

“I Am a Different Man Now”—Sex Offenders in Circles of Support and Accountability: A Prospective Study

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Abstract

In Circles of Support and Accountability (CoSA), a group of trained and supervised volunteers support a sex offender (core member in a circle), with the aim of supporting the core member's transitions toward full desistance. A prospective, multi-method design was used to explore psychological and social transitions in core members. Data were collected at the start of their circle, after 6 months, and after 12 months. Qualitative data were collected in semi-structured interviews with 17 core members and a total of 29 professionals, and analyzed with Kwalitan, a computer-assisted program for qualitative data analysis. Quantitative data were assessed with self-report questionnaires for sex offenders. Mean differences between t₀, t₁, and t₂ were tested with repeated-measures ANOVAs. Qualitative results indicated improvements in reflective skills, openness, and problem-solving skills, as well as social skills, agency, and self-regulation. Quantitative results documented improvements in emotion regulation and internal locus of control, and positive trends in self-esteem and coping skills. Due to the small sample size, our results must be interpreted with caution. Core members as well as professionals reported a unique contribution of circles to their process, but this claim needs further confirmation.

Keywords

circles of support and accountability, desistance, sex offenders, prospective study

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Introduction

The safe rehabilitation of sex offenders is a challenge for professional institutions in the field of criminal justice. In general, only 14% of sex offenders re-offend within the first 5 years after discharge from detention (Hanson & Bussiere, 1998; Hanson & Morton-Bourgon, 2004), but average sexual recidivism rates rise slowly with longer follow-up periods. Over a follow-up period of 8 years, Dahle, Janka, Gallasch-Nemitz, and Lehmann (2009) reported a 23% rate of sexual re-offending. In a Dutch study with a follow-up period of 25 years, a recidivism rate of 29% for sexual offenses was found (Nieuwbeerta, Blokland, & Bijleveld, 2003). Of a Dutch sample of sex offenders, who had been treated in secured forensic mental health care facilities, 39% recidivated within 12 years after their discharge, and in a subsample of child abusers, a 59% recidivism rate was found (De Ruiter & de Vogel, 2004). A meta-study by Hanson, Harris, Helmus, and Thornton (2014) indicates that these figures only paint half the picture, as re-offense rates decline with the number of years that offenders have managed to live an offense-free life. Of the high-risk sex offenders in their aggregated sample ($n = 7,740$), 22% recidivated within the first 5 years. Of those high-risk offenders, who managed to live offense-free for 5 years, 7% re-offended within the next 5 years, and after 10 years of living offense-free, only 4% committed another sexual crime. The overall long-term (>17 years) recidivism rate was 32% for high-risk offenders, 14% for the “moderate-risk” group, and 5% for the “low-risk” group. These figures underscore the fact that full desistance (stopping criminal behavior altogether) is difficult for many high-risk sex offenders. They also show that the risk of re-offending can drop dramatically when offenders manage to develop an offense-free lifestyle within the first years after detention.

Circles of Support and Accountability (CoSA)

CoSA is a community-based approach, which aims to support the process of desistance of medium- to high-risk sex offenders during their first years of re-integration, by providing a surrogate social network of carefully selected and trained volunteers. CoSA operates on two basic principles, represented by two guiding mottos: “no more victims” and “no one is disposable.” CoSA projects are in place in Canada, the United States, and several European Countries. They are operated by different types of providers (e.g., by an independent volunteer organization as in Canada, and some projects in the United Kingdom; or as a project by a [semi-] governmental agency as in Minnesota, the United States, and in the Netherlands). The CoSA project in this study is situated in the Netherlands, and is operated by the Dutch Probation Organization. Here, CoSA principles are implemented in a model with two circles, which is an adaptation of the U.K. model. The so-called “inner circle” consists of three to six carefully selected and trained volunteers, and a medium- to high-risk sex offender (referred to as “core member”). This circle meets on a regular—often weekly—basis, and offers social and practical support within a relationship of openness, trust, equity, and accountability. The inner circle is supported and supervised by an outer circle of

professionals, who are involved in the core member's re-entry arrangements (e.g., the therapist and the probation officer). Via a professional circle coordinator, the volunteers share information about the core member, including risk signals, with the professionals who then can take appropriate measures when necessary. The CoSA project in this study started in 2009, and it provides circles for medium- to high-risk sex offenders (based on structured risk assessment) who are under court-ordered supervision; on conditional leave from prison; or serving a conditional community sentence. Sex offenders are only eligible for a circle if they are motivated to not re-offend; demonstrate a high need for social support; have been or are in sex offender treatment; and enter a circle voluntarily. Sex offenders with high levels of anti-social or psychopathic behavior are excluded.

CoSA has shown to be effective in Canada (Wilson, Cortoni, & McWhinnie, 2009; Wilson, Picheca, & Prinzo, 2007). In the United States, Duwe (2013) conducted a randomized controlled trial (RCT) and evaluated the cost-benefit effectiveness of the model, which showed that CoSA was both an effective and an efficient way to reduce sexual offending. Promising results were also achieved in the United Kingdom (Bates, Williams, Wilson & Wilson, 201).

CoSA Goals and Strategies

CoSA started in 1994 as a practice-based intervention. Theoretical assumptions about effective elements and processes have mainly been based on descriptions of CoSA policies and practices (e.g., Hannem & Petrunik, 2007;; Wilson, McWhinnie, & Wilson, 2008; Wilson, Picheca, & Prinzo, 2005). Höing, Bogaerts, and Vogelvang (2013) developed a research-driven, practice-based intervention model (Figure 1).

