

Child Sex Offenders: Management and treatment

OUR POSITION:

Child sexual abuse has profound and enduring impacts on survivors, families, and communities. Effective management and treatment of individuals who have offended sexually is therefore a core concern for any organisation dedicated to ending abuse and supporting recovery. Bravehearts advocates for:

- Expanded Access to Evidence-Based Treatment.
- Trauma-Informed, Developmentally Appropriate Interventions.
- Reducing Stigma Where It Undermines Safety.
- Supporting Balanced Reintegration Pathways.
- Strengthening Monitoring and Accountability with Therapeutic Support.
- Policy Development Grounded in Scientific Evidence.
- Survivor-Centred Practices.

Background

Child sexual offending is a serious societal concern, with profound and long-lasting effects on victims, families, and communities. Despite common public perceptions that all offenders are the same, research highlights significant diversity in their motivations, behaviours, and risk levels (see Briefing Paper ‘Child Sex Offenders: What we know’). This heterogeneity presents challenges for developing effective management strategies and treatment programs that both protect the public and address offenders’ rehabilitation needs.

Over recent decades, a range of interventions has been implemented, including legal measures such as offender registration and supervision, as well as psychological and medical treatments designed to reduce recidivism. Evidence suggests that some approaches, particularly structured cognitive-behavioural therapies and tailored risk management strategies, can be effective, though ethical and practical concerns remain. This paper examines contemporary approaches to managing and treating child sex offenders, evaluating their effectiveness, limitations, and implications for policy and practice.

Assessment of Offenders

Assessment of individuals who have committed sexual or violent offences is a structured, evidence-based process designed to evaluate risk, treatment needs, and responsivity factors. Contemporary practice integrates actuarial tools, structured professional judgment (SPJ), and comprehensive clinical evaluation. The Risk–Need–Responsivity (RNR) model continues to guide offender assessment and intervention planning, emphasising that risk level should determine service intensity, criminogenic needs should be targeted in treatment, and interventions should be tailored to individual characteristics (Bonta & Andrews, 2017). Modern assessment approaches increasingly recognise dynamic risk factors (such as intimacy

deficits, deviant sexual interests, impulsivity, and substance misuse) as critical targets for management and rehabilitation (Mann, Hanson & Thornton, 2010, Seto et.al., 2024).

In Australia and other Western jurisdictions, assessments are typically conducted in correctional, forensic mental health, or community supervision contexts and may inform sentencing, parole decisions, and treatment planning. Best-practice guidelines emphasise combining actuarial data with structured professional judgment to improve predictive accuracy and reduce bias (Wertz et al., 2023).

Risk Assessment Tools

The Static-99R is one of the most widely used actuarial risk assessment instruments for adult male sexual offenders. It measures static (unchangeable) historical risk factors such as prior sexual offences, age, and victim characteristics to estimate the likelihood of sexual recidivism. Research consistently supports its moderate predictive validity across diverse samples and jurisdictions (Ducro & Pham, 2025; Lee, Hason & Yoon, 2023). The Static-99R is particularly valued for its empirical grounding and transparency; however, because it focuses solely on static factors, it does not capture treatment progress or short-term changes in risk (Helmus et.al., 2022). Consequently, it is often supplemented with dynamic risk measures or SPJ tools such as the STABLE-2007.

The STABLE-2007 is a structured dynamic risk assessment tool used to evaluate changeable risk factors for sexual recidivism among adult men who have committed sexual offences. Unlike static actuarial measures, it assesses intermediate dynamic factors such as intimacy deficits, sexual preoccupation, emotional congruence with children, hostility, impulsivity, and cooperation with supervision (Brankley, Babchishin, & Hanson, 2021). It is commonly administered alongside the Static-99R to provide a more comprehensive assessment of both baseline and current risk. Research indicates that the STABLE-2007 adds incremental predictive validity beyond static tools and is useful for informing treatment targets and monitoring change over time (Hanson et al., 2016).

