

Probation and Community Corrections Officers' Association Conference 2005

Sex Offenders and Throughcare - the role of Corrections

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Context

According to Matravers (2003),

*"The management of sex offenders is a subject that raises hackles and hits headlines, but is all too seldom debated in a thoughtful and productive way. In a political climate in which the protection of the public is an overriding concern, 'management' has become a euphemism for the determination of risk, while the term 'sex offender' is used to refer to a small number of dangerous offenders convicted of serious sexual offences. Despite their rarity, the existence of these predatory individuals has been used to drive an increasingly punitive criminal justice agenda, with significant implications for the agencies charged with the task of securing public protection in the community...at a time when we know more than ever about sex offender characteristics and responses to treatment, the focus on risk assessment overshadows the range of strategies currently available to policy-makers and practitioners."*¹

The NSW Department of Corrective Services (DCS), Psychologists with Sex Offender Programs Unit (SOP) deliver a Throughcare service within Correctional Centres and Community Offender Services (COS). Their role is to assess sex offenders throughout their sentence, from pre-sentence assessments, reception, pre-release and parole. Additionally, COS has developed guidelines for the supervision of sex offenders from pre-sentence to termination of supervision.

Against this backdrop, the media, public opinion, politicians and researchers look at the role of corrections in punishment, rehabilitation and protecting the community from sex offenders. This paper will explore these roles, examining current practice in NSW, a review of 'what works' and offers a forum for discussion on future directions.

Current Practice in New South Wales:

Currently in NSW there are 1122 offenders managed by DCS where their current offence is a sexual offence. Of these:

- ◆ 432 are supervised by COS (of these 12 are female),
- ◆ 674 are in custody (of these four are female) and
- ◆ 16 in periodic detention (all male).

Previous figures indicate that in terms of sex offenders in custody there are approximately another 220 who are in for a current non sexual offence who have a previous sex offence (these figures for COS were not readily available).

The appropriate assessment and treatment for sex offenders, whether in custody or the community in NSW, is the responsibility of the DCS SOP.

¹ Amanda Matravers, Sex Offenders in the Community, Managing and reducing the risk, Willan Publishing 2003

DCS, SOP's overall aim in assessing and treating sex offenders "...is to reduce the likelihood that offenders will continue in the sex offending behaviour upon their return to the community (i.e. reduce sexual recidivism)."² This is achieved through three priorities approaches as follows:

Priority 1. Whole of sentence planning and case management based on standardised risk and needs assessments. SOP are involved in the assessment of offenders throughout their contact with DCS. This begins at pre-sentence and/or reception and continues through custody and into the community. These assessments are as follows:

- ◆ Pre-sentence assessments for court completed through Forensic Psychology Services (FPS). These assessments provide advice to sentencing authorities that includes information relating to an offender's sexual offending, their risk to the community, interventions required and/or available, and recommendations for management. In the 2003-04 financial year FPS completed 93 pre-sentence reports.
- ◆ Risk and Management assessments are undertaken in the community by FPS. These assessments provide probation and parole officers supervising sex offenders with an offender's level of risk, intervention options, and recommendations in relation to management of risk. FPS undertook 245 risk management assessments in the 2003-04 financial year. SOP psychologists working with correctional centres provide assessments to gaol administration with regard to offenders who are at risk of sexually assaulting prison staff. They also provide pre-release consultations and reports on offenders who have committed sexual murders for the Serious Offenders Review Council

Priority 2. Provision of community and custodial programs that are proven effective in reducing recidivism. The critical components of DCS SOP are:

- ◆ Research/evidence based
- ◆ Throughcare - continuity of services throughout custody and in the community
- ◆ Integrated programs
- ◆ Cognitive behavioural treatment (CBT) group work programs
- ◆ Community and custodial maintenance programs - reinforcement of treatment
- ◆ Guidelines to standards of treatment services
- ◆ Use of core battery of psychometric instruments to assess criminogenic factors
- ◆ Evaluation of treatment programs
- ◆ Training and development of skills for mainstream psychologists.

