

Sensible Community-Based Risk Management

**Risk Assessment
Effective Interventions
Risk Management Strategies**

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The Realities of Sexual Offending

- ❖ ≈95% of persons who sexually offend are male
- ❖ The largest age cohort of people who sexually offend is boys aged 13-15
- ❖ People who sexually offend have more than three times the number of adverse childhood experiences
 - They have complex needs
- ❖ As many as 95% of people coming into the system for sexual offending are first time caught (Sandler et al., 2008)

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The Realities of Sexual Offending

- ❖ Reoffense rates are lower than most people think
- ❖ Meta-analytic studies show that about 15% will reoffend within 5-7 years post-release (dated)
- ❖ Most States and the Federal government (BJS) now report lower rates (e.g., 10% in 10 years)
- ❖ People on supervision are more likely to be returned to prison because of technical violations than because they committed a new "crime"
 - Reiterating that they have complex needs
- ❖ Initiatives need to address complex needs

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Tips to Increase the Efficacy of Community-based Risk Management

- ❖ Follow the RNR principles
- ❖ Be data driven
- ❖ Consider those data when setting policy and practice guidelines
 - Evidence-based decision-making, not decision-based evidence-making
- ❖ Collaborate with others (in your work and advocacy)
- ❖ Engage in knowledge transfer whenever possible
- ❖ Involve the community-at-large, they can do it

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Sexual offending is NOT new

1984

nobody knew what a "sex offender" was...

2020

...everybody knows what a "sex offender" is

Or do they?

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DISCUSSION POINT Inconsistency

One of the greatest hurdles to defining sexual deviance is a lack of clarity as to what actually constitutes offensive sexual behavior.

- ❖ What do you consider to be sexually offensive?
- ❖ How well does your "morality" match that of others or your community?

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Risk Assessment

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Why Assess Risk?

1. Importance of promoting public safety
2. Need to determine who receives routine interventions and who needs exceptional measures
3. Strategic use of scarce resources
 - ❖ Practitioner / Officer time
 - ❖ Treatment

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What Risk do They Pose?

- ❖ At what rate do persons with sex offense histories reoffend?
- ❖ Over what period of time are they likely to reoffend?
- ❖ How should a person with a sex offense history be supervised?
- ❖ What are the person's rehabilitative or treatment needs?

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Nothing Works?

Martinson (1974)

- ❖ Large-scale study of correctional treatment outcomes
- ❖ Found no clear evidence that efforts to rehabilitate treatment participants were "working"
- ❖ Repercussions still felt today, 40 years later
- ❖ Spurred many to conduct research into aspects of treatment/counseling/interventions that would lead to lower recidivism

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Nothing works?

Furby, Weinrott, & Blackshaw (1989)

- ❖ Found essentially the same thing to be true of programming for sexual violence
- ❖ There were no statistical elegant studies showing that rehabilitation efforts were having any measurable effect
- ❖ In 25 years, not much has changed re: RCT designs, but various meta-analyses do show some degree of change via treatment

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Sanction vs. Human Service

Several very large-scale meta-analyses

- ❖ Smith, Goggin, & Gendreau (2002)
- ❖ Aos, Miller, & Drake (2006)
- ❖ Lipsey & Cullen (2007)

All arrived at the same conclusion:

Punishment **alone**
will not reduce bad behavior.

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An answered question?

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)

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Static, Stable, & Acute Risk Factors Definitions

- ❖ **Static** – Non-changeable life factors that relate to risk for sexual reoffending, generally historical in nature
- ❖ **Stable** – Personality characteristics, skill deficits, and learned behaviors that relate to risk for sexual reoffending that may be changed through intervention
- ❖ **Acute** – Risk factors of short or unstable duration that can change rapidly, generally as a result of environmental or conditions related to the person

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Static risk factors

- ❖ Age
- ❖ Ever lived with a lover
- ❖ Current non-sexual violence
- ❖ Prior non-sexual violence
- ❖ Prior sexual offenses
- ❖ 4+ sentencing dates
- ❖ Non-contact sexual offenses
- ❖ Unrelated victims
- ❖ Stranger victims
- ❖ Male victims

