Te Puna Aonui

WHAT WORKS:

Responses to people who have used sexual violence

Acknowledgements: We are grateful to Dr Gwenda Willis from the University of Auckland, and Merryck Anderson and Elizabeth Waddington from WellStop, for their insightful feedback on a draft of this paper.

Suggested Citation: Te Puna Aonui (2024). *What Works: Responses to People who have used Sexual Violence*. Wellington, New Zealand.

ISBN: 978-1-7386175-2-4

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Executive summary

Evidence suggests treatment can reduce sexual violence

International and local evidence shows that specialised treatment tends to reduce sexual violence compared to no treatment, but this is variable across programme characteristics and evaluation methodologies, and further research is required to strengthen the evidence-base.

The existing evidence suggests that effective treatment:

- is proportionate to risk level
- targets sexual violence risk factors (e.g., attitudes, self-regulation, sexual interests)
- uses evidence-based (e.g., cognitive-behavioural) techniques to change behaviour and offence-supportive cognitions
- is tailored to the needs of participants – e.g., Multi-Systemic Therapy for youth, adapted for cognitive disability, using principles of trauma-informed care
- is tailored to the needs of cultural groups - e.g., conceptualisations of sexual violence, collective and holistic approaches, Māori and Pacific values, concepts, and processes
- is delivered in groups, or has a group component
- is delivered by trained and supported staff who build strong therapeutic relationships
- is engaging and motivating, with high rates of completion – e.g., strength-based approaches.

Social support and individualised risk management can support desistance[1]

Stable and prosocial family and community support can reduce risk of sexual violence, depending on relationship quality and whether they provide practical and emotional support, and prosocial accountability. Community members' attitudes towards people who have committed sexual offences can be a barrier to successful desistance, as negative attitudes can create stress and heightened risk.

For people in prison for sexual violence, comprehensive release planning is critical for successful community re-entry. Risk should be assessed by well trained and supported staff, using validated tools. While individualised risk management can support desistance, international research shows blanket residence restrictions, community notification, and public registration are ineffective. Unfortunately, these can increase risk through blocking access to supports and opportunities (e.g., employment, accommodation), increasing stigmatisation, and creating misconceptions about sexual violence.

Summary – Investment in evidence-based approaches and evaluation

To achieve long term desistance from sexual violence, people need to develop motivation and capacity for healthy sexual relationships with consenting adults. They also need supportive relationships to keep them accountable and provide opportunities to meet their needs in prosocial and healthy ways. Evidence suggests the following priorities for responses to people who have used sexual violence.

- Increasing evidence-based treatment, including workforce development,
- Educating supporters and the public about sexual violence risk and how they can support desistance,
- Evidence-based, individualised, restorative, rehabilitative, and non-restrictive risk management strategies, and
- Evaluation of all interventions, using high quality and mixed methodologies, focussed on what works for different groups.

[1] Desistance is defined as the act or on-going process from offending, through to ceasing offending permanently. It often includes some false stops or behavioural relapses, where the person may reoffend or use similar behaviours, before stopping altogether.

Introduction – Definitions and scope

What is sexual violence?

> Sexual violence is any sexual behaviour towards another person without that person's freely given and informed consent, or where they are unable to provide consent (e.g., children, vulnerable or intoxicated adults).

It can also be known as sexual abuse, sexual harm, mahi tūkino, sexual harassment, or sexual assault.

Māori scholars have further defined sexual violence as an attack on a person's whole being, including their tapu (sacredness), mana (status, dignity), and impacting upon their wider whakapapa (genealogical) relationships, including future generations (Pihama et al., 2016). For Māori, all forms of violence are linked with colonisation and historical trauma, and the solutions will come from Māori knowledge and ways to support collective healing within whānau and communities (Pihama et al., 2016).

Sexual violence includes a range of behaviours, including contact offences such as rape or sexual assault against adults or children (within families, existing relationships, or strangers), and non-contact offences such as indecent exposure, verbal threats of sexual harm, and online offences such as sharing or accessing child sexual exploitation material.

The Sexual Violence Legislation Act 2021 provides the legal framework and definitions.

To understand some common misconceptions about sexual violence, see "Sexual assault myths and facts page".

This paper summarises what is currently known about stopping sexual violence

> The purpose of this paper is to inform investment into responses to people who use sexual violence and the development of services for this population, by providing high level insight into the sorts of interventions which have the most success in reducing sexual violence.

It does not provide an exhaustive summary of all interventions, rather an overview of the types of interventions which are most likely to contribute to the elimination of sexual violence.

This paper summarises the existing research, both internationally and in Aotearoa New Zealand, on what works to prevent further sexual violence by adults and youth who are known to have used sexual violence and have received an intervention (e.g., Justice or other services). This includes treatment with individuals, and the relationships (formal and informal) that promote desistance, initiatives that target communities, and society-level interventions, including justice system responses. This paper does not include primary prevention, early interventions with children displaying harmful sexual behaviour, people who have used sexual violence and this has not been detected, or responses to victims of sexual violence.

It is acknowledged that the research base and interventions are largely based on practice in North America and Europe. Where local interventions and research have included Māori approaches and content, this is highlighted.

> However, more research is required to explore what works for Māori and Pacific peoples and there is a wealth of indigenous knowledge not captured here, which should be used to inform responses to people who use sexual violence in Aotearoa New Zealand[2].

[2] For a discussion on indigenous perspectives on sexual violence and some of the issues with importing Western approaches, see Tamatea, Tolliday, and Greer (2016) - Culture, Indigenous Peoples and Sexual Harm: Practice and Research Issues.

Prevalence of sexual violence in Aotearoa New Zealand

Victimisation: Sexual violence causes significant social harm internationally and here in Aotearoa New Zealand, where five years of victimisation surveys have found that one in four adults have experienced sexual assault in their lifetime (Ministry of Justice, 2024), with women, Māori, young people, disabled people, and LGBTQIA+ communities being disproportionately affected (Fanslow & McIntosh, 2023; Ministry of Justice, 2023).

Perpetration: The prevalence of sexual violence perpetration in the general population in Aotearoa New Zealand is unknown, but international studies have found relatively high levels of self-reported sexual violence (e.g., 30% to 63% of US community and college men across studies; Widman et al., 2013; In Australia 9.4% of men self-reported sexual violence against children under 18 years old; Salter et al., 2023).

In terms of detected sexual violence, there were 18,371 sexual assault (and related offences) proceedings by New Zealand Police from 2014 to 2024 (New Zealand Police, 2024), those perpetrating were mainly male (97.1%), young (48.7% aged 15-34, with rates steadily declining as age increases), and European (45.5%) or Māori (27.9%).

Research has found that around 15% of detected sexual offences in Aotearoa New Zealand are committed by youth (i.e., under 18 years old; Ministry of Justice, 2009; NZ Police, 2018). This is comparable to international rates but does not account for a significant amount of undetected sexual violence by youth and children, particularly where it happens within families.

one in four adults have experienced sexual assault in their lifetime

18,371

sexual assault (and related offences) proceedings by New Zealand Police from 2014 to 2024

those perpetrating were mainly male

97.1%

Relationship with victim-survivor: According to the New Zealand Crime and Victimisation Survey, of the sexual assaults experienced by adults in the past 12 months, most was from a known person (63%), including around 26% from family members, with most of these (21% overall) being from intimate partners or ex partners (Ministry of Justice, 2022).

The 2019 New Zealand Family Violence study reported on non-partner perpetrated sexual violence, which was experienced by 8% of women and 2% of men. Of these women, 32% experienced sexual violence by people they don't know, 25% by friends or neighbours, and 98% of sexual violence towards women was perpetrated by males (Fanslow & McIntosh, 2023). Most non-partner sexual violence experienced by men was from strangers or others (38%), friends or neighbours (35%), or from people at school or work (18%), 70% of perpetrators of sexual violence against men were males (Fanslow & McIntosh, 2023).

