EVALUATION OF A TREATMENT PROGRAMME FOR INCARCERATED RAPISTS

BY

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DEDICATION

I dedicate this research to:

The memory of my parents.

Thank you and Godspeed.

My children, Ziel and Yvette, for their love and emotional and moral support.

You are the light of my life.

AFFIDAVIT

I declare that **Evaluation of a treatment programme for incarcerated rapists** is my own work and that all references have been fully acknowledged in the text and in the bibliography.

Opinions expressed and conclusions arrived at in this research are those of the author and are not necessarily those of the Department of Correctional Services.

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ABSTRACT

Title: Evaluation of a treatment programme for incarcerated rapists

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This study consisted of an evaluation of different processes of change observed during the implementation of a treatment programme for incarcerated rapists that was developed by the researcher for a unique South African context.

As no treatment programme was readily available for rapists, such a programme for incarcerated rapists first had to be developed and then implemented before the evaluation process could proceed. In order to do this, the researcher utilized a processual approach as well as two models of change to guide and evaluate the different processes within the broad research process. The Total Transformation Management Process (Mink, Esterhuysen, Mink & Owen, 1993) focused on the process to develop the treatment programme, while the Interchange Cycle (Brock & Salerno, 1994) focused on the changes that took place in the rapists during and after the implementation of the treatment programme. The information obtained from the results suggests that the two models that were used to evaluate the different change processes complemented each other as both models indicated that change took place on different levels

The findings determined that the treatment programme for incarcerated rapists was effective for first-time rapists and recommendations were made for future research.

OPSOMMING

Titel: Evaluering van 'n behandelingsprogram vir gevonniste verkragters

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Graad: Philosophiae Doctor

Datum: 2002-11-29

Hierdie navorsing is gerig op die evaluering van die verskillende prosesse van verandering wat waargeneem is tydens 'n behandelingsprogram vir gevonniste verkragters wat deur die navorser vir gebruik in 'n unieke Suid-Afrikaanse konteks ontwikkel is.

Omdat geen behandelingsprogram vir gevonniste verkragters geredelik beskikbaar was nie, moes so 'n behandelingsprogram eers ontwikkel en daarna geïmplementeer word voordat evaluering kon plaasvind. Om dit te kon doen, het die navorser gebruik gemaak van 'n prosesbenadering sowel as van twee modelle om die prosesse binne die breëre konteks van die navorsingsproses te struktureer en te evalueer. Die "Total Transformation Management Process" (Mink, Esterhuysen, Mink & Owen, 1993) het gefokus op die ontwikkeling van die program, terwyl die "Interchange Cycle" (Brock & Salerno, 1994) gefokus het op die veranderings wat plaasgevind het in die verkragters gedurende en na die implementering van die behandelingsprogram. Die inligting wat verkry is van die resultate toon dat die twee modelle wat gebruik is die veranderingsprosesse gekomplementeer het omdat beide modelle aangedui het dat verandering op verskillende vlakke plaasgevind het.

Die bevindinge bepaal dat die behandelingsprogram vir verkragters effektief was vir eerste-oortreder verkragters en verskeie aanbevelings is gemaak vir toekomstige navorsing.

TERMS AND DEFINITIONS

Sex offender:	An individual who commits a sexual crime as legally defined in his or her own culture or legal jurisdiction (Coleman & Dwyer, 1990).
Sex offence:	There is no general consensus as to what constitutes a sex offence and what is the appropriate punishment for this crime (Coleman & Dwyer, 1990).
Psychological treatment:	Psychological treatment refers to an array of psychotherapies, which have been designed to treat sex offenders. Different treatments are based on different psychological and psychiatric theories on the origin of the sex offending; for example, psychoanalytic, behavioural, social learning and family systems theories. Psychological or psychiatric care can be provided in individual, couple, family or group psychotherapy. The purpose of treatment is an attempt to prevent further offending behaviour and further victimization of others (Coleman & Dwyer, 1990).
Prison:	Refers to any place established under the Correctional Services Act 111 of 1998 as "a place for the reception, detention, confinement, training or treatment of persons liable to detention in custody or to detention in placement under protective custody, and all land, outbuildings and premises adjacent to any such place and used in connection therewith and all land, branches, outstations, camps, buildings, premises or places to which any such persons have been sent for the purpose of imprisonment, detention, protection, labour, treatment or otherwise".

Offender:	A person who offends, especially by breaking the law (Hornby, 1989).
Prisoner:	Any person, whether convicted or not, who is detained in custody in any prison or who is being transferred in custody or is en route from one prison to another prison (Correctional Services Act 111 of 1998).
Sentenced prisoner:	Refers to any person who has been sentenced to imprisonment (Correctional Services Act 111 of 1998).
Process :	For the purposes of this study, process refers to "a series of natural stages passed through bringing development or change" (Chambers-MacMillan, 1996, p. 765).
Processual:	For the purpose of this study, processual refers to a procedural or social process (The New Shorter Oxford Dictionary, 1989, p. 2364) but can also be seen as of or relating to functional or operational processes (Webster's Third International Dictionary, 1986, p. 1308).
Programme:	Refers to "descriptive notice of series of events, e.g. of course of study" or "definite plan of intended proceedings" (The Concise Oxford Dictionary of Current English, 1983, p. 822).

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CHAPTER 1

BACKGROUND TO THE STUDY

1.1   INTRODUCTION

This study focused on sexual offending and particularly rape in a South African prison context. Rape is a widespread, serious and enormously complex phenomenon all over the world. There are no easy or magical solutions to this problem and many people's lives are damaged by it (Marshall, Anderson & Fernandez, 1999; Morrison, Erooga & Beckett, 1994; Report of the Working Group Sex Offender Treatment Review, 1990).

1.2   RAPE IN SOUTH AFRICA

In June 1993 already Mr. F. Kahn, the then Attorney General of the Cape stated (Levitz, 1993, p. 4) that "rape involves 54 percent of the female population". He went on to say that rape and general lawlessness in a rapidly changing social order tend to lose the priority they deserve, and furthermore "that irrespective of any constitutional utopia, the country will still have to live with the problem of rape" (Levitz, 1993, p. 4). Kahn's view was confirmed by Hazan and Grobbelaar (1994, p. 63), who found that South Africa had "the highest rape figures in the Western world" as almost 300 000 women were raped every year, averaging about 400 rapes daily. The increasing number of rapists convicted since 1997 confirms that the incidence of rape has, indeed, increased. Given the high incidence of rape in South Africa, many people believe that we live in a rape culture (Vogelman, 1990).

1.3   NEED FOR RESEARCH ON SEXUAL OFFENCE

The need for research on sexual offenders and particularly rapists has since escalated. It is now assumed that approximately 50 women are raped every month in the Mamelodi area in Pretoria alone, which is considered a hotbed of crime by the police (Louw, 2001,

para. 3). According to Commissioner Mmutle of the South African Police in Pretoria, rape is a priority crime due to the social impact it has on women in the community, as men think they have a right to do just what they want with women.

The growing number of incarcerated rapists and simultaneous public outcry for protection from and treatment for rapists emphasised an urgent need to develop a treatment programme for incarcerated rapists, as no suitable treatment programme was available in the Department of Correctional Services.

Extensive research on sexual offenders in other countries indicates many unanswered questions regarding etiology, assessment and treatment effectiveness despite increased knowledge and understanding in this field. Considerable speculation also remains about what can bring about change in sexual offenders as no approach seems to guarantee complete success (Cull, 1992; Guy, 1991; Report of the Working Group Sex Offender Treatment Review, 1990). In this study the researcher focused on and explored two different processes running concurrently, namely the development of a treatment programme for incarcerated rapists and a managed interactional process to determine whether change took place after implementation of the treatment programme. The researcher did not intend to determine whether these rapists would reoffend in future as that fell outside the scope of this study.

In addition, the rendering of treatment programmes in a prison environment is a controversial and complex problem as it is done in a closed system, that is often ambiguous and highly paradoxical. Marshall, Anderson, and Fernandez (1999) maintain that a prison is not the best or ideal place to render treatment programmes or bring about positive change. However, the researcher is of the opinion that negative and/or restrictive environments do not necessarily hamper positive outcomes as most treatment programmes in a prison context aim to instil a sense of self-worth so that sex offenders can rebuild their lives in a constructive and socially acceptable manner for the benefit of the rapist/sexual offender, the victim and the community. The researcher sees treatment in a prison context as necessary, relevant and important despite many difficulties and

limitations. Clear and Cole (1994), Guy (1991), Marshall et al. (1999) and Scutt (1990) support this view.

1.4   CONCLUSION

This study was an attempt to create awareness and understanding of the difficulties involved in developing and evaluating a treatment programme for incarcerated rapists in a unique South African context. The ultimate aim was to facilitate and contribute to the rehabilitation of incarcerated rapists in order to protect the community and assist rapists to lead law-abiding and productive lives in the community after release from prison.

CHAPTER 2

PROBLEM STATEMENT, AIMS AND LAYOUT OF THE STUDY

2.1   INTRODUCTION

It has become increasingly evident that the incidence of rape is rising in civil society and that the community wants sexual offenders (including rapists) to be punished and rehabilitated. This chapter discusses and states the problems identified as well as asks some questions in order to meet the needs of the community.

2.1.1   Treatment in a prison context

Research reports specifically on prison-based therapies are scarce even in Western and European countries (Sapp & Vaughn, 1991). Based on her personal experience in and knowledge as the Director of Psychological Services in the Department of Correctional Services, the researcher was aware of the fact that no research on prison-based therapies with sexual offenders and/or rapists had yet been done in the Department of Correctional Services. Nor had any treatment programmes for sexual offenders been evaluated.

As a work environment, a prison is very complex, ambiguous and paradoxical. Treating rapists in such an organized environment therefore becomes even more of a challenge because even though change in the rapist's behaviour is sought, there are many other processes in the rapist's inner and outer world which could negatively affect any positive change.

2.1.2   The need for a treatment programme for incarcerated rapists

In 1994 the researcher as the Director of Psychological Services in the Department of Correctional Services noted that there was no treatment programme for sexual offenders available in South Africa. Although the Department of Correctional Services had

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guidelines for child sex offenders, the guidelines did not constitute a treatment programme and psychologists within the Department of Correctional Services hardly ever utilized them. Consequently, psychologists and/or social workers treated rapists and other sex offenders in an unco-ordinated manner and then only when these professionals were prepared and/or willing to work with such sex offenders.

With the assistance of the Department of Correctional Services the researcher officially visited and had discussions with various officials, including psychiatrists, psychologists, forensic experts, social workers, correctional officials, heads of prisons and/or personnel of other facilities dealing specifically with sex offenders. In 1995 the researcher visited the HMP Wandsworth Prison, the Surrey Probation Services and the Faithfull Foundation in England, officials at the Dr. Henri van der Hoeven Kliniek, the Pieter Baan Centre, the Pompe Kliniek and the Rijksinrichting Veldzicht in the Netherlands. These visits reinforced the Department of Correctional Services' intentions to tackle the need for such a treatment programme.

2.1.3   Availability and suitability of available treatment programmes elsewhere

From the information obtained, the researcher determined that only a few programmes for sexual offenders were available even in Western countries. Canada, the United States, Britain, and other countries had done extensive research on sexual offenders in particular and developed programmes and were implementing them effectively. However, availability and accessibility of these treatment programmes were limited (Marshall et al., 1999; Morrison et al., 1994; Prendergast, 1991). To view or purchase the available programmes while on an official visit was almost impossible as professionals in facilities or institutions often developed the programmes for their use only. Articles in international journals about sexual offender treatment efforts are also scarce (Frenken, 1999).

The investigations indicated that most of the published studies on rapists/sexual offenders are described in Western European or Northern American publications, which are

structurally, socially and psychologically different from Southern African contexts. Therefore, a treatment programme relevant for this region (Mjoli, 1987) needed to be developed, more specifically for a South African context.

2.1.4   Adapting the best practices to develop a treatment programme suitable for a uniquely South African population

From the literature review, attendance of international conferences (e.g., in Hamburg, Utrecht, Stockholm, Toronto and Amsterdam), formal and informal discussions with experts in the field (e.g., William Marshall, Cloë Madanes, Charleen Steen, Hillary Eldridge and Ray Wyre) and visits to various correctional facilities and treatment centres in England and the Netherlands, the researcher realized that none of the programmes in use elsewhere could be utilized as they are in a South African context. South Africa has a unique population which differs in many respects from its Western counterparts.

2.1.5   Determining the components for a treatment programme for a South African prison context

The literature indicates that, in comparison to other forms of criminality, sexual offenders, especially rapists and paedophiles, are the most likely to re-offend, but at the same time would also be the most likely to gain from treatment (Evans & Gallichio, 1991). Before a treatment programme could be developed, it was necessary to identify which components in existing treatment programmes for sexual offenders were the most effective. For a treatment programme for incarcerated rapists in a South African context to be effective, it had to follow an integrated, holistic and flexible approach, be measurable and be realistic. It was also visualized that if a treatment programme for rapists were developed, it should be available on a wide scale in the Department of Correctional Services in order to enable more offenders to participate in the future.

2.1.6 Meeting the needs of incarcerated rapists

The researcher determined that a treatment programme for rapists needed to cover several aspects of these offenders as a combination of psychodynamic factors played a role in their offending behaviour. The treatment programme therefore needed to examine and meet the various needs of offenders by means of different components or modules, dealing with various issues such as self-esteem, cognitive skills, social skills, goal setting, HIV/AIDS, sexuality, anger management, victim empathy and remorse, how to take responsibility for themselves and relapse prevention.

2.1.7 Availability of incarcerated rapists

From her own experience, as the Director Psychological Services in the Department of Correctional Services, the researcher knew that there were sufficient offenders who could and/or were willing to participate in a research study to develop and evaluate a treatment programme for rapists, if they were given the opportunity to contribute.

2.1.8 Compliance with mandates to safeguard and rehabilitate sentenced prisoners (including rapists)

The Department of Correctional Services is mandated to treat sentenced offenders – including rapists. The researcher was aware of the need to develop a treatment programme for incarcerated rapists as no such programme as yet existed. As a psychologist, the researcher also knew that it was unethical to expect incarceration alone to bring about change because the Department of Correctional Services had a mandate to safeguard the community and to rehabilitate prisoners (Correctional Services Act 111 of 1998). This indicated a need to also treat rapists, as incarceration combined with treatment has a better chance of succeeding in rehabilitation.

2.1.9. The increase in sexual offenders, particularly rapists, in the prison system

The number of rapists and other sexual offenders in the prison system increased from 8.02% in 1993 to 10.7% in 1997. In the Department of Corrections no co-ordinated treatment programme was available for sexual offenders and/or rapists. The majority of rapists and other sexual offenders would therefore probably never participate in any treatment, support or development programmes in the Department of Correctional Services as human resources are scarce and the availability of professionals is severely restricted. According to the Annual Report of Correctional Services (2000), only 10 758 prisoners (all target groups) were involved in therapeutic activities conducted by 44 psychologists while a total of 111 585 sentenced male prisoners were in prison. Based on these figures, then, many rapists will leave prison with no treatment and return to their respective communities with no positive lessons learned unless something is done about it.

2.1.10 The role of the community

The researcher became aware of the fact that in the UK as well as in Canada, people working in correctional institutions/facilities or who worked with sexual offenders in the community itself often played a significant role in the development of these programmes. In South Africa there was and is an almost complete lack of community involvement with all prisoners.

2.1.11 Motivating prisoners to attend a treatment programme

Based on her personal experience, the researcher envisaged that rapists would be motivated participants. Madanes (1990) states that most people come to therapy because they want to change their own behaviour and/or are concerned because they cannot help behaving in ways that are harmful to themselves or to others. According to her, when people come to therapy they usually come because they want to change the ways in

which they think and feel and to try to bring out the best in themselves. Madanes (1990) is also of the opinion that no one comes to therapy to be hurtful and mean. Coming to therapy would therefore provide them with the possibility of solving a problem as she believes no one is incurable and no situation is hopeless. By participating, the rapists who wanted to change their behaviour and/or participate in a treatment programme, would be allowed an opportunity to learn something new and/or deal with their own problem issues. In addition, it would create a rare opportunity to participate in a six-week treatment programme on a daily basis, which had never been done before in the Department of Correctional Services, where human resources are a problem and groups are usually presented only once per week.

2.1.12 Measurement and evaluation of the treatment programme once it has been implemented

Although many researchers reported that their methods brought about change, the effectiveness of their programmes had rarely been measured and/or documented in detail. Most rehabilitative programmes have shortcomings and limited effectiveness (Clear & Cole, 1999). Therefore it was considered essential that the researcher determine and document the results of the developed treatment programme, since it was generally agreed that there was a need for more and diverse programmes (Report of the Working Group Sex Offender Treatment Review, 1990).

Measuring the effectiveness of treatment in a prison is a daunting task as some researchers feel that no approach can offer total success, while Frenken (1999) and others call for more studies of treatment efficacy. Scutt (1990) found that few studies had been conducted on convicted sexual offenders and few gave useful indications of what could be done effectively. Despite the lack of research, however, Scutt is still of the opinion that convicted sexual offenders provide a valid group to study.

2.2   STUDY OBJECTIVES

Sexual offenders (including rapists) in particular cause great and severe emotional damage to their victims. The researcher therefore decided to focus on the following research objectives:

Firstly, to gain knowledge of and insight into the issues involved in treating incarcerated rapists in a prison context. Offenders are sent to prison with the expectation that they will participate in treatment programmes that will rehabilitate them and prepare them for reinstatement into society as law-abiding citizens for the benefit of the rapist, the victim, the community and the Department of Correctional Services.

Secondly, to gain knowledge of and insight into existing and available treatment programmes for sexual offenders and rapists, in particular, and to identify which treatment components worked the best for rapists in order to develop a treatment programme for incarcerated rapists in a South African context.

Thirdly, to evaluate the treatment programme after implementation on a sample of incarcerated rapists to determine whether change took place after implementation of the treatment programme.

2.3   LAYOUT OF THE STUDY

Chapter 1 describes the background to the problem, the situation in South Africa, and the aims of the study.

Chapter 2 outlines the problem, study objectives and layout.

Chapter 3 deals with the issues involved in treatment in a prison context.

Chapter 4 explains why Mink, Esterhuysen, Mink and Owen's (1993) Total Transformation Management Process (TTMP) model was chosen as a basis to develop a local treatment programme and why Brock and Salerno's (1994) Change Cycle was chosen to evaluate the treatment programme for incarcerated rapists.

Chapter 5 describes processes as a research methodology to guide the research.

Chapter 6 presents the main results of the sample of rapists.

Chapter 7 discusses the impact of the prison setting on the process.

Chapter 8 presents an evaluation of the different models utilized in this study.

Chapter 9 presents the data collected from the rapists from questionnaires, self-reports, projective techniques and group discussions.

Chapter 10 presents the main results and concludes the study.

Chapter 11 presents recommendations for future research.

CHAPTER 3

ISSUES INVOLVED IN TREATMENT IN A PRISON CONTEXT

3.1   INTRODUCTION

When a person commits a crime and is sent to prison, the offender is not sent to prison to be punished but as punishment (Making Standards Work – An international handbook on good prison practice, 1995). The purposes of imprisonment as pure punishment and revenge are questionable. At the same time, it might also be argued that prison is not a place for punishment but for rehabilitation, as putting offenders in prison, in principle, is similar to putting mentally-disordered persons in a hospital (Kolstad, 1996). Kolstad (1996, p. 323) also argues that in both cases persons will be staying in "total institutions" for many years. He indicates further that while the number of prisons and offenders in prisons are increasing, mental hospitals are being closed down in most Western countries, as mental hospitals are no longer considered reasonable places for long-term stay and the goal is to rehabilitate them so that they can function in communities.

Many sexual offenders are in prison and serving sentences but "are in prison as punishment and not for punishment" (Making Standards Work - An international handbook on good prison practice, 1995, p. 14) as their penalty consists of loss of freedom. The circumstances of their imprisonment should not therefore be used as additional punishment and all adverse effects of imprisonment must be minimized. Sexual offenders are also often sent to prison with the expectation that they will participate in treatment and/or rehabilitation programmes that will prepare them to adjust in society when they are released. Most rehabilitative programmes, however, have shortcomings and limited effectiveness (Clear & Cole, 1994). Clear and Cole are of the opinion that a prison without programmes is unthinkable and that structured activity must be available for prisoners.

Collins English Dictionary (1991, p. 1306) defines *rehabilitate* as "1. to help (a person who is physically or mentally disabled or has just been released from prison) to readapt to society or a new job, as by vocational guidance, retraining, or therapy" and *rehabilitation* as "1. the act or process of rehabilitating". The South African Student's Dictionary (1995, p. 805) defines *rehabilitation* as "things done to give people normal lives and make them part of normal society, especially people coming out of prison". In order to give people normal lives and make them part of normal society, their strengths and behaviour need to be enhanced so that they can lead a meaningful life. Rehabilitative programmes therefore have as their aim the reformation of the offender's behaviour (Clear & Cole, 1994) in order to attend to and focus on personal, social and situational barriers, which hamper effective functioning in society.

Some people argue that imprisonment is so painful in itself that it is reformative and that offenders will change their ways to avoid a repetition of the experience. Others hold that going to prison is not reformative enough and offenders should participate in special programmes in order to rehabilitate. The current political direction in South Africa strongly advocates rehabilitation although some sectors of the community disagree on the emphasis that should be given to rehabilitation programmes and/or the types of programmes that should be offered (Clear & Cole, 1994).

3.2 TREATMENT IN A PRISON CONTEXT

While offenders realize that their sentence is the result of an illegal act and accept being punished, the majority of prisoners accept imprisonment as part of the punishment (Kolstad, 1996). Kolstad points out that studies indicate that imprisonment on its own does not serve any rehabilitative function since even the purposes of imprisonment as pure punishment and revenge are questionable.

Moreover, others question whether rehabilitation and treatment can take place in a prison environment for two reasons (Kolstad, 1996, p. 333):

> Rehabilitation will not be given priority if it takes place in prison where punishment is the main aim. Treatment in prison will always be subordinated to the *stay* in prison

> Inside the total, closed institution, inmates are habituated to existence with such environments, rather than the outside society. Rehabilitation in prison is, therefore, habilitation to the milieus that characterize the total institution, along with the norms, values, and behaviours that characterize prisoners.

To rehabilitate literally means to restore to a normal life or former position (Clear & Cole, 1994) or as Kolstad (1996, p. 332) puts it, teaching the social skills needed to manage in and join the law-abiding society, and to change a self-image or label as "offender" or "criminal" into that of a law–abiding citizen. As all prisoners have been law-abiding citizens at some time in their life, the most important step in their development as offenders is probably the change in their self-image, from perceiving themselves as a "boy" or a "man" to being an "offender" or "criminal". The transformation, therefore, has to be reversed during the rehabilitation process where the purpose is to strengthen/enhance the positive and law-abiding aspects of a person's personality and to make these aspects more visible both to the person and to others in the community (Kolstad, 1996) and to assist the person to lead a law-abiding and meaningful life.

Rehabilitation of offenders who show potential for change is imperative, while protection of the community must remain a continual priority (McGrath, 1991). According to Clear and Cole (1994) and Kolstad (1996), rehabilitative programmes have as their aim the reformation of the offender's behaviour. The researcher agrees with this and maintains that a series of different reactions and treatments must be developed with the emphasis on the consequences of punishment, and on selecting functions or activities for offenders

that serve the goal of rehabilitation.

In the researcher's opinion, offenders are often people with many and varied challenges who face many personal, social and situational barriers, which hamper effective functioning in society. Therapists should therefore foster the individual's personal and social growth, taking the challenges into account and preferably adopt a holistic approach.

Kolstad (1996, p. 333) summarizes the factors necessary for successful rehabilitation as follows:

> *Differentiation*: Rehabilitation has to be tailored to the individual. An individual rehabilitation plan must be developed for every case. Training and support must be adjusted to the needs and resources of every client.
>
> *Assessment of the potential for rehabilitation*: In every case, the realistic potential and goals for rehabilitation must be stated. This requires experience and skill.
>
> *An early start*: Training in social skills has to start as quickly as possible, and planning must start when the offender is arrested or on remand. Good planning and early beginnings prevent a reduction in rehabilitation potential, and accordingly lower the risk of reoffending, as well as save resources.
>
> *Adequate time*: Rehabilitation takes time. It is a lengthy process, both for the client and the staff. Preparation for release must occur over months, and the follow-up should continue for years. Many prisoners have to deal with substance abuse problems, and this underscores the point that rehabilitation will be time consuming and has to start immediately.
>
> *Follow-up*:   Follow-up activities may have to be carried on for years. Professional health care and social care have to be provided over a long period and there have to be clear contracts with regard to responsibility and rights. To change internalized ways of thinking and behaving takes time. Changes that include relations and connections to other people are especially difficult to implement. New social networks have to be established in many cases.

Broad-based effort: Assistance and interventions must take place in a wide variety of life-domains: work, residence, drug addiction, family, friends and neighbors.

Location outside institutions: Rehabilitation has to take place mainly outside prisons.

With the current increase in the number of rapists admitted to prison and public outcry to rehabilitate sex offenders, the need to develop a treatment programme for rapists became urgent.

Research shows that there are considerable difficulties in dealing with rapists (or any other sex offenders) in a prison context (Clear & Cole, 1994; Guy, 1991; Marshall et al., 1999; Scutt, 1990). Therapeutic involvement with rapists is often seen as essentially preventative and aimed at instilling a sense of self-worth so that they can rebuild their lives in a constructive and pro-social manner (Marshall et al., 1999) for the benefit of the rapist (sexual offender), the victim, society and the state.

Treatment in a prison is difficult for the following reasons:

➢ A prison is not the ideal environment for doing behavioural treatment programmes. Therefore Guy (1991) advocates that programmes must be practical and realistic. According to him, constraints must be recognized and dealt with if programmes are to be delivered effectively. Furthermore, a high premium must be placed on continuity from the institution to the community. Programmes should be implemented intensively, seriously and for a reasonable length of time.

➢ Treatment programmes for sexual offenders are few and scarce (Somander, 1995) and little has been written specifically on sexual offender treatment, particularly prison-based therapies, even in Western and European countries (Frenken, 1999). Scutt (1990) and Somander (1995) indicate that few, if any, studies have been conducted on convicted sexual offenders and give useful indications of what can

be done effectively. Scutt and Somander nevertheless feel that convicted sexual offenders provide a valid group to study.

➢ The researcher found no treatment programme available in the Department of Correctional Services for rapists and no research on therapeutic interventions with rapists in South African prisons or any other African prison context.

➢ No guarantees can be given regarding future reoffending (recidivism) unless the rapist/sexual offender is able to control his sexual fantasies and behaviour (Cull, 1992).

➢ Offenders are often sent to prison in the expectation that they will participate in treatment and/or rehabilitation programmes that will prepare them to readapt to society when they are released. Evans and Gallichio (1991) point out that such expectations, however, need to be balanced against the fact that most researchers agree that sex offenders, especially rapists, cannot be cured, but can learn to control their own offending behaviour and take responsibility for it.

➢ At the end of any treatment programme or intervention there is no guarantee that it did, in fact, lead to any change or changed behaviour in an offender. This study, therefore aimed to focus on this specific issue, and indicate whether change did take place after a treatment programme was implemented for rapists.

It is recognized that any treatment programme to treat rapists, especially in a prison context, is controversial. Clear and Cole (1994), however, argue that a programmeless prison is unthinkable and that structured activity must be available despite the fact that most rehabilitative programmes have shortcomings and limited effectiveness.