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Stable Dynamic Risk Factors

Significant Social Influences Intimacy Deficits

- ❖ Lovers and intimate partners
- ❖ Emotional identification with children
- ❖ Hostility towards women
- ❖ General social rejection/loneliness
- ❖ Lack of concern for others

Sexual Self-Regulation

- ❖ Sexual drive/pre-occupation
- ❖ Sex as coping
- ❖ Deviant sexual interest

General Self-Regulation

- ❖ Impulsive acts
- ❖ Poor cognitive problem solving
- ❖ Negative emotionality/hostility

Cooperation with Supervision

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Acute Dynamic Risk Factors

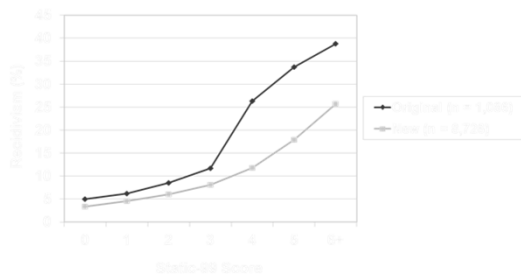
Sex/Violence Recidivism

- ❖ Victim Access
- ❖ Hostility
- ❖ Sexual Pre-occupation
- ❖ Rejection of Supervision
- ❖ Emotional Collapse
- ❖ Change in Social Supports
- ❖ Substance Abuse

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Sexual Recidivism at 5 years

(Static-99 Survival Analysis)



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Are individuals at high-risk high-risk forever?

from Hanson et al. (2014)

- ❖ All estimates of reoffending are confounded by under-reporting.
- ❖ Approximately 70% of persons who sexually offended are at low to low-moderate risk to reoffend.
- ❖ Approximately 10% are at high risk to reoffend.

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Are individuals at high-risk high-risk forever?

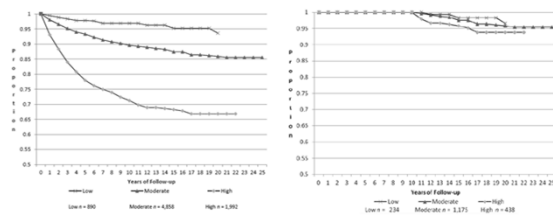
from Hanson et al. (2014)

- ❖ If they are going to, most persons with sexual offense histories will reoffend within 5 years post-release.
- ❖ The longer they remain offense-free in the community, the more likely it is that they will continue to be offense-free.
- ❖ The effect is most pronounced with higher risk individuals.

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Are individuals at high-risk high-risk forever?

from Hanson et al. (2014)



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Effective Interventions

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Argh...The Clients

- ❖ Righteous anger?
- ❖ Inequities in incarceration and release
- ❖ Entrenched antisociality
- ❖ Grievance thinking and increased litigation
- ❖ Institutionalization
- ❖ Hopelessness and pathological anomie

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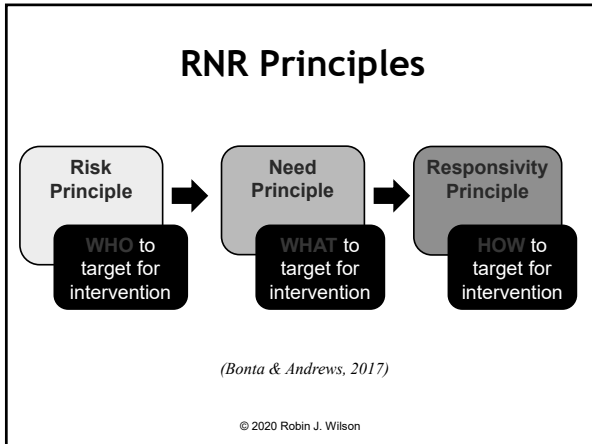
Agents of Change

As clinicians and other concerned practitioners, our goal is to assist all clients in treatment in the development of a:

balanced, self-determined lifestyle

Contemporary research in our field suggests that learning to live a "good life" is inconsistent with antisocial behavior.