Reoffending: A relatively small proportion of people convicted for sexual violence in Aotearoa New Zealand are reconvicted within two years of release from prison (e.g., 5.6% reimprisoned, 9.3% resentenced) or starting a community sentence (e.g., 2.6% imprisoned, 5% resentenced; Department of Corrections, 2023). Note that these reconvictions are not necessarily for sexual violence, people who have committed sexual offences are more likely to commit a general reoffence (Beggs & Grace, 2011).

Given that the detection of sexual violence has a low base rate, it is recommended that sexual reoffending is measured for at least five years following sentencing. An Aotearoa New Zealand study found that rates of sexual reoffending after imprisonment for a sexual offence were 9% at 5-year follow up, 16% at 10 years, and 20% at 15 years (Skelton et al., 2006).

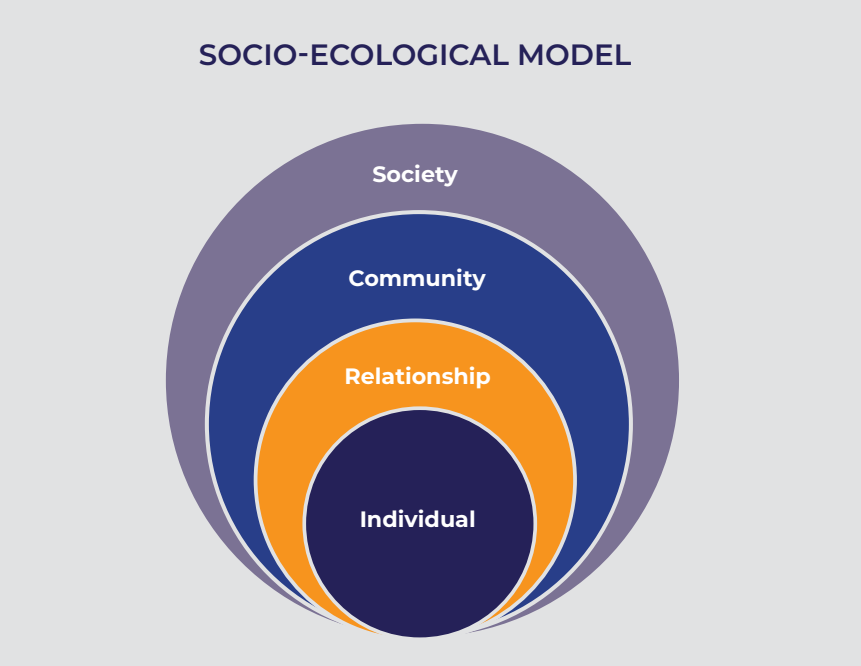
> **Under-reporting:** Unlike victimisation surveys, perpetration and reoffending rates are only based on offences that have been reported. It is estimated that only 6.6% of sexual violence is reported to NZ Police (Ministry of Justice, 2023).

Why do people use sexual violence?

As described above, sexual violence includes a range of behaviours, by a diverse group of people, towards different groups of people (e.g., ages, genders, relationships).

> Therefore, it is difficult to determine the specific factors that contribute to sexual violence and there will never be a 'one size fits all' solution, but there are common risk factors which can be changed through interventions.

The factors that contribute to someone using sexual violence can be explained using a social-ecological model: People exist within, and are shaped by, historical, socio-cultural, and systemic factors, and their relationships with others.



Vulnerabilities across socio-ecological levels

At the individual level, numerous theories and typologies aim to explain the development of risk for sexual violence, the motivation to engage in this behaviour, and the offence process. Across these theories, there are four domains of risk which are considered *psychologically meaningful* (i.e., they likely influence behaviour and have a strong statistical association with sexual violence):

- attitudes that support sexual violence, for example, hostility towards women, entitlement, beliefs about children and sex
- interpersonal skill deficits, including communication, intimacy, empathy
- problems with self-regulation, including coping with emotions, impulse control, problem-solving, use of substances
- sexual functioning, including offence-supportive sexual interests, sexual preoccupation, use of sex to cope with emotions.

These factors develop throughout the life course, through social learning, trauma experiences (e.g., sexual and physical abuse), and behavioural reinforcement. Together they influence the likelihood of sexual violence, with some factors being more relevant for certain individuals and in certain situations.

They represent maladaptive traits or capacities which are lacking, and they interfere with normal or healthy goal attainment, at times contributing to the use of sexual violence in an attempt to meet a range of needs (e.g., power, control, intimacy, pleasure).

> Contrary to popular belief, people who use sexual violence, including those who offend against children, do not necessarily have harmful sexual interests (e.g., attraction towards children or violent/coercive sex). Conversely, there are people who have harmful sexual interests who do not commit sexual offences.

Seto (2004) estimated (based on the available research) that, for people who have sexually abused children, the prevalence of 'paedophilic sexual interests' (defined as a persistent sexual interest in prepubescent children) is approximately 30% for adolescents and 40 to 50% for adults. More recent research into child sex offences (CSO) further highlights that, "only half of all cases of CSO are motivated by paedophilic preference, and a paedophilic preference does not necessarily lead to CSO" (Gerwinn et al., 2018, p74).

Further, while these individual vulnerabilities increase the likelihood of a person using sexual violence, there are particular features of environments and situations that can increase or decrease risk of sexual violence at any given time (e.g., lack of supervision, access to potential victims, private and poorly lit spaces, availability of substances, settings that perpetuate power imbalances and silence victims).

> In addition to targeting individual vulnerabilities or risk factors, it is important to address environmental or situational factors that enable sexual violence (McKillop et al., 2018).

Importantly, all of these individual vulnerabilities are changeable or manageable, so they are suitable targets for interventions aiming to reduce sexual violence. If individual vulnerabilities are shifted from risks to strengths, the person has increased their internal capacity to stop using sexual violence and instead meet their needs in ways that don't harm others. Similarly, social and physical environments can be altered so that they don't support sexual violence.

Responses to people who use sexual violence

It is important to note here, that what we know about reducing sexual violence is largely based on people who come into contact with the criminal justice system for their use of sexual violence. As noted above, this is a small minority of all people who engage in sexual violence behaviours. There are three ways the criminal justice system responds to people who use sexual violence:

1. **Punishment and deterrence** – e.g., prison, other sentences and restrictions
2. **Rehabilitation** – e.g., treatment, social reintegration, other interventions
3. **Monitoring and restrictions** – e.g., probation/parole (including extended supervision orders, public protection orders, and increased surveillance for higher risk individuals), risk assessment and management, registration, community notification, residence restrictions.

In general, prison has not been found to reduce crime, with research suggesting that it can increase risk of further offending (Clear, 2007; Cullen et al., 2011; Gendreau et al., 1999). There is no reason to believe that this would be any different for sexual violence, especially when we consider the impact of imprisonment on a person's access to social support and other protective factors.

The other responses listed above will be described in the following sections and the evidence for their effectiveness in reducing sexual violence will be explored, with reference to local and international research.

The effectiveness of treatment for sexual violence

There is a significant amount of international research, and a smaller amount of local research, concerning sexual violence treatment outcomes. Researchers have reviewed the available literature to summarise 1) the effectiveness of treatment overall, and 2) the types of treatment which have the greatest success in reducing sexual violence.

It is important to note that the available research suffers from several methodological issues and challenges, which impact on our level of confidence in their findings (see appendix A for more detail).

Evidence suggests that treatment can reduce sexual violence

There has been much debate about whether treatment is effective in reducing sexual violence, with some studies finding that some programmes can increase risk.

> However, *evidence-based* programmes show moderate effectiveness at reducing sexual violence, compared to no treatment.

For example, Gannon et al. (2019) found 32.6% reduction in sexual recidivism across 70 treatment outcome studies, and Holper et al. (2024) found 31.8% reduction in sexual recidivism across 37 studies, compared to untreated controls.

It is important to note that most of the treatment outcome studies included in these reviews are from international programmes and treatment in Aotearoa New Zealand has largely been developed in line with the international evidence. There has been some research into treatment outcomes here in Aotearoa New Zealand, with positive results. But overall, there has been a lack of investment into developing a local evidence-base, including Māori and Pacific approaches to reducing sexual violence.

