

# Desistance Theory and Forensic Practice

Andrew Day<sup>1</sup> and Mark Halsey<sup>2</sup>

<sup>1</sup> University of Melbourne, Australia

<sup>2</sup> Flinders University, Australia

## Introduction

In this chapter we summarize some of the desistance literature that can help us to understand more about how, and why, people desist from crime. It is important to note from the outset that simply trying to explain how people actually “give up crime” rather than identifying those characteristics and propensities that place them at risk is likely to resonate strongly for those who are interested in more strength-focused approaches to forensic assessment and treatment. In addition, the key idea behind many contemporary desistance theories – that people can be assisted to achieve short-term psychological changes that, in turn, trigger longer-term behavioral changes which then become embedded in new personal identities – is fully consistent with the therapeutic aspirations of many allied health professionals who work in forensic settings. Accordingly, in this chapter we propose that desistance theories should not only be of great interest to those who are seeking to understand how, when, and why some people offend, but also of direct relevance to working in ways that can actually assist change to take place. There are, of course, also points of departure between the ways in which the desistance process has been understood and the assumptions that underpin a more treatment-oriented approach which we also consider. We start though by observing that one of the most important ideas contained in the desistance literature is the need to focus on “the *process* by which people come to cease and sustain cessation of offending behaviour” (Weaver, 2019, p. 642, emphasis added). We then outline what we see as some key elements of any desistance-informed approach.

Polaschek (2019) has observed that the desistance literature can be characterized as being made up of two strands: an empirical one that aims to identify and describe criminal career paths; and a more conceptual one that seeks to better understand the personal experience of desisting. Three broad perspectives dominate: the *ontogenic* perspective places age and maturation at the forefront of inquiry and posits that most

people will age naturally out of criminal behavior; the *social bonds* perspective contends that it is the rewards from, and connections to, legitimate groups that ensure an appropriate level of social integration (and thereby protect against the motivation and opportunity to engage in crime); and the *narratological* perspective examines the coherence of one's self-project including the "strategies for creating meaning" (Maruna, 2001, p. 27) within one's life as key to desistance from crime. Some of the main ideas contained in each of these approaches are summarized in Table 1.1, although we would note that any attempt to delineate the work of desistance theories in this way is likely to be somewhat artificial given that there is so much common ground. Nonetheless, we have included Table 1.1 in this chapter to offer some reference points for those who are seeking to understand the meaning of the term "desistance" and how it has been used in different ways, at different times, by different people.

In reality, all three of the perspectives referred to in Table 1.1 will hold relative weight in the lives of all (ex)offenders (McNeill, 2006). As noted previously, they each conceptualize desistance as a process that is not measurable or detectable as a discrete event (as commencing at one particular moment) and is not achieved solely through the strength of an individual's will or, indeed, through the array of social supports that might be available. Instead, desistance is best understood as a complex process that builds through time and where the drivers of sustained cessation are typically only

**Table 1.1** Key approaches to understanding desistance (Based on Polaschek, 2019).

<i>Perspective</i>	<i>Focus of work</i>	<i>Key researchers</i>	<i>Contributions</i>
Ontogenic	Criminal career paths	Farrington Moffitt Piquero	<ul style="list-style-type: none"> <li>• Age is a robust predictor of criminal behavior ("aging out of crime").</li> <li>• Life course persistent versus adolescent limited offending.</li> <li>• Intermittency (gaps between offenses – "slowing down" and "accelerating").</li> </ul>
Social bonds	Informal social control	Sampson and Laub	<ul style="list-style-type: none"> <li>• "Turning points" (life events) that can lead to desistance.</li> <li>• Social connectedness as a key influence.</li> </ul>
	Cognitive transformation	Giordano	<ul style="list-style-type: none"> <li>• Psychological drivers of desistance (openness to change, recognizing possibilities for change, imagining a new identity, no longer valuing an old identity).</li> <li>• "Hooks for change."</li> </ul>
Narratological	Narrative identity	Maruna Bushway and Paternoster McNeill Weaver	<ul style="list-style-type: none"> <li>• Redemption from crime.</li> <li>• Giving back to the community (generativity).</li> <li>• Re-envisioning the past self.</li> <li>• The "feared self."</li> <li>• Primary, secondary, and tertiary desistance.</li> </ul>

