placed in positions of potential conflict when they provide psychological treatment or a treatment programme, which mitigates or replaces a penal sanction.  Suffice it to say that while voluntary participation is an elusive concept, in a prison context it is equated with a right to accept or refuse treatment.  The most common concern is the type and amount of influence that impinges upon the person making the decision and the degree to which these influences affect that decision (Nichol & Lee, 1990).

According to Clear and Cole (1999), many offenders have complained that they received coercive therapy in regard to issues with which they did not need help.  Offenders also indicated that any reluctance on an offender's part to agree that help was needed was interpreted as resistance, which was interpreted as a sure sign that he did, indeed, need therapy. Despite these problems, programmes that intend to change offenders' emotional or psychological orientation by means of individual or group therapy remain quite popular.

In this study all the participants took part voluntarily.

➤ *Confidentiality:* Given the needs of the prison system, prisoners are aware of the fact that keeping anything confidential in a prison is very difficult (Arboleda-Flòrez, 1991).  Therefore it is imperative to ensure that the needs of prisoners regarding confidentiality of information will be taken care of while they are in prison as well as after treatment has terminated.  The Ethical Code of Professional Conduct (1999) requires that information be managed during

treatment as well as after the professional relationship between psychologist and client has ceased in such a way as to preserve privacy except where there are powerful legal or social reasons for breaching this privacy. A climate of trust and openness is necessary between professionals and clients (Nichol & Lee, 1990).

The research agreement ensured the prisoners' confidentiality (Appendix 2)

*Step 6: Tentatively design the protocol for recording information.*

As recording of information is imperative this was one of the main reasons why the researcher selected a psychologist to assist her in this study. The psychologist's main task was to carefully document all the information that was obtained as it happened and to organize the raw data. That is a requirement for noting observations in the field. Documentation included the test protocols, all procedures that were followed from day one, the questions that were asked by the researcher, the written and art assignments, individual inputs during group discussions, drawings and comments. Some of these documentation and protocols are utilized as examples in chapter 9, which deals with results.

*Step 7: Write a research proposal.*

This process involved the obtaining of permission and two formal research proposals from two separate institutions/organizations, namely the University of Pretoria and the Department of Correctional Services. Before a proposal could be submitted to the Department of Correctional Services, permission had to be obtained from the research committee of the University of Pretoria. On approval thereof, another formal proposal was submitted to the National Commissioner of the Department of Correctional Services (1995) as part of policy and procedures of the organization to approve the research and mainly to work in a prison facility, utilizing another psychologist to assist and to obtain support and commitment from the Department for the duration of the project, etc.

Research in a prison environment presents unique challenges, which might impact on any research project and must be dealt with as they arise.   Therefore, the collaboration of both these institutions was imperative as collaboration helps to provide a sense of ownership of the investigation, facilitates access, and allows the researcher access and support to conduct the intervention research (De Vos et al., 1998).

Binder and Geis (1983) indicate that there are many standard and accepted procedures, but that the essence of research is that researchers should approach the problem confronting them with intellectual integrity and ingenuity.   They also maintain that experience and knowledge of the topic being examined as well as the agency operations and the structure of a particular agency are important.   Moreover, researchers should know as much as possible about the management of the agency and the structure of a particular agency in order to conduct research on programme innovations to measure the impact and importance of existing operations.    Research therefore not only requires technical skills but also persistence, judgment, substantive information about the subject, and a great deal of hard work and curiosity (Binder & Geis, 1983).   In this instance the researcher had detailed knowledge and experience of the Department of Correctional Services as an organization, its policies and procedures as well as psychotherapy with sexual offenders as the researcher had worked in the Directorate of Psychological Services in the Department of Correctional Services for over twenty years and is currently the Director of Psychological Services which assisted and facilitated the process.

### 5.4.5   Data collection and analysis

*Step 8:    Collect the information, e.g. through observational methods, especially participant observation, grounded theory methodology, interviews, including focus groups, interviews and visual material; record immediately.*

This step consists of the selection of the most relevant data collection methods and/or

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measuring instruments available to assist the researcher.  The aim in using various data collection methods and/or instruments was to gain an insight into the different processes involved in implementing and evaluating the treatment programme for incarcerated rapists.  The four basic types of data collection methods in qualitative research are:

- ➤ observations (particularly participant observation)
- ➤ interviews
- ➤ documents
- ➤ visual images

All four these methods were included in this study.

## 5.4.5.1 Data collection methods

The following specific data collection methods were employed:

- ➤ initial unstructured individual interviews with every rapist who met the criteria
- ➤ an interview with those rapists willing to participate for the duration of the programme, completion of a biographical questionnaire (Appendix 4), an attitudes toward women questionnaire (Appendix 5), TAT and DAP to determine different perspectives of the person
- ➤ daily discussions between the researcher and the psychologist to determine what changes, if any, were to be made to the treatment programme
- ➤ documenting of all the impressions, verbal feedback and responses to the modules of the treatment programme immediately by another psychologist.

