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# Circles of Support & Accountability: A Canadian National Replication of Outcome Findings

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## Abstract

Circles of Support & Accountability (COSA) started 15 years ago in Ontario, Canada, as an alternate means of social support to high-risk sexual offenders released at the end of their sentences without any community supervision. The pilot project in South-Central Ontario has since assisted almost 200 offenders. Projects based on this model are now in place in the United Kingdom, several jurisdictions in the United States, and throughout Canada. Initial research into the efficacy of the COSA pilot project showed that participation reduced sexual recidivism by 70% or more in comparison with both matched controls and actuarial norms. The current study sought to replicate these findings using an independent Canadian national sample. A total of 44 high-risk sexual offenders, released at sentence completion and involved in COSA across Canada, were matched to a group of 44 similar offenders not involved in COSA. The average follow-up time was 35 months. Recidivism was defined as having a charge or conviction for a new offense. Results show that offenders in COSA had an 83% reduction in sexual recidivism, a 73% reduction in all types of violent recidivism, and an overall reduction of 71% in all types of recidivism in comparison to the matched offenders. These findings suggest that participation in COSA is not site-specific and provide further evidence for the position that trained and guided community volunteers can and do assist in markedly improving offenders' chances for successful reintegration.

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circles of support, sexual offenders, community release, recidivism

**Introduction**

The release of a sexual offender often strikes fear in the hearts of citizens. Whatever differences are found between members of a community, all are united in demanding high standards regarding the risk assessment and management of those who target children and other vulnerable persons for their sexual gratification. To most, one reoffender is too many. The scientific and clinical communities have attempted to devise best-practice models demonstrating efficacy in reducing recidivism; however, it is clear that the total eradication of sexual offending is unlikely in the near future. Nonetheless, in striving to balance the needs of all stakeholders, the field continues to explore options. Concurrently, legislators have attempted to assuage public fears of sexual violence through the implementation of some of the strongest social control measures witnessed in modern society. Sexual offenders are held to a particularly high degree of accountability. Lengthy incarceration and civil commitment, lifetime registration, publishing of personal information, residency restrictions, and technological monitoring are but a few of the measures applied by various state and provincial governments. However, many of these often-popular measures have been instituted without the benefit of empirical backing or support (see Levenson & D'Amora, 2007). Regarding residency restrictions, as one example, some local policies have had the virtual effect of "banning" sexual offenders from their jurisdictions. However, one might ultimately ask: For every offender forced out of your community and into someone else's, how many offenders are forced out of that community and into yours?

In the wake of damning proclamations of low (or no) treatment efficacy and poor risk assessment ability (see Furby, Weinrott, & Blackshaw, 1989; Martinson, 1974; Monahan, 1981), much research has focused on identifying risk factors related to recidivism as well as the components of effective treatment for offenders. Among others, and relevant to the topic at hand, risk factors related to sexual recidivism include negative social influences, rejection and loneliness, lack of concern for others, lack of cooperation with supervision, impulsivity, and poor cognitive problem solving (Hanson, Harris, Scott, & Helmus, 2007; Thornton, 2002).

Concurrently, although controversies remain, several meta-analytic reviews now suggest that comprehensive cognitive-behavioral treatment interventions for persons who have sexually offended do, indeed, lead to reduced recidivism (Hall, 1995; Hanson et al., 2002; Lösel & Schmucker, 2005), particularly when they adhere to Andrews and Bonta's (2007) risk-need-responsivity principles (Hanson, Bourgon, Helmus, & Hodgson, 2009). The risk principle determines how much treatment an offender should receive, with higher risk offenders needing more intense levels of interventions and follow-up. The need principle establishes that dynamic risk factors, as opposed to general psychological needs, are the appropriate targets of treatment

when the goal is to reduce recidivism. The responsivity principle states that the selection of the modes and styles of treatment for offenders should also be based on findings about which type of treatment generally works with offenders, as opposed to nonoffenders population, and should be adapted to the personal characteristics of the offenders (Andrews & Bonta, 2007). However, despite these advances we, as a field, continue to fall well short of the community's expectation of "no more victims."

Perhaps, the next stone needing to be overturned is that of community involvement in the risk management enterprise. 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 lead 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, 2008). These results are not surprising as social support and stable housing, in line with the need principle, directly address the loneliness, negative social influences, and lifestyle instability that are known to lead to recidivism among sexual offenders.

