

Community measures for high risk offenders: The international experience

EFFIE LAMBROPOULOU

*Professor of Criminology, Dpt of Sociology,
Panteion University of Social and Political Sciences⁶¹¹*

Περίληψη

Το άρθρο αναφέρεται στα κοινοτικά μέτρα πρόληψης που έχουν εφαρμοσθεί σε ομάδες δραστήων υψηλού κινδύνου, καθώς και σε άτομα που κινδυνεύουν να εμφανίσουν έντονα αντικοινωνική συμπεριφορά και να διαπράξουν εγκλήματα λόγω της φύσης των προηγούμενων παράνομων πράξεών τους, των προσωπικών τους εμπειριών και του κοινωνικού περιβάλλοντός τους. Εξετάζει επίσης την εμπειρία από την εφαρμογή αυτών των μέτρων, την αποτελεσματικότητά τους, τα προβλήματα και τις ενδεχόμενες προοπτικές που προκύπτουν από αυτές.

Summary

The present article refers to community-based prevention measures dealing with high risk crime groups, and persons in danger of displaying acutely antisocial behaviour and committing crimes due to their past offences and/or their personal experiences and social environment. It also examines the actual application of such measures, as well as the experience of their enforcement, their effectiveness, problems and the eventual perspectives arising from them.

611. Έφη Λαμπροπούλου, Καθηγήτρια Εγκληματολογίας, Τμήμα Κοινωνιολογίας, Πάντειο Πανεπιστήμιο Κοινωνικών και Πολιτικών Επιστημών.

1. Introduction: risk offender and contemporary western penal systems

The beloved Professor Anthony Maganas spent a large part of his teaching, research and publications focused on minors and young offenders and those who are at risk of becoming repeat offenders, as well as sex offenders (e.g. Maganas 2004; Maganas & Sovartzioti 2013). In honour of his contribution to the field, the present article discusses community-based prevention measures dealing with high risk crime groups, especially juveniles, and persons in danger of displaying acutely antisocial behaviour and committing crimes due to their past offences, their personal experiences and social environment. It also examines the actual application of such measures, as well as the experience of their enforcement, their effectiveness, problems and the eventual perspectives arising from them.

The issue of how to protect the public from ‘dangerous’ offenders is clearly not a new one, and developments of the last decade bring to mind the relevant debate conducted in the 1970s and 1980s among criminologists and policy makers in many countries. At the same time, however, they highlight some of the major differences between then and now, as the general ‘climate’ of criminal justice and the ongoing discourse have a serious impact on decision making (Kemshall & Maguire 2001: 240-241).

The 1970s and 1980s sentencing reforms, including indeterminate prison sentences and longfixed-term sentences (Floud & Young 1981) to ‘incapacitate’ offenders judged to pose a risk of serious harm to the public, were resisted strongly and effectively by opponents, such as civil liberties groups, leading criminologists, criminal law professors and lawyers (e.g. Radzinowicz & Hood 1978, according to Kemshall & Maguire 2001: 240). It was pointed out that the concept of ‘dangerousness’ is vague and subject to shifts of meaning, so that the numbers of people it is applied to can easily expand, and that laws allowing preventive detention on such grounds are potentially open to serious abuse. Some also argued that it is wrong in principle to punish people on the basis of what they might do in the future (Bottoms & Brownsword 1983). Others saw the unreliability of the ‘science of prediction’ as a major hindrance, regarding it as morally unacceptable basis for legislation or sentencing (Hinton 1983; Wolsfeld 1994).

However, since the late 1980s objections arising from considerations of human rights and human dignity have had decreasing impact on legislators and policy makers. The number and severity of preventive measures against ‘dangerous’ offenders began to grow on the grounds of public protection and the common good. What was remarkable about the severity of sentences was the relative-

ly small amount of argument among influential circles, including academics in many countries.