identifiable in a posteriori fashion (i.e., after the event). This immediately draws attention to the limitations of those approaches that rely only on re-arrest or reconviction data to arrive at judgments about change. In fact such data can only provide an indirect indicator of desistance and, as Polaschek has argued, the processes and timing of self-reported desistance and official desistance are likely to be quite different. Furthermore, reoffending data have been used in different ways by researchers, some of whom rely on absolute measures (i.e., no reconvictions or charges), while others seek to measure a decrease in the rate, diversity, and seriousness of offending – all of which can warrant the label of desistance (e.g., Laub & Sampson, 2001).

In this chapter we focus on narratological conceptualizations of desistance as we believe that it is this body of work that has the most direct application to actual practice. The large criminological cohort studies of desistance – while clearly important to the development of public policy (see, for example, Bersani & Doherty, 2018) – tend to lack the detailed insights that are essential for working effectively at the individual level.

### Key Elements of a Desistance-focused Approach

One of the most important conclusions to emerge from the desistance literature is that there is no set pathway to success; desistance cannot simply be reduced to receiving a particular type of program, regardless of the mode of delivery or the length of exposure (e.g., Farrall & Calverley, 2006; Halsey & Deegan, 2016; McNeill & Weaver, 2010; Serin & Lloyd, 2009; Weaver, 2019). Nonetheless there are several elements that do seem to be common to successful desistance journeys (see McNeill, 2006, 2016; Shapland et al., 2016) and these can be usefully divided into what have been termed “primary,” “secondary,” and “tertiary” dimensions. In an ideal scenario, these will all work in concert to “produce” a non- or an ex-offender, or, more preferably, a person who we might describe as a conventional citizen.

*Primary desistance* is probably the least complicated of the three dimensions as it denotes the physical cessation of crime. On that count – and excepting the perpetration of new offenses whilst incarcerated (such as assaulting another prisoner) – prisons necessarily impose a break in the offending trajectories of even the most prolific offenders. But an imposed break in offending – whether as a result of imprisonment, serious illness, too much “heat” from police, or even the (temporarily) persuasive words of a respected peer or family member to change one’s ways – is not sufficient for desistance (in the fuller meaning of the term) to occur. No-one would say, for example, that someone in their mid-thirties serving their fourth sentence for armed robbery has truly desisted from crime (since, in fact, only the opportunity – not necessarily the motivation – for such offending has been removed). Instead, desistance requires something more than the short or more prolonged absence of an event. This is perhaps why incapacitation alone is so often ineffectual in deterring prisoners from resuming a criminal lifestyle on release. Something beyond the cessation of crime needs to occur for desistance to endure.

*Secondary desistance*, therefore, is a concept that speaks to the changes in self-orientation that some offenders experience either within or beyond prison which can then help turn a (forced) lull or crime-free gap in offending into something enduring and actively accomplished. Maruna et al. (2004) describe secondary desistance as “the movement from the behaviour of non-offending to the assumption of

the role or identity of a changed person” (p. 19). This process of delabeling (e.g., “I no longer think of myself as an offender”) and relabeling (e.g., “I think of myself as a good father or trusted worker”) is viewed as an essential part of building a credible sense of self-worth. As McNeill and Schinkel (2016) remind us, “‘spoiled identities’ need to be shed if change is to be secured” (p. 608).

Giordano et al. (2002) have provided an extensive overview of what they identify as the main psychological elements of secondary desistance. These include an “openness to change,” the existence of “hooks for change” (e.g., the prospect of gaining employment) and the meanings ascribed to those hooks (e.g., employment is viewed positively as helping to build new relationships rather than negatively as severing ties with old peers), the fashioning of a “replacement self” based around legitimate pursuits, and the cognitive re-conceptualization of criminal behavior as no longer positive, viable, or personally relevant. Secondary desistance – as with desistance more generally – is conceptualized as a fraught and fragile process prone to all kinds of setbacks (minor breaches, new but less serious offenses) and, more ominously, “fuck it” moments where all progress seems to disappear in an instant (as, for example, when someone “snaps” and engages in a crime spree) (Halsey et al., 2017). This fragility, though, brings to the fore the importance of the concept of *tertiary desistance*.

