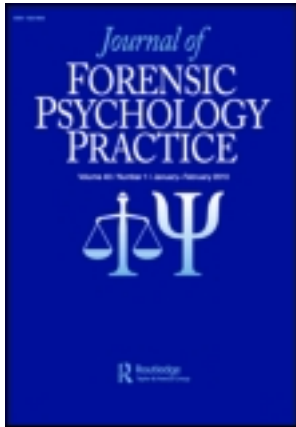


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### Circles of Support and Accountability: How and Why They Work for Sex Offenders

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## ARTICLES

# Circles of Support and Accountability: How and Why They Work for Sex Offenders

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*Circles of Support and Accountability (COSA) provide re-integrating sex offenders with a group of trained volunteers who support this rehabilitation process. Effect studies show promising results in reduction of recidivism. This study provides a theoretical underpinning and empirical validation of the COSA intervention model, based on a grounded theory analysis of 38 circle narratives, reflecting the experiences of 21 circles. Four circle functions appear to be essential, with inclusion being most important. Inclusion is serving basic human needs and is motivating the sex offender to allow monitoring and being held accountable. Program integrity and a positive group development are essential preconditions for circle effectiveness.*

**KEYWORDS** *sex offenders, COSA, intervention theory, relapse prevention, treatment effectiveness, recidivism*

## INTRODUCTION

Circles of Support and Accountability (COSA) are unique in their approach to sex offender risk management in society. A circle provides a medium-to high-

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risk sex offender who is reentering society after detention with a group of volunteers from the local community. They support the sex offenders (“core member” in a circle) in their rehabilitation process and help them to desist from reoffending. In recent effect studies, COSAs have shown a high potential in reducing sexual recidivism. In order to maintain positive results in the future, COSA is in need of a research-based intervention model that helps circle providers to understand the effective circle characteristics and processes and informs their choices to safeguard model integrity. Saunders and Wilson (2003) have developed an early intervention model, which in this article is revised and extended, based on contemporary theory and qualitative research into circle dynamics.

### COSA DELIVERANCE

COSA originated in Canada as a faith-based initiative, rooted in the restorative justice tradition (Hannem, 2011). Over time, the religious ethical principles have been replaced by a more rationalized discourse about safe sex offender rehabilitation (e.g., Hanvey & Höing, 2012), but two original mission statements are still at the core of COSA: “no more victims” and “no one is disposable.” COSA is delivered through two comparable, but in some ways distinctive, models: the original Canadian model, developed in 1994 (Hannem & Petrunik, 2004; Hannem, 2011) and the emerging European model (Höing et al., 2011), an adaptation of the UK model (which has been developed since 2002 from the Canadian model). In the European model, a circle consists of three to six trained volunteers (the “inner circle”) who meet the core member face to face on a regular basis (in the beginning at least weekly) and offer 24/7 support in between (Caspers, 2011). The inner circle is assisted by an “outer circle” of professionals who are involved in the core members’ after-care arrangements (e.g., their probation officer and their therapist and the local police officer). Circles are supervised by a professional circle coordinator who coaches the volunteers and facilitates the cooperation between inner- and outer circle and the cooperation within the outer circle. At any moment, the inner circle can report concerns about risk to the circle coordinator and the professionals who—if necessary—can take appropriate measures to prevent re-offending (Bates, Saunders, & Wilson, 2007). Circles last as long as necessary, usually at least one- to one-and-a-half years, but often longer (Bates, Macrae, Williams, & Webb, 2011).

### COSA EFFECTIVENESS

COSA has shown a significant potential to prevent sexual and general recidivism. In a Canadian study, Wilson, Picheca, and Prinzo (2007b) report recidivism rates of 60 sex offenders who had been in a circle compared to

60 matched controls who had not (medium follow-up: 55 months for COSA group and 53 months for controls). While 16,7% of controls sexually re-offended, only 5% of the COSA group did—a reduction of 70%. Also, general re-offense rates were lower (28,3% in COSA group versus 43,3% in control group). In 2009, Wilson, Cortoni, and McWhinnie conducted a national replication study, including 44 sex offenders in Circle projects throughout the country, matched pairwise with 44 controls. Time at risk was 35 months for the COSA group versus 38 months for the controls. Groups were comparable on all matching criteria except Static 99 scores, with the controls having a higher level of risk. The COSA group showed 83% less sexual re-offending and 71% less general re-offending than controls. In a sub-sample of 19 COSA members and 18 controls, with equal Static 99 scores and time at risk (36 months), none of the COSA group re-offended sexually, while 5 controls did. General re-offense rates of the COSA members were reduced by 83% (Wilson et al., 2009).

## RESEARCH QUESTION

COSA has been developed by practitioners and can be regarded as a truly practice-based intervention. Elements of a theoretical model behind its effectiveness have been described by several authors (Saunders & Wilson, 2003; Wilson, Picheca, & Prinzo, 2005; Wilson, McWhinnie, & Wilson, 2008; Brown & Dandurand, 2007; Petrunik, 2007; Hannem & Petrunik, 2007). These theoretical assumptions, however, were mainly based on descriptions of COSA policies and practices or anecdotal data (e.g., experiences of being involved as a COSA volunteer or trainer). In recent years, the dissemination of COSA in Europe, the United States, and New Zealand has been considerable, calling for a more thorough approach to the theoretical underpinning of the workings of the model. This article aims to do this, focusing on the COSA's first mission: no more victims. The basic question to be answered is "How and why can circles be effective in the prevention of recidivism of medium-to high-risk sex offenders who are re-entering society?" A theoretical framework for COSA is proposed, based on contemporary knowledge of safe sex offender rehabilitation, combined with a qualitative analysis of personal narratives of circle members who provide essential practice-based evidence about effective factors and processes in COSA. This calls for an adaptation and extension of the original UK COSA intervention model, developed by Saunders and Wilson (2003; Figure 1).

## THEORETICAL FRAMEWORK

COSA views core members as possible "desisters." Desistance from crime is a holistic, lifelong process of individual growth and effort (Farral & Calverley,

COSA Key Principles

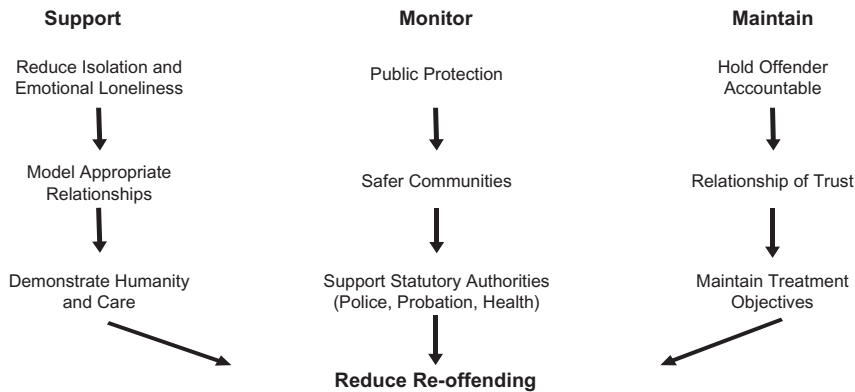


FIGURE 1 The three basic functions of COSA (Saunders & Wilson, 2003).

2006; Maruna & Toch, 2003). The result of this process is the incorporation of the offense history into the own biography by developing an adaptive, positive narrative identity and building a meaningful and responsible life, free from crime, contributing to the community (Ward & Marshall, 2009). While the development of a positive narrative identity is indicating a fundamental and internally motivated choice for a pro-social life style (Maruna & Toch, 2003), the acquisition of human and social capital is a way of diminishing stable dynamic risk factors and turning them into protective factors (McNeill, 2009). Developing an adaptive and positive narrative identity and acquiring human and social capital are main goals and intervention targets for the circle. The importance of a positive identity is expressed in the COSA principle to identify the sex offender in a circle as a “core member,” an expression that is used in all COSA communication and provides him or her with a “non-criminal” identity to live up to in a circle. Since desistance is a lifelong process, COSA also seeks to support the core member to develop a sustained awareness of risk factors and motivation to address problematic behavior.

