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## Circles of Support & Accountability: The Role of the Community in Effective Sexual Offender Risk Management

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Ask yourself: How many people are there in your daily life who are not paid to be there? Now ask yourself, “How successful am I as a person, lover, spouse (maybe), a parent, a friend, or a member of an extended family?” These two questions are almost inextricably related, right? The first you may recognize as a question similar to one found in many assessment tools measuring stable dynamic predictors of risk for sexual reoffending (see Hanson, Harris, Scott, and Helmus, 2007) exploring significant social relationships. Indeed, such instruments consider quite a number of areas that, translated into common parlance, explore a person’s connection to and ability to function in a community setting of noncriminal associates (e.g., relationship stability, general social rejection, lack of concern for others, impulsivity, poor problem-solving skills). The need for “community” in anyone’s life is extensive, and no less so for the person struggling to cope with issues related to criminal sexual behavior. In fact, poor social functioning and social isolation are well known and commonly observed factors among those who engage in deviant sexual behavior (Finkelhor, 1984; Finkelhor & Araji, 1986; Hanson et al., 2007; Hudson & Ward, 1997; Malloy & Marshall, 1999; Marshall, 1989; Marshall, Barbaree, & Fernandez, 1995; Miner et al., 2010; Pacht & Cowen, 1974; Segal & Marshall, 1986; Ward, Laws, & Hudson, 2003).

As a family physician and clinician working in one of Canada’s most impoverished communities—the Downtown Eastside of Vancouver, British Columbia—Dr. Gabor Maté reflects on his experience: “We shouldn’t underestimate how desperate a chronically lonely person is to escape the prison

of solitude. It’s not a matter of common shyness but of a deep psychological sense of isolation experienced from early childhood by people who felt rejected by everyone, beginning with their caregivers” (Maté, 2008).

So, are people who have committed sexual offenses simply social isolates, lonely, and in need of a friend? Yes, in some ways, though it is not quite that simple. Treatment models for various types of sexual offending patterns have been, and continue to be, developed that address some of the more pernicious issues a clinician will ever confront (e.g., fantasies of sexually abusing children, acts of sexual violence, general social deviance). But, if treatment is to be successful and if change in treatment is to be maintained, then having a few good friends really helps, especially friends who understand and can help a person stay safe, live safe, and develop the human bonds that failed to develop in the first place when they were growing up. These friends are needed to continually talk about and model appropriate adult relationships. The obvious human need for appropriate intimacy suggests that these sorts of friends are worth their weight in any currency, and, as radical as it may seem, this is a role in managing risk that can *only* be fulfilled by members of a willing and knowledgeable community.

Canada has over 20 years of experience of doing just that—pairing ordinary citizens with high-risk sexual offenders. Citizens have been visiting offenders in jail forever. But, being alongside as a person leaves prison and enters the mean streets of a hostile community rife with both temptation and scorn—this is an unusual experience. This is where the proverbial rubber meets the road for offenders returning from “paying the price.” This is where the “price” is actually “paid.” We are talking about engaging nonprofessionals—ordinary citizens who are not paid to be with the returning offender, who are aware of the dynamics of sexual offending behavior and the offense histories of the persons involved, and who are still willing to try being a friend to a high-risk sexual offender in his bid to live safely in the community with no more victims.

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Put into clinical terminology, the research literature on effective interventions tells us that we should provide offenders with human service opportunities that match intensity to risk, specifically target assessed areas of criminogenic need, and which promote motivation to change and consider the idiosyncratic nature of the clientele (Andrews & Bonta, 2010). This is the essence of the risk-need-responsivity (RNR) model that underpins many of the correctional rehabilitation programs across North America and some international jurisdictions. A related literature thread tells us that programs should not just focus on risk, need, and responsiveness, but that they should also promote the development of lifestyle balance and self-determinism (Curtiss & Warren, 1973)—all in the quest for a “good life” (Wilson & Yates, 2009; Yates, Prescott, & Ward, 2010). But what do most “good lives” have? A solid social network—even if it is just a small one—of reliable and concerned friends.