*5.4.5.2 Measuring instruments, assessment methods and strategies*

The assessment of sexual offenders is crucial to effective treatment (Report of the Working Group Sex Offender Treatment Review, 1990) and while there is no standard assessment procedure, experts agree on broad areas, such as sexual history, sexual attitudes, substance abuse and interpersonal skills.  Psychological tests were included among the assessment procedures as a psychological test is a standardized method to assess a person's behaviour in a reliable and valid way (Pienaar, 1988).  Use was made primarily of unstructured test material because, as Bellak (1954) states, in completing or structuring an incomplete or unstructured situation the individual may reveal his own strivings, dispositions and conflicts.  It was decided to use the Thematic Apperception Test (TAT) and the Draw-a-Person test (DAP) as both these tests are projective techniques and both involve projective processes.  In these tests the subject actively and spontaneously structures unstructured material and in doing so reveals the structuring principles of his psychological structure (Anderson & Anderson, 1951).

Sex offenders often have deficits in education, employment, and ability to manage stress, marital difficulties, poor social skills and/or substance abuse.  It was therefore decided to use a semi-structured format with definite prescriptions or instructions to limit variables in the prison context.  As no standard assessment procedure for sexual offenders was available, broad areas were identified and included in the assessment procedure.

Kazdin (1997) states that the pretest-posttest design is a technique, which enjoys widespread use in clinical psychology.  The researcher therefore decided to use various psychological instruments (e.g., projective techniques such as the DAP and TAT, biographical questionnaires and self-report inventories) to assess the prisoners since these assessment instruments provided many options in evaluating diverse facets of performance of individuals and the group.  Morrison et al. (1994) are of the opinion that no single assessment approach is invulnerable to problems of faking and that the reliability and validity of assessment will most likely be improved, though not assured,

when assessments combine information gathered from offender self-report, psychometric tests and the reports of behavioural observations of others.

As the study also entailed a longitudinal study, pre- and post-assessment of the treatment programme was considered to be relevant to predict the outcome of the different interventions.

A time frame of approximately five months was determined.  The five-month period included the initial interview, pre-assessment approximately one month before implementation of the treatment programme, a six-weeks' treatment programme and a post-assessment and follow-up one month after treatment was terminated.

The researcher conducted pretesting of the prisoners one month before the beginning of the programme, using the Thematic Apperception Test and the Draw-a-Person Test.  The researcher interpreted the tests.  In addition, the researcher compiled and administered a biographical questionnaire and an attitude towards women questionnaire (Appendix 4 and 5).

### 5.4.5.3  *Implementation of a treatment programme according to a treatment schedule for a period of six weeks*

The researcher conducted the treatment programme according to a programme schedule (table 5.2), which followed a logical process.  The other psychologist documented everything that occurred during the sessions, all interventions, what instructions were given and what was said by the individual participants immediately.  Discussions between the researcher and the psychologist after every session assisted the researcher to determine whether the treatment modules were correctly placed and if adjustments were needed as well as observations and impressions that assisted with the whole process.  The psychologist also assisted with the assessments during the treatment programme using various instruments (e.g., self-reports, letters, drawings and discussions).

**TABLE 5.2    SCHEDULE OF TREATMENT PROGRAMME**

| PRE-PHASE | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---|---|---|---|---|---|
| | Contracts | Contracts | Contracts | Contracts | Contracts |
| | Biographical and Attitude towards women questionnaire | Biographical and Attitude towards women questionnaire | Biographical and Attitude towards women questionnaire | Biographical and Attitude towards women questionnaire | Biographical and Attitude towards women questionnaire |
| | Psychometric tests: TAT DAP | Psychometric tests: TAT DAP | Psychometric tests: TAT DAP | Psychometric tests: TAT DAP | Psychometric tests: TAT DAP |
| **TREATMENT PROGRAMME**<br><br>**WEEK 1** | **MODULE 1**<br><br>**STEPS PROGRAMME**<br><br>UNIT 1: Breaking Barriers<br><br>Thinking and beliefs | STEPS PROGRAMME<br><br>Continue Unit 1 and do trust-building exercises | **MODULE 2**<br><br>**TRUST BUILDING**<br><br>List expectations of next 6 weeks<br><br>Exploring emotions: "Draw anything you like" | TRUST BUILDING (CONT)<br><br>Group discussions on:<br><br>Their expectations of the programme<br><br>Rules of the programme<br><br>Drawings of the previous day<br><br>Exercises in trust-building and self-knowledge | **MODULE 3**<br><br>**EXPLORING EMOTIONS**<br><br>Explore and identify different emotions:<br><br>"Draw what you like to do and do not like to do" |