Community based treatment programs:

- ◆ FPS delivers Low Risk Treatment Groups for offenders on parole or probation. This program is based on the custodial program CORE and runs for 12 months, one day per week and targets low risk and needs sex offenders. In the 2003-04 financial year three *Low Risk Treatment Groups* commenced with 27 offenders participating.
- ◆ SOP delivers *Community Maintenance Programs* for parolees who have completed a treatment program whilst in custody. This program aims to maintain

² Annual Report - Sex Offender Programs 2003-2004

treatment gains and assist in implementation of relapse prevention strategies. 30 offenders were involved in this program in the 2003-04 financial year.

Custodial treatment programs:

- ◆ *CUBIT* (Custody Based Intensive Treatment) is an intensive residential treatment program/unit for moderate and high risk sex offenders located at Long Bay Correctional Centre. The program operates between eight and ten months, depending on risk. *CUBIT* also offers an adapted program for sexual offenders with borderline intellectual disabilities and offenders with poor literacy skills. The program assists offenders to change their thinking, attitudes and feeling with regard to their offending behaviour and to develop relapse prevention plans.
- ◆ *CORE* (CUBIT outreach) is a non-residential custodial group work program for lower risk and needs offenders. The program runs two and half days per week for five months. Its aims are similar to CUBIT.
- ◆ *Custodial Maintenance Program* is for sex offenders who have successfully completed CUBIT/CORE. This program focuses on relapse prevention issues specific to individual's needs.

Priority 3. To enhance offender motivation to participate in treatment programs.

- ◆ ESO (Education for Sex Offenders) is an 8 session program designed to assist an offender's readiness to participate in treatment. The program targets responsibility factors by challenging denial and minimisation. It is not a pre-requisite to CUBIT/CORE and is delivered on an "as needs" basis.
- ◆ Aboriginal cultural assessments and program for CUBIT was piloted during 2003-04. The assessment aims to gather information that would allow staff to meet the needs of Aboriginal offenders, whilst the 16 session program focused on cultural issues in order to help engage Aboriginal offenders in the program.

In addition to the above priorities, COS has detailed policy/guidelines with regard to supervision of sex offenders. In brief, COS provides guidelines with regard to assessment, case management - including notification of child sex offenders under *The Child Protection (Registration of Offenders) Act 2000*, monitoring and employment, treatment and termination of supervision.

Discussion:

- ◆ **What are the short falls in service provision in NSW practice?**
- ◆ **How does NSW address the issues of: punishment, rehabilitation & protection of the community?**
- ◆ **What practises do other states have?**

Case Study 1.

Child sex offender John Hillsley was sentenced to 30 years imprisonment after repeated raping a 10 year old girl and murdering her step father. Hillsley had previously served 12 years gaol for offences including the abduction and rape of a five year old girl. In serving his time, Hillsley did not participate in any treatment program and told the parole board that he wanted to serve his full sentence in order to "avoid any supervision in the community on his release." Prior to his release he had stated, "kids will

What Works - national and international perspectives:

“A U.S. Department of Justice study (Bureau of Justice Statistics, 1997) reports that approximately 265,000 adult sex offenders are under the care, custody, or control correctional agencies in the United States. Of these, almost 60 percent are under some form of community supervision.”³

“Good community supervision of sex offenders improves community safety and reduces recidivism. That being said, supervision can only reduce recidivism risk when it monitors and addresses factors related to recidivism”⁴

In studying the probabilities of sex offender re-arrest in Western Australia, Broadhurst, (2003) concluded: “Community supervision and imprisonment significantly reduce the ‘rate’ or speed of re-arrest.”⁵ The author, engaged in discussions with Michael Edwards, DCS Principal Advisor, Psychologist, who indicated that Broadhurst, in an earlier study of recidivism of sex offenders in Western Australia, had shown re-offence rates of sex offenders under probation and parole supervision where significantly lower than sex offenders with no supervision. However, after two years there were no substantial differences in recidivism between supervised and non-supervised offenders.

The United States Bureau of Justice Statistics estimates 24% of offenders serving time for rape and 19% of those with custodial sentences for sexual assault had been on probation at the time of the offence for which they were in prison. They conclude: “Sex offenders were about four times more likely than non-sex offenders to be arrested for another sex crime after their discharge from prison.”⁶ This means that Throughcare is vital in addressing recidivism for sex offenders.

