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Beyond public protection:

An examination of community protection and public health approaches to high-risk offenders

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Abstract

Public protection has become a key theme of much recent criminal justice legislation and policy aimed at the effective management of high-risk offenders. In this article we draw on two recent research projects to examine the two main approaches to public protection: the community protection model, and the public health approach. Drawing on the recent work of Pat O'Malley we examine the underpinning assumptions of each 'risk technology' and how each constructs notions of both offenders and the public in their approach to risk regulation. The article concludes by arguing that each differs significantly in the extent to which they either include or exclude high-risk offenders (particularly sex offenders), and in their expectations of public responsibility for risk management.

Key Words

child sexual abuse • public protection • risk

Public protection has become a key theme of much recent legislation and penal policy resulting in increased formal procedures and multi-agency structures to risk assess and manage the 'critical few' (Criminal Justice and Court Services Act (CJCS), 2000; Criminal Justice Act, 2003; Home Office, 2004). To date, public protection has been the preserve of professionals and vested with a few key agencies such as police and probation. The public and victims have been largely excluded, and Connelly and Williamson (2000) have described this as a 'community protection model' in which the appropriate

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containment and effective management of high-risk offenders is paramount. However, alternative approaches are now emerging, notably within a 'public health approach' (PHA) with an emphasis upon public awareness and educative campaigns to extend the remit of public protection to local communities and the general public.

In this article, we consider these two current positions to public protection, and the underpinning assumptions of each approach. In his recent work, O'Malley (2004a, 2004b) has drawn attention to the diversity of risk technologies, arguing that there can be a number of configurations to risk-centred government. O'Malley analyses the pervasive discourse of risk in contemporary life and asks the key question: 'Do these differing risk techniques have the same governmental implications for how we live our lives and what kind of people we are being made into?' (2004b: 6). He argues that risk technologies should not be collapsed into 'one undifferentiated category' (2004b: 6), and that analyses of diversity are important in order to understand 'present practices of government' (2004b: 7). For O'Malley there is no 'inescapable logic of risk' (2004b: 7), risk technologies are always a matter of choice, contingency and selected interventions, and they have implications for who we are and how we are governed. He contends that risk is never 'technically neutral' but is always a 'moralised form of government' and that the 'specific moral foundations should be made explicit' (2004a: 326). The risk practices favoured by neo-liberal regimes are not necessarily pre-ordained, and O'Malley argues that risk management technologies could be therapeutic and restorative as well as punitive and exclusionary (2004a, 2004b).

The function of risk to both include and exclude has been much discussed in both sociological and criminological literature (see, for example, seminal texts by Douglas, 1992; Garland, 2001), and has a long history in categorizing offenders (see Pratt, 1997 for an historical perspective). However, both O'Malley (2004a) and Garland (1997) have reminded us that such grand theoretical claims and categorical concepts need to be supported empirically and are often conditional in form. While Douglas (1992) for example has noted the forensic function of risk in attributing blame and exclusion, such attributions can change over time and people can move in and out of such classifications (Pratt, 1997), not least as social and economic policy changes and strategies of crime control develop. The 'normalization' of drug use is perhaps a case in point, with a combination of harm reduction, normalization and health strategies deployed alongside hard targeting and more punitive measures for particular patterns of drug usage (O'Malley, 2001, 2004a).

The actual operation of exclusionary and inclusionary processes, particularly through risk-based crime control strategies, has attracted increased empirical research (see, for example, Stenson and Sullivan, 2001). While continuing to use these dichotomous terms, this article makes a contribution to that developing empirical work, and focuses on how they are deployed within two contrasting approaches to public protection.

But upon what are these differences based, and what implicit moral assumptions are carried by each? This article will explore these key issues by considering how each conceptualizes the offender and the public and the relationship between them; whether the emphasis upon risk management is inclusionary or exclusionary, and the implications for crime management of each position. The latter raises the important question about the appropriate location of risk management responsibilities for one of the most difficult offending groups. If the expectation is of greater public responsibility then what are the duties of the State in promoting responsible risk management (as opposed to vigilantism for example)?