HUMAN AND SOCIAL CAPITAL FORMATION

In COSA, human capital targets focus on intimacy deficits and on developing adequate and appropriate intimate relationships and on changing offense supportive cognitions and cognitive distortions and on improving self-regulation skills (Wilson, Picheca, & Prinzo, 2005). Intimacy deficits (emotional and social loneliness) are widely acknowledged as contributing to sexual re-offending (Milsom, Beech, & Webster, 2003; Bogaerts, Vervaeke, & Goethals, 2004; Bogaerts, Buschman, Kunst, & Winkel, 2010; Baker, Beech, & Tyson, 2006; Marshall, 2010). Offense-supportive cognitions are

contributing to a higher risk of relapse (Hanson & Harris, 2000; Hanson & Morton-Bourgon, 2004) and are addressed in COSA in a non-professional way, especially cognitive distortions such as blaming the victim and minimizing the offense. Accepting responsibility and acknowledging the offense appear to be crucial for treatment success and risk reduction (Levenson & Macgowan, 2004). Deficits in specific and general self-regulation skills or volitional skills—skills of the will (e.g., coping, emotion regulation, impulse control, locus of control; Forstmeier & Rueddel, 2007)—are related to sexual offending (Cortoni & Marshall, 2001; Hanson & Harris, 2000; Hanson & Morton-Bourgon, 2005), and general offending (Hanson & Morton-Bourgon, 2004). Improving these skills in a circle, so it is theorized, is contributing to the desistance process.

Social capital has two dimensions: the quality of the social network of the sex offender in terms of bonding within intimate relationships, linking him or her to external resources and bridging diverse lifestyles and life experiences (McNeill, 2009); and the quality—in terms of risk—of the environment he or she lives in. Low quality of accommodation, for example, is directly related to re-offending (Willis & Grace, 2008). A safe and supporting environment is a basic human need and a protecting factor in recidivism (Hanson & Harris, 2000). The improvement of social capital of the core member is probably the most prominent theoretical effect of circles—as COSA provides a surrogate social network and supports the core member in trying to develop a personal pro-social social network. This surrogate social network is hypothesized as contributing to participation in society by providing resources, both material and immaterial. Circles, providing assistance and support when stressing daily problems occur, are considered to contribute to relapse prevention through informal control.

## Relapse Prevention

Since sex offenders show a prolonged risk of re-offending (Hanson, Morton & Harris, 2003), and recidivism can occur even after a decade or more (de Ruiter & de Vogel, 2004), a sustained awareness of risk and a long-lasting motivation to counter risk effectively are needed. Changes in mood (negative mood, anger) and an increase of psychiatric symptoms are empirically identified as acute precursors to sexual offending (Hanson & Harris, 2000). Relapse prevention strategies encompass strategies to cope with negative emotional states and deviant sexual fantasies and are learned and rehearsed in sex offender therapy. These therapy goals are being supported in circles by discussing his or her relapse prevention plan from the very beginning of the circle and holding the core members accountable for implementing relapse prevention strategies in their daily life. However, the usefulness of these strategies is doubted by some authors, since high-risk sex offenders meet several obstacles in using coping strategies (Kribben, Proulx, &

Lussier, 2001). Therefore, in COSA, rehearsing relapse prevention strategies is combined with direct and indirect monitoring and other strategies, like informing the professionals in the outer circle who then can take appropriate measures. Other intervention targets are based on offender-specific needs and therefore not included in the model in a specified way. These needs are discussed within the circle, and action plans are made accordingly. In general, targeting offender-specific needs is seen as a probably effective strategy in relapse prevention (Willis & Grace, 2008).

The Saunders and Wilson model is supported by this proposed theoretical framework, since human and social capital formation can be linked to the “support” element, while relapse prevention can be linked to the “monitor” and “maintain” element. Despite the popularity of the Saunders and Wilson (2003) model, a validation of the constituting “working elements” never took place. This raises the question as to whether what works in theory is also congruent with how things work in practice. The theoretical assumptions and anecdotal data about COSA effectiveness need to be complemented by practice-based research about the actual effective processes going on.

METHOD

We applied a qualitative research strategy, following the grounded theory approach as described by Corbin and Strauss (1990). Data were obtained and analyzed in two different “steps.” In step 1, theoretical categories and concepts were developed, which were further explored and refined through a repeated single criterion card sort procedure in step 2 (Rugg & McGeorge, 2005; described in more detail below), combined with an interview.

Data in step 1 and 2 consisted of written and verbal circle narratives of circle members of the inner circle (core members, volunteers, circle coordinators) in the United Kingdom and in the Netherlands. A total of 38 circle narratives were analyzed, reflecting the experiences of 21 different circles (10 in the United Kingdom, 11 in the Netherlands; Table 1). The circle narratives from the UK circles have been published earlier in evaluative reports of

TABLE 1 Providers of Circle Narratives

	Step 1		Step 2	Total
	UK	The Netherlands	The Netherlands	
Core members	4	10	6*	14
Volunteers	8	3	3	14
Circle coordinators			4	4
Total narratives	12	13	13	38
Unique circles	10	10	8	21

\*Also interviewed in step 1.



the Hampshire and Thames Valley Circles Project (QPSW, 2003, 2005, 2008). The Dutch circle narratives were obtained in interviews the first author held with Dutch circle members in 2011 and 2012 (see Table 1). Of the 10 Dutch core members, 6 have been interviewed twice, after 6 months (for step 1) and 12 months in a circle (for step 2). All core members who entered a circle during the research period were invited to participate ( $n = 11$ ); of these, one refused. Core members signed a written informed consent. The interviews in step 1 were semi-structured, involving the following topics: circle characteristics and proceedings (descriptive information about circle members, frequency of meetings, activities, circle development, group dynamics), effective factors (helping/not helping activities), core member development (changes in behavior, skills and cognitions), and motivation.

The interviews in step 1 lasted between 20 to 40 minutes, interview/card sort sessions in step 2 lasted between 45 to 50 minutes. All interviews were carried out in face-to-face sessions, mostly at the probation service office or University facilities.

All core members are male, aged 20 to 60 at the time of the interview (mean, 46.7 years). Six core members have committed Internet offenses (grooming, possession of child pornography), and eight have been convicted for child sexual abuse. The 14 volunteers are 7 men and 7 women from different backgrounds (from a therapist to a housekeeper) and different employment status (student, working, retired, and unemployed). All four circle coordinators were female professionals, working for the Dutch Probation Organization and operating circles for at least 1 year.

In step 1, a systematic coding process (Corbin & Strauss, 1990) of 25 circle narratives (11 volunteers and 14 core members) revealed four core categories related to circle effectiveness with a number of underlying concepts within the categories:

1. "group development" (examples of concepts in this category are "assessing each other," "cooperation," "social activities");
2. "core member progress" (e.g., "honesty," "problem-solving behavior," "social skills");
3. "influencing factors" (e.g. "circle diversity," "moral support," "confrontation"); and
4. "dynamics of change" with specified combinations of influencing factors and core member progress (e.g., "improving social skills through exercise").