The majority of persons who sexually offend (and get caught) receive determinate sentences, meaning that they will 1 day return to society. In the best case scenario, all sexual offenders will have had an opportunity, while incarcerated or under supervision, to complete some degree of evidence-based treatment or counseling, hopefully adhering to the RNR principles noted above. However, there are still many instances in which this does not occur. For instance, what happens when the person in need of an effective intervention does not have access to one? What happens when the offender fails to appreciate that he/she needed one and, as such, did not take advantage of the opportunity when it was presented? Scenarios like these lead to some being released to the community as “untreated sexual offenders.” Whether deservedly or not, these are the sorts of folks who cause real concern for law enforcement personnel and members of the community.

Let us also, for a moment, consider those offenders who do have access to good treatment while institutionalized and who undertake that treatment, but their risk is still not sufficiently ameliorated prior to release. Truth be told, this happens frequently. Part of the reason for this is that, as noted above, most sexual offenders receive determinate sentences—that is, the Department of Corrections must let them go at the end of their time. In some US states (less than half), there are civil commitment programs that will indefinitely hold certain sexual offenders while they receive additional treatment and risk management instruction. However, even this is not fail-safe. There are many occasions when the judicial system will “release” someone from civil commitment for reasons unrelated to clinically assisted reductions in risk to reoffend. Simply put, sometimes offenders at risk make it back to the community before we have a chance to fully address that risk.

So, where does that leave the community? It would be unreasonable to expect that the criminal justice system will

be able to ensure that the totality of risk to the community can be managed. As a field, we are simply not able to predict—with full accuracy—who will and who will not reoffend sexually upon release to the community. With the advent of actuarial risk assessment tools (e.g., Static-99R; Helmus, 2009) and measures of community reintegration (i.e., dynamic risk potential—see Hanson et al., 2007), we are a lot better at distinguishing these two groups, but there is more to be accomplished.

Perhaps one of the areas with greatest potential for growth is in regard to community engagement of the collaborative risk management endeavor. Many jurisdictions now favor “containment” approaches to managing risk in the community (see English, Pullen, and Jones, 1998). In such models, treatment, supervision, and monitoring occur in concert; however, all of these services/measures are offered by the “official control” sector—probation/parole, law enforcement, paid professionals, etc. Silverman and Wilson (2002) suggested that a viable solution to community violence is found in community engagement with the criminal justice system. Research in support of this assertion includes findings that social support led to reductions in violent recidivism among mentally ill patients as well as violent sexual offenders (Estroff, Zimmer, Lachicotte, & Benoit, 1994; Gutiérrez-Lobos et al., 2001). Further, stable housing, as well as social support, has shown a relationship to reduced sexual recidivism and general criminality among both child molesters and rapists (Grubin, 1997; Lane Council of Governments, 2003; Willis & Grace, 2008, 2009). It would be our submission that while containment models provide a clear “law and order” accountability framework for statutory agencies and released offenders alike, the sort of caring and warm human regard available from endeavors like Circles of Support and Accountability (CoSA; Wilson & McWhinnie, 2013) is critical to ensuring long-term social and community integration.

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### **Community Risk Management: The Birth of Circles of Support and Accountability**

In the summer of 1994, congregants of a small Mennonite community church had no idea that they were about to change the way people considered “high risk” were received in Canadian communities and internationally. A man named Charlie—a repeat offender who had spent the majority of his life incarcerated for molesting more than 20 children—was about to be released from an Ontario prison.<sup>1</sup> Convicted of

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<sup>1</sup>While in the institution, an assessment report composed using an early version of the Sex Offender Risk Appraisal Guide (SORAG—see Quinsey, Harris, Rice, and Cormier, 2006) had put Charlie’s risk potential at 100 % chance of sexual or violent reoffending in 7 years.

multiple sexual offenses involving young boys, this was not good news for the residents of Hamilton, Ontario, where Charlie was planning to reside.

Bill Palmer, a psychologist with the Correctional Service of Canada (CSC) was Charlie's therapist in prison. No one knew the risks Charlie posed better than he. Palmer also knew that once Charlie was released, both he and CSC would be powerless to do anything about the risks Charlie posed. Palmer contacted community-based corrections personnel working in Toronto, Ontario, including the primary author (Wilson) and the District Chaplain, Rev. Hugh Kirkegaard. Palmer wanted to know, was there anything that could be done? Without appropriate supports and supervision, the probability that Charlie would harm another child was high. Wilson's response was less than heartening. In essence, the criminal justice system had more or less run out of options in Charlie's case. His release was imminent, there were no services for him, and, apart from police surveillance, there was little the community could offer Charlie. To Palmer, something—anything—that would help Charlie stay safe in the community was needed. But what? To whom could he turn?