³ Leilah Gilligan & Tom Talbot, Centre for Sex Offender Management, Community Supervision of the Sex Offender: An overview of current and promising practices, January 2000

⁴ Andrew Harris & R.Karl Hanson, The Dynamic Supervision Project: Improving the Community Supervision of Sex Offenders, CT Feature

⁵ Broadhurst, Roderic, The Probabilities of sex offender re-arrest, Criminal Behaviour & Mental Health, Vol. 13(2) 2003

⁶ Bureau of Justice Statistics Criminal Offenders Statistics, www.ojp.usdoj.gov/bjs/crimoff.htm

Wallis (2003) stated: "The reputation of the probation service will depend on how well we manage this group of (sex) offenders and how effective we are in preventing them from further offences."⁷

'What works' - how can sex offenders be effectively managed?

In answering this question there are three areas to consider:

1. assessments,
2. treatment programs, and
3. risk management.

1. Assessment

The issues surrounding sexual abuse and sex offenders are complex and varying. Good assessment is essential in determining the appropriate response or intervention required to protect the community and to treat the offender. Good assessment enables practitioners to define what the problems are and what strategies are needed to address or manage this problem. Effective assessments are ongoing and take into account both static (historical - non-changeable) factors and dynamic (changeable) risk factors.

The US Department of Justice, Center for Sex Offender Management (CSOM) asserts risk assessments have two purposes:

1. Risk prediction, which is the science of predicting the likelihood of recidivism over a period of years using empirically based, scientifically validated tools. These tools use static risk factors that enable practitioners to identify high risk offenders.
2. Risk Management, which is the process of responding to ongoing short term changes in risk. The process is based on dynamic factors or criminogenic needs which pose immediate risk.⁸

The Dynamic Supervision Project, reported in Harris and Hansen⁹ involved the repeated risk assessment of more than 1000 sex offenders under the community supervision of Canadian Probation and Parole Service. The project aimed to discover if officers using the risk assessment tools respond to risky situations in a more informed and timely manner. The flow on effect should be a reduction in recidivism and improved public safety. The project also allows probation and parole to aim its resources at the highest risk offences.

The project uses three risk assessment tools:

1. Static 99, which asks:
 - a. The age of the offender
 - b. Whether the offender ever lived with an intimate partner for two years

⁷ Ethne Wallis, CEP work shop, The Management of Dangerous Sex Offenders: a European perspective, London, January 2003

⁸ U.S. Department of Justice, Center for Sex Offender Management, An Overview of Sex Offender Management, July 2002

⁹ Andrew Harris & R.Karl Hanson, The Dynamic Supervision Project: Improving the Community Supervision of Sex Offenders, CT Feature

- c. Whether the offender was convicted of a nonsexual violent offence at the same time he or she was convicted of the index offence
 - d. Whether the offender was convicted of a nonsexual violent offence prior to the index offence
 - e. The offender's prior sexual offences
 - f. The offender's conviction for no contact sexual offences
 - g. The number of prior sentencing dates
 - h. Whether there were any victims of sexual assaults outside the family
 - i. Whether there were any stranger victims of sexual assault
 - j. Whether there were any male victims of sexual assault.
2. Stable Dynamic Assessment - this assesses six major areas of stable risk, four have subsections. The six areas are:
- a. Significant social influences
 - b. Intimacy deficits: lovers/intimate partners, emotional identification with children, hostility towards women, general social rejection/loneliness and lack of concern for others
 - c. Sexual self-regulation: Sex drive/preoccupation, sex as coping and deviant sexual interests
 - d. Attitudes supportive of sexual assault: Sexual entitlement, rape attitudes and child molester attitudes
 - e. Cooperation with supervision
 - f. General self-regulation: Impulsive acts, poor cognitive problem solving skills and negative emotionality/hostility.

The stable assessment is re-administered every six months to allow officers to monitor important risk factors and treatment outcomes. Additionally it allows officers to see if offenders are becoming less risky or more risky over time.