It is only really in recent years that scholars such as Weaver (2019) and McNeill and Schinkel (2016) have turned their attention to the importance of factors beyond (but connected to) the individual that bear heavily on the success or otherwise of the desistance process. Put simply, for desistance to be resilient to external threats and for it to endure across many years, the efforts and progress of those embarking on desistance must be reflected by esteemed others and certified/validated in official and informal fashion (for an excellent discussion of reintegration rituals and the processes used to “reverse” the stigma of being an offender, see Maruna, 2011). This is what is often referred to as tertiary desistance. As McNeill and Schinkel (2016) observe:

We suspect it may also make sense to develop the concept of tertiary desistance – referring not just to shifts in behaviour or identity but to shifts in one’s sense of belonging to a (moral) community. Our argument, based on developing research evidence, is that since identity is socially constructed and negotiated, securing long-term change depends not just on how one sees oneself but also on how one is seen by others, and on how one sees one’s place in society. Putting it more simply, desistance is a social and political process as much as a personal one. (p. 608, references removed).

A key idea in all of this work is that the primary, secondary, and tertiary dimensions of desistance are not sequential, although they can sometimes occur in more or less successive fashion. This non-sequential aspect partly explains why desistance stands as a multilayered process and resists reduction to predictive modeling about the probability of cessation. To avoid confusion, Nugent and Schinkel (2016) have deployed slightly different terminology for the primary, secondary, and tertiary components of desistance. Specifically, they “propose using the terms ‘act-desistance’ for non-offending, ‘identity desistance’ for the internalization of a non-offending identity, and ‘relational desistance’ for recognition of change by others” (p. 570). Bottoms (2013) also talks of the distinction between “diachronic” and “synchronic” desistance – about techniques for avoiding criminogenic situations ahead of time and for removing oneself from a criminogenic situation should it arise.

A further and final point to make about desistance is that long-term desisters tend to convey a redemptive outlook. In his landmark study, Maruna (2001) found that the ability to recount one's life story in a coherent narrative structure based around hope and redemption was a prominent element in desisters' lives. By contrast, those who persisted in offending spoke about their lives in fatalistic terms and narrated their lives and futures along the lines of a resignation script. The former group, in short, found a way to make sense of a previously wasted and destructive life while the latter struggled, failed, or simply did not see the point in doing so. Hope – defined as “an individual's overall perception that personal goals can be achieved” (Burnett & Maruna, 2004, p. 395) – has been found to be a reasonably good predictor of success after release (Woldgabreal et al., 2017). Similarly, generativity – the practice of caring about one's own legacy and its impact on the next generation – has also been linked to a redemptive outlook. Specifically, the process of “giving back” can enable prisoners or those on community-based orders to do good (for others) and, more importantly, to be seen to be doing good. In such instances, the rising stocks of personal and social legitimacy provide, in reflexive fashion, further reason to stay on the desistance path. In this way, what has been called “retroflexive reformation” – the process of strengthening one's own commitment to desistance through helping others to desist (or helping others generally) – can be a powerful means for igniting and sustaining desistance (Maruna et al., 2004). Again, how criminal justice agencies and those who work for them might more purposively support generativity and the emergence of redemptive scripts is an important issue for further consideration (Halsey & Deegan, 2016).

### **Making the Desistance Approach Explicit in Models of Behavioral Change**

For many allied health professionals involved with the delivery of clinical and rehabilitative services and programs, these accounts of the processes that underpin desistance will resonate with their clinical understanding of how behavioral change occurs. The underlying model of change that has been used to guide much of this work is the Transtheoretical Model (see Casey et al., 2005, for a review), an integrative, biopsychosocial model that aims to explain the processes through which intentional behavior change occurs. In relation to the question of how change occurs (rather than when change occurs), the most important ideas are not, as widely believed, related to the concept of progression through stages (i.e., that change is seldom a sudden event but typically involves a prescribed chain of events where the individual experiences a growing awareness of the problem, formulates a decision to do something differently, develops change strategies while in a transitional phase, and, finally, implements those strategies), but is a function of effects of three different factors:

- Processes of change – which refer to what an individual does to bring about change in emotion, behavior, cognitions, or relationships;
- Decisional balance – the relative assessment of the benefits (pros) and costs (cons) of changing a specific behavior; and
- Self-efficacy – usually assessed as confidence and temptations to describe an individual's perceived ability on a given task.