In parallel with these position changes towards longer or indeterminate prison terms for dangerous offenders, increasing attention has been paid to ways of monitoring and controlling their behaviour in the community - most commonly, to extend the incapacitative effect of imprisonment by lengthy periods of surveillance after release.

This trend in contemporary criminal justice discourses and the resulting legislative framework on regulating the behaviour of risk offenders reflects the central importance of risk within social and political theory in general (Beck 1986/2012; see also Giddens 1990/2007; Douglas 1992).

For criminologists, two linked claims tend to dominate the literature of the corresponding developments (Kemshall & Maguire 2001: 243-247). The first refers to the widespread acknowledgement of a fundamental failure of the modernist criminal justice and penal (or 'penal-welfare') system to deliver its implicit promises of transforming offenders and reducing crime (Garland 1995: 193). This, as it is claimed, has undermined the credibility of penal experts (in particular, their capacity to 'change' offenders, rehabilitative ideal/ resocialization/ reintegration) and has opened the door to a new mode of penalty. The second claim is that this new penalty is characterized by a major shift from the emphasis laid on individual behaviour and the possibility of change, towards the management of risk distribution (Reichman 1986; see also Simon 1988).

A particular manifestation of this is the spread of 'actuarialism' (the mathematical calculation of levels of risk) and a consequent focus upon aggregate risk groups rather than individuals (Feeley & Simon 1994). Risk management strategies are evident in various forms in several crime control approaches in many countries (Kemshall & Maguire 2001: 244). For example, in policing practice the 'reactive investigation of individual crimes' was replaced by a 'strategic, future-oriented and targeted approach to crime control' (Maguire 2000: 316), in court decisions 'incapacitative sentencing' replaced rehabilitation, and probation service replaced 'normalization' of the offender with «classification systems for purposes of surveillance, confinement and control» (Feeley & Simon 1992: 452; Bullock 2011: 1). These approaches reflect wider changes in patterns of social regulation, whereby the production and exchange of risk knowledge is the key mechanism by which some groups control others (Pratt 1995).

After all, it can plausibly be maintained that addressing offender-risk holds an important place among the rationales and legitimating principles of modern penal systems (Kemshall & Maguire 2001: 241-242). For the penal system, risk refers primarily to the likelihood of reoffending by already convicted individu-

als. Contemporary risk assessment and management procedures are directed, in the main, at people who have been convicted of serious violent or sexual offences. The catalyst for the expansion of such procedures was the issuing and implementation of legislation concerned with sex crimes against children (USA, UK), imposing various modes of registration and monitoring (e.g. a requirement on most convicted sex offenders to register their address with the local police) (Plotnikoff & Woolfson 2000). Apart from the sexual and violent offenders, other risk groups are hooligans, violent extremists, hard core drinking drivers, drug abusers and dealers, itinerant groups prone to thefts and burglaries, etc.

Many approaches to dealing with such risks have been developed. They include the maintenance of special databases of offenders, the regular classification of offenders into specific risk groups, the development, implementation and monitoring of individual 'risk management plans', formal partnerships at a local level between police forces, probation services, social services and other agencies, protocols to permit the exchange of confidential information about individuals considered to be a threat to others, and the formation of civil partnerships (e.g. 'multi-agency public protection panels') set up to monitor individual cases (Kemshall & Maguire 2001: 238). In Greece the few programmes apply only to certain high risk groups (e.g. hooligans, extremists, drug dealers etc.) and are place-based, intelligence-based interventions, focused deterrence strategies and reactive tactics.

The vast majority of non-residential programmes including prevention and support measures, which will be presented below, refer to high risk young offenders, and not to adults.

2. Diversion and community-based interventions

Alternatives to formal court procedure targeting high-risk young offenders at the disposition stage, when custody would be the obvious next step in legal procedure, began to develop in English speaking countries in the 1990s (Leschied 2002: 61-67).