In step 2, the core categories and their concepts were further explored and expanded in individual interview sessions with 13 circle members (6 core members, 4 circle coordinators, and 3 volunteers), who all had been in a circle for at least 1 year. In these sessions, the respondents were introduced to the objective of the session ("to understand what is happening within the



circles and to test the applicability of some general ideas”) and then guided through a card sort procedure. The concepts within the core categories had been written on individual small text cards. A number of blank text cards were provided to fill in missing concepts if needed. Each core category was presented as a “heading” on a blank paper, then all concept cards per category plus some blank cards were spread out over the table, enabling a total overview over all concepts of this category. The respondent was asked to choose cards that reflected his own circle, and to fill in blank cards if concepts were missing. Next, the respondent was invited to explain his choice and to illustrate the chosen concept with examples from the own circle. A slightly different procedure was followed with the core categories “group development” and “dynamics of change” (which was translated as “cause and consequence”). When choosing concept cards from the category group development, the respondents were asked to first choose relevant concepts, then to place them in a temporal order, reflecting the group development in their circle, and then to explain their choice and tell the “story” of their circle. For the category dynamics of change, respondents were asked to combine concepts from the category core member progress with concepts from the category influencing factors, explaining how the selected influencing factors brought about the specific concept of core member progress. The results of the card sort per category were photographed, while the verbal comments of the respondent were audio-taped. The photographs and audiotapes were analyzed for overlap, new concepts, and emerging patterns. The temporal ranking of the group development concepts was also statistically analyzed to compute the mean rank of each concept that had been chosen.

## RESULTS

Steps 1 and 2 of the qualitative analysis resulted in a final set of group development characteristics, effects, effective factors, and causal relationships underpinning the COSA intervention model (Table 2).

### Group Development

The temporal ordering card sort procedure within the category group development revealed a pattern consisting of at least four stages, which we named assessment, building, equilibrium, and transfer. Some circle narratives revealed a dysfunctional developmental stage, as well. Table 3 summarizes the ranking procedure.

The following description of typical activities and issues during the different stages is based on the circle narratives and verbal explanations and examples given during the card sort procedure.

**TABLE 2** Final Categories and Concepts

Main category	Subcategory	Defining concept
Group development	Assessment stage	Assessing each other
	Building stage	Openness Honesty Acceptance Cooperation Trust
	Equilibrium stage	Knowing each other Solidarity Equivalence Work things through Social activities
	Transit stage Dysfunctional stage	Being friends Disagreements Fight Crisis
Core member progress	Self-regulation skills	Improved problem-solving behavior Less ruminating Less feeling stressed Feeling safe
	Social and relational skills	Improved social skills Improved relationships Being open Being honest Improved communication skills Being receptive to others Being assertive
	Outlook on life	Hope Having a future Participating in society Sense of belonging
	Self-perception	Self-esteem More positive self-image Perception of core member by others Self-confidence
	Risk perception	Acknowledging risk Accepting responsibility
Influencing factors	Inclusive strategies	Moral support Social activities Practical support Listen to core member ventilating frustrations
	Change promoting strategies	Confront Hold accountable Practice Praise and compliment Offer special support Core member's own effort

(Continued)

TABLE 2 (Continued)

Main category	Subcategory	Defining concept
Dynamics of change	Risk reduction strategies	Discuss offense Discuss risk Monitor Confront
	Process improvement	Evaluate core member progress Evaluate circle process Define targets and action plans
	Circle structure	Regular meetings Circle diversity
	Positive group dynamics	Belonging Acceptation Openness Trust Equivalence Safety Personal 'click' with volunteers
	Core member characteristics	Effort Openness
	Self-regulation skills	Predominantly influenced by change-promoting strategies, also inclusive strategies and positive group dynamics
	Social and relational skills	Influenced by all subcategories of effective factors
	Outlook on life	Predominantly inclusive strategies and positive group dynamics; some change-promoting strategies
	Self-perception	Positive group dynamics, inclusive strategies
	Risk perception	Discussing risk and risk factors

In the assessment stage, all circle members exchange information about their motivation and views on sex offender rehabilitation. The core member is asked to provide information about the nature of his offense and risk—of which his understanding depends on the progress he has made in sex offender therapy—and the volunteers share limited personal background information. Volunteers usually express their rejection of the offense and their acceptance of the core member as a person. In this stage, roles are typically unbalanced and sometimes unclear; boundaries are being sorted. This induces feelings of insecurity and reservation on both sides. While both core members and volunteers enter a circle with certain expectations about each other, these are typically not assessed within the circle. Knowing each other to a certain extent is needed to enter the next stage, the building stage.

In the beginning, the first two months were difficult for me; I didn't know what to expect from them. But then, when we talked a bit more, some of the volunteers and I seemed to share some common interests and that was nice. Talking became much easier. (Core member Michael)

**TABLE 3** Temporal Ranking of Circle Characteristics

Descriptive concept	Count	Mean rank	SD	Stage
Assess each other	9	1.22	0.44	Assessment
Openness	10	4.00	1.41	Building
Honesty	9	4.22	1.72	Building
Acceptance	8	4.75	3.54	Building
Cooperation	9	4.89	1.83	Building
Trust	10	4.90	2.38	Building
Knowing each other	7	5.00	3.65	Equilibrium
Solidarity	1	5.00	—	Equilibrium
Equivalence	7	5.86	3.44	Equilibrium
Work things through	7	5.86	3.18	Equilibrium
Social activities	12	6.42	2.94	Equilibrium
Friends	3	10.00	2.00	Transfer
Disagreements	5	6.60	2.07	Dysfunctional
Fight	2	7.00	2.83	Dysfunctional
Crisis	1	6.00	—	Dysfunctional

In a normal building stage, the circle identifies targets to work on and develops action plans together with the core member in a cooperative approach. A relationship of trust and confidentiality is built and further amplified through positive experiences of giving trust and openness. However, trust in a circle usually is conditional trust and, at least in the beginning, balanced through the perception of risk. The core member is evaluating his risk of being publicly exposed by the volunteers, while the volunteers are evaluating their risk of being “used” by the core member for other purposes than changing his life for the better. Core members state that being accepted and not being morally condemned as a person by the volunteers—while their offense is clearly not condoned—is crucial for their willingness to be open. “Most important for me was the fact that they didn’t judge me, didn’t condemn me. That was discussed openly. They literally said: we don’t judge you, we are here to help you in any way we can” (Core member Michael).

In some circles, with avoidant core members, trust is being built by engaging in social activities together, while usually social activities occur later in the developmental process.

In the equilibrium stage, an equivalence of roles and a balanced exchange of trust, information, effort, and commitment are established. The needs of both the volunteers (core member openness in order to be able to monitor) and the core member (such as social contact and respect for the time he needs to change) are met. The group process and individual processes are both taken care of by regular formal evaluations (initiated by the circle coordinator) and activities to nourish group cohesion (e.g., the “good news talk”). During these activities, volunteers and the core member engage in recreational social activities or they discuss problems of all group members, not only the core member’s problems.

I see my circle not as four people pointing at me; the discussions are about all of us. It is not only about me and my offense. Everyone has a problem in some way or other and we make room for that too. It would be strange to think that my problem is the only problem in the world. (Core member Frank)

In the transfer stage, the nature and future of the circle are being discussed. In a balanced circle, the established relationship is of a personal kind, based on sympathy, familiarity, and trust. Core members speak of such a circle as a “good circle” or even as “a group of friends.” Both volunteers and core members find it difficult to end the circle completely, while conversely they acknowledge the circle has changed its function. “I can imagine we stop to be a circle, but we definitely will continue to meet, since we have become friends” (Core member Larry).

In this stage, transfer of circle activities that focus on risk reduction to the core members’ own network (e.g., discussing risk; informing professionals) does not appear to be common.

### Dysfunctional Development, Circle Crisis, and Post-Crisis Rebuilding

In 6 of the 21 circles, a dysfunctional stage was reported. Main characteristics of this stage appear to be a low level of trust and openness; disagreement on circle targets; high subgroup cohesion combined with low total group cohesion; excluding tendencies, such as excluding the core member from the conversation; individual volunteers dominating the circle process or using the circle for personal interests; a high level of volunteer acting out; and a low level of core member cooperation and commitment. Meetings in dysfunctional stages can be tense.