The Juvenile Sex Offender Assessment Protocol–II (J-SOAP-II) is designed to assess risk among adolescents who have engaged in sexually abusive behaviour (Molnar et.al., 2022). Unlike the Static-99R, it incorporates both static and dynamic factors, including sexual drive/preoccupation, impulsivity, and intervention responsiveness. While research supports its utility as a structured guide for assessing youth risk, predictive validity findings are more variable than those for adult actuarial tools, reflecting developmental complexity and the lower base rates of sexual recidivism among juveniles (Schwartz-Mette et.al., 2020; Viljoen, Mordell & Beneteau, 2012). Importantly, youth assessment emphasises developmental context, family systems, trauma history, and neurodevelopmental factors.

Clinical Evaluation Methods

Clinical evaluation remains a critical component of offender assessment, complementing actuarial tools. Comprehensive evaluations typically include:

- Structured clinical interviews
- Review of criminal, institutional, and psychosocial records
- Psychological testing (e.g., personality assessment, cognitive functioning)

- Assessment of deviant sexual interests (when appropriate and ethically justified)
- Collateral information from family or supervising authorities

Structured professional judgment (SPJ) tools combine empirical risk factors with clinician expertise, improving transparency and consistency compared to unstructured clinical judgment (Bowden et al., 2024; Viljoen et al., 2025).

Current best practice discourages reliance on unstructured clinical intuition alone, as research has demonstrated its lower predictive accuracy compared to structured approaches (Bowden et al., 2024; Viljoen et al., 2025). Instead, clinicians are encouraged to integrate empirical tools with individualized case formulation, considering protective factors, responsivity issues (e.g., cognitive limitations, cultural background), and contextual stressors.

Importance of Individualised Assessments

Although actuarial tools provide standardised risk estimates, individualised assessment is essential for ethical and effective management. Two individuals with identical actuarial scores may present with markedly different criminogenic needs, treatment engagement levels, trauma histories, or protective factors. Individualised assessment supports proportional intervention, reduces over-supervision of low-risk individuals, and enhances public safety by targeting changeable risk factors (Bonta & Andrews, 2024; Lussier, Kouassi & Fréchette, 2025).

Moreover, contemporary practice increasingly recognises the importance of culturally responsive assessment, especially when working with Indigenous populations and culturally diverse groups in Australia (Clift et al., 2025; Venner et al., 2023). Failure to account for cultural context may result in inflated risk classifications or inappropriate intervention planning.

Management Approaches

Risk–Need–Responsivity (RNR) model

Management of individuals who have committed sexual offences involves coordinated legal, correctional, and therapeutic strategies aimed at reducing recidivism while protecting community safety. Contemporary approaches are largely guided by the Risk–Need–Responsivity (RNR) model, which emphasises matching the intensity of intervention to an individual’s risk level, targeting criminogenic needs (e.g., deviant sexual interests, antisocial attitudes, intimacy deficits), and tailoring treatment to individual responsivity factors such as cognitive ability and mental health (Bonta & Andrews, 2024). Evidence indicates that cognitive-behavioural and relapse-prevention–based programs, particularly those adhering to RNR principles, are associated with modest but meaningful reductions in sexual recidivism (Barros et al., 2022). Increasingly, strengths-based approaches such as the Good Lives Model (GLM) are integrated into treatment to enhance motivation and support prosocial goal attainment alongside risk management (Mallion, Wood & Mallion, 2020; Willis et al., 2013).

Pharmacological interventions

Pharmacological interventions may also be used in selected cases, particularly where there is

evidence of persistent deviant sexual arousal or high sexual preoccupation. Anti-androgen medications (e.g., medroxyprogesterone acetate) and gonadotropin-releasing hormone (GnRH) analogues can reduce sexual drive and are typically used alongside psychological treatment and careful medical monitoring (Culos, Di Grazia & Meneguzzo, 2024; Lievesley et.al., 2024). Ethical practice requires informed consent, proportionality, and ongoing review of such interventions.

Legal and correctional management strategies

Legal and correctional management strategies include incarceration, community supervision, registration requirements, and civil preventive detention in some jurisdictions. Many countries, including Australia, the United States, and parts of Europe, maintain sex offender registration and notification systems designed to enhance monitoring and public awareness (Federal Research Division, Library of Congress, 2022). However, empirical reviews suggest that public registration and community notification have limited demonstrated impact on reducing sexual recidivism and may contribute to social instability, which is itself a risk factor (Napier et.al., 2018; Sánchez de Ribera et.al., 2024).