Characteristics of effective treatment for adult males who use sexual violence

All treatment is not equal. Programmes vary in their content and delivery, with some being more effective than others. Evidence-based treatment (for general offending and sexual violence specifically) adheres to the Risk-Need-Responsivity Model (RNR; Bonta & Andrews, 2016):

RISK-NEED-RESPONSIVITY (RNR) MODEL

Risk Principle – Treatment dosage should be proportionate to level of risk (according to a valid risk assessment tool), be primarily delivered to medium and high risk, and avoid mixing risk levels within treatment groups.

Need Principle – Treatment should predominantly target a range of empirically supported risk factors which are changeable (known as 'criminogenic needs' – e.g., specific factors within the four domains of risk above).

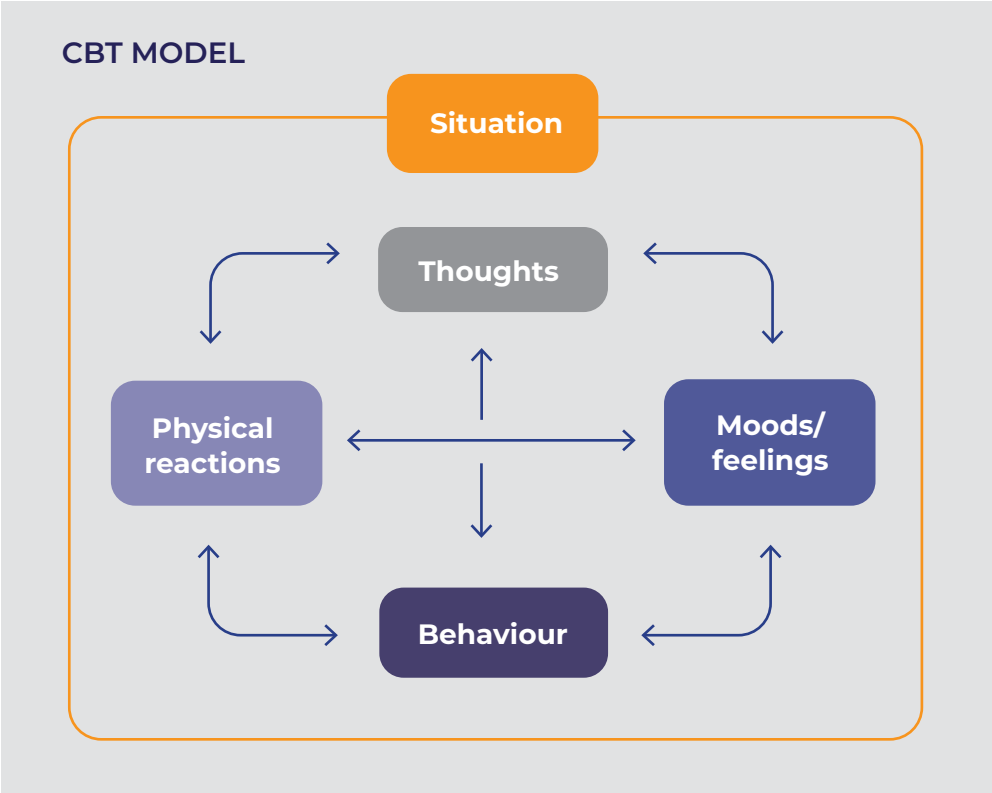
General Responsivity Principle – Treatment should align with the evidence concerning which techniques are most effective, such as cognitive-behavioural and social learning approaches.

Specific Responsivity Principle – Treatment should be delivered in ways that are responsive to participants' needs in relation to: culture, gender, age, level of motivation, cognitive abilities, mental health, trauma histories, etc. Complementary approaches may address barriers to treatment engagement and progress (e.g., mental and physical health, literacy, trauma, substance use).

PRINCIPLE	FINDINGS FROM INTERNATIONAL META-ANALYSES AND REVIEWS	REFERENCES
Risk	Higher risk individuals benefit more from treatment, whereas treatment for lower risk can increase risk or waste resources. Caution – Varied results and may depend on tool used (should include dynamic risk), some research has found that treatment with low-risk groups can reduce rates of non-sexual recidivism.	Hanson et al. 2009; Holper et al, 2024; Makarios et al., 204; Shmucker & Lösel, 2017 Grady et al., 2017; Olver et al., 2020
Need	Majority of treatment targets are empirically supported risk factors – more effective. Arousal reconditioning included within programmes (for adults) to address sexual domain of risk – more effective. Specialised sexual offending programmes significantly decrease sexual recidivism by 34%, but non-specialised non-significantly increased sexual recidivism by 86%.	Hanson et al., 2009 Gannon et al., 2019 Holper et al., 2024
General responsivity	Cognitive-behavioural treatment or programmes run by prosocial therapist with 'firm but fair' style are significantly more effective than other psychological interventions.	Hanson et al., 2009; Shmucker & Lösel, 2017; Harrison et al., 2020
Specific responsivity	Programmes are more effective when they are responsive to the needs of participants, rather than a 'one size fits all' approach. Treatment matched to learning style of participants is significantly more effective. Risk assessment and treatment should account for cultural differences, and individual criminogenic needs.	Shmucker & Lösel, 2017 Hanson et al., 2009 Stams, 2015

Programme content and delivery

In line with the general responsivity principle, cognitive-behavioural techniques are used to shift risk factors to strengths or manage their influence on behaviour. These techniques include skill development and practice (i.e., role play), psychoeducation, challenging attitudes which support sexual violence, increasing self-regulation skills (e.g., coping with emotions, controlling impulses, addressing substance abuse), developing interest in and capacity for healthy intimate and sexual relationships with consenting adults (e.g., sexual arousal conditioning), and managing harmful sexual interests.



In order to address individuals' specific risk factors, both personal and contextual, programmes often include 'safety planning', which involves identifying and planning to manage high risk situations (e.g., people, emotions, thoughts, triggering events) in the future. Treatment is tailored towards factors that are relevant for the individual's offending, rather than a 'one size fits all' approach. Treatment is typically group-based, to allow for skills practice (i.e., role play) and feedback between group members.

Alongside risk reduction, programmes for sexual violence often incorporate strength-based approaches, such as the Good Lives Model (GLM; Ward & Stewart, 2003). The GLM is used alongside the RNR model and has dual aims of risk reduction and increasing wellbeing, through supporting participants to meet a range of needs (e.g., relationships, achievement, emotional wellbeing, pleasure) in healthy and prosocial ways. Research has shown that the use of the GLM and its core concepts can enhance treatment engagement and motivation to change, reduce drop out, and contributes to reductions in risk, increases in protective factors and strengths, and reductions in sexual reoffending (Heffernan & Ward, 2019; Willis & Ward, 2024).[3]

Practitioners – Knowledge, skills, and qualities

Evidence-based programmes are typically delivered by one or two well trained practitioners (i.e., psychologists or similar). It is important that practitioners delivering programmes are trained in evidence-based techniques and supported with quality supervision to develop and maintain a high standard of practice (Gannon et al., 2019). They must have a deep understanding of the factors that contribute to sexual violence, the principles of effective rehabilitation, and the desistance process. In order to work in a responsive way, they must be able to tailor their approach to the different cultural groups and intersecting identities of those they work with. In Aotearoa New Zealand, this includes knowledge about the historical context, the impacts of colonisation, and cultural awareness and safety.

EFFECTIVE PRACTITIONERS ARE:

Warm, non-judgmental, and encouraging

They convey hope and a belief that people can change.

They demonstrate empathy and a respect for the autonomy of the people they work with

[3] For an overview of the content and delivery of a high intensity prison-based treatment programme for people who have sexually abused children, see Bakker, Hudson, Wales, and Riley (1998) - And there was light... Evaluating the Kia Marama Treatment Programme for New Zealand Sex Offenders Against Children.