These three concepts have proven to be clinically useful in so far as they suggest that certain types of activity are likely to be central to the success of efforts to change behavior – in other words, what those involved in treatment need to actually do in order to stimulate and support change. It is important to note that many of these ideas are quite compatible with those described in desistance theory, even though the language used is often quite different. For example, Paternoster and Bushway (2009) describe how the desistance process begins when views of the “negative, unsatisfying, and disappointing aspects of their criminal lifestyle crystallize to the point where they realize that the future is bleak without change” (as cited in Polaschek, 2019, p. 323). The four steps of secondary desistance identified in the cognitive transformation work on desistance by Giordano et al. (2002) also resonate strongly with the Transtheoretical Model in terms of the idea of different stages of problem recognition, awareness, and commitment to change.

There are, of course, other clinical theories of behavioral change beyond the Transtheoretical Model. For example, the Assimilation Model (Stiles, 2002) is an alternative model of problem resolution, developed primarily on the basis of observations made across a series of intensive psychotherapy case studies. In this model, therapeutic progress is conceptualized in terms of movement toward the assimilation of problematic experiences (Honos-Webb & Stiles, 2002) and is also based on the idea that people pass through an identifiable series of stages in the course of resolving a problem. The model describes the likely needs of an individual client at seven hypothesized stages of assimilation; in the early stages, the problematic experience is outside of the person’s consciousness, but as it is processed increased levels of distress occur, despite limited understanding of the problem. The therapeutic task at these early stages of assimilation then is to increase problem awareness. As the problem enters awareness the requirement is then to facilitate emotional expression and, finally, to develop a clearer understanding of the onset, development, and maintenance of the problem, before working actively toward a solution. Thus, it is suggested that an appropriate therapeutic response is one that meets client requirements at a given stage of assimilation, such that the client progresses to the next stage.

Many of the ideas contained in the Assimilation Model and other theories of change are consistent with those articulated in the Transtheoretical Model. However, these more clinical theories do appear less applicable to work with those who do not necessarily identify their behavior as problematic (or, in the language of self-determination theory, have only extrinsic motivations to change; see Deci & Ryan, 2008). Nonetheless, the resulting framework for practice that the Transtheoretical Model provides is broadly compatible with ideas enshrined in numerous other theories of change. These have been synthesized by Abraham and Sheeran (2000), with Table 1.2 providing a summary of the concrete and specific therapeutic activities that are indicated across these theories.

### **Some Points of Departure**

In considering the way in which allied health professionals tend to think about behavioral change, many points of similarity with some of the narratological work on desistance become obvious. Particularly in terms of primary desistance, there appears

**Table 1.2** Behavioral change tasks and illustrative examples of interventions.

<i>Theoretical activity</i>	<i>Illustrative activity</i>
Provide information about the link between risk behavior and reoffending	General information about behavioral risk, for example, the increased susceptibility for aggressive and violent behavior associated with heavy alcohol use.
Provide information on consequences	Information about the costs and benefits of action or inaction, focusing on what will happen if the person does or does not perform the targeted behavior.
Provide information about the approval of others	Information about what others think about the person's behavior and whether others will approve or disapprove of any proposed behavior change.
Prompt intention formation	Encouraging the person to decide to act or set a general goal, for example, to make a behavioral resolution such as "I will not drink for the next week."
Prompt barrier identification	Identify barriers to performing the behavior and plan ways of overcoming them.
Provide general encouragement	Praising or rewarding effort or performance without this being contingent on specified behaviors or standards of performance.
Set graded tasks	Set easy tasks and increase difficulty until the target behavior is performed.
Provide instruction	Telling the person how to perform a behavior and/or preparatory behaviors.
Model or demonstrate the behavior	An expert shows the person how to correctly perform a behavior, for example, in group or on video.
Prompt specific goal setting	Involves detailed planning of what the person will do, including a definition of the behavior specifying frequency, intensity, or duration and specification of at least one context, that is, where, when, how, or with whom.
Prompt review of behavioral goals	Review and/or reconsideration of previously set goals or intentions.
Prompt self-monitoring of behavior	The person is asked to keep a record of specified behavior(s) (e.g., in a diary).
Provide feedback on performance	Providing data about recorded behavior or evaluating performance in relation to a set standard.