The main ideas were actually established on the basis of old findings indicating that community-based interventions were superior to residentially-based interventions in their ability to reduce offending. Incapacitation through custody may protect the public in the short term, but fails to do so in the long run. Community-based alternatives to custody can both protect the public in the short term and reduce recidivism in the long term. Nevertheless, it is not easy members of the public and sentencing judges to be made aware and convinced of these findings (Hofer et al. 1999: 250-254; The Telegraph 2001; Spohn 2009: 105-122).

2.1 The Multisystemic Therapy Approach/MST

Multisystemic therapy represents a holistic approach and was considered to be a viable alternative to custody for high-risk young offenders (Leschied 2002). It adopts a social-ecological approach to understanding anti-social behaviour. Antisocial and delinquent behaviour is attributed not only to youth's personality (values and attitudes, social skills, organic factors, etc.) but also to his/her 'social ecology': the family, school, peer group and neighbourhood.

The MST process begins with the identification of the problem behaviours involving the whole family. The assessment process identifies firstly the strengths in the youth and his/her family, for example a trusting relationship with an extended family member or teacher. Secondly, it identifies such factors in the youth's social environment that support the continuation of problem behaviours, as well as factors that operate as obstacles to their elimination, for example, parental substance use, or a neighbourhood culture encouraging antisocial values, financial stresses experienced by the family, etc. By identifying the problems in relation with the broader systemic context, MST workers are defining both the targets of intervention and the indicators for the assessment of whether the measures undertaken have been effective (Leschied 2002: 65- 66).

MST is designed to be an intense but short-term involvement that can result in the generalization of treatment gains over the long-term. An important goal in this process is to enable the parents or another caregiver to develop the necessary skills to solve the problems of their children and their own, rather than rely on professionals.

Several randomized and quasi-experimental studies of MST have been carried out in the United States (Henggeler 1997; Leschied 2002: 67), Canada (Leschied & Cunningham 2002) and New Zealand (see below). They found that MST has reduced rates of criminal activity (officially recorded and self-reported), institutionalization, and drug abuse. MST proved also to be successful at engaging and retaining families in treatment and encouraging completion of substance abuse programmes. Furthermore, it may improve family functioning and cohesion.

MST has been effective in inner city urban areas, among youths with serious criminal records, youths identified as at high risk to reoffend, and among economically marginal families and those with long histories of unsuccessful interventions.

A study by the Washington State Institute for Public Policy (Aos et al. 1998) rated MST as the most effective and cost-effective of the 16 programmes analysed. Each programme followed youths until the age of 25. Although none eliminated offenses being committed, 15 of the 16 programmes documented lower

rates of recidivism among programme participants, when compared to control groups. Five of the 16 programmes reviewed did not reduce crime enough to pay for themselves and none generated the level of savings linked to the MST intervention (see also Leschied & Cunningham 1998: 553).

A similar programme has been applied in New Zealand (Central Health). 'Te Hurihanga' (The turning point) started in April 2007 and finished in June 2010. It was a nine- to eighteen-month therapeutic programme for young males (aged 14 to 16 years at entry) who had appeared before the courts and who lived within the Hamilton/Waikato region. The three-phase programme aimed to: reduce re-offending, hold young people accountable for their offending, and provide tailored, specialist support to young people and their families so they can make positive choices rather than continue on their current (offending) trajectories (Warren & Fraser 2009).

An evaluation that began in late June 2007 and was completed in July 2009 found positive intermediate outcomes for the youngsters and their families. The young people themselves and their families were generally confident about their futures. Finally, only eight of 23 young offenders who started the programme graduated; while five had pulled out entirely. The cost to date has been just over \$5 million, while for each graduate the cost was \$630,000. As previously mentioned, only eight graduated (Otago Daily Times 2010). Therefore, and despite the praise by the government, the programme has been closed due to its high costs.