CHARACTERISTIC	FINDINGS FROM INTERNATIONAL META-ANALYSES AND REVIEWS	REFERENCES
Programme completion and engagement	Those who do not complete treatment are at higher risk of recidivism than completers and untreated controls. Strength-based approaches (e.g., GLM; Ward & Stewart, 2003) can increase engagement and decrease drop out.	Hanson & Bussiere, 1998, Hanson et al., 2002 Heffernan & Ward, 2019
Therapist training and characteristics	Treatment effectiveness improved when there was consistent hands-on input from a qualified registered psychologist and facilitating staff were provided with clinical supervision. Empathy, warmth, directiveness, rewarding behaviours, and encouraging engagement are associated with progress in areas of risk – e.g., perspective taking, coping skills, relationship difficulties.	Gannon et al., 2019 Marshall et al., 2002; Marshall & Marshall, 2015
Community-based rather than prison	Treatment in the community is generally more effective than programmes based in prisons. Treatment in prisons can also be effective.	Kim et al., 2009 Schmucker & Lösel, 2008 Gannon et al., 2019
Mixed or group treatment	Programmes are more effective when they include both group and individual sessions, or just group sessions.	Schmucker & Lösel, 2008 Ware, et al., 2009

> In terms of personal qualities, effective practitioners are warm, non-judgmental, and encouraging (Marshall & Marshall, 2015); they convey hope and a belief that people can change. They demonstrate empathy and a respect for the autonomy of the people they work with (e.g., using strength-based and trauma-informed approaches and avoiding labelling and stigmatising).

Effective practitioners are skilled at collaboration, both with people engaging in treatment, whānau, and other agencies who can support rehabilitation and desistance. They are able to develop a strong therapeutic alliance with people who use sexual violence, regularly engage in self-reflection, and maintain clear professional boundaries. They are also directive (Bonta & Andrews, 2016), meaning that they reward progress towards goals and avoid colluding with offence-supportive thinking (e.g., justifications, minimisations, victim-blaming).

Pharmacological treatment can be effective but is ethically problematic

Pharmacological interventions, such as chemical (or in rare cases medical) castration or hormonal treatment, can be effective in reducing sexual violence (Kim et al., 2016). However, there are ethical issues associated with their use (Kim et al., 2016), which means that individuals need to volunteer or consent to this type of intervention. This makes it difficult to determine whether the reductions in sexual violence are due to motivation of those who volunteer, or the intervention.

> Pharmacological interventions should not be considered a necessary or desirable solution for most people who use sexual violence. It is also worth reiterating here that sexual drive or harmful sexual attraction is not necessary for sexual violence to occur, as people use sexual violence in the absence of these factors.

Tailored and multi-systemic treatment is most effective for youth

> In line with the responsivity principle, programmes for youth are adapted for their age-specific needs, considering their level of cognitive and sexual development, learning styles, and the importance of relationships with peers and family.

Compared to adults, treatment with youth often includes more family involvement and the addition of wraparound support and activities, such as 'experiential learning' or 'wilderness therapy'. Programmes for youth also need to be responsive to online behaviour (e.g., access to pornography and social media) and the language used by practitioners needs to be appropriate to developmental stage and aligned with the language used by young people.

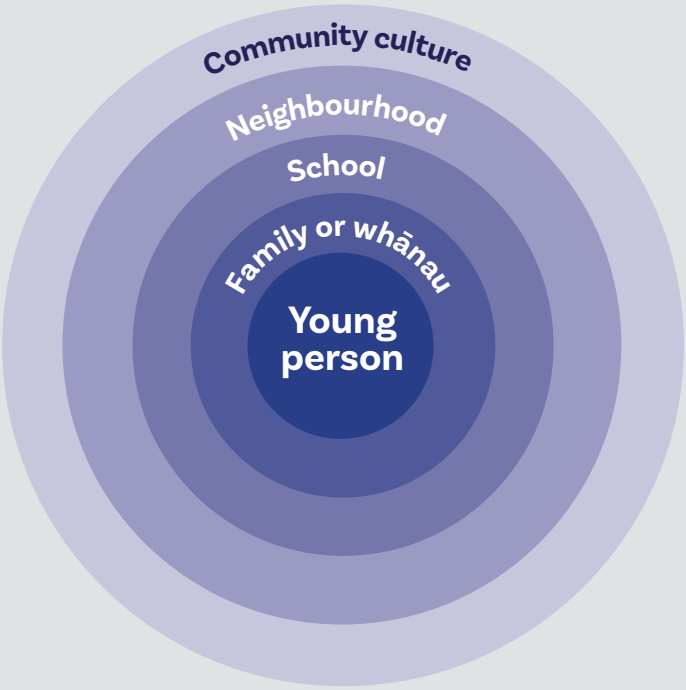
Kim et al. (2016) found that interventions were more effective with youth (24% reduction, almost 3.8 times more than adults), possibly because they are still developing their attitudes and preferences and are more amenable to change. Whereas others have concluded that there is little quality evidence to suggest that sexual offence-specific treatment is effective for youth, compared with general youth offending treatment (Kettrey & Lipsey, 2018).

Most youth who use sexual violence have much in common with youth who offend generally, many have also committed non-sexual offences (Ryan et al., 1996), and only a small proportion exclusively use sexual violence (Pullman & Seto, 2012). This suggests that offence-specific treatment may be less important for youth than adults. However, youth who only use sexual violence and do not commit other crimes may have risk factors unique to sexual violence which should be addressed.

As with programmes for adults, research has found that treatment adhering to the RNR model is most effective for reducing recidivism in youth generally (Koehler et al., 2012). Purely deterrent or supervisory interventions can have a negative effect (i.e., increase recidivism; Koehler et al., 2012).

Research has found that Multi-systemic Therapy (MST) is particularly effective in reducing youth offending, including sexual violence (Borduin et al., 2009; Langstrom et al., 2013; Letourno et al., 2009; Reitzel & Carbonell, 2006; Satodiya et al., 2024). MST is an intensive and individualised approach, where the young person receives treatment within their social environment, including their family unit, school, and community (Satodiya et al., 2024). It is delivered by well trained professionals and involves caregivers in the process of skill development and reinforcing prosocial behaviours (Satodiya et al., 2024), with caregiver behaviours being found to be key to behaviour change (Dopp et al., 2015). There is a specific type of MST for youth who have engaged in problematic sexual behaviours (MST-PSB), which has demonstrated positive results (Dopp et al., 2015). Pullman and Seto (2012) recommend the use of MST and CBT together, rather than either approach alone.

MST VIEWS THE YOUNG PERSON AS EMBEDDED WITHING MULTIPLE INTERCONNECTED SYSTEMS



Treatment for sexual violence in Aotearoa New Zealand

In Aotearoa New Zealand, treatment for sexual violence is delivered in both prison and community settings, most often in groups and sometimes one on one (particularly for youth). The content and approach of programmes is generally based on the international evidence described in the previous sections, with the addition of tikanga and Māori models. Many programmes have adapted versions for people with intellectual disabilities or learning difficulties, and people who deny their offending.

There are two dedicated special treatment units (STUs) within prisons for high-risk men who have sexually abused children, as well as three programmes for rape (within general violence STUs), and less intensive prison-based treatment for lower risk men. There is also a secure youth facility which delivers treatment to 12- to 18-year-old males referred by Oranga Tamariki.

There are three main community-based services for youth and adults who have used sexual violence, delivered by Government-funded providers. In addition, Government-funded Kaupapa Māori services, such as Korowai Tūmanako, support Māori who have experienced sexual violence, including responding to people who use sexual violence and working with whānau and communities to prevent further harm.

Local research shows sexual violence treatment for adults can be effective and Māori approaches can enhance outcomes

The two STUs for men who have sexually abused children, Kia Marama in Christchurch, and Te Piriti in Auckland, have both demonstrated a significant effect on reducing recidivism (both sexual and general) and other positive outcomes (Bakker et al., 1998; Beggs & Grace, 2011; Moore, 2012; Nathan et al., 2003). Specifically, Bakker et al. (1998) found 8% sexual recidivism for Kia Marama and Nathan et al. (2003) found 5.47% for Te Piriti completers, compared to 21% for a control group. Moore (2012) found 7.24% recidivism for a Kia Marama treatment group, compared with an expected rate of 10%.

