

## Putting the “Community” Back in Community Risk Management of Persons Who Have Sexually Abused

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### Abstract

The actions and consequences of sexual offenders continue to be a topic of great discussion among researchers, clinicians, policymakers, and the community-at-large. Much of this discussion has centered on how offenders should be managed once released to the community. Legislatures have been quick to enact statutes identifying and limiting the community behaviors of offenders. However, many in the research community have questioned their efficacy, or have published research highlighting potential iatrogenic effects suggesting decreased offender stability and increased risk for new criminality (including sexual reoffending). This paper reviews current practices regarding sexual offender sentencing, statutory risk management, and measures of official control prior to suggesting a model of community engagement in providing both support and accountability frameworks to offenders demonstrating both high risk and need. The Circles of Support and Accountability model of professionally supported wraparound care is described, and research data supporting its effectiveness are provided. General comments are made regarding policy and practice issues in community-based sexual offender risk management. Overall, greater collaboration between researchers, policymakers, and the community-at-large is suggested as a means to increase offender reintegration potential while mitigating risks to vulnerable persons in the community.

### Keywords

sexual offenders, community, Circles of Support and Accountability, risk management, sexual offender treatment

Our communities continue to express significant concerns regarding the long-term risk posed to public safety by persons who sexually offend. Accordingly, governments have enacted legislation intended to mitigate those risks. Many of these legal responses (referred to as measures of “official” or “social” control throughout this review) have resulted in longer sentences, increased supervision upon release, sexual offender civil commitment procedures, and other measures intended to strengthen offender accountability in the community. Notwithstanding the fact that sexual offender risk management is a contentious issue, policymaker and community stakeholders are increasingly concerned about what to do regarding elevated risks posed by “sexual predators” and “sexually violent predators” (i.e., those offenders at the higher end of the risk continuum). Accordingly, specialized measures have been applied in an attempt to both manage risk and calm the fears of the community.

This review examines various strategies aimed at facilitating long-term management of the risk posed by persons who sexually offend. This includes discussion of:

1. Current sentencing practices and the effects of incarceration
  - a. Principles of effective correctional interventions
2. Post-incarceration risk management strategies for higher risk offenders
  - a. Long-term or lifetime probation/supervision
  - b. Sexual offender civil commitment
3. Innovative community reintegration models
  - a. Circles of Support and Accountability

In each section, pertinent issues are highlighted and areas for further attention and discussion are suggested. We conclude with a general summary of

the findings and suggest areas for continued focus, exploration, and discussion. Because the large majority of sexual offenders are male, this review uses masculine pronouns. This is not intended to suggest that problematic sexual behavior does not also occur among women, or that these behaviors do not also cause significant harm to those persons sexually abused by women. For those interested specifically in sexual offending committed by women, we suggest readers review Gannon and Cortoni (2010).

### ■ Sentencing Practices

Over time, sentences for sexual offenders have increased in terms of length, and in terms of the percentage of offenders receiving custodial sentences versus community supervision as the primary sanction. Further, the degree and length of post-incarceration risk management have also increased; many jurisdictions now have lengthy periods of sexual offender probation or even lifetime supervision. Twenty states and the federal government have also instituted post-sentence civil commitment of offenders adjudged to meet criteria for designation as sexually violent persons or predators (SVP).

### Effects of Incarceration

Sentences for sexual and other offenses are typically longer in the United States than in other parts of the developed world. This may be a consequence of the US tendency to aggregate sentences consecutively for separate offenses, whereas other jurisdictions (e.g., Canada) tend to sentence offenders concurrently for offenses occurring within the same general period. There are important considerations to be made regarding the cost implications of sentencing practices, as well as whether these efforts are having the anticipated or desired effects on reoffending.

In an influential meta-analysis of 117 studies involving 442,471 subjects from various jurisdictions,

Smith, Goggin, and Gendreau (2002) investigated correlations between recidivism and length of time incarcerated, type of sanction (institutional sentence vs. community-based monitoring and supervision), and imposition of an intermediate sanction (e.g., electronic monitoring, boot camps, drug testing). The following quote showcases this study’s findings regarding the possible difficulties associated with using “sanction alone” as a deterrent against reoffending:

*We are confident that, no matter how many studies are subsequently found, sanction studies will not produce results indicative of even modest suppression effects or results remotely approximating outcomes reported for certain types of treatment programs. (Smith et al. 2002, p.19)*

The overall results of Smith et al.’s meta-analysis were that type of sanction (incarceration vs. intermediate sanction vs. community-based placement) did not contribute to reductions in reoffense rates; that there were no differential effects of sanction type for juveniles, females, or minorities; and that there were tentative indications that longer sentences were associated with somewhat increased incidences of reoffending. Smith et al. (p. 6) concluded that:

1. *Prisons and intermediate sanctions should not be used with the expectation of reducing criminal behaviour (sic).*
2. *On the basis of (the Smith et al.) results, excessive use of incarceration may have substantial cost implications.*
3. *In order to determine who is being adversely affected by time in prison, it is incumbent upon prison officials to implement repeated, comprehensive assessments of offenders’ attitudes, values, and behaviours (sic) throughout the period of incarceration and correlate these changes with recidivism upon release into the community.*

A similar review was completed by researchers at the Washington State Institute for Public Policy (Aos, Miller, & Drake, 2006). Reviewing data from 291 program evaluations completed over a nearly 40-year period, these researchers obtained comparable results to Smith et al. (2002). Specifically, program options that included some aspect of rehabilitative work (i.e., treatment) were much more likely to decrease recidivism than were those that focused solely on sanction or supervision. In reviewing the effects of intermediate sanctions on criminal recidivism, Aos et al. concluded:

*The lesson from this research is that it is the treatment – not the intensive monitoring – that results in recidivism reduction. (p. 6)*

In a related research stream, Andrews and Bonta (2010; orig. 1994) responded to the “Nothing Works” perspective resulting from Martinson’s work in the mid-1970s (Martinson, 1974). In a meta-analytic review of the research investigating the effects of correctional interventions, Martinson concluded that there was little or no evidence to support a view this programming was reducing reoffending. However, Andrews and Bonta criticized these findings, noting that many studies included

results indicating positive effects for at least some types of offenders. In their answer to the “Nothing Works” contention, Andrews and Bonta conducted meta-analytic research as to what program components might contribute to greater positive outcomes. This research ultimately led to the formulation of a comprehensive general personality and social psychology of crime known as “The Psychology of Criminal Conduct” (PCC), with the Risk, Need, Responsivity (RNR) model embedded within it, as reported in their seminal volume *The Psychology of Criminal Conduct* (2010; orig. 1994). The PCC and its RNR model has significantly shaped modern correctional programming throughout the Western world, and is seen as one of the primary intervention philosophies and frameworks for providing evidence-based, best practice human service to offenders.