3. Acute Dynamic Risk Assessment looks at:
- a. Access to victims
 - b. Emotional collapse
 - c. Collapse of social supports
 - d. Hostility
 - e. Substance abuse
 - f. Sexual preoccupations
 - g. Rejection of supervision

This assessment is completed at each supervisory meeting and allows officers to monitor transient situations or states that can change over a period days or hours and signal the timing of new offences. The supervising officer can intervene preventing imminent relapse or re-offence.

Michael Edwards, (DCS Principal Advisor) has stated that in NSW assessment is/needs to be multi-layered, comprising of:

- ◆ LSI-R
- ◆ Static 99 and SONAR.
- ◆ Development of case plans that map the criminogenic needs of the offender and appropriate interventions. He believes an understanding of an offender's offence chain, along with offence history and nature of offending behaviour allows officers to develop effective treatment and supervision plans.

Narci Sutton, Therapeutic Manager, FPS, expresses that Throughcare assessment involves pre-sentence/FPS reports, reception assessments, and that it is critical that offenders with short sentences are identified and referred to programs, psychological assessments and interdisciplinary assessments (education, psychological, AOD). Sutton says that in an ideal world, long term planning for discharge would start at this stage and would address the offender's need to maintain healthy links to the community. She believes that a Throughcare manager could ensure all assessments/reports/recommendations would be completed within 10 weeks.¹⁰

2. Treatment Programs

The risk principle reveals offenders who need intensive treatment and therefore allow higher levels of services to be allocated to high risk offenders, this includes treatment in custody and the community. The needs principle allows the program to target individuals offending behaviours that are changeable. Responsivity principle dictates modes and styles of service delivery, this includes cognitive behaviour therapy (CBT), social learning, modelling and reinforcement of anti-criminal attitudes, acquisition of skills, provision of resources and relapse prevention.¹¹

Young, Statewide Clinical Co-ordinator, SOP, DCS notes research is very clear about what constitutes appropriate services for sex offenders. Young says that empirical findings demonstrate effective corrections follow the risk, need and responsivity principles. Programs using these principles:

- ◆ target criminogenic factors that lead to offending behaviours;
- ◆ are delivered at an intensity that matches the offenders risk level, and
- ◆ use treatment modes that are successful with this group of offenders.

David Middleton from the *What Works* team in the National Probation Directorate, UK asserts the best programs for sex offenders target high risk offenders. These programs help the sex offender face up to the consequence of their behaviour, understand their motives, and help them develop new ways of controlling their behaviour. He says that sex offender programs need to address four elements; denial, offence specific problems, levels of social inadequacy and knowledge of relapse. David notes that the sex offender program in the UK consists of:

- Pre-program motivational work
- Cognitive behavioural work
- Offence patterns
- Cognitive distortions
- Life skills
- Deviant fantasy
- Victim empathy
- Relapse prevention.¹²

The need for good treatment programs is highlighted in the Office of the Legislative Auditor (OLA) for the state of Minnesota audit report January 2005 on Community Supervision of Sex Offenders.¹³ One of its conclusions was that there is a need for more offender treatment programs both in gaols and the community. The report noted

¹⁰ Narci Sutton, draft paper, Sex Offender Programmes: through-care inaction, 2002

¹¹ Anne Young, paper on DCS, SOP

¹² David Middleton, CEP work shop, The Management of Dangerous Sex Offenders: a European perspective, London, January 2003

¹³ Office of the Legislative Auditor, State of Minnesota, Community Supervision of Sex Offenders, January 2005, www.auditor.leg.state.mn.us/ped/2005/0503sum.htm

the frustration of Directors of community-based corrections at the number of offenders released to parole who did not complete treatment whilst in prison. OLA recommended that the Department of Corrections report to 2006 Legislature on options for increasing participation of sex offenders in prison, including treatment for offenders with short sentences. It also recommended that the Legislature ensure sufficient funding were available for community-based treatment. OLA notes that of the 4,500 adults sex offenders under supervision by Minnesota corrections (June 2004) most were sentenced to probation, not prison. This increases the argument for good treatment programs for high risk sex offender within the community.

