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Queensland Productivity Commission

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RE: SUBMISSION BY DR. KELLY RICHARDS REGARDING CIRCLES OF SUPPORT AND ACCOUNTABILITY

To whom it may concern:

I am a Principal Research Officer with the Ministry of Justice in the U.K. and a qualified forensic psychologist. I would like to respond to a submission to your commission that Google Scholar has indicated that I am cited in. You will have to excuse my tardiness, but I had no idea this inquiry was underway or that I was being cited in submissions. The submission I believe you have received is entitled:

Submission to Queensland Productivity Commission Inquiry into Imprisonment and Recidivism¹ by *Dr. Kelly Richards, Queensland University of Technology, Faculty of Law, School of Justice*

Although I respect Dr. Richards' expertise in the field and the good faith with which that submission is presented to you, I believe that it misrepresents the evidence for Circles of Support and Accountability (CoSA). Since this misrepresentation includes citations of my own work, I feel obliged to explain why I believe that it is a misrepresentation.

The submission replicates a failing that my colleagues and I described in our 2015 review². This failing is the ongoing presentation of the evidence for CoSA in an overly-favorable and uncritical light. We found, in our review of the existing literature, very few references to the many limitations to be found in the existing research. And I too have been guilty of it. The paper my colleagues and I published in 2012³ provided a derisively poor critique of prior outcome figures that rendered our consequent findings questionable at best.

I believe that the submission under consideration also suffers from this failing. For example, as Dr. Richards correctly states, a well-conducted randomized controlled trial of CoSA has been published. Although this is a positive step forward for CoSA, it does not form an evidence-base. I believe Dr. Richards' conclusion that the "*evidence is now clear, after nearly quarter of a century of practice in other parts of the world, that CoSA can reduce sexual recidivism and protect children and women in the community*" is exaggerated and not supported by the available evidence.

¹ <https://eprints.qut.edu.au/122369/2/122369.pdf>

² Elliott, I., & Zajac, G. (2015). The implementation of Circles of Support and Accountability in the United States. *Aggression and Violent Behavior*, 25, 113-123.

³ Elliott, I., & Beech, A. (2012). A U.K. cost-benefit analysis of Circles of Support and Accountability interventions. *Sexual Abuse: A Journal of Research and Treatment*, 25(3), 211-229.

The *misrepresentation* occurs, I believe, because the submission under consideration fails to refer to the limitations of any of the existing studies that are explained either by the authors of those papers themselves or outlined in critical reviews. For example, there is no mention that a prior analysis of Duwe's RCT data conducted in 2013⁴ did not find significant differences in *reconviction* rates for new sexual crimes, only *rearrests*. Or that the 2018 Duwe paper⁵ concludes that due to the low volume of enrollment combined with the low sexual recidivism base rates observed for US sex offenders "it took nearly a decade since the start of the [MNCoSA] program to achieve significant results for sexual reoffending" and that "it is unclear whether the findings for MNCoSA are unique or whether they are generalizable to other jurisdictions."

These issues are not presented here to disparage Duwe and his colleagues' work, which is robust and reliable. The intent is to illustrate the professional humility with which they explain their RCT findings: a humility that is so often missing when the findings are discussed in the wider field.

Also relevant is a further issue that Duwe highlighted – one that we, too, detailed in our 2015 review – that CoSA programs vary widely in forms of implementation. Those sites that have shown legitimately promising results thus far – MNCoSA and Vermont CoSA – are managed centrally by that State's Dept. of Corrections. Thus, what Duwe's RCT findings really tell us is the *additive* value of CoSA to extensive supervision and not the value of CoSA as a stand-alone "grass roots" program in the form that it is typically described.

The remaining prior studies of CoSA cited in the submission contain a litany of methodological flaws that are not explained or provided as context. These include underpowered sample sizes, poor matching procedures, little or no control of confounding variables, and poorly conducted analysis techniques, as well as questionable research practices such as poor reporting of inclusion/exclusion criteria, poorly rationalized post-hoc analyses, overstated findings, and inferences of causality that are not appropriate given the study design. In sum, the research that complements Duwe's robust RCT findings provide very little evidence of effectiveness.

I am a huge fan of the CoSA model and I genuinely would like to see it tested in a wider variety of contexts with robust methods of evaluation. I also, however, feel that the evidence-base for the program is oversold. My interpretation of the evidence is that CoSA presents a *promising* solution to reduce recidivism, so long you are funding a centrally-directed version in addition to correctional supervision. This should be considered by the commission.

If you require any further information or clarification from me on this matter, please do not hesitate to contact me using the contact details provided.

Kind regards,

Ian A. Elliott

⁴ Duwe, G. (2013). Can Circles of Support and Accountability (CoSA) work in the United States? Preliminary results from a randomized experiment in Minnesota. *Sexual Abuse: A Journal of Research and Treatment*, 25(2), 143-165.

⁵ Duwe, G. (2018). Can circles of support and accountability (CoSA) significantly reduce sexual recidivism? Results from a randomized controlled trial in Minnesota. *Journal of Experimental Criminology*.