As part of their psychology of criminal conduct, the Andrews and Bonta RNR model asserts that effective interventions will match level of intensity of intervention to the level of assessed risk (Risk principle). Such programs also need to precisely target individualized criminogenic needs (personal traits, values, and attitudes known to contribute to reoffending – Need principle) in a manner that responds to client abilities, motivation, and other individualized variables (Responsivity principle). Andrews and Bonta demonstrated that significant decreases in reoffending were possible in offering rehabilitative interventions following these simple principles, as compared to supervision or criminal sanction alone (i.e., without interventions). In yet another, similarly oriented analysis, Lipsey and Cullen (2007) reviewed the various meta-analyses that have examined differential effects of supervision/sanction versus rehabilitation treatment. Their findings echo those of the others noted here – that supervision or sanction alone result in either no effect or a slightly negative effect on outcome (i.e., increased reoffending), while treatment results in positive and often large effects on outcome (i.e., decreased reoffending). In a cost-benefit analysis, the Correctional Service of Canada (2009) showed that every dollar spent on sexual offender treatment programming resulted in a savings of five dollars in costs not incurred due to decreased reoffending. Some have questioned the applicability of RNR constructs to the sexual offender population, presumably on the belief that these offenders are somehow different in their criminal and behavioral orientations and actions. However, in a meta-analysis of 23 studies (including 6,746 subjects), Hanson, Bourgon, Helmus, and Hodgson (2009) demonstrated that RNR principles apply to interventions with sexual offenders as much as they do with offenders in general. These principles have also been helpful in devising appropriate post-release risk management schemes (see Wilson, Cortoni, Picheca, Stirpe, & Nunes, 2009) in which evidence-based case management paired with community-based aftercare resulted in incremental reductions in post-release reoffending and other difficulties.

### Issues for Further Discussion

Contemporary American corrections policy has tended to emphasize sanction (e.g., retribution and

punishment) in addressing both general and specific deterrence. However, while exacting retribution and meting out punishments might make us feel better and satisfy our penchant for holding offenders accountable for their actions, the research reported above strongly suggests that offenders re-offend less (i.e., there are fewer victims) on release if they have had access to rehabilitation programming. Therefore, public safety-minded offender management policies must include a combination of both aspects – sanction and rehabilitation. In summary, the meta-analytic findings of the effects of correctional supervision/sanction and rehabilitative interventions suggest the following conclusions, which are applicable to persons who sexually offend:

1. Sentencing practices should take into consideration the level of risk posed by the offender, but should also appreciate the type and intensity of correctional programming required to assist the offender in increasing reintegration potential.
2. Comprehensive clinical interventions following evidence-based principles of effective correctional programming (i.e., RNR model) should be available to all sexual offenders during their incarceration.

Keeping the prescriptions of the RNR model in mind, it is important to ensure that the most restrictive and intensive measures are applied only to those offenders most in need of that level of supervision or intervention. Andrews and Bonta (2010) showed that sanction alone did little to address what they referred to as the “Big 4” predictors of criminal recidivism (antisocial values and attitudes, antisocial personality structure, antisocial behavior, and antisocial peer affiliations). They demonstrated that these core criminogenic need areas were best approached through programming that addresses inappropriate behavior by identifying antisocial values and attitudes developed over the offender’s life, and which contribute to continued offending (i.e., cognitive-behavioral interventions based in social learning principles). Finally, Andrews and Bonta further showed that, where feasible and safe, treatment programming is likely to have greater effect when offered in the community.

However, with respect to the findings noted above, many researchers have identified difficulties in the studies comprising this literature (see Hanson, Bourgon, et al., 2009). Issues have been noted regarding inconsistencies in regard to the degree of attention to empirical evidence, the use of rigorous program designs, and the degree to which implementation follows those designs. In their review of the sexual offender treatment programming literature, Hanson, Bourgon, et al. identified only a handful of studies that truly adhered to the prescriptions of the RNR model (i.e., a strong, evidence-based program design). Indeed, a general finding in the correctional treatment literature has been that those models most likely to reduce reoffending, or that are most likely to facilitate program evaluative research, are not often those employed (Lipsey & Cullen, 2007). For instance, random assignment designs are often seen as more highly

desirable for program evaluation; however, they are rarely employed and their feasibility has been questioned (Långström et al., 2013).

### ■ Post-Incarceration Risk Management for Higher Risk Offenders

Traditionally, persons convicted of sexual offenses have received determinate sentences; meaning that the greater majority of such offenders will at some point be released to the community. Beginning in the early 1990s, various levels of government started to consider their options in terms of the post-release management of sexual offenders. In Canada, high profile cases of sexual abuse and murder led to sweeping changes that established national policy and the development of specific community-based sexual offender management practices (see Correctional Service of Canada, 1996). In the United States, national SORs were established and many states either established or began investigating sexual offender civil commitment. In almost all cases, new practices were intended to increase the degree of scrutiny focused on released sexual offenders, in addition to generally increasing the length of time that scrutiny would endure, in some jurisdictions for the remainder of the offender’s life.