For best practice in NSW, Sutton(2002) urges that the conflict between the demands of therapy and the demands of Corrective Services Industry (CSI) need to be resolved with clear policy regarding the priority of inmates participating in programs and maintenance.

Interestingly, Anthony Beech and Ruth Mann refer to the Beech and Fordham (1997) study of group environments in sex offender treatment groups, noting that a therapist style in delivering treatment can have either positive or negative results. Beech and Fordham concluded that successful sex offender group had a facilitator who set clear boundaries/rules, was not aggressive or confrontational, but was supportive and modelled positive interpersonal communication. They warned that leaders who were too confrontational impaired participants ability to gain benefits from the group.

A further study by Fernandez (1999) again looking at treatment styles in HM Prison Service Sex Offender Treatment Program, found that an offender's ability to take responsibility was linked to warm, empathic and genuine behaviours by therapists. Additionally, when therapists challenged participants in a non-confrontational manner, actively encouraged participants and used open questions the group participation increased. A further study found that offenders whose therapist was consistently warm had a reduction in their impulsiveness, personal distress, distrust of women, and entitlement thinking.¹⁴

3. Risk Management

Risk management is not just about following policies and procedures or making assessments and referrals to treatment groups, it is about taking a holistic approach to managing sex offenders by maximising community protection through reducing recidivism and consequential victimisation.

CSOM believe that there are several key elements to sex offender management:

- ◆ Collaboration amongst agencies, this includes multidisciplinary, multi-agency, collaborative responses on both case plan and policy level where the supervision agency works closely with treatment agencies, victim advocacy groups, law enforcement agencies, social services and the judiciary
- ◆ Victim-centred approach - supervision traditionally is offender focus, but a responsible approach to sex offender management focuses on the needs and safety of both past and potential victims of sexual assault

¹⁴ Anthony Beech & Ruth Mann, ch 10, Recent Developments in the assessment and treatment of sexual offenders, Offender Rehabilitation and Treatment: Effective Programmes and Policies to Reduce Re-offending, edited by James McGuire, John Wiley & Sons, Ltd.

- ◆ Sex offender specific treatment that include relapse prevention, CBT and are tailored to meet the varying, diverse and complex needs of sex offenders
- ◆ Clear and consistent policies¹⁵

Gavin and Craissati (2004) propose that a risk management plan should include four factors:

- ◆ Offender's areas of strength such as; motivation to change, feelings of shame, a compliant attitude and social skills
- ◆ Offender's areas of concern such as; dominant dynamic factors
- ◆ Conditions of parole/probation orders and period of supervision
- ◆ Available resources such as treatment, police surveillance¹⁶

Both CSOM and OLA state that probation and parole should have dedicated sex offender officers who are specially trained to work with sex offenders. These officers would have caseloads that consist largely of sex offenders and would use specialised sex offender supervision approaches that included:

- ◆ A primary focus on protection of victims and communities and prevention of future victims
- ◆ Collaboration with other agencies who share responsibility for offender management such as: police, treatment providers, victim advocates
- ◆ Special conditions of supervision designed to address unique risks and needs of individual offenders
- ◆ Involvement in each offender's daily life and habits
- ◆ Small case loads - intensive supervision¹⁷

Risk management also encompasses accommodation and employment issues, as unstable accommodation is a risk predictor of re-offence. Finding stable accommodation is a priority for managing sex offenders in the community.

In NSW, appropriate accommodation for sex offenders released from custody is an issue of concern. Many sex offenders are being released to places such as Hope Hostel, which is an emergency crisis accommodation hostel. This occurs as there is limited or no other options for many sex offenders. OLA report that 70 percent of community corrections directors in Minnesota said that finding suitable housing for sex offenders released from gaol was 'very difficult'. These directors said that an increase in the availability of temporary accommodation for ex-prisoners/sex offenders was a top priority for improving public safety.