Within correctional settings, structured treatment programs are commonly delivered during incarceration and continued in the community under parole or probation supervision. Community management often includes specialised supervision conditions such as restrictions on contact with minors, internet monitoring, mandated treatment attendance, polygraph testing in some jurisdictions, and electronic monitoring. Research indicates that structured supervision combined with evidence-based treatment is more effective than surveillance alone (Hanson et al., 2009; Trood, Spivak & Ogloff, 2021).

In some Australian states and other jurisdictions, post-sentence preventive detention (continued detention) or extended/intensive supervision orders may be imposed for individuals assessed as posing a high ongoing risk. While intended to protect public safety, some argue that these measures raise significant ethical and human rights concerns regarding proportionality, due process, and the indefinite restriction of liberty (Australian Human Rights Commission, 2023; McSherry, Keyzer & Freiberg, 2006). However, continued detention legislation for sex offenders assessed as an unacceptable risk of reoffending provides a critical safeguard for community safety. By allowing the legal system to retain individuals who have demonstrated a high likelihood of committing further sexual offences, these laws help prevent potential harm to vulnerable populations, particularly children and other at-risk groups (Mercado & Ogloff, 2007; Sreenivasan et.al., 2020). Such legislation also supports a structured approach to offender management, ensuring that those released are subject to rigorous risk assessment and rehabilitation programs. Ultimately, continued detention balances public protection with judicial oversight, prioritising the prevention of recidivism while maintaining due process.

Overall, effective management of sexual offenders requires a balanced approach that integrates empirically supported treatment, structured supervision, legal safeguards, and individualised risk assessment to support both rehabilitation and public protection.

Community Protection Mechanisms

Community-level protection measures aim to reduce sexual violence through prevention, monitoring, and public safety initiatives that operate beyond the individual offender. These strategies include public education campaigns, school-based prevention programs, bystander intervention training, neighbourhood watch initiatives, and interagency collaboration between police, corrections, child protection, and community services. Primary prevention approaches, such as respectful relationships education and bystander programs, seek to address attitudes, social norms, and situational factors associated with sexual harm before offending occurs (Schneider & Hirsch, 2020). Evidence suggests that prevention programs grounded in social–ecological models, which target individual, relational, community, and societal factors, are more likely to produce sustainable reductions in sexual violence (Rose & Coates, 2021; Schneider & Hirsch, 2020).

Registration and community notification systems are also commonly framed as community protection strategies. As noted earlier, these systems are designed to increase transparency and support public awareness, empirical reviews indicate mixed evidence regarding their effectiveness in reducing sexual recidivism, with some studies suggesting minimal impact on reoffending rates (Napier et.al., 2018; Sánchez de Ribera et.al., 2024; Zgoba, Veysey & Dalessandro, 2010). Critics argue that overly restrictive policies may undermine reintegration by limiting housing, employment, and social support; factors known to reduce recidivism risk. Consequently, many experts advocate for balanced approaches that combine structured supervision with reintegration support, stable housing, and employment assistance (Mathlin, Freestone & Jones, 2024).

Holistic approaches to management of offenders is used in jurisdictions such as Australia and the United Kingdom, and exemplify coordinated community-level management. These frameworks facilitate information sharing and joint decision-making among criminal justice, health, and social service agencies to monitor high-risk individuals in the community. Research suggests that collaborative, intelligence-led supervision enhances risk management, particularly when combined with ongoing reassessment and individualised case planning (Lerman et.al., 2024). Overall, community-level protection is most effective when it integrates prevention, proportionate supervision, and reintegration strategies within an evidence-based and human rights–informed framework.

The period immediately following the release of high-risk sex offenders from prison into the community carries the highest risk of reoffending. However, research shows that sex offenders who receive support during this time are less likely to reoffend. Circles of Support and Accountability (COSA) originated in Canada in 1994, evolving from restorative justice principles. The primary goals of COSA are to support the offender (known as the ‘core member’), while holding them accountable for their actions in order to successfully reintegrate them into the community after prison, and in turn, prevent reoffending. The emerging international evidence suggests that COSA can reduce sexual, violent and general reoffending, protect the community from sexual recidivism, and more effectively monitor and manage sex offenders in the community than statutory (parole) supervision alone.