In this model, the final goal of CoSA is full desistance, and the development of a pro-social lifestyle. Intermediate goals, which are believed to support the process of desistance, are the installment of hope and resilience; the improvement of motivation; and the development of skills and attitudes that are necessary to prevent criminal behavior. To achieve these goals, four types of strategies are used: (a) the social inclusion of the core member by offering support and social activities; (b) promoting change by offering encouragement, giving practical advice, and monitoring progress; (c) risk reduction by discussing the offense and relapse prevention plans, monitoring risky situations and behaviors, and keeping the outer circle informed; and (d) process-oriented strategies, such as monitoring and improving the balanced execution of the former three strategies, and establishing a positive group climate. The CoSA model draws its theoretical underpinnings (see Vogelvang & Höing, 2012) from current sex offender rehabilitation models. It adheres to the principles of the Risk/Needs/Responsivity model (Andrews & Bonta, 2003) by matching the frequency of circle meetings and the type of circle activities to the core member's individual level of risk and needs, and by matching activities to his individual responsivity and learning style. It builds on the motivational processes that are described by the Good Lives Model (Laws & Ward, 2011) by acknowledging the core member's individual goals and primary goods, and helping him to achieve them in a non-offending way. Finally, the

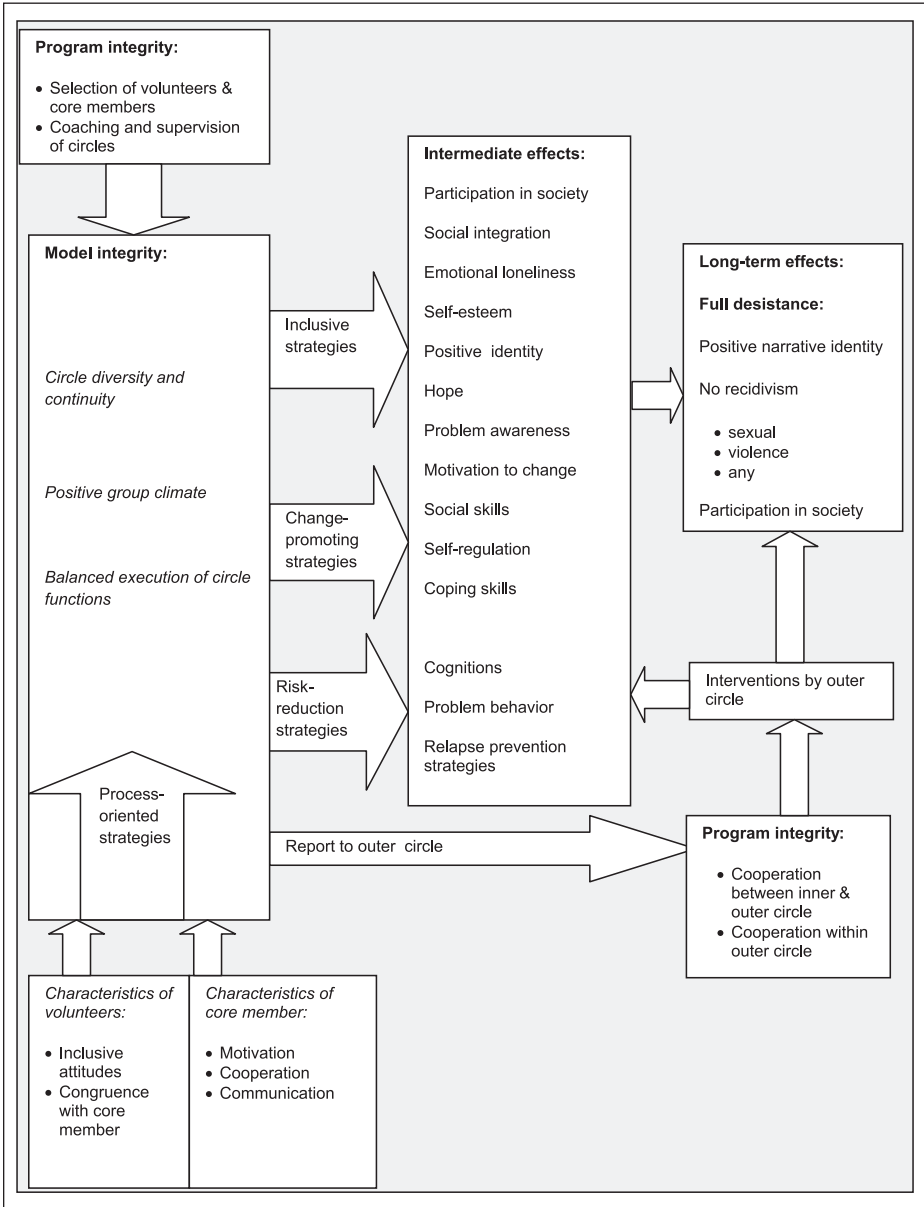


Figure 1. CoSA intervention model.
 Note. CoSA = Circles of Support and Accountability.

CoSA model describes the core member’s process of change using the concepts of desistance theory and self-regulation theory, which are explained in more detail below.

Theoretical Framework: Desistance and Self-Regulation

In this study, we framed our exploration of the process of change in core members within desistance theory, which provides the descriptive concepts for the types of transitions that core members go through. The necessary internal processes behind these transitions are conceptualized within general self-regulation theory. Lately, these concepts have been combined within the Good Lives-Desistance Model (GLM-D; Laws & Ward, 2011), which stresses the basic human need for the achievement of so-called primary goods (e.g., excellence in work and play, autonomy, relatedness, etc.) and the importance of developing agency to achieve these goals.