#### Long Term Sexual Offender Probation and Lifetime Supervision

Meta-analyses focusing on the predictors of sexual recidivism (e.g., Hanson & Morton-Bourgon, 2005) have greatly assisted both risk assessment and risk management personnel. Evaluators and treatment staff now have a range of tools available to increase accuracy in identifying offenders at risk, as well as increasing the effectiveness of interventions by more specifically targeting pertinent criminogenic needs. However, questions remain as to the length of time that sexual offenders remain at risk, or whether or for how long they need to be in rehabilitative programming.

Many US jurisdictions have statutes allowing for (up to) lifetime community-based supervision for sexual offenders, usually according to differential levels of risk. States like California have established “three strikes” provisions, in which offenders with three convictions meeting certain criteria are placed on lifetime supervision. With respect to managing risk in the community, many jurisdictions favor “containment” approaches (see English, Pullen, & Jones, 1996). This approach seeks to hold persons who sexually offend accountable through the coordinated use of the client’s internal controls, external criminal justice controls, and polygraph monitoring of client self-regulation and general compliance with external controls. English emphasizes further that treatment, supervision, and monitoring occur through a commitment to teamwork and collaborative efforts at increasing public safety. The containment strategy has five components (English, 1998):

1. A victim-centered philosophy
2. Multi-disciplinary collaboration
3. Specific management tools
4. Consistent multi-agency policies and protocols
5. Program quality-control mechanisms

One of the best examples of the containment approach is found in Colorado, where sexual offenders who commit certain types of offenses may be supervised for life after release. Ideally, the containment model is an initiative that assists in increasing offender accountability, resulting in decreased risk to the public. Colorado officials strongly support use of polygraph in their version of the containment model, asserting that it assists greatly in identifying problems before they become unmanageable or lead to reoffending (see Heil, Ahlmeyer, McCullar, & McKee, 2000). However, there continues to be a general lack of research regarding the effectiveness of polygraphy in reducing sexual recidivism (McGrath, Cumming, Hoke, & Bonn-Miller, 2007). Indeed, the McGrath et al. paper noted here is one of very few to study this issue, suggesting that there is, as yet, no conclusive evidence regarding the true value-added of polygraph evaluations in the community risk management of sexual offenders.

A variation on the containment model is found in the United Kingdom (UK). Known as Multi-Agency Public Protection Arrangements (MAPPA – see Wood & Kemshall, 2007), the intent of this framework is to ensure collaborative risk management of offenders after they are released from prison. MAPPA include representation from statutory agencies (probation, law enforcement), non-government organizations (social service agencies that provide treatment and support – Quakers, Lucy Faithfull Foundation, Salvation Army), and community partners such as victims advocacy groups and Circles of Support and Accountability (CoSA – see below). As noted, MAPPA is similar to containment in its intent and implementation; however, the major difference between containment and MAPPA is the use of polygraph monitoring, not presently used by MAPPA. In their review of MAPPA, Wood and Kemshall (2007) reported that all partners indicated increased belief that offender risk and needs were being better managed. However, they also highlighted unresolved issues regarding availability of post-incarceration housing and treatment services, as well as a lack of key performance indicators for evaluating efficacy.

### Sexual Offender Civil Commitment

At present, 20 states and the US federal government have legislated sexual offender civil commitment (SOCC) procedures. SOCC is based on a belief that some offenders will be at continued high risk (in some cases, termed “more likely than not”) to commit a new sexual offense if they are not preventively detained and offered rehabilitation treatment. SOCC statutes typically require that a potential candidate has a history of criminal sexual behavior, as well as a “mental abnormality” that, without treatment, would preclude him from being able to manage his sexual behavior in the community. Persons committed as Sexually Violent Persons/Predators (SVPs) are usually held until the Court finds they no longer meet the criteria outlined above.

SOCC continues to be a source of controversy on many fronts, affecting such stakeholders as legislators, risk assessors, treatment providers, public policy analysts, offenders and their families, and the general public (see review in Prentky, Janus, Bar-

baree, Schwartz, & Kafka, 2006). Beyond issues of constitutionality, the majority of these issues center on the methods used to identify persons worthy of SOCC, the efficacy of sexual offender treatment, and the safety and utility of “less restrictive alternatives” or “step-down” programs used if and when SVPs might be released to the community. Furthermore, there has been a general lack of agreement as to what constitutes appropriate procedure in measuring of risk to reoffend (see Campbell & DeClue, 2010; Mann, Hanson, & Thornton, 2010). Specifically, issues of base-rates and appropriateness of comparison groups have been raised as issues for additional attention and study (see Wilson, Looman, Abracen, & Pake, 2012).

For their part, persons sent to civil commitment centers have expressed anger and frustration at being brought into the SOCC domain when they had been expecting to be going home to their families. This has significant implications for treatment readiness (Wilson, 2009), combating hopelessness and addressing issues of poor treatment responsiveness (Moulden & Marshall, 2009) – each of which is important in the development of the sort of balanced, self-determined lifestyles (Curtiss & Warren, 1973) required for lasting prosocial change and successful community re-entry. Indeed, such barriers to treatment success have required the use of considerable creativity on the part of professionals attempting to devise treatment models that will appropriately address the programming needs of SVPs as they prepare for possible release to the community.

On some level, it is reasonable to compare and contrast SOCC with lifetime supervision. At present, the number of persons being released from civil commitment centers following completion of intensive treatment is relatively low. One important consideration may be financial. According to the Center for Sex Offender Management (2000), there is a great disparity in costs associated with managing sexual offenders through incarceration versus community supervision:

*One year of intensive supervision and treatment in the community can range in cost between \$5,000 and \$15,000 per offender, depending on treatment modality. The average cost for incarcerating an offender is significantly higher, approximately \$22,000 per year, excluding treatment costs.*

Depending on the individual state, costs associated with civil commitment may be even higher than traditional prison placement. According to a 2005 survey (Washington State Institute for Public Policy, 2005), costs of SOCC vary from \$12,680 to \$109,000 per resident per year.