If our communities are to be truly safe, we must find a way to engage those communities in the risk management process. Research published previously (Wilson, McWhinnie, Picheca, Prinzo, & Cortoni, 2007; Wilson, Picheca, & Prinzo, 2005, 2007a, 2007b) has shown that professionally facilitated community volunteers can have a dramatic effect on recidivism rates. This study reports data that replicate those findings.

### *The Circles of Support & Accountability Model*

The Circles of Support & Accountability (COSA) initiative owes its origin to a grassroots, community-based movement that began after, using the model, two offenders with long histories of sexual offending were successfully reintegrated into society. In Canada, offenders at highest risk of recidivism are often detained until the end of their sentences (i.e., to Warrant Expiry Date—WED), at which point they are released without a formal process of community supervision and aftercare (Wilson, 1996). The two initial offenders were released at the end of their sentence with risk ratings of 100% probability of violent reoffending within 7 years, according to the Violence Prediction Scheme (a precursor to the Violence Risk Appraisal Guide [VRAG]: Quinsey, Harris, Rice, & Cormier, 2006), a scale used to gauge risk according to actuarial projections. These offenders received intervention and support from community volunteers on their release, and were able to cease their offending behavior while improving their general community functioning (see Wilson et al., 2005 for more details about the origins of COSA). Based on the success of these two ad hoc interventions, the Mennonite Central Committee of Ontario (MCCO) implemented a formal pilot project, called Circles of Support & Accountability (COSA), funded by the Canadian federal

government but facilitated almost entirely by community volunteers. COSA became a means to fill a gap in services left by government policy which states that formal involvement by the criminal justice system ceases once offenders have completed their sentences. COSA projects generally target men who are judged to be at high risk to reoffend and are released only after having completed their entire sentence; participation in COSA on the part of the offender is strictly voluntary.

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 (see Correctional Service of Canada [CSC], 2002; Wilson et al., 2005). In addition, community volunteers in almost all Canadian COSA projects have access to an advisory committee consisting of professionals from law enforcement, corrections, clinical services, and business who also volunteer their services.

In the initial phase of the Circle (typically 60 to 90 days following release), at least one primary volunteer meets with the Core Member on a 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.

The COSA initiative was originally conceived as a means to help high-risk sexual offenders released at the end of their sentence. Within the Canadian federal correctional system, offenders at highest risk of reoffense tend to remain incarcerated until the end of their sentences (i.e., to WED), after which they are released without a formal process of community supervision. The Canadian system is greatly influenced by the risk-needs-responsivity model (Andrews & Bonta, 2007). Correctional and conditional release decisions are based on the level of risk presented by the offender. Management decisions flow from an appraisal of the client's criminogenic needs (another term for "dynamic risk factors"; Andrews & Bonta, 2007) profile. Offenders released only at the end of their sentence are viewed as highly likely to fail (i.e., reoffend) on their release.

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 who are likely to be held until WED because of high levels of risk and criminogenic need. On 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; Ward, 2002; Ward & Stewart, 2003; Wilson & Yates, 2009). 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 thus presumably less able to meet their needs in prosocial ways and therefore less likely to reintegrate successfully in the community.

COSA has since 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 United Kingdom and the United States, with other countries investigating the model. In the United Kingdom, a well-established COSA variant has been jointly managed by Hampshire and Thames Valley Probation Services and the Religious Society of Friends (Quakers; see Wilson et al., 2008). In June 2008, the British government established a national framework under the title “Circles UK.”

### *The Need for Evaluation*

Empirical validation is an important and ever-present need when offering any risk management service. The initial investigation into the efficacy of the Ontario pilot project (Wilson et al., 2005) underscored the effectiveness of the COSA model in managing the risk of sexual offenders in the community. Results of that research showed that offenders involved in a Circle had a 70% lower rate of sexual reoffending in a comparison with matched offenders who did not participate in a Circle, with community follow-up in both groups being approximately 54 months (Wilson et al., 2005). Results from the aforementioned U.K. project are equally encouraging. After 3 years of cosponsoring a pilot project in Hampshire/Thames Valley, the Quakers and the U.K. Home Office reported behavioral outcomes for 22 offenders involved in COSA. Their results showed that none of these offenders incurred a new sexual offense, and that only one offender was convicted of breaching a Sex Offence Prevention Order (Quaker Peace and Social Witness, 2005).