Further, Te Piriti, which contains a greater amount of Māori content than Kia Marama, has lower rates of sexual recidivism, particularly for Māori men (4.41% vs 13.58% at Kia Marama; Nathan et al., 2003). This suggests that greater use of Māori models and tikanga, as well as dedicated Māori staff to support cultural competency, enhanced outcomes for Māori (and, to a lesser extent, non-Māori). This finding supports the importance of adapting interventions for the cultural context, to deliver treatment in ways that are engaging, healing, and effective for different cultural groups.

The two special treatment units Kia Marama and Te Piriti have both demonstrated a significant effect on reducing recidivism

8% **sexual recidivism for Kia Marama**

5.47% **for Te Piriti completers**

Compared to 21% for a control group.

In terms of community-based treatment, an evaluation of three mandated programmes for adult males who have sexually offended against children, found half the sexual violence reconviction rate of a comparison group (Lambie & Stewart, 2012).

> Lambie and Stewart (2012) found high dropout rates (45%), and that those who dropped out were more likely to reoffend, compared with those who completed and the un-treated comparison group.

Research has found that people with more adverse childhood experiences are more likely to drop out of treatment (Willis & Levenson, 2022). This highlights the importance of using trauma-informed approaches, building intrinsic motivation for change, and keeping participants engaged in, and attending, treatment.

Local treatment has demonstrated success with youth, especially when tailored to holistic and cultural needs

Several studies have evaluated youth sexual offending programmes in the community in Aotearoa New Zealand. Lambie (2007) found that programmes were effective at reducing sexual recidivism for those who completed treatment (2% vs 6% for no treatment), and that rates were higher for those who dropped out of treatment (10%).

In line with international research, high dropout rates and inadequate comparison groups make it difficult to draw strong conclusions about the effectiveness of youth treatment for sexual violence in Aotearoa New Zealand.

Youth who use sexual violence in Aotearoa New Zealand

While, like adults, there is significant diversity among youth who use sexual violence (Lambie & Seymour, 2006), there are some experiences that are more common in this group than in the general population. Research with groups of youth who have used sexual violence in Aotearoa New Zealand has found:

- High rates of **depression and social isolation** (Lim et al., 2012).
- High rates of **physical abuse victimisation** (61% of Māori and 36% of non-Māori), particularly among those who had experienced **socioeconomic deprivation** (Lim et al., 2012).
- Both Māori and non-Māori have high rates of **exclusion from school** (37%), and higher rates of **sexual abuse** (43%) than the general population (14%; Grey et al., 2023).
- **Māori** youth have significantly higher rates of **risk factors** (e.g., substance use, family criminality, physical abuse, and family violence) than their non-Māori counterparts, due to unequal exposure to **social disadvantage** (Grey et al., 2023).
- **Māori** youth are more likely to **drop out** of treatment than non-Māori (Lim et al., 2012).

Research with groups of youth who have used sexual violence in Aotearoa New Zealand has found:

High rates of **physical abuse victimisation**

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36% of non-Māori

BOTH MĀORI AND NON-MĀORI HAVE HIGHER RATES OF

37% **exclusion from school**

43% **sexual abuse than the general population**

> This highlights the importance of taking a tailored, trauma-informed, and culturally responsive approach to treatment for youth and concurrently addressing mental health and social needs alongside treatment to reduce sexual violence.

It is important to note that youth and adults are not completely separate groups, as some of these young people will go on to use sexual violence as adults. Local and international research suggests that many of the experiences of these youth are also relevant for adults who use sexual violence.

Youth programme content in Aotearoa New Zealand

Several studies in Aotearoa New Zealand have looked at specific models and approaches for working with youth who have used sexual violence:

- **Strength-based cognitive-behavioural approaches** – Weedon (2015) found a positive effect for the "Good Way Model" (based on the Good Lives Model), and it was well received by participants (12 youth and their families, three youth had intellectual disabilities).
- **Māori approaches and staff** – Ape-Esera and Lambie (2019) found that for young Māori a focus on cultural identity and relationships, including Māori beliefs, values, and processes in treatment, and the personal qualities and responsiveness of Māori staff contributed to youth engagement and change. Geary et al. (2011) also found cultural responsivity was important for successful youth sexual violence treatment.
- **Physical activity** – Somervell and Lambie (2009) investigated the use of 'wilderness therapy' and found four themes: view of the self (confidence and efficacy), enhanced relationships with peers, intensity of the experience enhancing engagement, and how being in a new and safe environment aided with disclosure. Geary et al. (2011) also found that physical activity was important for youth engagement in sexual violence treatment.
- **Staff flexibility, and integrated and on-going support** – Geary et al. (2011) found that the following were important for successful service delivery: flexible and integrated approaches, a strong therapeutic relationship, whānau and family involvement, clear communication of key information prior to the programme, and post-programme support.

> These findings suggest that approaches which are engaging and motivating, focus on skill and prosocial identity development, incorporate Māori knowledge and values, and include high quality relationships with caregivers and staff, are most effective for youth in Aotearoa New Zealand.

Strength of the evidence for sexual violence treatment overall

While the evidence is somewhat mixed and individual studies don't always find a strong positive effect for treatment reducing sexual violence, most meta-analyses and systematic reviews of the evidence conclude that treatment is promising or proven. When findings are aggregated, treatment programmes can significantly reduce recidivism, with some programmes outperforming others.

However, some researchers have suggested that, due to low sexual reconviction rates and the fact that desistance is the norm, only about 6% of men treated for sexual violence will desist as a result of treatment (Polaschek & Blackwood, 2016). This highlights the need for multiple reinforcing actions to stop sexual violence across all socio-ecological levels, as one intervention alone will not eliminate sexual violence.

The methodological quality of treatment outcome studies varies widely, especially for youth. Some researchers have reported that treatment effects are smaller in high quality studies (Soldino & Carbonell-Vaya, 2017). This highlights the importance of strong methodologies, both for treatment evaluations and also meta-analyses which combine these findings.

> Despite these issues, the available evidence suggests that it is worth investing in evidence-based treatment and further evaluating its impact on sexual violence rates, as well as other relevant outcomes.

Importantly, if long term change is to occur, treatment progress needs to be paired with motivation to desist (and an optimistic view of the future), the development of a prosocial identity, and a supportive community. Hence the importance of relationships, communities, and society-level factors that impact on the individual, these will be explored in the following sections.

Relationships, communities, and society can support desistance from sexual violence

As previously mentioned, risk factors exist within individuals and their environments, sexual violence is a result of a person-context interaction, rather than individual vulnerability alone. Communities and policy makers can create and alter environments to be less conducive to sexual violence, and they can also help to monitor situational and personal risk factors. This requires people to have a strong understanding of the contributors to sexual violence and to be able to respond to these appropriately.

In addition to monitoring risk, the research into successful desistance from sexual violence has found that people need access to social support, opportunities, and sources of reward within their communities, including accommodation, employment, education, and a sense of belonging.

> Opportunities and sources of reward can be blocked by negative public attitudes, fuelled by media reporting (Thakker, 2012) and misinformation about the risks posed by people who have used sexual violence and their capacity for change (McCartan & Laws, 2018).

Currently in Aotearoa New Zealand, there is limited support available in the community for people who have used sexual violence and they often face social barriers to reintegration and community belonging. The research into social and environmental factors is scarcer than for treatment and it faces similar methodological challenges around the measurement of these factors and relevant outcomes.

There tends to be more qualitative research, looking at the re-entry and desistance experiences of people who have used sexual violence, rather than experimental designs. This makes sense, as many of the relevant variables are naturally occurring and there are a range of factors and relationships at play that interact to influence outcomes.

Relationships and community connections can provide practical and emotional support

Relationships that promote desistance from sexual violence include practical (e.g., housing, transport) and emotional support from family or whānau (especially for youth). It is important that, alongside treatment, people who have used sexual violence are supported to use their interpersonal skills and experience the benefits of healthy relationships (i.e., reinforcing change). However, people who have used sexual violence often experience social isolation and intimacy deficits because of their offending, which can increase risk of further sexual violence.