3.3 MANDATES FOR TREATMENT OF PRISONERS IN THE DEPARTMENT OF CORRECTIONAL SERVICES

In terms of the Constitution of South Africa Act 108 of 1996 (Chapter 2, Section 35 (2)(e), p. 17) every sentenced prisoner has the right to "conditions of detention that are consistent with human dignity, including at least exercise and the provision, at state expense, of adequate accommodation, nutrition, reading material and medical treatment". Taking this mandate into consideration, it is imperative for the Government and the researcher, as a senior official and manager in the Department of Correctional Services, to attend to the needs of sexual offenders where "medical treatment" is seen in the broadest context, thus including physical and psychological treatment.

The Correctional Services Act 111 of 1998 (Chapter 11, section 2) provides as follows:

> The purpose of the correctional system is to contribute to maintaining and protecting a just, peaceful and safe society by -
>
> (a) enforcing sentences of the courts in the manner prescribed by this Act;
>
> (b) detaining all prisoners in safe custody whilst ensuring their human dignity; and
>
> (c) promoting the social responsibility and human development of all prisoners and persons subject to community corrections.

3.4 THE TREATMENT PHILOSOPHY OF THE DEPARTMENT OF CORRECTIONAL SERVICES

It is the policy and philosophy of the Department of Correctional Services to place rehabilitation at the centre of all its activities as a long-term goal of crime prevention and to harness its potential to eliminate recidivism.

Rehabilitation is therefore conceptualized and understood as (Department of Correctional Services internal working document, 2002):

o   The creation of an enabling environment where a human rights culture is upheld, reconciliation, forgiveness and healing are facilitated and prisoners are encouraged and assisted to discard negative values, adopt and develop positive ones which are acceptable to society.

o   The creation of opportunities, for the acquisition of knowledge and new skills, the development of an attitude of serving with excellence and the achievement of principled relations with others, to prepare the prisoners to return to the society with an improved chance of leading a crime-free life as productive and law-abiding citizens.

o   A process that is aimed at helping the prisoner gain insight into his/her offending behaviour and also understand that crime has caused injury to others (including the primary victim/s and the broader community).

The objectives of rehabilitation in the Department of Correctional Services are (Department of Correctional Services internal working document, 2002):

3.1   To encourage prisoners to own the main values as enshrined in the Constitution.

3.2   To make them an asset to society as productive and law-abiding citizens.

3.3   To address the offending behaviour in order to curb re-offending and eliminate recidivism.

Because rehabilitation is a process, a multidisciplinary team of psychologists, social workers, educationists, chaplains and religious care workers offer prisoners opportunities for development and growth by means of various treatment and/or development programmes, which may be short or long. Involvement in treatment or development

programmes has no beginning and no end as the prisoners may attend any programme during the course of their sentence. It is acknowledged that involvement in treatment and/or development programmes does not necessarily transform people back to a state in which they were before entering prison. The process is completed when they are reintegrated successfully into the community.

The rehabilitation model of the Department of Correctional Services has the following intentions:

➤ Provision of professional services that meet the needs of offenders according to national and international guidelines

➤ Assisting offenders to develop their full potential in order to live an acceptable lifestyle by creating opportunities

➤ Provision of services to all offenders who wish to utilize them (offenders have a choice because no treatment or participation in any of the programmes is mandatory)

➤ Encouraging offenders to participate in programmes for their own benefit (taking into account that they take ultimate responsibility for changing their behaviour)

➤ Establishing networks with interested community agencies

3.5 NUMBER OF SENTENCED SEXUAL OFFENDERS

One of the main problems in obtaining statistics regarding rapists is that sexual offenders are not classified into specific categories. The Department of Correctional Services only distinguishes between three main crime categories, namely sexual, aggressive or economic. Sexual offenders therefore include all prisoners found guilty of rape, incest, child abuse, exhibitionism, indecent assault and sodomy. The same problem regarding crime categories still existed in the Department of Correctional Services in 2001.

On investigation the researcher determined from the Department of Correctional Services statistics that the total percentage of sentenced sexual offenders had increased since 1993.

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Table 3.1   **Percentage of sexual offenders, 1993-1996**

Percentage of sexual offenders, 1993-1996	
Year	Percentage of sexual offenders
31 March 1993	8.06
31 March 1994	8.22
31 March 1995	10.3
31 March 1996	10.3

Source: Bergh (1997)

The sexual offenders referred to in table 3.1 represent only those that had been convicted of sexual offences (e.g., rape, voyeurism, indecent assault) while the remaining percentage of offenders (not indicated in this table) had been convicted of either economic (e.g., fraud, theft, robbery) or aggressive crimes (e.g., murder, armed robbery).

Table 3.2 presents the number of prisoners in custody according to the three crime categories from 1995 to 2001. The statistics also indicate a marked increase annually for sexual offenders.

Table 3.2   Number of prisoners in custody, 1995-2001

Year	Number of prisoners in custody, 1995-2001				
	Sexual	**Economic**	**Aggressive**	**Narcotics**	**Other**
1995	8 078	35 488	34 811	3 458	5 472
1996	9 477	36 060	37 927	3 571	3 191
1997	10 624	38 657	41 328	4 053	4 157
1998	11 495	34 768	41 718	3 724	4 118
1999	11 937	35 540	44 090	3 671	5 269
2000	12 859	37 523	49 315	3 620	6 439
2001	13 783	36 943	53 024	3 494	7 444

Source: Management Information System, DCS

Table 3.3 presents the percentage of sexual offenders versus other crime categories from 1993 to 2001 and the results indicate a serious increase in incarcerated sexual offenders.

Table 3.3   Frequencies and percentage of sexual offenders versus other crime categories, 1993-2001

Average for period	All crime categories	Percentage of sexual offenders
Average for 1993	Number not available	8.1 %
Average for 1994	Number not available	8.2 %
Average for 1995	87 307	9.2 %
Average for 1996	90 226	10.6 %
Average for 1997	98 819	10.7 %
Average for 1998	95 823	12.0 %
Average for 1999	100 507	11.9 %
Average for 2000	109 756	11.7 %
Average for 2001	114 688	12.0 %

The statistics in tables 3.1, 3.2 and 3.3 confirm that even though there was an increase in the prisoner population, there was also a rise in the number of sexual offenders (including rapists) from 8.1% in 1993 to 12% in 2001.

3.6   AVAILABLE HUMAN RESOURCES IN THE DEPARTMENT OF CORRECTIONAL SERVICES

On investigation, the researcher established that 32 000 correctional officers were employed in 250 management areas/prisons countrywide to work with all prisoners. In 2001 only 873 (2.7%) of these correctional officers were professionals (social workers,

educationists, psychologists, chaplains and religious care workers) who rendered developmental, treatment and/or support programmes to prisoners.

The 873 professionals consisted of the following personnel:

Social workers	477	(1. 5% of available personnel)
Educationists	318	(1% of available personnel)
Psychologists	44	(0.14% of available personnel)
Chaplains	34	(0.10% of available personnel) assisted by
	1 991	external religious care workers

From the above statistics and chart 3.1 it can be assumed that with the limited professional resources, treatment is available only when and where human resources are available. The shortage of professionals to render treatment programmes also indicates that many incarcerated sexual offenders, including rapists, will therefore not be exposed to a treatment programme during their sentence. This situation is not uncommon in other countries. Somander (1995) points out that there is no possibility of providing treatment for all the prisoners who have been sentenced for a sexual offence at the moment in any case.

Chart 3.1   Number of correctional officials versus professionals in the Department of Correctional Services, 2001

Number of correctional officials versus professionals
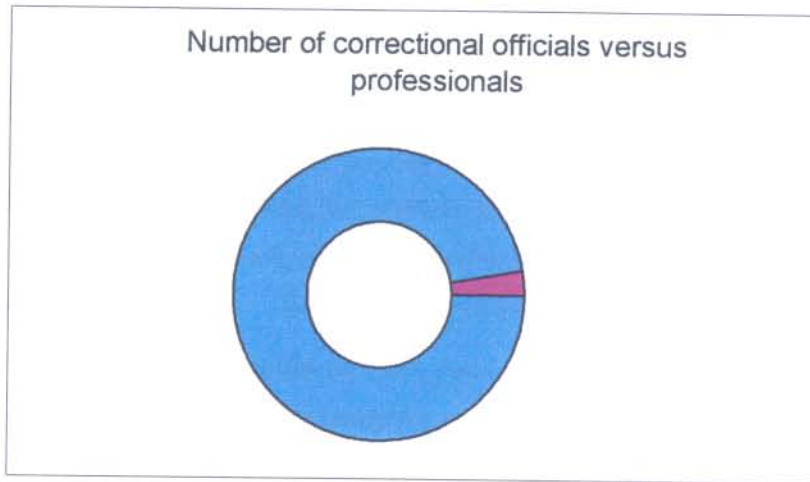
Blue: correctional officials

Red: professional personnel (social workers, psychologists, educationists, chaplains and religious care workers)

3.7   AVAILABILITY OF TREATMENT PROCEDURES FOR SEXUAL OFFENDERS IN THE DEPARTMENT OF CORRECTIONAL SERVICES

As Director of Psychological Services, the researcher was aware that the treatment of sexual offenders, such as child molesters or rapists, included a variety of treatment techniques, rendered primarily by psychologists and/or social workers and not simplistically related to the offence.   Considering that a number of problem areas are common to all prisoners, including sexual offenders, treatment in prison is aimed mainly at improving social skills, sex education, anger management and cognitive restructuring. As far as the researcher was aware, no research had yet been done in the Department of Correctional Services on the efficacy of treatment programmes or whether any change had, indeed, taken place as a result of exposure to treatment programmes.

3.8 MOTIVATION AND NEED FOR DEVELOPING A TREATMENT PROGRAMME FOR INCARCERATED RAPISTS

The Constitution of the Republic of South Africa Act 108 of 1996 and the Correctional Services Act 111 of 1998 mandate the treatment of prisoners, including rapists. This motivated the researcher to develop, implement and evaluate the results of a specially designed treatment programme for rapists in a South African prison context. The rationale for the development of a South African treatment programme for rapists was that there was no treatment programme available for convicted rapists in South Africa. Available treatment programmes in other parts of the world were not suitable for rapists in South Africa as they did not provide for problems with illiteracy, language differences, infrastructure and availability of resources, which do not exist in other Western countries.

3.9 RATIONALE FOR USING A SPECIFIC PROGRAMME STRUCTURE AND CONTENT

The researcher examined different theoretical perspectives on rape but did not include them as they fall outside the scope of this study. The purpose of consulting them was to determine the most common factors, aspects and/or patterns that needed to be covered in a treatment programme for rapists. The following aspects of rape and rapists were seen to be important:

> ➢ rape is an atrocious and brutal act and violent crime, which involves not only physical harm but also emotional and physical injury (Lisdak & Roth, 1990)
> ➢ male dominance and power as opposed to female submission (Lisdak & Roth, 1990)
> ➢ rapists' underlying feelings of insecurity about their masculinity (Lisdak & Roth, 1990)
> ➢ defective socializing processes (Haralambos & Heald, 1983)
> ➢ rape is an interpersonal crime (Amir, 1971; Broadhurst & Maller, 1990)

➢ different social meanings and values for different cultures e.g. the difference between rape-prone and rape-free cultures (Broadhurst & Maller, 1990; Haralambos & Heald, 1983; Lottes, 1988; Sanday, 1981)

➢ endorsement of violence in patriarchal societies (Brownmiller, 1975; Burt, 1980; Herman, 1990; Sanday 1981)

➢ the conceptualization that communities live in a rape culture (Scutt, 1990; Vogelman, 1990)

➢ a universal devaluation of women and children (Finkelhor, 1986; Sanday, 1981)

In addition, in order to develop the treatment programme, the researcher obtained the following two programmes:

➢ The Maintaining Change Programme, a relapse prevention manual for adult male perpetrators of child sexual abuse, by H. Eldridge. Although the author retains copyright of the entire manual, the Faithfull Foundation allows purchasers to photocopy and use the entire manual with their own clients or patients.

➢ The Anger Management Programme that is utilized in correctional facilities in England, was obtained from their Head Office.

Both these programmes were not suitable for South African correctional facilities, however, as they were designed for prisoners with an extensive educational background (at least Grade 12, fluency in English and literate) because many of the modules involve self-study, writing and reading.

The literature review only provided outlines and limited information regarding other available treatment programmes from Canada and America. The researcher found that although researchers often indicated the aspects investigated and results obtained, they rarely indicated what their programmes looked like and what their manuals contained. However, it was clear that the programmes available required offenders to have a certain

level of education, and be literate, which would create serious difficulties in South African prisons if no adjustments were made.

The researcher also discovered that countries differ in their prevailing psychotherapeutic frames of reference. Frenken (1999) indicates that Britain, the northern, Dutch-speaking part of Belgium and The Netherlands have a reasonably long cognitive/behavioural tradition, while in France, Switzerland, Austria, Italy, Spain and Scandinavia, the psychodynamic tradition prevails and Germany follows a more eclectic approach.

Marshall et al. (1999), Marshall and Eccles (1991) and Somander (1995) maintain that cognitive behavioural programmes with sex offenders seem to have the best long-term results. Prendergast (1991) and Somander (1995), however, argue that psychotherapy alone does not work to produce safe, healthy and, above all, happy individuals. Somander (1995) also argues that the overriding treatment for sexual offenders should be psychotherapy, which includes psychoanalytically focused treatment as well as behaviour modification and cognitive therapy. This implies that a combination of modalities is necessary.

Prendergast (1991) adopted a holistic approach to deal with the whole person, namely body, mind and social being of the offender. For him, the holistic approach includes group psychotherapy, sex education, social skills training, anger management, relapse prevention, vocational education, substance abuse training and aftercare. Somander (1995) and Marshall et al. (1999) also followed a similar holistic approach.

Marshall and Eccles (1991) found that programmes with sex offenders produce the best long-term results when they include components of relapse prevention and where there is an emphasis on relationships rather than sexual problems. Guy (1991) noted that the most success is achieved with structured programmes where each of the offender's major problem areas is addressed.

Marshall et al. (1999) focus on self-esteem, cognitive distortions, empathy, intimacy or loneliness, attachment styles and sexual and non-sexual fantasies and preferences and relapse prevention, which they consider offence- specific. They utilize other specialists to do anger management, living without violence, parenting skills and cognitive skills (including problem solving), which they consider offence-related. They also emphasize taking of responsibility, stating clearly that one of the implications of accepting responsibility for having committed a sexual offence is that the behaviour of the offender must be integrated with the offender's self-concept.

Based on the above research, the researcher decided to structure a treatment programme to focus on specific components that were identified by international experts. Accordingly, the researcher adopted a holistic and modular approach in developing a treatment programme for convicted rapists and furthermore combined cognitive inputs with a psychodynamic approach in line with the Kia Marama Programme for sexual offenders (Neilson, 1990). The different components would be dealt with in a modular manner, thereby including aspects such as attitudes and behaviour, thinking skills, self-esteem, developing social skills, education regarding own sexuality, alcohol and substance abuse, taking responsibility for one's own behaviour, anger and stress management and victim empathy. Cull (1992), Marshall et al. (1999), Prendergast (1991), Somander (1995) and Steen (1995) also found this approach valuable for sexual offenders.

The researcher structured the treatment programme in the following manner:

Module 1: Cognitive restructuring

This module consists mainly of the "Steps to Excellence for Personal Success" (S.T.E.P.S., 1997), which is a new and simplified version of the Investment in Excellence Programme (IIE). The IIE is a non-traditional education curriculum that teaches skills that release individual and/or group potential by changing old habits, attitudes and beliefs, thereby bringing about lasting change. The IIE

programme was piloted in 1996 and since 2000 has been presented successfully to more than 8 900 prisoners and 7 450 correctional officials. The results of the IIE programme were very positive as it improved self-image, self-confidence, self-knowledge, feelings of self-worth, insight and motivation, increased self-discipline, which led to acceptance of circumstances, increased tolerance, changed attitude and outlook on life, changed thinking and perceptions and changed communication. The researcher anticipated that the offenders would benefit from the newer version, S.T.E.P.S. programme, because it is a simplified version and does not require people to be literate in order to utilize the material.

Module 2: Interpersonal and social skills

This module deals with self-awareness, building trust and exploring emotions to train the rapists in the skills necessary to be assertive, express their feelings, overcome anxiety, improve communication and enhance their self-esteem. Self-awareness helps people become aware of their own personal style of interacting with their environment and with others. With an awareness of how they behave, think and feel, they have a choice to continue as before or do things differently. Self-esteem as a focus area is seen as an important part of adaptive functioning (Marshall et al., 1999). Sexual offenders very often have low self-esteem (Marshall & Hambley, 1996). Creating a particular therapeutic context that enhances a sense of self-worth is therefore an essential first step in the process (Marshall, 1996) because it influences the way self-thoughts are organized and what aspect of the self will be the most salient in particular circumstances. Marshall (1996) states further that enhancing the self-esteem of sex offenders has several benefits as it facilitates their effective treatment, reduces risk factors, lowers the chances of experiencing emotional distress and negative affect, enables them not to easily give up adherence to a preventive programme and prevents them from blaming others for their failures.

Many offenders never had opportunities to interact with others in a healthy safe environment therefore this module was designed to teach them what many non-offenders take for granted, such as the capacity to recognize what they want and to know how to go about getting it appropriately and without risk to others. In this module they also learn to solve conflicts effectively, to be rewarding and supportive of one another, how to develop intimacy and improve their communication skills and emotional expressive capabilities. Sexual offenders have a greater feeling of loneliness than other members of the community and may therefore seek out feelings of closeness through sex even to the extent of forcing sexual interactions with victims (Marshall & Hambley, 1996).

Module 3: Anger management

Cull (1992) indicates that many offences are the result of inappropriate expression of anger. To suppress one's anger is as potentially damaging as is the expression, verbally and/or physically, of aggression because angry people often vent their feelings inappropriately and irrationally. This module helps the offender to understand the basis of his anger and to employ appropriate means of self-expression prior to the anger being overwhelming and out of control. Conflict resolution skills are rehearsed in role-play while opportunities to implement these new skills are presented throughout the treatment programme as well as the process of living in a prison environment.

Module 4: Sex education

This module covers aspects such as differences between men and women, violence against women and HIV/AIDS. The focus is on a range of acceptable behaviours, modification of inappropriate sexual attitudes, gender sensitivity and understanding the full variety of needs which sex typically meets.

Module 5: Recreation

The module engages participants in mutually enjoyable activities, hobbies and/or leisure pursuits.

Module 6: Substance abuse

This module deals with problems with alcohol and drugs, life skills, et cetera. The alcohol and drug awareness module indicates the part played by alcohol and/or drugs in committing the offence and how it affects a person's lifestyle. The model on human sexuality discusses attitudes and beliefs. An offender may typically attempt to justify his behaviour by distorting his beliefs about the events leading to the offence, about his perception of women and of his victim's part in the offence. These cognitive distortions are challenged and the offender's assumption of responsibility for his behaviour is the goal. Issues relating to gender roles and attitudes towards women are also covered.

Module 7: Victim empathy

This module focuses on the training of rapists to develop empathy for their victims and/or potential victims. Mayer (1988 as in Mackinnon & Njaa, 1995, p. 22 as well as Marshall et al., 1999) indicated that sex offenders are lacking in empathetic responses. The latter also argued that the fact that sexual offenders have difficulties in empathizing with others might be linked to general problems in social competence. Therefore, the rapists were also helped to confront the trauma suffered by victims. This module's focus is to bring home to the rapists the full implications of their behaviour upon their victims. The long- and short-term consequences are spelt out in order to replace the focus from themselves to others.

Sexual offenders often misperceive their victim's behaviour and that is why victim empathy was included in the programme. Rapists often claim that their victim led them on and simply changed her mind either at the last minute or after the fact (Marshall et al., 1999). What is clear is that sexual offenders misperceive/misread women's cues, therefore they perceive the women as not being distressed when the victim does not respond or see it as enjoyment of sexual assault, or it matches their fantasies. In this research it was considered an important aspect in the treatment process, as therapists have to be constantly providing feedback to these clients about the inappropriateness of their attitudes and perceptions (Marshall et al., 1999).

Module 8: Stress management

The aim is to reduce the amount of stress in their lives and teach them how to deal effectively with stress they cannot avoid. This module focuses on how the body is affected by stress and what to do to lessen the degree of stress and its negative effect. A variety of relaxation skills are taught, with the participants being encouraged to practise and focus on those that suit them best.

Module 9: Relapse prevention

This module assists them to identify high-risk situations and teaches them how to avoid these and strategies for coping effectively if and when they do occur. The Report of the Working Group Sex Offender Treatment Review (1990) as well as Marshall and Eccles (1991) indicate that the most promising approaches are those that include relapse prevention components.

3.10 CONCLUSION

The increasing number of convicted rapists and the public outcry for rehabilitation programmes for rapists emphasized an urgent need to develop a treatment programme for

rapists, as no treatment programme for rapists is available in the Department of Correctional Services yet. As rehabilitation and treatment both deal with a process, it fell directly within the scope of this research, which also deals with human processes.

It is acknowledged that treatment programmes to rehabilitate or treat rapists especially in a prison context are controversial and might have shortcomings and/or limited effectiveness. However, the aim of this study was to bring about change and to rehabilitate rapists to assist them to lead law-abiding lives in the community after release from prison. Various treatment approaches have shown some success with sexual offenders (Report of the Working Group Sex Offender Treatment Review, 1990). Most research found that treatment programmes for sexual offenders that include a combination of cognitive and psychotherapy modalities and follow a holistic approach have the most success (Marshall et al., 1999; Marshall & Eccles, 1991; Prendergast, 1991; Somander, 1995). The researcher used these research findings to develop a treatment programme for rapists in a unique South African prison environment according to a modular approach. Therapeutic involvement with the rapists was therefore seen as essentially preventative, to bring about change and instil a sense of self-worth so that they can rebuild their lives in a constructive and socially acceptable manner (Marshall et al., 1999) for the benefit of themselves, the victims, society and the government.

Expectations regarding the effectiveness and success of the treatment programme need to be balanced against the fact that most researchers agree that sex offenders, especially rapists, cannot be cured, but can learn to control and take responsibility for their own offending behaviour (Cull, 1992; Evans & Gallichio, 1991; Report of the Working Group Sex Offender Treatment Review, 1990).

This study was new and had never been done in South Africa before. It was an attempt to try and solve specific problems not only in correctional facilities, but also in the community and other institutions that have non-incarcerated persons with similar problems.

CHAPTER 4

REVIEW OF THE MODELS UTILIZED TO DEVELOP AND EVALUATE A
TREATMENT PROGRAMME FOR INCARCERATED RAPISTS

4.1   INTRODUCTION

This chapter explains the rationale and motivation for why the researcher selectively utilized two different models in the study simultaneously, as the researcher found that she was dealing with two simultaneous processes and that one (a change process) was taking place within the other (the development and implementation of the treatment programme).

First the researcher chose Mink, Esterhuysen, Mink and Owen's (1993) Total Transformation Management Process model to develop the treatment programme. This model provided the framework within which the treatment programme was developed and implemented at the same time, and guided the learning process for the researcher as well as the rapists.

Then the researcher chose Brock and Salerno's (1994) Change Cycle to evaluate the outcome of the treatment programme for incarcerated rapists as this model illustrates very clearly the different cycles of change, or stages, that occur in people when they are dealing with any change effort.

4.2   THE TOTAL TRANSFORMATION MANAGEMENT PROCESS

The researcher used the Total Transformation Management Process (Mink et al., 1993, p. 12) because it is an action model for managing change. It is a guided learning process and provided a structured framework within which the study was done. According to Mink et al. (1993), their method is a way to improve the process as findings and data are gathered while the process is still going on. The Total Transformation Management

Process was therefore utilized to develop and implement a treatment programme at the same time in a prison context.

The Total Transformation Management Process model was utilized for the following reasons:

> The Total Transformation Management Process (TTMP) is based on the belief that successful change efforts must incorporate two concepts that anchor each end of the process, namely work on the entire system and special attention to the human side.

> The model offers a logical approach for dealing with organizational change as it focuses on the learning needs of both individuals and groups in the context of an open organization. In addition, the use of diagnostic tools, surveys, instruments, and activities does not affect the logic of the process.

> It can be applied to any change effort, irrespective of whether it is a large-scale corporate environment or is utilized by a single person in his/her own environment/department.

> The model is unique in that it is a holistic approach as it

- optimizes capacity to allow for the exchange of human energy
- minimizes the constraints created by the environment, structure, processes, policies and technology
- is open and communicative both in itself and with other systems in its environment.

> It enhances the organization's ability to learn and adapt to a variety of environmental issues and opportunities.

Mink et al. (1993) define the Total Transformation Management Process as follows:

➢ Total refers to the comprehensive nature of the model and its application as an integrated process for managing both large- and small-scale change.

➢ Transformation means corporate transformation as defined by Kilmann, Covin and Associates (1988, cited in Mink et al., 1993, p. 11): "Corporate transformation is a process by which organizations examine what they were, what they are, what they will need to be, and how to make the necessary changes. Implementing those changes affects both psychological and strategic aspects of an organization. The term *corporate* is used to convey the comprehensive effort required in contrast to piecemeal or single-division effort. *Transformation* indicates the fundamental nature of the change in contrast to a mere linear extrapolation from the past. Corporate transformation is serious, large-scale change that demands new ways of perceiving, thinking and behaving by all members of the organization." Because they are talking about transformative change, Mink et al. (1993) indicate that they use the words transformation and/or change interchangeably as both these concepts indicate intense learning.

➢ Management refers to guidance and not control. According to Mink et al. (1993), organizational systems tend to maintain equilibrium or continuity. When change is introduced, the organization may drift back into its former state. Therefore, if an organization is to implement change successfully, it must effectively manage a balance between change and continuity. For them, managed means planned, led, organized, or guided – much as one would guide one's own learning process. This implies that in order for an organization to change, any implementation will rely heavily on the organization's innate capacity to learn and transform itself.

➢ Process refers to step-by-step action as the process begins at a certain point, stops only after completion, and then repeats itself all over again. Transformation is therefore an ongoing process, not a singular event and always starts with people first. Making changes in a structural, political, cultural or symbolic system thus depends upon people learning about change and then investing their loyal wholehearted informed support.

This action model suited the researcher's thinking framework as it offered a logical as well as holistic approach in the development and implementation of the treatment programme for rapists.   It also anchored each end of the process; the entire system/organization (the work side) while also giving attention to the human side (namely, the incarcerated rapists). It allowed the use of different assessment tools, activities and resources; could be used by an individual (the researcher) to bring about change in a small-scale effort; it would guide the learning needs of the rapists in an individual as well as a group context in order to examine what they were, what they are, what they will need to be and how to make the necessary changes because when change occurs it is easy to fall back into the former state; it allowed for optimal exchange of human energy; was open and communicative and minimized constraints created by the environment, structure, processes, policies and technology.

Figure 4.1 illustrates Mink et al.'s (1993) Total Transformation Management Process model graphically. The portion of the model illustrates the major components. The outer ring and its inward-pointing arrows represent the ongoing probing and reflection that take place throughout the process. The probing and reflection provide a way or method to improve the process, based on findings obtained from data gathered while the process is still going on. Even though figure 4.1 is a linear format/process, the actual application does not have to be linear at all.