The Process of Desistance

General desistance theories state that desisters go through a series of internal (psychological) and external (social) life transitions, which culminate in a non-criminal, pro-social lifestyle (Giordano, Cernkovich, & Rudolph, 2002; Laub & Sampson, 2001; Maruna, 2001; Paternoster & Bushway, 2009). The internal transitions that have been identified as precursors of desistance are “aging,” “maturation” (Gottfredson & Hirschi, 1990), “cognitive transitions” (Giordano et al., 2002), “identity changes” (Goebbels, Ward, & Willis, 2012; Maruna, 1999; Paternoster & Bushway, 2009), “changes in agency” (King, 2013), “motivation and narrative identity” (McNeill, 2009), and “self-regulation” (Gillespie, Mitchell, Fisher, & Beech, 2012). External transitions in the process of desistance have been conceptualized as “life events,” “changes in formal and informal social control” (Laub & Sampson, 2001), “major role transitions” (Giordano et al., 2002), and “changes in socialization contexts” (King, 2013). The nature of the interplay between both transition processes is still debated. Do external transitions precede internal transitions as Sampson and Laub (2001) stated, or vice versa as Paternoster and Bushway (2009) claimed? Giordano et al. (2002) stated that internal changes generally precede external transitions, but these can only emerge if the environment grants opportunities for conventional choices. Research by LeBel, Burnett, Maruna, and Bushway (2008) indicated that internal states and transitions such as a negative evaluation of past criminal acts (regret), fostering alternative pro-social identities (e.g., being a family man), self-efficacy, and hope are main ingredients of agency and resilience in desisters when confronted with social problems and obstacles in their lives. These internal states shape the perception, evaluation, and level of utilization of external opportunities, resulting in social transitions that support desistance. Internalized stigmatization creates a feeling of powerlessness and predicts re-offending (LeBel et al., 2008). Laws and Ward (2011) suggested that both theories about the primary role of internal versus external transitions are complementary and can be merged into a single theoretical and practical framework, which they provide in their GLM-D.

The Role of Self-Regulation in the Process of Desistance

Psychological theories describe self-regulation as the internal process that adjusts cognitions, feelings, intentions, and behavior, to goals and values (Koole, Kuhl, Jostmann,

& Finkenauer, 2006). Self-regulatory processes not always produce the desired outcome. Hofmann, Friese, and Wiers (2008) developed a dual process model involving both conscious (cognitive) self-regulatory processes (which produce intentional rule-based behavior), and subconscious (affective) processes (which produce impulsive and habitual behavioral reactions). In the case of competing behavioral schemata (intentional rule-based behavior versus impulsive, habitual reactions), the result depends on the strength of the activation of the conscious and unconscious self-regulation systems and on “boundary conditions,” such as situational factors, which affect cognitive function, and traits or states that reinforce reliance on impulsive processing (Hofmann et al., 2008).

General self-regulation theory explains some of the roads and barriers that sex offenders encounter in their process of desistance. Generic self-regulation problems, poor cognitive problem solving, and dysfunctional coping have been identified as risk factors of sexual recidivism (Mann, Hanson, & Thornton, 2010). In the Pathways Model of sexual re-offending, differences in modes of self-regulation, with different types of self-regulation deficits, correspond with different (re-)offending pathways (Yates & Kingston, 2006). In the GLM-D, this self-regulation is referred to as “agency”—the ability to select goals, formulate plans, and act freely in the implementation of these plans (Laws & Ward, 2011). In this model, agency is closely linked to the concept of “practical identity,” a central self-concept that is wrapped around highly valued primary goals, and shapes human reflections and actions.

Consequently, sex offenders who are motivated to not re-offend will need to develop a unified, pro-social self-concept, along with pro-social, rule-based, adaptive cognitive, affective, and behavior schemas to cope with the challenges in their rehabilitation efforts. To cope with stressing circumstances, they need to overcome risky habitual or automatic responses and replace them by action-oriented responses, and rule-based, conscious behavior. The chances to make social transitions, however, depend not only on the sex offender’s internal transitions, choices, and skills but also on the opportunities and barriers in the social context. This is where the contribution of CoSA volunteers is considered to have an additional value.

Aim of This Study and Research Questions

To date, research into CoSA has focused on outcome in terms of recidivism (Bates et al., 2014; Wilson et al., 2009; Wilson, Picheca, & Prinzo, 2007) and CoSA effectiveness (Duwe, 2013), the contribution of circles to relapse prevention (Bates, Macrae, Williams, & Webb, 2012), and cost-effectivity (Duwe, 2013; Elliot & Beech, 2012). Until now, the evidence of processes of desistance in core members has been anecdotal (e.g., Quaker Peace and Social Witness, 2005, 2008), or based on retrospective research using file information (Bates et al., 2012). Our aim was to contribute to the understanding of the process toward desistance in core members, and to explore the contribution of circles to this process by using a prospective design. Two research questions guided our study. First, we explored which transitions (referred to as “changes”) were experienced by core members and the professionals in their outer

circles, and whether they attributed these changes to circle activities. Second, we measured levels of change in some markers of the process of desistance.