(despite the use of different terminology at times) to be some consensus about the importance of problem awareness and recognition, making a commitment to change, and active goal setting to successful desistance. There is also a general acceptance of the notion that change is rarely absolute (i.e., is a process), and that many people will experience lapses and relapses in their efforts to effect long-term change. And, of course, locating the issues within the broader personal and developmental history in which offending occurs is considered central to any therapeutic activity where the acquisition of insight (or a working "formulation") and self-efficacy is viewed as essential to ensuring persistence when challenges or temptations arise.

If taken seriously, however, the concepts of secondary and tertiary desistance also have some rather important implications for how we might work with those in forensic services and beyond. It follows perhaps, for example, that treatment programs that continually mine the deficits in peoples' lives (e.g., focus on poor decision-making, poor impulse control, poor records of intimate relationships) risk aligning themselves with the maintenance of a "condemned sense of self" (even when such treatment is cast officially as "rehabilitative" and/or as addressing criminogenic needs). In fact, it is easy to see how the focus of many contemporary correctional treatment programs is on reducing deficits and avoiding high-risk situations and how this is not always well-aligned to the hypothesized psychological processes through which desistance is most likely to occur. That is not to suggest that efforts to change criminogenic needs are necessarily misplaced, but rather that they may prove to be what Polaschek (2019) refers to as a "weak and indirect method of promoting desistance" (p. 327) and, from a desistance perspective, why more strength-focused approaches may be needed (see Laws & Ward, 2011).

The notion of tertiary desistance raises additional questions about a range of what we might call extra-clinical issues that are potentially also important to change. These might include the attitudes of prison officers and professional staff, the connections that exist between family members, and broader socio-cultural positions about the desirability or legitimacy of displays of bravado (or vulnerability) and violence. Overlaying these are issues of stigma and discrimination (community understandings of "who ex-offenders are" and "who they might become") and the messages that the community receive from political leaders, journalists, police, and the judiciary about the purpose of imprisonment and the complexities of rehabilitation. These are all considerations that rarely influence or inform therapeutic work or perhaps are often not considered to be directly relevant. And yet, the notion of tertiary desistance draws particular attention to the social and cultural context in which people are expected to "go straight" and the impacts not only of the institutional milieu but also the role that the wider community has to play in ensuring that desistance is sustained and sustainable.

The underlying assumption here – and one that is not necessarily shared by desistance theorists – is that people who receive forensic assessment and treatment services will typically have a high level of agency over their behavior, the capacity not to offend if they are sufficiently motivated to do so, and acquisition of the requisite skills. In many ways the underlying criminological belief here is that offending, and the decision not to offend, are rational choices. In fact, the theory underpinning the delivery of most contemporary offense-related treatment programs in correctional settings, the Personal, Interpersonal, and Community Reinforcement perspective (PIC-R; Andrews & Bonta, 2003), is essentially a general personality and cognitive-social-learning theory of criminal behavior that Andrews and Dowden (2007) have described in the following way:

Human beings are active, conscious, and wilful, and they are goal oriented. They are also creatures with biological dispositions and habits and conditioning histories whereby repeated associations among stimuli, responses, and behavioral outcomes can produce automatic, non-conscious cognitive regulation of motivation, perception, and behaviour. Their behavior is under personal control, interpersonal control, and automatic control. (p. 442)

The implications of this theory for forensic clinical practice lie in the emphasis that is placed on change occurring primarily as a result of strengthening the level of self-control that an individual is able to exert over their behavior. This, in turn, is influenced by the skills with which the individual is equipped (e.g., ability to problem solve, self-monitor and evaluate behavior, and cope with temptation), and personal standards around behavior (e.g., attitudes, beliefs, values, rationalizations, identities). By contrast, the desistance literature – while clearly acknowledging the importance of psychological change – places additional emphasis on how *everyone* who has contact with a person contributes to the process of change. In this way, a desistance-informed approach identifies the potential value of more socially based approaches to intervention that we discuss in the following paragraphs.