Research also shows that meaningful employment can be a stabilising influence, involving offenders in pro-social activities, structuring their time, building self esteem and providing financial security. Employment for sex offenders can be a challenging task, as offenders are restricted by conditions of their order and employees can be

¹⁵ CSOM, Community Supervision of Sex Offenders, January 2000 & An Overview of Sex offender Management, July 2002

¹⁶ Geraldine Gavin & Jackie Craissati, ch 5, Risk Management: the probation and police perspective, Managing High Risk Sex Offenders in the Community, A Psychological approach, Jackie Craissati, Brunner-Routledge, 2004

¹⁷ CSOM, An Overview of Sex offender Management, July 2002

relucted to employ such persons. CSOM note that “a substantial amount of time and effortis required to supervise effectively sex offenders in their employment.”¹⁸ Probation officers need to monitor carefully employment as some work related activities may produce opportunities to re-offend.

Discussion:

- ◆ **How can we make use of “what works” to better manage sex offenders?**
- ◆ **What elements of ‘what works’ are we missing in current practice? And what elements do we use?**
- ◆ **Why do we run sex offender groups in the community for low risk offenders in NSW?**
- ◆ **In an ideal world, what would sex offender, assessment, treatment and management look like?**

Case study 2 : Hillsey part 2, Referring back to case study 1, using “what works”, what could be the ideal management of Hillsey look like?

Case Study 3

Jeff is a 25 year old Aboriginal male serving his second custodial sentence for rape (he has a juvenile record for violent crimes). His first adult conviction was a violent attack on an 18 year old girl at his local park. His current offence included abduction, torture and rape of a 20 year old woman. He abducted this victim from his local railway car park. Jeff’s family/community have disowned him, he has never been employed, did not complete school and has substance abuse issues. He did not complete any programs when last in gaol and/or while on parole.

- ◆ **What could a Throughcare plan look like for this offender?**

Case study 4

Greg is a 44 year old school teacher who resides in a medium size country town. His first conviction relates to internet child pornography. He received a 2 year good behaviour bond with probation and parole supervision.

What would be an appropriate case plan for Greg?

¹⁸ CSOM, Time to Work: Managing the Employment of Sex Offenders Under Community Supervision, January 2002

Where does the future lie in sex offender management?

Around Australia, there are many different views and strategies about sex offender management.

“Mr Humpherson (NSW Shadow Minister for Justice) has called for compulsory chemical castration, or the injection of anti-libidinal therapy drugs, to be legally introduced in NSW to prevent convicted paedophiles from re-offending.... ‘sex offenders are statistically almost guaranteed to re-offend when they are released’, Mr Humpherson said”¹⁹

Queensland Premier, Peter Beattie said last week: “Queensland’s legislation reflects the community’s abhorrence of paedophiles and other sex offenders, and the outrage expressed when predatory sex offenders are released from prison without being rehabilitated”²⁰ The legislation Mr Beattie is referring to allows Queensland courts to block the release of from prison of sex offenders judged to be a serious risk to the community, even after they have served their full sentences. On review of a serious sex offender, the Queensland Supreme Court can impose either continuous detention or strict supervision upon release.

The Australian Capital Territory is currently considering adopting similar legislation.

Is this the way of the future? Or should we take up Mr Humpherson’s call for compulsory chemical castration!

NSW has purchased new electronic monitoring devices which use satellite tracking to monitor sex offenders. The idea is that an alarm will alert police/monitoring agency when the offender makes an unauthorised movement such as approaching a school or breaking a curfew.

Another very positive initiative in NSW is the **Child Protection Watch Team (CPWT)**. The team is currently being piloted in Southwestern Sydney and comprises of NSW Police, the Departments of Health, Juvenile Justice, Community Services, Education & Training, Housing, DADHC, TAFE NSW and COS. This program aims is to identify high-risk offenders who present a grave risk to children, and to coordinate the efforts of many agencies to reduce their likelihood for re-offence. The Trial is the product of a New South Wales Cabinet Minute from March of last year. Most of 2004 was spent planning and developing protocols, forms and a draft MOU. Just a few weeks ago, the Team began to receive referrals. An evaluation is planned, and a state wide rollout in 2006 is possible, depending upon the results of the evaluation.

This approach was pioneered in the United Kingdom, where what they call Multi-agency Public Protection Panels have been used by the National Probation Service of England and Wales for several years to improve case planning and management for select offenders. PACCOA members who attended last year’s conference at Alice Springs heard the former Director General, Eithne Wallis, describe how these MAPPAS were a key element in her strategy to remake the service by transforming front-line service.