Figure 4.1   The Total Transformation Management Process

The Total Transformation Management Process (TTMP).
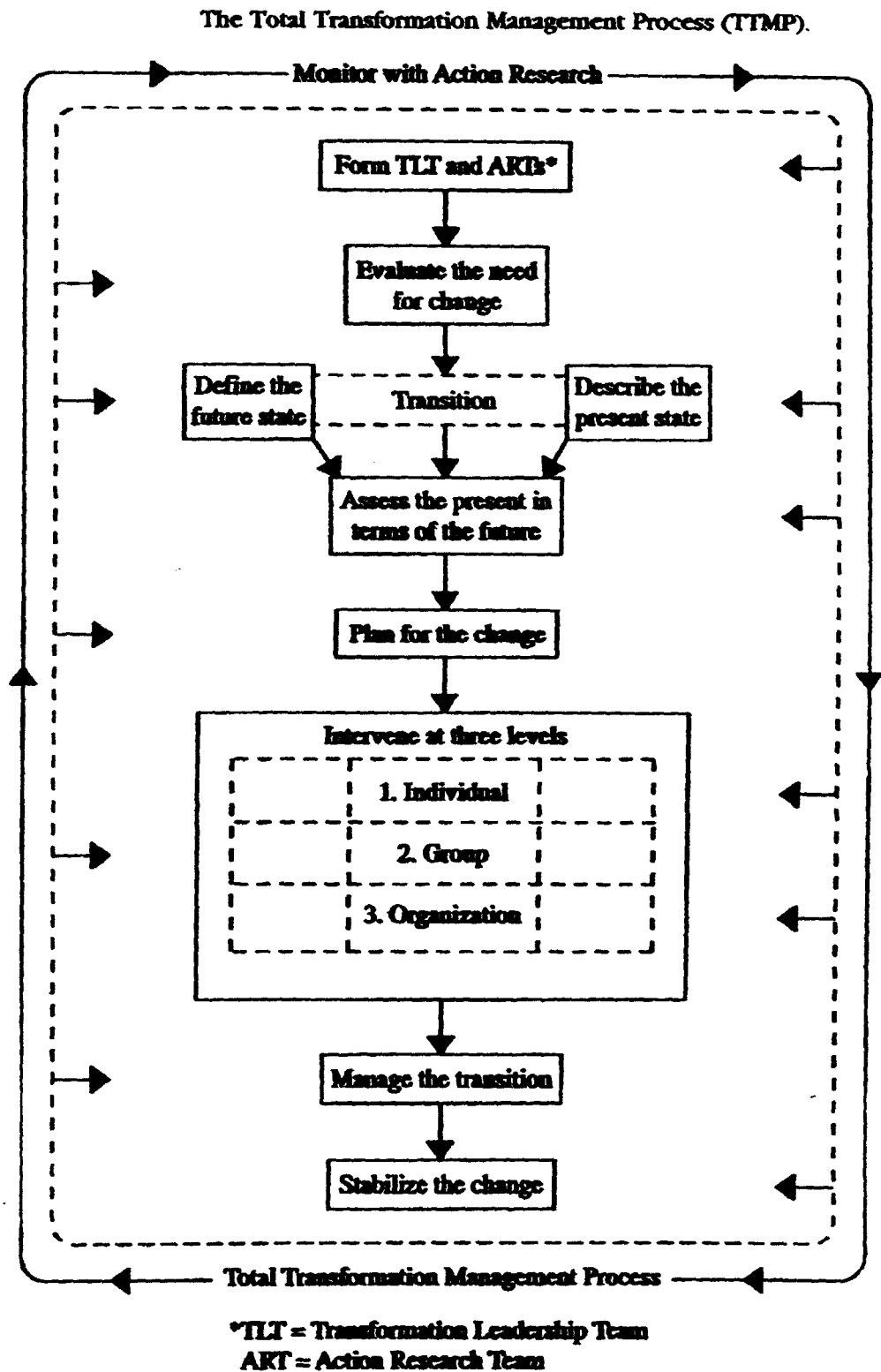
Source: Mink et al. (1993, p. 12)

4.2.1   Major components of the Total Transformation Process

4.2.1.1 Objectives

4.2.1.1.1 Forming Transformation Leadership and Action Research teams

According to Mink et al. (1993), the people who lead the change in an organization are very important as they indicate that leaders can be found anywhere in an organization at any given moment. For a major change effort, however, two types of leaders are needed, namely the Transformation Leadership Team (TLT) and the Action Research Team (ART). Usually, and in most cases, the TLT is the company's top management group and, because they are usually involved in so many other efforts, their strongest contribution is providing strategic direction (establishing vision, mission, clear goals, and shared values for the organization). At the very least, Mink et al. (1993) feel that top management must sponsor and support the TLT as the TLT sponsors the change effort and provides the vision for the organization for the future. The ART, on the other hand, usually monitors the change process and helps the organization to match results to intentions. In a very small organization, the TLT and the ART can be different leaders but they may also be found in one and the same person.

In this study, the Transformation Leadership Team (TLT) and the Action Research Team (ART) were the same. Mink et al. (1993) regard this as common practice in small organizations. The Department of Correctional Services, however, is not a small organization but the Directorate of Psychological Services is. Since this specific study formed part of the research objective, it was implemented by the researcher herself (as a senior manager in the organization and as a psychologist) and was done on a small scale in the organization. The researcher could thus be a member of both the Transformation Leadership Team (TLT) and the Action Research Team (ART).

4.2.1.1.2 *Evaluating the need for change*

The need for change had been identified in that incarcerated rapists should not only be incarcerated but should also be treated (see chapter 2).

4.2.1.1.3 *Defining the future state*

The researcher assumed that if a treatment programme were accessible during incarceration, incarcerated rapists would attend such a treatment programme willingly and might be released from the prison environment as rehabilitated law-abiding persons in the future.

4.2.1.1.4 *Describing the present state*

The need for a treatment programme for rapists had increased since 1994 (see chapter 2).

4.2.1.1.5 *Access the present in terms of the future*

Given the rising crime and rape rate, it could be assumed that rapists would leave prison with no treatment and go back to the community with no positive lessons learned unless something was done about it.

4.2.1.1.6 *Planning for the change*

The research methodology as discussed in chapter 5 guided the study and allowed the researcher to interpret the data collated from all the relevant sources.

4.2.1.2 *Intervention at three levels*

The core or the heart of the Total Transformation Management Process (Mink et al. 1993) is intervention envisaged on all three levels, namely individual, group and

organization level.

4.2.1.2.1 *Intervening at the individual level*

According to Mink et al. (1993), no matter how good the plan, if the leader who advocates a change fails to work with the individuals involved who will be affected, nothing will happen except more of the same. At the individual level, therefore, people's stages of concern, motivational patterns, goal directedness and self-management capacity need to be examined by means of diagnostic tools, questionnaires and activities, to identify feelings that may stand in the way of the change process.

4.2.1.2.2 *Intervening at the group level*

Both individual and group potential are developed by establishing a clear purpose and shared values, which can be optimised through a group process, comprising the following five steps (Mink et al., 1993):

(1) Developing mutual trust

Trust is a key component as it unifies groups and allows the group as a whole to take reasonable risks. Mink et al. (1993) mention that personal competence is a critical component of trust because it centres on performance issues.   For them, many performance problems stem from the low level of competence of a given individual on whom a group depends. This can cause a paradox because for trust to be built, someone has to take a risk, and if it is not safe to take a risk then no trust exists. The way the group handles or manages this paradox will determine the ultimate success.

According to Morrison et al. (1994), persons working with sex offenders need to understand the processes of group development if they are to maximize the opportunities for real change that exist in group treatment and this

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development should therefore not be left to chance. Agazarian and Peters (1981, in Morrison et al. 1994, p. 119) note that "unless there is a specific input to stimulate group growth, the passage of time does not guarantee progression".

For Morrison et al. (1994), a healthy trust relationship is necessary for group members to work together on therapeutic goals. Trust develops in groups that reward sharing of ideas, thoughts, opinions and feelings and includes aspects such as making and keeping simple agreements. According to Mink et al. (1993), groups who have trust are characterized by a climate of cohesion, belonging and mutual confidence.

Morrison et al. (1994) maintain that basing a relationship with an offender on trust is likely to be problematic because while the offender tries to be honest and straightforward, his distortions, self-deceptions and varying levels of motivation will make him an unreliable source of accurate information about his current situation, level of deviant sexual preoccupation and past illegal sexual behaviour.

From the above it is clear that all relationships are based on the confidence that people have in themselves as well as in others. When people lack such confidence, they will develop closed, defensive, protective strategies for relating to others and such relationships will rarely result in anything of lasting value. Trust is therefore the belief that when we take risks with one another, we will act in a way that will nurture rather than harm. According to Mink et al. (1993), there are three ways in which such risks can be taken, and they correspond to three kinds of trust, namely:

- self-disclosure trust, which is present in groups where people are free to share without feeling a need to protect themselves
- contract trust where people make and carry out simple agreements (e.g.,

be on time, allow others an opportunity to speak, to do assignments)

■ safety trust where one person is confident that the other won't harm him or her physically or mentally – either accidentally or on purpose.

(2) Recognizing and accepting individual differences

As trust develops, members will develop the confidence to share more and more of themselves. Mink et al. (1993) indicate that healthy groups acknowledge and respect each person's unique point of view and permit members to use their special skills and talents in the process of achieving term goals and objectives.

Because every individual is unique, the ability to develop a sense of uniqueness is an important aspect of individual development. Mink et al. (1993) argue that individuals need to feel unique in the same way that groups need to feel unique, if both individuals and groups are to function optimally.

Being accepted in the group, therefore, is important because in order for the group to function well, it must be open and foster the acceptance of individuals. It is only when individuals feel accepted that they will express what is most fundamental to their identity. Self-exposure and possible rejection are pitfalls in this process towards acceptance. The way the group and the therapist accommodate or work through these pitfalls determines whether the individual feels threatened or accepted and valued, therefore, unique.

According to Mink et al. (1993), the following behaviour can enhance a sense of uniqueness:

■ Give all members opportunities to express themselves; encourage them to express themselves through their work, where possible;

44

reward self-expression when it occurs.

- Recognize each person's special skills and talents.

- Recognize what each team member does, and provide feedback on performance; reward competent performance, and correct incompetent performance.

- Give as much responsibility for performance as possible to each person (make people accountable for results rather than for the methods they use).

- Encourage and reward innovation.

- Encourage and reward reasonable risk taking.

- Spend time with each team member.

- Get to know each person as an individual (find out about each person's values and special interests).

- Treat each person as an individual.

- Encourage openness by practising openness.

- Use special communication skills.

- Encourage creative approaches to solving team problems.

(3) Giving and receiving feedback

In order to learn, grow and succeed, group members require feedback on how their performance compares with what is expected of them. Availability of feedback enables the individual and the group to stay on target and accomplish a shared purpose. Feedback is therefore designed to enhance learning and to make choices and not to control the other person. It is a mutual process whereby persons give and receive feedback in a meaningful way. According to Mink et al (1993), this process refers to the state of the team in which members have resolved power issues first by developing the norm of accepting and using individual talents, and secondly by learning how to engage in mutual influence. This process is based on trust and acceptance because as this increases, they will be more likely to share their feelings with

each other, especially those feelings that relate to how their behaviour affects other group members.

(4) Solving problems

The capacity to solve problems is very important as problems may arise from many different sources (e.g., individuals, technical problems etc). Successful groups learn to identify problem areas and how to deal with them and how to find effective solutions. If this does not happen an individual or the group might proceed to find fault and/or a scapegoat, which will reduce an individual or the group's effectiveness (Mink et al., 1993). It is therefore important that group members accept problems as natural and acceptable because they will then begin to experiment with ways of handling them.

Mink et al. (1993) state that there are two phases in the problem-solving process. The first phase is dialogue, when potential ideas are thought about, and the second phase is discussion, when ideas are evaluated critically. In the latter phase the ideas with the most impact can then be chosen, plans developed and/or implemented, and further decisions made. This is an important learning process for effective groups because once trust, acceptance and feedback are in place, problem solving is the next natural step.

(5) Letting go of the past

As the group begins to identify and try to solve problems, group members will sometimes succeed and sometimes fail. Based on their own experience offenders as well as the group often dwell on the past or worry excessively over the future, which could negatively affect team morale. Mink et al. (1993) argue that if the group can let go of the past, they will be able to free themselves and focus on the present. Therefore it is important that when they have accomplished an important goal it should be celebrated and when they

have failed something, be allowed the opportunity to grieve appropriately. This important part in the process strengthens the group and it enables them to let go of what has been done and to refocus on what is to be accomplished next. According to Mink et al. (1993), this process frees up energy that would otherwise be tied up in resentments, regrets and/or shaken confidence and allow the group to stay on track. And again, the capacity to grieve or celebrate is founded on trust, acceptance and feedback (Mink et al., 1993).

4.2.1.2.3 *Intervention at the organizational level*

The interrelationships among individual, group and organizational levels are important and this study therefore also explored the interrelationships between each of those levels and the various internal and external environments.

4.2.1.3 *Managing the transition*

Once a change effort gains momentum, the challenge is to keep the process going. This requires a dual focus, namely on the organization as a whole and on the people who are involved in the change process (Mink et al., 1993). The researcher, therefore, had to maintain awareness of the members as individuals, as groups and as internal and external networks because they were all interrelated and all could learn from this process.

4.2.1.4 *Stabilizing the change*

The stability of a new equilibrium is a direct reflection of the overall success of learning at the individual, group, and organizational levels (Mink et al., 1993).

4.2.1.5 *Monitoring the change*

Mink et al. (1993) point out that monitoring change is an ongoing process and not a final step because all people need to reflect on their actions if they are to learn from them. Monitoring change, therefore, provides the framework for broadening the basis of learning and participation and strengthens commitment to goals. The basic steps to monitor change are

> data collection and analysis
> shared feedback and data interpretation
> participative action planning and implementation
> evaluation

4.3   THE CHANGE CYCLE

The researcher used Brock and Salerno's (1994) Change Cycle to determine the change cycles the rapists went though during the treatment programme and to indicate whether or not change did, in fact, take place during the implementation of the treatment programme. According to Brock and Salerno (1994), change is an integral part of life because the degree to which people are adaptable is the degree to which they create a healthy emotional, mental, spiritual and physical state of well-being. Change affects thoughts, feelings and behaviour and all three these aspects are focal points in any person's life.

Evaluation research can be carried out with almost any kind of programme to determine whether it is achieving those things claimed for it or more generally to determine what its consequences are. Programme evaluation is a means to determine how effectively different kinds of arrangements work out in practice. The researcher, therefore, decided to evaluate whether, in fact, change occurred in the rapists during and after the treatment programme was implemented as this was of interest to her.

4.3.1 The Interchange Cycle

In this study it was important to use a model or a tool to establish whether change occurred during and after the implementation of the treatment programme. Brock and Salerno's (1994) Interchange Cycle was selected because it follows six different stages where change takes place and involves feelings, thoughts and behaviour that can be observed.

According to Mink et al. (1993), change is learning, and learning is change. The evaluation of the change, if any, was important in this study. Various processes were involved and it became more than one learning process – one learning process for the rapists and another for the researcher. The purpose was to enable the rapists to transform/change their behaviour by allowing them to examine who they were, what they were, what they would need to be and how to make the necessary changes to get there.

4.3.2 Determining whether change is good or bad

Brock and Salerno (1994) indicate that any change brought about could be either good or bad. The researcher therefore decided that any change observed during or after the treatment programme was implemented should be considered valuable. How effective or positive this change would be in the long term was another question and outside the scope of this study as this was the first time the effectiveness of a treatment programme with rapists was documented in the Department of Correctional Services.

4.3.3 The process of change

The process of how the rapists who participated in the treatment programme came to make certain choices and where they were after the treatment programme is illustrated in figure 4.2, using Brock and Salerno's (1994) "change map".

Figure 4.2   The Interchange Cycle
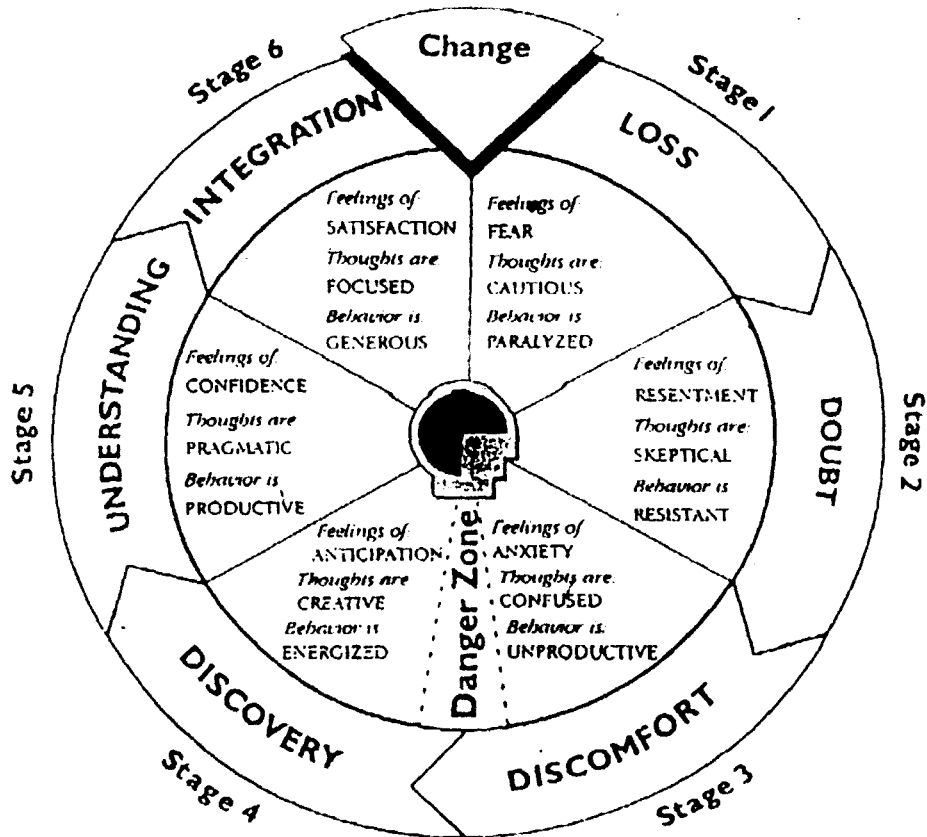
Source: Brock and Salerno (1994, p. 26)

Brock and Salerno's (1994) change map, depicted as a circle, shows the continuous and cyclical nature of change in people's lives.   All change affects people at the emotional, behavioural and mental levels and by taking cognisance of this people can understand where they are on the map at any given point (Brock & Salerno, 1994).   According to Brock and Salerno (1994), when a person is in stages 1 and 2 thoughts, feelings and behaviour consistently are converse or opposite to what a person needs to accomplish in order to move forward.   Stages 3 and 4 symbolize the need for caution and forward motion and are critical in order to turn the corner through the danger zone.   Stages 3 and 4 are also important to assimilate information and work through viable options. There is a

danger zone between stages 3 and 4, which could affect progress as fear and/or a lack of safety can loop a person back to stage 1. Stages 5 and 6 indicate that change has become part of the individual because at this point the original change has become such a part of the individual that it is unlikely to be labelled a change at all (Brock & Salerno, 1994).

The researcher used art, letters or other material obtained from the rapists during the treatment programme to express their thoughts, feelings and behaviour and to illustrate the various stages and where individual rapists were at specific points.

4.3.4 The six stages of change

4.3.4.1 Stage 1: Loss

This stage deals with loss and is indicated by the following:

Feelings of: FEAR
Thoughts are: CAUTIOUS
Behaviour is: PARALYZED

Brock and Salerno (1994) state that in order to change behaviour people need certain skills to go to stage 2. They need to

> ➤ clearly define the change
> ➤ establish desired outcomes
> ➤ distinguish between real and imagined fears

For Brock and Salerno (1994), an outcome is a clear and specific statement of what a person wants if the desired change should occur. The ultimate goal creates the needed motivation to change.

4.3.4.2 *Stage 2: Doubt*

In stage 2, known as doubt, the following feelings, thoughts and behaviour are common:

> Feelings of: RESENTMENT
>
> Thoughts are: SCEPTICAL
>
> Behaviour is: RESISTANT

According to Brock and Salerno (1994), this is the loud stage, where people become more resentful and stubborn. People need to defend their position, they doubt others' motives and the outcome of change and also experience anger. When there is doubt about change, resistance and scepticism soon follow. The following skills are needed to proceed to stage 3:

> ➢ reframing the change
>
> ➢ remembering the law of cause and effect
>
> ➢ gathering of information that creates an accurate picture.

4.3.4.3 *Stage 3: Discomfort*

Brock and Salerno (1994) regard stage 3 as the breakthrough or breakdown phase. Here people display the following:

> Feelings of: ANXIETY
>
> Thoughts are: CONFUSED
>
> Behaviour is UNPRODUCTIVE

This stage is a very important part of the process of change because now for the first time people have the opportunity to bring change into their world. At the same time, however, it is also the first time in the process that people can revert back to stage 1 and break up the change process. This ambiguity may cause conflict, discomfort or frustration in them.

They also get the chance to assimilate everything that has been accomplished until then and this might lead to anxiety. On the positive side, they might have feelings of anticipation or excitement about new and better things to come. Mental processes might be confused and people might feel that they are "stupid" or "slow" (Brock & Salerno, 1994, p. 86). In order to move from stage 3 to stage 4 very important skills need to be incorporated, namely taking mental action, creating mental distraction and committing to physical action.

It is important to take cognisance that midway between stage 3 and 4 is the 'Danger Zone' (Brock & Salerno, 1994, p. 101). This is where people will either loop back to stage 1 or move on to stage 4. If they can successfully acquire or incorporate the necessary skills mentioned and overcome their discomfort, they can move on to stage 4.

4.3.4.4 *Stage 4: Discovery*

This stage is important, as there are still issues that people need to assimilate. According to Brock and Salerno (1994), this is the stage where change is internalised and people integrate the information due to new perspectives. In this stage people will have:

Feelings of: ANTICIPATION
Thoughts are: CREATIVE
Behaviour is: ENERGIZED

Brock and Salerno (1994) state that stage 4 is the stage where people are open to new ideas, are able to take risks, can learn to create the best solution, see all available options and can decide on a plan of action for the future. In order to go through stage 4 successfully, people need the following skills:

> Never say no to an idea or suggestion.
> Understand and practise perspectives.
> Identify and use their strengths.

> Be willing to take risks.

4.3.4.5 *Stage 5: Understanding*

The primary experience in this stage is one of understanding why it was necessary to go through such a painful process and determine whether the benefits of change are worthwhile.

In stage 5 the following occurs:

Feelings of: CONFIDENCE
Thoughts are: PRAGMATIC
Behaviour is: PRODUCTIVE

To move through stage 5 successfully, people need to acquire the following skills:

> Identify the benefits of change.
> Give credit where credit is due.
> Celebrate progress.

Brock and Salerno (1994) argue that celebration and acknowledgement are very important because people can hardly believe they have achieved such an important thing. To celebrate, therefore, creates new momentum and energy to carry on with the change process. Hence, celebration is seen as a positive anchoring of the change experience because when a similar achievement is repeated, the positive memory of the first accomplishment and its celebration will again be present as it keeps the attention on everything gained through the change process (Brock & Salerno, 1994).

4.3.4.6 *Stage 6: Integration*

The sixth stage indicates the "I Am The Change" process (Brock & Salerno, 1994, p. 151) and is an indicator that the internalising of the change has become completely part of the person. If this stage were skipped, people would be at risk due to the fact that the integration had not become part of their life. All the pieces need to be put together and should be integrated.

In this critical part the following will be noted:

> Feelings are: SATISFACTION
>
> Thoughts are: FOCUSED
>
> Behaviour is: GENEROUS

The following skills need to be acquired to complete stage 6:

- ➢ Gain new knowledge and look forward to the future.
- ➢ Offer assistance to others.
- ➢ Be flexible.
- ➢ Have appropriate adult responses.
- ➢ Make change a part of their growth.

If the expectations are met, it indicates that all the aspects that led to becoming successful changers and all the stages from 1 to 6 have been accomplished.

4.4 CONCLUSION

This chapter described the two models selected for simultaneous use in developing and evaluating a treatment programme for incarcerated rapists. Mink et al's. (1993) Total Transformation Management Process model provided the framework for developing the treatment programme. Brock and Salerno's (1994) Interchange Cycle model was used to

determine the change cycles of the rapists who participated in the programme. These two models were chosen as they both deal with processes. The researcher was of the opinion that even the selective use of these models would open up new awareness and possibilities, and allow other researchers to utilize the same models in future.

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).

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
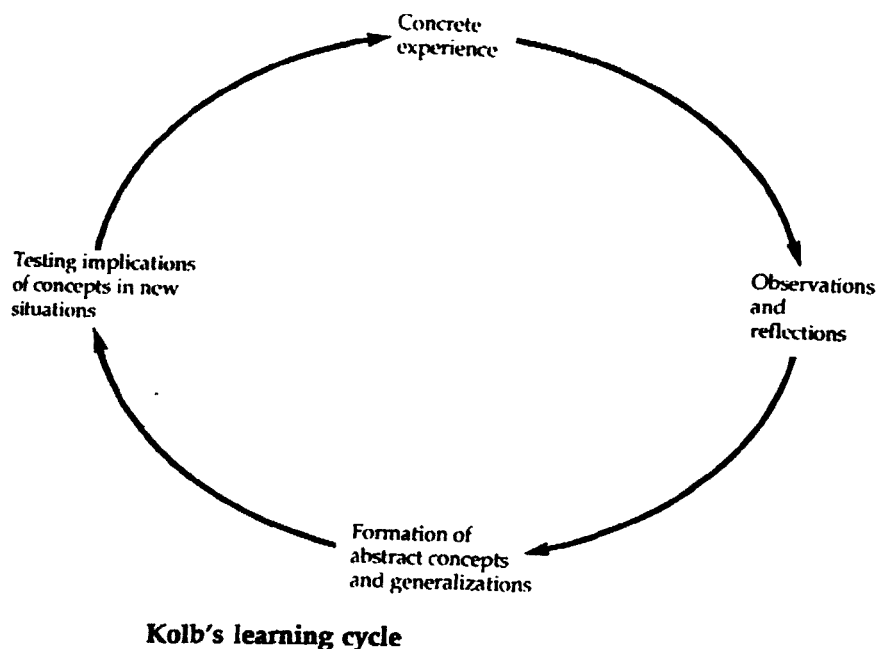
Source: Inglis (1994, p. 15)

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

---

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.