I underestimated the level of commitment that they wanted from me. Some weeks ago the volunteers said to me: we don’t know how to assist you, because you are not responding. And then they said: “if you don’t show more effort we might as well stop.” They got frustrated. (Core member Stephen)

It is difficult, very difficult. We reached a point where we couldn’t go further. . . . he is not motivated, not for a bit . . . (Volunteer Mary, Stephen’s circle)

Step 1 narratives showed that these problems usually occur after the assessment stage and during the building stage, when trust needs to be built. Step 2 ranking showed a different pattern. The dysfunctional circle does not succeed in reaching or sustaining the equilibrium stage and/or finds it difficult to accept the core member and his characteristics and to hold the core member responsible for his own process of change. Dysfunctional stages

typically end in a crisis that threatens the continuation of the circle. In some dysfunctional circles, one or more volunteers threaten to break up the circle; in others, the core member does so, either by stating his plans to stop overtly or by simply not showing up.

Underlying causes for a circle crisis are usually violations of the program integrity, evoking the group members challenging each other: Participants are not meeting the selection criteria (e.g. volunteers have a questionable motivation, have no inclusive attitude toward core members, are not able to cooperate in a group), the circle is too homogenous, or is not working at the expected targets (not working on preventing risk and rehabilitation of the core member or not working on social reintegration). "They are more interested in each other than in me or my relapse prevention plan. They never ask me about it. . . . at a certain moment in time I told the circle coordinator: this is not working at all" (Core member Peter).

Core members and volunteers stress the importance of the circle coordinator in a dysfunctional stage: he or she intervenes and leads the circle into a post-crisis rebuilding stage. Reported interventions of the circle coordinator are de-selection of dysfunctional volunteers; reassessing of each members' motivation, needs, and targets; motivating the core member to cooperate; recruiting new volunteers and rebuilding the circle; and suggesting new working principles. These interventions usually appear to be effective. After a crisis, a circle typically goes through a post-crisis rebuilding stage, which includes a renewed assessment stage and then a new building stage. This may result in a minimal function, in which the circle is at least cooperating and meeting some, but not all, needs of the core member. In most cases, the motivation of the core member again increases, and his input and cooperation improve. Other circles that have gone through a crisis reach a post-crisis equilibrium in which relationships have deepened, openness has been achieved and roles have become more balanced.

### Core Member Progress

All core members in this study report individual changes while participating in the circle. Circle coordinators' and volunteer narratives support this finding. The reported change can be categorized as self-regulation skills, social and relationship skills, outlook on life, and self-perception. Table 4 summarizes the results of the step 2 analysis regarding the core member's process.

Core members report more active problem-solving behavior, less ruminating, and less stress. Many core members report improved social and relationship skills. One particularly isolated core member became more interested in social relationships with adults as a result of the positive experiences in the circle: "I realized that I feel the need for social contact more often, and

**TABLE 4** Card Sort: Effects on Core Member

Subcategory	No. of narratives	Descriptive concept	No. of narratives
Self-regulation	12	Improved problem-solving behavior	11
		Decreased ruminating behavior	6
		Decreased feelings of stress	4
		Improved health behavior	3
Social and relational skills	11	Improved social skills	6
		Improved relationships	7
		More openness	7
		More honesty	3
		Improved communication skills	2
Outlook on life	11	Being receptive to others	2
		Hope	7
		Having a future	6
		Participating in society	4
		Sense of belonging	2
Self-perception	10	Feeling safe	1
		Self-esteem	7
		More positive self-image	5
		Perception of core member by others	2
		Self-confidence	2

through COSA I learned to maintain social contacts. I used to be by myself all the time, but now I find it easier to visit someone now and then” (Core member Frank).

Some core members learned to be more open and honest in their communication, and some report an improved quality of their relationships outside of the circle, due to more openness in their communication. These skills need time to develop, as volunteers’ narratives in step 1 stress the difficulty many core members have in the beginning with open communication in the circle. They describe some core members’ communication as indirect, secretive, avoiding, vague, or even plainly manipulative, not sharing information unasked, or not willing to tell.

Some core members develop a more positive outlook on the future, and more hope to be able to lead a normal life one day, being accepted by at least the people in the circle, having a job and a place to live in peace. Some feel more connected to society through work and social activities with the circle. In addition, core members report a more positive mental self-representation (self-esteem, positive narrative identity). “I feel more self confident, have



more trust in the future. My fears that I don't belong in this society anymore have gone. I do belong" (Core member Andrew).

For some, an increased acknowledgement of their own risk and of the harm done by their offense, and consequently of their own responsibility, reflects an increase in problem insight.

## INFLUENCING FACTORS

Influencing factors can be subcategorized into "circle characteristics," "circle strategies," and "core member characteristics." Table 5 summarizes the results of step 2 regarding influencing factors.

**TABLE 5** Card Sort: Influencing Factors

Main category	Subcategory	No. of narratives	Descriptive concept	No. of narratives
Circle characteristics	Structural characteristics	12	Regular meetings	10
			Circle diversity	3
	Inclusive characteristics	12	Belonging	7
			Acceptation	8
			Openness	8
			Trust	11
			Equivalence	6
			Safety	8
			Personal 'click' with volunteers	4
Circle strategies	Inclusive strategies	12	Moral support	11
			Social activities	10
			Practical support	5
			Listen to core member venting frustrations	6
	Change promoting strategies	11	Confront	9
			Hold accountable	7
			Practice	4
			Praise and compliment	5
			Offer special support	2
			Core member's own effort	1
	Risk reduction strategies	6	Discuss offense	6
			Discuss risk	6
Core member characteristics	Cooperation	5	Show effort	2
	Communication	5	Practice new behavior	4
			Open communication	5

## Effective Circle Characteristics

These features can be categorized into structural characteristics and inclusive characteristics.

The effective structural characteristics of a circle are the diversity within the circle, the frequent face-to-face meetings, and the continuity of attendance of circle members. Core members explain that diversity in age, gender, profession, standing and education, life style, and experience enables them to encounter different role models and get different types of advice. Volunteers and core members stress the importance of gender diversity and of diverse relationships between circle members. Diversity in the circle is thus offering a rich learning environment from which the core member can take his own pick, which stimulates his autonomy and his own responsibility, provided volunteer characteristics and skills are matching the diversity of each core member's needs.

They are very different people, which is nice. They have done all sorts of things and when they talk about something you realize they know what they are talking about, that is very positive. They have very different opinions, which stimulate me to think about it for myself. (Core member Walter)

I think the diversity in this circle is essential; also for volunteers themselves, to keep each other alert and to discuss different approaches to a problem and to keep the conversation open, but also for the core member to see there are different possibilities in a given situation. (Circle coordinator, Noah's circle)

The routine of weekly meetings (at least in the beginning of a circle) is generally meeting the core member's need for social contact and increases his motivation to invest in return. Even in dysfunctional circles, the core member often keeps showing up, because the circle is the only place where he meets people other than his family who know about his offense without rejecting him. Continuity is serving the group process. Individual volunteers being absent from meetings too often are slowing down the building process, which implies the need to share the same information repeatedly, thereby disturbing the balance.

An effective "inclusive circle" warrants several dynamic and positive group characteristics: trust, a climate of openness, belonging, acceptance and equity. In order to achieve adoption and adherence to the circle's inclusive norms, specific strategies are reported. These strategies actively support the circle equilibrium and can be defined as an exchange of social goods: the exchange of support and compassion for accountability, of trust for openness, and social activities for commitment. These processes are supporting the internal motivation and the commitment of the core member: "I think

trust is built gradually and that is important for everybody. If you trust them, you will trust them to handle information with care and if you don't trust them, a circle won't work" (Core member Walter).

The openness in a balanced circle is promoting core member change by offering a safe space for self-reflection and growth of the new social identity of the core member.