As COSA continues to expand across Canada and in other countries, it is important to determine whether the initial research findings on the efficacy of COSA in reducing recidivism remain valid in other jurisdictions. In addition, the field (and, indeed, the community at large) requires additional research with independent samples to better evaluate whether COSA is indeed an effective approach to the management of high-risk sexual offenders in the community. This was the aim of the present research. This study examined whether COSA projects across Canada continue to demonstrate efficacy in reducing recidivism among high-risk sexual offenders released to the community, regardless of their location.

## Method

### Participants

Two groups of offenders were included in this study. The first group comprised 44 sexual offenders who were involved in COSA after having been released at the end of their sentence (i.e., WED). These offenders were drawn from COSA projects in the following Canadian locations: Montreal ( $n = 5$ ), Ottawa ( $n = 8$ ), Kingston ( $n = 9$ ), Winnipeg ( $n = 6$ ), Saskatoon ( $n = 2$ ), Calgary ( $n = 9$ ), and from projects in the province of British Columbia ( $n = 5$ ). This group of offenders was identified in consultation with COSA project managers across Canada. The second group consisted of a matched comparison sample of 44 sexual offenders who were also released at WED, but did not participate in a COSA. It is noted that there is no requirement that offenders to participate in a COSA. Offenders may or may not choose to participate in a COSA for a variety of reasons, including the fact that a COSA may simply not have been available for the offenders who were included in the comparison group. This comparison group was selected from the CSC's Offender Management System (OMS) database. The 44 comparison subjects were matched to their COSA counterparts as follows.

*Matching criteria.* The matching criteria included risk for general criminality, time and geographical location of release, and participation in treatment during incarceration. To match on general criminality, the General Statistical Information on Recidivism scale (GSIR; Nuffield, 1982; later revised and known as the SIR-R1; Nafekh & Motiuk, 2002) was used. The GSIR/SIR-R1 actuarially assesses risk for general reoffending in offenders under the jurisdiction of CSC. This scale is completed on all offenders on intake in a Canadian federal penitentiary, and scores are readily accessible in inmate records. It has moderate predictive ability regarding general recidivism ( $r = .36$ ; area under the curve [AUC] = .74). The scale includes items such as current and previous offenses, age at admission, previous incarceration, escapes, and interval at risk since last offence. Each member of the COSA group was matched on a case-by-case basis with a comparison subject in the same general criminality category (i.e., low, low-moderate, moderate, moderate-high, or high). Scores on specific measures of sexual offender risk were not available at the time of subject selection as these measures are not recorded in OMS.

Second, the comparison group was selected to ensure that each matched comparison subject was released on or about the same date and to the same general environment as the subject in the COSA group. Consequently, most COSA participants and their matched comparison subjects were released within 90 days of each other and to the same geographical location. The purpose for doing so was twofold: First, this process ensured that the matched subjects were released to relatively the same political and community climate; and second, it allowed for reasonably comparable length of time-at-risk for each matched pair.

Last, we ensured that the two groups were matched on their prior involvement in sexual offender treatment programming. Given research results suggesting that completion of a treatment program adhering to the principles of effective correctional

interventions reduces recidivism (Hanson et al., 2009), it was important to ensure that any differences found between the two groups were not the result of variations in previous treatment experiences. In general, sexual offenders are detained until Warrant Expiry for a number of reasons, including failure to complete institutional treatment programming and a general failure to adhere to their correctional plan. As such, few of the men in either group studied here had completed treatment before release.

### Procedure

Once offenders in the COSA and comparison groups were identified, data required to score the measures for risk of sexual recidivism, phallometric assessment results, and recidivism outcome were gathered for this study from the aforementioned CSC OMS. This system is a computerized file record of all offenders managed by CSC since the early 1990s. Among many types of information, OMS contains the offenders' full criminal history, and all assessment and treatment reports completed during the current and any prior incarceration, including any reports completed during any past and current periods of community supervision while under the jurisdiction of the CSC.

### Measures

**STATIC-99.** The STATIC-99 (Hanson & Thornton, 1999) is a tool that actuarially assesses risk for sexual and violent recidivism based on static risk variables. It consists of 10 static items and scores range from 0 to 12. Moderate to good predictive validity has been found for the STATIC-99 across several studies (average  $d = .70$  across 42 studies; Hanson & Morton-Bourgon, 2009). Scores on STATIC-99 were computed from file information specifically for use in this study.