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

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

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 **WEEK 1**	**MODULE 1** **STEPS PROGRAMME** UNIT 1: Breaking Barriers Thinking and beliefs	STEPS PROGRAMME Continue Unit 1 and do trust-building exercises	**MODULE 2** **TRUST BUILDING** List expectations of next 6 weeks Exploring emotions: "Draw anything you like"	TRUST BUILDING (CONT) Group discussions on: Their expectations of the programme Rules of the programme Drawings of the previous day Exercises in trust-building and self-knowledge	**MODULE 3** **EXPLORING EMOTIONS** Explore and identify different emotions: "Draw what you like to do and do not like to do"

| WEEK 2 | STEPS PROGRAMME

Unit 2

In search of the truth
Locus of control
Lock-on and lock-out

Unit 3

How the mind works
Why we do things the same way

(Different exercises to illustrate material discussed) | **EXPLORING EMOTIONS (CONT)**

"Draw your family"

Group discussions on:

Drawing and how it links to personal history

Give booklet on Violence to study during free time at night | **MODULE 4**

ANGER MANAGEMENT

Group discussion on:

Violence in general (different types, booklet, what they learnt from it, etc)

Different topics regarding anger in small and big group settings:

What is anger?
Things and situations that make us angry
How to manage anger | ANGER MANAGEMENT (cont)

Group discussions on:

Techniques for controlling anger

Learning to express anger

Snowball effect (negative thoughts, physical arousal, aggression, etc.) | **EVALUATION AND FEEDBACK SESSION**

Write a short piece on what was learnt from the programme in the last 2 weeks

Each person needs to read aloud what they have written

Group discussion on what they heard about each other

Feedback from therapist |
| WEEK 3 | **STEPS PROGRAMME**

Recap previous units

Unit 4:

Perceptions and beliefs | **ANGER MANAGEMENT (CONT)**

Group discussions on:

Conflict and anger (use examples from the group) | EXPLORING EMOTIONS

Continue working with clay

(Therapist evaluates individuals and group process while they are | ANGER- MANAGEMENT (CONT)

Group discussion:

How to handle insults

Body functions | ANGER-MANAGEMENT (CONT)

Choices of behaviour

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

POST- PHASE	**EVALUATION AND QUESTIONNAIRES**	EVALUATION AND QUESTIONNAIRES	EVALUATION AND QUESTIONNAIRES	EVALUATION AND QUESTIONNAIRES	EVALUATION AND QUESTIONNAIRES
	Attitude towards women questionnaire	Attitude towards women questionnaire	Attitude towards women questionnaire	Attitude towards women questionnaire	Attitude towards women questionnaire
	Psychometric tests: TAT DAP	Psychometric tests: TAT DAP	Psychometric tests: TAT DAP	Psychometric tests: TAT DAP	Psychometric tests: TAT 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

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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.

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)

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➤ 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.

CHAPTER 6

THE RAPIST SAMPLE

6.1 INTRODUCTION

This chapter briefly outlines the research sample participating in this research project in order to understand the rapists better as well as the results that were obtained in the context of this sample. The said sample consisted of eight black persons and one white person. Table 6.1 gives a breakdown according to every rapist that participated in this project.

6.2 EVALUATION OF THE RAPIST SAMPLE ACCORDING TO BIOGRAPHICAL DATA

6.2.1 Rapist's age

McGrath (1991), Verwey and Louw (1989b) and others indicate that rape is primarily committed by persons under 30 years of age or by young adult males as men in the 20 to 29 year-old bracket accounted for a larger proportioning of arrests for rape. In this sample of first-offender rapists, most of them were in the age group of 21 to 30 with one prisoner being 47 years old. The median age of these prisoners was 27,4 years, thereby confirming other research findings.

6.2.2 Marital status

Eight of the nine prisoners (88%) in this study were single and only the older prisoner was married at the time of the offence. These results confirm Verwey and Louw's (1989b) finding that in more than 60% cases, rapists were usually unmarried at the time of the offence. It could therefore be assumed that sexual offenders in general might be unable to form steady or long-term relationships to interpersonal difficulties. They would

therefore prefer to be single possibly due to uncertainties within themselves or due to low self-esteem.

6.2.3   Level of education

Low educational and poor socio-economic levels are not uncommon in most rapists (Verwey & Louw, 1989b), as many rapists do not complete their school education. All nine prisoners in this research project indicated a limited education level (between Grade 7 and Grade 9), which is not uncommon in the prison environment in the Department of Correctional Services, according to the researcher's own knowledge and experience. Only one offender in the group had a very limited education level, namely Grade 4.

6.2.4   Number of children in family of origin

The data indicated that one prisoner was an only child, two prisoners were from a family of two children, three prisoners from a family of three children. Only three prisoners came from families of more than four children and of the three, one prisoner came from a family of nine children.

6.2.5   Socio-economic status of family

Sixty percent of the prisoners came from families with a very low income and socio-economic status. These prisoners indicated their family income was less than R2 000.00 per month. Therefore, it was possible that most of their basic needs (food, housing, education, etc.) were not met. One prisoner's parents received a pension, two prisoners came from an income group where the family received an income of between R2 000.00 and R10 000.00 per month. Verwey and Louw (1989a) found that low socio-economic levels contributed to criminal behaviour.

6.2.6   Abusive patterns in the family

More than half of the group (55%) indicated abusive patterns, specifically alcohol misuse
or abuse, in their family homes. Four of the prisoners indicated abusive patterns in their
childhood by a family member (not necessarily the parents) while five prisoners indicated
no traumatic experiences during their childhood. The abuse the five rapists encountered
might have set a pattern for abusing others, as they themselves were abused.   Verwey
and Louw (1989a) found that rapists who were abused or exposed to violence in intra-
family relationships as children, later experienced problems expressing themselves, had
low self-esteem and were sexually frustrated.

6.2.7   Any traumatic experience during childhood

Four prisoners (44%) indicated the absence of a father or a mother. The loss or absence
of an important role model might have played an important role in these prisoners'
socialization process and have affected their interpersonal relationships and led to low
self-esteem.   Verwey and Louw (1989a) indicate that with rapists there is often a history
of a dominating mother and an absent father in critical stages in their development. The
result is a loss of an identification figure perhaps leading them to prove their manliness.
This, then, might also be why 45% of the rapists in this study felt in the attitude toward
women questionnaire that they needed to prove their manliness by sleeping with a
woman. It also correlates with the lack of self-esteem found in many rapists and with the
findings on the TAT's of this group of rapists.

6.2.8   Use of alcohol or drugs during the crime

Hazan and Grobbelaar (1994), McGrath (1991) and Verwey and Louw (1989b) indicate
that sexual aggression and alcohol are closely associated as alcohol reduces inhibitions
and social controls. McGrath (1991) found that most studies suggest almost half of all
sex offences are committed by offenders who consumed alcohol at the time of their

offence. This finding was confirmed in this study as six of the prisoners (66%) indicated that they were under the influence of alcohol when the rape was committed. Verwey and Louw (1989b) state that alcohol appears to act as a releaser only when an individual has already reached a frame of mind in which he is prone to rape. Although three rapists denied the use of drugs or alcohol during the crime, it can be assumed that alcohol abuse might have caused a disinhibiting factor in the case of the six rapists who used alcohol during the crime. This does not necessarily provide a motivation for the rape, which would correlate with Morrison et al's (1994) findings.

6.2.9   Were others involved in the rape?

Four rapists committed the rape while they were alone. Five of the rapists (55%) were in a group of more than two persons when the rape was committed. This might indicate that their behaviour was in some way triggered or aggravated by being with others.

6.2.10 Use of force during the rape

Two of the rapists reported threatening their victims and using extra force (by means of an object such as a bottle, knife or gun). This implies that excessive force was used and that violence played a major role in their offence. In most rape cases, the findings on the use of weapons are contradictory. Therefore, the findings in this study need to be interpreted cautiously as threats and force are common in most rape cases (Verwey & Louw, 1989 b). The use of excessive force might influence the possibility of recidivism. There is ample evidence that rapists who use force in committing their offences recidivate at a higher rate than those who do not (McGrath, 1991). McGrath (1991) found that where sexual arousal was fused with aggression or sadism, there was a higher incidence of recidivism.

6.2.11 Acceptance of responsibility for committing the crime

Two rapists indicated that they did not commit the rape. Denial and minimization have been found to occur in the majority of sexual offenders and are not uncommon in sex offenders (Marshall et al., 1999; Maletzky, 1991; Morrison et al., 1994).   According to Morrison et al (1994), 87% of sexual offenders deny all or part of their crimes. In this study only 22% denied their part in their crime.

6.2.12 Relationship to victim

In this study only three of the rapists knew the victim(s). Six of the rapists indicated that they had had no previous contact with their victims. In this study, then, 66% of the cases were committed by a stranger to the victim which confirms Verwey and Louw's (1989b) finding that in 80% to 91% a person unknown to the victim commits the rape.

6.2.13 Age of victim

Verwey and Louw (1989a) found the victim's age does not necessarily play a role. This study found that in six of the nine prisoners' cases, the victim was between 21 and 30 years of age; in two cases, the victim was between 10 and 15 years old, and in two other cases, the victim was under 10 years old.   This finding confirms the popular profile of the victim as a young (teenager or young adult), black, lower class, unmarried female residing in an urban area (Hazan & Grobbelaar, 1996). Given the size of the group, the fact that approximately 36% of these rapists committed a sexual offence with a victim younger than 15 years old is alarming.

6.3   CONCLUSION

From the biographical questionnaire it was determined that the median age of the rapist sample was 27. Most of the rapists in the group were single and had an educational level

between Gr 9 and Gr 11. Their families came from a low-income category, sometimes earning less than R2 000.00 per month. More than half (55%) the offenders had experienced some type of alcohol abuse in their homes as well as traumatic experiences, such as the absence of an authority figure (i.e., mother or father). In most instances, the offenders were under the influence of alcohol at the time of committing the offence, were alone at the time and had had no previous contact with their victim. The victims were mostly of a similar age group to the offender except in two instances where they were minors.

The results from the biographical data in this sample confirmed the findings of other studies in South Africa and elsewhere. The main similarities were age, marital status, low educational level, abusive patterns in the family, absence of authority figures and use of alcohol or drugs during the crime.

An interesting difference noted was that only 22% of this sample, in comparison to 87% in other studies, denied that they had committed the rape. This indicated that 88% of the sample accepted responsibility for having committed an act of rape. It might be interpreted that these rapists accepted responsibility and/or acknowledged the fact that they were in prison for rape. This acceptance of responsibility might have played a role in the treatment process because when a person accepts responsibility, it makes it easier to work with him and does not pose additional problems, such as overcoming denial and minimization first, which can hamper or negatively impact on the treatment process.

Table 6.1   Results of the biographical information of the rapists participating in the treatment programme

Biographical data	A	B	C	D	E	F	G	H	I
Age	21	24	25	27	24	47	26	30	23
Marital status	Single	Single	Single	Single	Single	Married	Single	Single	Single
Level of education	Gr 11	Between Gr 7 and Gr 9	Between Gr 10 and Gr 12	Busy with Gr 11	Gr 9	Gr 4	Between Gr 10 and Gr 12	Between Gr 7 and Gr 9	Gr 9
Number of children in family of origin	2 (one sister)	3	3 children (has 2 brothers)	3 children (one brother and one sister)	One of 9 children	One of 6 children	Only child	One of 4 children	One of 2 children (one sister)
Socio-economic status of family	Family income between R2 000.00 and R10 000.00 per month	Family income less than R2 000.00 per month	Family receiving a pension	Family income less than R2 000.00 per month)	Family income less than R2 000.00 per month	Family income less than R2 000.00 per month	Family income less than R2 000.00 per month	Family income less than R2 000.00 per month	Family income between R2 000.00 and R10 000.00 per month)
Abusive patterns in the family	None	Alcohol misuse/abuse by parents	None	Father used alcohol	None	None	Alcohol misuse/abuse by parents	Alcohol misuse/abuse by father	Alcohol misuse by father

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Table 6.1 (continued)

Any traumatic experience during childhood	None	Death of father at age 18	None	Absence of mother (did not know her at all)	None	None	Absence of father	None	Physical abuse by uncle as parents were divorced and father went to prison when he was 10 years old)
Use of alcohol and/or drugs during the crime	Alcohol	None	None	Alcohol	Drugs (dagga and mandrax)	Alcohol	Alcohol	Alcohol	None
Were others involved in the rape	5 of them were involved and he was accused no 1	More than 2 persons were involved	Alone	There were 5	There were 4	Alone	Alone	Alone	There were 3
Use of force (e.g. bottle, etc.)	No other object	No other object	No other object	Used another object i.e. bottle	Knife	No other object	No other object	No other object	No other object
Relationship to victim	No previous contact	No previous contact	House-friend	No previous contact	No previous contact	His girlfriend's daughter	Acquaintance	No previous contact	No previous contact

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Age and race of victim	Between 21 and 30 years: black	Between 21 and 30 years: black	Between 10 and 15 years: white	29 years of age: black	27 years old: black	Between 10 and 15 years: black	Younger than 10 years: black	Younger than 10 years: black	Between 21 and 30 years: black

Table 6.1 (continued)

From the biographical data obtained, the researcher expected to have a group of rapists with different intellectual, physical and emotional needs as their age groups ranged between 21 and 47 years. Because more than half of the group were in their early to late 20s, the researcher expected the group to be eager and motivated to change as well as able to make the necessary changes in their behaviour provided they received adequate guidance and/or support.

Many of the rapists in the group did not have an emotionally supportive, positive or consistent role model in their family of origin or current relationships, and some had had previous abusive relationships with authority figures. The researcher thus knew that she would play an important role in modelling positive, trusting and accepting behaviour to them. Building trust was deemed a necessary and critical aspect as it was assumed that their relationship with the researcher would influence their attitudes, thoughts and behaviour towards authority figures in general in the future. This challenge placed a great responsibility on the researcher because it meant that her actions would be watched, copied and might or might not influence them.

Most of the rapists in the group came from a previously disadvantaged background with a limited means of income and their educational levels were relatively low. This might have led to increased feelings of worthlessness and/or low self-esteem. The researcher therefore assumed that they would need intellectual and emotional stimulation to improve their existing knowledge base and encourage them to use their full potential in order to positively enhance their self-esteem.

Since all of them were in prison for rape and some had used excessive force on their victim, the researcher also had to acknowledge the fact that some of the rapists might pose a threat or a danger. Taking into account that the restrictive prison environment leads to sexual frustration and that some of the rapists could be prone to act out their sexuality or have a need to prove their manliness, the researcher had to constantly be aware of dangerous situations and to take the necessary precautions to ensure her and her assistant's own safety.

As two of the rapists still denied having committed the rape after being in prison for some time, the researcher also had to take cognizance of the fact that issues such as denial and minimization would be present. Taking responsibility for their actions would be an important issue for all the rapists in the research project. The researcher thus expected that some of the rapists might not be able or willing to change. In addition, there was a possibility that some of the rapists might re-offend in future, despite their participation in the treatment programme.

The researcher had to take all the above aspects into consideration in the development, implementation and evaluation of the treatment programme and the results therefore need to be interpreted cautiously and cannot necessarily be generalized.

CHAPTER 7

IMPACT OF THE PRISON SETTING ON THE PROCESS

7.1   INTRODUCTION

This chapter describes a psychodynamic evaluation of the prison setting and its impact on the study and change processes of the rapists in order to understand how the facility and the interaction between correctional officials and the rapists influenced each other.

7.2   IMPACT OF THE PRISON FACILITY ON THE RESEARCHER AND THE RAPISTS

Most prison settings in the Department of Correctional Services do not facilitate treatment programmes. The Leeuwkop Prison, where this treatment programme was implemented, is one such prison as it was also originally built for incarceration and not for treatment purposes.

Photographs 7.1 and 7.2 are included to give an overview of the view of the facility and the room in which the treatment programme was done. It should be mentioned that all the photographs in this study were taken with the permission of the area manager and facilitator (verbal) and the rapists (Appendix).

As can be seen from photographs 7.1, it is a seldom used facility with broken windows, poor lighting and no equipment. Equipment (e.g., flipcharts, overhead projector, paper, etc.) had to be carried to the offices daily by the researcher with the help of the prisoners. A video recorder and electricity were supplied from a nearby facility for use in the study on certain prearranged days.

Although the facility was empty and had only the bare necessities (photograph 7.2), the researcher is of the opinion that the facility in itself did not deter the rapists from becoming involved in the treatment programme.

The facility is an example of the current environment that psychologists and prisoners are confronted with while doing their daily tasks. The rapists had also not yet been exposed to the more modern prison facilities that were built to encourage and promote a positive therapeutic environment. The researcher is, therefore, of the opinion that the facility in itself did not have a negative effect on the group or the outcome of the research because it is the usual type of facility to which the rapists and the researcher are accustomed. None of the prisoners commented on the facility. They were eager to participate and made the environment as comfortable for themselves and the researchers as they could. One of the prisoners took it upon himself to arrange for a broom and sweep the room daily, while the others arranged the available furniture to make it as comfortable as they could. After this was done they focused on the material and content of the programme and it can be assumed that the content of the programme, the commitment of the rapists and the researcher played a more important role than the sparse environment. It can therefore be assumed that a sparse prison context need not necessarily be seen as a negative factor in rendering treatment programmes although a more positive and therapeutic environment could have facilitated feelings of caring and respect.

Photograph 7.1   Outside view of facility at the Leeuwkop Prison
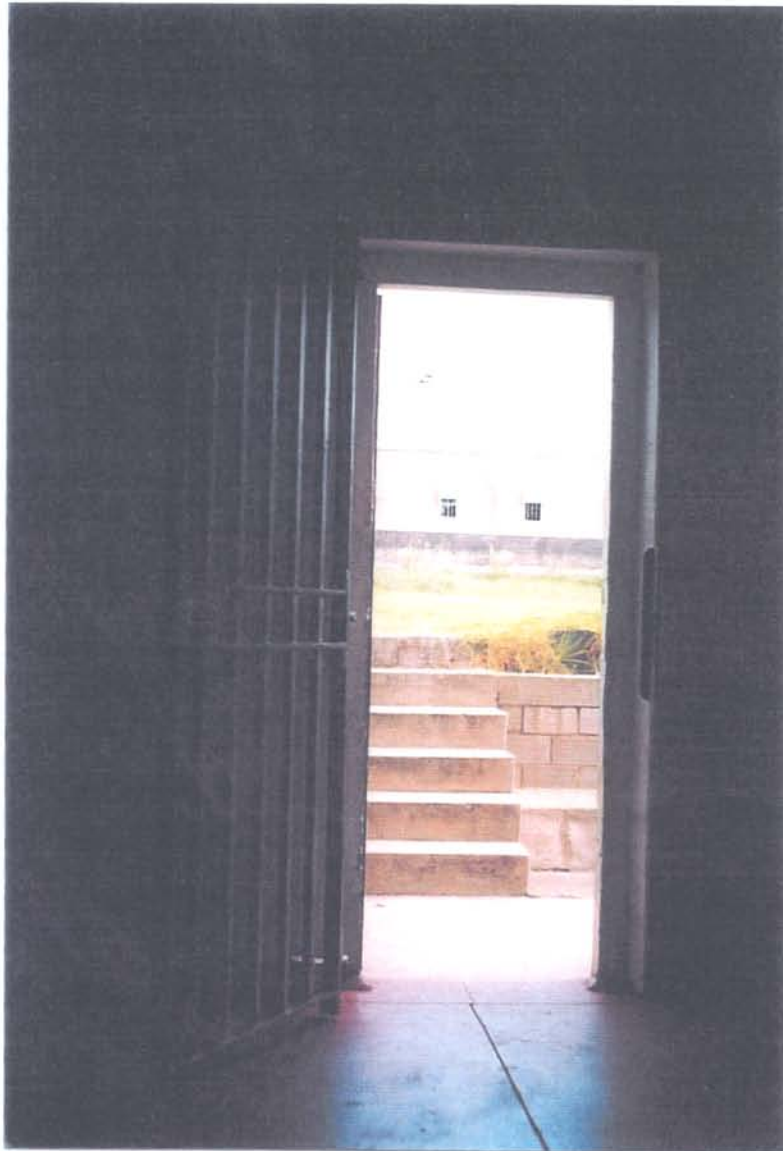
Photograph 7.2   Inside view with some members of the group and Mr Coetzee from the Pacific Institute South Africa
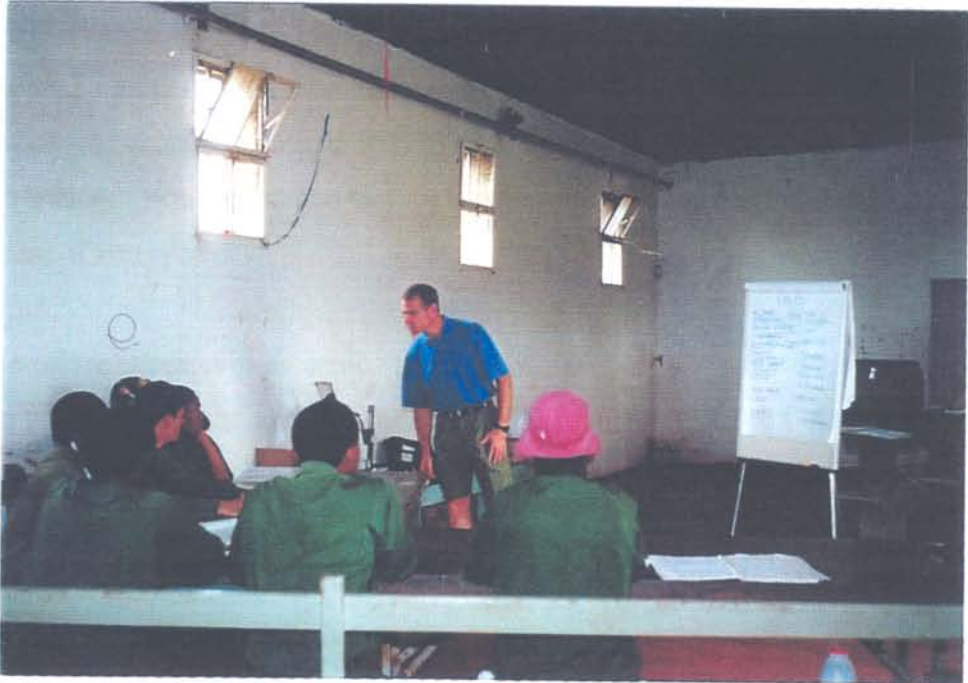
7.4 IMPACT VARIOUS CORRECTIONAL OFFICIALS HAD ON THE RAPISTS AND THE PROCESS

The researcher had the support of and commitment from the National Commissioner of the Department of Correctional Services. Consequently, the other role players, senior management, were generally supportive and assisted in a friendly manner, which made the researcher' task easier and led to the successful completion of the programme. Gaining support from the whole organization is therefore seen as a major aspect when research is done in a setting with strict policies, rules and procedures as well as restrictions on access and entry to the organization as it plays a major role in the success of any project.

The role of the researcher as senior manager in the prison context was never more important than during the initial stages when trust had not yet been established with the rapists. For example, a particular incident when the rapists could not be met due to a roll-call within the first week of the programme illustrates this clearly. On arrival at the prison the researchers were informed that they would not be able to see any of the prisoners for the whole of the day. The researcher and the psychologist then went to each of the prisons in person, informing the prisoners by means of a correctional official or another prisoner/rapist who could take the message to them that the researchers were there, but were not able to see them. This first roll-call initially led to great disturbance and loss of trust amongst the group as they thought the researchers were not there – as had happened to some of them before. The fact that the researchers went to the prison and spoke to some of the rapists in person, led them to believe that the researchers were physically there but could not see them due to circumstances beyond their control. By establishing interaction, their trust was gained and they were motivated to continue as they did not see or experience it as a breach of trust as was so often the case with other authority figures in the past.

Most correctional officials (i.e., the area manager and some heads of prisons) involved with the study at Leeuwkop Prison were supportive in the process and motivated the rapists to attend the treatment programme and this positively affected the interrelationships on an individual and a group level, as it assisted with the group

process. The researcher discussed the problem of the roll-call incident with the area manager of the prison and explained to him how it had negatively impacted on the process and treatment programme. With his intervention, the same process was not repeated again during the course of the programme.

On another occasion the group as well as individual members noticed and mentioned that the treatment programme was affecting all the processes in the prison and it became increasingly difficult to get some of the rapists on time, especially during the second week. The area manager resolved this issue by allocating one correctional official to the group for the whole period. The correctional official was then responsible for ensuring the availability of the rapists as well as guarding the researchers, which worked well.

Between the second and third week, however, it became apparent that some correctional officials deliberately wanted to sabotage the programme. In one instance, two rapists' supervisors told them that they would no longer receive gratification because they were not at work and their work would be allocated to other prisoners. This distressed the two. The problem was resolved by giving each of them a letter to submit to their supervisor, informing the supervisors that the rapists' attendance was necessary, formed part of a focused treatment programme for them in which they were daily participating and they would be back at work in four weeks. It was also stipulated in Departmental policy that prisoners' gratification could not be tampered with, as attendance of treatment programmes formed part of the objectives of the Department of Correctional Services. By doing this, the rapists were again made aware of the fact that change for themselves, the group and the organization was important and that the Department does support positive change.

7.4 THE RESEARCHERS' IMPACT ON THE RAPISTS DURING THE PROCESS

Therapy by female therapists in a prison setting with mostly single male prisoners is difficult in itself. Coming from an advantaged position (especially on a social and educational level) and dealing with prisoners from a mainly disadvantaged position posed unique challenges, as most of the rapists were not well educated and/or

illiterate. When prisoners are in prison for rape, which is a sexual and violent crime against women, it is an even more challenging/demanding situation because of the rapists' distrust of women in general. For the researchers, as women working with rapists, it could also be difficult to work with men who had transgressed against other women. The possibility of violent or aggressive behaviour against women in the prison environment had to be acknowledged and not denied, as it did pose a threat to their own safety. However, both therapists had had extensive experience working in a prison environment with different types of violent and sexual offenders (including rapists), which facilitated the process of building trust with these rapists. The fact that the correctional official who brought the rapists to the researchers daily was also on guard outside the room in case of emergency, as the facility was outside the normal parameters of the prison where guards were more easily accessible, was a consolation to the researchers, without interfering with the process.

In the initial stages of the treatment programme the researchers had to gain trust on two levels, namely first as therapists and secondly as women. Some of the rapists preferred to speak in their own language, especially at the beginning of the programme, as they clearly did not trust the researchers. This problem was resolved by utilizing a prisoner as language interpreter and facilitator. He was placed in the group specifically for this reason, as it was anticipated that language difficulties might influence the evaluation and therapeutic process.

As the programme progressed and the process developed, trust was established and only became an issue again when sexuality was addressed directly. The reason for this is that in many indigenous cultures, it is taboo to discuss sexual issues with women and all the rapists spontaneously started talking in their mother tongue. The interpreter informed the researchers that the rapists found it highly embarrassing and strange to talk freely and openly to women about this very intimate subject. It therefore took far longer than anticipated to cover the module on sexuality, because they first preferred to talk about sexual matters among themselves in their own language. This meant that lengthy discussions were taking place without the researchers' understanding and being able to only take note of their facial expressions and non-verbal gestures. As the researcher continued answering their questions (which were first translated into English by the facilitator, and the answers then

translated into their own language), they gradually relaxed. As they became more eager to gain knowledge and understanding, they started asking their questions directly to the researcher in English, thereby indicating that they had known what was going on all the time and had probably been double-checking. This development is a significant aspect of the process that had to be dealt with in a way that facilitated trust, because the moment trust is established the relapse into a comfort zone (in this case the mother tongue) becomes less important and growth and learning can follow naturally.

7.5   THE IMPACT OF THE PARTICIPATING RAPISTS ON THE PROCESS

Some individuals in the group constantly needed to be motivated and to refocus, especially towards the middle of the programme, when it was clearly visible that there was a change in attitude and motivation.

For example, about the third week one rapist continually got up and lay down at the back of the room. When he was awake, the others tried hard to get him to refocus and gain his commitment to change and get him to keep up. Later, however, they decided to let it go, did not try to involve him, and accepted his being left out. They realized that he was holding them back and were not prepared to be restricted any longer. He stayed until the end of the programme, however, and it was a grim reminder to them of what could happen if they were not prepared to change and/or move forward with their life.

In another instance, when a member left the group in anger or wanted a chat with other non-participants outside, the group would not interfere directly but they talked to him afterwards during a break individually or in small groups – depending on the circumstances. This proved to be an effective way to solve some individual problem behaviour, as it seemed to calm the individual, and provided emotional support and acceptance from the group. When the group then resumed again after the break, it was noted that the offender(s) came back to the group in a more positive frame of mind. According to Mink et al. (1993), people all need to feel that they belong and being part of a group or team and having their acceptance, helps them to meet this

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need. If this level of trust, feeling unique or special in some way and awareness of it and of their individual differences are met, people will feel free to devote their energy to the tasks at hand, learn effective problem-solving techniques and utilize opportunities for learning instead of focusing on protecting themselves.