Last time there was a television show about pedophiles. Then you are confronted with the fact how people think about our kind. As a sex offender, you are the lowest of the lowest in society. We talked about it in the circle and they make sure I am not leaving with a bad feeling or in a bad mood. (Core member Andrew)

### Effective Circle Strategies

While the earlier COSA model describes support, monitoring, and maintenance (holding accountable) as the three essential inner circle principles, our qualitative analysis of circle narratives revealed a slightly different set of core circle functions and strategies: inclusion, promoting change, risk reduction, and process-oriented strategies. In addition, some circles show dysfunctional activities. The categories "process-oriented strategies" and "dysfunctional strategies" were derived in step 1 and have not been involved in the card sort procedure dealing with effective factors, since the task was described as "select the cards that describe activities in the circle that have helped you/the core member."

### Inclusive Strategies

The inclusive function of a circle is accomplished by more activities and strategies than giving support alone. The most frequent inclusive circle activity is the regular meeting and group discussion: a COSA circle is mainly a "talking circle." Often the core member is at the center of attention, especially in the beginning. Core member-related topics are: the offense, which is either directly or indirectly talked about (e.g., the offense and offense chain, risk, treatment, lapses and negative emotions that increase risk) and personal issues (acute problems, worries and concerns, coping in daily life, personal history), but also topics of more general interest are discussed, such as the daily news, holidays, hobbies, music, and other activities. Especially the exchange of personal information by volunteers is valued by core members as contributing to their "sense of belonging" and gives a boost to their self-esteem. A communality of interest and a balance between core member-centered topics and more general topics are of great importance, since discussing topics that are irrelevant to the core member (which is a typical characteristic of dysfunctional circles) is leading to

decreased core member and volunteer motivation and less circle cohesion. According to both core members and volunteers, openness and honesty are core features of effective communication within the circle. Being part of a social community (again) for the core member means something to live up to and fosters the need to adopt norms and attitudes of this group of members of the public, who offer their time, personal commitment and presence.

The circle gives me something to think about—things I thought of as normal, seem to be not so normal after all—dealing with personal boundaries for example—the fact that I cross personal boundaries of others with my behavior—COSA made me see this in a different light. (Core member Richard)

Inclusion is also expressed by providing moral and practical support within the core members' own context. Volunteers offer moral support by showing empathy, being positive and showing he is worthwhile and by celebrating birthdays, holidays, and successes together. Volunteers accompany the core member on difficult missions to public services; help him doing jobs on the house; and help him sort out his finances and so on. Offering moral and practical support helps the core member solve the practical problems of everyday life, thus leading to less distress. Engaging in social activities together is serving explicit social needs of the core member and is usually highly valued by core members, provided they are conducted with respect for the privacy and the interests of the core member. Some circles participate in the core members' own network by joining him in his social activities or meeting his family. Social activities give a boost to the growth of the core members "normal" identity, his self-esteem, and help him improve his social skills. Some core members report an increased motivation to build a pro-social network of their own as a result of the positive experiences with the circle.

I have started to show more interest in my colleagues—since expressing interest in others has proven to be a positive experience in the circle—it is nice to feel connected to others and others like it too. I have sent a postcard to one of my colleagues who is ill, and he appreciated it very much. Before, I never would have done that. (Core member Richard)

### Change-Promoting Strategies

Change-promoting activities are mainly targeted at improving social and problem-solving skills of the core member but are not restricted to holding the core member accountable. Techniques are giving practical advice and tips and tricks to solve problems and encouraging new behavior, like taking

up hobbies or health activities (e.g., sport or dieting). Social skills are sometimes explicitly trained in role-play (e.g., training for a job interview). Specific needs are met by specific interventions such as anger management training or training in financial administration, depending on the skills and experience of the volunteers in the circle. Circles teach the core member techniques to cope with both daily issues and life events. More active problem-solving behavior is also supported by change-promoting strategies such as encouragement, practicing, monitoring, and positive appraisal. More directive strategies are reported by only a minority of the interviewed core members but are much more present in the volunteers' and circle coordinators' narratives. Strategies are to confront the core member with the consequences of his actions; demanding specific behavior, such as doing homework; and confronting the core member with an observed lack of effort and hold him accountable for his change: "Taking care of my responsibilities has always been difficult for me, but now there is the circle to confront me with that—and that's how I learn to act on my own initiative and take care of things" (Core member Walter).

### Risk-Reducing Strategies

Risk-reducing strategies are discussing the relapse prevention plan, monitoring the core members' behavior outside the circle, and confronting the core member with risk-related information, reporting risk concerns to the professionals. Almost all core members and most volunteers report monitoring activities within their circle, but the intensity of monitoring activities can show considerable variety. Monitoring is typically targeted at problem-solving behavior and risk-related behavior. In many circles, the core member is questioned by volunteers about his behavior outside the circle and about making use of advice that was given to him by the volunteers at an earlier stage. These discussions remind the core member to stay alert and aware of risk. Specific problematic situations and signs of increased risk (e.g., a core members' increased use of drugs or alcohol or increased Internet activity) are reported to the professionals and often targeted with specific interventions that exceed the normal circles' routine (e.g., confronting the core member with risk-related information he had withheld from the circle). Core members who isolate themselves or make unrealistic plans are confronted by volunteers (e.g., by addressing the lack of progress in the circle or challenging core members' unrealistic goals). Volunteers stress the effectiveness of monitoring, holding the core member accountable for risk-related behavior, and promoting the development of an internal locus of control. They stress these strategies more than core-members do themselves. "We have discovered many things and have confronted him with it and discussed with him everything we reported to the outer circle . . . it is his responsibility to change, and not ours" (Volunteer Harry, Stephen's circle).

## Process-Oriented Strategies

Process-oriented strategies are indirectly contributing to circle effectiveness by supporting the development of a positive group dynamic and a balanced execution of the three former mentioned circle functions. They are described more often by volunteers and circle coordinators than by core members. Strategies involve the organization of pre-circle meetings with only volunteers, in order to build group cohesion; and circle meetings without the core member (e.g., before or after the regular circle meeting), in which the meetings are evaluated, success of the strategies so far is discussed, targets are redefined, and action plans are made or refined. Process-oriented activities can lead to feelings of exclusion if the core member is not informed or involved. The continuous reflection and evaluation processes that circle volunteers and circle coordinators (but less so the core member) are engaged in are leading to interventions that change the balance in the regular circle functions, like putting more stress on the core member's own responsibility or loosening the monitoring "grip," and offer more social activities. It can also lead to specific circle interventions, such as offering a specific training or meeting the core member's family. In a dysfunctional circle heading into a circle crisis, a typical evaluative meeting is the "exit discussion" in which the future of the circle is discussed and core members and volunteers are redefining their motivation. This type of process meeting is typically attended by the circle coordinator.

## Dysfunctional Circle Activities

The dysfunctional activities in some circles may be contrary to the inclusive aims of the COSA and in fact show parallels to abusive behavior of the core member himself (e.g., excluding the core member from the conversation and, if confronted with it, minimizing the negative impact such behavior has on the core member). Risk-reduction activities may be underrepresented or completely missing in dysfunctional circle stages. In some circles, process-oriented activities are taking on a dysfunctional nature (e.g., volunteers are questioning and challenging the circles' principles and basic working procedures such as making circle minutes or meeting on a weekly basis in the beginning).

A circle crisis can also be an agent of change (e.g., feeling the pressure of possible circle closure may be a powerful motivator for the core member to invest more and change behavior, provided the circle is serving at least some essential needs, such as the basic need for social contact). Most core members feel they have something to lose when they lose their circle.

## Effective Core Member Characteristics

Being open about the offense and risk-related matters is the most important input of core members, according to both volunteers and core members.