Method

Design and Procedures

Qualitative and quantitative data collections were combined in a prospective, mixed-methods design. More specifically, we used a partially mixed, concurrent equal status design. This means that qualitative and quantitative research steps were conducted separately, but concurrently in all stages of the research process, while both approaches had equal status in our study (Leech & Onwuegbuzie, 2009). Mixed-methods designs support the understanding of complex processes and systems in intervention evaluation, by combining the strengths of both quantitative and qualitative approaches. They offer opportunities to integrate findings about levels of change as well as processes and systems that bring about these changes (Fetters, Curry, & Creswell, 2013; Pawson & Tilley, 1997). We collected data about 17 core members during the first year in their circle. All core members signed an informed consent and were guaranteed anonymity and the right to withdraw from the study at any time without consequences for their participation in the circle.

Qualitative study. Core members were interviewed on three occasions: just before the start of their circle (t0), after 6 months (t1), and after 12 months (t2). Although core members have a unique “from within” perspective on their own life and on circles, their narratives may be biased by social desirability issues, limited reflective competencies, and lack of communication skills to explain their experiences. Therefore, professionals (their therapist and/or their probation officer) also were interviewed about the impact of CoSA on their clients at t1 and t2. All interviews were carried out by the first author, mainly at the probation office. Interviews with core members typically lasted between 20 and 45 min. All interviews with core members were recorded, except when no permission was given (twice). In that case, notes were taken during the interview, and written reports were made directly after. Interviews with probation officers and therapists lasted typically between 30 and 60 min and were recorded.

Quantitative study. Quantitative data on outcome variables were collected with self-report questionnaires for core members. The self-report questionnaire for core members was administered at t0, t1, and t2, directly after the interview sessions, and took 45 to 60 minutes.

Variables and Instruments

Qualitative study. For the interviews with core members, a topic list was used. At t0, topics were expected gains from participating in a circle, relapse prevention needs, internal barriers (concerns) toward participation, and satisfaction with the information

given by the CoSA project staff. At t1 and t2, the structural and qualitative features of the circle were assessed (the number of volunteers, frequency of circle meetings, circle continuity, group dynamics, activities, and circle coordinator interventions). Internal and external transitions and their association with circle activities were explored, initially by an open question (inviting spontaneous reactions), and then by asking more detailed information on specific areas (changes in social relations, social skills, problem-solving behavior, problem-insight and risk awareness, and outlook on future). Core members were also interviewed about their opinion on effective activities and features of the circle, and possibilities for circle improvement. In the interviews at t2, questions about the expected future of the circle and motivations to continue were added to this topic list. In this study, only data from t1 and t2 regarding the perceived process of change, and the contribution of circles to this process of change are reported.

With the professionals, semi-structured interviews were held at t1 and t2. In the first interview, topics dealt with the professionals' views on CoSA; the intervention model; the perception of structural and qualitative features of their own client's circle; evaluation of the circle functions; perceptions of changes in their clients, and how these were connected with circle activities and/or life events; cooperation between the inner and outer circles, and cooperation with the circle coordinator; and satisfaction with the CoSA organization. In the second interview (t2), questions about their view on circle continuation were added. In this study, only the data on perceived change in their clients behavior as a result of participating in CoSA are reported.

Quantitative study. Variables in our quantitative study were derived from desistance theory and self-regulation theory. Variables tapping into internal transitions were emotional loneliness, self-esteem, modes of affective self-regulation, and coping skills or "volitional" skills. Variables tapping into external transitions were participation in society (housing, work, and/or volunteering) and social network characteristics (quantity and quality).

Loneliness. Loneliness was measured with the Loneliness Scale (LS; de Jong-Gierveld & Kamphuis, 1985), which is widely used in Dutch loneliness studies, and therefore, population norms are available (de Jong-Gierveld & Van Tilburg, 1999). The 11-item LS is a Likert-type scale with five answer categories, which are dichotomized into two scores: 0 (negative and "do not know" answers), and 1 (positive answers). High scores (>3) on the total scale indicate loneliness. The LS consists of two sub-scales: social loneliness (11 items, lack of belonging) and emotional loneliness (6 items, lack of attachment; de Jong-Gierveld & Van Tilburg, 1999). Both the total scale and the sub-scales showed good internal reliability in our study, with Cronbach's alpha = .86 for the total scale, .88 for the social loneliness sub-scale, and .81 for the emotional loneliness sub-scale.

Self-esteem. Self-esteem was measured with the Short Self-Esteem Scale (SSE-S), described in Beech, Fisher, and Becket (1998). The scale consists of eight dichotomous items (scores 0 and 1). High scores indicate high self-esteem. In our study, the

scale demonstrated good internal reliability (Cronbach's $\alpha = .89$). Beech et al. indicated a clinical cutoff score of 6.2 for sex offender samples.

Modes of affective self-regulation. The two basic modes of affective self-regulation (action orientation and state orientation) were measured by 2 12-item sub-scales of the Action Control Scale 90 (ACS-90; Kuhl, 1994; for review and validation studies, Diefendorff, Hall, Lord, & Streat, 2000). The sub-scales assess action orientation in demanding situations (AOD) and action orientation after threat or failure (AOT), with dichotomous items (0; 1). High scores indicate high levels of action orientation. Internal reliability coefficients in our study were good for both sub-scales (Cronbach's $\alpha = .87$ for AOD; and $.84$ for AOT).

Coping. Volitional (or coping) skills were assessed with the Volitional Skills Questionnaire (VSQ), Long Version (Forstmeier & Rüdell, 2008; Kuhl & Fuhrmann, 1998), on a 4-point Likert-type scale (0-3). Six sub-scales, each containing five items, were used: self-activation, self-soothing, emotion regulation, impulse control (ability to suppress intrusive thoughts and resist to temptations), internal locus of control, and external locus of control. In our study, internal reliability (Cronbach's α) was low for self-activation ($.56$) and impulse control ($.51$), good for emotion regulation ($.84$), and acceptable for internal locus of control ($.74$) and external locus of control ($.79$). Because of the low alphas, results on self-activation and impulse control are not reported.