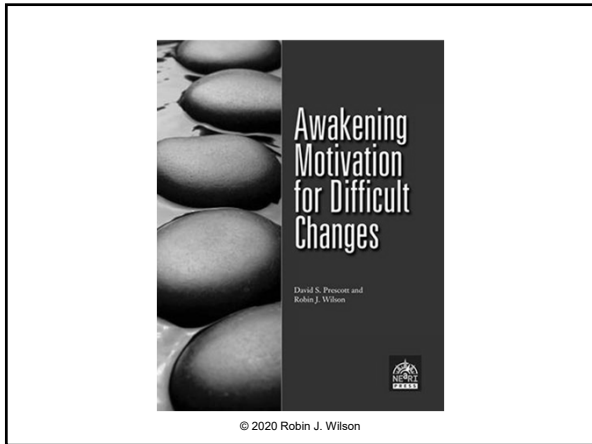
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Motivation to Change

- ❖ Motivation cannot be adequately measured by self-report
- ❖ Behavioral reference point must be the source of information, that is, we must look at what they do, in order to tease out what might be motivating them
 - Functional behavioral analysis can help

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Motivation to Change

Motivation can be observed from the individual's degree of engagement

- ❖ participation
 - elaboration of realistic goals
 - communicating information via giving and receiving relevant feedback
 - indication of a willingness to change

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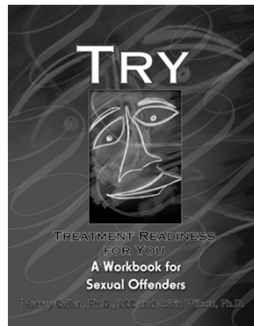
Stages of Change

- ❖ **Precontemplation:**
 - no acknowledgement of problem's existence
 - defensive/unmotivated
- ❖ **Contemplation:**
 - acknowledgement that problem "might" exist
 - vacillation between minimization and acknowledgement
- ❖ **Preparation:**
 - recognition of the problem
 - appearance of motivation
- ❖ **Action:**
 - active engagement with process of change
- ❖ **Maintenance:**
 - maintenance of change through application of effective coping strategies

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Treatment Readiness

Many programs fail to appreciate the depth of resistance put up by many clients referred for treatment



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Intervention

Precontemplation:

- ❖ create dissonance; raise doubts

Contemplation:

- ❖ tip the decisional balance; evoke reasons for change(pros/cons); support change

Preparation:

- ❖ explore best course of action

Action:

- ❖ take steps toward change

Maintenance:

- ❖ identify and use adaptive coping strategies

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Paradoxes in Treatment

- ❖ You need to be more motivated to change.
- ❖ Please be honest and straightforward with us; evidence that you don't agree with us will be understood as resistance.
- ❖ It is our job to point out your thinking errors. However, it is not acceptable to observe when we are using thinking errors.
- ❖ You need to participate fully in treatment regimens that we professionals cannot agree on ourselves.

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Ambivalence

- ❖ I want to work with you, but I don't want to sacrifice myself in the process
- ❖ I want to change, but I want to be respected
- ❖ I want to be in treatment, but I don't want to be in a one-down position
- ❖ I want to look at myself, but I don't want to feel like less of a man

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Treatment Approaches

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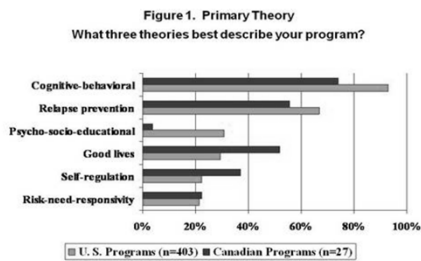
Points to Consider

- ❖ Treatment methods in sexual violence prevention have a long history of being confrontational and punitive
- ❖ Contemporary research shows that confrontational style results in poorer treatment outcome (Marshall, 2005)
- ❖ Research also shows that failure to complete treatment not only predicts reoffense, but can elevate level of risk (Hanson & Morton-Bourgon, 2004)
- ❖ Can some program attributes be both implicitly confrontational and pro-noncompletion?
 - Leading to decreased overall treatment responsivity?