Rev. Kirkegaard hoped that the answer would ultimately come from volunteers who had assisted Charlie during the last time he had been out, specifically, from the Reverend Harry Nigh and his congregants at the Welcome Inn, a Mennonite church. Harry Nigh knew Charlie from his experience with a person-to-person outreach to prisoners, called "M2W2" (Man to Man, Woman to Woman—see Yantzi, 1998). Further, people, who had known Charlie the last time he had been released and who were still visiting him in prison, had been exploring ways of supporting Charlie this time around. Restorative justice adherent Ed Vandenberg, for instance, was intrigued by a "circling" process used successfully in the past with mental health patients. Bill Palmer contacted Reverend Nigh and facilitated a meeting at the penitentiary to plan for Charlie's release. It was there that the idea of a "circle of ongoing support" was brought up—"a Charlie's Angels group" as Harry referred to it in his minutes. This concept has deep roots in Canadian Aboriginal traditions. However, the idea in this case was also influenced by other work with which this Charlie's Angels group had been experimenting in supporting other ex-prisoners. The goal was to assist ex-prisoners in living offense-free. As part of the basis for their optimism, these folks knew that an even earlier, similar initiative had proven successful in supporting people with disabilities to live independently in the community.

In hindsight, Reverend Nigh recalls a sense of foreboding. He knew he could also have simply said there was nothing he or his church community could do, and that Charlie, in fact, posed too great a risk for their small community to take on. Instead, Harry gathered several members of his Hamilton congregation and, together, they fashioned a

response of "circling" people like Charlie to provide support for them as they worked at establishing themselves in the community. Members of this faith community responded by welcoming Charlie in their midst, but Charlie presented many challenges to this first circle, including poor problem-solving skills, institutionalization, and a sort of entrenched social orneriness. They soon realized that the circle needed to have an accountability component to go along with its supportive work. With that realization, the first of what has now become "Circles of Support and Accountability" (CoSA) was established.

With the assistance of his "circle" (Reverend Nigh and his associates), Charlie began to settle into a life in the community. Days turned to months, months turned to years, and Charlie did not reoffend. Indeed, on the strength of Charlie's apparent success, other faith groups began engaging in similar processes, assisting additional high-risk sexual offenders who were being released to the community with little or nothing in the way of a formal risk management framework. This was the birth of a Circles of Support and Accountability movement that now stretches across Canada, into the United States, and across both the Atlantic and Pacific Oceans.

From that first experience in Ontario until the present time nearly 20 years later and west to British Columbia (one of now 16 CoSA projects in Canada), Linda Rathjen—a BC CoSA volunteer—talks about working with "Arthur," a man in many ways similar to Charlie:

When asked what his highlight was after his first month out of prison, [Arthur] emphatically stated that it was having found his CoSA group, his six friends. His greatest fear was losing them. So the signing of the covenant, where we committed to being his Circle for at least a year, meant the world to Arthur. It guaranteed the safety of our relationship with him, and helped reduce his fear of abandonment. It symbolized community to him in a tangible and real way, and he was more than eager to abide by the terms of the covenant. I believe my community is safer because of CoSA. When Arthur was asked on his anniversary as to why he has been successful in the community this time as opposed to other times, he replied, "I've never had good friends before. How could I ever do anything that would hurt these people?" So, when the phone rings, and I see that it's Arthur, and I don't feel like talking with him AGAIN, I am reminded that this could be the phone call that he needs to prevent him from slipping back into his crime cycle, and how could I do less than give him those few minutes of my time in exchange for the safety of my community?