2.2 Community interventions

Another group of community measures also began to be applied in the late 1990s in the USA, targeting Serious Violent Juvenile Offenders (SVJ), as well as juveniles at risk of drug use (Loeber & Farrington 1998). SVJ offender is different from the typical juvenile involved in delinquent conduct. The majority of SVJ offenders tend to have multiple problems such as substance abuse and mental health difficulties in addition to truancy, suspension, expulsion, and dropping out of school. Furthermore, SVJ offenders are disproportionately victims of violence.

Eight types of community interventions have been identified: citizen mobilization, situational prevention, comprehensive community interventions, mentoring, after school recreation programmes, policing strategies, regulatory interventions (legislation and policy change), and media interventions (OJJDP 1999). The above interventions focused on several risk factors, including easy access to firearms and drugs (regulatory intervention) (McDowall et al. 1991), community disorganization (Taylor & Harrell 1996: 5, 13) and community norms or atti-

tudes favouring antisocial behaviour (Brewer et al. 1995). The interventions also focused on such protective factors as social bonding and clear community norms against antisocial behaviour.

According to the studies and evaluations of these community interventions, prevention strategies that cross multiple domains (comprehensive community interventions) and that are mutually reinforcing (regulatory interventions: legislation and policy change) and maintained for several years (after-school recreation programs) produced the greatest impact.

3. Support or Restore schemes in the community

3.1 Neighbourhood watch schemes

Local neighbourhood watch schemes in the USA inform (amongst other activities) the residents of an area, via websites connected with official government lists, about the presence of high risk offenders in the region (e.g. Neighbourhood Watch Association of St. Albert 2012). Moreover, official sites, such as those by the police (e.g. Mashpee Police Department/Massachusetts) prompt the organization of neighbourhood block watches because they are regarded to be valuable resources for law enforcement and to help «integrate the community in (sex) offender management programmes» (Town of Mashpee/MA).

In 1997, a report was submitted by the U.S. Department of Justice to the Congress after a systematic review of more than 500 scientific evaluations of crime prevention practices. The report lists which programmes proved successful and which did not. Among those proved to be unsuccessful were neighbourhood watch programmes organized with the police (Sherman et al. 1998: 1, 7).

Contrary to the design of US programmes, a report was published on the website of neighbourhoodwatch.net in the UK on 10 January 2013 about a reform initiative that was begun by the Justice Secretary Chris Grayling in order to «tackle reoffending and manage offenders in the community». The Secretary underlined that the expertise and experience of public, private and voluntary sectors must be used to bring down the high reoffending rates. In particular, according to the ‘new approach’ private providers would only be paid in full if they reduce reoffending in their area through Payment by Results contracts (UK Ministry of Justice 2013). The proposals are intended to drive innovation and efficiency through the criminal justice system. The public sector will retain ultimate responsibility for public protection in all cases.

3.2.1 Housing high-risk offenders in the community

Individuals who are released from prison are confronted with barriers when trying to find housing. More difficult is the situation for high-risk offenders, since community safety is regarded to be considerably impacted by their release. These people in addition to the stresses of staying clear of addictive substances, managing their risk levels, and maintaining finances, they are often under stress of being homeless.

In Canada a set of best practices has been created to be used when housing high-risk offenders in the community. Staff members work pro-actively while in the community with high-risk clients because they sometimes have poor life skills (LeMoel & Wilson 2010).

In Greece the existing schemes refer to the released population as a whole and none are designed especially for sexual or other high risk offenders. Under Prison Law, since 2007 the aftercare institution called EPANODOS ('Re-Entry') for the support of released prisoners is in operation. EPANODOS has been assigned a multitude of responsibilities and tasks in finding work, accommodation, addiction treatment, financial assistance, legal aid, psychological and social support etc. to released prisoners. The organization is understaffed and it wouldn't operate without the work of volunteers and professionals from various disciplines (law, psychology, sociology, criminology) working part time within a very low budget. Apart from counselling services, EPANODOS can hardly offer material resources. In general, it informs and facilitates the access of released prisoners to other services, while the participation of prison authorities despite their efforts and engagement in implementing comprehensive pre- and post-release reintegration programmes with EPANODOS, is inadequate (2013). Since 2007, EPANODOS has served an average of 119 persons per year (2011/2013: 4).