7.6   THE IMPACT OF SPECIAL/UNIQUE REQUESTS AND THEIR EFFECT ON THE PROCESS

In certain situations the researcher had to adapt to special/unique requests as that showed respect for the individual and/or the group. This had to be managed very carefully as it impacted on how they perceived their world as well on the process. In once instance, the rapists were asked to cut out pictures from magazines for collages on what was important to them in their lives and later to cut out pictures depicting female and male sexuality. They would not cut the magazines at all and were upset that magazines like the ones they were given had to be damaged, because magazines or literature are very scarce in prison. They preferred to rather talk about those subjects and/or to show the therapist relevant pictures in the magazines. They all asked to take the magazines back to their cells for themselves and others to read later. The researcher granted this request of theirs because she noted that it was very important for them. This agreement worked very well as they brought back specific issues or information to the group at other stages of the programme which could then be discussed by the group.

7.7   CONCLUSION

A barren and unique context or environment, such as the Leeuwkop Prison, presented various obstacles and/or restraints that had to be tackled immediately. If issues such as access to the facility and the rapists, safeguarding of the researchers, cooperation from relevant correctional officials and certain subject matter had not been dealt with immediately, they might have impacted negatively on the whole process. Although certain issues were difficult to overcome initially, it did not necessarily negatively impact on the outcome of the study. The researcher's patience, adaptability and creativity were tested to the limits in the prison environment. At the same time, it created a unique opportunity for growth and learning for all participants involved. It

also facilitated a better understanding and awareness of the daily difficulties with

which prisoners and therapists or researchers are faced.

The fact that the researchers respected the rapists as individuals, treated them with respect and dignity and acknowledged their individual needs (i.e., to clean the room themselves, arrange the room as they saw fit, provision of magazines for them and others, arranging for them to be there and on time, arranging that their gratification not be taken away, etc.) created a humane, respectful and caring environment. It facilitated and improved the building of trust with authority figures, led to improved interpersonal relationships in general and motivated them to participate. It also increased the researcher's knowledge of the importance of small and sometimes insignificant factors which can be overlooked by researchers but which are crucial to prisoners in a prison environment.

CHAPTER 8

EVALUATION OF THE DIFFERENT MODELS UTILIZED

8.1   INTRODUCTION

This chapter evaluates the behavioural outcomes (or end products) of the two models utilized in the study, namely the Total Transformation Management Process (Mink et al., 1993) and the Change Cycle (Brock & Salerno, 1994), and their effects on the whole process of research to indicate the interwovenness of processes that is essential in a processual paradigm.

8.2   THE TOTAL TRANSFORMATION MANAGEMENT PROCESS (MINK ET AL., 1993)

The researcher found the Total Transformation Management Process (Mink et al., 1993) to be a guided learning process that facilitated the whole research process.

When the selected rapists indicated their willingness to participate in the treatment programme, they were also indicating their willingness to change (Madanes, 1990). The fact that the rapists had a voluntary choice right from the beginning to either participate or not in the treatment programme, brought about their commitment. This, in turn, mobilized the self-evaluative and self-reinforcing mechanisms that facilitate goal achievement, are developmentally beneficial as well as therapeutic (Winick, 1994), especially in a prison context where prisoners normally have very few choices as all decisions are made for them (e.g., when to get up, to eat, when lights are put out). Like Winick (1994), the researcher found that when people are able to exercise meaningful control over their lives and make choices (even if very limited ones) it increases opportunities to build skills necessary for successful living. This aspect was confirmed by the rapists' participation, as they valued their having a role and responsibility in making important decisions, such as their involvement in the treatment programme.

Their compliance with the treatment plan increased their satisfaction and confidence in the treatment process and was therefore indispensable to the success of the process.

Madanes (1990) states that people come to therapy because they "want to change their behaviour". The researcher also found that the participating rapists were motivated to come to a treatment programme, voluntarily and willingly, because they wanted to change their behaviour. The fact that they all completed the treatment programme confirmed Madanes' (1990) finding as they could have stayed away or not participated as one rapist did by just lying at the back of the room. The researcher used that rapist's behaviour during and at the end of the process as a stark reminder and example of what could happen if one did not utilize opportunities for change when they presented themselves.

The researcher and the psychologist were also positive role models for the rapists (as women and authority figures) throughout the whole process and especially in difficult/trying times as indicated in the roll-call incident (see chapter 7). Furthermore, the relationship with the researcher proved to be an important aspect in the process as there is increasing recognition that in psychotherapy, the therapist-patient relationship plays a significant role in producing positive outcomes (Winick, 1994). The researcher and the psychologists were required to step in and show in a concrete and visible manner (in the roll-call, helping to carry material, explaining issues, etc.) that they were there to help and assist the rapists to bring out the best in themselves in order for them to become useful members of society once again.

During the first session the rapists were asked to determine their goals for the treatment programme, as goalsetting was one of the aspects that needed to be included as part of the process. It was also very important from the outset to note the goals that the rapists wanted to achieve and determine whether their goals and those of the researcher shared common ground. The goals the rapists set at the beginning of the programme were again re-evaluated at the end of the programme and the rapists agreed and indicated that all their needs had been met. This was an important determinant in the research process

because if all their needs had not been met, it could have had a negative effect on the process.

During the treatment process the rapists also received positive and/or negative feedback from group members and the researcher, grew and learned how to make choices and give feedback to others in a meaningful way, and were able to compare their results with one another. It also allowed them to stay on target with the goals they set for themselves at the beginning of the process and to accomplish a shared purpose because they knew what was expected of them at the end of the process.

During the whole process problem solving became easier as they not only learnt from their own experiences but also from an authority figure (the researcher) how to deal with problems that arose unexpectedly (e.g., lack of electricity, roll-call, etc.). Again, it created a positive learning experience, opened up channels of communication and ideas and led to further decisions. As the group began to identify with the task and tried to solve problems, they sometimes succeeded (e.g., asking the researcher to intervene on their behalf, as they wanted to participate in the treatment programme but also did not want to lose their jobs and gratification). The fact that the researcher gave them letters to this effect for their supervisors was seen as a success. Sometimes there were setbacks (e.g., not being able to watch a particular movie on a given day due to a power failure and having to wait until it was fixed), which led the researcher to deal with issues such as success and failures in general (viz., that some failures can be fixed, are not necessarily permanent, etc.). All such incidents were interpreted to them as natural processes and that how they dealt with problems, setbacks and failure was important. They could dwell on the past or worry extensively over the future or do something about it. While some were willing to let go of the past, others were worried about the future and still others were willing to free themselves of both and focus on the present. Therefore change took place for the rapists on different levels and they all had their own development or learning process. For instance, one rapist decided not to be involved at all and was totally stuck in the past. Another was consumed with fear for the future while most of the group decided to focus on the present, which freed energy to learn and grow during the process.

As the treatment model is a modular format (see table 5.1), it also involved careful selection of material, determining of new strategies and which parts of the programme needed to be presented before or after others. The researcher found that the process of selection and determining the sequence happened in a very natural manner because towards the end of a module, the rapists would ask questions that led the researcher directly into the next module. This process was important and required the researcher to listen carefully and pay attention to all questions asked by the rapists as they provided clues as to what was needed next.

Managing the transition of change (i.e., motivating them after the roll-call incident, power failures, etc.) was a daunting task for the researcher as the very nature of the programme, the rapists and the organization were interrelated. The researcher is of the opinion that it was accomplished well because the challenge was to focus not only on the organization as a whole but also on the people (rapists) involved in the change process. The researcher determined that during the process intervention took place on all three levels simultaneously, namely the individual, group and organizational level.

The development of trust on all three levels was also a vital part of the process as the individuals, the group and the organization had to take reasonable risks, share their opinions and keep to simple agreements. That this was done successfully on all three levels was an important factor, which influenced all the different processes that were taking place simultaneously. It allowed mutual trust to develop, respect for one another's unique point of view and acceptance of one another with respect. It also opened communication channels between the researcher and the individual group members as well as between themselves and the organization. The fact that there was open and communicative interaction on all levels and not the normal rigid communication to which they are used also minimized constraints normally created by working in a prison environment.

Mink et al. (1993) point out that monitoring is not the final step but rather an ongoing learning process. At the end of every session, therefore, the rapists were also asked to verbalize what they had learnt from every session. Monitoring change was done in other ways as well during the whole process, such as by saying out loud what they had learnt that day, writing an essay on what they had learnt, writing a letter to a victim, or drawing their future. All the data was used during the treatment programme as it was fed back to them for future goal-setting, reflection and/or feedback and evaluation by the researcher. In addition the group functioned according to Mink et al's (1993) five-step process, thereby indicating a high level of effectiveness. Each member of the group, including the researcher, functioned accordingly. The five-step process by which a high level of effectiveness was created was done by means of

- ➢ developing trust
- ➢ recognizing and accepting individual differences
- ➢ giving and receiving feedback
- ➢ solving problems
- ➢ letting go of the past

The change processes in the individual, the group and the organization was monitored continually and carefully on a daily basis by documenting everything said and/or done. This contributed to the positive outcome of the study as it provided substantive data, strengthened commitments, and assisted with participative planning, implementation and regular evaluation of the rapists, the treatment programme and the change process.

8.3   THE CHANGE CYCLE (BROCK & SALERNO, 1994)

The process of how the rapists who participated in the treatment programme came to make their choices and where they were at the beginning of and after the treatment programme is illustrated by means of the six stages indicated by Brock and Salerno (1994). See chapter 3.

8.3.1   Stage 1: Loss

It was clear to the researcher that all the rapists were at least in stage 1 and experiencing loss when they started the treatment programme as they were all in prison and all were first offenders. Being in prison was difficult for every individual in the group as they all had a long sentence to serve (between 7 and 10 years). The loss of freedom, family and friends was experienced by each of them.

During preassessment (before the treatment programme was started), the responses of all 20 selected rapists indicated that some loss was experienced when they were incarcerated. All of them were eager to participate in the treatment programme, as they indicated that there was nothing going on in the prison to stimulate them. They were mostly lying around in the prison yards, not taking part in any of the available development and/or treatment programmes through lack of interest and resources; few were doing any work due to lack of facilities and resources; they had limited (if any) contact with their families and, in general, felt cut off from life outside the prison.

The responses on their TAT's as well as the DAP's were generally poor and/or emotionally flat (e.g., the response of rapist F on Card 1 "He is....look like feel sorry." Why? "Maybe one of the wires of the guitar is broken or he think about songs"). It seemed that very few of them had ever been exposed to wax crayons. They were therefore encouraged to use as many or all of the colours available. Even when encouraged, they were very hesitant and cautious and only used one or two colours for their drawings and spoke in a very soft and subdued tone of voice whenever they spoke. It was also difficult to get them to talk openly about their crime and attitudes towards women. The researchers continually had to ask them to speak louder (due to noise levels in the prison environment) and ask them for more information.

All the rapists were very cautious and their behaviour clearly indicated that they were in stage 1: Loss. Their cautious behaviour might be attributed to self-protection and a lack of trust in people in general.

From the onset of the treatment programme, the rapists were confronted with the past, namely what has been; that they were in prison for rape and therefore had lost their freedom. Their primary struggle in the initial interviews (pre-tests) was to deal with the losses they experienced as a result of the old behaviour and/or the new changes they were now facing, namely to participate or not to participate in a treatment programme specifically developed for rapists. The fact that they were all eager to participate indicated that they accepted the challenge and did not heed the negative form of paralysis.

It can be assumed that the ten rapists who decided not to participate might have felt that the loss of familiar feelings and their fear of the unknown were too great for them. They might also not have felt safe or secure enough to accept the challenge of change and were more cautious about being involved in the treatment programme. As participation in the treatment programme was voluntary, they were allowed to retreat.

These rapists' behaviour corresponds to the responses recorded by Brock and Salerno (1994) when persons experience fear, namely

> ➢ Flee by running away and denying the change.
> ➢ Freeze or become paralyzed and stay firmly rooted in Stage 1.
> ➢ Fight as a way of defending yourself against the change, which creates or embraces conflict instead of providing safety.

The first two responses were clearly noted in the rapists and especially those who decided not to participate at all as they decided to flee and therefore became rooted in stage 1.

Brock and Salerno (1994) indicate that in order to change behaviour, people need the following skills to move to stage 2:

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> Clearly define the change.

> Establish desired outcomes.

> Distinguish between real and imagined fears.

In order to work out and clearly define where the group wanted or needed to go, the rapists who decided to participate were asked to verbalize their expectations of the group in order to establish their desired outcomes clearly from the beginning. According to Brock and Salerno (1994), an outcome is a clear and specific statement of what a person wants if the change should turn out to be according to the person's desire as the ultimate goal creates the needed motivation to change.

The rapists formulated their expectations as follows:

> How to live in a community

> Get to know others and myself

> To be more positive

> Understanding life, family, self and others

> Self-control, self-empowerment and self-esteem

> Respect – to live with people outside, be a happy man outside

> To become what I was

> To learn right from wrong

> Not to have a short temper

> Knowledge and experience

> Honesty (not to be jealous)

> How to communicate

> Humanity

> How to set goals and put goals back into my life

> Achievement for the future (set income)

From their expectations the researcher determined that most of them had experienced a loss in their life. Brock and Salerno (1994) are of the opinion that if these losses stay

unresolved, they will hold people back from moving forward and keep them stuck in stage 1. The fact that the offenders could make a list and were willing to go ahead indicated that they were prepared to go to stage 2.

The list of expectations also made it easy for the researchers to deal with the different aspects recorded by them in the treatment programme. The list of expectations was also necessary and used again at the end of the treatment programme to determine whether these goals and expectations were met and whether change in their lives, feelings, thoughts and behaviour had, in fact, taken place in the course of the treatment programme.

8.3.2 Stage 2: Doubt

This stage deals with doubt and is the stage where people are resentful and stubborn. People will also defend their position and doubt others' motives and experience anger (Brock & Salerno, 1994).

It was very clear that the rapists were in stage 2 when the following behaviour, remarks and feedback were noted during the sessions:

> ➢ There was open conflict amongst themselves.
> ➢ They expressed conflict against the system, the community, the law, their victims, often with bitterness and anger.
> ➢ Some were reluctant and/or hesitant to give permission to be on video.
> ➢ Some came late for the sessions.
> ➢ One stayed in bed because was he was "sick", indicating passive aggression as he indicated the following day that he just did not want to come and "played" sick.
> ➢ Constantly having to set the ground rules of the group again and again - at least during the first week.
> ➢ Some did not complete homework assignments for the next day.

From the above it is clear that they were assessing whether it was important to change or to stay as they were. They were testing the researcher to see whether they could trust authority, as they had been let down so many times before by figures of authority. They were also trying to regain control over their lives instead of giving control to others.

What was happening in this stage, which is important, was that resistance was preventing forward movement for themselves, the group and the researchers.

Some moved quickly through this stage, however, some did not continue to participate in this overt resistance and they were and stayed focused. Due to their persistence and encouragement, the others regained their composure, focus and positions in the group.

Within the group, the whole topic of work versus participation in a treatment programme was also discussed and what it would mean not to participate and just continue with work in order to get gratification. It was brought to their attention that just going back to work would solve problems in the short-term, but not in the long-term. That brought them immediately to the law of cause and effect. The fact that the rapists received accurate/correct information, namely that to participate in a treatment programme is also a right and that their gratification could not just be stopped, gave them sufficient trust in the researcher to continue as their needs were also met. They were given information that treatment and work were equally important and that both were necessary in order to continue to grow and learn about themselves and about life. This feedback was supported by the fact that two rapists were given official letters for their supervisors, as already mentioned, informing them that the rapists were participating in a treatment programme for a period of six weeks and would be back at work within six weeks, which satisfied all parties involved.

It can be assumed that if the correct information had not been given to the rapists, and/or steps not been taken to prevent the rapists leaving the group when they wanted to, the rapists would, indeed, have lost their work as it would have been given to other prisoners

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because there was a greater demand for work than the prison could accommodate. The researchers would the also have lost their credibility and reinforced the belief amongst the prisoners that authority figures could not be trusted and were not interested in their needs. A further loss for these rapists could not be risked as it would influence their behaviour and motivation, lead to future distrust and might have led to negative change.

According to Brock and Salerno (1994), the need to defend a position becomes unimportant while having accurate information is vital. In this instance, the offenders were entitled to correct and accurate information, as well as the supervisors who had not been informed of the policy regarding attendance of treatment programmes. Accordingly, they did not know that both work and attendance of treatment programmes for developmental and rehabilitative purposes are essential during imprisonment.

The fact that the problem areas could be rectified and the researchers were willing to assist, created momentum for the rapists to acquire the skills needed to go to stage 3, namely

> reframing the change
> remembering the law of cause and effect
> gathering of information that creates an accurate picture.

8.3.3   Stage 3: Discomfort

Stage 3 is a crucial part of the process of change because for the first time in the process the person has the opportunity to bring change into his world. It is also the first time in the process that the person can revert back to stage 1 and break up the change process. This ambiguity may cause conflict, discomfort or frustration in the person. The person has to assimilate all that has been accomplished until now, which might lead to anxiety. On the positive side, the person might have feelings of anticipation or excitement over new and better things to come. Mental processes might be confused and the person might feel that he is not comprehending or is slow to understand.

This did, in fact, happen with one of the rapists, who decided that he wanted to opt out as we were moving "too fast for him" and complained that he could not keep up the pace. His confusion, anger and anxiety clearly indicated that we had to work slower, get him back on track and talk him and the others through this process. According to Brock and Salerno (1994), in a case like that, the person's brain is overloaded and the change and responsibilities are too overwhelming to assimilate. This particular rapist's behaviour prior to leaving the group was unproductive as he did not take part in any of the verbal activities, was moody, passive and quiet. All of the above indicated that his mind and body were not "in sync" and there was a decrease in energy and motivation. This rapist withdrew and left the group but returned two days later after having had time to work through his confused feelings and thoughts on his own and after sharing them with his family, who encouraged him to go back to the group. During those two days in the prison he was unproductive, resentful and tense and could not sleep. On returning to the group, he was in a better frame of mind, immediately had the support of the group, the researchers and his family, and was more actively involved.

In order to move from stage 3 to stage 4 essential skills need to be incorporated, namely taking mental action, creating mental distraction and committing to physical action.

In order to assist the rapists to go to stage 4 and not return or loop back to stage 1, various exercises and inputs were made. The rapists were asked to draw their families, their crime, play with clay and create something of meaning to them, read magazines, discuss verbally all that was done in the group, discuss their thoughts, behaviour and feelings about their crime and about being victims of crime themselves, mimic various emotions, do role-plays and watch videos on various subjects (e.g., rape, motivation, stress, AIDS).

These activities were combined in different topics, which are included in the treatment programme. The activities allowed them to take mental action and create mental distractions from their current reality to another one. In the process they were working through their emotions on another level and seeing things from a different perspective.

While performing these activities or tasks, distraction from their existing reality was created. They could see what they could accomplish individually and as a group and were allowed to have fun and relax but still take in meaningful information. Since relaxing is an important aspect in this stage, they were also given information on stress and relaxation techniques.

Due to imprisonment prisoners have very limited sources of recreational activities. All the physical activities (e.g., playing with a ball outside while improving team spirit, learning how to focus and concentrate, doing different role plays, etc.) focused their minds elsewhere and created the necessary movement in an informal way.

This part of the process took the longest but was a very necessary part of helping and assisting them to move into stage 4.

It is important to take note that midway between stages 3 and 4 is the "Danger Zone" (Brock & Salerno, 1994, p. 101). This is where people will either loop back to stage 1 or move on to stage 4.

It so happened that two rapists did get stuck at the danger zone and looped back to stage 1. The one rapist was always on dagga and often lay at the back of the room on one of the benches sleeping. When not on dagga, however, he could give important inputs, make the best of the day and sometimes even surprised everyone with his insight. More often than not, however, he decided to just lie in the room and be passive. Initially, all the group members felt sorry for him and gave him lots of support, but as they took responsibility for themselves, they left him to be passive and unco-operative and focused on themselves and each other.

The other rapist, who looped back to stage 1, took part actively in the beginning. Perhaps the changes expected by him were too great for him to integrate or assimilate and/or the losses too great. As the group process continued, he became increasingly disruptive in

various assignments, became quarrelsome, gave up easily and in so doing often disrupted the group and the process. Throughout the treatment programme he continued to try to negatively influence the group. Whereas he had previously been regarded as one of the role models in the group, he now did not continue with his previous behaviour. During the course of the day he would just disappear during a break for instance, go into the prison and only arrive just before the time was up so as not to be in trouble with the warders. According to Brock and Salerno (1994), this rapist definitely experienced the change process negatively as his peer group did not support him as they had done on previous occasions.

The other members of the group resisted the danger zone by means of the following actions:

> They cared for one another (e.g., for the rapist who was continually on dagga). By caring for one another, they put their circumstances into perspective daily. If they had wanted to they could also have used dagga as it was freely available in prison, but they saw very clearly what he had missed out on when he was lucid the following day or a few hours later. In the beginning this did not bother them, but as they went on with the process of change, the gap between them and him became increasingly wider. This continual awareness of his being unable to change motivated them to continue and keep moving forward.

> As they continued, their self-esteem increased. They started something new and completed it. By finishing even small tasks, they gained a sense of accomplishment, which increased their sense of well-being and self-esteem.

> They did not have to cover up their pain anymore. In sharing their individual stories, circumstances, traumas and fears, they faced them squarely and became aware of the fact that others also had pain.

➢ They questioned where they were going and how it would influence their future. They were looking towards the future and discussing how they would handle similar or different problems in future.

➢ Some of them increased their physical activities and took up soccer again or started running in their free time, one started studying, others read some of the available magazines they were given while others increased their social activities in their cells during the evenings.

➢ They stayed committed to and focused on the skills learned in stage 3.

➢ They gave each other feedback and found their change partners (Brock & Salerno, 1994) in each other. The group became very close, and especially those who were in the same sections of the prison. They always knew what was going on with the other and even used their free time to discuss what happened in the sessions and to prepare for the following day.

➢ The fact that the group met with the researchers every day and received positive feedback and support on a daily basis was as important as all the above. Regular positive feedback and contact kept them focused. The roll-call incident early in the treatment programme is an example. This was supported by later interventions of the researchers to get them out of their sections even when other roll-calls were made, which increased the trust and team spirit. As a result, the researchers became important and positive change partners.

➢ The rapists mastered the skill of creating and reframing meanings for themselves (Brock & Salerno, 1994) and were thereby able to put negatives into positives, which increased their self-esteem and enabled them to visualize their positive goals. This was enhanced by the S.T.E.P.S. programme whose

sole purpose is to change negative attitudes and behaviour, enhance the development of full potential, increase self esteem, set goals for the future and allow the person to affirm his goals.

The fact that the rapists could successfully achieve these aspects led them into stage 4.

8.3.4   Stage 4: Discovery

According to Brock and Salerno (1994), stage 4 is one of the stages where there are still issues that need to be assimilated by the individual. This is the stage where change is internalized and the person integrates the information due to new perspectives.

The feelings, thoughts and behaviour the group was experiencing, showed very clearly that some of them were, indeed, in stage 4. As change is multifaceted, it is important to note that not all the rapists were in the same stage at the same time. Sometimes some of them looped back to a previous stage or stayed stuck in one stage longer than the others did.

To see what they had learnt approximately three weeks into the treatment programme the researchers asked them to write short notes on what they had learnt so far. The following was noted by some of the rapists:

> ➢ I have learnt from myself.
> ➢ How useful I am in this world.
> ➢ I have learnt how important I am.
> ➢ I have a goal and I have to challenge and think in the coming 15 months what I may become or what I want to be, but I have to study first.
> ➢ I have many unused skills.
> ➢ I am not entirely bad.
> ➢ I can solve problems without violence.

> ➢ The importance of love, hearing and respecting other people's feelings and opinions.
> ➢ I have learnt to see things that I have never seen before.
> ➢ I think in the coming 4 weeks I will learn more and more about life."

According to Brock and Salerno (1994), stage 4 is the phase where people are open to new ideas, are able to take risks, can learn to create the best solution, see all available options and can decide on a plan of action for the future.

Brock and Salerno (1994) maintain that the following skills are necessary to go through stage 4:

> ➢ Never say "no" to an idea or suggestion.
> ➢ Understand and practise perspectives.
> ➢ Identify and use their strengths.
> ➢ Be willing to take risks.

Due to the process and their change as the treatment programme continued, it was clear that the rapists were ready to discuss their crime of rape, and to introduce relapse prevention and victim empathy.

After going through the process of their own pain of being victims (and not perpetrators) of crime, they were willing to talk about their own crime (as perpetrator) and explore how their victims felt during the crime. When requested to write a letter to their victim, the rapists did not say "no" to the idea of writing a letter to their victims. They were all willing and participated freely, although some were reluctant. It is assumed that because they were allowed to share their own feelings of being a victim in any way they were prepared to, they were for the first time aware of and could understand how it felt to be a victim. Their perspectives had changed. Some of them even offered support in future for their victims (see chapter 9, letter to victim 9.1 and 9.2), as they were willing to contribute their time in future to help other victims of crime, rape and/or violence. They

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were prepared to use their strengths instead of focusing on their weaknesses. For them to write a letter to the victim was a great risk – especially for those who until then still did not fully admit raping their victims.

8.3.5   Stage 5: Understanding

Stage 5 is the stage where the person enters the stage of understanding why it was necessary to go through such a painful process and to determine whether the benefits of change are worthwhile.

The offenders' feelings and what they had learnt finally from the programme indicated that some of them were, indeed, in stage 5. The self-esteem they had learnt was there. They indicated gratitude for those who helped them and had appreciation for their own perseverance. Their thoughts were more practical and they had the energy to do many different things.

For them to move successfully through stage 5, they needed to acquire the following skills:

> - Identify the benefits of change.
> - Give credit where credit is due.
> - Celebrate their progress.

That some rapists had, indeed, moved into stage 5 was illustrated clearly from the notes they had written at the end of the treatment programme, specifically when asked to write what they had learnt about themselves. The following examples are given as illustration:

> - I have changed from being aggressive to being assertive.
> - That in order to change my self-image, I must change my thinking (i.e., my self-talk) which will have an enormous impact on my actions.
> - Now I am getting along very well with my class because of the motivation I

have received from the programme.

➢ All that I have acquired from the programme is building, strengthening and empowering, if well nurtured, it will bring forth highly desired fruits.

➢ It is only the correct application e.g. 'step-by-step' of the ingredients, which will bring about quality results .

➢ You must change from within yourself and not from the outside in.

➢ If you don't change right now, you will be in prison and you will be in and out of jail.

➢ When you plan your future, start off small and end big. This programme made me look at life day-by-day.

➢ Affects me as well, becoming a sportsman and a businessman, it is challenging me to challenge the future and fight crime, child abuse, and physical abuse and to stop violence.

➢ It has helped met to become what I was before I came in prison and it showed me that crime doesn't pay and how to manage my anger.

➢ It has taught me to believe in my dreams and allow them to come true.

➢ That the negative input can keep me in the darkness.

In order to celebrate what they had achieved, the participating rapists were given a certificate at the end of the treatment programme. This gesture was really appreciated by all of them as few of them had ever received positive and/or concrete feedback. In turn, they wrote a letter of thanks to the researcher, which they all signed. Brock and Salerno (1994) view this celebration as very important because people can hardly believe they have achieved so much and it creates new momentum and energy to carry on with the change process. Celebration is therefore seen as a positive anchoring of the change experience. The celebration creates the possibility when a similar achievement/accomplishment is repeated, of bringing back the positive memory of the first accomplishment. Celebration therefore keeps the attention on all that has been gained through the change process (Brock & Salerno, 1994).