### Issues for Further Discussion

Long-term management of risk among released sexual offenders continues to present theoretical and practical difficulties. As a theoretical model of community risk management, the containment and MAPPA models make sense and are commendable for their collaborative focus. However, these models have been criticized for being susceptible to a breakdown of the collaborative element when clients experience problems. Specifically, detractors

have suggested that the law and order sector of the containment triad (probation/parole supervision, community treatment and, more often in the US, polygraph supported monitoring) assumes a predominant role when clients experience difficulties and that collaboration involving information and perspective from treatment providers may be then overlooked. As we move toward the future, we must learn from these experiences, meaning it will become important for all stakeholders to work together to maintain a truly collaborative approach to risk management, including some level of participation by members of the community.

In *The Death and Life of Great American Cities*, urban development theorist Jane Jacobs (1961) asserted that community involvement was crucial in establishing and maintaining public order:

*The first thing to understand is that the public peace – the sidewalk and street peace – is not kept primarily by the police, necessary as police are. It is kept primarily by an intricate, almost unconscious, network of voluntary controls and standards among the people themselves and enforced by the people themselves... No amount of police can enforce civilization where the normal causal enforcement of it has broken down. (p. 32)*

Research generally supports a view that sexual offenders in the community may continue to pose risk for reoffending for 10 years or more post-release (Hanson & Thornton, 2000; Helmus, 2009; Quinsey, Harris, Rice, & Cormier, 2005). Accordingly, there is support for extended supervision for certain offenders. However, it is the latter element that is most pertinent – for certain offenders. The distribution of risk for sexual offenders is positively skewed (i.e., low risk offenders outnumber high risk offenders), with the average rate of sexual reoffending over 5-6 years being approximately 15% (Hanson & Bussière, 1998; Hanson & Morton-Bourgon, 2005), although higher rates of reoffending are likely to be observed over longer follow-up periods (i.e., 24% over 15 years – see Harris & Hanson, 2004).

However, considerable debate continues in the scientific literature and popular media as to what are the true rates of reoffending in sexual offenders. There are several issues complicating the process of arriving at a reasonable estimate: (a) Due to under-reporting by victims of sexual offenses, underestimation is a continuing problem; (b) Not all groups of offenders reoffend at the same rate; and (c) The length of follow-up reported in recidivism studies can be misleading. On the last point, many believe that longer-term follow-up studies are preferable; however, there are limitations inherent even in studies with long periods of follow-up. Essentially, a study with a 15-year follow-up is a commentary on the effectiveness of interventions offered 15 years ago. Given that coordinated methods of sexual offender treatment and risk management are relatively recent (i.e., less than 30 years) and the importance of recent changes in these methods (e.g., migration from relapse prevention methods to self-regulation and Good Lives approaches), it may be more reasonable to consider shorter-term reviews of better practices.

Notwithstanding arguments for or against long-term follow-up studies, it is clear that there is a group of sexual offenders who pose a higher than average risk to reoffend. In keeping with the aforementioned Risk principle, more highly restrictive measures – like long-term or lifetime supervision or SOCC (offender civil commitment) – might be better and more appropriately applied to this group than to apply these measures *carte blanche* across the board to all sexual offenders. For instance, a group of “almost SVPs” identified by Milloy (2003) appears to be comprised of released offenders in need of more intensive supervision, given the strong potential for higher rates of recidivism in comparison to other groups of sexual offenders. For offenders at this level of risk, it would be better to employ less restrictive, step-down, graduated intensity release program options upon their re-entering the community (see Jackson, Travia, & Schneider, 2010). These options include halfway houses or other similar residential options, with almost three-quarters of such programs offering at least some state-based funding to support offender reintegration into the community.

Regardless, despite the existence of programs able to provide graduated intensity, organized community follow-up options, the majority of civil committees (and other detained sexual offenders, for that matter) are held in civil commitment for lengthy periods. This is often because the courts have difficulty ascertaining which offenders are most likely to reoffend. Anecdotal reports from professionals working in SOCC centers indicate the presence of higher than usual levels of apathy, hopelessness, and other treatment interfering factors in SOCC center residents (see also Levenson & Prescott, 2009). Additionally, there are concerns as to what options will be available for post-release aftercare for this higher risk/need group. These unresolved issues contribute to low rates of release, which makes completion of follow-up studies of this population difficult or impossible. One potential solution to this problem is to investigate whether a group of sufficiently high-risk sexual offenders (analogous to typically civilly committed sexual offenders) can be identified in a jurisdiction where no commitment laws have been enacted and where offenders are therefore routinely released to the community (see Wilson et al., 2012). Comparisons of these groups would provide insight as to the criminal trajectories of such groups post-release. Long-term follow up data on such a population would also provide helpful clarification as to whether such groups are actually “more likely than not” to reoffend sexually if released to the community. Additionally, information could be extrapolated regarding the potential mediating effect of successful completion of treatment and/or provision of coordinated post-release follow-up treatment and supervision.

### Innovative Models for Community Reintegration of Offenders

Although specifics regarding etiology are scarce, sexual offending as a behavioral condition likely results from a complex interaction of offender specific and environmental factors. Management

of this condition requires competent assessment, effective treatment, and subsequent monitoring (clinical and case management), perhaps, for long periods depending on the individual presentations of the offenders in question. Although offenders are certainly known to engage in further problematic behavior while in institutional settings (e.g., prison, hospital, civil detention), the community is where the rubber hits the road when it comes to risk management.

In many respects, when an offender returns to the community, an “us vs. them” scenario is often played out, in that the offender may be seen as being on one side of the coin while the remainder of the key stakeholder groups (e.g., victims, law enforcement, correctional and mental health personnel, the media, etc.) are on the other. Indeed, many of the measures enacted to control offender behavior once released are often aimed at separating these two sides. However, some (see Levenson & D’Amora, 2007; Huebner et al., 2013) have questioned whether mandating this separation is actually good for risk management.