Participation in society. Participation in society has been operationalized to the level on which core conditions for participation in social institutions are in place: safe housing, having a job, adequate leisure time activities, and membership of social associations. Willis and Grace (2008) studied the outcome of re-integration programs for sex offenders. They found that sex offenders who live in stable housing conditions and have a job show less re-offending than those who do not. Furthermore, participation in society's social institutions is closely connected to the primary goods in the GLM-D (Laws & Ward, 2011). The level of participation in society was assessed in a series of questions, such as to assess housing (scores 0-2; ranging from *being homeless* to *being home owner*), perceived stability of housing (yes = 1; no = 0), having a job (yes = 2; no = 0), having leisure time activities (yes = 1; no = 0), and being a member of an association (yes = 1; no = 0). Scores were summed up into a total sum score (range = 0-7), where having higher scores reflected a higher level of participation in society.

Social network. Because CoSA offers only a temporary, surrogate social network, the improvement of the social network besides CoSA indicates an external transition in terms of social capital. Two features of social networks, size and supportiveness, were assessed. The size of the social network was assessed in a matrix, which was introduced by "which people do you have a positive emotional relationship with?" and "how often are you in contact with this person?" Core members could indicate the type of relation with a person (e.g., "mother") and the frequency of contact (5 scores: *daily*

= 3, at least once a week = 3, at least once a month = 2, at least once every 3 months = 1, at least once a year = 1). Scores on the first three persons were added up in a total sum score (range = 0-9), based on the assumption that higher scores indicate a bigger potentially resourceful social network.

Having a positive and supporting social network is a protective factor (Hanson & Harris, 2000; De Vries-Robbé, Mann, Maruna, & Thornton, 2015).). The quality of the social network in terms of support it offers was assessed in a separate matrix, introduced as, “which persons in your social network can you turn to for help—the circle volunteers not included?” Core members could indicate the type of the relation with a person (e.g., “mother”), and the type of help they could get (5 scores: *financial support* = 1, *practical support* = 1, *guidance and advice* = 1, *discuss personal and intimate topics* = 2, *is aware of the sexual offense history and supports relapse prevention* = 3). Scores were added into a total sum score (range 0-9), assuming that higher scores reflect a more supportive social network.

Structured risk assessment. To describe sample characteristics regarding level of risk, the risk categories of the Dutch Probation organization were used, which are based on a combination of their own structured risk assessment tool, the RISC (based on the English Offender Assessment System, OASys), measuring general risk, the Static 99-R, and clinical judgment. The risk categories are “low,” “medium-low,” “medium,” “medium-high,” and “high.”

Response and Non-Response

Response. Core members were recruited in order of admission to circles over a period of 18 months in 2011 and 2012. Out of 21 newly starting core members during the research period, 17 agreed to participate (81%). All probation officers of these core members and 12 of their therapists participated. Because the information of probation officers and therapists about core members’ process of change showed considerable overlap, the lower response rate of therapists was not compromising the study. Some wave non-response occurred due to time constraints and illness. Table 1 provides an overview.

Core member wave non-response and dropout. One core member was not interviewed at t0, because he was still imprisoned and an interview could not be scheduled in time before the start of the circle. Instead, he provided written answers to the interview questions and filled in the self-report questionnaire. At t1, one core member did not fill in the self-report questionnaire, because he felt this was too stressful. At t2, three core members were not interviewed for the following reasons: One circle stopped shortly after t1, due to lack of core member cooperation with the volunteers. Because he also avoided contact with the professionals from the outer circle, data collection could not be continued. This case was seen as circle failure. Another core member felt overburdened by the questionnaire and by the interviews, but agreed on continued data collection via his probation officer. The third core member sent in the filled-in self-report

Table 1. Response.

Wave	Core members	Interviews			Self-report questionnaire
		Probation officers	Therapists	Core members involved	Core members
t0	16	NA	NA	16	17
t1	17	16	11	17	16
t2	14	15	7	16	15

questionnaire, but repeatedly did not show up on interview appointments. These two cases were not considered circle failures, because the circles continued to function.

Data Analysis

All data were analyzed by the first author.

Qualitative data. All interviews with core members were fully transcribed and analyzed with Kwalitan, a computer-assisted program for qualitative data analysis, built on Glaser and Strauss’ Grounded Theory approach (Peters, 2000). Conceptual categories and hierarchies of categories were generated during the labeling process. A combination of an a priori and inductive coding scheme was used, as several iterations through the data were applied (Weitzman, 1999). Kwalitan allows quantitative analysis of co-concurrence of concepts to identify clusters of related concepts. The interviews with professionals were summarized, and thematic content analysis was applied.

Quantitative data. These were analyzed with SPSS Version 21. Differences between t0, t1, and t2 were tested with a one-way repeated-measures ANOVA, using within-subjects repeated contrasts. Mauchley’s test for sphericity was applied and if significant, a Hyunh–Feldt correction for degrees of freedom was applied. In an explorative study with a small sample like ours, *p* values are often less informative, because of a high risk of Type II errors (Cohen, 1992). We therefore also calculated effect sizes using the η^2_p statistic from SPSS, which in fact is the same as η^2 in our model with only one factor (Levine & Hullett, 2002).