Treatment Approaches

Treatment of child sex offenders typically integrates psychological, pharmacological, and individualised interventions designed to reduce the risk of reoffending while addressing underlying cognitive, emotional, and social deficits. Psychological and therapeutic approaches form the cornerstone of intervention. Cognitive-behavioural therapy (CBT) is the most widely utilised evidence-based method, targeting distorted thinking patterns, promoting self-control, and fostering empathy for victims. Behavioural interventions often complement CBT by focusing on specific sexual behaviours through social skills training, aversion techniques, and reinforcement of pro-social behaviours.

Programs incorporating CBT frequently include structured relapse prevention components, which help offenders recognise high-risk situations and develop proactive self-management strategies (Dowden, Antonowicz & Andrews, 2003; Smith et.al., 2024). Relapse prevention conceptualises offending as a self-control problem, drawing on frameworks adapted from addiction treatment to help offenders anticipate and cope with lapses rather than view them as failures (Smith et.al., 2024). Alongside traditional CBT, emerging approaches such as the Good Lives Model (GLM) aim to build competencies and internal motivation for prosocial living (Prescott, Willis & Ward, 2022), aligning with Risk-Need-Responsivity (RNR) principles.

Beyond cognitive-behavioural methods, multi-systemic and developmentally tailored interventions have shown promise for juvenile offenders. Research indicates that developmentally appropriate programs incorporating family, peer, and community contexts, such as multisystemic therapy (MST) and the GLM, are effective in reducing sexual and non-sexual recidivism among youth who have offended sexually (Ogilvie et.al., 2024; (Satodiya et.al., 2024)). These approaches recognise that juveniles demonstrate distinct risk profiles and psychosocial needs compared to adults, and therefore benefit from concurrent individual, family, and contextual treatment components that address motivation, social functioning, and environmental influences.

Pharmacological interventions may be used in conjunction with psychological treatments for offenders exhibiting strong deviant sexual urges or compulsive sexual behaviour. Anti-androgen medications (e.g., gonadotropin-releasing hormone analogues) and selective serotonin reuptake inhibitors (SSRIs) are intended to reduce libido and compulsive urges, respectively, though high-quality evidence on their long-term effects on recidivism is limited (Culos, Di Grazia & Meneguzzo, 2024; Lievesley et.al., 2024).

Tailoring treatment to individual risk profiles, age, and responsivity factors is critical for maximising effectiveness. The RNR framework recommends matching treatment intensity to the offender's level of risk, addressing criminogenic needs such as deviant sexual interests or self-regulation deficits, and adapting interventions to an offender's learning style and motivation (Fazel et.al., 2024). Both individual therapy, which allows for personalised cognitive and emotional work, and group therapy, which provides social skills practice and accountability, can be valuable components of a comprehensive treatment plan when aligned with responsivity considerations.

Challenges and Controversies

Managing and treating sex offenders involves navigating a complex interplay of clinical, social, and ethical challenges. One major issue is stigma and social reintegration. Offenders often face pervasive societal stigma, legal restrictions, and community monitoring that can impede employment, housing, and social support, all of which are critical for successful rehabilitation (Tuschick et.al., 2024). Limited opportunities for reintegration can exacerbate isolation and stress, ironically increasing the risk of recidivism.

Risk of reoffending remains a central concern, influencing treatment approaches, supervision levels, and public policy. Although structured risk assessment tools and evidence-based interventions can identify high-risk individuals and reduce recidivism, predicting sexual offending with certainty is impossible (Lussier et.al., 2023). This uncertainty fuels debates about sentencing, mandatory reporting, and post-release monitoring, often resulting in highly restrictive policies that may or may not improve public safety.

Another significant tension exists between public perception and scientific evidence. Public fear of sexual offenses is often disproportionate to actual statistical risk (Sánchez de Ribera et.al., 2023), partly because many conflate offender motivations, types, and risk levels, which differ considerably across individuals. This lack of nuanced understanding contributes to punitive policies, moral panic, and opposition to rehabilitative programs. Evidence-based research, in contrast, demonstrates that targeted interventions (such as cognitive-behavioural therapy, relapse prevention, and multi-systemic programs) can reduce reoffending, particularly when implemented with appropriate risk management (Cale et.al., 2025; Smith et.al., 2024). Bridging this gap between societal attitudes and empirical findings remains a key challenge for clinicians, policymakers, and researchers alike.