Seeing the faces of the rapists when they received their certificates was reward in itself. The rapists were amazed at first that they were receiving a certificate for attending the treatment programme. They were happy and laughed and some even had tears in their eyes. They jumped up and hugged each other and applauded the researcher. On discussing their jubilation, it became clear that they were very proud of themselves as until then, not one of them had ever received such positive feedback in their lives from a significant authority figure before and especially not since coming to prison. Imprisonment is regarded as negative feedback from the community who wanted them removed from society because of their specific offences. Receiving a certificate acknowledging that they had completed a treatment programme was something they had not expected at all. It can be assumed that if other achievements are accomplished in future, the positive feelings will bring them back to this initial and important time in their lives and increase their self-esteem.

8.3.6   Stage 6: Integration

This stage is an indicator of whether the internalizing of the change has become completely part of the person. If this stage were skipped, a person would be at risk due to the fact that the integration has not become part of his/her life. All the pieces need to be put together and should be integrated.

According to Brock and Salerno (1994), the following skills needs to be acquired to complete stage 6:

> ➢ Gain new knowledge and look forward to the future. (This they did and instead of being scared as they were in the beginning, they were looking forward to their release from prison.)
> ➢ Offer assistance to others.
> ➢ Be flexible (in the little but so important things).

The rapists who successfully arrived at stage 6 at the end of the treatment programme manifested the following behaviour:

> They were taking advantage of new growth opportunities (one even wanted or requested to be sent back to the prison close to his family whom he had not seen for four years because during that time he had had no contact with his family, no letters or visits, etc.).

> Offering assistance to others. One rapist intended to take what he learnt in the treatment programme back to the other prisoners and share his learning experience with them.

> Being open to what the future holds.

> Having appropriate adult responses. (This was clearly indicative in their verbal discussions, notes, and letters.)

> Made change a part of their growth.

The rapists' positive change was also clearly noted during the "Where do we go to from here?" exercise, where their responses to this question were as follows:

> *Self-improvement*
>> Going to be a new person
>> Going to release my potential
>> To take little knocks differently
>> Avoid things that may lead to my coming back to prison
>> Plan my future

➢ *Further education*

> Attend outside school
>
> Learn

➢ *Interpersonal relationships*

> Treat others with dignity and respect
>
> Socialize
>
> Tell parents the whole story of what happened and not keep it secret
>
> Going to teach others what I have learnt
>
> To show family what is wrong and is right
>
> Be aware of the bad friends

➢ *Treatment of women in future*

> Handle females differently – more gently
>
> Going to follow my wife

➢ *Community involvement*

> Work
>
> Live with the community

➢ *Recreation*

> Do art

➢ *Future goals*

> Teach my children not to come to jail
>
> Be a success in life

➢ *Spiritual level*

> Go back to church.

In order to see whether their expectations had been met in the treatment programme, they were also asked the question: "Were all your expectations met?"

The fact that their initial expectations were met indicated that at least for the majority of rapists, they went through all the stages/processes of change that could lead them to becoming successful changers (Brock & Salerno, 1994).

Some rapists, however, found it more difficult than others to move from one stage to the next. One of the rapists is probably still stuck in stage 1. He verbalized that he was sorry that he had not participated more and indicated that some of his friends had changed while he had not. He went on to say that later he actually did not follow what was going on which demotivated him. The others did not comment on his response as they had really tried during the whole process to get him to participate and had later given up as he chose to lie at the back of the room under the influence of dagga. It was clear to him and to them that those who took the challenge and took responsibility for themselves learnt the most. For them, there will be new changes and possibilities in future. This rapist might therefore never be given such an opportunity again, especially if he does not do something on his own and opportunities such as this one rarely arise in the prison context.

When the researchers saw the group one month later during a feedback session – the change processes had continued for some of the rapists. This indicated to the researcher that some offenders had, in fact, changed for the better and they used this opportunity to reaffirm what they had learnt and needed to focus on in future. At least they had exposure to and a positive experience of a change cycle, which could motivate them to continue to change and become successful changers.

8.4   CONCLUSION

The researcher, as a processualist, found that the two specific models, namely the Total Transformation Management Process (Mink et al., 1993) and the Change Cycle (Brock & Salerno, 1994), both worked well in the whole research process. Both models deal with a

series of natural stages which brought about development, transformation and/or change on three levels, namely in the rapists, the researcher and the organization. It was determined that both these processes were happening within another bigger process (the research process) and were closely influenced by and interwoven with each other. It can therefore be reasoned that one process was taking place within another one, with other small processes going on simultaneously.

CHAPTER 9

RESULTS OF ASSESSMENT PROCEDURES

9.1   INTRODUCTION

The data obtained by means of preassessments, assessments during the treatment programme as well as postassessments are illustrated and interpreted in this chapter. A multiperspective approach was adopted (see chapter 5), using different qualitative techniques and datacollection methods (e.g., participant observations, psychometric tests and questionnaires and assignments). This chapter is presented as objective and empirical research and is based on sound scientific methodology. It describes, interprets or reconstructs meanings and intentions of the everyday human actions of the rapists while they were participating in the various processes.

9.2   RESULTS OF THE ATTITUDE TOWARDS WOMEN QUESTIONNAIRE

Tables 9.1, 9.2 and 9.3 present the results of the attitudes toward women questionnaire, designed by the researcher to evaluate the most common attitudes regarding women and rape. The tables indicate the differences between the preprogramme and the postprogramme assessments as well as an interpretation of the results regarding the change or not of certain attitudes towards women during the process.

Table 9.1   Attitude towards women questionnaire (before treatment programme)

Statement	A Answer	B Answer	C Answer	D Answer	E Answer	F Answer	G Answer	H Answer	I Answer
Women offer initial resistance but later give in and enjoy forced sex.	No	Yes	Yes	Yes	No	No	Yes	Yes	No
Women do not mean it when they say no to sex.	No	Yes	Yes	No	No	Yes	No	Yes	Yes
Women can not be trusted.	No	Yes	Yes	Yes	No	Yes	No	No	Yes
Men should dominate women.	No	No	No	No	No	No	No	No	No
Sometimes women agree to sex and later allege rape.	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Manhood is proved by sleeping with a woman.	No	Yes	No	No	No	Yes	Yes	Yes	No
It is important for a man to show that he is stronger than a woman.	No	Yes	No	No	No	Yes	No	No	No
Women enjoy rough sex.	No	No	Yes	No	No	Yes	No	No	No
Women want to be raped.	No	No	No	No	No	No	No	No	No
I hate women.	No	No	No	No	No	No	No	No	No
I enjoy women to have pain during sex.	No	No	No	No	No	No	No	No	No
I usually have a normal sex life.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Women deserve to be raped.	No	No	No	No	No	No	No	Yes	No

Table 9.2   Attitude towards woman questionnaire (after the treatment programme)

Statement	A Answer	B Answer	C Answer	D Answer	E Answer	F Answer	G Answer	H Answer	I Answer
Women offer initial resistance but later give in and enjoy forced sex.	No	No	No	No	No	No	No	No	Yes
Women do not mean it when they say no to sex.	Yes	No	Yes	No	No	Yes	No	Yes	Yes
Women can not be trusted.	No	Yes	Yes	No	Yes	Yes	No	No	Yes
Men should dominate women.	No	Yes	No	No	No	No	No	No	No
Sometimes women agree to sex and later allege rape.	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Manhood is proved by sleeping with a woman.	No	Yes	No	No	Yes	Yes	No	Yes	No
It is important for a man to show that he is stronger than a woman.	No	Yes	No	No	No	No	No	No	No
Women enjoy rough sex.	No	No	Yes	No	No	No	No	No	No
Women want to be raped.	No	No	No	No	No	No	No	No	No
I hate women.	No	No	No	No	No	No	No	No	No
I enjoy women to have pain during sex.	No	No	No	No	No	No	No	No	No
I usually have a normal sex life.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Women deserve to be raped.	No	No	No	No	No	No	No	No	No

The following responses remained the same during the pre- and postprogramme testing:

> Women want to be raped. (No)

> I hate women. (No)

> I enjoy women to have pain during sex. (No)

> I usually have a normal sex life. (Yes)

> Sometimes women agree to sex and later allege rape. (No=2, Yes=7)

This information could be interpreted as that the rapists were aware of the fact that it is wrong to rape women and knew that women did not want to be raped. It also indicated that this group of rapists did not hate women, usually had a normal sex life and did not enjoy women having pain during sex. It also indicated that the same individuals felt that women agreed to sex and later alleged rape, indicating either that they might have experienced such an incident and that it might have influenced their attitudes or that their wrong attitudes or beliefs might have led them to rape.

The following responses showed a small but relevant change:

> Whereas in the preprogramme testing all nine rapists indicated that men should not dominate women, in the postprogramme testing one rapist indicated that men should dominate women, thereby indicating a strong belief or attitude that men should dominate women.

> Whereas in the preprogramme testing two rapists indicated that women enjoy rough sex, only one of them held the same attitude/belief in the postprogramme testing, indicating a change of attitude in one rapist after the treatment programme.

> Whereas in the preprogramme testing one rapist felt that women deserved to be raped, in the postprogramme testing all the rapists indicated that women do not deserve to be raped, indicating that the treatment programme might have led to

this change in attitude.

➤ The attitudes that differed in these responses were not of the same individuals, indicating that where some attitudes might have stayed the same for some, they changed for others.

Table 9.3   Evaluation of attitude towards women questionnaire (before and after treatment programme)

Preprogramme Assessment Results	Postprogramme Assessment Results
Five rapists indicated that women offered initial resistance but later gave in and enjoy forced sex.	Nine rapists now denied that women did offer initial resistance and later gave in and enjoyed forced sex. However, one rapist reversed his attitude from "no" to "yes". **This might indicate that the rapists understood during the process, that women did not offer initial resistance just for the sake of complying with certain customs. It also acknowledges that they will not later give in and enjoy forced sex. It could therefore be assumed that in the process most of them came to understand that resistance by women actually means "no" and is not just a game played by women to entice them further.**
Four rapists indicated that women did not mean it when they said "no" to sex, thereby implying that, according to them	Five rapists indicated that women do not mean it when they say "no" to sex, thereby implying that according

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women were willing to have sex even if they said no.	to them the women are willing to have sex even if they say "no". **This indicates that approximately 45% of the rapists still do not respect women's resistance and accept "no" as meaning "no".**
Five rapists indicated that women could be trusted while four were of the opinion that women could not be trusted	Five rapists indicated that women could be trusted while four were of the opinion that women could not be trusted. **The trust factor remained the same as only 45% indicated that women could be trusted.**
All nine rapists indicated that men should not dominate women. *It is uncertain, however, whether they understood this question as all asked what "dominate" means and it had to be explained to them. It was clear to the researcher that the rapists did not understand the meaning of the word. This question should therefore be approached with due consideration.*	Eight rapists indicated that men should not dominate women. *As previously stated.*
Seven of the nine rapists indicated that sometimes women gave in to sex and later alleged rape.	Seven of the nine rapists indicated that sometimes women gave in to sex and later alleged rape.

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	This attitude remained the same thereby implying that this attitude remains a concern for them. This issue was also discussed at length with the rapists during the treatment programme as they felt that women gave in to sex but because they were not paid or because of fear of the family indicated that they were raped while they were eager to have sex and were not forced.
Five of the nine rapists indicated that manhood was proven if a man slept with a women while four denied this.	Five of the nine rapists indicated that manhood was not proven if a man slept with a woman while four felt that it did prove manhood. **This attitude remained the same thus indicating that 45% of the rapists felt that to sleep with a woman proved your manhood.**
Seven of the nine rapists indicated that it was not necessary for a man to show that he was stronger than women while two felt that it was important to show that they were stronger than women (i.e. again testing domination).	Eight of the nine rapists indicated that it was not necessary for a man to show that he was stronger than women while one still felt that it was important to show that he was stronger than women.

	89% of the group now indicated that a man did not have to show that he was stronger than a woman.
Seven of the nine rapists indicated that women did not enjoy rough sex while two indicated that women did.	Eight of the nine rapists indicated that women did not enjoy rough sex while one still maintained that women did. Although they indicated in the questionnaire that women did not enjoy rough sex, this did not indicate why they had raped or used force.
All the rapists indicated that women did not want to be raped.	All the rapists indicated that women did not want to be raped. All the rapists knew that women did not want to be raped. It is uncertain whether this realization was because they were in prison for rape or whether they knew it before they came to prison.
None of the rapists indicated that they hated women.	None of the rapists indicated that they hated women. *This could be interpreted as indicating that the rapists did not feel anger or hatred towards women in general.*
None of the rapists enjoyed it if pain was inflicted on women during sex.	None of the rapists enjoyed it if women were caused pain during sex.

	This could be interpreted as meaning that the rapists did not usually inflict pain in their sexual encounters or had learnt from their experience (imprisonment) that it was not socially acceptable to inflict pain as this can be interpreted as rape.
All the rapists indicated that they had a normal sex life.	Eight rapists indicated that they had a normal sex life while one indicated that he did not have a normal sex life. **The rapists probably indicated that they usually had a "normal" sex life and the one exception might be because the rapist was in prison and acknowledged the fact that people could not have a normal sex life in prison or perhaps because he did not have or practise normal sexual behaviour.**
Eight of the rapists indicated that women did not deserve to be raped while one felt that women deserved to be raped.	All the rapists indicated that women did not deserve to be raped. **This might indicate that all the rapists except one, accepted the fact that rape was not a normal sexual practice and was a crime. One rapist, however, might have felt anger and resentment against women in general as he still believed that women deserved to be**

	raped.

The attitudes towards woman questionnaire revealed that even after the treatment programme process many rapists still believed that if a woman said "no" to sex she was willing to have sex. This might be a problem area as in some cultures it is accepted and expected that a woman should have or indicate initial resistance (verbal communication by Prof L.P. Vorster, Department of Indigenous Law, Unisa, July 1997). Many of the rapists acknowledged problems in trusting women. The majority of the rapists in the group (7 out of 9) indicated that women sometimes gave in to sex (perhaps under the impression that they would receive money, to tease men, or were willing partners) but alleged rape the next day. Hazan and Grobbelaar (1994) reported similar findings. This might be due to the fact that the women were not paid as initially agreed or because of pressure from parents (especially with some girls) as young girls are often not allowed to go to a specific place without the consent of the parents. The parents then found out later that the girls had had sex, which decreases a woman's value in some cultures (e.g., less *lobola* to be paid). In many such instances this aspect increases the breach of trust to not believe what women say.

Almost half (56%) of the rapists agreed a man did not prove his manhood by sleeping with a woman and 36% of them felt it was an important factor for a man to have sex with a women as it proved his manliness amongst his peer group.

All the rapists were in agreement that women did not want to be raped and that they knew that rape was an unlawful act. Only one offender indicated in the postassessment that women deserved to be raped thereby indicating that it is not a common attitude/belief amongst men that women deserved to be raped. It was evident that most of the rapists did not enjoy inflicting pain and preferred a normal sex life. They might therefore not see their rape as normal sex, thereby indicating a venting of anger and/or hostility towards the female.

9.3 RESULTS OF THE PROJECTIVE TECHNIQUES

9.3.1 Results of the Thematic Apperception Test (TAT)

The following Thematic Apperceptions Test cards were utilized in all instances, namely Card 1, 2, 3 BM, 4, 6 BM, 7 BM, 8,10 and 13 MF.

For illustrative purposes, the protocol of one rapist (rapist A) is included to demonstrate the process of change from before the treatment programme to after the treatment programme was implemented. His more descriptive verbalizations and expression of emotions clearly show the changes he went through.

Table 9.4   Results of the Thematic Apperception Test (TAT) of rapist A

Before treatment programme (dated 9/12/97)	After treatment programme (dated 26/02/98)
Card 1	**Card 1**
" I see somebody is thinking now" *How does he feel?* "Maybe guilt" *Why?* "Because of his things he have done, maybe…" *What is going to happen?* "… What is going to happen… I don't know….nothing else, ma'am."	" She is thinking…there's a violin there in front of him and you see his hand is under his cheek." *What is going to happen?* "Maybe she's thinking about the violin. How to play it" *What is going to happen in the end?* "Maybe she's going to be a star."
Card 2	**Card 2**
"I see a woman with a book, a man in the project, and I see a pregnant woman. That is all I see." *What is going to happen?*	"There is a lady with books, like a student. ..There's a man in the field and a pregnant woman standing in front of the tree and the man is working in the fields. Like a family."

"The pregnant woman is looking at the man and the man with the book seems like thinking."	*How are they feeling?* "They are together…everyone is doing his job."
Card 3BM "I see a person, maybe he is crying.. maybe have done something or a woman who's been raped." *What happened?* "Somebody here is a man, he has raped someone…maybe thinking about what done yesterday and what is going to happen….maybe is going to prison if he is a man …..all I can tell."	**Card 3BM** "There's a woman that is crying. Don't know, maybe it's she's victimized." *What is going to happen?* Ai, what is going to happen in the end….someone is going to be hurt."
Card 4 "I see a man and a woman. The woman maybe is begging the man from something. That's all."	**Card 4** "A man and a woman. It seems like a woman is begging a man. Maybe there is a problem in the house. Maybe the man is not understanding….There is a picture of a lady." *What is going to happen?* "Maybe they will solve their problem."
Card 6BM "There is a man with a grandmother…maybe this man is telling the grandmother some things that happened." *What is going to happen in the end?* "This people they are socializing…."	**Card 6BM** "Here is a granny looking in the window and further. Seems like this guy is upset because the granny is watching. Maybe the granny is watching outside. Maybe the guy has problems outside. He looks upset." *What is going to happen?* "Maybe the granny is guiding him."

Card 7BM	Card 7BM
"This is like a father and a son with a chat with the father." *How are they feeling?* "The man is feeling a little bit cautious." *Why?* "Because the father has maybe told him something…all I can see."	"It looks like maybe a lawyer with a client. Maybe they are in the Courthouse….maybe telling him to behave…giving him instruction of the Courthouse."
Card 8	**Card 8**
"…………There is a operation there. They are working a procedure. I don't understand…..doctors…that's all."	"There is a doctor's operating table, making an operation and it looks like the boy….maybe he's waiting for the results of the operation…maybe it will be OK for that procedure that they are working for."
Card 10	**Card 10**
"There is a woman crying….touched by a man". *How are they feeling?* "Somebody is feeling shame." *Who?* "The woman." *What is going to happen in the end?* "This man must maybe to please him with something…I don't know."	"There is a lady…she is crying. There's a man hug him." *What is going to happen in the end?* "Maybe no more cries because if somebody love you, then the cries will never continue…tears will never fall."
Card 13MF	**Card 13MF**
"This is a women, a lady sleeping…man standing here…..the man is crying?" *Why?* "Can't understand…something is fishy here, maybe it's a rape." *What is going to happen in the end?*	"Seems like a lady sleep and a guy is crying at the same time. Someone is hurt here." *What is going to happen in the end?* "Look like big problems…maybe it's a crime. The husband abuse her because the guy is crying, the lady slept."

"Somebody is going darkside."	
What do you mean?	
"In the prison."	

A combined summary of the most important aspects (Cards 1 and 13 MF only) is included in this study. Table 9.5 indicates the changes that took place before and after the treatment programme. Only cards 1 and 13 MF have been interpreted for the purposes of this study as these two cards deal primarily with self-concept and sexuality, which was deemed important and relevant for inclusion in this study.

Table 9.5   Results of the most important aspects on the TAT before and after the treatment programme

Card 1	
Before treatment programme **(dated 9/12/97)**	**After treatment programme** **(dated 26/02/98)**
➢ Uncertainty about themselves as persons and what exactly is expected of them ➢ Uncertainties about how to acknowledge demands and/or to cope with demands and prefers not to be involved with demands ➢ Feelings of guilt ➢ Distantiation from emotions ➢ Not taking responsibility ➢ Clear role identification ➢ Afraid of rejection from authority figures ➢ Dependent on others and especially authority figures ➢ Low self-esteem	➢ Acknowledge demands and accepts that there are demands ➢ Understand that there is a right and a wrong way of attending to demands ➢ Express a need to comply or cope with demands in the future ➢ Feelings of ambition and a need to succeed ➢ Accept responsibility (some more than others) or indicate that they would like to do that in future ➢ Feelings of uncertainty, especially about the future and their own coping skills

➤ Depression
➤ No long-term goals or commitments
➤ Immediate gratification
➤ Either intellectualise or fantasize about outcome
➤ Infantile behaviour when confronted with own limitations

➤ Not so dependent on authority figures and more aggression towards authority figures is expressed

CARD 13

Before treatment programme (dated 9/12/97)	After treatment programme (dated 26/02/98)
➤ Understands the implications and sexuality of the card and identifies with it immediately	➤ Understands the implications and sexuality of the card and identifies with it immediately
➤ Immediate gratification	➤ Able to control anger better by "thinking first and listening"
➤ Feel rejected by women	
➤ Act out feelings of aggression towards women	➤ Feelings of guilt after expression of anger towards women
➤ Feelings of guilt when aggression to women has been acted out	➤ Feelings of rejection remain and continue having problems with coping with rejection from women
➤ Do not take responsibility for their own feelings of sexuality but place it on the shoulders of the woman - she must take the blame	➤ Distantiates themselves from feelings and suppress them rather than acting them out – in some instances unable to express feelings of hostility towards women or will distantiate themselves from such conflict situations
➤ Inability to deal with or meet the needs of women	
➤ Inability to deal with their own emotions after aggression has been acted out and then revert to infantile behaviour	➤ Do not live out anger in the same way or as strongly as before
➤ Do not take responsibility for their own	➤ More insecurity

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behaviour ➢ Dependent on others - especially authority figures	➢ Either acknowledge and take responsibility or do not take responsibility for behaviour which leads to dependency on - especially authority figures (Their new uncertainty may be due to their exposure to the treatment programme.)

The interpretation of the TAT's before the treatment programme was administered indicated that most of the rapists had low self-esteem, managed frustration poorly and often formed superficial interpersonal relationships. Many of them had strong feelings of aggression towards adult female sexuality. Although some experienced guilt feelings, there were also indications of depression (perhaps due to the fact that they were in prison). There were significant changes in the post-programme assessment. Although the rapists were still generally uncertain of themselves as persons they were more inclined to understand the implications of their behaviour and/or demands made of them. They knew the "wrong and the right" and how to conduct themselves more appropriately and their feelings of self-worth changed and they were more positive.

Strong feelings of rejection by women with accompanying aggression towards women before the treatment programme changed for most of the rapists and they indicated a willingness to cope with feelings of rejection and not to act out hostility and anger after the treatment programme. For some of the rapists, the feelings of rejection remained, however, while some still had problems in dealing with rejection from women. What did change was that feelings of rejection were not acted out as overtly as before the treatment programme and emotions were more controlled and socially acceptable.

Where rapists were not willing to take responsibility for their behaviour before the programme, this changed during the process to acknowledging and taking responsibility for their own behaviour after the treatment programme instead of placing the blame for their misconduct on women.

Although feelings of guilt after acting out aggression against women was a general feeling before the programme, which led to depression perhaps because they were punished and in prison, there were no signs of depression after the treatment programme.

Whereas before the programme the rapists were not able to set goals for the future and were only concerned with the here and now and confronted with their own egocentric needs, after the programme, they expressed a need to succeed in future. They indicated an ambition to do something with their lives. Insecurities about themselves and a preoccupation with themselves changed from an internal focus (egocentric) to an external focus (the future, etc). This was indicated by their differences in the goal-setting before the programme, which focused mainly on their own individual needs, to the goals they set themselves after the programme, which included others and the contributions they could make to society.

It was apparent from the above that there were changes in the TAT responses in the whole process (before and after the programme), which had nothing to do with having done the test approximately two months before. Prior learning did not change their responses. The changes that have been indicated had more to do with their inner beliefs and how to conduct themselves in the future, which demonstrates clearly that a change in themselves on a higher level took place during the treatment programme. This change was still noticeable one month after completion of the treatment programme.

9.3.2   Results of the Draw-a-Person test (DAP)

All the rapists were given a Draw-a-Person Test before and after the programme. Figures 9.1 and 9.2 of prisoner A and Figures 9.3 and 9.4 of prisoner G illustrate the results of two rapists before and after the treatment programme.