Among the more popular measures of official control instituted by various levels of government are sexual offender registration and notification, residency restrictions, electronic and GPS monitoring, long-term (or lifetime) supervision orders, and sexual offender civil commitment (SOCC). The risk management literature contains various entries that either support or oppose such measures, dependent on the writers’ perspectives. However, for our part, we believe that each of these approaches has the potential to help manage the risk of certain offenders while likely being ineffective or potentially damaging to the risk management of others. The key, from our perspective, is staying true to RNR precepts and ensuring the individualization of cases based upon offender presenting problems. Clearly, there are some offenders for whom special attention is warranted and we would be wise to use stringent measures to maintain community safety – consistent with both the risk and need principles of RNR. However, all too often official control measures are applied to *all* identified sexual offenders without consideration of whether or not they are actually indicated. Such practices limit the efficacy of the measures in question in three main ways:

1. Because the distribution of sexual offender risk potential is positively skewed, many more lower risk offenders will be targeted than those who are truly at high risk.
2. Due to the reality of limited resources, community risk management personnel will be unable to appropriately supervise the high-risk offenders because they are spending too much time in over-supervising lower risk offenders.
3. Public education efforts may be compromised because the message given is one indicating that all sexual offenders are at the same level of risk and that these time-consuming and, sometimes, costly measures must be applied to everyone.

Let us use sexual offender registration (SOR) as a case in point: Generally speaking, SOR is intended to establish a list of all the sexual offenders in a given jurisdiction (state, province, country, etc.).

Community safety is theoretically increased because there is a “narrowing of the field” for law enforcement and other officials as they attempt to manage risk to the community. The rationale is that sexual offenders are “predatory prowlers” who are always at risk to commit another offense, and that reoffense rates are high – leading to the perspective that we need to know where offenders are at all times to reduce the likelihood that they will engage in further abuse of vulnerable citizens. This rationale exacerbates the issues we identified in the preceding paragraph. Specifically, we know that, as a group, sexual offenders demonstrate significant heterogeneity, including the degree to which static markers indicate heightened risk and/or the extent of lifestyle instability for each individual (i.e., dynamic factors) (Hanson et al., 2007) – meaning that not all sexual offenders are the same and approaches will need to be individualized to achieve greatest effect.

Current meta-analytic reviews suggest the average sexual reoffense rate for all known sexual offenders, post-criminal sanction, is approximately 13 to 15% over a follow-up period of approximately 5-6 years (see Hanson & Morton-Bourgon, 2005). However, it is also clear that when we subdivide the whole population of known sexual abusers according to risk levels and other grouping variables (e.g., sexual deviance, personality disorders, offense type; see Hanson et al., 2007; Helmus, 2009; Mann et al., 2010; Thornton, Hanson, & Helmus, 2009), rates of reoffending vary. Of greatest concern to the community should be those sexual abusers judged to be at highest risk to reoffend, and who also present high levels of criminogenic need (e.g., poor sexual self-management, dysfunctional or unstable lifestyle choices). Additionally, aftercare programs are often few and far between for high risk/need sexual offenders coming to the end of their supervision or conditional release periods. In some cases, the community has had to be creative in its attempts to manage risk in its midst (Silverman & Wilson, 2002).

### Circles of Support and Accountability

In the summer of 1994, Charlie Taylor – a repeat child molester with a long history of offending and a dire risk profile according to actuarial measures – was released at the end of his sentence (known as Warrant Expiry Date, or WED, in Canada and equivalent to the US phenomenon of “max-ing out”), to the city of Hamilton, a short distance southwest of Toronto, Ontario. Charlie was ineligible for the sorts of services typically offered to offenders under supervision. In desperation, Charlie’s institutional psychologist reached out to members of the Welcome Inn, an inner-city church with whom Charlie previously had contact.

Charlie’s process of re-entry was made all the more difficult by a media blitz notifying Hamiltonians that Charlie was in their midst, resulting in picketing of the Welcome Inn and expensive, around the clock police surveillance of Charlie. As well, many agencies well known for their work with released offenders declined to be involved with Charlie, given the negative attention he was attracting. This very first Circle of Support and Accountability

worked to establish some measure of stability for Charlie. Days went into weeks and then months, all without any renewed offending. The police eventually withdrew their surveillance after having spent many tens of thousands of dollars on overtime. The media attention also died down; the truth being that Charlie and his re-entry ceased to be newsworthy.

Based on these *ad hoc* methods employed in Hamilton several months earlier, another group of faith-based community members decided to apply the same approach with a similar high-risk offender, named Wray, who was released to Peterborough, Ontario. As this group began to offer its support, they encountered similar pushback and hostility from their community, through the media. The pressure became so intense, Wray was forced ultimately to flee Peterborough, and take up residence in the larger metropolis of Toronto. Again, the community reacted with hostility. However, like Charlie, with time, support and guidance from this second group of concerned citizens, the fear and hostility that surrounded also cooled and calmed. On the strength of these experiences, the Mennonite Central Committee of Ontario (MCCO) agreed to steward a pilot project, known as the Community Reintegration Project. Pilot-project funding was provided by the Government of Canada. Nearly 20 years later, the Community Reintegration Project is well known as Circles of Support and Accountability (CoSA).

The CoSA model has grown significantly since the initial circle was formed in Hamilton in 1994. Projects are established throughout Canada and in several American jurisdictions (most pertinently California, Minnesota, and Vermont). In the United Kingdom, *Circles-UK* has been established as a national charity, while projects are established in some European countries (e.g., the Netherlands) and interest continues to grow in other nations (e.g., New Zealand, Latvia, France, and Korea, among others).

In this unique, restorative justice-informed approach, professionally-supported community members volunteer to assist high-risk, high-need sexual offenders as they attempt to integrate with society after release from prison. The CoSA model has provided hope that communities can assist in risk management, the end result being greater safety for potential victims and increased accountability for released offenders. Peer-reviewed evaluative research has shown that involvement in a CoSA can result in statistically significant reductions in sexual recidivism of 70% or more over statistical/actuarial projections (such as the Static-99) or matched comparison subjects (Wilson, McWhinnie, & Wilson, 2008).