While much of this chapter has considered adult offending (and primarily adult male offending), much less work has attempted to map the desistance process for children and young adults. We would suggest, however, that an additional point of departure from mainstream models of clinical service delivery relates to how a desistance approach might be applied to working with young justice-involved people. Halsey and Deegan's (2016) analysis of multiple interviews with 14 young men over a 10-year period is of particular interest here; the authors vividly describe how some of those on a pathway to desistance are "on track," while others experience "recurring breakdown" or "major derailment" or even take a "catastrophic turn." Such descriptions will resonate strongly with anyone who has worked in an adolescent forensic service. Halsey et al. (2017) have also, more recently, considered how a sense of social and economic isolation can quickly set in for young people following their release from custody and culminate in the decision to simply give up (i.e., to stop trying to desist). This analysis clearly highlights how, for many young people, desistance is inevitably going to be a process that holds many setbacks and how success often only occurs against all odds. This is a different way of thinking about the work that values rehabilitative and restorative justice approaches that embody what Sellars (2015) has described as a relational ethic of care and can be contrasted with that embedded in some of the better-known – but now known to be ineffective – programmatic approaches to juvenile justice such as scared straight programs, Drug Abuse Resistance Education (D.A.R.E.), and youth boot camps.

The desistance pathways that Halsey and colleagues describe do seem more compatible, perhaps, with interventions for young people that adopt a more systemic focus, such as Collaborative Family Work (Trotter, 2013) which is undertaken in the family home by youth justice workers either individually or with the support of another worker. One of the best-known and evaluated programs for young people is Multisystemic Therapy. This is a treatment approach initially designed in the USA as an intervention for families with young people who were engaging in antisocial behavior and considered to be "at risk" of becoming young offenders. The therapy provided is intensive and family focused and, importantly, is designed to provide help across various contexts, including at home, at school, and in the community. Multisystemic Therapy is widely considered to be an evidence-based youth justice intervention although a recent evaluation by Fonagy et al. (2020) did conclude that treatment was not superior to "management as usual," at least for young people in the UK with conduct problems. Nonetheless, the systemic frame of therapies such as Multisystemic Therapy does invite practitioners to work in ways where aspects of both secondary and tertiary desistance can be considered more fully. And it is unsurprising

from a desistance perspective that family-based interventions have been consistently shown to have a considerable impact on reoffending (Petrosino et al.'s, 2009 review concluded that children involved in family-based interventions have recidivism rates 16% to 28% lower than comparable control groups). At the same time, we would also note that the focus of many contemporary family-level programs is on dysfunction (i.e., “poor” family environment including child abuse and neglect, family criminality, family disruption and/or conflict, and child behavioral problems – see Katsiyannis et al., 2018) rather than on the strengths of young people and their families that are viewed as so important in desistance-inspired approaches.

There are, of course, also a number of other therapeutic approaches that explicitly rely on feedback from peers to effect change. These are exemplified in what is sometimes called “social therapies,” such as that which is provided by forensic therapeutic communities. Two distinctive approaches to therapeutic communities have been developed, although in practice many communities embrace elements of both. The “democratic therapeutic community” model though places more emphasis on the ways in which group processes bring about change, while the “concept” (or hierarchical) model incorporates more behavioral approaches (Table 1.3). From a desistance perspective these social therapies make sense; efforts to promote desistance are not limited to a conceptualization that focuses solely on identifying underlying pathology that requires treatment, but also provide the conditions under which primary, secondary, and tertiary desistance is most likely to occur.