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## Circle Mechanics

In the generally accepted model, each Circle is comprised of a Core Member (the ex-offender) and four to six community volunteers—citizens who have pledged personal time to assist the Core Member in the community. Community members who volunteer their time to CoSA are trained to ensure that they understand the roles and responsibilities

associated with assisting and holding accountable high-risk sexual offenders in the community (Correctional Service of Canada, 2002a; Wilson, Cortoni, & McWhinnie, 2009; Wilson, McWhinnie, Picheca, Prinzo, & Cortoni, 2007). In addition, community volunteers in almost all Canadian CoSA projects have access to an advisory committee comprised of professionals from law enforcement, corrections, clinical services, and business who also volunteer their services. Most, if not all, CoSA projects also have a paid “staff” person who serves as the local coordinator and provides operational support to the Circles running in their project.

In the initial phase of the Circle (typically 60–90 days following release), at least one volunteer is designated as the primary contact and meets with the Core Member on a more or less daily basis. Other Circle volunteers are also in contact with the Core Member, at a minimum, on a weekly basis during this initial phase. In addition to these individual meetings, the full Circle meets on a weekly basis. A CoSA is a relationship scheme based on friendship and accountability for behavior. As is expected in any friendly relationship, openness among all members is key and is seen as the method by which accountability is most likely to be maintained.

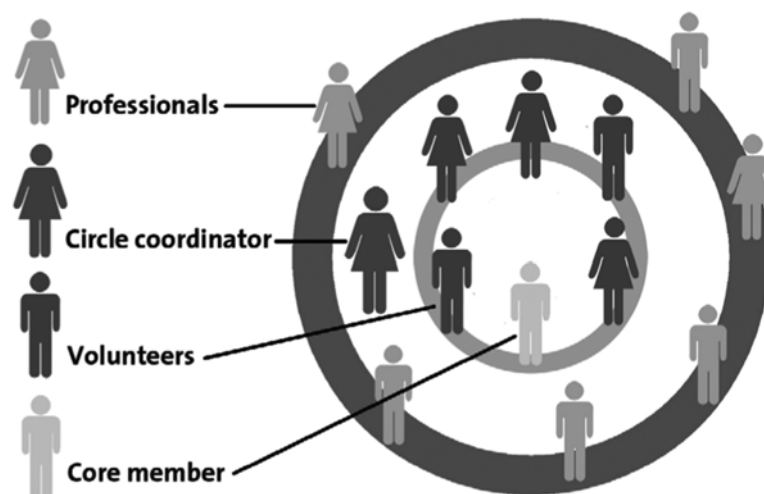
Offenders targeted for CoSA are usually those who have long histories of offending, have typically failed in treatment, have displayed intractable antisocial values and attitudes, and are likely to be held until sentence completion due to high levels of risk and criminogenic need. Upon release, these offenders face significant reintegration challenges, and involvement in CoSA assists greatly in helping them make good choices regarding the acquisition of valued goals consistent with the tenets of the currently popular good lives model (GLM—see Wilson and Yates, 2009; Yates et al., 2010). Briefly, the GLM posits that all people seek to attain human goods that include, among others, relatedness/

intimacy, agency/autonomy, and emotional equilibrium. In short, human goods are associated with general well-being, and the sort of balanced, self-determinism also argued in the life skills model (Curtiss & Warren, 1973). Through involvement in CoSA, released offenders have access to “prosocial guides” who will assist them in meeting their needs in ways that promote personal efficacy and well-being and decrease propensity to reoffend. Those released without benefit of participation in CoSA are presumably less able to meet their needs in prosocial ways and are, therefore, less likely to reintegrate successfully in the community.

With its focus on support, CoSA provides positive social influences, concrete help with cognitive and other problem-solving, and helps counteract the social isolation and feelings of loneliness and rejection associated with sexual reoffending. Further, with its concurrent focus on accountability on the part of the offender, it targets issues related to distorted cognitions that support offending and minimize risk, including cooperation with supervision and the need to maintain a balanced, self-determined lifestyle. The CoSA approach is therefore fully in line with the risk and need elements of the principles of effective interventions (Andrews & Bonta, 2010; Wilson & Yates, 2009).