Openness and honesty in core member communication (about offense, risk factors, and feelings toward volunteers) support the development of trust, acceptance, and inclusion by the volunteers. A cooperative attitude of the core member toward doing “homework” and practicing new behavior (e.g., practicing small talk, improving health behavior) leads to increased problem insight and more self-awareness. Exercising new social skills (e.g., talking to strangers) supports the exercise of new behavior, such as joining a sports club. Practicing new behavior (new hobbies, new health behavior) is a positive change agent in itself, since it improves self-esteem, serves as coping strategy for relaxation, or even can have the importance of a cathartic experience and as a turning point in life (e.g., one of the core members presented his view on COSA in a meeting of COSA staff with professionals from the Justice Department and found this extremely challenging, but nevertheless succeeded, which boosted his self-esteem). The experience of progress in itself reinforces his process of change. Growing self-esteem is reported as pivotal: achieving a sense of self-worth is motivating the core member to continue on the good track and stimulates hope and a positive perspective on life. Losing the stigma of being a notorious sex offender—at least within the circle—is also contributing to the positive view on the future.

## DYNAMICS OF CHANGE

The card sort procedure of the category dynamics of change revealed that changes in the core member were attributed almost always to a combination of effective circle strategies and features, with no particular pattern appearing, except for one: Improvements in problem-solving behavior were predominantly linked to change-promoting strategies such as exercise, giving advice, or giving compliments. Surprisingly, almost no risk-reduction strategies had been linked to core member change.

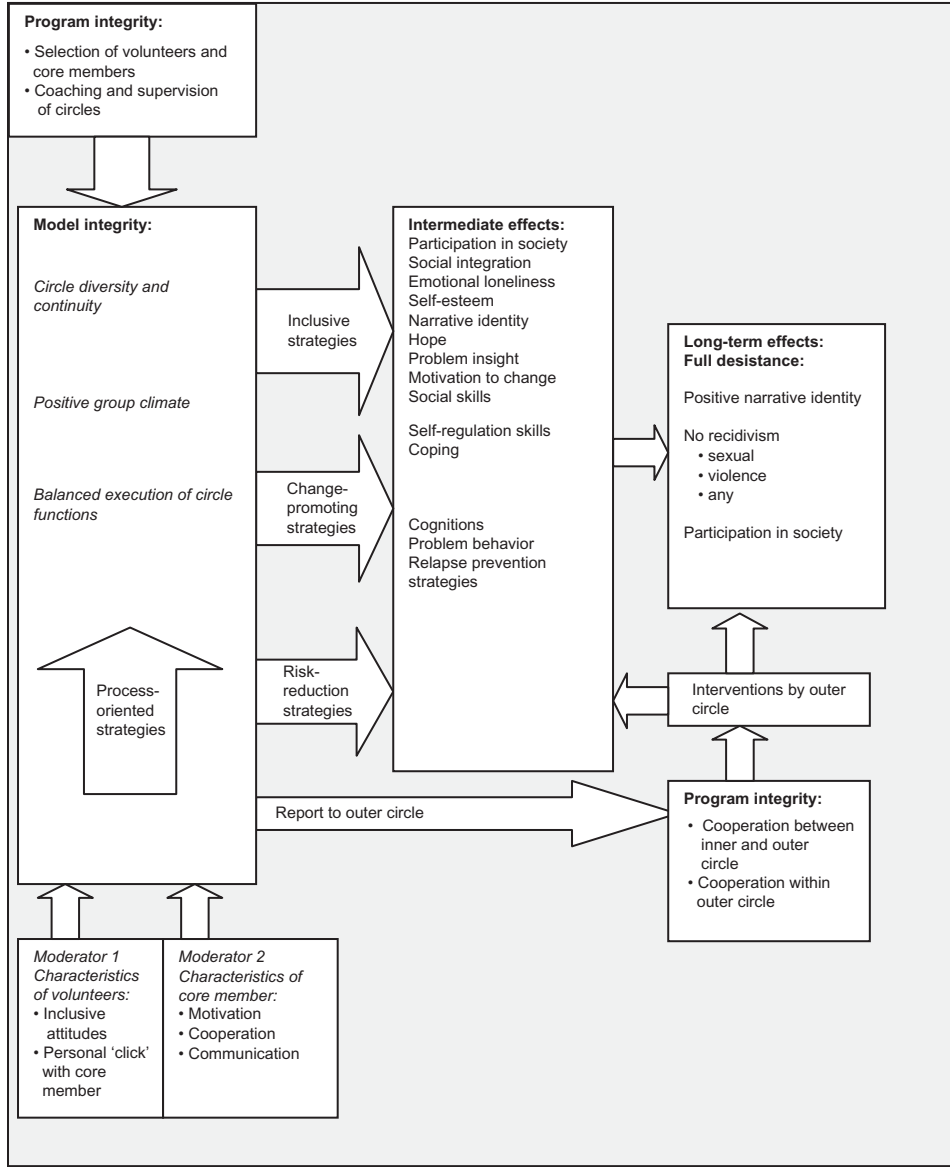
The two-step qualitative analysis of 38 circle narratives delivered a wealth of information about both functional and dysfunctional circle developments and effective features, activities, and processes. Based on this information about the inner circle, the role of the circle coordinator and the outer circle, and the theoretical framework, some adaptations to the early COSA model need to be made. The adapted COSA model is summarized in Figure 2.

## DISCUSSION

### The Revised COSA Intervention Model

As the revised COSA intervention model illustrates, circles aim to prevent recidivism by medium- to high-risk sex offenders who are reentering society by supporting his process of becoming a desister.





**FIGURE 2** The revised COSA intervention model.

The main targets of COSA are supported by contemporary desistance theory: The development of a positive narrative self and the improvement of social and human capital. Targets regarding human capital are improved problem insight, improved problem-solving and social skills, and improved coping and self-regulation skills. Social capital targets are improved social integration, participation in society, and less emotional loneliness. Hope for a better future, an increased self-esteem, and a sustained motivation to change

are results that support the process of change. Circles are also possibly effective in preventing sexual re-offending by addressing risk-related attitudes and problem behavior.

Effective circles result from a positive group development. The stages of group development we find in our study show the characteristics of the Tuckman group development model (forming, storming, norming, performing, adjourning; Tuckman & Jensen, 1977) which has been empirically validated also in other group settings (Johnson et al., 2002).

Effective circles are characterized by a balanced execution of four effective circle strategies: inclusive strategies, change-promoting strategies, risk-reduction strategies, and process-oriented strategies. Mutual trust and openness and open evaluation are crucial for the balanced execution of effective circle functions. This finding is in line with Beech and Hamilton-Giachritsis (2005), who have shown that a positive group climate is positively related to treatment change in sex offenders attending these groups. Especially group cohesiveness and stimulation of emotional expressiveness (a concept comparable to 'openness') are effective factors. Within the context of a highly cohesive, cooperative group, where there is concern and friendship for each other, appropriate challenges can be carried out that are felt as supportive rather than attacking (Beech & Hamilton-Giachritsis, 2005). The same observation has been made as early as 1961 by Irvin Yalom in one of his first publications on group therapy (Yalom, 1961).

Diversity in volunteer characteristics and continuity of volunteer commitment are important. Specific characteristics of volunteers and core members contribute to circle effectiveness: Volunteers who accept the core member as a person and are able to build a meaningful relationship with the core member are more effective, and core members who are actively cooperating and who are committed and open in their communication probably profit more and/or faster from a circle. The impact of meaningful individual relationships with volunteers (the "personal click" as core members call it) is probably comparable to the impact of the therapists' warmth and empathy and his or her respectful attitudes in professional sex offender treatment, which has been reported by Marshall et al. (2003).