As shown in figure 1, the CoSA model consists of two concentric circles of participants. The inner circle is comprised of a released offender (known as a Core Member) and 4-6 community volunteers. These participants meet regularly to discuss risk and reintegration issues presented by the core member. Periodically, issues arise requiring expert assistance (e.g., probation/parole violations, indications of imminent risk to reoffend, mental health

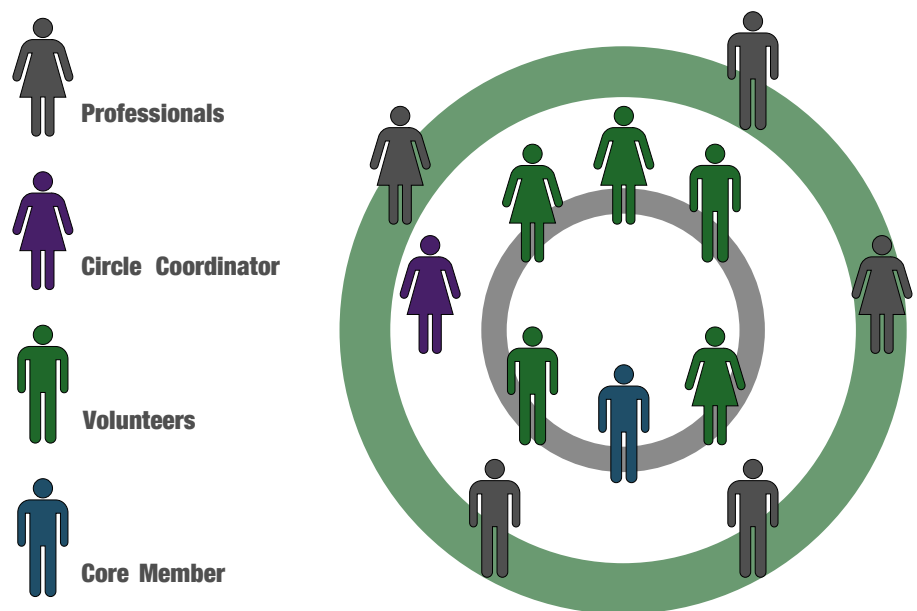


Figure 1. Graphic representation of CoSA model (adapted from Wilson & Picheca [2005], Netherlands Probation Service, 2012).

problems). This is when the outer circle – comprised of psychologists, probation and parole officers, social service workers, law enforcement personnel, etc. – becomes important. Essentially, while the inner circle provides support and accountability for the core member, the outer circle functions in a markedly similar fashion for the inner circle.

### The Efficacy of the CoSA Model

Two Canadian reviews have focused on the relative rates of reoffending between CoSA core members and matched comparison subjects who were released without benefit of a Circle (see Wilson, Picheca, & Prinzo, 2007b; Wilson, Cortoni, & McWhinnie, 2009). In the first study, 60 high risk sexual offenders involved in CoSAs (core members from the original pilot project in South-Central Ontario in Canada) were matched to 60 high risk sexual offenders who were not involved in CoSA (matched comparison subjects), with an average follow-up time of 4.5 years. Subjects were matched according to level of actuarial risk, type of release, date of release to the community, and prior involvement in sexual offender treatment. Results demonstrated a 70% reduction in *sexual* recidivism in the CoSA core members in contrast to the matched comparison group (5% vs. 16.7%), a 57% reduction in *all types of violent* recidivism (including sexual – 15% vs. 35%), and an overall reduction of 35% in *all types of recidivism* (including violent and sexual – 28.3% vs. 43.4%). In those three instances in which a core member committed a new sexual offense, a harm reduction (Marlatt, 1998) effect was observed, in that the new offenses were categorically less severe and invasive than the offenses for which the offenders had previously been convicted. A similar effect was not observed in the matched comparison group.

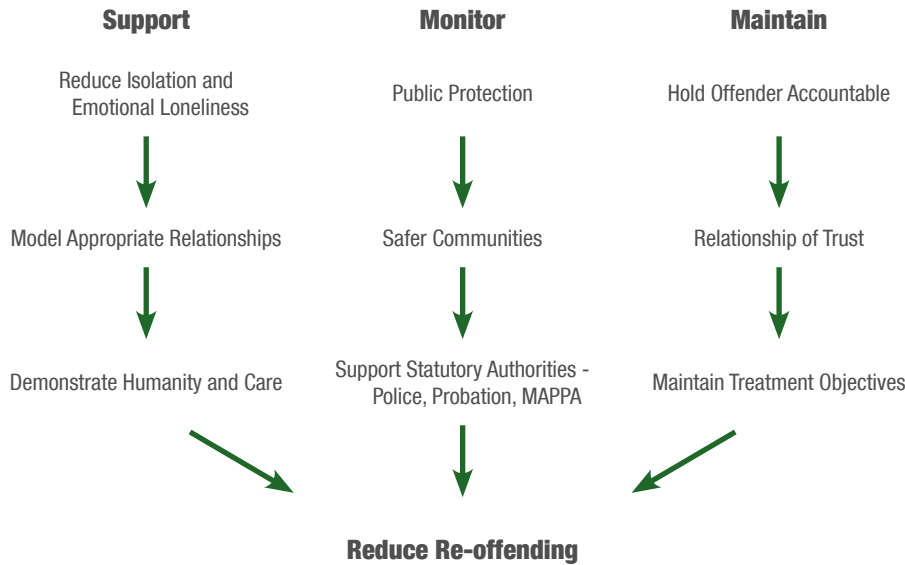
The second Canadian study consisted of a national replication of the Wilson et al. (2007b) pilot proj-

ect. Using the same basic methodology – comparing CoSA core members to matched comparison subjects – participants for this study were drawn from CoSA projects across Canada, but not including members of the pilot project. In total, the post-release behavior of 44 core members was compared to 44 matched comparison subjects, with an average follow-up time of approximately three years. Similar to the first study, dramatic reductions in rates of reoffending were observed. Specifically, there was an 83% reduction in *sexual* recidivism (2.3% vs. 13.7%), a 73% reduction in *all types of violent* recidivism (including sexual – 9.1% vs. 34.1%), and an overall reduction of 70% in *all types of recidivism* (including sexual and violent – 11.4% vs. 38.6%) in comparison to the matched offenders.