## A Two-Ring Circle

A CoSA is actually two circles—an inner circle consisting of community volunteers and the Core Member and an outer circle consisting of professionals who have volunteered their expertise to support the inner circle (see Fig. 1). The inner circle manages the day-to-day aspects of the Core Member’s community reentry, while more difficult or complicated issues (e.g., breach of conditions, treatment concerns, and



**Fig. 1** Graphic representation of CoSA model (adapted from Wilson and Picheca (2005), Wilson et al. 2007b, c)



reports to law enforcement or child protection) are addressed with the assistance of the outer circle, comprised of professionals and other representatives of official stakeholder groups (e.g., probation, law enforcement, treatment professionals). In our experience, a realistic circle size is now five volunteers for each Core Member.

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## Training and Support of Volunteers

It is essential that volunteers are supported, monitored, and held accountable for the work they are undertaking. This supervision needs to be undertaken by a coordinator (i.e., the paid staff member noted above) who not only understands the issues related to risk management but who also understands the needs of the volunteers. The challenge is to find a balance wherein the volunteers feel supported but are not wholly dependent on that support to work effectively. It is important to understand that when undertaking something new, this something new is approached from a point of naïveté. Both advice and guidance are needed until experience consolidates sound judgment. The Circles coordinator provides this guidance and advice both formally and informally. The personal well-being of volunteers is paramount and, as such, they are invited to attend quarterly reviews in which they can explore their experience of Circles work. The coordinator will also ensure that each Circle as a whole is regularly reviewed.

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## Evidence-Based Practice

There are many different practices currently employed, each of which claims to help ameliorate the risk that sexual offenders pose to the community. On the surface, many of these practices appear to make sense. However, in today's world, it is not enough to have what psychologists call face validity ("makes sense"), you have to underscore your claims of efficacy with program evaluation research. And, even when you do this, there still may be criticism from other professionals or the community that your evaluation has flaws or other elements that might serve to lessen the strength of your claims.

From the very beginning, we realized that if we were ever going to be able to claim that CoSA had a measurable effect on the risk to the community posed by Core Members, we were going to have to build in a research component. Having been involved from the beginning, the first author was careful to start building a database of variables and factors that would, at some point in the future, require revisiting to be sure that CoSA was having its intended effect on safety. We also realized that it would be important to conduct this research in keeping with other developments in the field, so we were careful to use tools and methods that other programs

and projects were using. In short, it was important that we not allow any potential benefits of CoSA involvement to be dismissed simply because we had not conducted scientifically rigorous investigation of those potential benefits.

As the numbers of persons coming into the project as Core Members grew, we approached a point where it was possible to start speaking with others about what we were doing and to start evaluating outcomes. The very first presentation on the mechanics of the CoSA model was made at the annual conference of the Association for the Treatment of Sexual Abusers (ATSA) in Arlington, Virginia, in the fall of 1997 (Heise, Kirkegaard, & Wilson, 1997). However, discussion of actual data did not come until 3 years later (Wilson & Prinzo, 2000), when a preliminary comparison of 30 Core Members and 30 matched comparison subjects was presented. A few years later, we were able to double these samples, and the first peer-reviewed evaluation of CoSA was published (see Wilson, McWhinnie et al., 2007; Wilson, Picheca, & Prinzo, 2007a, 2007b). A national replication study followed soon after (Wilson et al., 2009), demonstrating very similar results.

As soon as we started conducting comparisons of men who had been in a Circle with similar men who had not, we were surprised by the outcomes. Contemporaneously, other studies were then starting to emerge regarding the relative rates of reoffending observed after offenders had completed one or another treatment intervention compared to those who had not completed treatment. Most studies were reporting modest (but significant) reductions in reoffending, purportedly as a consequence of being involved in "sexual offender-specific" treatment. However, CoSA was never intended to be a treatment program; these were nonprofessional, community volunteers assisting high-risk offenders, post-release, in the process of community integration. Yet, the differences in reoffending between men in Circles and matched comparison subjects not in Circles were striking.

In a meta-analytic review, Hanson and colleagues (Hanson, Bourgon, Helmus, & Hodgson, 2009) presented data from 23 sexual offender treatment efficacy studies meeting certain basic criteria for study quality (including our first CoSA evaluation—Wilson, Picheca, et al., 2007b). Average sexual reoffense rates for those offenders completing treatment was 10.9 %, while those offenders who did not complete treatment reoffended at a rate of 19.2 %, for an odds ratio of .568. In the first evaluation of CoSA (see Wilson, Picheca, et al., 2007b), the rates of sexual reoffending over an average of approximately 4½ years were 5 % for 60 CoSA participants and 16.67 % for 60 matched comparison subjects who were not involved in a Circle, for an odds ratio of .299. In a recently published replication study (see Wilson et al., 2009), the respective differences in sexual reoffending were 2.3 % and 13.7 %, for an odds ratio of .168 (mean follow-up time was approximately 3 years).