More generally, there is reason to suspect that the availability and quality of social support may well be relevant to efforts to desist, with a range of activities (e.g., prison visits, family days, access to phone calls, video calls, and mail) often made available to those in custodial or institutional settings on the basis that these connections are important to efforts to desist. One impact of the COVID-19 pandemic has been to reduce the availability of prison visits (User Voice, 2020 has reported that face-to-face visits were effectively suspended for more than three months for people in prisons in England and Wales) and it is unclear whether these changes will have had any substantive impact on rates of post-release success. From a desistance perspective, however, family visits are often critically important. Related to this is a body of work that considers the importance of professional and non-professional staff as key agents of change. In addition to the work of clinical professionals, members of staff can help a person to identify and set rehabilitation goals, receive support and feedback on progress, share responsibility for decision-making, challenge negative behavior, and so on. The term “assisted desistance” can be used here to describe the idea that a wide range of social connections (with staff members, peers, family, and friends) are required for successful rehabilitation to occur, especially when these are experienced as “non-judgmental, authentic, honest, and trustworthy” (Villeneuve et al., 2021, p. 19). The desistance literature further suggests there are several elements that signify the presence of an assisted desistance approach among staff in custodial and community correctional settings. These include, but are not limited to:

- Helping people to recognize hooks for change;
- Providing a safe environment within which people can “try on” different, but positive, pathways to desistance;
- Helping to build positive narratives about self, others, and the future;

**Table 1.3** Social Models of Change in Therapeutic Communities.

<i>Type of community</i>	<i>Key idea underpinning change</i>
Democratic	<p>Democratization – all residents and staff should be involved in decision-making and the organization of the community at all levels, and when staff members overrule community decisions this is explained in a transparent manner. This leads to increased inter-relationships and bonds allowing patients to be active agents in their own recovery as well as the recovery of others.</p> <p>Communalism – free interaction between members which creates a feeling of sharing, belonging, and ownership of the community.</p> <p>Reality confrontation – the process of working with patients on their behavior in the present and considering its effects upon others to allow self-concept and self-awareness to be developed.</p> <p>Permissiveness – each community member is expected to tolerate one another and the behaviors within the community that may be distressing for others. Permissiveness is thought to lead to increased self-expression disclosure and the acceptance of responsibility for oneself.</p>
Concept-based	<p>Community – as the main agent of change.</p> <p>Hierarchy – reflects both the structure and the need for members to “act as if” they accept the values and rules of the community until they are internalized.</p> <p>Confrontation – the challenging of negative behaviors by the community in a safe setting where feelings can be freely expressed.</p> <p>Self-help – the placing of responsibility for change on the individual. The community allows for both support and challenge, and the use of open discussion allows for the building and modeling of stable, adaptive relationships.</p>

- Ensuring that a premium is placed on basic but good social work (e.g., helping with forms, making appointments, helping to managing fears and potentially destructive emotions);
- Promoting shared decision-making leading to increased trust between assisters (e.g., correctional officers, social workers, psychologists, etc.) and the assisted, resulting in greater personal investment in the change process;
- Helping, as far as practicable, to deal with the social conditions that cause (re) offending;
- Recognizing when a compliance-driven approach is counter-productive to the attainment of medium- and long-term personal change;
- Helping to manage the liminal period where (ex)inmates conceive of themselves as changed persons, but not as fully legitimate citizens held in fair esteem by the community.

In our view these are all elements that are present – although often implicit rather than explicit – in current treatment approaches for people in the criminal

justice system and which could, from a desistance perspective, be afforded higher priority. In summary though, the desistance perspective departs from traditional psychotherapeutic models of change by identifying how the foundations of change are often socially embedded. From an ecological perspective they can be identified in the relationships that occur within the multiple levels of an organization, whether these be biological, individual/psychological, social relational (i.e., families, peer groups, social networks) or socio-cultural (e.g., governments, schools, churches) (e.g., Bronfenbrenner, 1979). And so, in our view, the desistance approach extends more traditional criminogenic or clinical approaches by recognizing that those who are afforded opportunities to demonstrate their progress will be much better placed to turn initial desistance into sustained desistance (see also Nugent & Schinkel, 2016; Shapland et al., 2016). Furthermore, when this “self-work” is socially, legally, and morally recognized by an array of legitimate actors, tertiary desistance occurs – where law-abiding citizens (other family members, educators, employers, counselors, friends) as well as key institutions (police, courts, corrections, victim services, social services, etc.) work in a timely and consistent fashion to transform a condemned sense of self (i.e., one that is caught in a self-defeating narrative of despair, blame, anger, and the like) into a publicly redeemed persona (i.e., one that is invested in narratives of hope, recovery, and “making good”).