Recently, data were published as to the effectiveness of CoSA in international jurisdictions (Bates, Macrae, Wilson, & Wilson, 2013). The UK CoSA model is slightly modified from the Canadian original, in that most core members are still “under license” (British terminology for continuing to be supervised by Probation Services). As such, CoSAs in the UK are more formally situated within the statutory framework of criminal justice (i.e., Multi-Agency Public Protection Arrangements – MAPPA); whereas Canadian CoSAs have tended to focus on core members who are entirely post-sentence. Notwithstanding this difference, the unifying element between Canadian and UK iterations of the model remains with the voluntary sector, rendering the two models more similar than not. Key principles associated with the UK CoSA model are shown in Figure 2.

In a recent study, British CoSA researchers (Bates et al., 2013) followed 71 core members for an average period of 55 months, comparing them to a group of comparison subjects using a matching protocol similar to that used in the Wilson et al. (2007a, 2009a) studies, described above. Although several

## The Three Key Principles



**Figure 2.** The Three Key Principles (Saunders & Wilson, 2002)

core members experienced behavioral difficulties related to sexual offending, resulting in enhancements in their supervision schemes or a return to custody, only three of 71 core members (4.2%) were subsequently charged for sexual or violent re-offending. In contrast, among the members of the comparison group, 12 of 71 offenders (16.9%) were charged with new sexual or violent offenses. Overall, these findings are very much in line with those reported previously in Canada. As occurred in the Canadian studies, the UK project also observed a harm reduction effect – core members who reoffended did so by engaging in noncontact offenses (e.g., pornography or exposing).

At this point, there is a general lack of data regarding the effectiveness of the CoSA model in US jurisdictions. Currently, there are well-established CoSA projects in California, Minnesota, Pennsylvania, and Vermont, with additional projects in the development or early stages in Washington, North Carolina, and Colorado, among other states. Reports from the program based in Fresno, CA indicate no documented cases of sexual reoffending among the 25 CoSAs formed to date. However, there have been technical violations, some of which were related to risk for sexual reoffense. Minnesota has now run more than 30 CoSAs. A recently published evaluation of the effectiveness of the MnCoSA model (Duwe, 2013) employed random assignment of core members and comparison subjects, making it the most methodologically rigorous CoSA evaluation to date. However, due to short periods of follow-up, Duwe was not able to demonstrate differences in rates of sexual reoffending. However, comparative reductions were observed in the CoSA group regarding rearrests, reconvictions, and return to custody for other reasons. Last, the MnCoSA evaluation included a cost-benefit anal-

ysis, indicating an 82% return on investment (i.e., CBA = \$1.82).

### Issues for Further Discussion

The data regarding the potential effectiveness of the CoSA model reported above are certainly encouraging; however, it is important to note that these are but four studies with small sample sizes, short follow-up times, and no random assignment of participants to CoSA or no-CoSA groups outside of the MnCoSA evaluation. The use of a matched comparison design studies improves the strength of the findings but, ultimately, it would be very helpful if additional research meeting high standards of scientific rigor were to be completed. This will require more study in individual projects, such as the 5-year Process and Impact Evaluation of 16 Canadian CoSAs currently underway, sponsored by Public Safety Canada's National Crime Prevention Centre. Researchers from Pennsylvania State University are currently working with the Department of Justice's Office of Sex Offender Monitoring, Apprehending, Sentencing and Tracking (SMART) to develop an evaluation plan for several US CoSA sites in an effort to assess the utility of the CoSA model in US jurisdictions; however, no formal data are available as yet. Nonetheless, findings to date suggest that CoSA is likely to be just as effective in reducing risk in the USA as it has been in Canada and the UK.

Part of the difficulty associated with large-scale research on the CoSA model is attributable to the relatively few US jurisdictions in which the model is used. Implementation of a CoSA project requires a strategic engagement of quality community partners, resulting in both community buy-in (through volunteerism) and support from governmental agencies (e.g., corrections, police, etc.), which is a particularly novel and atypical way of managing

offender risk in the community. Collaboration between groups of stakeholders will require a degree of intention, such as that found in the MAP-PA scheme in the UK, as outlined above. Further, it would be of some benefit to the growth of the model if a process of "seeding" were implemented, in which existing projects could provide guidance and other assistance to jurisdictions interested in establishing their own project. Efforts in this regard are currently underway.

Additional problems in garnering support for re-entry innovations like CoSA come from potential misappraisals of the reasons for currently decreasing rates of reoffending (Finkelhor & Jones, 2006). Some in the United States have suggested that rates of sexual recidivism are low because identified offenders, by virtue of long periods of incarceration, are being removed from the "risk pool," as it were, during the portion of their lives during which they pose the greatest risk. However, this is unlikely to be the sole reason, as similar trends towards lower recidivism rates have also been observed in countries without such sentencing practices.

In our view, the dramatic differences in rates of reoffending (e.g., between the 1990s and the 2010s) are due to a combination of factors, both technological and philosophical. First, intensified focus on implementing practices according to the RNR principles led to the first actuarial risk assessment instruments (e.g., Static-99R, VRAG, etc.), which started to become available to evaluators in the mid to late 1990s. ARAIs advanced the field immeasurably by providing a reliable and valid means of triaging offenders by risk level, so that attention could be better focused on higher risk offenders. Second, the last 10-15 years has also seen the development of a number of risk assessment tools focused on dynamic predictors (e.g., Stable-2007, SOTIPS, SRA-FV), which are also useful in focusing treatment and intervention strategies on those characterological and lifestyle issues most highly predictive of reintegration problems. Third, the turn of the millennium also saw a rethinking of traditional sexual offender treatment methods. Relapse prevention methods (see Laws, 1989) gave way to self-regulation and pathways approaches (see Yates, Prescott, & Ward, 2010), as well as strength-based models (see Marshall, Marshall, Serran, & O'Brien, 2011). These holistic models of intervention have refined treatment techniques while maintaining appropriate levels of attention on treatment responsiveness. Indeed, of the RNR principles, it would appear that the one most often getting short-shrift is responsibility, which we suggest is an offshoot of society's general distaste for and intolerance of sexual abuse and offenders. Indeed, promoters of CoSA programs around the globe are well familiar with the difficulties associated with finding community members willing to volunteer to spend time guiding and being friendly with a released sexual offender.