**Rapid Risk Assessment for Sexual Offense Recidivism (RRASOR).** The RRASOR (Hanson, 1997) is a four-item scale designed to actuarially assess risk for sexual reoffending based on prior sexual offending static variables. These four items are wholly contained in the STATIC-99 but, on their own, provide a moderately accurate measure of risk for sexual recidivism (average  $d = .59$  across 28 studies; Hanson & Morton-Bourgon, 2009). Although the STATIC-99 and RRASOR are highly correlated, the scales sometimes perform differently depending on the nature of the sample being assessed (e.g., see Tough, 2001). The STATIC-99 includes items that also focus on general violence (in addition to sexual violence), whereas there is suggestion that the RRASOR may specifically function as a rudimentary sexual deviance checklist (Wilson, Abracen, Looman, & Picheca, 2009; see also Seto & Lalumière, 2001 for a similar scale). As such, RRASOR scores computed from file information specifically for use in this study provide a degree of matching regarding sexual deviancy.

**Psychopathy Checklist-Revised (PCL-R).** The PCL-R (Hare, 2003) is a 20-item scale designed to measure the presence of particularly severe antisocial personality orientations—known as psychopathy. Although the PCL-R was developed as a



diagnostic tool for psychopathy, research has consistently demonstrated a positive correlation between PCL-R scores and propensity for violence (Hare, 2003). While composing the data set for this study, inmate file records in OMS were found to be rather inconsistent in the reporting of PCL-R scores or risk ratings. This was exacerbated by the fact that raw test scores are virtually never available in OMS. Consequently, it was necessary to recode available PCL-R scores or reported risk levels into a five-category scale—low, low-moderate, moderate, moderate-high, high. Ultimately, data were available for only a subset of each group (COSA  $n = 18$ , Comparison  $n = 28$ ).

**Phallometric testing.** The phallometric test is a psychophysiological procedure in which changes in penile circumference or volume are measured during presentation of audiovisual stimuli. Differential responding to various age, gender, or activity stimulus categories is helpful in diagnosing deviant sexual preferences (or paraphilias). Although conflicting research exists regarding the psychometric properties of the test (see Fernandez, 2002; Freund & Watson, 1991), it is generally accepted as a useful tool for diagnosis and, by extrapolation, risk assessment (Hanson & Bussière, 1998). Phallometric testing across Canada varies by method (circumferential vs. volumetric, Monarch vs. Limestone vs. other commercially available packages); although, the most commonly used is the Limestone circumferential package. For this study, “deviance” was coded as present when inappropriate responding was reported in any phallometric profile (consistent with the coding rules of the Sexual Offender Risk Appraisal Guide [SORAG]—Quinsey et al., 2006).

**Time-at-risk.** Time-at-risk to reoffend began at the date of release and ended at the earlier of two possible dates: (a) date of first charge or conviction or (b) study end date if no new charge or conviction occurred. Subjects in the COSA group were participating in a Circle throughout their time-at-risk in this study.

**Recidivism.** Recidivism was defined as being charged for or convicted of a new offense. Only official documentation was used and, in most cases, this information came in the form of CPIC (Canadian Police Information Centre—a national database of offense histories) records indicating that a charge had been laid or a conviction registered. For this study, sexual recidivism was defined as a new charge or conviction for a sexual offense. Violent recidivism was defined as a new violent charge or conviction (including sexual offences). Any recidivism was defined as any new charge or conviction, all categories confounded. Consequently, the categories are cumulative rather than mutually exclusive.

## Results

### *Equivalency of Groups*

As seen in Table 1, there were no differences in age between the two groups,  $F(1, 86) = 0.05$ , nonsignificant (ns). There were some differences in scores on actuarial measures, with the comparison group having a significantly higher average score on the STATIC-99,  $F(1, 86) = 9.26$ ,  $p < .01$ . However, the two groups were not different on their

**Table 1.** Equivalency of Groups

	COSA (N = 44)	Control (N = 44)
M (SD) age	42.6 (9.6)	42.9 (8.4)
M (SD) STATIC-99**	4.9 (2.1)	6.1 (1.5)
M (SD) RRASOR	2.7 (1.5)	2.7 (1.3)
Modal PCL-R (recoded 1-5)	5 (high)	5 (high)
Sexual offender program	23.4%	19.1%
Any sexual offender treatment	57.4%	53.2%
Deviant phallometrics	34%	29%
M months (SD; range) follow-up	35.8 (22.75; 9-86)	38.6 (24.0; 8-96)
M months (SD; range) until first failure	9.59 (5.91; 0-15)	16.72 (10.87; 1-43)

Note: COSA = Circles of Support & Accountability; RRASOR = Rapid Risk Assessment for Sexual Offense Recidivism; PCL-R = Psychopathy Checklist Revised; M = mean; SD = standard deviation.