The article draws on two empirical research projects recently completed by the authors: an evaluation of 'Stop it Now! UK and Ireland' (2004) and an evaluation of Multi-Agency Public Protection Arrangements (MAPPA) (2005).

The first study, an evaluation of Stop it Now! UK and Ireland, sought to examine the key activities of the organization since its inception three years prior. Stop it Now! views the sexual abuse of children as a preventable social problem best addressed through a public health framework. Stop it Now! was initiated by Fran Henry in 1995 in Vermont, USA. Drawing upon her own survivor experiences of child sexual abuse she questioned the traditional approaches to the problem. Using the success of public health approaches (PHAs) in areas such as smoking, alcohol and intravenous drug use, she considered the transferability of the approach to sexual abuse. In the UK and Ireland, the Stop it Now! initiative operates under the umbrella of the Lucy Faithfull Foundation with core funding provided by the Department of Health and the Home Office. Local projects are funded by managing organizations. Among the key principles underpinning Stop it Now! UK and Ireland is the recognition that sex offenders are members of the community and few are dealt with by the criminal justice system (Kemshall et al., 2004), and thus preventive approaches are required in order to address the problem.

While a full impact study was unrealistic due to time and resource commitments, the research team investigated the effectiveness of the organization in respect of its structure and processes, the services and campaigns it undertakes to deliver, together with analysis of its helpline service. Methods included interviews with key personnel across three organizational sites, observations of steering group and operational group meetings, analysis of publicity and campaign material together with an in depth analysis of helpline caller case files, using a 10 per cent sample of total callers to the service. The full methodology features in the evaluation report (Kemshall et al., 2004).

The second, a more extensive and resourced study examined the impact of the Criminal Justice and Court Services Act (2000) in strengthening Multi-Agency Public Protection Arrangements (MAPPA) in England and Wales. Multi-Agency Public Protection Arrangements (MAPPA) were formally created by sections 67 and 68 of the Criminal Justice and Court Services Act (2000), legislation that provided statutory force to the local arrangements that had emerged throughout the 1990s to respond to the

risks presented to public safety by potentially dangerous offenders and sex offenders subject to registration requirements. The CJCS Act placed a statutory duty upon police and probation to work jointly as 'Responsible Authorities', requiring them to establish arrangements for assessing and managing risks posed by sexual and violent offenders, review and monitor these arrangements and publish annual reports on their operation. The Criminal Justice Act (2003) added prisons as Responsible Authorities and introduced to agencies a 'duty to co-operate' with the arrangements, including local health authorities and trusts; housing authorities and registered social landlords; social services departments; youth offending teams (YOTS); local education authorities; and electronic monitoring providers. Such statutory duty is designed to maximize the operational performance of MAPPA by ensuring that all agencies with a part to play in the rehabilitation of MAPPA offenders make their contribution within a collective risk management plan.

MAPPA operates at three levels of risk management:

1. *Ordinary risk management (level 1)* locates risk management within the agency responsible for the 'low to medium risk' offender and without significant involvement from other agencies.
2. *Local inter-agency risk management (level 2)* depends on the 'active involvement' of more than one agency in risk management because of a higher level of risk or complexity.
3. *The Multi-Agency Public Protection Panels (level 3)* operate to manage the 'critical few', drawing together key active partners who take joint responsibility for the community management of offenders. An offender referred to this level of management is defined as someone who:

   (i)   is assessed under OASys [Offender Assessment System] as being a high or very high risk of causing serious harm; *AND*
   (ii)   presents risks that can only be managed by a plan which requires close co-operation at a senior level due to the complexity of the case and/or because of the unusual resource commitments it requires; *OR*
   (iii) although not assessed as a high or very high risk, the case is exceptional because the likelihood of media scrutiny and/or public interest in the management of the case is very high and there is a need to ensure that public confidence in the criminal justice system is sustained.