Other institutions involved in after-care offering short term accommodation, small financial allowance, clothing, food, addiction support, family counselling are the Greek Orthodox Church (Archdiocese) and the local parishes, some NGOs and non-profitable organisations.

3.2.2 Circles of Support and Accountability (CoSA)

CoSA projects exist throughout Canada, the United Kingdom, and some regions of the United States. Small 'circles' of volunteers in cooperation with staff of the Mennonite Central Committee, e.g. Ontario/Canada, become new communities for men whose crimes have marginalized them from society (sex offenders).

MCC is a worldwide organization of (Anabaptist) churches responding to «basic human needs and working for peace and justice» (MCC Ontario). The target of the circles is to prevent re-offending by individuals who have been incarcerated for sexual offending and are returning to the community by offering them both support and the opportunity to be accountable (MCC Ontario 2011/2012; 2012/2013; 2014/2015; McCartan et al. 2014).

3.2.3 Center for Human Development/CHD - Adolescent Re-entry Services

The Centre that funded by the Massachusetts Department of Youth Services/DYS, helps juveniles involved with the Youth Services return to their home communities and schools. The Centre coordinates community re-entry services at two sites (Holyoke and Springfield) for more than 100 juvenile offenders. Case managers meet with youths out in the community and work to find and provide appropriate services for them and their families.

3.2.4 RESTORE programmes

The restorative justice perspective argues that those directly harmed should have decision making authority on the crime resolution (Koss et al. 2004: 1435-1445). Furthermore, an important value of restorative justice is that there should be a balance among the victims, offenders, and the community that constitute the three ‘customers’ of the criminal justice system (Bazemore & Umbreit 1995: 304). Usually restorative programmes involve victims, offenders, but not the community (Koss et al. 2004: 1443; see also Strang 2004), while mediation is not appropriate for application to many crimes (e.g. against women including sexual assault) (Koss et al. 2004; cf. Brown 1994: 1273-1279; Zellerer 1996).

To address these problems, a cooperation of victim services, prosecutors, legal scholars, and public health professionals has been created in Pima County, Arizona/USA in 2000, implementing and evaluating RESTORE, a victim-driven, community-based restorative justice programme for selected sex crimes. ‘RESTORE’ prepares victims (‘survivors’), offenders (‘responsible persons’), and both parties’ families and friends for face-to-face dialogue in order to identify the harm and develop a remedy plan. Referral is made by prosecutors and participation is voluntary. Afterwards, the programme monitors the offender’s compliance for 12 months. RESTORE was designed for participants over 18 years old (both victim

and offender), while offenders who had previous arrests for felonies, interpersonal or domestic violence were not admitted (Koss et al. 2004; Strang 2004).

The programme applied sentencing circles and family group or community conferencing. RESTORE/Arizona closed because it could not be maintained once the funding period ended (Tinsley & McDonald 2011: 406, fn 89). However, it has been influential in the establishment of a number of other programmes, including one in Auckland/New Zealand (Jülich 2006: 125), where referrals may be from court or from the community. Today, conferencing in various forms is used apart from the USA (Umbreit 2001; Koss et al. 2004: 1444-1445) and New Zealand (Morris & Maxwell 2002), worldwide, in Australia (Daly, 2002), Canada (Bala & Roberts 2008), and European countries (e.g. Young & Hoyle 2003), for resolving juvenile crime (The 3E-RJ MODEL 2013).