| WEEK 2 | STEPS PROGRAMME<br><br>Unit 2<br><br>In search of the truth<br>Locus of control<br>Lock-on and lock-out<br><br>Unit 3<br><br>How the mind works<br>Why we do things the same way<br><br>(Different exercises to illustrate material discussed) | **EXPLORING EMOTIONS (CONT)**<br><br>"Draw your family"<br><br>Group discussions on:<br><br>Drawing and how it links to personal history<br><br>Give booklet on Violence to study during free time at night | **MODULE 4**<br><br>**ANGER MANAGEMENT**<br><br>Group discussion on:<br><br>Violence in general (different types, booklet, what they learnt from it, etc)<br><br>Different topics regarding anger in small and big group settings:<br><br>What is anger?<br>Things and situations that make us angry<br>How to manage anger | ANGER MANAGEMENT<br>(cont)<br><br>Group discussions on:<br><br>Techniques for controlling anger<br><br>Learning to express anger<br><br>Snowball effect (negative thoughts, physical arousal, aggression, etc.) | **EVALUATION AND FEEDBACK SESSION**<br><br>Write a short piece on what was learnt from the programme in the last 2 weeks<br><br>Each person needs to read aloud what they have written<br><br>Group discussion on what they heard about each other<br><br>Feedback from therapist |
| WEEK 3 | **STEPS PROGRAMME**<br><br>Recap previous units<br><br>Unit 4:<br><br>Perceptions and beliefs | **ANGER MANAGEMENT (CONT)**<br><br>Group discussions on:<br><br>Conflict and anger (use examples from the group) | EXPLORING EMOTIONS<br><br>Continue working with clay<br><br>(Therapist evaluates individuals and group process while they are | ANGER- MANAGEMENT (CONT)<br><br>Group discussion:<br><br>How to handle insults<br><br>Body functions | ANGER-MANAGEMENT (CONT)<br><br>Choices of behaviour<br><br>I versus you messages |

| | | Snowball effect | working with the clay.) | Brain functions | DESC formula |
|---|---|---|---|---|---|
| | | Self-calming statements | Group discussion: | Impulse control | Styles of communication |
| | | Working with clay: | Each person describes and discusses with the group what they made and what it means to them | How to be a winner | Bringing it together: |
| | | " Make anything you want with the clay which tells something about you" | | | Anger questionnaire<br>Two things learnt<br>Two resolutions |
| **WEEK 4** | **MODULE 5** | **MODULE 6** | STEPS PROGRAMME | STEPS PROGRAMME | **MODULE 7** |
| | **SEX EDUCATION** | **USE OF LEISURE** | Unit 5: | Units 6 and 7 | **VIOLENCE AGAINST WOMEN** |
| | Group discussion: | Group discussion: | Recap previous units | Cognitive dissonance (cont) | Group discussion: |
| | Concepts of male and female<br>Good and bad things about being a male or a female | What can I do with leisure time? | Cognitive dissonance | Self-talk and self-image | Good and bad things about women |
| | | What do males, females, boys and girls do in their leisure time? | | | "Draw your crime" |
| | Love versus sex | | | | Show videos:<br>"The train" and "Miracle man" |
| | Different cultural beliefs and customs regarding sex | What must I do during free time? | | | |
| | | What do I want to do in my spare/free time? | | | Discuss positive and negative thoughts and how they can affect your life. |

| WEEK 5 | VIOLENCE AGAINST WOMEN (CONT) | VIOLENCE AGAINST WOMEN (CONT) | VIOLENCE AGAINST WOMEN (CONT) | STEPS PROGRAMME | SEX EDUCATION (CONT) AND AIDS AWARENESS |
|---|---|---|---|---|---|
| | Complete drawings on their crime | Show video: " Violence against women" | Discuss drawings of crime | Unit 8 and 9 | Physical and emotional differences of males and females |
| | Show video: | Group discussion | Discuss feelings, thoughts and behaviour before, during and after the crime | Goal setting | Information on AIDS and HIV |
| | "Perspectives on Violence – Family violence" | Give information on sexual harassment and rape | Discuss thinking errors | | Discuss STD's |
| | Group discussion | What is rape? | | | Discuss negative myths and beliefs |
| | | Group discussion | | | Show video on AIDS (Dept of Health) |
| | | Discuss concepts of love, sex and rape | | | |
| WEEK 6 | MODULE 8 SUBSTANCE ABUSE | MODULE 9 VICTIM EMPATHY | VICTIM EMPATHY (CONT) | MODULE 10 STRESS MANAGEMENT | MODULE 11 RELAPSE PREVENTION |
| | Group discussion: | Draw a picture: "When I was a victim" | Group discussion: | Group discussion: | Group discussion: |
| | What is substance abuse? | Group discussion: | What is the difference between your feelings of being a victim and these | What is stress? | What is the difference between a lapse and a |