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Treatment Models Used

Safer Society Survey, 2009



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Relapse Prevention

- ❖ Model grew out of interventions for substance abuse
- ❖ Starting in the mid-1980s, Marlatt, Pithers, Marques, Laws, and others noted that there were similarities in the trajectories of both forms of impulse dyscontrol
- ❖ By the late-1980s, RP was in use in many programs worldwide
- ❖ Viewed as the first real attempt at formulating a coherent model of treatment for persons who have engaged in sexual violence

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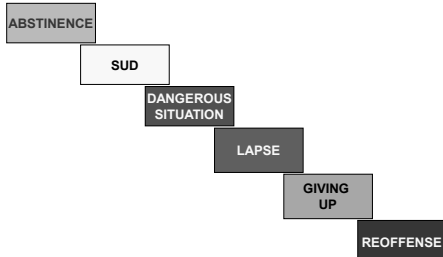
RP: Basic Principles

- ❖ Promise not to reoffend, but ...
- ❖ Understand and interrupt the chain of events leading to relapse
- ❖ Need to deal with the problem of
 - immediate gratification
 - denial and minimization of damage
 - precursors
 - maintenance

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Relapse Prevention Techniques

The Offense Chain



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Relapse Prevention

Traditional relapse prevention treatment consists of two components

- ❖ internal self-management
- ❖ external supervision

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Relapse Prevention

Internal Management

- ❖ Knowledge acquisition
- ❖ Adaptation of concepts to behavior
- ❖ Best accomplished with intensive group treatment
- ❖ Best suited to institutional settings

External Supervision

- ❖ Presumes successful completion of internal management and requires:
 - An appropriate relapse prevention plan,
 - A readiness to try it out in the community
- ❖ Essentially, individuals in treatment need real-life opportunities to test that which was developed in internal management

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Shortcomings of the Relapse Prevention Approach

- ❖ Theoretical problems with the model
- ❖ Originally designed for use with alcoholic patients motivated to change
- ❖ Principally conceptualized as maintenance program to follow treatment, not as model of treatment or supervision (but became both in treatment for persons who have sexually offended)
- ❖ Lack of standardization across programs, sometimes even within programs

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Pathways / Self-Regulation

In the 1990s, Ward & Hudson attempted to reformulate RP.

- ❖ RP seen as “negatively-based”
- ❖ Abstinence was the goal and a single pathway to offending was assumed

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Self-Regulation Model (SRM) of Sexual Offending

- ❖ Outgrowth of self psychology
- ❖ Focus is on how people regulate internal and external processes as they engage in goal-directed actions
- ❖ Proposed in response to shortcomings identified in relapse prevention model
 - Acknowledgment that there is more than one pathway to offending
- ❖ Proposes four pathways of offending based on offense-related goals and strategies

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Comparing RP and SRM Approaches

- ❖ One versus four pathways
- ❖ Attempts at self-regulation can result in deficits or intact achievement
- ❖ Avoidance and approach goals
- ❖ Positive and negative affect
- ❖ Cognitive dissonance and goal congruence
- ❖ Focus is beyond solely risk management

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Good Lives Model (GLM)

- ❖ Many contemporary programs identify with “self-regulation” and “good lives” models of treatment.
- ❖ The basic premise of the Good Lives Model is the development of a “balanced, self-determined lifestyle”.
 - Borrows from self psychology and Life Skills model
 - Treatment approaches are multi-modal and holistic
- ❖ The GLM suggests that successfully-treated individuals strive to lead lives that are healthy, productive, and free of risk as a natural consequence of the stability that comes with leading a “good life”.