3.2.5 Secure Residential Treatment Programmes

This treatment scheme is a residential measure for juvenile sex offenders, chronic high-risk juvenile offenders with severe emotional disturbances, violent offenders, and juvenile offenders with acute substance abuse behaviours. Six specialized treatment programs provide long-term therapeutic services for male youth, ages 12 to 20 at two centres of Spectrum Human Services in Michigan/USA (the Calumet and Lincoln Centers in Highland Park). To earn a successful release, youth enrolled in the programmes must complete seven intensive cognitive behavioural treatment stages, «designed to change criminal thinking and delinquent behaviour». The scheme comprises family therapy, anger management and individualized treatment tasking. Juveniles are also taught social- and independent living skills. Normally, treatment lasts 10-12 months; however, graduation from the programme is based on each individual's motivation and extent of previous delinquent involvement (U.S. Department of Justice 1995: 1, 2).

4. Conclusions and open questions

In the present article we examined community measures applied to persons or groups of persons been susceptible to follow antisocial behaviour, commit crimes or relapse into crime because of their individual and/or social circumstances.

During the last 10-15 years, the prediction and management of recidivism or commitment of crime among high risk groups has become increasingly important.

The way in which 'risk' is defined, assessed and managed varies among research studies and agencies (Salter 2012: 1, 7-18).

Contemporary approaches to risk assessment and management focus on offender surveillance, parole, probation, individualised treatment, and outcome-orientated partnerships that integrate community measures (e.g. restore programmes, neighbourhood watch schemes), policing and judicial responses with health and welfare services (e.g. MST, community interventions, support and accountability circles, shelters for high-risk offenders in the community) (Salter 2012: 11-18).

Preliminary research suggests that interventions directly addressed to a person and taking into consideration individual risks and needs (e.g. MST, Centre for Human Development, secure residential treatment programmes) are more likely to be effective than interventions that adopt a standardised approach. The social bonds of the person are a significant determinant for dealing with his/her complex needs; further research is required into interventions that reduce risk (Salter 2012: 14-16).

Specifically, this means that people who are concerned about the impact of arrest and other interventions upon their employment or social status, can react differently from those without such social connections and are thus more likely to escalate violence, or to repeatedly breach various orders (probation, Prolific and Priority Offender schemes⁶¹² etc.). However, social bonds can be catalytic to other antisocial behaviour, such as violent extremism, or hooliganism.

Kemshall and Wood (2007) restructure the previously mentioned, arguing that two approaches have been developed by governments in order to manage incalculable and high-consequence threats to life and security. «A 'community protection model' in which the appropriate containment and effective management of high-risk offenders is paramount ... and a 'public health approach' with an emphasis upon public awareness and educative campaigns to extend the remit of public protection to local communities and the general public» (Kemshall & Wood, 2007: 203-204; see also Heberton & Seddon 2009: 343).

The community protection model exercises prevention by incapacitating dangerous persons (e.g. sex offender registration and public notification, electronic monitoring tracking, residency restrictions, various Public Protection Orders etc.), whereas the public health model attempts «to govern risky conditions, rather than categorically risky types of person» (e.g. neighbourhood watch schemes, Secure Residential Treatment Programmes etc. (O'Malley 2004: 328-329).

Juveniles in risk contexts and risk contexts per se (e.g. peer pressure and

612. The PPO schemes work to reduce reoffending of individuals who are responsible for many crimes.

group dynamics, sport milieu generating violent behaviour, drug scene) are an additional changeling and complex problem that deserves consideration. Moreover, attention should be paid to the intricate situation of dealing with the increasingly diverse forms and numbers of crime risk groups.

The 'public health' model has recently been put into question several times (e.g. the May 2013 riots in Stockholm/Sweden; the August and November 2014 uprisings in Ferguson-Missouri/USA) and confirms that identifying not only which offenders are at high risk of causing serious physical harm in the future, but also which social circumstances can be developed into risk is a difficult task (SAC 2007: 3).

Summing up, in any society there is a small group of offenders who pose a continued and serious danger of committing further serious offences. These people present a significant challenge for the justice system, a challenge that involves balancing the community's right to safety and the right of potential future victims to be protected from dangerous offenders on the one hand, against the rights of an offender who has already been punished for crimes committed on the other hand (SAC 2007).

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