In many respects, it would appear that the value added for offenders involved in CoSA surpasses that available through involvement in treatment. However, this may not be an entirely fair comparison. In the aforementioned meta-analysis of treatment outcome studies, Hanson et al. (2009) assigned a rating to included studies based on how well they adhered to the elements of the Andrews and Bonta (2010) RNR model. Hanson et al. assigned a rating of “2” to the first CoSA evaluation (Wilson, Picheca, et al., 2007b), stating that the model met the “risk” and “responsivity” tenets, but not “need.” In this chapter, we would like to correct Dr. Hanson and his colleagues, in suggesting that the acute attention paid by Circle volunteers to elements of criminogenic need may be precisely what has given CoSA an edge over other attempts at community-based risk management. Indeed, one of the unique benefits of CoSA is found in the nature of the relationships formed between volunteers and Core Members. In this model, attention to criminogenic need is accomplished through methods that are responsive to offender needs in ways that professionals generally cannot offer.

As an outcome of their ambitious Dynamic Supervision Project research, Hanson and associates (Hanson et al., 2007) updated their scales for assessing stable and acute dynamic risk factors. The resultant scale for stable dynamic factors (Stable-2007) essentially outlines 13 variables in 5 categories that are important to consider in community risk management and the development of ongoing treatment. Most sexual offender aftercare (i.e., post-release) programs are informed by the Stable-2007 or other similar schemes (e.g., Thornton’s Structured Risk Assessment [SRA] protocol—Thornton, 2002). The five domains in the Stable-2007 are:

1. Significant social influences
2. Intimacy deficits
3. General self-regulation
4. Sexual self-regulation
5. Cooperation with supervision

However, most programs have only the ability to teach skills theoretically linked to the reduction of difficulties in these target areas. Probation and parole staff must then send offenders back out into the community to put those new skills into practice, while staff essentially “wait and see.” CoSA takes a somewhat different approach to this. Unlike correctional and other similar personnel, CoSA volunteers are able to engage with offenders in ways that might otherwise be characterized as a breach of professional boundaries (e.g., buying the Core Member lunch, inviting him to your home, giving him your personal phone number—of course, all with safety considered in advance). Volunteers can

provide intensive mentoring and virtual hand-holding as the Core Member attempts to address issues related to his criminogenic needs. The issues of high caseloads and limited services are nonexistent in the CoSA approach. This is the “support” element at work. But let us not forget about “accountability.” This latter aspect requires that Core Members make genuine attempts to address lifestyle management deficits, to debrief their experiences during the process of community integration, and to engage in a dialogue about how to do things better. We submit that this is the essence of what Andrews and Bonta meant when they decreed that effective interventions must attend to criminogenic needs.

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### Proliferation of the Model

Circles of Support and Accountability started as a grassroots attempt to address a specific problem for a specific individual—Charlie was being released at sentence completion to a hostile community environment in which he would have little or no assistance in avoiding high-risk situations, developing new skills to compete with old ways of doing things, or finding a place for himself in the community. This at first seemingly simple gesture of kindness by Reverend Nigh and his congregation has subsequently grown into something of a movement in the restorative justice-friendly faith community. Unbeknownst to us, two probation officers from Minnesota took our handouts away from that first presentation in Arlington and just started doing it in their county. Many other CoSA projects have gotten their start in similar ways—by word of mouth or by acquiring literature describing the model, either at conferences, on the internet, or through informal sharing with like-minded organizations. Both authors receive email inquiries weekly from parties in international jurisdictions who are keen to explore CoSA project development.