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GLM

General Principles and Assumptions

- ❖ Life (including healthy living and functioning)
- ❖ Knowledge
- ❖ Excellence in play and work (mastery experiences)
- ❖ Excellence in agency (i.e., autonomy and self-directedness → balance and self-determination)
- ❖ Inner peace (freedom from emotional turmoil and stress)
- ❖ Friendship (intimate, romantic, and family relationships)
- ❖ Community
- ❖ Spirituality (meaning and purpose in life)
- ❖ Happiness/pleasure
- ❖ Creativity

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*Applying the Good Lives and
Self-Regulation Models to
Sex Offender Treatment:
A Practical Guide for Clinicians*



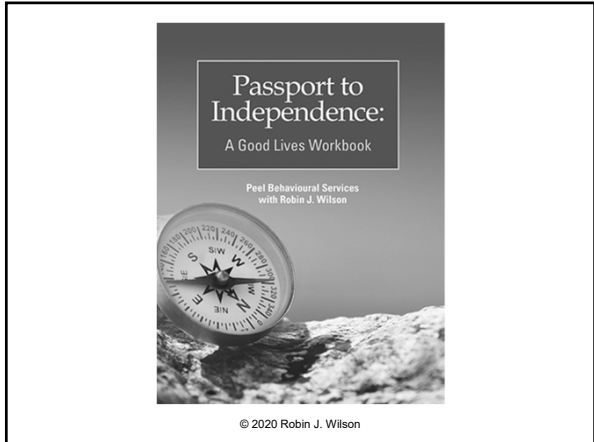
Pamela M. Yates, Ph.D., R.D., Psych
David Prescott, LICSW
Tony Ward, Ph.D., DBClinPsych

Building a Better Life
A Good Lives and Self-Regulation Workbook



Pamela M. Yates, Ph.D., R.D., Psych
David S. Prescott, LICSW
Foreword by Tony Ward, Ph.D., DBClinPsych

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Does Treatment Work?

- ❖ In truth, there is no conclusive evidence to say that treatment for sexual offending reduces reoffending.
- ❖ However, the consistency of the outcome studies suggests we need to move beyond simply questioning whether treatment works (Abracen & Looman, 2004).
- ❖ Significant questions remain with reference to treatment for persons who have sexually offended.
 - For example, do higher risk clients actually receive more treatment programming than lower risk clients?
 - How do we characterize failure? Success? Completion?

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California Sex Offender Treatment & Evaluation Project

- ❖ No differences were found when comparing treatment participants, volunteer controls, and non-volunteer controls.
 - Follow-up was just over eight years
 - Sexual reoffending ≈ 20% for all groups.
- ❖ However, those participants who actually “got” the material reoffended at half the rate of those who did not.

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How do we know if treatment is working?

- ❖ Measurement of status on dynamic factors (also known as psychologically meaningful risk factors) can help us to tell if the intervention is being effective
- ❖ Dynamic factors should be those criminogenic needs identified for the population of interest, in our case clients who have sexually offended
- ❖ Several frameworks exist:
 - Stable/Acute-2007, SRA-FV, VRS:SO, SOTIPS

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What does the research tell us about treatment?

- ❖ Holistic approaches are better than “sex-offender-specific” approaches (Marshall et al., 2011)
- ❖ Confrontation is less effective than therapeutic engagement (Marshall, 2005)
- ❖ Models of citizen engagement in community risk management – as a treatment adjunct – are showing promise (Wilson & McWhinnie, 2013)
- ❖ Most treatment outcome studies show positive results, suggesting that treatment is leading to greater reintegration potential and greater community safety

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What does the research tell us about treatment?

- ❖ Recent study in the UK suggested that treatment for persons who sexually offended in the UK was NOT working (Mews et al., 2017)
- ❖ Subsequent meta-analytic research by Gannon, Olver, et al. (2019) was more favorable:
 - “Recidivism was 13.4% for treated individuals and 19.4% for untreated comparisons over an average follow up of 66.1 months.”
 - “Relative reductions in offense specific recidivism were 32.6% for sexual offense programs, 36.0% for domestic violence programs, and 24.3% for general violence programs.”

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Managing Risk in the Community

- What should we do?**
- When should we do it?**
- How do we know it's working?**

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Sexual Violence is a Community Issue

- ❖ The community lives in fear of sexual violence and responses to dealing with this fear are varied throughout history
- ❖ At the end of the day, reduced recidivism is everyone's business
 - People who have offended, people who were victimized, and the community-at-large

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Today's Situation

- ❖ Upon release, many persons who have sexually offended are subject to public notification, vilification and, sometimes, vigilantism.
- ❖ As a result, some are eventually driven out of one community into another and, often, go "underground".