Collectively, these issues highlight the need for policies and treatment approaches that balance community safety with rehabilitation, address social reintegration, and rely on empirical evidence rather than fear or stigma. Effective management requires nuanced strategies that consider psychological, social, and ethical dimensions alongside public protection.

Bravehearts Position

Child sexual abuse has profound and enduring impacts on survivors, families, and communities. Effective management and treatment of individuals who have offended sexually is therefore a core concern for any organisation dedicated to ending abuse and supporting recovery. Our position is grounded in the principle that public safety and survivor wellbeing are paramount, and that evidence-based interventions are essential to reducing harm, promoting rehabilitation where possible, and preventing future abuse. We recognise that sex offenders are a heterogeneous group with varying motivations, risk levels and treatment needs, and that simplistic public narratives often obscure important clinical and criminological evidence.

Bravehearts advocates for:

- **Expanded Access to Evidence-Based Treatment:** Our organisation advocates for broadening access to accredited, evidence-based treatment programs for both adults and young people.

We emphasise that treatment must be integrated with supervision strategies and ongoing monitoring to maximise effectiveness, ensuring that interventions are targeted, structured, and evaluated for outcomes.

- **Trauma-Informed, Developmentally Appropriate Interventions:** We support interventions that are trauma-informed and adapted to developmental stage, particularly for juvenile offenders. By incorporating multi-systemic approaches, treatment can simultaneously address risk factors in the offender's environment, foster skill development, and reduce the likelihood of reoffending.
- **Reducing Stigma Where It Undermines Safety:** Stigma and misunderstanding can impede effective treatment and reintegration, unintentionally increasing risk. By promoting nuanced understanding, communities are better able to support evidence-based management strategies that protect children while allowing offenders to engage in structured rehabilitation.
- **Supporting Balanced Reintegration Pathways:** Structured reintegration plans, combined with community safety measures, allow offenders to reintegrate without compromising public protection, while also reducing the societal barriers that can undermine long-term rehabilitation outcomes.
- **Strengthening Monitoring and Accountability with Therapeutic Support:** Supervision strategies, including specialised probation, electronic monitoring, or polygraph-assisted programs where appropriate, should complement, not replace, therapeutic interventions. Ongoing monitoring, combined with evidence-based treatment, helps ensure that interventions are effective and risks are managed proactively.
- **Policy Development Grounded in Scientific Evidence:** We advocate for legislation and policy that reflect the best available research on offender risk, recidivism, and effective intervention. Reactionary policies driven solely by public fear or media sensationalism often fail to enhance child protection and may inadvertently hinder rehabilitation and community safety.
- **Survivor-Centred Practices:** Survivors' voices must guide the development of treatment, management, and policy decisions. Support services for survivors should operate alongside offender management systems, ensuring that the needs of those harmed remain the primary consideration in all strategies and interventions.

References

- Australian Human Rights Commission. (2023). Review into Division 105A of the Criminal Code (post-sentence orders). Australian Human Rights Commission.
- Barros, S., Oliveira, C., Araújo, E., Moreira, D., Almeida, F. & Santos, A. (2022). Community intervention programs for sex offenders: A systematic review. *Frontiers in Psychiatry*, 13. doi.org/10.3389/fpsy.2022.949899
- Bonta, J., & Andrews, D. A. (2024). *The Psychology of Criminal Conduct* (7th ed.). Routledge.
- Bowden, J., Logan, C., Robinson, L., Carey, J., McDonald, J., McDonald, R., Shaw, J., Senior, J. & Leonard, S. (2024). Clinicians' use of the structured professional judgement approach for adult secure psychiatric service admission assessments: A systematic review. *PLoS ONE*, 19(9). doi.org/10.1371/journal.pone.0308598