| | | | | |
|---|---|---|---|---|
| Who used substances and what substances were used?<br><br>How does substance use and abuse affect you?<br><br>How does it affect your family?<br><br>What were your reasons for taking it?<br><br>What would your life be like without drugs/alcohol?<br><br>Show video:<br>"Born to Love" | Feelings, thoughts and behaviour before, during and after the incident<br><br>Show video:<br>"Every 83 seconds"<br><br>Group discussion:<br><br>What are the victim's thoughts, feelings and emotions? | victims of rape?<br><br>What was your own victim's experience?<br><br>Their reasons for rape<br><br>"Write a letter to your victim"<br><br>Read your letter out loud to the group.<br><br>Group discussion:<br><br>Their feelings while writing the letter, after having read the letter and now<br><br>The importance of apology | What causes stress?<br><br>Information on stress management techniques (3) to relieve stress<br><br>Give simple guidelines for a healthy lifestyle.<br><br>Explain the wheel of life.<br><br>How must I set goals for myself? | relapse?<br><br>What would lead to your relapse? (Your alert list)<br><br>How will you avoid a relapse in future?<br><br>Where do I go to from here?<br><br>Draw: " How I see my future"<br><br>Group discussion:<br><br>Explain your drawing to the group.<br><br>Did the treatment programme meet my expectations?<br><br>Show video:  Lee Bussard<br><br>Parting rituals |

| POST- PHASE | **EVALUATION AND QUESTIONNAIRES** | EVALUATION AND QUESTIONNAIRES | EVALUATION AND QUESTIONNAIRES | EVALUATION AND QUESTIONNAIRES | EVALUATION AND QUESTIONNAIRES |
|---|---|---|---|---|---|
| | Attitude towards women questionnaire<br><br>Psychometric tests:<br>TAT<br>DAP | Attitude towards women questionnaire<br><br>Psychometric tests:<br>TAT<br>DAP | Attitude towards women questionnaire<br><br>Psychometric tests:<br>TAT<br>DAP | Attitude towards women questionnaire<br><br>Psychometric tests:<br>TAT<br>DAP | Attitude towards women questionnaire<br><br>Psychometric tests:<br>TAT<br>DAP |
| **FOLLOW UP: ONE MONTH AFTER COMPLETION OF PROGRAMME** | GROUP DISCUSSION | GROUP DISCUSSION | GROUP DISCUSSION | GROUP DISCUSSION | GROUP DISCUSSION |

Post-testing one month after the implementation of the programme. The same person who first tested them during the pretesting to eliminate variables saw the prisoners and the same tests were used as in the pretesting. The researcher again interpreted and scored the tests. The attitude towards women questionnaire was again administered to determine whether any changes had taken place from before to after the programme.

Two weeks after the post-testing the prisoners were seen as a group in order to give them feedback, hand over their certificates of attendance and bring closure.

### 5.4.5.4. Use of multiple assessment measures

Maykut and Morehouse (1994) state that a combination of various data collection methods increases the likelihood that a phenomenon under study is understood from various points of view and ways of knowing. Furthermore, that a convergence of a major theme or pattern in the data lends strong credibility to the findings.

There are unlimited measures available for assessment. The advantage of this was that it provided many options in evaluating diverse facets of performance of the rapists. This led to the inclusion of several different types of assessment procedures (e.g., self-report inventories, biographical questionnaires and projective techniques).

### 5.4.5.4.1    Biographical information

This information was intended to obtain demographic information regarding the incarcerated rapists and to determine how these prisoners were living before and at the time they committed their crimes, to see whether there was any motivation for them to change (Fabry, 1988) and to provide information with which to work during the programme. The biographical information was not statistically measured or interpreted but only gave important information and perspective on childhood and family background as well as similarities and/or differences between various rapists. A standard questionnaire was given to all twenty persons who met the requirements for the

programme.  The questionnaire included age, marital status, education level, and alcohol and substance abuse.  A questionnaire is included in Appendix 4.

### 5.4.5.4.2    Self-report evaluations

Self-report evaluations and/or questionnaires are the most popular measure in clinical psychology.  Thorndike and Hagen (1969) describe a self-evaluation questionnaire as a standard of set questions about some aspects of the individual's life history, feelings, preferences or actions that are presented in a standard way and scored with a standard scoring key.  Self-reports require clients to report on aspects of their own personality or behaviour and are used for the following reasons:

> ➢ What clients say or feel defines many feelings and/or psychological problems and they can report directly on them.
> ➢ Self-reports permit assessment of several domains of functioning that are not readily available with other assessment techniques.  In addition, clients can report on a wide range of situations and provide a comprehensive portrait of everyday performance,
> ➢ The ease of administration makes them especially useful for purposes of screening.