Results

Characteristics of Core Members

All 17 core members in our sample were male. Mean age at the start of the circle was 47.9 years (*SD* = 7.8, range = 36–64). Of the 17 core members, 3 were indicated as “low” or “medium-low” risk (18%), 6 as “medium” (35%), 6 as “medium-high” (35%), and 2 as “high” (12%). This indicates that 82% of the selected core members in the

sample belong to the targeted group (medium- to high risk). All but 2 (88%) had been convicted once, but most of them had been downloading child pornography, or sexually abusing children for several years. Eight core members (47%) had committed exclusively non-contact offenses, whereas the others had also committed contact offenses. All were under a court supervision order, and all but one were participating in sex offender treatment during this study.

Qualitative Results: Types and Processes of Change in Core Members

A total overview of the reported types of changes in core members is given in Table 2. Reports by core members, professionals, and corresponding reports (both core member and professional report the same change) are listed in separate columns. Only changes that were perceived as a result of participation in the circle are listed.

Six months in a circle: A hopeful start. At t1, all core members were still in their circle. All stated that participation in the circle had indeed some impact on them. However, the type and intensity varied considerably, and core member reports and professional reports differed. Most core members reported cognitive transitions, such as improvements in self-reflection, openness, and assertiveness. Core members found themselves being exposed to very diverse viewpoints within the circle, which stimulated their reflexive competencies. (“Before, I would have thought: that’s your opinion and this is mine, and I would leave it at that. But in the circle, you rebuild yourself, and you tear some walls down, that you have been building around you”). Also, some of them learned to take different viewpoints on their offense (“I learned to see the other side of the world—the victim’s perspective”). The inclusive strategies of the circle supported assertiveness and self-confidence (“I feel appreciated in the circle and that strengthens my self-confidence—which is good, because it makes me stronger and allows me to be more assertive”). The professionals reported—more often than core members—improvements in the way their clients related to others (more openness, assertiveness, improved social skills, more trust in others). However, improvements in reflective competencies were reported more often by core members than by professionals.

Some core members experienced transitions in self-regulation and skills (problem-solving behavior, coping with emotions, self-care, and social skills). More active problem-solving behavior had improved mainly through the circle’s monitoring activities (“I tend to postpone things, but then they ask about it: Did you do this already? And because of that, I now do it before they can ask”).

External transitions as result of circle participation were scarce after 6 months. In one case, the circle supported the core member in finding a partner via a dating site, which for him was a major transition (“I am feeling very good, I am a different man now, I have a date—and many other good things happen”). Two core members developed more appropriate leisure time activities to reduce the risk of relapse (“It helped me to talk about my risk factors—one of the things we discovered was the fact that I have little activities in the evenings and the weekends, which resulted in a list of things I can do and places to go—which I do now”). Two professionals reported that

Table 2. Core Member Changes Related to Circles (Perceptions, Reported in Interviews).

Changes	t1			t2		
	Core members (n = 16)		Professionals (PO and/or T) (n ^a = 17)	Core members (n = 14)		Professionals (PO and/or T) (n ^a = 16)
	n	n ^a	Corresponding	n	n ^a	Corresponding
Negative (stress)	2	2	1		2	
No change		2		2	1	1
Cognitions						
Self-reflection	5	2	1	1	1	0
Self-image	3	1	1	3	1	0
Self-confidence	3			2		
Hope				1		
Trust in others	3	3		4	6	4
Problem awareness						
Skills						
Openness	4	7	2	4	3	0
Assertiveness	3	4	1	2	5	2
Problem solving	2			8	1	1
Social skills	2	4	1	4	5	1
Coping with negative emotions	2	1	0	1	2	1
Self-care		1		2	1	0
Social transitions						
Social network	2	1	1	4	3	1
Participation	3	2	1	1	2	0
Adequate leisure time activities	2	3	1	1		
Safety	1			1		

Note: PO= Probation Officer; T = Therapist; ^an = number of core members involved.

attending circle meetings reduced the risk of re-offending, simply because of the time involved in it.

Some core members experienced increased levels of stress at some point during the past 6 months, resulting from volunteers displaying dysfunctional, excluding behavior or being too demanding.

Twelve months in a circle: Diverging experiences. After 12 months, three circles were no longer active. In one occasion, this was a decision taken by the circle coordinator, shortly after t1, and resulting from continuous lack of cooperation by the core member. In two other circles, the core members had left their circle. At t1, one of these two core members had gained hope and an increased self-esteem from the fact there were people willing to meet him and support him, knowing about what he had done. However, 2 months before t2, he left the circle, because he felt accused and condemned by two of his volunteers. Also, he felt that the circle was interfering with his therapy. His probation officer confirmed his reading of the events. Nevertheless, he experienced some gains from participating in CoSA, because his circle had made him more aware of the public opinion on sex offenses, and the possible reactions he would have to face outside the treatment center where he lived.

Another core member had left his circle just before t2, because he felt his volunteers were not committed enough. At t1, his self-esteem had grown, and he had become more outgoing and assertive. In the following months, he became engaged in a romantic relationship. In his circle, he had learned to talk more openly about his offense, and this helped him to be open to his new partner. He felt a conflict of loyalties when his volunteers did not agree to meet him and his new partner together (circle meetings usually took place at the core member's house). Nevertheless, he wanted to continue to meet some of his volunteers on a private basis, as they had developed a good relationship. His probation officer confirmed his story.