CoSA has grown to become a viable community partner in assisting high-risk sexual offenders in their efforts at integrating with society. The CoSA model has now proliferated across Canada (from which the current sample was drawn) and into the international arena, with many countries investigating the model. Outside of Canada, the most ambitious application of the model is found in the Hampshire and Thames Valley (HTV) region of the United Kingdom. In 2000, five Canadian CoSA delegates were asked to travel to London to meet with restorative justice adherents from the Religious Society of Friends (Quakers), officials from the Home Office and Her Majesty’s Prison Service, and related statutory agencies (see Peace and Witness, 2005). These discussions resulted in the formation of a demonstration project in the HTV region and another

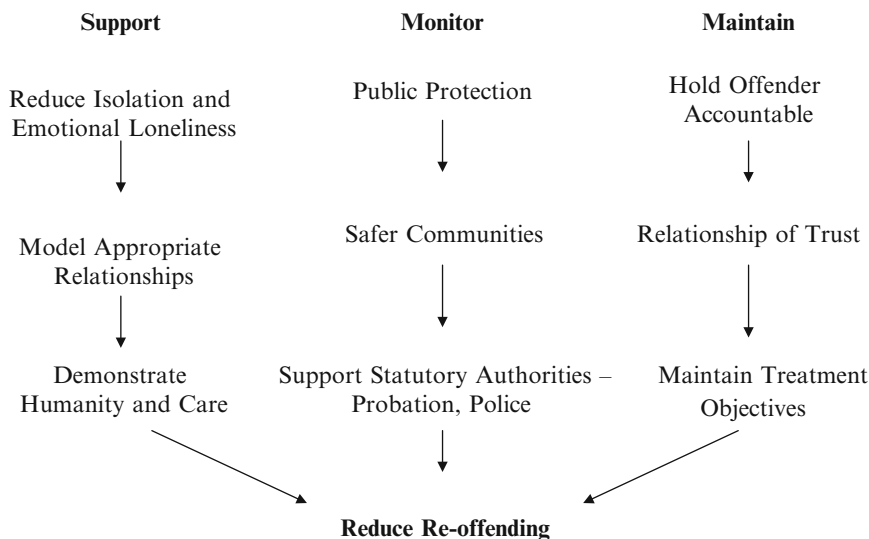
endeavor sponsored by the Lucy Faithfull Foundation, a religious charity and social service provider. In June 2008, the British government established a national charity under the title “Circles UK.”

The variant of CoSA available in the United Kingdom differs somewhat from its Canadian counterpart in that participating offenders remain under supervision while those in Canada are mostly in the community post-sentence and post-supervision. The systemic approach taken in Britain recognized the importance of two important key factors in offender management: firstly, the impact of sexual offender treatment programs and, secondly, the role of the Multi-Agency Public Protection Panel (MAPPA)—a process that mirrors, in many respects, the containment model used in the United States (English et al., 1998). The design of the MAPPA model is founded on three key principles (see below—Bates, Saunders, & Wilson, 2007; Saunders & Wilson, 2003; Wilson, McWhinnie, & Wilson, 2008), which are based on those significant issues relating to the recidivism of sexually aggressive behavior. The reduction of isolation and emotional loneliness is an imperative, while perceptions of intimacy and the significance of attachment deficits demonstrate

the need for appropriate modeling—a central feature of a CoSA volunteer’s role. Circles are only effective if a relationship of honesty and trust is developed within all the constituent parts. As with treatment, therapeutic alliances are important. By definition, the Circle has a therapeutic dynamic, and humanity and care become the context in which the Core Member is held accountable for his past abusive behavior.

A preliminary study published by British CoSA researchers (Bates et al., 2007) provided qualitative information regarding the development of Circles in their jurisdiction; however, numbers of participants were still too low to facilitate quantitative evaluation of recidivism outcomes. Nonetheless, Bates et al. reported that, over the first 4 years of the HTV project’s existence, no Core Members had sexually reoffended. An updated, more comprehensive review of CoSA in the UK experience was recently published (Bates, Williams, Wilson, & Wilson, 2013), the results of which show low rates of sexual reoffending and other related misconduct roughly equivalent to the Canadian experience (i.e., a 75 % reduction in sexual or violent reoffending).