There are limitations to self-report evaluations and/or questionnaires, such as the subjects' biases and the lack of evidence that the measure assesses.  They can also lead to distortion on the part of subjects and might be able to endorse the socially condoned behaviours rather than the socially inappropriate behaviours, a response that has led investigators to posit a specific personality trait referred to as the need for social approval (Kazdin, 1997).

A major problem with treatment modalities that rely exclusively on self-reports of illegal sexual activity is the reluctance of clients to fully disclose the extent of their activities and sexual proclivities (Marsh & Walsh, 1995).  For this reason, the researcher decided to use

self-report evaluations in addition to other measures.  According to Marsh and Walsh (1995), the therapeutic community is almost unanimous in the necessity of complete disclosure as a prerequisite for successful intervention.  Therapists agree that effective treatment can only begin when the full extent of the offender's history of sexual deviant behaviour is known.  A major problem for them however, which arises from the failure to fully disclose the private self to examination and scrutiny, is that the self as it is presently constituted, will then remain static.  Under such conditions of incomplete self-disclosure, therapy will not be much more than game playing, dominated by efforts to keep the private self safe from exploration and change.  Due to these identified problems, the researcher decided to use a more comprehensive assessment procedure.

Simple one-step-at-a-time plans, balanced to the offender's present coping resources, formalised in writing and signed by both the offender and the counsellor, draw clients into the business of helping to direct their own rehabilitation process.  Whatever these plans might be, it is emphasised that a commitment has been made, and that if this commitment is not honoured the offender will suffer the natural consequences of his irresponsible behaviour (Marsh & Walsh, 1995).  Marsh and Walsh (1995) go on to say that commitment is the keystone of reality therapy as it is only from the making and following through with plans that we gain a sense of self-worth and maturity.

### 5.4.5.4.3   Projective techniques

Projective techniques refer to a specific class of measures that attempt to reveal underlying intrapsychic characteristics, motives, processes, styles, themes and sources or personality conflict.  These characteristics are measured indirectly. Performance on projective tests is viewed as a way to provide insights into the inner workings and organisation of personality.   The researcher chose the Thematic Apperception Test (TAT) and the Draw-a-Person test (DAP), which serve as a useful frame of reference, and are among the most commonly used.  The cards used on the TAT were 1, 2, 3BM, 6BM, 7BM and 13 MF.  One protocol of Card 1 (pre- and posttesting) is included as example (see chapter  9).

Although little has been written on the subject of the use of projective techniques on sexual offenders, Vvedensky (1995) studied 103 sex offenders (101 male and 2 female) by means of assessing life histories, the discrepancies between non-verbal and verbal behaviour, psychosexual and somato-sexual development with the DAP, the TAT, the MMPI and the Szondi. Seabloom (1995) also utilized psychometric tests (e.g., the MMPI 11, Rorschach, Sentence Completion, Beck Scale and TAT) along with clinical observations in a treatment model for adults whose sexual arousal/behaviour involved children or adolescents below the age of consent. It provided an understanding of reality, validity, limits of reality and meaning; a framework to understand what happened in the past; informing about the present and served as a frame of reference for the future. Psychological assessment is also done by means of the WAIS, MMPI and the TAT as well as neuropsychological tests at the Pieter Baan Centre, the psychiatric observation clinic for the Ministry of Justice in Utrecht, which the researcher visited.

These measures are not routinely included and are less frequently used for several reasons. Many projective techniques traditionally rely heavily on interpretations and inferences of the examining psychologist and these interpretations may be inconsistent across examiners. Secondly, projective techniques are associated with a particular theoretical orientation and level of analysis and adherence to these methods has fluctuated over the years (Kazdin, 1997). Thirdly, scoring methods of many projective methods are cumbersome and unless the investigator has a specific interest in projective tests, the measures are not likely to be adopted casually to expand an assessment battery. Investigators are more likely to select measures that are more convenient to administer and score.

The tests used in this study, namely the DAP and the TAT, were chosen along with clinical observations in order to understand these prisoners' reality, increase validity, understand their limits of reality and meaning, provide a framework to understand what happened to them in the past, inform about the present and provide a frame of reference for the future because objective data is not always available and projective techniques

provide additional information about people's psychological abilities (Maletzky, 1991).

### 5.4.5.5 Assessment procedure

The researcher decided to do assessments before, during and after the programme was implemented.  The researcher is of the opinion that assessments are essential because they allow one to define the individual's problem, to determine his risk of reoffending, to specify his treatment needs, and to evaluate the effectiveness of treatment.

Marshall and Eccles (1991) found that assessments allow the researcher to define the individual's problem, determine the risk of reoffending, specify treatment needs and evaluate the effectiveness of treatment.   The methods and utilization of assessment techniques were therefore combined in order to fit this study as well as the researcher's style. Assessments were done before, during and one month after the programme.