The other 13 core members reported a number of positive changes, and changes in problem-solving skills were most prominent. ("In the past it was extremely difficult for me to handle things; when there were problems I used to swallow them, until it came to an outburst; but now, thanks to CoSA—and the rest of course—you learn to handle things and to take them more lightly and think: well how are we going to solve this . . ."). Also, interpersonal skills improved in more core members, as more core members reported more assertiveness, openness, and other increased social and communicative skills ("In the circle—well they know you already, and because of that, it's easier to talk about things—and once you have done it in the circle, it's easier to talk to others as well—you are kind of practicing"). Aforementioned changes in interpersonal skills coincided often with a more positive self-image or self-confidence. A number of core members, and even more professionals, reported improved problem awareness with regard to risk factors and an improved understanding of the impact of the offense on victims. At this time, external transitions had been achieved by some core members. Some had extended their social networks outside CoSA or had improved their relationships within the existing network.

A minority of core members reported no or only very limited changes. One core member with learning disabilities, who at t1 experienced only less “time at risk,” because he met the circle once a week, did not experience any internal transitions—and neither did his probation officer. Nevertheless, he had developed a good relationship with his volunteers and wanted to continue to meet them outside the CoSA framework once his supervision order ended. For this core member, the volunteers were the only people except for the professionals, who knew about his offense. Another core member had not made any progress as well. He refused to talk about his offense and risk factors in the circle, but according to his probation officer, he was willing to talk more openly about other matters from now on, because both the circle coordinator and his probation officer, as well as his therapist, all had urged him to show more commitment in the circle. Two core members did not want to be interviewed at t2, but the professionals in their outer circle documented some, albeit small, positive changes as a result of participation in the circle.

Circles’ contribution to desistance. During the observation period of 1 year, most core members experienced mainly internal (psychological) transitions. Reflective skills, self-confidence, self-esteem, and consequently assertiveness started to grow, and were attributed to the social inclusion of the core member into the circle. Circle discussions (including moral and normative issues) about offense-related topics appeared to induce more problem awareness and victim empathy. Transitions in trait-like behavioral patterns (e.g., ruminating, inactivity) toward more rule-based behavior (more active problem solving) emerged in some core members already after 6 months, but were more prominent after 12 months. Core members themselves attributed these results to the circles’ continuous attention for minor and major issues and problems, and to the strategies they use to encourage and monitor new behavior.

Contributions to external (social) transitions were made by supporting the recognition of appropriate goals and opportunities (e.g., appropriate leisure time activities; adult relationships), and by encouraging the development of necessary skills to achieve them. Substantial results in terms of living conditions, work, and social relations outside CoSA probably take more time; but, after 12 months, some progress was made. This has been facilitated by the improvement of social skills through the many training opportunities the circle offered.

Quantitative Results

As in the qualitative study, the results of the quantitative study indicated positive changes, but levels of change were limited.

Means at t1 and t2 indicated improvements on most outcome variables, but *p* values were generally not reaching the significance level. Scores on 4 of the 11 outcome variables had changed in the expected direction (Table 3), with mean differences on 2 variables reaching significance (emotion regulation and internal locus of control; $p < .05$) and 2 variables showing trends (self-esteem and self-soothing; $p < .10$). Post hoc comparisons using the Bonferroni method revealed that emotion regulation and

Table 3. Changes in Outcome Variables (Self-Report Questionnaire).

Variable (instrument)	n	t0		t1		t2		Total change		
		M (SD)	M (SD)	M (SD)	M (SD)	F	df _M	df _R	p	ES
Participation in society	14	4.86 (1.26)	5.14 (2.03)	5.14 (1.66)	0.22	2	26	.80	.02	
Size of social network	13	5.69 (2.14)	6.23 (2.20)	5.69 (2.50)	0.83	2	24	.44	.07	
Quality of social network	13	5.62 (2.30)	4.69 (3.04)	5.69 (3.12)	1.84	2	24	.18	.13	
Emotional loneliness (LS)	14	4.14 (1.92)	3.50 (2.07)	3.50 (1.87)	1.25	2	26	.30	.09	
Self-esteem (SSEQ)	14	5.14 (3.06)	5.14 (2.60)*	6.50 (2.21)*	3.60	1.5	19.4	.06	.22	
Affective self-regulation: Action orientation under										
Threat of failure (AOT)	13	6.77 (3.75)	7.31 (3.77)	7.92 (3.64)	1.98	1.6	18.9	.18	.14	
Demand (AOD)	13	6.69 (4.21)	6.31 (3.81)	7.00 (4.30)	0.48	1.5	17.6	.56	.04	
Volitional skills (VSQ)										
Self-soothing	14	12.36 (3.3)	12.79 (2.91)	13.5 (2.53)	3.31	2	26	.06	.20	
Emotion regulation	14	12.21 (3.17)	11.86 (2.91)*	13.57 (3.08)*	6.80	2	26	.00	.34	
Internal locus of control	14	12.86 (3.93)	13.36 (2.44)*	14.50 (2.53)*	4.34	1.6	21.1	.04	.25	
External locus of control	14	9.71 (2.7)	9.2 (2.68)	9.07 (2.37)	0.68	1.7	21.5	.50	.05	

Note. ES = effect size (η^2); LS = Loneliness Scale; SSEQ= short self esteem questionnaire; AOT = action orientation in after threat or failure; AOD = action orientation in demanding situations; VSQ = Volitional Skills Questionnaire.

*Differences in means between measurements (Bonferroni post hoc comparisons; $p < .05$).

internal locus of control improved between t1 and t2 ($p = .02$; resp. $p = .03$), as did the trend-wise improvement of self-esteem ($p = .01$). Self-esteem increased to levels above the clinical cutoff score of 6.2 (Beech et al., 1998). Although there was an overall trend of improvement in self-soothing, post hoc comparisons revealed no differences in-between, only the difference between t0 and t2 showed this trend.