This does not help.

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Official Control

There are several "official" means by which to control individuals released to the community ...

- ❖ Court Diversion
- ❖ Probation & Parole
- ❖ Court Orders / Orders of Prohibition
- ❖ Specialized Peace Bonds
- ❖ Community Notification
- ❖ Sex Offender Registries
- ❖ 1000/2000/2500 foot rules
- ❖ Electronic/GPS Monitoring
- ❖ Long Term Supervision Orders / Lifetime probation
- ❖ 3 Strikes / Civil Commitment

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Paying Attention to RNR

- ❖ I won't tell you that each and every one of these measures is inappropriate all the time.
- ❖ Clearly, some individuals under supervision need special attention, using specialized tools and risk management options.
- ❖ However, we consistently fail to apply risk and need considerations when implementing risk management measures, potentially washing out any potential gains.

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Registration & Community Notification

- ❖ Based on the notion that knowing where people under supervision are will increase risk management prospects.
- ❖ Police may release information about an individual, depending on an evaluation by the Police Service, with or without consultation with the community.

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Why Registration / Notification?

“Sex Offender Registries” and notification schemes are based on the belief that...

- ❖ People who have sexually offended are “predatory prowlers”
- ❖ Reoffense rates are high
- ❖ Nothing else will work

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Truth in Advertising

Are people who sexually offend “predatory”?

- ❖ As many as 95% of individuals coming into the system because of a sexual offense are first time caught – and are therefore not registered

Are reoffense rates high?

- ❖ Under-reporting is an important consideration
- ❖ Rates vary by risk level, but meta-analytic data say overall average is about 15%
- ❖ Most states now report average rates < 10%

Is there really nothing else we can do?

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The Need for a Sex Offender Registry

The actions of sex offenders have profound and long-lasting consequences for their victims and their communities.

Data indicates that a rapid response during an investigation of a child abduction for a sexual purpose is critical.

Of those victims who were murdered:

- 44% were dead within one hour after the abduction;
- 74% within three hours; and
- 91% within 24 hours.

Time is of the essence for police when tracking sexual predators and investigating crimes committed by these offenders. The Sex Offender Registry will assist the police in these investigations by identifying all registered sex offenders living within a particular geographic area.

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Should We Keep Lists?

- ❖ Clearly, the police and other statutory agencies need to have up to date information on individuals at significant risk.
- ❖ We should do everything we can to protect our children and other vulnerable persons.
- ❖ However, in a world where money for social concerns is often scarce, we must make every effort to spend our money wisely.
- ❖ And, we should be really clear about our motives and expectations.

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What bang for our buck?

- ❖ Overall, little evidence exists that community notification, residency restrictions, or maintaining SORs reduce reoffending (CSOM, 2008; Duwe et al., 2008; Sandler et al., 2008; Wilson & Sandler, in press)
- ❖ There are, however, unintended consequences for many individuals under supervision, including residence and job instability, along with difficulties establishing social contacts (Levenson & Hern, 2007)
- ❖ The literature on dynamic risk management tells us that problems in these areas increases risk (Hanson et al., 2007; Willis & Grace, 2008, 2009)

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Risk Management Strategies

Containment, MAPPA, CASOM, & CoSA

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Custody & Release

- ❖ Levels of incarceration and restrictions of freedom start high and are, under normal conditions, gradually decreased over course of sentence

Prison (max>med>min) → Halfway House → Community

- ❖ Generally believed that facilitated community reintegration reduces risk of reoffense
- ❖ However, many individuals at higher relative risk are released at sentence completion with no **official** community reintegration process

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Risk Management

Players include:

- ❖ Case management / supervisory staff
- ❖ Programs staff
- ❖ Psychologists and other mental health professionals
- ❖ Agency staff and counselors
- ❖ Students and volunteers
- ❖ Law enforcement
- ❖ Victims' advocacy groups
- ❖ Community