Research has explored the impact of relationships on desistance from sexual violence, and found the following.

- Positive social support was significantly associated with lower rates of sexual violence in most studies internationally (Farrington, 2015).
- Stable family support is associated with a significant reduction in recidivism for men who have used sexual violence in Canada (Walker et al., 2017).
- There are mixed results internationally for other types of relationship (i.e., intimate partners and friends), the quality of the support and level of accountability matters, not just having the relationship (Kras, 2018; Lytle et al., 2017).
- Men (n= 9) in Aotearoa New Zealand, report that practical support (e.g., accommodation and employment) and emotional support (e.g., building hope, keeping them accountable, and meeting cultural needs) are important for desistance. These men valued the support of family and experienced fear around reactions from others (e.g., stigma associated with the 'sex offender' label; Russell et al., 2013).
- Young men aged 17-21 who were transitioning out of a treatment environment in Aotearoa New Zealand (n= 12) report similar needs, including: accommodation, education/employment, financial/budgeting advice, social life and leisure, emotional support, something to strive for, mentors and role models, and follow up support. These young men also noted that reaching out for help is hard and motivation is important (Lambie & Price, 2014).

> These findings highlight the importance of encouraging and supporting people who have used sexual violence to develop and maintain healthy, stable, and prosocial relationships with family, whānau, and close friends or partners.

Importantly, relationships can function as risk or protective factors, depending on their quality and the level of opportunity (for sexual violence) and accountability present. It is critical that informal and professional support work together, to increase awareness of risk factors and how they can both practically and emotionally support the person who has used sexual violence. Informal relationships can be built via restorative approaches, which can help to mend relationships and build new relationships within the community.

Restorative justice conferences with victim-survivors can increase insight and motivation

Restorative justice (RJ) is "a justice mechanism or process whereby individuals who have been affected by a crime come together to acknowledge wrongdoing and the harm caused, and collectively resolve how to move forward" (Lawler et al., 2023, p. 8). Research in Australia has found that men who engage in RJ conferences report increased motivation to desist, greater understanding of the impact of their violence, and lower rates of violence (Lawler et al., 2023). A recent international meta-analysis of 27 studies found a small but significant effect for RJ reducing general recidivism, but not violence (Fulham et al., 2023).

Importantly, RJ needs to be undertaken with the safety and needs of the victim-survivor as a priority, and only when they are motivated to participate. Project Restore delivers RJ for sexual violence specifically in Aotearoa New Zealand, but to date this has not been evaluated in terms of sexual violence outcomes. In addition to the positive outcomes experienced by victim-survivors, it would be useful for future research to explore the impact of RJ on people who have used sexual violence and the possibility that it can enhance outcomes from treatment and other restorative approaches.

Circles of Support and Accountability have had promising results internationally

Restorative approaches can also involve creating new relationships with supportive community members. For example, Circles of Support and Accountability (CoSA) is a restorative approach developed in Canada which involves community members volunteering to support someone who has used sexual violence towards children. Each participant, known as a 'core member', has a small group of volunteers who support them and keep them accountable.

COSA HAS HAD PROMISING RESULTS INTERNATIONALLY IN REDUCING VIOLENT AND SEXUAL RECIDIVISM, SPECIFICALLY:

BATES ET AL. (2014) FOUND

a quarter of the rate of sexual or violent offending compared to a control group.

ELLIOT AND BEECH (2013) FOUND

50% reduction in sexual and non-sexual recidivism.

WILSON ET AL. (2007) FOUND

70% reduction in sexual recidivism over four and a half years.

WILSON ET AL. (2009) FOUND

83% reduction in sexual recidivism over three years.

> Mechanisms that support change include forgiveness and acceptance, practical support, role modelling prosocial relationships and thinking, advice, and accountability (i.e., noticing and managing high risk situations).

CoSA was piloted in New Zealand from 2010 to 2015 with men who had completed Te Piriti STU (Van Rensburg, 2012). The initiative was well received by most stakeholders (Van Rensburg, 2012), but has not continued, due to a high-profile incident where a CoSA volunteer was "duped" into assisting a core member to flee the country in 2015 (McCartan & Laws, 2018). This highlights the importance of providing training and support for volunteers, to ensure that they are aware of, and able to manage, risk and avoid collusion.

Shifting public attitudes and social norms can support behaviour change

One way to reduce the barriers to community support for people who have used sexual violence, is to take a public health approach to addressing sexual violence (McCartan & Laws, 2018). This would involve educating the public about what is needed to support people who have used sexual violence to safely participate in the community. It is challenging to shift public attitudes, given the significant harm caused by sexual violence and the anger directed towards people who perpetrate this behaviour.

However, research has found that informative media reporting (Malinen et al., 2014), reducing the use of labels (e.g., 'sex offender'; Harris & Socia, 2014), education about levels of risk and what can increase or decrease this (Wurtele, 2018), and breaking down stereotypes through sharing humanising stories about people who have used sexual violence (Harper et al., 2018) are all associated with reductions in negative public attitudes.

Further, increasing public awareness about the personal and contextual factors that contribute to sexual violence can help to create and alter environments that may support sexual violence and increase accountability of people who use sexual violence. For example, levels of supervision, power imbalances, structures and systems that protect people who use sexual violence and perpetuate harmful behaviour.

Kaupapa Māori restorative approaches can create communities that support desistance

For Māori, justice is based on utu (reciprocity and restoration of balance in relationships) and muru (compensation and retribution; George, 2015). These align with a restorative and collective approach to healing from sexual violence, including whānau, hapū, and iwi, with support from kaupapa Māori services. There has been some evaluation of these services, using case studies and interviews with kaimahi (staff) and clients, but these often do not explicitly include the experiences or behaviours of people who have used sexual violence (i.e., whether they result in lower rates of sexual violence).

> The *Tiaki Tinana* project is an example of a Māori community-based initiative to raise awareness of, and prevent, sexual violence.

Tiaki Tinana includes encouraging people to reflect on 'highly emotive' responses to sexual violence from community members which may get in the way of help-seeking and reintegration (Te Puni Kokiri, 2010). This sort of approach can help to educate communities around the best ways to respond to people who have used sexual violence and support desistance, and it is important that this is evaluated and extended to other areas if it has positive outcomes (e.g., on attitudes, capacity to support desistance).

Organisational responses can reduce risk through release planning, risk assessment and management

People who have been convicted for sexual violence in Aotearoa New Zealand, whether they have been to prison or received a community sentence, are subject to ongoing risk assessment and management from various organisations. For example, Probation Officers manage their sentence requirements based on regular risk assessment, and in rare cases there are mechanisms available to extend or increase surveillance and restrict movement. In addition, people who have used sexual violence may access other services in their communities, who may support with risk management and desistance.

International and local research on the impact of risk assessment and management has found that:

- **Sexual violence risk assessment** tools used by probation officers in Aotearoa New Zealand have demonstrated adequate predictive ability (Moore, 2018), but not all of these have been validated here and concerns have been raised about the use of international tools with indigenous people (Shepherd & Lewis-Fernandez, 2016).
- International systematic review into the use of **risk assessment** tools to reduce violence has found mixed results due to inconsistency in the ways that these are used (Viljoen et al., 2018).
- Recent research has found that the inclusion of a **protective factor** assessment tool for sexual violence (Willis et al., 2022) can increase validity of established sexual violence risk tools and enhance risk management (Nolan et al., 2023).
- Men who had used sexual violence in Aotearoa New Zealand considered their **release planning** simplistic and risk focussed, rather than promoting reintegration, men with more **comprehensive** plans were more satisfied with their support (Russell et al., 2013).
- **Comprehensive release planning** (including accommodation, employment, and social support, and incorporating Good Lives Model needs) is associated with significantly lower rates of sexual recidivism in Aotearoa New Zealand (Willis, 2010; Willis & Grace, 2008).