Figure 9.1   Drawing by rapist A before the treatment programme
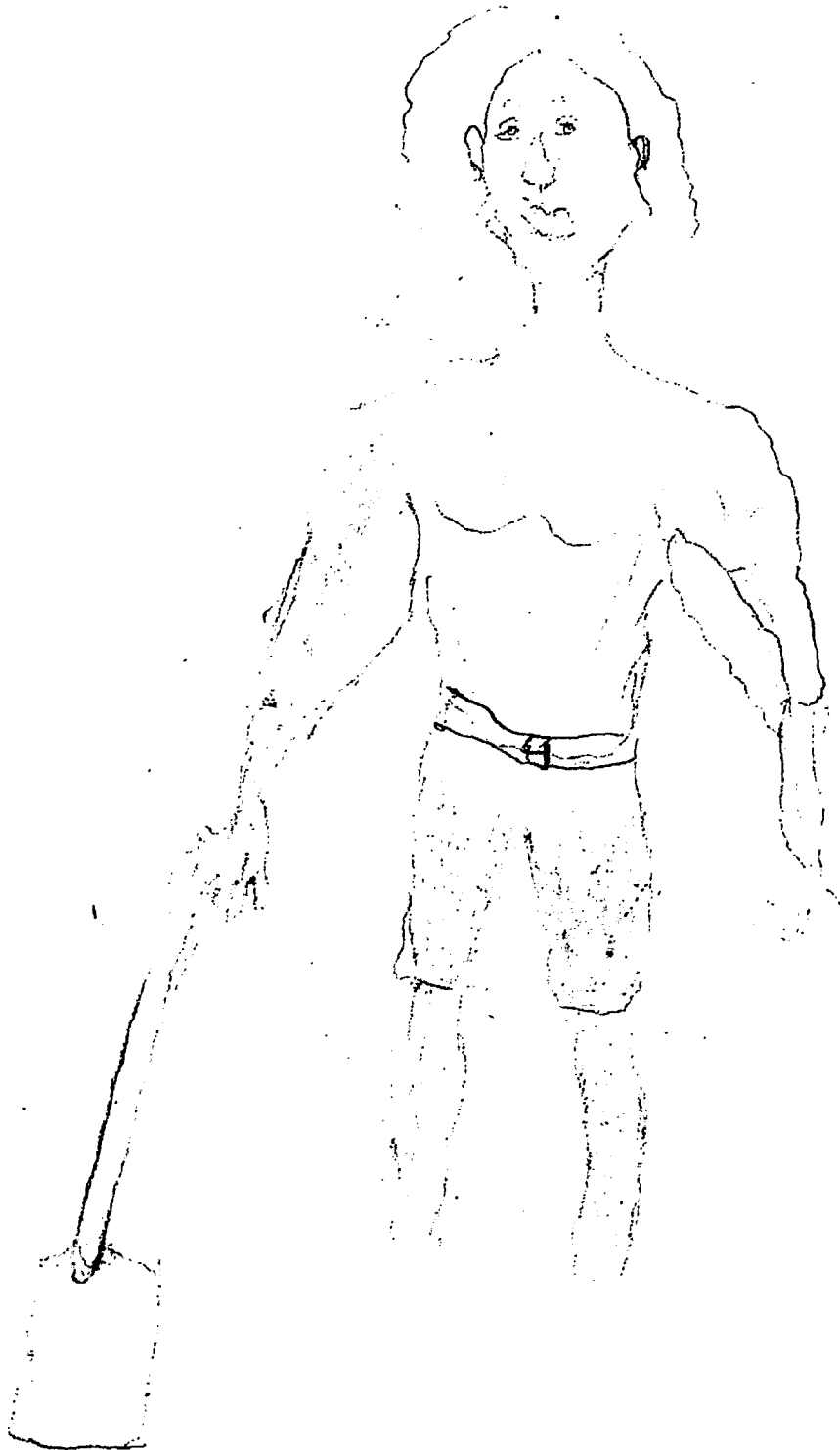
Figure 9.2   Drawing by rapist A after the treatment programme

Figure 9.3   Drawing by rapist G before the treatment programme
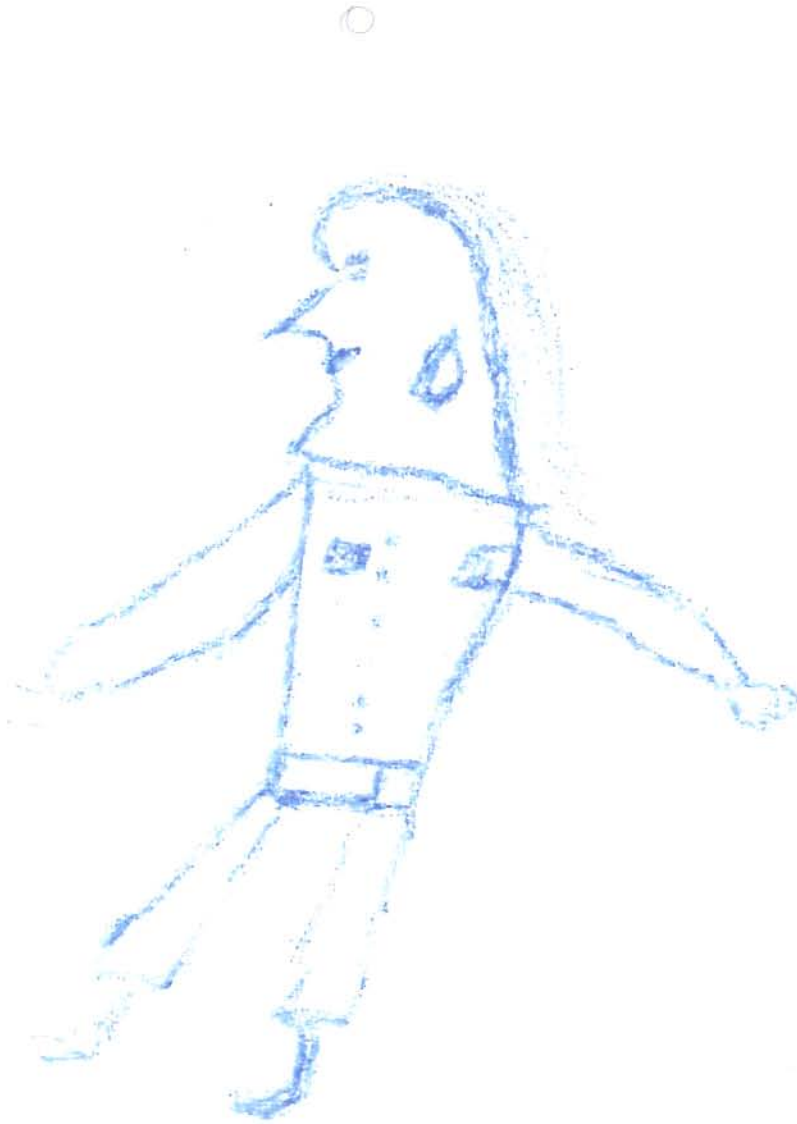
Figure 9.4   **Drawing by rapist G after the treatment programme**
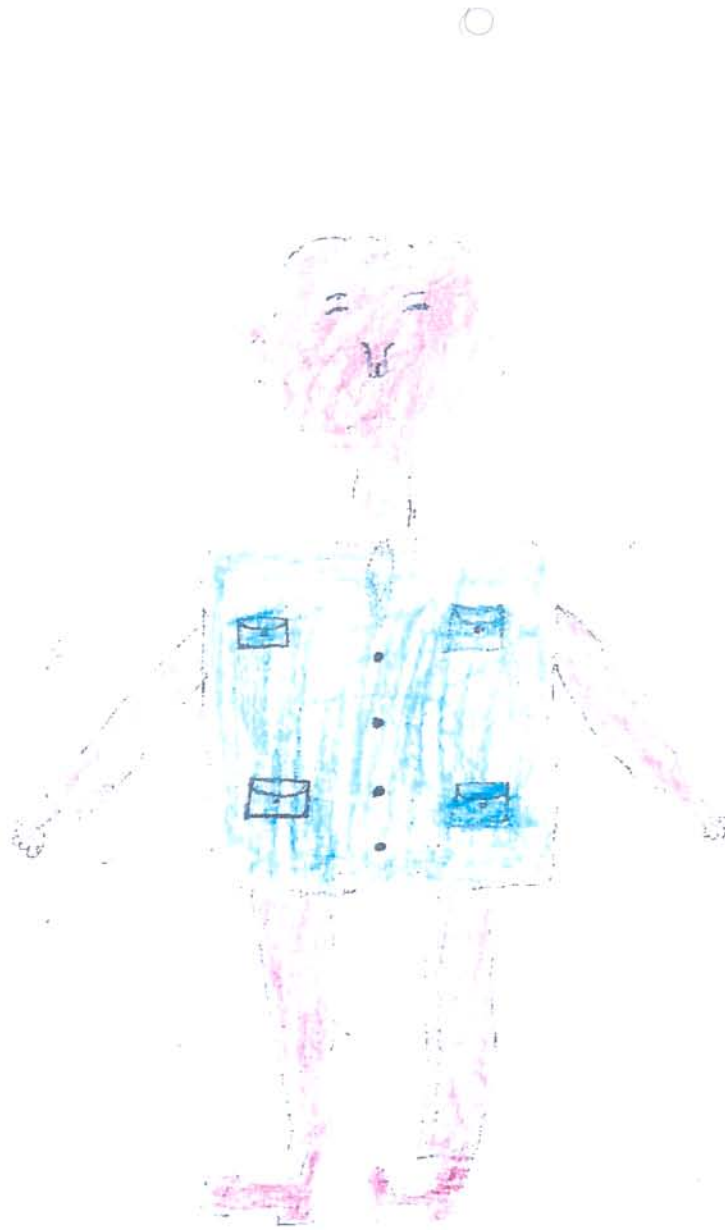
During the pre-testing and especially with the Draw-a-Person-Test, most of the prisoners preferred to use a pencil and rubber and not the coloured crayons.   Perhaps this was because they could rub out if they were not satisfied with their first results and try again, rather than commit to a medium which is more permanent. This might also be indicative of performance anxiety, as they wanted to perform their best. It became clear during the interviews and from their comments while drawing that some of the rapists had never been exposed to coloured wax crayons before and had never received such a request. This led them to feel uncertain of themselves and their abilities as some grew up in very remote and rural areas where such a medium was scarce and/or difficult to come by. This might be due to a lack of resources as many of the offenders came from a low-income environment, which led to many disadvantages but especially a lack of social and/or intellectual stimulation. During the process as the offenders were exposed to different mediums in the treatment programme (clay, crayons, Koki pens, books and magazines, colours, videos, etc), their intellectual stimulation was reflected in their drawings during and after the treatment programme. They enjoyed working with the clay and made objects that were important to them as illustrated in photographs 9.4 and 9.5. This again demonstrates the differences between the rural and the city rapists and what is important to them (e.g., oxen, TV, home, etc.).

In the post-programme assessment it was noted that their drawings were more colourful, contained facial expressions, movement and freedom, less restrictions, and more definite lines and colours. Initial performance anxiety changed to joyfulness and real pleasure after the treatment programme as they no longer experienced performance anxiety and were more at ease with themselves, the different mediums and the demands made on them.

Photograph 9.3   **Clay objects by rapist A**
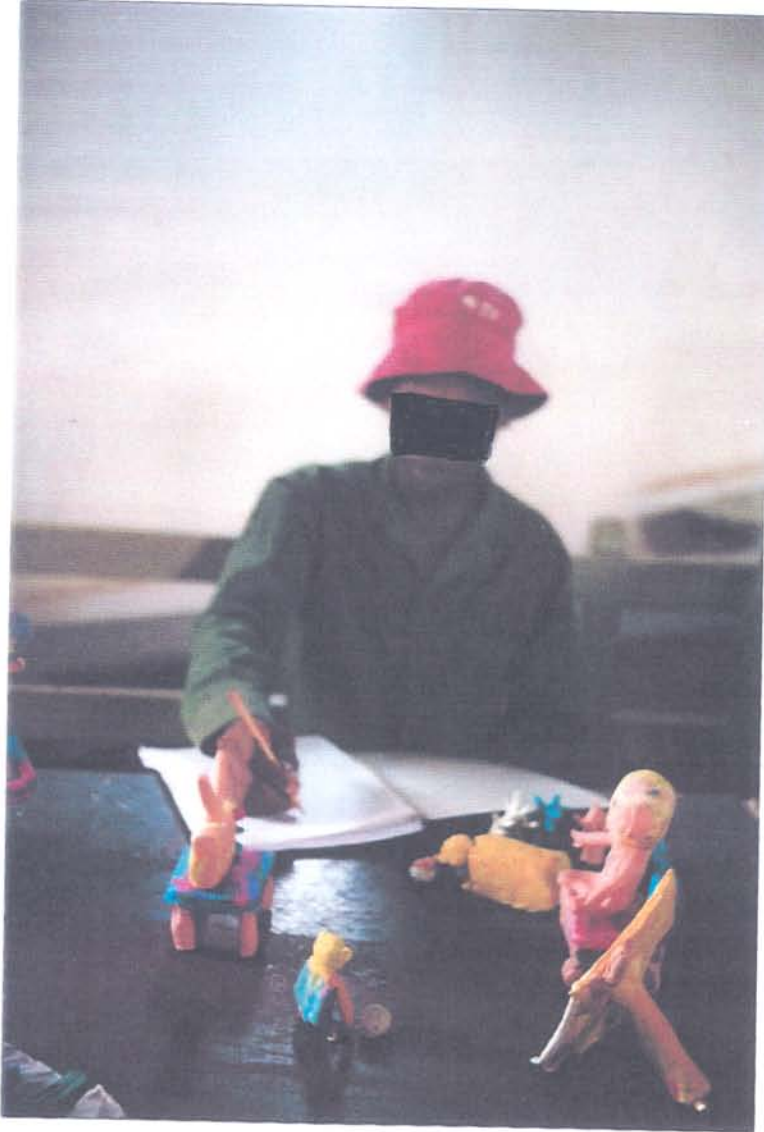
Photograph 9.4   **Clay objects by rapist F**

9.4 RESULTS OF OTHER ASSESSMENTS DURING THE TREATMENT PROGRAMME

9.4.1 Self-reports

For illustrative purposes, two self-reports from rapist A (self-report 9.1) and rapist D (self-report 9.2) are included as examples of results after two weeks in the treatment programme, indicating some of the relevant changes that took place during the process.

From the combined results of the rapists it was noted that they now realized that they had potential and knew how to use it, had respect for others, had learnt to be more responsible, could see what is wrong and right, that it is not good to manipulate others or to harass females. One rapist even drew a rape scene on his paper and wrote next to it 'no rape' (rapist A) and this was long before victim empathy or other aspects of the programme were discussed. This already indicated that a certain change had taken place in his mindset on a cognitive level.

The rapists also learnt that it is important to live in the community, have patience, have self-control and do positive self-talk, control anger, see things differently from before, and to communicate with people.

Self-report 9.1 by rapist A

What ? Learn from the programme ?
* Learn about STEPS.
what steps it is   S - STEPS, Foward
                    T - To
                    E Excellence
                    P Personal
                    S Successfull

Learn about Potential
x. How much Potential I have
x How to used

Learn about motions
Love, Anger Sad, Guilty Afriad

Learn about plans my live for living
x Respect
* Truth
x Resposible
* See wrong things and right things
x Not manipulte people
x Not to Harrassing females and others
x Not to Look on and Look out
x Learn about sence things
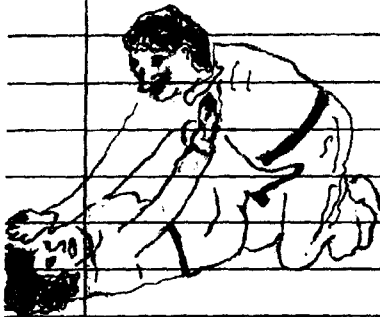
No RAPE

Self-report 9.2 by rapist D

29.01.98

Wha I have learn from the Programme and Myself

1) I have learn how to live in the Community
2) i have learn how to be Patiance
3 how to Ness the feelings of other peaples
4 how to have a Self contral Self talk
5 And how to contral my Anger
6 I have learn what is right and what is wrong
7 I have learn What to be jelouse
8 I have learned that everybody has a potantia!
9. I have learned to see things that I have never seen before
10. I have learn how to Break the Barries and how to canezt the (9) dots wit one dots.
11. How to communicate with people.

9.4.2 Group discussions

Group discussions were held on many topics, including HIV/AIDS, the difference between sex and rape, characteristics of good and bad women, characteristics of bad and good men, and how to manage leisure time. During discussion groups the rapists were encouraged to give their opinions and to find new or alternative ways to handle problem areas, and think about and deal with stereotypes. All their individual responses were documented carefully.

During a session on the subject of sex, it was noticed that talking about sex was still regarded as taboo by many of them and is not discussed with parents at all. According to members of the group, there are many cultural differences. They indicated that they received their information on sex from their peers and/or grandfathers. According to them, girls knew more about sex as their grandmothers instructed them. According to a Zulu member of the group, it is still part of Zulu custom for a grandmother to inspect a girl to see whether she is a virgin or not - often before *lobola* is paid. According to them, boys and girls are treated differently in family gatherings. This is also true of certain parts of meat that is eaten. One member indicated that only men are allowed to eat the head of cattle, but if the ears are not there they do not eat it as it is then regarded as stolen. Women are not allowed to eat the head of cattle as this part of the meat is reserved for men only.

It was apparent from the discussions that the initiation process is very important and plays an important role in the process of a boy becoming a man, which confirmed Hammond-Tooke's (1993) findings. According to the rapists, Zulu initiation is different to the Tsonga, Xhosa and Shangaan initiation due to cultural differences. According to them, in certain instances a person may be circumcised in a hospital, especially in urban areas, and their peers and groups of men acknowledge this. Today a person is still not regarded as a man and is ostracized if he has not been circumcised and is not allowed to sit and talk while men talk or do men things.

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While talking about sex, the group was also very interested in Western customs regarding sexual aspects. This was therefore discussed with them. They found it strange that Western women are so different, that Western families do not pay *lobola*, and that an engagement ring was important. Other aspects, such as young Western girls going out without parental control, were also foreign to them.

According to the group, women in their culture were currently becoming more Westernised and were "not good at it". This leads to men being violent towards them because "they do not show the respect that they should". The group maintained where women show respect to men there is no violence against women. The emancipation of women might therefore be considered as one of the causal factors in the increase of rape and violence against women. Rape could therefore be interpreted as the men's way of controlling women or their way of keeping all women down (Brownmiller, 1975).

From these sessions it was clear that culture, customs and traditions, particularly in the rural areas, are still as strong as ever and practised religiously in some indigenous groups.

9.4.3   Drawings depicting their crimes

The results from the drawings and descriptions of their crimes in an effort to have them discuss their thoughts, feelings and behaviour at the time of their crime indicated that some immediately started with their drawings and were prepared to talk about their crime even though it was difficult. Others, perhaps because they were still in denial, had great difficulty getting started or did not want to draw at all. One offender was prepared to only draw the court case and not the actual incident even though he had admitted to liking "kinky sex" before his arrest. This reaction of his could be interpreted as meaning that in order to draw the scene he had to admit doing it and take responsibility for it, which he was not ready to do just yet.

When asked to draw their crime, their feelings elicited comments such as the following:

- ➢ Bad memories
- ➢ As if happening now
- ➢ Angry and frustrated
- ➢ Sad and depressed
- ➢ Not going to do it.

After they had started to discuss the different drawings and how they felt then, they commented as follows:

- ➢ Ashamed
- ➢ It's not me
- ➢ Felt no good – don't like myself
- ➢ Felt happy because have not discussed it before
- ➢ Sad – reminded me of a friend
- ➢ Relieved
- ➢ Sorry
- ➢ Open

In the discussions following their drawings, it was evident that some of the rapists were prepared to comply with this demand at this stage of the treatment programme because trust had already been established and they took responsibility for their behaviour and previous conduct. They also indicated that they had seen that the group and/or the researchers did not reject them and they felt that their feelings were acknowledged, which allowed them to share this information. One rapist said that he would have "run away" or "not have done it at all" if they were requested to do this assignment during the first week of the treatment programme. It can therefore be assumed that the process facilitated and assisted in them sharing their feelings with the researcher.

9.4.4   Letters to their victims

From their own stories of an incident where they were a victim in order to lead them into the module dealing with victim empathy, it was evident that all the rapists had at one stage or another been a victim of some traumatic incident in the past.

Rapist E told the following story.   One night on the way home in Venda, as it was becoming dark, he was chased by two other men. Knowing the dangers of walking alone in the dark, he sat down behind a small bush to try and escape them. He then heard them talking and saying that they were going to kill him and use his brain for *"muti"* (a potent medicine in indigenous culture). What is very frightening to know is that it is a custom in this particular area (Venda) to take the brain from a victim while he is still alive, as it strengthens the *"muti"*. He sat there quietly behind the bush for the whole night, not moving and just keeping his eyes closed and waiting for the next day, because he was too frightened to open his eyes. He did not want them to see the whites of his eyes shining in the light of the moon and was scared that if he moved they would find him and kill him. When dawn came he went home.

In the group discussion the participants' thoughts and feelings about being a victim were discussed, which included some of the following comments:

- Frightened
- Angry
- To pay back
- Scared
- Angry
- Told myself I must remain calm
- Hair standing up
- Shivering
- When I realized I can die, I must fight for life
- Humiliated

In the exercise where they were requested to indicate how they thought their victims felt while they were raping them and to link this to their own experiences, they identified the following thoughts or feelings on what their victims might have experienced:

- ➤ Why me?
- ➤ Angry
- ➤ Humiliated
- ➤ Afraid
- ➤ They feel dirty
- ➤ They think it is their fault
- ➤ They hate men
- ➤ They think others are going to laugh at them
- ➤ Some fainted
- ➤ Others kept quiet
- ➤ Think of it all the time and dream of it
- ➤ Please stop
- ➤ They were traumatized

In their letters of apology to their victims after the group session on the importance of apologizing, they acknowledged that it was important to apologize because

- ➤ They needed to be forgiven
- ➤ It is good and it shows that you are guilty
- ➤ They deserved punishment
- ➤ They deserved to face the consequences
- ➤ To show the victim that what they have done was not their intention
- ➤ To say to them that they love them and care for them
- ➤ They feel their victim's pain
- ➤ They accept the sentence and why they are in prison

> ➤ They do not deny responsibility
> ➤ So that society, the family and the victim can accept them back

For illustrative purposes, apology letters from two prisoners (letter 9.1 and letter 9.2) are included. These show that these rapists accepted responsibility for their crimes and were able to feel empathy for their victim. The rapists also verbalized that they would like to be accepted back into their communities again and were prepared to lead a better life than before.

From the assessments during the treatment programme, subtle changes were noticed even two weeks into the programme as the rapists indicated that they had "learnt that they have potential, are willing and know how to utilize their potential, are willing to take responsibility, see wrong things from right".

In the victim empathy exercise, it was apparent that the rapists easily identified with their own feelings of being a victim. This was utilized as a bridge to get to the feelings their victims might have felt during the crime. This led them to see that their own experiences of being a victim and those experiences of their victims were very similar as similar processes of thoughts, feelings and actions were identified. After this exercise some of the rapists were able to write an apology letter to their victim, which some offenders found it more difficult to write than others perhaps because of the emotional input and commitment it required.

Letter 9.1 by rapist D

24 February 98

Miss

Miss   I know that by the time you read this letter is i
t ng you the Bad Mummaries

But I ask you to give yourself a time to here what I want to s
to you. Miss   I write this letter because I want you to
know how sorry I am for what I have done in your life.

Firstly I have changed I am no longer the person who I was
before I come in prison. This place has change me. It ma
me to realise that what I have done to you it was wrong. I di
to be punished, and this place has make me to realise how imp
li is. I know that the pain that I've cause you it will never ?
away in your mind, but what I'm asking you is forgiveness lets p
each other and carry on with our lifes, I'm very sorry to caus you
a torable pain like that, I will never ever hate you again Plea
Forgive me M

What I would like to do when I'm auside is to help the victims
because I know that if you are the victim you think that you ar
alone there is no one who can help you but that is not true Oth
they keep quiate about the accident others they think that it
their foult to be rape but it is not true. That is why I want to
the Sorual victims I will be very happy if you can
Reply me Please so that I can know I'm what are you thinki
From

Letter 9.2 by rapist B

26 Feb 1998

Hi, Dear Miss S

I am Happey am still Living under the do

S, I am Sorry to Make you a boo
think. Becouse you say to polagise S. Now o ar
in prison for thinkis that I never don and
I Rember you I sill I con cry. And No
I am seving 10 years in prison but never
Marid I will be coon ther. And I will
to you to pologse a Matter.

For My Surprise if I can see you I
be Better than better. Now I am in prison
For a small think that never don to you b
se I was a beg Guy but Now I am a
Old Guy but Now I Now what is Rang and want
Rhorght. For My Surprise in prison I Le
Something to stay with a Community. No
in prison I am working trade and I wi
Come to help a community and I wil i
to help others over. God help you

Your feathquly

Evaluation of the group exercises indicated that some rapists were more ready to apologize to their victims than others who were still in denial or had reservations after the six-week treatment programme. At the same time others were able to take responsibility for their behaviour and apologize to the victim for their conduct. This information corresponded well with the TAT outcomes of some of the rapists after completion of the programme.

Post-programme evaluation indicated that certain changes had taken place during the course of the treatment programme. The most important changes noted in the post-programme assessments were that the rapists knew that life was important, that they had potential to achieve in future but needed to set realistic goals for themselves. Whereas blaming others for their misconduct rather than taking responsibility for their action was evident before the treatment programme, after the programme they took responsibility for their own lives, had victim empathy and focused on their contributions to the community. They knew change for the better came from within themselves and not from the outside. They were able to indicate that sometimes people need help from others but most of all people need to take responsibility for their own behaviour. They were able to distinguish right from wrong and could manage their anger and frustration better. They were aware of the fact that crime does not pay and were encouraged to challenge the future, fight crime and child abuse, and stop violence.

9.5   RESULTS OF THE POST-PROGRAMME ASSESSMENT ONE MONTH AFTER TERMINATION OF THE TREATMENT PROGRAMME

The rapists were seen again one month after termination of the treatment programme for a final assessment and to evaluate benefits from the treatment programme. Self-reports from two rapists (self-report 9.3 by rapist D and self-report 9.4 by rapist I) are included for illustrative purposes. From these reports, it is evident that the treatment programme achieved its goal of assisting them, and that some information was more helpful than other.

From the rapists' comments it was evident that the treatment programme and the whole process had a positive effect on them as it dealt with their criminal behaviour in context. They indicated that they now looked towards the future, were trying to stop their criminal behaviour and intended to challenge the future in a positive way. They mentioned that they had learnt what is right from wrong, would use their potential and would look for assistance when in trouble, and had taken responsibility for their life, goals and dreams as well as those of others.

Self-report 9.3 by rapist D

It has helpe me to realise how important life is.
It has helpe me to have a locas of cantval and to set
my geals in a Possitive way.
And it has showed me the Power of Believe and how to
have a celstalt.

It has helped to became what i was before i came
in Prison. and It has show me that crime doesn't pay
and how to manage my Anger, And it show me wh
is right and wrong.
It has teach me to believe in my dreams and abiw
the to came true and that the Negative impu
can keep me in the darkness, And to be optimist pe
nat a Passimist one.

Self report 9.4 by rapist I

THE programme has affects as well but it learns
me a hot of things; When to to using my
Potential, Thinking what is to Lock on and
Lock out and not to Break the barries.
It affect me till I told my self that
tomorrow I get redeast I now how to us
my Potential my thinking I can also
mime. Before I came to prison I never us
my Thinking I was too agressive as arsleue
of crime but now I am a borner again
not just because I attended the programme
but it gints me using me thinking but
not in a right manner as well. And even
family and reletives sisters; cousins and
my grandmother they a happy about
me. They stang I. always saying to me
that they think prison it change me ii HELA
a Lord even me I took my self it is
blasing and discarsing being here in.
prison

2. Good Man; Good Speaker, Good Communicate
Good Husband and Good father who is
having responsibility to take care of them
not runaway father.
Affects me as well being a sportsman
business man; IT is incarcenging me
to challenge the future and fight
crime, child abuse, Physical Abuse and to
stop violence.

9.6   THE IMPACT OF THE THERAPEUTIC PROCESS ON THE RESEARCHER

The researcher found that she was involved in a similar learning process to the rapists. The researcher went through the same personal change cycles of loss, doubt, discomfort, discovery, understanding and integration as the rapists - although on a different level.

The researcher also found that combining different approaches and methods (i.e. holistic, cognitive-behavioural and psychodynamic) in the treatment programme the rapists and the researcher benefited the most. Furthermore, this approach allowed acknowledgement of strengths and weaknesses on both sides (the therapist and the rapists). It allowed the rapists to indicate which parts suited their needs best and which were not suited to their needs (e.g., the magazines). The researcher therefore constantly had to carefully plan and monitor what was done, then evaluate and decide which changes to the treatment programme were necessary in order to assist the process and enhance positive change. The process and approach followed allowed innovative and creative ways for the researcher and the rapists to deal with important issues. It also allowed all the parties involved to share responsibility and take ownership of the research project.

9.6   CONCLUSION

This chapter described how the different assessment procedures indicated changes that took place during the whole process - before treatment up to one month after implementation of a treatment programme - as well as the interpretation of the changes that took place in the rapists' thoughts, feelings and behaviour. Various tables, examples of self-reports, drawings, letters to their victims served to illustrate and indicate the qualitative nature of these measurements and how they were interpreted by the researcher.

CHAPTER 10

CONCLUSIONS, FINDINGS AND LIMITATIONS OF THE STUDY

10.1   INTRODUCTION

This chapter discusses the findings from the treatment programme, the conclusions reached by the researcher and the limitations of the study. The evaluation and integration of all the material was a process in itself, which impacted on and interlinked with the main process of the research.

10.2   DETERMINING WHETHER THE STUDY OBJECTIVES WERE MET

Given the fact that no suitable treatment programme for incarcerated rapists exists in South Africa, the researcher is of the opinion that the initial study objectives were met. The needs of the rapists, the community, the Department of Correctional Services and the researcher were identified and taken into consideration.   A treatment programme was developed, implemented and evaluated by means of different change processes.   In addition, the success or otherwise of the programme was measured by means of a variety of assessment procedures throughout the whole process.   The contents of the previous chapter confirmed this assumption.