### 5.4.5.5.1 Pre-assessment procedure

Pretest assessment was deemed necessary in order to determine the following:

> the offender's attitude towards his offence
> amenability and suitability for treatment
> individual treatment needs
> the most appropriate treatment programme that would best suit those needs

The pre-assessment included the following techniques:

> biographical information
> attitude towards women questionnaire
> the Thematic Apperception Test (TAT)
> Draw-a-person test (DAP)

*5.4.5.5.2      Assessment during treatment*

Assessments during treatment are as important as pre- and posttreatment. Although self-reports are not very reliable as a source of information (Prendergast, 1991), especially where sex offenders are concerned, they gave the researcher insight into their thinking at that specific time in the programme.    Morrison et al. (1994) maintain that the quality and the reliability of such information should be judged against the individual's general willingness to disclose.  In their view, if the prisoner would resist disclosing, omit, distort or be inconsistent in the accounts of previous non-abusive behaviour, then the reliability of his offence-related disclosures is brought into question.  Furthermore, they feel that no single assessment approach is invulnerable to problems of faking and the reliability and validity of assessment will most likely be improved, though not assured, when assessments combine information gathered from offender self-reports, psychometric tests and the reports of behavioural observations of others.

For the purposes of this study, it was decided to use the following additional assessment measures:

> ➢  self-reports
> ➢  open-ended essays
> ➢  letters to their victims

*5.4.5.5.3      Post-programme assessment*

Ongoing evaluation forms an integral part of effective treatment programmes (Marshall & Eccles, 1991; Report of the Working Group Sex Offender Treatment Review, 1990). The rapists who participated in the study were monitored one month after completion of the treatment programme while still in prison because post-programme assessment is of the utmost importance to determine the effectiveness and outcomes of the programme. It was also necessary to make adjustments for future utilization.

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Post-assessment was done in order to:

> ➢ determine whether change did take place and was maintained
>
> ➢ establish whether the offender's attitude towards his offence and victim had changed or not
>
> ➢ evaluate and indicate results after treatment in comparison to before treatment
>
> ➢ evaluate whether his needs were dealt with or met
>
> ➢ indicate future needs
>
> ➢ indicate whether the offender would be able to cope outside of prison

Posttreatment assessment was done by means of the following instruments:

> ➢ attitude towards women questionnaire
>
> ➢ Thematic Apperception Test (TAT)
>
> ➢ DAP

*Step 9: Process the data (preparation for analysis) that is, reduce the data to themes and categories with the aid of a coding procedure.*

This step involves the processing, analysis and interpretation of the data, which is a challenging and highly creative process because the researcher is intimately involved with the respondents and the data generated (De Vos et al., 1998). The different themes and categories are discussed in chapter 9.

*Step 10: Analyze and interpret the data (putting it all together and drawing conclusions).*

De Vos et al. (1998) state that there is no right or wrong way to perform data analysis. The important issue for them is that the researcher should be able to logically account for the stages in data analysis and that the final conclusions should be based on generated data.

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Chapter 9 discusses the interpretation of the results obtained in this study.

## 5.4.6   Data verification

*Step 11:   Ensure internal validity, by applying the available criteria for the*
*assessment of qualitative research.*

Verification of data involves checking on the most common biases that can affect the process of drawing conclusions and presenting the conclusions in a manner that ensures credibility, transferability, dependability and conformability (De Vos et al., 1998).

### *5.4.6.1 Reliability and validity*

To a limited extent use was made of the pretest-posttest design in this study as the offenders were tested before and after the group therapeutic intervention. The effect of the intervention is reflected in the amount of change from pre- to post-intervention. This design enjoys widespread use in clinical psychology. The administration of a pretest and posttest allows assessment of the degree of change as a function of the intervention (Kazdin, 1997).

The researcher used the pretest-posttest design because it covered many of the usual threats to internal validity. Kazdin (1997) states that it is important for threats to be ruled out or made relatively implausible in order for the research project to be internally valid. He contends that internal validity refers to the extent to which an experiment rules out alternative explanations.   According to Kazdin (1997), the pretest-posttest design has several strengths.  For example, if intervening periods between pre- and posttreatment assessments are the same for each group (or individual as in this study), threats such as history, maturation, repeated testing, and instrumentation are controlled.   Moreover, random assignment from the same population reduces the plausibility that group differences have resulted from either selection bias or regression.

*Cognisance needed to be taken of the following threats:*

> History.  This threat to internal validity refers to any event occurring in the project (other than the independent variable) or outside the experiment that may account for the results and refers to the effects of events common to all subjects in their everyday lives as well as any unplanned events (e.g., a power blackout, fire drill, etc.).

Such events were outside the researcher's control and needed to be attended to as they occurred.   For example, on one occasion there was a power failure and on another day, the group and the researchers had to deal with an unexpected roll call.  If these events had not been dealt with immediately, they could have had serious implications for issues of trust.