- Brankley, A. E., Babchishin, K. M., & Hanson, R. K. (2021). STABLE-2007 demonstrates predictive and incremental validity in assessing risk-relevant propensities for sexual offending: A meta-analysis. *Sexual Abuse: A Journal of Research and Treatment*, 33(1), 34–62. doi.org/10.1177/1079063219871572
- Cale, J., Whitten, T., Perales, F., O'Shannessy, D., & Leclerc, B. (2025). A quasi-experimental evaluation of a specialized treatment service for youth adjudicated for sexual offences in Queensland, Australia. *Journal of Criminal Justice*, 99.. doi.org/10.1016/j.jcrimjus.2025.102462
- Clift, R. J. W., Hemphill, J. F., Wessel, S., & Currie, L. N. (2025). Risk assessment and recidivism among Indigenous and non-Indigenous persons: A meta-analysis. *Law and Human Behavior*, 49(6), 491–514. doi.org/10.1037/lhb0000621
- Culos, C., Di Grazia, M., & Meneguzzo, P. (2024). Pharmacological Interventions in Paraphilic Disorders: Systematic Review and Insights. *Journal of Clinical Medicine*, 13(6), 1524. doi.org/10.3390/jcm13061524
- Dowden, C., Antonowicz, D. & Andrews, D.A. (2003). The effectiveness of relapse prevention with offenders: a meta-analysis. *International Journal of Offender Therapy and Comparative Criminology*, 47(5), 516-28. doi.org/ 10.1177/0306624X03253018.
- Ducro, C. & Pham T.H. (2025). Predictive Validity of Tools for Assessing Recidivism Risk in Men Convicted of Sex Offending: Static-99R, Static-2002R and BARR-2002R. *Sex Abuse*, 37(5), 553-570. doi.org/10.1177/10790632241290506.
- Fazel, S., Hurton, C., Burghart, M., DeLisi, M., & Yu, R. (2024). An updated evidence synthesis on the Risk-Need-Responsivity (RNR) model: Umbrella review and commentary. *Journal of Criminal Justice*, 92. doi.org/10.1016/j.jcrimjus.2024.102197
- Federal Research Division, Library of Congress. (2022). *Sex offender registration and notification laws around the world*. U.S. Department of Justice, Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART Office)
- Hanson, R. K., Bourgon, G., Helmus, L., & Hodgson, S. (2009). The principles of effective correctional treatment also apply to sexual offenders: A meta-analysis. *Criminal Justice and Behavior*, 36(9), 865–891. https://doi.org/10.1177/0093854809338545
- Hanson, R. K., Helmus, L., & Thornton, D. (2016). Predicting recidivism among sexual offenders: A multi-site study of Static-2002R, Static-99R, and STABLE-2007. *Criminal Justice and Behavior*, 43(2), 225–246. doi.org/10.1177/0093854815602094
- Helmus, L. M., Kelley, S. M., Frazier, A., Fernandez, Y. M., Lee, S. C., Rettenberger, M., & Boccaccini, M. T. (2022). Static-99R: Strengths, limitations, predictive accuracy meta-analysis, and legal admissibility review. *Psychology, Public Policy, and Law*, 28(3), 307–331. doi.org/10.1037/law0000351
- Kemshall, H. (2014). Public protection: What works in the safe management of sexual offenders? *Irish Probation Journal*, 11, 103–11
- Lee, S. C., Hanson, R. K., & Yoon, J. S. (2023). Predictive validity of Static-99R among 8,207 men convicted of sexual crimes in South Korea: A prospective field study. *Sexual Abuse: A Journal of Research and Treatment*, 35(6), 687–715. doi.org/10.1177/10790632221139173
- Lerman, A.E., Sadin, M., Morrison, W. & Wieselthier, J. (2024). The effects of post-release community supervision reform. *Journal of Experimental Criminology*, 20, 23–48 (2024). doi.org/10.1007/s11292-022-09524-y
- Lievesley, R., Swaby, H., Winder, B., Norman, C. & Hocken, K. (2024). "One a Day Keeps the Prison Away": Understanding the Experiences of Individuals Convicted of Sexual Offences Receiving Anti-Androgens for the Treatment of Problematic Sexual Arousal. *Archives of Sexual Behavior*, 53(6), 2141-2158. doi.org/10.1007/s10508-024-02847-z