\*\* $p < .01$ .

average scores on the RRASOR,  $F(1, 86) = 0.00$ , ns, nor were they different on their PCL-R results,  $\chi^2(4) = 4.13$ , ns). The groups were not different in having completed a sexual offender treatment program,  $\chi^2(1) = 0.25$ , ns, or having taken any treatment at all for sexual offending during their incarceration,  $\chi^2(1) = 0.17$ , ns. Finally, there were no differences between the COSA participants and the comparison group in terms of the percentage of each group demonstrating sexually deviant profiles on phallometric testing,  $\chi^2(1) = 0.21$ , ns.

### Time-at-Risk

As expected, given the matching procedure to ensure similar release dates in each matched pair of COSA participants and comparison offenders, there was no difference between the groups in terms of mean length of follow-up,  $F(1, 86) = 0.31$ , ns. There was also no difference between the groups in terms of mean time until first failure,  $F(1, 20) = 2.07$ , ns (in those subjects who incurred further charges or convictions; see Table 1).

### Recidivism Outcome: Group Comparisons

*Full sample.* As seen in Table 2, COSA participants from the national replication sample had 83% less sexual reoffending (1 vs. 6:  $\chi^2[1] = 3.89$ ,  $p < .05$ ), 73% less violent reoffending (4 vs. 15:  $\chi^2[1] = 8.12$ ,  $p < .01$ ), and 71% less reoffending of any kind (5 vs. 17:  $\chi^2[1] = 8.73$ ,  $p < .01$ ) than the matched comparison group. Furthermore, in looking at the actual total number of new charges and convictions incurred by the two groups (as opposed to the number of offenders who recidivated), the COSA group ( $X = 0.39$ ,  $SD = 1.38$ ) incurred 74% fewer charges and convictions (17 vs. 73:  $F[1, 86] = 5.02$ ,  $p < .01$ ) than the comparison group ( $X = 1.66$ ,  $SD = 3.50$ ).

**Table 2.** Recidivism Outcomes: Total

	COSA (N = 44)	Control (N = 44)
Recidivism		
Sexual* (%)	2.27 (n = 1)	13.67 (n = 6)
Any violent <sup>a,**</sup> (%)	9.09 (n = 4)	34.09 (n = 15)
Any <sup>b,**</sup> (%)	11.36 (n = 5)	38.64 (n = 17)
Total no. of convictions + charges <sup>**</sup>	17	73

Note: COSA = Circles of Support & Accountability.

a. Includes sexual offences.

b. Includes sexual and violent offences.

\* $p < .05$ . \*\* $p < .01$ .

*Three-year fixed follow-up reduced sample.* Because the groups were significantly different on the STATIC-99, additional analyses were required to examine differences in recidivism while controlling for risk and time-at-risk. Survival analyses (Cox regressions) are typically the analytical procedure of choice to control for such effects. Unfortunately, the distribution of recidivism across time in this study violated the assumption of proportional hazards (i.e., there was an interaction between group and time of recidivism; see Grambsch & Therneau, 1994). Consequently, to permit appropriate statistical comparisons of recidivism between the groups while controlling for risk, a 3-year fixed follow-up period was created to ensure that both groups had equal time-at-risk. Only offenders who had a release date of at least 3 years prior to the end of the study were retained for additional group comparison analyses. In addition, for these analyses, recidivism was only counted if it occurred within the first 3 years of release (i.e., any recidivism that occurred after that 3-year period was not included in the analyses). This approach yielded a reduced sample of 19 participants in the COSA group, and 18 participants in the comparison group. In this reduced sample, there were no significant differences,  $F(1, 35) = 0.60$ , ns, on the STATIC-99 between the COSA ( $X = 4.7$ ,  $SD = 2.36$ ) and comparison ( $X = 5.17$ ,  $SD = 1.20$ ) groups.