In order to achieve the effective circle characteristics and processes, some preconditions need to be in place: The core member must fit the selection criteria (medium- to high-risk, high need for support), volunteers must be carefully selected, trained, and combined into a circle, and the group development process must be carefully monitored and supervised by the circle coordinator. Also, the inner and outer circle must cooperate, to fine-tune circle targets and activities, and the outer circle must cooperate together to manage risk information from the inner circle. Such a combination of formal and informal control has proven to be a major predictor of desistance in sex-offenders (Kruttschnitt, Uggen, & Shelton, 2000).

## Limitations of this Study

The qualitative research that underpins our revised model shows some limitations. In the Netherlands, COSA is still a small-scale and relatively new project, with about 11 circles in operation at the time of the data collection and thus limited possibilities for obtaining circle narratives. Also, core members and volunteers had been involved in another research project, and circle providers were afraid that they might be over-asked. Therefore, earlier published circle narratives from the United Kingdom were used in step 1 of the analytical process, in which first ideas of core categories and subordinated theoretical concepts were developed. Since the Dutch circles projects adopted the UK code of practice and the first Dutch circle providers were trained in England, English, and Dutch circles are comparable in the way core members are selected, volunteers are selected and trained, and circles are built and supervised. The experiences of circle members in the United Kingdom and the Netherlands are assumed to reflect a common practice. Conversely, cultural differences and differences in the professional context of sex offender management in the United Kingdom and the Netherlands may influence the internal processes in a circle. For example, in the United Kingdom, circles have been confronted with aggressive media campaigns, which have influenced the public opinion against circles (Hanvey, 2012), and may have put extra pressure on circle members. Also, in the United Kingdom, almost all sex offenders enter specific sex offender treatment programs in prison and therefore can enter a circle upon release, while in the Netherlands, most sex offenders are not treated in prison and therefore have to enter sex offender treatment after their detention, which means they can enter a circle only in a later stage of their rehabilitation process. This may result in differences in core member needs that a circle has to deal with. The validity of the intervention model that has been developed from these data therefore needs to be further refined and tested across different national contexts.

## Theoretical and Practical Implications

The core effective feature of COSA is probably the inclusion of the core member into the social structure of a small group. Offering the core member a small group to affiliate with is serving one of the most basic human needs, the need to belong (Baumeister & Leary, 1995). The “need to belong” is one of the most powerful human motivators (Baumeister & Leary, 1995) that is universally fulfilled by forming social bonds in small, naturalistic groups. Positive effects of lasting and intimate social attachments have been demonstrated on many aspects of human function, while deprivation from social bonds is associated with increased risk of psychopathology, behavior problems, criminality and suicide (Baumeister & Leary, 1995) and is negatively

affecting self-regulation (Baumeister, de Wall, Ciarocco, & Twenge, 2005) and pro-social behavior (Twenge, Ciarocco, Baumeister, de Wall, & Bartels; 2007). This fulfillment of the need to belong is probably explaining the robustness of circles, even when they are not optimally functioning. In the Netherlands, up to now, only one of the 27 circles has ended prematurely. In the United Kingdom, about 10% of 60 circles (in one specific region) ended with the core member withdrawing, due to lack of motivation (Bates et al., 2011). Hannem (2011) is describing circles as a family-like structure. This inclusion principle motivates the core member to stay in the circle and profit from it while allowing the circle to stimulate behavior change and to monitor the risk. This finding challenges the contemporary exclusive policies such as notification and housing restrictions, which tend to isolate sex offenders from the general public and have shown to be ineffective (Levenson & Cotter, 2005). Moreover, these policies are supporting and legitimizing exclusive tendencies in society that deprive sex offenders from their basic human needs.

The revised COSA intervention model informs circle providers and circle coordinators about core features and processes that need their full attention and should be safeguarded and evaluated on a regular basis. Therefore, we advise to introduce this model in circle coordinators training programs. As dysfunctional group dynamics have a negative impact on circle effectiveness, more research into this phenomenon is needed in order to help circle coordinators develop adequate strategies to counter these processes.

In addition to the intrinsic value a circle can have for the core members' social needs, COSAs support the professionals in their monitoring task by sharing information. While this function can be of significant importance, in our opinion, it must be clear at all times that prevention of recidivism and a safe re-integration of sex offenders in society is primarily the responsibility of the state and its professional agencies, which have the legal means to intervene. A different point of view can be taken on the second mission statement of COSA: No one is disposable. Here, community building is at stake, and this is primarily the responsibility of community itself and its social institutions. COSA is appealing to the commitment of civilians to take responsibility, and in return, is claiming to offer social peace and feelings of public safety (Wilson, Picheca, & Prinzo, 2007a, Hannem & Petrunik, 2004, Hannem, 2011). According to Hannem (2011), the restorative justice philosophy behind the model is often absent in the public presentations of new COSA initiatives, as the model spreads out over the American and European continent. More sociologically oriented research on the impact of COSAs on social peace and feelings of public safety will be necessary to collect evidence of COSA's contribution to community building in non-Canadian projects.

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## REFERENCES

- Baker, E., Beech, A. R., & Tyson, M. (2006). Attachment disorganization and its relevance to sexual offending. *Journal of Family Violence*, 21, 221–231.
- Bates, A. Macrae, R., Williams, D., & Webb, C. (2011). Ever increasing Circles: A descriptive study of Hampshire and Thames Valley Circles of Support and Accountability 2002–09. *Journal of Sexual Aggression*, 22. doi:10.1080/13552600.2010.544415
- Bates, A. (2011). Evaluation 2002–9, key findings. Presentation held at Circles-NL, COSA Training Event, February, 11, 2011. Den Bosch: Circles-NL.
- Bates, A., Saunders, R., & Wilson, C. (2007). Doing something about it. A follow-up study of sex offenders participating in Thames Valley Circles of Support and Accountability. *British Journal of Community Justice*, 5(21), 29–38.
- Baumeister, R. F., & Leary, M. A. (1995). The need to belong. Desire for interpersonal attachments as fundamental human motivation. *Psychological Bulletin*, 117(3), 497–529.
- Baumeister, R. F., DeWall, C. N., Ciarocco, N. J., & Twenge, J. M. (2005). Social exclusion impairs self-regulation. *Journal of Personality and Social Psychology*, 88, 589–604.
- Beech, A. R., & Hamilton-Giachritsis, C. E. (2005). Relationship between therapeutic climate and treatment outcome in group-based sexual offender treatment programs. *Sexual Abuse: A Journal of Research and Treatment*, 17, 127–139.
- Bogaerts, S., Vervaeke, G., & Goethals J. (2004). A comparison of relational attitude and personality disorders in the explanation of child molestation. *Sexual Abuse: A Journal of Research and Treatment*, 16, 37–47.
- Bogaerts, S., Buschman, J., Kunst, M. J. J., & Winkel, F. W. (2010). Intra- and extra-familial child molestation as pathways building on parental and relational deficits and personality disorders. *International Journal of Offender Therapy and Comparative Criminology*, 54, 478–493.
- Brown, R., & Dandurand, Y. (2007). Successful strategies that contribute tot safer communities. Paper presented at the 16th United Nations Commission on Crime prevention and Criminal Justice; 23–27 April 2007, Vienna, Austria.