- Lussier, P., Chouinard Thivierge, S., Fréchette, J., & Proulx, J. (2023). Sex Offender Recidivism: Some Lessons Learned From Over 70 Years of Research. *Criminal Justice Review*, 49(4), 413-452. doi.org/10.1177/07340168231157385
- Lussier, P., Kouassi, P. L., & Fréchette, J. (2025). Agency, criminogenic risk and needs, and recidivism: A prospective longitudinal study Including 14,000 adult justice-involved individuals. *International Journal of Offender Therapy and Comparative Criminology*, 69(4), 501–525. doi.org/10.1177/0306624X251349530
- Mallion, J. S., Wood, J. L., & Mallion, A. (2020). Systematic review of ‘Good Lives’ assumptions and interventions. *Aggression and Violent Behavior*, 55. doi.org/10.1016/j.avb.2020.101510
- Mann, R. E., Hanson, R. K., & Thornton, D. (2010). Assessing risk for sexual recidivism: Some proposals on the nature of psychologically meaningful risk factors. *Sexual Abuse*, 22(2), 191–217. doi.org/10.1177/1079063210366039
- Mathlin, G., Freestone, M. & Jones, H. (2024). Factors associated with successful reintegration for male offenders: a systematic narrative review with implicit causal model. *Journal of Experimental Criminology*, 20, 541–580. doi.org/10.1007/s11292-022-09547-5
- McSherry, B., Keyzer, P., & Freiberg, A. (2006). *Preventive detention for ‘dangerous’ offenders in Australia: A critical analysis and proposals for policy development* (Report to the Criminology Research Council). Criminology Research Council
- Mercado, C.C. & Ogloff, J.R. (2007). Risk and the preventive detention of sex offenders in Australia and the United States. *International Journal of Law and Psychiatry*, 30(1), 49-59. doi.org/10.1016/j.ijlp.2006.02.001
- Molnar, T., Allard, T., McKillop, N., & Rynne, J. (2022). Reliability and predictive validity of the Juvenile Sex Offender Assessment Protocol-II in an Australian context. *International Journal of Offender Therapy and Comparative Criminology*, 66(10–11), 1051–1070. doi.org/10.1177/0306624X19900978
- Napier, S., Dowling, C., Morgan, A. & Talbot, D. (2018). What impact do public sex offender registries have on community safety?. *Trends & issues in crime and criminal justice* (no. 550). Canberra: Australian Institute of Criminology. doi.org/10.52922/ti117905
- Ogilvie, J.M., McKillop, N., Cale, J., Allard, T., Rynne, J. & Smallbone, S. (2024). Assessing the Effectiveness of a Specialized, Field-Based Treatment Program for Youth Who Have Committed Sexual Offenses in an Australian Jurisdiction. *International Journal of Offender Therapy and Comparative Criminology*, 68(15), 1540-1557. doi.org/10.1177/0306624X231219216
- Prescott, D. S., Willis, G., & Ward, T. (2022). Monitoring Therapist Fidelity to the Good Lives Model (GLM). *International Journal of Offender Therapy and Comparative Criminology*, 68(1), 131-147. doi.org/10.1177/0306624X221086572
- Rose, M., & Coates, D. (2021). *Reducing relationship and sexual violence: Findings from reviews about the effectiveness of respectful relationships and bystander programs in school and tertiary education settings*. ANROWS.
- Sánchez de Ribera, O., Christensen, L.S., Trajtenberg, N. & Hudson, K. (2023). Public Perceptions Toward Community Management Policies for Individuals Convicted of Sexual Offenses: A Systematic Review and Meta-Analysis. *Trauma Violence Abuse*, 25(2), 1248-1264. doi: 10.1177/15248380231174695
- Satodiya, R., Bied, A., Shah, K., Parikh, T. & Ash, P. (2024). A Systematic Review of Multisystemic Therapy in Adolescent Sex Offenders. *Journal of the American Academy of Psychiatry and the Law*, 52(1), 51-60. doi.org/10.29158/JAAPL.230117-23
- Schneider, M. & Hirsch, J.S. (2020). Comprehensive Sexuality Education as a Primary Prevention Strategy for Sexual Violence Perpetration. *Trauma Violence & Abuse*, 21(3), 439-455. doi.org/10.1177/1524838018772855