As seen in Table 3, there were significant differences in recidivism between the COSA and the comparison groups. Specifically, no COSA participants had any sexual recidivism (new sexual charge or conviction) in the 3-year period following release compared with five participants of the comparison group,  $\chi^2(1) = 6.01$ ,  $p < .05$ . In addition, the COSA participants had 82% less violent reoffending (2 vs. 11:  $\chi^2[1] = 10.38$ ,  $p < .01$ ), and 83% less reoffending of any kind (2 vs. 12:  $\chi^2[1] = 12.39$ ,  $p < .01$ ) than the matched comparison participants. There were also significant differences in the actual total number of new charges and convictions incurred by the two groups (as opposed to the number of offenders who recidivated) during that fixed 3-year period sample,  $F(1, 35) = 8.34$ ,  $p < .01$ . The COSA group incurred 89% fewer charges and convictions ( $n = 5$ ;  $X = 0.26$ ,  $SD = 0.93$ ) than the comparison group ( $n = 45$ ;  $X = 2.50$ ,  $SD = 3.24$ ).

Logistic regressions were conducted to examine whether the odds of recidivism were lower for offenders who participated in a COSA. Because of the absence of

**Table 3.** Recidivism Outcomes: Fixed 3-Year Follow-up

	COSA (N = 19)	Control (N = 18)
Recidivism		
Sexual* (%)	0 (n = 0)	27.78 (n = 5)
Any violent <sup>a:**</sup> (%)	10.51 (n = 2)	61.11 (n = 11)
Any <sup>b:**</sup> (%)	11.36 (n = 2)	66.67 (n = 12)
Total no. of convictions + charges**	5	45

Note: COSA = Circles of Support & Accountability.

a. Includes sexual offences.

b. Includes sexual and violent offences.

**Table 4.** Logistic Regression With Risk and Group Predicting Violent (Including Sexual) Recidivism (3-Year Fixed Follow-up)

Scale	B	SE B	Wald	Exp(B)	95% CI
STATIC-99	-0.77	0.25	0.09	0.93	0.57-1.51
COSA	-2.64	0.92	8.33*	0.07	0.01-0.43

Note: COSA = Circles of Support & Accountability; SE = standard error; 95% CI = 95% confidence interval.  $\chi^2(2, N = 37) = 11.22$  ( $p < .01$ ).

\* $p < .01$ .

sexual recidivism among the COSA group, a logistic regression using sexual recidivism alone as the outcome variable could not be conducted. Logistic regression analyses were conducted for violent (including sexual) and any recidivism. The first regression examined violent recidivism. Although there was no difference between the groups on risk, STATIC-99 was entered as a covariate to remove any potential effect on recidivism. As seen in Table 4, STATIC-99 was not associated with recidivism. Group, however, was significantly associated with violent recidivism. Results show that the odds of violent recidivism within the first 3 years of release were 93% lower for the COSA participants than the comparison group;  $(0.07 - 1) \times 100 = -93$ .

The second regression examined the odds of any recidivism, again with STATIC-99 entered as a covariate. As with the regression analysis for violent recidivism, STATIC-99 was not associated with recidivism. Group was significantly associated with the presence of any recidivism. Specifically, the odds of any recidivism within the first 3 years of release was 95% lower for the COSA participants than the comparison group;  $(0.05 - 1) \times 100 = -95$  (Table 5).

### Recidivism Outcome: Risk Norm Design

In addition to group comparisons, a risk norm design (Collaborative Outcome Data Committee [CODC], 2007) was used to examine the impact of COSA on recidivism.

**Table 5.** Logistic Regression With Risk and Group Predicting Any Recidivism (3-Year Fixed Follow-up)

Scale	B	SE B	Wald	Exp(B)	95% CI
STATIC-99	-0.15	0.25	0.37	0.86	0.52-1.40
COSA	-2.96	0.95	9.64*	0.05	0.01-0.33

Note: COSA = Circles of Support & Accountability; SE = standard error; 95% CI = 95% confidence interval.  $\chi^2(2, N = 37) = 13.75$  ( $p < .001$ ).

\* $p < .01$ .

In this approach, an actual recidivism rate for a given group is compared with a projected recidivism rate based on norms for a risk assessment instrument. In this study, the sexual recidivism rate for the current sample was compared to the projected recidivism rates that would be expected based on STATIC-99 scores. These projected rates were taken from the survival tables for the updated norms of the STATIC-99 (R. K. Hanson, personal communication, March 30, 2009). There are now two sets of updated norms: (a) for CSC “routine” offenders and (b) for “high risk” offenders. Hanson and Thornton (2008) identified CSC offenders detained to the end of their sentence—the defining characteristic of the offenders in the present study—as being part of their “high risk” normative sample. In the updated norms, “high risk” offenders have much higher rates of sexual recidivism than CSC “routine” offenders for the identical STATIC-99 score. Although all subjects in the study were from the clearly identified “high risk” offenders group, it was recommended that the expected survival rates for both “routine” and “high risk” groups be examined in the present analysis (R. K. Hanson, personal communication, March 30, 2009). Consequently, each participant was assigned the probability of expected sexual recidivism based on his individual STATIC-99 score and specific time-at-risk from both “high risk” and “routine” norms.