10.3   THE PROCESSUAL PARADIGM AND PROCESSES AS RESEARCH METHODOLOGY

The researcher focused on the basic principles of processes as research methodology as this is an accepted approach in the caring professions and offers a holistic approach. This methodology added value to the existing scientific knowledge available to the psychology profession as it illustrated the researcher's thinking, therapeutic actions and evaluations throughout the study and why certain methods, procedures and processes were utilized.

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The processual paradigm in this instance was effective as it allowed the researcher to create a flexible and easily adaptable approach to cope with a project such as this. It allowed and accepted the influence of many processes on different levels. It created an environment where everyone involved could learn from mistakes and make adjustments on the spot.

The assistance and co-operation of the rapists gave additional value to the research project as their need for change and involvement in a meaningful exercise was accommodated and they were able to assist themselves and/or others (e.g., the researcher, other prisoners with similar problems, the Department and the community) in the process.

Instead of focusing on one aspect or seemingly correct way to approach a problem or issue, the researcher dealt with various problems, issues and uncertainties on a day-to-day basis. The processual approach followed in this indicated clearly that changes in individuals or a system do not happen or take place in an incidental, episodic or haphazard way. They were interwoven processes that went on continuously and only by dealing with them in a step-by-step way did the researcher and the rapists gain understanding and meaning.

Controls built into the process assisted the researcher in adhering to guidelines, policies and/or procedures of the Department, and ethical guidelines. Other controls, such as the use of various methods to assess or measure change, also assisted the process of evaluation. In addition, they indicated the effectiveness of working according to certain plans and procedures as it facilitated the documentation and interpretation of the findings.

Working with processes is time consuming. It took far longer to complete the programme than was initially envisioned. The researcher found that it required following certain processes at certain times (e.g., extensive research abroad before a research proposal was even submitted, evaluation of existing treatment programmes, compilation of a treatment programme for the unique South African context, piloting the programme

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and an on-going evaluation of the changes in the process and the rapists while implementing the programme and documenting all the results after implementing the programme). It can be seen that the development of the treatment programme was only one process while several other processes were overlapping and/or taking place in this process simultaneously.

10.4   THE SUITABILITY OF THE TWO MODELS THAT WERE UTILIZED IN THE PROCESS OF RESEARCH

The researcher found it useful to work with two models in the study as both models evaluate change on different levels.   Mink et al's (1993) Total Transformation Management Process model worked well in developing and implementing the treatment programme for incarcerated rapists as the model provides a broad but flexible and holistic framework and change on many levels could be facilitated. Brock and Salerno's (1994) Change Cycle was utilized to indicate whether change did, in fact, take place in the individual rapists while participating in the whole process. This meant that the researcher was able to work with different change processes during the whole process of research, as one process occurred within another at the same time.

The two models complemented each other and suited the researcher's frame of thinking and style. Both offered a logical as well as holistic approach. Both models also anchored each end of the two processes (see chapter 3).   On the one hand, the entire system/organization (the work-side) was dealt with, while on the other, attention was given to the human-side of the individual incarcerated rapists. This allowed the use of different assessment tools, activities and resources; could be used by an individual (the researcher) to bring about change in a small-scale effort; guided the learning needs of the rapists in an individual as well as a group context in order to examine what they were, what they are, what they would need to be and how to make the necessary changes; allowed for optimal exchange of human energy; was open and communicative, and minimized constraints created by the environment, structure, processes, policies and technology. The two models also clearly illustrated that change processes affect not only

the individual, but also the group and/or an organization. The models recognized and accepted individual differences, and allowed the rapists to work together as a group because they were solving problems by means of giving and receiving feedback, letting go of the past and working towards a better future.

Although the two models and processes used in this study are more commensurate with industrial psychology than clinical psychology, both of them combined in a unique way with psychometric evaluations, observations and other data more familiar to clinical psychology and offered a unique way to bridge the gap between these two disciplines.

Like Mink et al. (1993), the researcher agrees that change/transformation goes hand in hand with intense learning. For the rapists, learning took place on more than one level as they could examine themselves and make the necessary changes to get there, especially those who completed the whole cycle of change (Brock & Salerno, 1994). The researcher is of the opinion that some of the rapists who completed the whole cycle of change have become successful changers and will continue the change process into the future.

The researcher found that both models could be utilized effectively. This might therefore be a useful tool for other researchers to develop and/or evaluate other change processes in different circumstances. The researcher is also of the opinion that even if some changes could be considered good or bad (Brock & Salerno 1994), the models added value to this research study.

This study confirms Mink et al's (1993) as well as Brock and Salerno's (1994) findings that:

> Change is a process and not an event.
> Change can be accomplished by individuals.
> Change is a highly personal experience.
> Change involves developmental growth (emotional, intellectual and

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spiritual).

➢ Change affects thoughts, feelings and behaviour.

10.5   THE SAMPLE OF RAPISTS

This research study confirmed various perspectives on rapists and at the same time included some differences as indicated below.

Similarities between rapists:

➢ Mainly single, young adult males under the age of 30 commit rape.

➢ The absence of a father or mother, or an important role model affects socialization processes and interpersonal relationships, leading to low self-esteem and insecurity about masculinity.

➢ Anger and hostility towards women is a factor. It confirms that a bad relationship with the mother figure leads to the projection of anger and distrust of females in general. Some rapists indicated in no uncertain terms that they even had more anger against women after being arrested than before the offence.

➢ Some degree of male dominance exists in all societies.

➢ Alcohol plays an important role as more than half of the group also indicated alcohol abuse or other forms of abuse in their family homes and their own use and/or abuse of alcohol at the time of the crime.

➢ Many rapists still believe that if women say "no" to sex they are willing to have sex. Therefore "no" means "yes" to them.

➢ Rape is a violent crime and the numbers of rapists are increasing daily everywhere in the world, including South Africa. The high incidence of rape taking place also in South Africa today confirms that we might be living in a rape culture (Vogelman, 1990). This is confirmed by the increasing numbers of rapists convicted over the last 5 years.

➢ More social factors and cultural differences endorse the crime of rape, than

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other factors.

Differences, including cross-cultural comparisons:

➢ Even though most rapists generally have a low educational level, the educational level of the rapists involved in this study was exceptionally poor and limited, as was their previous emotional and/or intellectual stimulation. Some of the rapists were totally illiterate.

➢ In most Western countries, talking about sexual matters is acceptable. In African culture, talking about sexual matters, especially with females, is still taboo.

➢ In most Western countries, a common language assists in the sharing of information. In this study language difficulties increased the problem of sharing information and an additional prisoner had to be recruited as a facilitator and language interpreter during parts of the process. This made it more difficult to share information and experience.

➢ Even though women are becoming more emancipated and empowered by society, anger towards women and male dominance and power as opposed to female submission is very real in the different indigenous groups in South Africa. This was evident even though some rapists had been living in cities for a long time and exposed to Western culture.

➢ South African women, in general, are still perceived to be submissive and dependent and have a non-dominant role in society where men can do with women as they wish (Louw, 2001). Men still have more rights than women because in some societies men are dominant since they control the exchange of valued goods beyond the family group and this activity brings prestige and power.

10.6   THE IMPACT OF THE PRISON SETTING ON THE TREATMENT PROCESS

The researcher, as senior manager in the Department of Correctional Services, was able to tackle the urgent need for a treatment programme for incarcerated rapists. The researcher is of the opinion that the treatment programme will meet both the rehabilitation and treatment needs of incarcerated rapists.

The fact that the researcher was a senior manager in the Department of Correctional Services was a great asset in the positive outcome of the research as she already had credibility, knew Departmental policies and procedures, knew the system, where to go for assistance and how to obtain information. It can be assumed that if the researcher was a stranger and unfamiliar to Departmental procedures and/or policies, the research outcome might have been different. Gaining support and co-operation from top management from the start is therefore imperative because, without support and commitment from top management any new programme will fail (Mink et al., 1993). The fact that the researcher had this support gave the leverage and added advantage because when particular problems arose, they could be dealt with immediately (e.g., to retain the trust of the rapists – especially during the first two weeks of the treatment programme).

This study confirmed that to develop trust, co-operation and open communication with a client - in this instance the rapists, as well as the correctional officials on the premises - is essential (Winick, 1994). It is agreed that one of the first and essential tasks in any research project and even more so in a prison context, is the establishment of trust as trust is considered to be the basis of any therapeutical intervention and it will affect treatment outcome. If trust is not established quickly and maintained throughout, then, it is almost certain that any treatment programme or intervention will fail.

Negative and/or restrictive environments do not necessarily hamper positive outcomes. The researcher agrees that prison is perhaps not the best or ideal place to render treatment

programmes or bring about positive change, as it is a closed system, often ambiguous and paradoxical. Nevertheless, this factor should not discourage other researchers from working in a restrictive environment, since that is often the first or only place where a prisoner/rapist will be exposed to treatment possibilities. The positive findings in this study indicate that even with the barest resources (personnel, infrastructure, facilities, material, finance, etc.) it is possible to bring about constructive and positive change in a rapist provided he is willing and motivated to change and receives empathy, support and assistance from a caring therapist.

The researcher came to the conclusion that the prison environment is, indeed, a living organism/system, implying that all the persons involved in the process were affected by the treatment programme as it affected people on different levels (the rapists, the researcher and correctional officials).

Most treatment programmes are essentially preventative and aim to instil a sense of self-worth in offenders so that they can rebuild their lives in a constructive and pro-social manner. The researcher therefore agrees with Clear and Cole (1999), Guy (1991), Marshall et al. (1999) and Scutt (1990) on the importance of treatment and the difficulties of treating sexual offenders when working in a prison context. The researcher acknowledges that treatment programmes to rehabilitate or treat rapists, especially in a prison, have shortcomings and/or limited effectiveness.

Various treatment approaches have shown limited success with sexual offenders and the lessons learnt from experts in the field were utilized to develop a treatment programme for incarcerated rapists in a unique South African prison environment according to a modular approach. The researcher accepts and agrees that this is not the best or only way or model to treat sex offenders/rapists. However, it is a new way of evaluating a treatment programme, since this has not been done before in South African Correctional facilities. The researcher also acknowledges that even though the results were encouraging, the programme was done with a limited sample and more treatment programmes for sexual offenders need to be developed. These should be relevant to the

unique South African context. It should also be borne in mind that sexual offenders and rapists will always be at risk of repeating their behaviour.

10.7   CRITIQUE

The main criticism or limitation of the present study is that it was only done with a small group of nine incarcerated rapists who were first-time offenders, which could indicate that they might have a better/more positive outcome. The positive results obtained therefore might be due to the fact that they were first-time offenders and the results cannot be generalized to all incarcerated rapists, particularly not serial rapists, who might have totally different psychodynamics and/or treatment outcomes.

One prisoner who was not a rapist but a murderer was initially included in the group to primarily assist the researcher with language difficulties (see chapter 5) and his inclusion in the group might be considered a point of criticism. This prisoner was a valuable asset, however, as he not only facilitated but also translated sensitive sexual information into the rapists' own indigenous languages. The researcher is a White female, is not able to talk any indigenous language and was not aware of all the taboos. The fact that this prisoner became an active member in the group might also be considered a criticism and a variable as he was accepted by the group as a member during the process and due to his own needs was participating in the learning process. He consequently changed his own behaviour positively although his results are not included and/or discussed as they fell outside the scope of this study.

The questions that could be asked now are: How successful was the treatment programme in bringing about change? Did it achieve what it set out to achieve? Does this impact to a significant degree on the existing knowledge? The honest response to these questions is that it is too early to determine accurately how effective the treatment programme was. The researcher can confidently say that many change processes were observed. She is therefore optimistic that the participants maximized the opportunity made available to them, and left greatly different to when they started. Although insight was gained and

positive results obtained from some rapists who participated in this learning experience, there is still limited understanding of the intricacies of why men rape and what will help them not to continue with this violent and negative behaviour in future.

How stabilized the change for the rapists and the organization will be in the long term is difficult to determine.   The effect of long-lasting change fell outside the scope of this study, since its focus was limited to determining whether change took place during and after the intervention of the treatment programme.   The effect on the organization can therefore only be measured once the treatment programme is accessible to more than one group of rapists or sexual offenders in a prison context and once it is implemented more extensively. The fact that change could be accomplished in this study on a small scale is an indication that it could be done on a much wider scale.

Expectations of the ultimate success of this treatment programme need to be balanced against the fact that most researchers agree that sex offenders, especially rapists, cannot be cured, but can learn to control and take responsibility for their own offending behaviour (Cull, 1992; Evans & Gallichio, 1991; Report of the Working Group Sex Offender Treatment Review, 1990).

The way this research was done and is presented was more time consuming than an empirical method. It can therefore only be done in small groups at any particular time. Taking into account the limited human resources available in the Department of Correctional Services, particular problems in the prison/organization and planning, the future viability or similar replication of this process could be a problem and can be questioned.

The present study did not attempt to deal with the attitudes of men who do not rape women as there was no control group of non-incarcerated rapists.   The results in this study should therefore be interpreted with caution although Harmon, Owens and Dewey (1995) and others indicate that incarcerated rapists' attitudes are not necessarily different from other men's attitudes towards women.

10.8   CONCLUSION

The conclusions of the whole study indicated that the treatment programme was indeed an intense learning experience not only for the rapists but also for the researcher and others involved. The researcher pointed out and confirmed that change is learning and learning is change (Mink et al., 1993). The main results were discussed, including similarities and differences between rapists in other studies. Chapter 11 covers recommendations and strategies to implement similar studies in the future.

CHAPTER 11

RECOMMENDATIONS

11.1 INTRODUCTION

The researcher's recommendations here are based on the findings of this study and should be seen in the context of a prison environment, which is known to be controversial, complex, restrictive and not necessarily conducive to positive change.

The recommendations focus on dealing with (and possibly resolving) the main issues that were highlighted in the study and the implementation of similar programmes. The recommendations are not restricted to working in a prison environment, however, as similar processes are found in individuals, groups and organizations.

11.2 IDENTIFIED AREAS

11.2.1 Utilizing a processual approach

The researcher recommends that a processual approach be followed in more studies because it is a flexible approach, even though it is more time consuming than other approaches. This approach allows, accepts and influences many processes on different levels (e.g., in individuals, groups and organizations), is logical and holistic and will enhance transformation processes. It also easily creates an environment where everyone involved can learn from mistakes and make adjustments on the spot.

11.2.2 Creating a conducive environment where positive change can occur

The researcher recommends that a conducive and supportive environment be utilized as it creates an atmosphere for positive change to occur. As indicated, the researcher worked in an old, unused, and barren facility in the prison environment. The researcher is of the

opinion that the provision of an environmentally friendly environment will facilitate and enhance positive changes as it shows respect. The commitment by the Department to assist in accomplishing this goal is needed for such an environment where treatment programmes can be presented to prisoners.

11.2.3 Focus on humane treatment to facilitate positive change

The role of the therapist in any context is very important and even more so in a prison context.   Therefore therapists who work with rapists/sex offenders must not be judgmental or punitive and should be comfortable with all aspects of sexuality, especially their own sexuality (Prendergast, 1991).   Rapists and sexual offenders are not "monsters" or "victims" (Marshall, 1996, p. 317) and should not be treated as such. The researcher therefore recommends that therapists not only focus on treatment processes but also on optimising characteristics that facilitate the effectiveness of procedures, have respect for clients, display compassion and empathy, and convey a belief in the redeemable nature of all people, including sexual offenders.

11.2.4 Develop and/or adjust treatment programmes for a South African context

Where possible and if available, treatment programmes from Western counterparts should be obtained, carefully evaluated and adapted for use in South African circumstances. They should not be utilized just as they are. Researchers are encouraged to be creative and innovative and to develop indigenous treatment programmes that deal with South African problems in a unique way.

11.2.5 Awareness and management of diversity

Professionals such as psychologists and social workers should take note that many South African citizens and especially rapists/sexual offenders in general have been disadvantaged in the past, have serious intellectual and emotional disadvantages, lack social skills and have diverse cultural beliefs, customs and taboos which need to be dealt

with and taken into consideration. Treatment programmes for prisoners must therefore be adapted and developed for the unique South African circumstances to make provision for the disadvantages and/or constraints of the past and meet the personal and social needs of prisoners.

Language diversity and language difficulties must be overcome in new and creative ways. The researcher recommends the use of a facilitator (e.g., a prisoner or correctional official as a translator) when working with diverse language groups and/or persons from different cultures, as sufficient resources are and will remain to a problem in the near future.

Different views and customs regarding sex and sexuality must be also be noted when treatment programmes for rapists and/or sexual offenders are developed, as there are still many taboos in our urban and rural indigenous populations. Sexual aspects and sexuality can only be discussed after a good and trusting relationship has been built up with clients and where therapists are comfortable with their own sexuality, preferences and values. Issues and facts should be discussed with sensitivity and cognisance should be taken of different values, customs and beliefs. Researchers should not impose their own cosmologies and/or points of view as there are many different group and individual cosmologies and world-views. They should not try and change this, but accept this as a reality and try and gain more knowledge and experience from clients and share knowledge and fears. Only then will researchers be able to learn from others and facilitate a positive/relevant learning experience.

Researchers should also take cognisance of the many differences between urban and rural areas in South Africa. This study found that even though persons from urban areas claim to be Westernised, some rapists still firmly believed in their traditional customs. The rapists from rural areas were found to be very traditional and have strong beliefs. In a similar situation, some might not be able to share or might be less willing to share or take in new information, which might be in direct conflict with their beliefs. This might be considered a stumbling block in therapy, but if different beliefs and customs are accepted

and shared, it widens possibilities and the learning experiences of all involved. Only after sharing information in an open and trusting environment will it become the responsibility of the individuals to test or not test newly acquired information against the backdrop of their beliefs.

11.2.6 Register a need for more African researchers

More African researchers need to be trained to work with persons/prisoners in general from their own cultural background. Persons/prisoners will then have the advantage of being able to understand the language and might feel more comfortable about sharing information regarding sensitive issues (e.g., sexual customs and/or beliefs).

11.2.7 Awareness of the impact of equity and the changing role of women in the community on men

Within the community the changing role and social status of men and women is a problem area that needs serious and urgent attention.   In this study the rapists regarded the current shifting and more prominent/dominant role of women, affirmative action policies and so on, as a real threat to their masculinity as they have insecurities about their masculinity, self-esteem, and role. New programmes should therefore be devised for men and women to empower them and allow them to take cognisance of the shifting roles of men and women and to understand the needs of both groups.

11.2.8 Follow a holistic and flexible treatment approach

The researcher followed a holistic and eclectic approach and therefore recommends that other researchers who wish to develop treatment programmes for rapists or other sexual offenders also follow a similar approach. The findings from this study confirm that a combination of holistic, cognitive-behavioural and psychodynamic approaches in the rendering of treatment programmes for rapists/sexual offenders is the best method (Marshall et al., 1999). Marshall et al. (1999) found that these methods are the most

appropriate, have positive and long-lasting affects, enhance strengths and deal with personal as well as social issues.

11.2.9 Expansion of the developed treatment programme to all sentenced prisoners

As mainstream psychotherapy or traditional psychotherapy is very difficult and not within the reach of all prisoners (including rapists) in correctional facilities, it is suggested that this treatment programme be made available and utilized in as many correctional facilities in the Department of Correctional Services as possible for all prisoners, rapists and/or other sexual offenders. The rapists in this study also recommended that this treatment programme be made available and utilized not only for rapists, but also with other sexual offenders, particularly young and/or first-time offenders. The reason for this is that the treatment programme deals with many aspects, namely cognitive thinking, exploring emotions, anger management, sex education, use of leisure, violence against women, AIDS awareness, substance abuse, victim empathy, stress management and relapse prevention in very simple but effective modules. Because this treatment programme is flexible, the researcher also suggests that this treatment programme be utilized in various formats, for instance:

> - as a total package in an intensive six-week course
> - on a modular basis (e.g., one module per week)
> - in combination with other treatment programmes (e.g., other life skills, family therapy, etc).

11.2.10 Provide training for departmental professionals to utilize this programme

It is recommended that all psychologists and social workers in the Department of Correctional Services be trained to utilize this treatment programme.

11.2.11 Communicate the results to the criminal justice system and the community

The Criminal Justice System and the community need to take note of the findings of this study. It is also recommended that legal advice should be more easily available and accessible to persons who do not have the financial means for legal advice. There seems to be a need for such assistance.

11.2.12 Conduct more research on sexual offenders and replicate this project

More research must be conducted on prisoners and/or groups of incarcerated rapists to test the treatment efficacy. The researcher also recommends a replication study of the treatment programme especially for repeat and/or serial rapists in order to see whether there are differences between first-time rapists and/or repeat rapists.

11.3   THE VALUE OF THIS RESEARCH

The processual approach followed in this study added objective and scientific value and uniqueness to the existing body of knowledge. The researcher is of the opinion that the different models and processes utilized successfully bridged the gap between the industrial and clinical psychological field and expects that it will motivate, inspire and assist other researchers to follow a similar approach in future.

11.4   CONCLUSION

The recommendations made in this chapter apply not only to the Department of Correctional Services, but to other organizations or situations as well.

It is the researcher's hope that this study will lead to the development of more treatment programmes for incarcerated rapists and other sexual offenders for future utilization in the Department of Correctional Services, will increase knowledge and expertise on the

subject of rapists, and will stimulate further research and interest in this field.

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APPENDIX

APPENDIX 1

INFORMATION FOR ALL PARTICIPANTS WHO ARE INVOLVED IN THE TREATMENT PROGRAMME FOR RAPISTS IN THE DEPARTMENT OF CORRECTIONAL SERVICES

The treatment programme for rapists is a departmental research study, which is conducted by Ms Lorinda Bergh, Director of Psychological Services in the Department of Correctional Services.

The aim of the research is to compile a treatment programme for incarcerated rapists and/or other sexual offenders.

You have been selected to take part according to your crime and sentence of imprisonment. Your participation is voluntary. Although participation is voluntary, you will be requested to sign a contract with the researcher in which you commit yourself to take part in the whole research project. This is part of taking responsibility for yourself and of others.

You will be requested to do psychometric testing in December 1997 before the treatment programme of six weeks and again in March 1998 after the treatment programme has been finalized.

The researcher intends to see if the treatment programme will be able to

- Identify and challenge those negative thinking patterns which have led to the crime
- Develop personal and interpersonal skills
- Identify high risk situations for the offender in future
- Increase the ability to take responsibility for own offending behaviour in the future

Ms Bergh and Ms Bekker will be the psychologists who will do all the interviews and psychometric testing. They will also give you feedback on the results after the programme has been finalized.

All information about every offender will be regarded as highly confidential and all results will be managed anonymously in the research outcome. This will safeguard your identity.

Your assistance in this valuable research is highly appreciated since your availability and participation will help Ms Bergh and other professionals, to understand your specific problems and needs. It will assist her to compile a structured programme for rapists and/or other rapists or sex offenders in prison.

APPENDIX 2

RESEARCH AGREEMENT/CONTRACT WITH MS L BERGH

I,... hereby agree to voluntarily participate in the departmental research project, which will be undertaken by Ms L Bergh, Director of Psychological Services of the Department of Correctional Services, and entitled "Treatment Programme for rapists in South African prisons".

I agree to actively take part in the group for the next few weeks. I will co-operate with the necessary research by means of answering questions, filling in forms, doing psychometric tests, taking part in evaluations, videos and/or other tasks requested of me, to the best of my ability.

On the understanding that my personal interviews and/or feedback will remain confidential and my identity will at all times remain anonymous, I agree that information supplied to Ms Bergh may be used to further the aim of the study in question. Therefore, any recommendations and/or observations consequent to such research may be made available for publication.

I acknowledge that this contract is entered into by me in my full and sound mind and that my consent is therefore informed.

Offender: ....
        Signed
        Date:

Therapist:...........................
        Signed
        Date:

APPENDIX 3

CONSENT FORM: PHOTOGRAPHS AND VIDEO RECORDING

I,...No..
hereby give permission and voluntary consent to participate in the video recording,
which forms part of the proposed treatment programme for rapists. I give permission
to be photographed and understand that my face will be masked in order to protect my
identity for any broadcasting purposes.

Signed:
....Date:....................................

Signed...Date: 1998-01-27
L B Bergh

APPENDIX 4

CONFIDENTIAL

BIOGRAPHICAL QUESTIONNAIRE

NAME:

HOME LANGUAGE:

OFFENCE:

SENTENCE:

DATE:

AGE OF OFFENDER	Mark with an X
16-18 years	
19-24 years	
25-34 years	
35-44 years	
45-54 years	
55 + years	

MARITAL STATUS OF OFFENDER	Mark with an X
Single	
Married	
Divorced	
Living together	

LEVEL OF EDUCATION OF OFFENDER	Mark with an X
No formal school education	
Grade 1 to Std 1	
Std 1 - Std 2	
Std 2 - Std 5	
Std 5 - Std 7	
Std 8 - Std 10	
Diploma or University degree	
Postgraduate training	

ORDER WITH REGARD TO SIBLINGS (BROTHERS AND SISTERS)	Mark with an X
Only child	
First child (if more than one child in the family)	
Eldest child (if more than one child in the family)	

NUMBER OF SIBLINGS (BROTHERS AND SISTERS) IN THE FAMILY	Mark with an X
1 Child	
2 Children	
3 Children	
4 Children	
More than 4 children	

SOCIO-ECONOMIC STATUS OF THE FAMILY	Mark with an X
Family income more than R10, 000 per month)	
Family income between R2, 000 and R10, 000 per month)	
Family income less than R2, 000 per month	
Family receiving a pension or no income at all	

ABUSIVE PATTERNS IN THE FAMILY	Mark with an X
Alcohol misuse/abuse by parent(s)	
Drug misuse/abuse by parent(s)	
Sexual abuse of the offender by a parent(s)	
Physical abuse of other child(ren) in the family	
Physical abuse of a parent by the other parent	

DID OFFENDER EXPERIENCE ANY OF THE FOLLOWING TRAUMATIC EXPERIENCES DURING CHILDHOOD	Mark with an X
Sexual abuse by somebody outside the family (i.e. uncle, brother, mother)	
Absence of father	
Absence of mother	
Death of mother	
Death of father	

PREVIOUS CONVICTIONS	Mark with an X
No previous convictions	
Rape	
Other sexual offence	
Aggressive crimes (i.e. assault, murder)	
Economic crimes (i.e. fraud, theft)	
Other	

USE OF DRUGS OR ALCOHOL DURING CRIME	Mark with an X
Alcohol	
Drugs	

WAS THE RAPE COMMITTED	Mark with an X
Alone	
With one other person	
With more than two persons	
Gang rape (more than 2 persons)	

USE OF FORCE	Mark with an X
Hands alone	
Knife	
Gun	
Other objects (broken bottle, brick, etc)	

RELATIONSHIP TO VICTIM	Mark with an X
No previous contact	
Love relationship	
Past love relationship	
Acquaintance	
Revenge act	

AGE OF VICTIM	Mark with an X
Younger than 10 years	
Between 10 and 15 years	
Between 16 and 20 years	
Between 21 and 30 year	
Between 30 and 40 years	
Older than 40 years	

APPENDIX 5

ATTITUDE TOWARDS WOMEN QUESTIONNAIRE

STATEMENT	YES	NO
Women offer initial resistance but later give in and enjoy forced sexual intercourse		
Women do not mean it when they refuse to have sexual intercourse		
Women can never be trusted		
Men should dominate women		
Sometimes women agree to intercourse and afterwards allege rape		
Manhood is proved by sleeping with a woman		
It is important for a man to show that he is physically stronger than a woman		
Women enjoy rough sex		
Women want to be raped		
I hate women		
I enjoy women to have pain during intercourse		
I usually have a normal sex life		
Women deserve to be raped		

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