¹⁹ Cooks River Valley Times, Article, Thursday 7 July 2005, “Killer put away” by Jeanette Stephen

²⁰ The Canberra Times, Article, Saturday 9 July 2005, “Move for ACT to follow Qld in blocking release of serious sex offenders” by Megan Doherty

Discussion:

If you could create an innovative and effective new sex offender management system, without financial or policy boundaries, what would sex offender management look like in this brave new world?

Summary:

Sex offender management is complex and varied, just as sex offenders themselves are. Politician and the public demand protection and an easy cure to the problem, but at what price?

This paper only skims the surface of current practice in NSW, “What Works” and future directions. There is no doubt that Throughcare and effective management of sex offenders requires a multi-layered approach that balances the need to punish, rehabilitate and protect the community using a variety of resources. The key ingredients, based on empirical, scientific evidence, are: good and ongoing assessment, focused treatment, risk management/intensive supervision and a collaborative approach.

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References

Annual Report - Sex Offender Programs 2003-2004

Australian Government Attorney General’s Department, Interventions for Prisoners Returned to the Community: A survey of Australian Services, www.ag.gov.au/agd

Beech A., & Mann R., (2002) Offender Rehabilitation and Treatment: Effective Programmes and Policies to Reduce Re-offending, Developments in the assessment and treatment of sexual offenders, edited by James McGuire, John Wiley & Sons, Ltd pp.259-288

Black M., Smith R. G., Electronic Monitoring in the Criminal Justice System, Australian Institute of Criminology, trends and issues, May 2003, No. 254

Broadhurst, Roderic, The Probabilities of sex offender re-arrest, Criminal Behaviour & Mental Health, Vol. 13(2) 2003

Bureau of Justice Statistics Criminal Offenders Statistics,
www.ojp.usdoj.gov/bjs/crimoff.htm

Cooks River Valley Times, Thursday 7 July 2005, "Killer put away" by Jeanette Stephen

Craisati J., & Gavin G. (2004) Managing High Risk Sex Offenders in the Community, A Psychological Approach, Risk Management: the probation and police perspective Brunner-Routledge, pp.115-204

English K., Pullen S., & Jones L. (1996) Managing Adult Sex Offenders, A Containment Approach, American Probation and Parole Association

Gilligan L., & Talbot T., U.S. Department of Justice, Centre for Sex Offender Management, Community Supervision of the Sex Offender: An overview of current and promising practices, January 2000, www.csom.org

Hall Nagayama G. C., Hirschman R., Graham J. R., & Zaragoza M. S., (1993) Sexual Aggression: Issues in Etiology, Assessment and Treatment, Taylor & Francis

Harris A., & Hanson K. R., The Dynamic Supervision Project: Improving the Community Supervision of Sex Offenders, CT Feature

Lindsay W. R., Taylor J. L., & Sturmey P., (2004) Offenders with developmental disabilities, John Wiley & Sons Ltd, pp.187-200

Matravers A., (2003) Sex Offenders in the Community, Managing and reducing the risks, Willan Publishing

Middleton D., CEP work shop, The Management of Dangerous Sex Offenders: a European perspective, London, January 2003

Office of the Legislative Auditor, State of Minnesota, Community Supervision of Sex Offenders, January 2005, www.auditor.leg.state.mn.us/ped/2005/0503sum.htm

Sutton N., Overview of FPS Services & Sex Offender Programmes: Through-care in action, draft papers, February 2005 & 2002

The Canberra Times, Saturday 9th July 2005, "Move for ACT to follow Qld in blocking release of serious sex offenders" by Megan Doherty

U.S. Department of Justice, Centre For Sex Offender Management, An Overview of Sex Offender Management, July 2002, www.csom.org

U.S. Department of Justice, Centre For Sex Offender Management, Time to Work: Managing the Employment of Sex Offenders Under Community Supervision, January 2002, www.csom.org

Wallis E., CEP work shop, The Management of Dangerous Sex Offenders: a European perspective, London, January 2003

Young A., NSW Department of Corrective Services, Sex Offender Programs, 2005