Results showed that for the COSA group, the actual number of sexual recidivists was 1 (of 44) whereas the expected number would have been 7.33 (out of 44) for the “high risk” offenders and 2.92 (of 44) for the “routine” offenders. In contrast, for the comparison group, the actual number of sexual recidivists was 6 (of 44) while the expected rate was 8.99 (out of 44) for “high risk” offenders and 3.30 (out of 44) for “routine” offenders.

Odds ratios were computed to examine the degree and statistical significance of the differences between actual and expected numbers of recidivists. The odds of sexual recidivism were significantly lower in the COSA group than would have been expected based on the STATIC-99 “high risk” norms. As seen in Table 6, the COSA group had an 88% lower rate of sexual recidivism than would have been expected when compared with the “high risk” normative sample;  $(0.12 - 1) \times 100 = -88$ . There were no differences in rates of sexual recidivism when compared with the “routine” sample. The rates of sexual recidivism for the comparison group did not differ significantly from the expected rates of either the “high risk” or “routine” samples.

**Table 6.** Odds Ratios of Actual Versus “High Risk” and “Routine” Rates of Sexual Recidivism for COSA and Comparison Groups

	Normative Samples			
	OR: “High Risk”	95% CI	OR: “Routine”	95% CI
COSA	0.12	0.01-0.98	0.33	0.03-3.30
Comparison	0.63	0.21-1.89	1.83	0.48-6.99

Note: COSA = Circles of Support & Accountability; OR = odds ratio; 95% CI = 95% confidence interval.

## Discussion

Prior research examining the efficacy of the COSA model (Wilson et al., 2005) provided encouraging results suggesting that involvement in COSA contributed to considerably less sexual and other reoffending among high-risk sexual offenders released to the community without formal involvement from the criminal justice system. The current research provides additional evidence about the efficacy of COSA in reducing recidivism. Results show that the rates of reoffending in men who were involved in a COSA were significantly lower than those of similar high-risk offenders who did not participate in a COSA. The findings in both the earlier and the present study have also been echoed in the interim results of the COSA project in the Thames Valley, U.K. (Quaker Peace and Social Witness, 2005), where reductions in reoffending were also observed.

Contrary to the sampling difficulties noted in the Wilson et al. (2005) study, in which the COSA group exhibited significantly higher actuarial risk than the comparison group (using RRASOR), the opposite was true in this study (using STATIC-99). These differences are interpreted as being a result of imperfection in the matching process. In the current study, the groups were not different on RRASOR, but the comparison group was significantly higher on STATIC-99 (although, both groups would still be considered to be of at least high-moderate risk for reoffending). This difference in the current study serves to diminish the strength of the findings for this replication study, as some of the difference may be attributable to a somewhat lesser risk profile in the COSA participants, at least according to STATIC-99. Part of the difficulty in this regard stems from difficulties in specifically matching subjects, a priori, on measures of risk for sexual reoffending. OMS records maintained by the CSC do not typically include scale scores on RRASOR, STATIC-99, or any other actuarial instrument, *except* for GSIR/SIR-R1. Consequently, this study suffers from our inability to precisely match COSA group members to comparison subjects on risk for sexual recidivism.

Despite the difference in actuarial sexual offense risk scores between the COSA and comparison groups, we are confident that the current findings are not because of this difference. Given the sheer size of the differences (i.e., 1 vs. 6, 4 vs. 15, and 5 vs. 18 for the numbers of sexual, violent, and general reoffenders), there is a certain face validity to this perspective. However, to statistically support these assertions, we

used a number of other procedures. First, we employed a fixed 3-year follow-up period to test for differences in recidivism rates. A fixed period was required because subject group and time of recidivism were confounded. Second, we employed logistic regression analyses to examine the odds of recidivism in each group, controlling for STATIC-99 score. This reduced the available subjects to less than half in each group, but permitted a better test of recidivism, with the COSA group having significantly lower odds of recidivism than their matched counterparts. It is noted that three years is not a particularly long follow-up period; although, the CODC (2007) notes that it is an acceptable follow-up period for research purposes. Further research with longer follow-up times will be required to determine whether the reduced rates of reoffending for the COSA offenders are maintained.