- Caspers, J. (2011). COSA-procedures en Vrijwilligersbeleid [COSA procedures and volunteer guideline]. 's Hertogenbosch: Circles-NL, Avans University of Applied Sciences, Centre for Public Safety and Criminal Justice.
- Corbin, J., & Strauss, A. (1990). Grounded theory research: Procedures, canons, and evaluative criteria. *Qualitative Sociology*, 13, 3–21.
- Cortoni, F., & Marshall, W. L. (2001). Sex as a coping strategy and its relationship to juvenile sexual history and intimacy in sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, 13, 27–43.
- de Ruiter, C., & de Vogel, V. (2004). Recidive bij behandelde seksuele delinquenten. [Recidivism in treated sex offenders]. *Tijdschrift voor Criminologie*, 45(4), 379–391.
- Farral, S., & Calverley, A. (2006). *Understanding desistance from crime. Theoretical directions in resettlement and rehabilitation*. Cullompton: Willan Publishing.
- Forstmeier, S., & Rüdell, H. (2007). Measuring volitional competences: Psychometric properties of a short form of the volitional components questionnaire in a clinical sample. *The Open Psychology Journal*, 1, 66–77.
- Hannem, S., & Petrunik, M. (2004). Canada's Circles of Support and Accountability: A community justice initiative for high-risk sex offenders. *Corrections Today*, 66(7), 98–101.
- Hannem, S., & Petrunik, M. (2007). Circles of Support and Accountability: A community justice initiative for the reintegration of high-risk sex offenders. *Contemporary Justice Review*, 10(2), 153–171.
- Hannem, S. (2011). Experiences in reconciling risk management and restorative justice: How Circles of Support and Accountability work restoratively in the risk society. *International Journal of Offender Therapy and Comparative Criminology*. Retrieved from <http://ijo.sagepub.com/content/early/2011/12/19/0306624X11432538>.
- Hanson, K., & Harris, A. (2000). Where should we intervene? Dynamic predictors of sexual offense recidivism. *Criminal Justice and Behavior*, 27, 6–35.
- Hanson, R. K., & Morton-Bourgon, K. (2004). *Predictors of sexual recidivism: An updated meta-analysis*. Ottawa, ON: Public Safety and Emergency Preparedness Canada.
- Hanson, K., & Morton-Bourgon, K. (2005). The characteristics of persistent sexual offenders: A meta-analysis of recidivism studies. *Journal of Consulting and Clinical Psychology*, 73(6), 1154–1163.
- Hanson, R. K., Morton, K. E., & Harris, A. J. (2003). Sexual offender recidivism risk: What we know and what we need to know. *Annals of New York Academy of Sciences*, 989, 154–166.
- Hanvey, S. (2012). Re-joining society. Is the media's "the message" for sex offenders? Oral presentation, Berlin, September 6, 2012, IATSO conference. Retrieved from [www.iatso.org](http://www.iatso.org)
- Hanvey, S., & Höing, M. (in press). A more ethical way of working: Circles of Support and Accountability. In K. Harrison & B. Rainey (Eds), *Handbook on legal and ethical aspects of sexual offender treatment and management*. Chichester: Wiley.
- Höing, M., Bates, A., Caspers, J., Goei, K., Hanvey, S., Pasmans, V., . . . Wilson, C. (2011). European handbook. COSA, Circles of Support and Accountability. 's



- Hertogenbosch: Circles Europe: Together for safety. Avans University of Applied Sciences, Centre for Public Safety and Criminal Justice.
- Johnson, S., Suriya, C., Seung Won, Y., Berret, J., & La Fleur, J. (2002). Team development and group process of virtual learning teams. *Computers & Education*, 39, 379–393.
- Kribben, A., Proulx, J., & Lussier, P. (2001). Sexual aggressors' perceptions of effectiveness of strategies to cope with negative emotions and deviant sexual fantasies. *Sexual Abuse: A Journal of Research and Treatment*, 13, 4.
- Kruttschnitt, C., Uggen, C., & Shelton, K. (2000). Predictors of desistance among sex offenders: The interactions of formal and informal social controls. *Justice Quarterly*, 17(1), 61–87.
- Levenson, J. S., & Cotter, L. P. (2005). The effect of Megan's Law on sex offender reintegration. *Journal of Contemporary Criminal Justice*, 21(1), 49–66.
- Levenson, J. S., & Macgowan, M. J. (2004). Engagement, denial, and treatment progress among sex offenders in group therapy. *Sexual Abuse: A Journal of Research and Treatment*, 16, 49–63.
- Marshall, B. (2010). The role of attachments, intimacy and loneliness in the etiology and maintenance of sexual offending. *Sexual and Relationship Therapy*, 25(1), 3–85.
- Marshall W. L., Serran, G. A., Fernandez, Y. M., Mulloy, R., Mann, R. E., & Thornton, D. (2003). Therapist characteristics in the treatment of sexual offenders: Tentative data on their relationship with indices of behaviour change. *Journal of Sexual Aggression*, 9(1), 25–30.
- Maruna, S., & Toch, H. (2003). *Making good: How ex-convicts reform and rebuild their lives*. Washington, DC: American Psychological Association
- McNeill, F. (2009). "What works and what's just?" *European Journal of Probation*, 1(1), 21–40
- Milsom, J., Beech, A. R., & Webster, S. D. (2003). Emotional loneliness in sexual murderers: A qualitative analysis. *Sexual Abuse*, 15, 285–296.
- Petrunik, M. (2007). Circles of Support and Accountability: Tensions between faith based and rational utilitarian responses to moral panic over high risk sex offenders. *International Journal of Restorative Justice*, 3(1), 66–89.
- QPSW. (2003). *Circles of Support and Accountability in the Thames Valley. Interim Report 2003*. London: Quaker Peace & Social Witness.
- QPSW. (2005). *Circles of Support and Accountability in the Thames Valley. The first three years*. London: Quaker Peace & Social Witness.
- QPSW. (2008). *Circles of Support and Accountability in the Thames Valley. Six Year Report*. London: Quaker Peace & Social Witness.
- Rugg, G., & McGeorge, P. (2005). The sorting techniques: A tutorial paper on card sorts, picture sorts and item sorts. *Expert Systems*, 22(3), 94–107. doi:10.1111/j.1468-0394.2005.00300.x
- Saunders, R., & Wilson, C. (2003) 'The three key principles.' In *Circles of Support and Accountability in the Thames Valley—Interim Report*. London: Quaker Communications
- Tuckman, B., & Jensen, M. (1977). Stages of small group development revisited. *Group and Organization studies*, 2(4), 419–427.



- Twenge, J., Ciarocco, N., Baumeister R., de Wall, N., & Bartels, M. (2007). Social exclusion decreases social behaviour. *Journal of Personality and Social Psychology*, 92(1), 56–66.
- Ward, T., & Marshall, W. (2009). Narrative identity and offender rehabilitation. *International Journal of Offender Therapy and Comparative Criminology*, 51(3), 279–297.
- Willis, G. M., & Grace, R. C. (2008). Assessment of community reintegration planning for sex offenders: Poor planning predicts recidivism. *Criminal Justice and Behavior*, 36(5), 494–512.
- Wilson, R., Cortoni, F., & McWhinnie, A. (2009). Circles of Support & Accountability: A Canadian National Replication of Outcome Findings. *Sexual Abuse: A Journal of Research and Treatment*, 21, 412–430.
- Wilson, R., McWhinnie, A., & Wilson, C. (2008). Circles of Support and Accountability: An international partnership in reducing sexual offender recidivism. *HM Prison Service Journal*, 178, 26–36.
- Wilson, R. J., Picheca, J., Prinzo, M. (2005). *Circles of Support & Accountability: An evaluation of the pilot project in South-Central Ontario*. Ottawa, Canada: Correctional Service of Canada.
- Wilson, R., Picheca, J., & Prinzo, M. (2007a). Evaluating the effectiveness of professionally facilitated volunteerism in the community-based management of high-risk sex offenders: Part One: Effects on participants and stakeholders. *The Howard Journal*, 3(46), 289–302.
- Wilson, R., Picheca, J., & Prinzo, M. (2007b). Evaluating the effectiveness of professionally – facilitated volunteerism in the community-based management of high-risk sex offenders: Part Two: A comparison on recidivism rates. *The Howard Journal*, 4(46), 327–337.
- Yalom, I., (1961). Group therapy of incarcerated sexual deviants. *Journal of Nerve and Mental Disorders*, 132, 158–170.