> Maturation.  This refers to changes over time, which may result not only from specific events but also from processes in the subject, such as growing older, or more tired or bored.

The programme was run over a six-week period in order to minimize the chances of this threat.

> Testing.  This threat refers to the effects that taking a test one time may have on subsequent performance in the test as performance at the second testing may be influenced by practice or familiarity because of the first testing.

In order to avoid this problem the pretest was done one month before commencing the programme and one month after the programme, which allowed a period of approximately three months to pass before retesting in order to deal with this threat appropriately.

> Instrumentation.  This threat refers to changes in the measuring instrument or

measurement procedures over time.

The same tests were used in all instances and in the same order. The tests were also administered by the same person and were done with the same offender on each occasion in order to rule out any possible variation or threat to internal validity and the same person interpreted the tests.

➢ Statistical regression. This threat refers to the tendency for extreme scores on any measure to revert (or regress) to the mean of a distribution when the measurement device is readministered. For example, if individuals are selected for investigation because they are extreme on a given measure.

The criteria were set before the offenders were selected to participate in order to deal with this issue.

➢ Selection biases. This threat refers to systematic differences in groups based on the selection or assignment of subjects to experimental conditions. Random assignment of subjects is the procedure commonly used to minimize the likelihood of selection biases.

➢ Attrition or experimental mortality. This refers to the loss of subjects or attrition in an experiment, which could threaten internal validity.

In this instance a group of 20 offenders were selected and all were tested one month before the programme. When the programme started, 12 rapists came on the first day but by the second day only 9 remained and they continued with the full programme to the end.

➢ Combination of selection and other threats. According to Kazdin (1997), in designs where groups are not formed through random assignment, it is possible that procedures for selecting subjects will lead to combinations of

*threats to internal validity.*

In this study a computer from a national database selected the group. All the rapists in the Leeuwkop Prison who complied with the set criteria were called for the first interview.

➤ Diffusion or imitation of treatment. This is possible if an intervention is given to one person/group and not to all subjects.

In this study all the offenders who attended the treatment programme received the same programme, tests and interventions. All the offenders were requested to be there on a daily basis by contractual agreement and were brought to the facility by the same correctional official daily. The duty of the correctional official was to guard the prisoners and protect the researchers. The correctional official stayed outside the room on all occasions and did not participate at all.

➤ Special treatment or reactions to controls. This refers mainly to the inequality of a situation where one group may receive an intervention and another group or control group does not receive the same intervention.

As there was no control group, this did not apply. The prisoners who were willing to participate all received the same programme and/or interventions.

According to Kazdin (1997), the use of a pretest however also provides several advantages because the data obtained from the pretest allows the researcher to match subjects on different variables, for instance:

➤ It permits evaluation of the effect of different levels of pretest performance. Within the group, different levels of performance (e.g., high and low) on the pretest can be used as a separate variable in the design. Thus the investigator

can examine whether the intervention varied in impact as a function of the initial standing on the pretested measure.

➢ It affords statistical advantages for the data analysis. By using a pretest, within-group variability is reduced and covariance or repeated measure analysis is provided.

➢ It allows the researcher to make specific statements about change. For example, an investigator can assess how many clients improved, as determined by a certain percentage of change for each individual. Thus, in clinical research where individual performance is very important, the pretest affords information beyond mere group differences at posttreatment. Moreover, the researcher can evaluate the individuals who did or did not change and generate hypotheses about the reasons. It also permits the identification of people who changed.

➢ The researcher can look at attrition in a more analytic fashion than would be the case without a pretest, for instance, by comparing pretest scores of those who dropped out to those who continued.

Kazdin (1997) points out that there are some weaknesses to the pretest/posttest design. For him, the main restriction pertains to the influence of administering a pretest. He argues that possibly the intervention had its effect precisely because the pretest sensitized subjects to the intervention. However, it does not necessarily threaten the internal validity of the results but rather, a pretest sensitization effect, meaning that the result of the study can then be generalized only to subjects who received the pretest. The likelihood of sensitization depends on several factors. If assessment and the intervention are not close together in time or are unrelated in the perceptions of the subject, sensitization is probably less likely. Therefore, for Kazdin (1997), a pretest administered immediately prior to an intervention in the context of the

experiment is more likely to lead to sensitization than if assessment is in a totally unrelated setting (e.g., in class) several weeks prior to treatment. Kazdin contends that the more remote the pretest from the posttest in time and place, the less adequate it may be as a pretest. In general, the strengths of the design usually outweigh the threat that pretest sensitization will obscure the findings.

### 5.4.6.2 Therapist's style as variable in treatment

Frank (1961, in Marshall, 1996, p. 324) asserts that all psychotherapies exert their beneficial effects through four features of the psychotherapeutic process: (1) the client's confidence in the therapist, (2) the client's expectations of benefits, (3) the presentation of an optimistic rationale, and (4) a procedure that requires the client's participation. Marshall (1996) also notes that, in a review of psychotherapy outcome studies, the therapist's style is the most influential factor in accounting for positive treatment effects and is characterized by warmth, trust and acceptance. It also includes the therapist's ability to make the client believe in his own capacity to change that is crucial.