Finally, we used a risk norm design, in which actual recidivism rates were compared with expected rates (based on actuarial norms) between the two groups. The COSA group had significantly lower recidivism rates than would have been expected based on the recidivism norms for the "high risk" group. This finding did not hold for their matched counterparts. In addition, although their recidivism rates were not statistically lower from the CSC "routine" sample, they were in the right direction. This lack of significant differences may be a byproduct of low statistical power because of small sample sizes. Notwithstanding, these combined results provide another source of statistical support for the contention that involvement in COSA leads to reductions in rates of all types of reoffending among high-risk sexual offenders. However, readers are reminded that small sample sizes in these analyses potentially limit the strength of our findings.

Although there was no significant difference observed in the mean follow-up time between groups, the observation that the range of mean time until first failure in the comparison sample was wider than that observed in the COSA group requires some discussion. The ex-offenders in the COSA group were likely held more accountable for their behavior by virtue of being in a circle and, therefore, any behavior that represented a breach of conditions or an outright return to a sexually deviant lifestyle would have been observed and reported more readily in this group, with similar behavior possibly not being as closely monitored (or reported to authorities) in the non-COSA group. COSA's motto is "no more victims" and, as such, community members volunteering with COSA have been trained to understand that they must be as concerned about public safety issues as they are about offering quality support to Core Members. Consequently, both volunteers and Core Members alike know that all offense-related or other problematic behavior will be immediately challenged and possibly reported to law enforcement. This latter explanation, while in need of further research, would suggest that COSAs are in fact living up to their mandate of not only supporting their Core Member, but of holding him accountable as well.

## Conclusion

What might account for these positive results? Answers are likely found within the research on the factors related to sexual recidivism. As mentioned earlier, research has shown that social support and stable housing are related to reduced rates of recidivism

among various types of offenders, including sexual offenders (Estroff et al., 1994; Gutiérrez-Lobos et al., 2001; Grubin, 1997; Willis, 2008). 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. Furthermore, 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, 2007), as well as the tenets of the Good Lives Model (Ward, 2002; Ward & Stewart, 2003; see also Wilson & Yates, 2009).

Some might argue that the positive effects of being involved in COSA noted in this study might simply be the result of intensive monitoring. We would counter that COSA's "intensive monitoring" is tempered by warm, positive regard, and a meaningful sense of belonging and connectedness. It is exactly this combination of support and accountability that so many offenders are lacking on release. Our contention that the positive results are not simply because of intensive monitoring alone is also based on two of the authors' (RJW and AJM) lengthy practical experience with the COSA model. We have noted that the majority of COSA participants retain their relationships with Circle volunteers for many years, with the Core Member–Volunteer relationships often morphing into quasi-family relationships. In cases where a Core member has "moved on," our observation has been that they have kept in contact with their COSA or at least one or two of the volunteers. For those members, if the need increased, contact was expanded and, in some cases, a full circle reconvened.

Putting the current study in context of the greater debate as to whether or not sexual offenders can be managed in community settings, the findings here, in combination with those obtained earlier from Wilson et al. (2005) and the Hampshire-Thames Valley project (see Wilson et al., 2008), strongly suggest that such management is possible. However, community engagement with the risk management process is crucial for its success. In contrast to the social control practices noted in the introduction to this paper (e.g., 1,000-foot laws, colored license plates, public Internet listings), many of which have received little or no empirical backing in the literature (Levenson & D'Amora, 2007), the COSA model provides clear evidence that sexual offenders, particularly high-risk sexual offenders, need not be destined to fail over and over again. COSA is an excellent example of a positive approach by the community used to increase offender accountability and community safety. As always, "No more victims" is our shared goal.

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The authors declared no conflicts of interest with respect to the authorship and/or publication of this article.

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### Note

1. See [www.static99.org](http://www.static99.org) for these updated numbers. The survival rates provided in the Web site are for a minimum of 5-year follow-up. For this study, Karl Hanson provided us with additional expected survival rates broken down by individual scores and follow-up times (ranging from 0.25 years up to 15 years) for both CSC "routine" and "high risk" offenders.

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