## The Three Key Principles



In addition to the development of CoSA projects in the United Kingdom, many jurisdictions in the United States are also looking at CoSA as a means to manage the risk posed by released offenders. As in Canada and the United Kingdom, the primary driving forces behind these projects has been the faith community, but, as statutory agencies find it increasingly difficult to shoulder the entire burden of community safety, these agencies are warming up to the idea of community-based partnerships that include members of the community. In Minnesota, where a CoSA project now flourishes with assistance from the Department of Corrections (MN-DOC), researcher Grant Duwe (2013) has shown that MN-CoSA recipients were 62 % less likely to be rearrested, 72 % less likely to be revoked for a technical violation, and 84 % less likely to be reincarcerated for any reason. Additionally, Duwe demonstrated a cost-benefit ratio of 1.82, meaning that for every dollar the MN-DOC spends on CoSA, they receive back \$1.82 in community safety.

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## Community Development

The Circles of Support and Accountability model is an innovative community response to a problem with which statutory agencies and clinical personnel have continued to struggle—often at the expense of community safety. From our perspective, legislators have moved quickly to establish law and policy regarding risk management of released sexual offenders. However, sometimes bills have moved too quickly through their respective houses—seemingly without consideration of what might actually result (see Levenson and D’Amora, 2007). The community is understandably alarmed about the risk potentially posed to children and other vulnerable persons, but simply enacting legislation as a means to “get tough on crime,” without knowing whether the law will actually decrease crime or increase safety is not the way to go. Research has shown that members of the community at large are able to comment intelligently on a given social issue when given enough information, particularly regarding sexual offenders (see Wilson, Picheca, et al., 2007a). One way to ensure greater information transfer to citizens is through the sort of town hall meetings promoted by Bob Shilling, an innovative detective with the Seattle Police Department.

Earlier in this chapter, we referred to the observation by Silverman and Wilson (2002) that solutions to risk in the community need to include participation by members of the community. Our experiences in CoSA over the past 16 years have done much to solidify that perspective. We are richer for those experiences, as are the Core Members, Circle Volunteers, affiliated professionals, and community activists who have also ridden the crest of this wave in sensible approaches to *community* risk management. Staunch CoSA advocate and participant Detective Wendy Leaver of the Special Victims Unit of

the Toronto Police Service once said: “I put these guys in jail...I don’t support them when they get out” (Correctional Service of Canada, 2002b). Thankfully, she did not leave it there. Over her 20 years of experience as a volunteer, advisory group member, and dedicated police officer, Det. Leaver has demonstrated the strength of the model. Slowly but surely, Circles projects have won over their critics.

Whenever a high-risk sexual offender is released from prison, the media publish negative stories about the foolhardiness of correctional policy and practice, laced liberally with such provocative questions as, “How could they release a monster like this?” Interestingly, this approach lasts about 3 or so days before the news gets old. Often, this results from the media’s frustration with a reportedly bad person not engaging in the predicted bad behavior. This is frequently the time that CoSA gets its best press. Eager to keep the issue alive and to fuel the public’s seemingly insatiable fascination with the lurid world of sexual deviance, the media starts looking for “good news stories,” and they find us. We are happy for the attention, as it helps spread the news, inspires citizens to volunteer, and emboldens those who would attempt similar approaches in their own jurisdictions.

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## Maintaining a Nonproprietary Focus

Over the 20 years since Reverend Nigh and his congregation agreed to help Charlie, a loose-knit network of CoSA adherents has grown around the world. Websites abound, and sharing of information is an integral part of maintaining, pruning, and encouraging the growth of the model. Training manuals have been written, research studies have been published, training videos have been produced, and conferences have been held. Interestingly, virtually never is a cost associated with any of these. Being involved in CoSA has always been about being involved in your community—local, national, or international—and protecting the vulnerable. All anyone ever asks is that credit be given where credit is due.

Being involved in Circles of Support and Accountability is an irreversible, life-altering experience. All who have been drawn in have been changed by this innovative means of building community for those who have, by their behavior, been cast out. Why do “we” do this? In short, we do this because we care deeply about our community and about the risk for harm to its most vulnerable members. If that requires welcoming offenders back with open arms, so that we can be sure that they never harm another individual, then so be it. In closing, we leave you with another quote from Detective Leaver (Correctional Service of Canada, 2002b):

These people [Circles participants] have no idea what [the core member] is going to do, what he’s about, and I do...As months went into years, I saw the benefit of the Circle...I think what really caught my interest was, maybe this works [sigh], maybe it does.



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