The researcher acknowledged that her own style could therefore play an important part in the outcome of the treatment programme and that she should neither be too confrontational or give too much unconditional positive regard to the rapists. After years of therapy, Marshall (1996) is of the opinion that treatment approaches affect and influence offenders and that being too confrontational or giving too much unconditional regard are not effective treatment approaches. According to him, therapists should not only engage procedures meant to train clients in more prosocial behaviour, but also model behaviours likely to be adopted by clients. In his view, the two features that therapists therefore should instil in clients are empathy and respect for others. By adopting a therapeutic style that is confrontational, a therapist models unempathetic, disrespectful behaviours and attitudes, and in that respect such a style is likely to encourage, rather than discourage the pro-offending attitudes and behaviours of the sex offender. On the other hand, if the therapist only gives unconditional positive regard, it

could also be a problem, as this therapeutic style encourages - if not guarantees - collusion with the sexual offender's desire to minimize responsibility and to avoid uncomfortable topics.

Marshall (1996) advocates a balance between excessive compassion and overly harsh challenges where the therapist needs to present treatment as beneficial to the offenders while indicating to them that it will not only reduce the chances of their return to prison but will also enhance their lives in many ways. For example, it will allow them to live free of the need to lie about their ongoing behaviour. They will be free of the fear of detection for wrongdoing and of guilt. They will be able to enjoy the company of others and develop satisfying social relationships. They will feel better about themselves and be better able to cope with life. They will be able to participate in various activities without constant temptations and their feelings of alienation from others will disappear. Therapists also need to develop ways of relating to clients and challenge them to present themselves honestly and to change their views and behaviour, but in a way that respects their dignity, encourages hope for the future, and does not collude with their avoidant lifestyle. Marshall (1996) accepts that this is not an easy balance to acquire. For him, this style involves forming a relationship with clients that is respectful of their dignity, engenders trust, displays empathy for them and accepts them as persons while not accepting their offensive behaviours. It reinforces small changes, and involves some degree of self-disclosure by the therapist. In addition, Marshall (1996) holds that being empathic toward offenders provides them with a model to emulate during empathy training. He feels that it is unrealistic to expect clients to learn empathic skills when their therapist displays little empathy for them. A positive therapist style would, therefore, also provide a model for supportive interaction with others, thereby making the task of social skills training and/or intimacy training easier.

### 5.4.7   Report writing

*Step 12:  Plan the narratives, compare with theories and literature.*

This involves planning and comparing the findings with existing theories and/or previous research reported in the relevant literature.  The report, in this instance, is the final outcome of the whole research process from beginning to end.

## 5.5    CONCLUSION

Wertz and Van Zuuren (1987) state that the choice and style of research is unique to each researcher and therefore illustrates a unique example of methodology.

This chapter described the researcher's decision to follow a basic principle of processes as research methodology in a unique manner as it accommodated qualitative research in the caring professions, the personal style of the researcher and fitted in well in the organization where the study was conducted.  The main process (research methodology) followed natural stages that were passed through to bring about development and change on different levels in individuals (the prisoner and the researcher) as well as in the organization (the living system/organism).

Several processes interwove, overlapped or ran concurrently with each other in the processual paradigm.  However, the following three main processes were easily identifiable:

> ➢ Processes as research methodology (De Vos et al., 1998)
> ➢ Mink, Esterhuysen, Mink and Owen's (1993) Total Transformation Management Process model (which the researcher chose to develop the treatment programme and provides the framework and guided learning process, for the researcher as well as the rapists, within which the treatment programme was developed and implemented at the same time)

➤ Brock and Salerno's (1994) Interchange model (which was used to evaluate and indicate the different cycles of change, or stages that occur in people when they are dealing with any change effort. These changes could be noticed in feelings, thoughts and behaviour, which could be followed and assessed during the course or process of the treatment programme.)

The two above models as well as Kolb's (Van der Heijden, 1996) "learning loop" complement the research project and were selected because of their compatibility.

The methodology and processes adopted by the researcher in the design of this study, the way of thinking and management of the process in this study were new and were intended to try and solve two specific problems in the Department of Correctional Services, namely that there was no treatment programme and that if such a programme were to be developed, it would need to be evaluated.

In order to achieve the goals of clear thinking and systematic decision making, various assessment measures and procedures were utilized before, during and one month after the programme. This was done in a way that others would be able to replicate.

The researcher is of the opinion that even though there are weaknesses in the pre- and posttest design, the strengths and advantages outweigh the weaknesses. The researcher took great care to ensure internal validity.