- Schwartz-Mette, R. A., Righthand, S., Hecker, J., Dore, G., & Huff, R. (2020). Long-term predictive validity of the Juvenile Sex Offender Assessment Protocol-II: Research and practice implications. *Sex Abuse, 32*(5), 499–520. doi.org/10.1177/1079063219825871
- Seto, M. C., Augustyn, C., Roche, K. M., & Hilkes, G. (2024). Empirically-based dynamic risk and protective factors for sexual offending. *Clinical Psychology Review, 108*. doi.org/10.1016/j.cpr.2024.102397
- Smith, A., Roberts, A., Krzemieniewska-Nandwani, K., Eggins, L., Cook, W., Fox, C., Maruna, S., Wallace, S. & Szifris, K. (2024). Revisiting the effectiveness of cognitive-behavioural therapy for reducing reoffending in the criminal justice system: A systematic review. *Campbell Systematic Reviews, 20*(3). doi.org/10.1002/cl2.1425
- Sreenivasan, S., Hoffman, A., Cahan, J., Azizian, A., & Weinberger, L. (2020). Applying Collaborative Justice to Sexually Violent Predator Civil Commitment. *Journal of the American Academy of Psychiatry and the Law, 48*(4), 496–508. doi.org/10.29158/JAAPL.200023-20
- Trood, M.D., Spivak, B.L. & Ogloff, J.R.P. (2021). The effects of judicial supervision on recidivism of offenders in Australia and New Zealand: a systematic review and meta-analysis. *Psychiatry, Psychology, and Law, 29*(5):651-678. doi.org/10.1080/13218719.2021.1956385
- Tuschick, E., Carthy, N., Wager, N., & Chamberlain, M. (2024). A Qualitative Systematic Review of the Barriers and Facilitators of the Reintegration of Men Convicted of a Sexual Offense From Prison or Secure Care into the Community. *Trauma, Violence, & Abuse, 25*(5), 3615-3630. doi.org/10.1177/15248380241254080
- Venner, S., Maharaj, N., Sivasubramaniam, D. & Shepherd, S.M. (2023). Aboriginal and Torres Strait Islander perspectives on forensic risk assessment. *Psychiatry, Psychology and Law, 31*(2), 189–215. doi.org/10.1080/13218719.2023.2192254
- Viljoen, J. L., Goossens, I., Monjazebe, S., Cochrane, D. M., Vargen, L. M., Jonnson, M. R., Blanchard, A. J. E., Li, S. M. Y., & Jackson, J. R. (2025). Are risk assessment tools more accurate than unstructured judgments in predicting violent, any, and sexual offending? A meta-analysis of direct comparison studies. *Behavioral Sciences & the Law, 43*(1), 75–113. doi.org/10.1002/bsl.2698
- Viljoen, J. L., Mordell, S., & Beneteau, J. L. (2012). Prediction of adolescent sexual reoffending: A meta-analysis of the J-SOAP-II, ERASOR, and YLS/CMI. *Law and Human Behavior, 36*(5), 423–438. doi.org/10.1037/h0093938.
- Wertz, M., Schobel, S., Schiltz, K. & Rettenberger, M.(2023). A comparison of the predictive accuracy of structured and unstructured risk assessment methods for the prediction of recidivism in individuals convicted of sexual and violent offense. *Psychological Assessment, 35*(2), 152-164. doi.org./10.1037/pas0001192
- Willis, G.M., Yates, P.M., Gannon, T.A. & Ward T. (2013). How to integrate the good lives model into treatment programs for sexual offending: an introduction and overview. *Sex Abuse, 25*(2), 123-42. doi.org/10.1177/1079063212452618
- Zgoba, K., Veysey, B. M., & Dalessandro, M. (2010). An Analysis of the Effectiveness of Community Notification and Registration: Do the Best Intentions Predict the Best Practices? *Justice Quarterly, 27*(5), 667–691. doi.org/10.1080/07418820903357673

Bravehearts Foundation Limited
 ABN: 41 496 913 890 ACN: 607 315 917
 PO Box 575, Arundel BC, Qld 4214
 Phone 07 5552 3000 Email research@bravehearts.org.au
 Information & Support Line 1800 272 831
bravehearts.org.au