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Risk Management

- ❖ Treatment providers, case managers, and clients need to be vigilant in examining attitudes, motivation, and quality of participation
- ❖ Peer review is critical, and is a primary reason why treatment for persons who have sexually offended is done in groups
 - Case-conferencing is a must – multi-disciplinary
- ❖ Avoid complacency
 - Just because the client seems to be doing okay doesn't necessarily mean he actually is

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Containment

- ❖ Colorado, beginning in late 1990s
- ❖ Popular approach across USA
- ❖ Specially trained supervising agents
 - > Smaller caseloads
 - > In instances where supervising agents are few, law enforcement becomes involved through registration and ensuring compliance with conditions
- ❖ Coordination with treatment providers
- ❖ Polygraph examinations
- ❖ Enhanced community monitoring (e.g., GPS)

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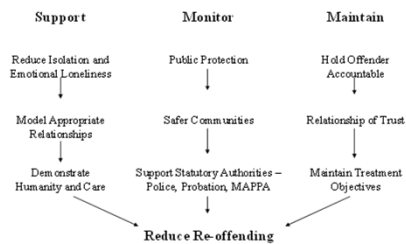
MAPPA

In the UK, Multi-Agency Public Protection Arrangements help to manage a partnership of statutory agencies and community groups tasked with increasing public safety

- ❖ Police, Probation, Social Services
- ❖ Circles-UK has become an important part of the MAPPA process, in addition to other community groups

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The Three Key Principles



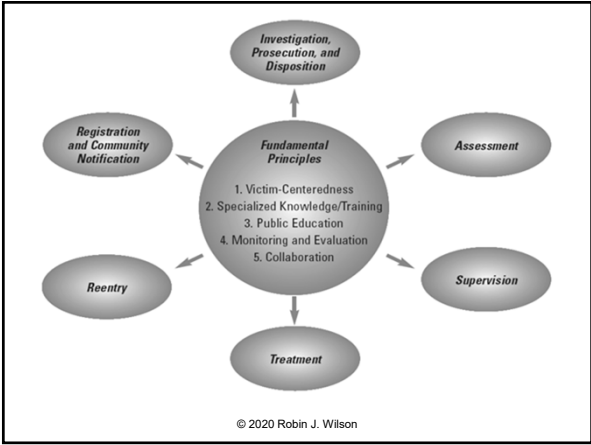
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CASOM

Comprehensive Approaches to Sex Offender Management

- ❖ Training and funding agenda sponsored by SMART Office
- ❖ Recognizes that comprehensive approaches are the most effective way to manage clients with sexual offense histories *within* communities
 - Aim is to develop effective public policies and practices that will promote public safety and to respond effectively to the needs of persons who were sexually victimized
 - Best and promising practices are currently being investigated and promoted

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CASOM Partners

<ul style="list-style-type: none"> ❖ Law enforcement ❖ Treatment ❖ Probation/Parole ❖ Victim Services ❖ Courts 	<ul style="list-style-type: none"> ❖ Prosecution ❖ Schools ❖ Housing ❖ Community programs ❖ Faith Communities
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NB: *Most collaborative models now include greater representation of all pertinent stakeholders.*

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Containment, MAPPA, CASOM

- ❖ What are the potential drawbacks to approaches like these?
- ❖ Are all concerned parties at the table?
- ❖ What happens when something goes wrong?

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Citizen Engagement & Partnerships

We're all in this together...

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Sir Robert Peel

- ❖ Prime Minister of the UK in early 1800s
- ❖ Generally acknowledged as the "father" of modern policing
- ❖ Famous quote:

**"The police are the public
and the public are the police."**

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The “Tokyo Rules”

The United Nations Standard Minimum Rules for the Treatment of Prisoners

“With the participation and help of the community and social institutions, and with due regard to the interest of the victims, favourable conditions shall be created for the reintegration of the ex-prisoner into society under the best possible conditions.”

(Principle 10)

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Jane Jacobs (1961)

The Death and Life of Great American Cities

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.

