

► Overview

Although both the assessment and treatment of sex offenders have been the focus of considerable attention in the professional literature for several decades, it was not until the framework of relapse prevention was applied to sex offender management that the critical functions of supervision officers were elucidated and the need for collaboration between supervision officers and treatment providers became explicit (Pithers, Kashima, Cumming, Beal, & Buell, 1988; Pithers, Martin, & Cumming, 1989). The initial application of relapse prevention to sex offender treatment included only the internal, self-management component, in which offenders were taught to recognize risk factors and develop skills and competencies to cope with these factors. Given that many sex offenders mask their high-risk behaviors in secrecy, the need to develop strategies that were not exclusively dependent on offenders' willingness to disclose became evident. Subsequently, the external supervisory dimension of relapse prevention was created, with the following goals (NAPN, 1993; Pithers et al., 1988, 1989; Pithers & Cumming, 1989):

- Increasing the efficacy of community supervision by training officers about sex offender management and targeting the specific factors presumed to be associated with reoffending;
- Creating an informed and committed network of collateral supports to assist supervision officers in the monitoring process; and
- Developing a collaborative relationship between supervision officers and treatment

providers, and promoting the need to exchange information and share responsibility toward the common goal of community safety.

Since that time, supervision strategies have become inextricably linked with assessment and treatment to form the cornerstones of the community management of adult and juvenile sex offenders (CSOM, 2000, 2002a; Cumming & McGrath, 2000, 2005; English, Pullen, & Jones, 1996; Green, 1995; Scott, 1997). Moreover, as the field has progressed, it has become increasingly clear that some of the traditional supervision practices used with non-sex offenders may not adequately address the risk factors that are unique to sex offenders. As a result, specialized supervision strategies are essential (CSOM, 1999, 2000, 2002a; Cumming & McGrath, 2000, 2005; English et al., 1996; Scott, 1997).

Furthermore, supervision is one critical component of a broader, comprehensive approach to sex offender management that is based on a victim-centered philosophy, with the overarching goal of enhancing community safety. Effective supervision requires collaboration among criminal and juvenile justice system actors, treatment providers, victim advocates, and others (includ-

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