- Men in Aotearoa New Zealand (n= 16) who completed an STU for sexual offending against children and were released from prison endorsed the range of **Good Lives Model** (GLM) needs as important during reintegration and found that as ratings of meeting these needs increased, areas of risk decreased (Willis & Ward, 2011).
- Probation Officer **flexibility, non-judgment,** and willingness to get to know the men on their case load (Russell et al., 2013), and a **firm but fair and caring** style are associated with positive experiences and reductions in general recidivism (Kennealy et al., 2012)
- **Multi-agency and multi-disciplinary** responses to community integration and risk management can provide more person-centred and holistic responses to sexual violence (McCartan & Richards, 2021). In Aotearoa New Zealand multi-agency, iwi partnerships, and whānau-centred responses have demonstrated positive results, including decreasing risk of family violence, and increasing whānau safety (Whiria Te Muka, 2021).

> These findings suggest that comprehensive and strength-based (e.g., based on the GLM) risk management should be a focus for all organisations who respond to sexual violence, including within treatment and on-going support.

Training staff in evidence-based principles (e.g., the RNR model) and providing risk management guidance is also recommended (Viljoen et al., 2018). Further, assessment of protective factors can add an engaging and positive focus to risk management, building strengths and social and professional supports alongside risk reduction (Kelley et al., 2022).

It is important to ensure that the range of professionals involved in the support of people who have used sexual violence (e.g., probation, courts, other social services) have had training in how to respond to sexual violence, support desistance, and an evidence-based understanding of risk and safety.

Individualised, evidence-based, and private monitoring shows promise in supporting desistance, but public registration, notification, and 'one-size-fits-all' restrictions are ineffective and can increase risk

In Aotearoa New Zealand, (anonymous) community notification is undertaken by Corrections on a case-by-case basis, generally reserved for high-risk individuals, rather than a blanket rule for all. Community notification processes in Aotearoa New Zealand were recently independently reviewed in response to a high-profile murder by a parolee who had previously been convicted for sexual violence (Willis, 2023). This review highlighted concerns with the process, including inconsistent decision-making about notification and negative impacts on release planning and reintegration, and made recommendations for the use of evidence-based risk assessment and community education about how Corrections manages risk (Willis, 2023).

In 2016, Aotearoa New Zealand established a register of people who have committed sexual offences against children, which is managed by Police and only accessed by officials. It is not an exhaustive list, rather a register of those who have committed a qualifying offence within the qualifying time period. Register practice focuses on the management of individuals deemed high risk enough to require on-going multi-agency monitoring (Evidence-Based Policing Centre, 2022).

Current research on the register has found very promising preliminary results, both in terms of reduction in sexual reconvictions (40 to 70%) and the experiences of those on the register (e.g., Case Management style is integral to register experience and supporting re-integration and desistance; Auld et al., 2022; Auld et al., 2024).

> Importantly, this register takes an evidence-based and human centred approach to risk reduction, drawing from the RNR model, the strength-based GLM, and the literature on successful desistance. In comparison to most international registers, this is an individualised, holistic, and strength-based approach to risk management and wellbeing promotion.

In comparison, research in New South Wales has found that people on their (private) register perceive it as ineffective in managing risk of sexual violence, infringing on their human rights, imposing further punishment following imprisonment, and they had concerns about privacy (Seidler, 2010). Further, they experienced negative impacts on their ability to reintegrate, including restricted access to accommodation, emotional stress, and marginalisation in their communities (Seidler, 2010). This highlights the importance of the approach to risk management and ensuring it is rehabilitative and supportive of desistance, rather than punishing.

In contrast to these private registers, the United States (US) has publicly accessible registers (websites) for all people convicted for sexual violence and undertakes public notification when someone who has been convicted for a sexual offence moves into a community. Research in the US has found no effect for "Sex Offender Registration and Notification" (SORN) practices on reducing sexual recidivism (Tewkesbury et al., 2012; Zgoba & Mitchell, 2021). Instead, these practices can have a negative impact on re-entry and the development of protective factors to support desistance, for example, social support and employment, and they can also have unintended negative consequences for family members (Levenson, 2011).

> Unfortunately, registration and notification policies are often reactionary and based on high profile cases or public pressure, rather than evidence of their effectiveness in reducing risk of sexual violence (McCartan & Richards, 2021).

In Aotearoa New Zealand, residence restrictions are also used on a case-by-case basis, considering the level of risk to the community and how this can be managed by Corrections, but these have not been evaluated in terms of their impact on sexual recidivism. Numerous studies in the US have found that there is no significant difference in sexual recidivism based on distance of the homes of people who have used sexual violence from schools and day care centres (Huebner et al., 2014; Nobles et al., 2012; Zandbergen et al., 2010), suggesting that the widespread use of residence restrictions is not effective at reducing sexual violence.

Summary

Supporting desistance through relationships, communities, and society-level responses

Following and alongside treatment to increase capability and motivation for change, it is critical that people are given the opportunities and support to meet their needs in healthy and prosocial ways, and to desist from sexual violence long term.

> It is critical that interventions spanning the social-ecological levels work together to reduce risk and promote desistance from sexual violence.

This is a summary of what we know about the effectiveness of various relationship, community, and society-level (i.e., organisational and policy) interventions internationally and in Aotearoa New Zealand.

- Involving informal supporters (e.g., family, whānau, community) in change can be effective at reducing sexual violence. The quality and stability of these relationships and the extent to which they keep the person who has used sexual violence accountable, are the most important features.
- Circles of Support and Accountability (CoSA) can also be effective, based on international research. Quality recruitment, supervision, and training of volunteers is important to manage risk.
- Changing public and policy-maker attitudes is critical to the success of community responses. This should include education about risk and safety, as well as how to support desistance.
- Organisations and communities can reduce and respond to situational risk and create environments and systems that are not supportive of sexual violence.

- Risk assessment should use validated sexual violence tools and include risk management (e.g., monitoring of risk, responding to increases, referral to services). Inclusion of protective factors can add to risk prediction and enhance engagement with professional support.
- Comprehensive and strength-based release planning should be incorporated into prison-based treatment, and support should be timely, on-going, and tailored to individual needs.
- Professional support should be delivered in a way that is flexible and individualised, firm but fair, non-judgmental, and caring.
- Kaupapa Māori approaches to supporting desistance (e.g., involving whānau, hapū, and iwi) should be supported and appropriately evaluated.
- Policies aiming to reduce sexual violence must be evidence-based and tailored to levels of risk and need present, without having a negative impact on desistance, like the following examples.
    - The private register in Aotearoa New Zealand has had promising results so far and further longitudinal research is planned to continue to monitor its impact on sexual violence. Public registration can be considered ineffective and harmful.
    - Community Notification can be considered useful on a case-by-case basis, if done safely (i.e., anonymous and involving public education), routine notification can be harmful.
    - Residence restrictions may be useful on a case-by-case basis to manage high risk individuals, but general restrictions are not effective and can cause harm.

It is important for further research to determine the impact of each of these factors on rates of sexual violence and other outcomes in Aotearoa New Zealand, and any differences across groups.

Gaps within the evidence and future research

> While the evidence summarised here is promising, there is room for improvement and there are a number of areas where research and practice can be developed to enhance our understanding of how best to eliminate sexual violence.

Research should consider treatment for sub-groups and mixing offence types in treatment

Most research on what works to reduce sexual violence has focussed on treatment for adult males who have been convicted, with some focus on younger males. There is very little research on females who have used sexual violence, and even less on what works to reduce recidivism for females. There is also limited research into what works for different age groups, those with low cognitive functioning, men who deny their sexual violence or have not been convicted, and different cultural groups.

Further, treatment is most often targeted towards addressing serious sexual violence, such as sexual abuse of children and rape of adults, either together or, as in Aotearoa New Zealand, separately. There is some research into the differences between people who commit different types of sexual violence (e.g., intra- vs extra-familial, online vs contact), but treatment outcome studies don't usually differentiate these groups. The limited available research has found no impact on outcomes when comparing mixed or separate treatment (Harkins & Beech, 2008), leaving decisions about whether to mix to service providers, often based on safety concerns. Further research should explore the effectiveness of programmes targeted at specific behaviours and populations.