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The Shadow Cast by Formal Justice

Community is made from conflict as much as from cooperation; the capacity to solve conflict is what gives social relations their sinew. Professionalizing justice “steals the conflicts,” robbing the community of its ability to face trouble and restore peace. Communities lose their confidence, their capacity, and, finally, their inclination to preserve their own order. They instead become consumers of police and court “services” with the consequence that they largely cease to be communities.

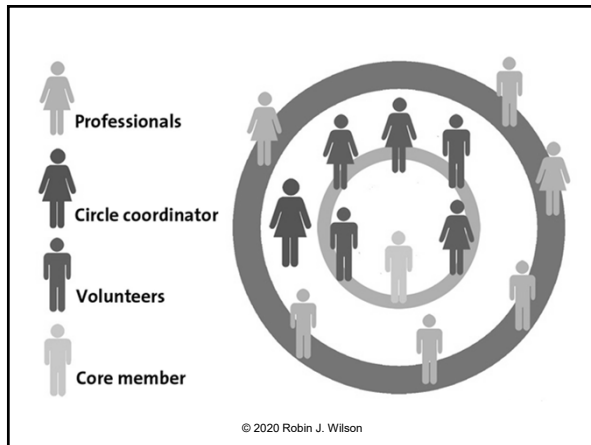
Nils Christie (1977). Conflicts as Property. *British Journal of Criminology*.

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Circles of Support & Accountability The Model

- ❖ Based on “wrap around care”
- ❖ Late 1960s to 1970s: early precedents:
 - Native American/Canadian traditions
 - Canadian Brownsdale (Larch) programs
 - Kaleidoscope, Chicago
 - 1985: Alaska Youth Initiative or AYI
- ❖ Current model started in Canada in 1994

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Core Principles

- ❖ No one is disposable
- ❖ No one does this alone
- ❖ No more victims
- ❖ Community is responsible for people who were victimized **and** those who offended against them

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Do Circles Work?

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Do Circles Work?

Social Support

Persons with sexual offense histories released to the community who have positive, pro-social support are at less risk of re-offending than those who have no such support, or whose supports are anti-social in nature.

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Core member experience

Without my Circle, I may have ...

- ❖ Had difficulty adjusting
- ❖ Had difficulty in relationships with others
- ❖ Become isolated and lonely
- ❖ Turned to drugs or alcohol
- ❖ Reoffended

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Outcome Studies

- ❖ Wilson, Picheca, & Prinzo (2007) – Canada
 - Matched comparison (N = 60); 70% less SO
- ❖ Wilson, Cortoni, & McWhinnie (2009) – Canada
 - Matched comparison (N = 44); 83% less SO
- ❖ Bates, Wilson, Williams, & Wilson (2013) – UK
 - Matched comparison (N = 71); 75% less SO+V
- ❖ Duwe (2012) – Minnesota
 - RCT design (N = 30); 62% fewer rearrests, 72% fewer technical revocations, and 84% fewer reincarcerations
- ❖ Duwe (2018) – Minnesota
 - Extension of the 2012 RTC project (N = 50); 88% less SO, 49% to 57% reductions in all other recidivism domains
- ❖ Fox, Wilson, & Kurmin (in process) – Vermont
 - Matched comparison (N = 34); 75% less SO

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CoSA Research Interpreted

- ❖ To date, there have been five evaluations of the CoSA model
 - 2 from Canada, 1 from UK, 3 from USA (1 in process)
- ❖ All studies show the same basic findings
 - CoSAs can contribute to lower reoffending and better community reintegration
- ❖ However, it is important to note that, so far, these are but 6 studies with small samples and short follow-up – more research is necessary

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Tips to Increase the Efficacy of Community-based Risk Management

- ❖ Follow the RNR principles
- ❖ Be data driven
- ❖ Consider those data when setting policy and practice guidelines
 - Evidence-based decision-making, not decision-based evidence-making
- ❖ Collaborate with others (in your work and advocacy)
- ❖ Engage in knowledge transfer whenever possible
- ❖ Involve the community-at-large, they can do it

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