### General Comments

There is no doubt that communities continue to experience revulsion around the issues of sexual offending, and considerable fear and unrest about the presence of known sexual offenders in their

midst. Policymakers and legislators have struggled to implement effective measures to manage risk to the public and to address the fears of constituents. However, the current literature is mixed as to the utility of these measures (Levenson & D'Amora, 2007; Huebner et al., 2013), and recent results suggest these initiatives may be having unanticipated negative effects on offender stability, which in turn compromises safety by increasing risk of further victimization. Indeed, there is a considerable disconnect between empiricism and policymaking; however, regardless of this reality, it is unlikely that strict measures enacted to manage risk will be repealed simply because scientists say they do not work. Concerned professionals need to work collaboratively with policymakers to develop innovative approaches that make the best use of our increasing knowledge, while accounting for limited resources as we strive to ensure the highest degree of public safety.

An additional problem potentially confounding our efforts at risk management and reduction is the general tendency for practices to be uniformly applied to all sexual offenders, regardless of levels of risk and criminogenic need. The literature regarding sexual offenders is clear in showing that this population is heterogeneous as to the level of risk posed to the community, their needs, or the degree to which they require rehabilitative programming (Helmus, 2009). This suggests that supervision models and treatment programming must be designed in appreciation of and adherence to the tenets of the RNR model (Wilson & Yates, 2009). Further complicating the matter is that groups of offenders with similar actuarially determined risk levels are also heterogeneous (i.e., not all persons who achieve the same score on the Static-99R will present their "risk" in necessarily the same way, or have the same criminogenic needs (see Thornton et al., 2009), suggesting that the risk appraisal process is more complicated than our current technologies can accommodate. Future research will need to focus on the development of reliable and valid methods for comparing offenders to appropriate comparison groups.

In and of itself, each risk management measure enacted is likely to have a beneficial effect for some offenders. However, in order to maximize the value-added of these measures, it is important that they be differentially applied to those offenders who require them most (in keeping with both the Risk and Need principles). Wholesale application of a measure to all offenders likely "washes out" the particular benefit that might be observed in those offenders to whom the measure most apply. As such, it is advisable that the application of risk management measures be individualized according to the degree of risk a particular offender poses. Although this may be initially more time consuming for case managers who will need to collate risk and need data, there will ultimately be savings in regard to staff resources, as case managers will be able to direct more intensive supervision and services to those offenders at higher levels of risk and need.

It is also likely that the citizens of any jurisdiction will benefit from greater understanding of the dy-

namics of sexual offending in their communities, and of the processes involved in sexual offender risk management. Nevertheless, legislators and sexual offender specialists alike have done a generally poor job in meeting those needs. Future efforts in this vein will need to better educate members of the community as to what it means to have released sexual offenders in their midst, as well as what they can do to personally influence the risk management process. Although Circles of Support and Accountability provide one method for greater community participation in risk management, it is nonetheless unlikely that this will fully meet the public's needs in this regard. More, and better quality research, in addition to an evaluation of current practices, is required in order for us to know how best to meet the dual and inseparable goals of increased public safety and effective community reintegration for offenders. The cost-benefit analyses (e.g., Aos et al., 2006; Correctional Service of Canada, 2009; Duwe, 2013; Elliott & Beech, 2013) reported in this article are clear that, although evidence-based initiatives also promote fiscal responsibility, it is also a sad truth that some of the long-term risk management measures currently employed are neither cost effective nor would they withstand scientific scrutiny (at least in their current form).

In this article, we have noted that prolonged incarceration or increasingly punitive sanctions are unlikely to reduce reoffending, unless they are paired with human service programming attending to the principles of Risk, Need, and Responsivity. However, the public has little tolerance for the potential danger posed by offenders judged to be at higher risk, but, although public fear often leads to legislative action, there is an apparent disconnect between research and practice in terms of choosing measures that are likely to be effective (Levenson & D'Amora, 2007). This suggests that researchers need to be more proactive in making sure legislators are aware of and have at their disposal good research upon which to base their decision-making practices. Further, legislators will need to rise above political rhetoric in being diligent when considering research findings before enacting policy and law. In this regard, sentencing and parole decisions would be well advised to consider RNR principles. For example, the risk and need principles assert that more stringent risk management practices like community notification, electronic monitoring, or long/lifetime supervision should be applied only to those offenders presenting the greatest risk to reoffend and demonstrating the highest degrees of lifestyle instability.

It also appears that greater participation of and understanding by community members, including citizen legislators, both in recognizing the realities of sexual offending in their community and in the risk management processes, would lead to a fuller understanding of the issues faced by offenders returning to the community (Silverman & Wilson, 2002; Wilson, Picheca, & Prinzo, 2005). This should then influence legislative reform regarding long-term sexual offender management strategies and policies that are commensurate with risk and appropriately respond to identified criminogenic needs. Notwithstanding the emotional responses

typically evoked when discussing issues of sexual abuse (e.g., fear, rage, disgust, hatred), the simple truth is that most sexual offenders will at some point return to the community. As noted above, the literature regarding the effectiveness of various methods of official control (e.g., sexual offender registration, community notification, residency restrictions) does not support the perspective that these sorts of measures alone will sufficiently address sexual offender re-entry concerns (see Huebner et al., 2013). Indeed, it would appear that some of these measures might actually increase risk to the community by making it quite difficult for some offenders to establish stability (see Huebner et al., 2013; Willis & Grace, 2008, 2009).

If the laws we enact to increase community safety do not appear to be accomplishing their appointed tasks, what are we to do to ensure that vulnerable persons are safe and that offenders are able to establish themselves as law-abiding citizens? We have suggested herein that coordinated and collaborative approaches to re-entry, in which all stakeholder groups are represented (especially including the community-at-large) and considered, are most likely to achieve our shared goal of no more victims. Our perspective emphasizes the idea of ensuring community involvement in the process of community re-entry and risk management.

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