Specific treatment models and approaches should be evaluated

It is important to ascertain which aspects of treatment (e.g., treatment model, therapist skill) are important for success with different groups (e.g., Māori and Pacific peoples, youth), and how these can work together to promote enduring change. Specifically, research is needed to determine whether the Good Lives Model (GLM) is being used as intended. Research in North America has found that it was used inconsistently and as an 'add on' to treatment for sexual violence (Willis et al., 2014) and experts have recently offered additional guidance for using the GLM effectively in practice (Prescott & Willis, 2021). It is also important to compare outcomes from programmes using the GLM, with those which do not (or those who use it in a different way), to ascertain whether this impacts on engagement and drop out, participants' ability to meet their needs, and harmful behaviour. Similar research is needed to understand how Māori and Pacific models are being used in practice (i.e., how they are being integrated with other treatment models) and the impact that these are having on a range of outcomes, include sexual recidivism.

> Increased consistency of treatment approaches and research methods across settings will allow for greater comparison of findings and build a local body of knowledge. This would help identify what works best for whom and tailor interventions to participants' intersecting identities.

Māori-led responses to people using sexual violence should be supported and evaluated appropriately

It is clear from the above summary that much of the available empirical evidence for what works to stop sexual violence comes from international research, rather than evaluation of local responses. In addition, the treatment programmes that have been described above as including Māori models and content (to varying degrees) are still largely based on Western approaches, they should not be considered bi-cultural approaches.

It has been suggested that international risk focussed treatment (i.e., the RNR model) is incompatible with a holistic and inter-connected view of people, and that strength-based models (e.g., the Good Lives Model) may be more easily aligned with Māori approaches (Leaming & Willis, 2016). Within the evidence-based approaches described above, culture is considered primarily a concern for adapting treatment and enhancing engagement, rather than requiring a fundamentally different approach for Māori or other groups. This can result in programmes which are tokenistic in terms of adding Māori content into a predominantly Western approach.

> In line with Māori definitions of sexual violence, it is important for all responses to the use of sexual violence by Māori to acknowledge the socio-historical context and the ongoing impact of colonisation on whānau (Pihama et al., 2015).

This means that service providers require an understanding of Māori definitions of sexual violence, the ongoing inequities which contribute to sexual violence, and Māori values and processes which should underpin work with Māori. Treatment can be more responsive to all cultural groups by taking a holistic, strength-based, and collective approach to changing behaviour, and weaving together international and Māori approaches in a more equitable and meaningful way.

An alternative to bi-cultural approaches to treatment is the delivery of Kaupapa Māori (by Māori, for Māori) and decolonising approaches, based on Māori conceptions of sexual violence and oranga (wellbeing).

> Kaupapa Māori approaches take an inter-generational and collective approach to healing and are delivered in a trauma-informed and culturally safe way by staff who are well connected with Māori communities.

There has been some consideration within the literature of Māori responses to sexual violence, and evaluation of these services from the perspective of staff and service users (which can include people who have used sexual violence). But there is a lack of formal outcome evaluation of Kaupapa Māori approaches to treatment for people who use sexual violence specifically. Any evaluation of these approaches needs to be undertaken using Kaupapa Māori methodologies and expertise (see Pipi et al., 2004).

Relationships, communities, organisational, and society-level responses require further research

As described above, there is relatively little evidence concerning the impacts of society-level responses on people who use sexual violence in Aotearoa New Zealand. There is also limited research into the ways that relationships can support people to desist from sexual violence.

> It is critical to understand the experiences of people from different cultures and communities, so that efforts can be made to support them to integrate within their communities and society.

As with the research into treatment for sexual violence, it is important that Kaupapa Māori approaches to community reintegration, for example, support provided by whānau, hapū, and iwi, are evaluated with appropriate methodologies and expertise.

It is also worth considering the best ways to measure outcomes within the community, as measurement issues and under-reporting pose challenges for the research into desistance. For example, this could involve longitudinal research looking at changes in areas of risk, life events, and a range of outcomes related to sexual violence (e.g., self-reported sexual violence, changes in frequency and severity of sexual violence). Further, it is suggested that the focus on outcomes like reoffending aren't measuring success at all (rather the absence of sexual violence detection), and that research should also include positive outcomes associated with desistance (e.g., the development of protective factors; McCartan & Richards, 2021).

More quality research is needed to develop a local evidence-based for supporting sexual violence desistance

> While the evidence to date is encouraging, more quality research is required to identify what works for various sub-groups, and within an Aotearoa New Zealand context.

Future research should explore ways to measure a range of relevant outcomes (e.g., types of behaviour, frequency, severity, changes in psychosocial factors and wellbeing) using mixed methods, including Kaupapa Māori outcomes and methodologies. More consistent and co-ordinated intervention and evaluation will help to develop a local evidence-base and strengthen collective responses to sexual violence, and ultimately reduce sexual violence harm within communities in Aotearoa New Zealand.

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Appendix A: Methodological challenges

The first issue is a lack of randomised controlled trials (RCTs), widely considered the gold standard in experimental research. RCTs involve random allocation of participants into treatment, or a non-treatment control group, and then comparing each group on outcomes of interest (e.g., recidivism). In the real world, this is impractical and there are ethical issues with withholding treatment from people who need it, both in terms of the impact on participants and the potential for further victimisation. For these reasons, most research is quasi-experimental at best, meaning researchers 'match' their treatment group with a control group (i.e., people who don't have the treatment, or have different treatment). Matching involves selecting a control group that are comparable in terms of risk-related variables (e.g., risk level, age, prior offences, ethnicity). In other cases, researchers might compare the risk level of the treated group pre- and post-treatment or rely on clinician ratings of change in risk, and/or compare reoffending rates with expected rates pre-treatment. While this might be the most practical and ethical way to undertake this research, it makes it challenging to rule out the possibility of other influences on behaviour, and that treatment and no treatment groups may differ in important ways that have not been identified.

A second issue is the way that interventions are operationalised and delivered. For example, programmes vary in their theoretical underpinnings and content (e.g., cognitive-behavioural, psycho-analytic, indigenous concepts and models, psychoeducation), their modality and setting (e.g., group, individual, family, prison vs community, experiential), and the expertise of those delivering them (e.g., psychologists, trained facilitators, probation officers, custodial staff). Sometimes these differences are acknowledged and explicitly compared in research, other times they are ignored. Further, there are a range of other variables that may impact on treatment effectiveness, including participant motivation, attendance at other programmes, relationships with staff, group cohesion, and so on. These can be hard to measure and control for, and so it is difficult to determine the impact of treatment itself.

A third issue is the way outcomes are defined and measured. As noted above, sexual violence is often unreported, and research usually relies on official rates of reconviction or reimprisonment, which are only a proportion of those reported. Further, reoffending is not always categorised as sexual, other violence, or general offending, and even these categories contain a range of behaviours that vary in their severity and frequency (i.e., we don't know the number of reoffences, just whether any have been detected and led to reconviction).

These issues are compounded by the fact that sexual violence (or at least its detection) has a low base-rate within the population, meaning that relatively long follow ups are needed to determine whether the person has desisted, or whether they are simply having a period where they are not actively offending or being detected. Further, reductions in risk can only be so big when the risk levels are overall low, and research has found that risk of sexual reoffending naturally declines with age, regardless of intervention (Hanson et al., 2018).

Finally, while it is not a methodological challenge per se, it is important to consider cultural differences between the settings where research is conducted and where its findings are used to guide interventions. Much of the research on sexual violence originates from North America and the United Kingdom, and so the approaches that work need to be adapted for different cultural groups, such as Māori and Pacific peoples. There has been much debate around whether risk indicators present in the same way across cultures, and whether risk assessment tools that were normed and validated on Caucasian populations are appropriate for use with indigenous people (Shepherd & Lewis-Fernandez, 2016). It has also been suggested that risk focussed rehabilitation models from elsewhere are not compatible with a Māori world view, which sees people in a more holistic and inter-connected ways. For these reasons, caution is required when adopting approaches from different settings, and they should be adapted to fit the cultural contexts where they are used.

Te Puna Aonui