Following Cohen's (1988) rules of thumb for the estimation of effect sizes, effect sizes (η_p^2) were large for emotion regulation, and medium for internal locus of control, self-esteem, and self-soothing. Emotional loneliness scores decreased between t0 and t1, but did not drop further. Scores on participation in society and the size of the own social network showed no improvement.

Discussion

Transitions Toward Desistance

Our qualitative results indicate that the majority of core members in our sample showed—to a varying degree—signs of transitions toward desistance. Most prevalent were changes in cognitive function, for example, improvements in self-reflection, self-confidence, and self-esteem; and behavioral changes, such as more active problem solving, improved assertiveness, and improved social skills, all seen as protective factors (de Vries Robbé, Mann, Maruna, Thornton, 2015). Less prevalent were improvements in the quality of social relationships, and only some core members experienced major social transitions (e.g., an expansion of the social network outside CoSA). Our repeated data collection revealed a stepped process, in which cognitive transitions preceded behavioral transitions, which in some cases supported improvements in the quality of social relationships. Our quantitative data showed that levels of change were generally low, and only four of them (all internal transitions) reached or approached statistical significance.

Our results are in line with findings in the United Kingdom. In a descriptive study, Bates et al. (2012) reviewed 60 core member files, and findings showed that emotional, cognitive, and behavioral transitions were more prevalent in core members than social transitions. One third of these circles lasted 12 to 24 months; 18% had lasted more than 24 months. They concluded that 70% of the core members showed improved emotional well-being as a result of participating in the circle, and 61% had attained pro-social attitudes and behaviors that could be linked to circle activities. Fifty percent of the core members had improved their social network through the circle, and another 50% had improved their employment and/or education status through circles.

The Role of Circles

Core members, as well as their probation officers and/or therapists, reported that circles made a unique contribution to their process of change, in addition to what was achieved through sex offender therapy and probation supervision. Main contributions are the experience of social inclusion and its positive influence on self-esteem in core

members; in-depth group discussions, which stimulate reflective and communication skills; and the continuous attention for major and minor daily life issues, which stimulated the improvement of problem-solving skills, by giving advice and monitoring new behavior.

These internal transitions in core members indicate increased agency, and they are steps toward desistance (King, 2013; Laws & Ward, 2011; LeBel et al., 2008). They may explain some of the significant effects on recidivism that CoSA has demonstrated in several studies (Bates et al., 2014; Duwe, 2013; Wilson et al., 2009; Wilson, Picheca, & Prinzo, 2007).

Practical Implications

Our study also shows that early dropout occurs. Three of the observed 17 circles (18%) ended prematurely within the first year. Two ended because of core member withdrawal (12%), and only one of these three had achieved meaningful results. Little is known about rates and causes of dropout in other CoSA projects. Bates et al. (2012) reported that 10% of 60 core members in their study had withdrawn from their circle within the first 14 months due to lack of motivation. These results stress the importance of careful implementation, coaching, and supervision of circles by experienced circle coordinators, who can deal with the many challenges and opportunities in the interactions between volunteers and core member. The impact of early dropout on CoSA effectiveness needs to be studied in larger samples.

Limitations of the Study

The prospective design of the study and the combination of qualitative and quantitative data allowed an exploration of types, processes, and levels of transitions in core members during their first year in a circle. However, the small sample size, due to the small scale of this CoSA project at the time of research, is clearly a limitation. Because of this, we were not able to investigate interaction effects. More studies with larger samples are needed to confirm our results and to identify mediators and moderators of change. Furthermore, our data covered only the first year in a circle, whereas many circles last longer than that. Cognitive and behavioral transitions and especially social transitions probably take more time; therefore, our results should be seen as intermediate. Future research should evaluate the processes of change in core members over longer periods. Also, this study was carried out during the early implementation stage of the CoSA project, when project providers and circle coordinators had limited experience, and best practices were still being developed. This may have influenced the quality of circles, and may explain some of the dropout of core members.

Conclusion

The results of our study indicate that most core members, with the help of circles, improved their agency. In terms of self-regulation theory, circles probably can help

shift the balance from affective self-regulation toward rule-based self-regulation, which involves reasoned judgment and evaluations, strategic planning of action, and the inhibition or overriding of impulses or habits (Hofmann et al., 2008). The improved self-reflective skills, as a result of the discussions in the circle, can be a starting point for core members to gain more cognitive control on their lives. However, these processes do not occur automatically in a circle; they need to be embedded in a context of trusting and reciprocal relationships within the circle, otherwise, circles risk premature closure. Therefore, high-quality supervision and coaching of circles should be guaranteed by CoSA project providers. Furthermore, CoSA is an addition to “normal” sex offender aftercare, not a replacement. Core members are affected by other interventions and services as well, such as sex offender treatment and support from their probation officer.

This study explored the contribution of circles to processes of desistance as perceived by core members and by the professionals in their outer circle. It does not provide “hard” evidence for CoSA effectiveness, because there is no comparison group involved. Nevertheless, we think such an exploration supports a comprehensive understanding of the effective elements in CoSA. A next step would be to study the link between these intermediate results and the ultimate goal, which is desistance (no recidivism and adopting a pro-social lifestyle). Also, research into the unique contribution of CoSA using methodologically strong designs (e.g., an RCT) is needed, ideally in combination with process evaluations, which contribute to the understanding of how the effects are achieved. More studies combining both qualitative and quantitative data will be needed in the future.

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