Finally, we would like to make it clear that desistance theories have not been developed to serve as theories of behavior change (that can then be applied by clinicians and criminal justice system professionals). Even though, as we have discussed in this chapter, they do have the potential to accommodate psychological perspectives and ideas (see Giordano et al., 2002), they also have a broader role to play in helping us to understand some of the more systemic problems that justice systems around the world currently face. For example, Woldgabreal et al. (2020) have recently discussed “the problem of the color line” as the most pressing issue facing correctional services. By this they are referring to how people of color continue to be over-represented in prison populations around the world, despite making up only a fraction of the overall population. They note, for example, that in America, African-Americans make up nearly 40% of the incarcerated population, but only approximately 13% of the general population (United States Census Bureau, 2015). In England and Wales, Black, Asian, and Minority Ethnic (BAME) men and women make up 14% of the population but represent 25% of the adult prisoner population and over 40% of young people in custody (Ministry of Justice, 2016), and statistics relating to the over-representation of indigenous peoples are even more startling (see Australian Bureau of Statistics, 2018; Government of Canada, Office of the Correctional Investigator, 2017; New Zealand Department of Corrections, 2018). Woldgabreal and colleagues argue that minimal progress is being made to address this, partly because of the way in which the criminal justice system places substantial emphasis on the idea of personal responsibility for behavior (i.e., *mens rea*) and, as a result, overlooks the social determinants of crime that contribute to racial disparity. They refer, for example, to Gottfredson and Hirschi’s (1990) influential General Theory of Crime which attributes the over-representation of people of color in the criminal justice system to a lack of self-control arising from inadequate early parental supervision and guidance. The suggestion here is that people of color are more likely to have a predisposed history of parental

criminality which increases their propensity to commit more frequent and serious crimes, and the influence of social and economic disadvantage, or discriminatory or racist treatment, is not considered. A potentially important contribution that desistance theories can make in this respect then is to highlight just how important the social and community context is to understanding crime and to any substantive efforts to prevent crime. Through the narratives of individuals who are receiving help and support to change their lives, such contexts come to be identified as directly relevant to efforts to assist desistance.

## Conclusion

Irrespective of the preferred language, any professional who aims to minimize returns to custody and who values what might be called the “authentic” rehabilitation of ex-prisoners and others in forensic services will need to base their work on a coherent model of change. Models such as the Transtheoretical Model and the Assimilation Model have become mainstream in mental health and widely applied to the assessment and treatment of those in forensic services, as have, to a lesser extent, the more social models of change that underpin systemic and therapeutic community treatment. In our view, though, the desistance literature can accommodate much of the thinking that underlies these different approaches: behavioral models of change can help inform efforts to support cognitive transformation and thereby promote primary desistance, with social models of change serving to embed these changes into a sense of personal and social identity as enshrined in the notion of secondary desistance. What is most obviously absent, however, throughout the clinical literature is any meaningful consideration of the importance of tertiary desistance and how professionals might assist desistance by attending to shifts in one’s sense of belonging to a (moral) community. This is especially the case when we consider the structural barriers that often prevent successful reintegration (e.g., a lack of stable and safe accommodation, meaningful employment). Giordano et al.’s (2002) argument is that the cognitive transformation components of desistance will be most relevant when people find themselves in situations in which opportunities to reform are limited, or when their level of agency or motivation to change will have little impact. Put another way, there may be limited value in working to support change in self-concept and to improve insight and motivation without also taking steps to ensure that the milieu into which people emerge (familial, employment related, compliance related, and the like) are also committed to socially positive gesturing and non-stigmatizing interactions (see Cherney & Fitzgerald, 2016). In an important sense then, psychological change is just one part of the process – a necessary but not a sufficient condition for desistance to actually occur. As Serin and Lloyd (2009) have argued, “desistance has not occurred until prosocial habits, legitimate employment and self-regulation have taken hold.” (p. 359). Here they acknowledge the importance of redemption and the need for people to re-enter and re-engage with the community in a meaningful and validating way. What desistance thinking suggests to us, then, is that placing most or all of the onus onto each individual to reform their ways is often a recipe for setback and will achieve considerably less, in fact, than might be achieved with a more comprehensive approach.

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