(MAPPA guidance, 2004: para. 116)

This study comprised a national survey of 42 police and probation areas, documentary analysis of information sharing and partnership protocols, together with intensive fieldwork in the form of site visits at six of the MAPPA areas. A total of 66 interviews and 10 focus groups were conducted with representatives from a range of professional backgrounds including (but not exclusively) police, probation and social services. The research team

also carried out systematic reviews of 98 case files and observed risk management meetings and strategic management boards (Kemshall et al., 2005).

Both studies utilized a combined methodology (Robson, 2002; Bryman, 2004), recognizing that multiple methods can complement each other in significant ways and provide a mechanism for verifying differing data sets (Denscombe, 1998).

The article does not attempt to provide a comparative evaluation of the effectiveness of these two approaches, but to review the underpinning assumptions of each.

Community protection model

Multi-Agency Publication Protection Arrangements (MAPPA) best reflect what Connelly and Williamson (2000) have termed, the 'community protection model'. This model is embedded in the criminal justice system and is characterized by the use of restriction, surveillance, monitoring and control, compulsory treatment and the prioritization of victim/community rights over those of offenders. Special measures such as licence conditions, tagging, exclusions, registers and selective incarceration are all extensively used (Kemshall, 2001, 2003). Risk management plans are devised and delivered by statutory agencies in partnership (Home Office, 2004), with police and probation as key drivers (Nash, 1999; Kemshall, 2003). This has been paralleled by increased attention to child protection (Department of Health, 2002; Chief Secretary to the Treasury, 2003). Risk decisions are seen as the preserve of the experts, with the public largely excluded and characterized as both irrational and as a potential site of risk (for example through vigilante action as at Paulsgrove). The model has been subjected to extensive professionalization (Ericson and Haggerty, 1997) delivered by Responsible Authorities under sections 67 and 68 of the Criminal Justice and Court Services Act 2000, or with a duty to co-operate as directed by the Criminal Justice Act 2003. While 'lay members' have been included on MAPPA strategic boards, they lack an operational role and there is minimal public involvement. Victims are not routinely integrated into risk assessment procedures or management planning (Kemshall et al., 2005). An 'arm's length' approach has in effect been adopted (Green, 2003). This approach takes place in a 'climate of fear' (Furedi, 1997) and of blame (Carson, 1996) within which the State tends to blend paternalism with secrecy in order to protect the public (Silverman and Wilson, 2002; Thomas, 2005).

Community protection relies on the formalized risk assessment of individuals, although the extent to which this is actuarial is disputed (see Kemshall and Maguire, 2001, 2002 for a full discussion). Risk assessment is driven by formal tools such as the Offender Assessment System (OASys) or MATRIX 2000, although their practical use is often characterized by clinical practices (Kemshall, 1998; Robinson, 2002). Kemshall (2003) for example has argued that the community protection model is a hybrid of

actuarialism and individual clinical assessment. Actuarial in that it exhibits many of the key features of the 'new penology' with emphasis upon risk management of populations (e.g. dangerous offenders), and the reduction of the overall distribution of risks to the population as a whole. However, these techniques are delivered on and through specific individuals, with risk management interventions targeted at specific risk indicators (Kemshall, 2001). As O'Malley puts it: 'In response to the presence of these indicators, it seeks to reduce the probability, mitigate the magnitude or prevent the occurrence of the predicted harm' (2004b: 22). Intervention programmes (sometimes still referred to as treatment) are usually compulsory, carrying enforcement sanctions for breach, and delivered to 'captive audiences' of prisoners or probationers (Beech and Fisher, 2004). Such programmes are based on the principles of cognitive behavioural therapy and assume a re-moralization enterprise with offenders (Gibbs et al., 1992; Rose, 1996, 2000; Kemshall, 2002a). Interventions are reserved for those deemed to be amenable to change and an increasing bifurcation between those with a capacity for reform and those deemed persistent or dangerous can be discerned (Kemshall and Maguire, 2001). Those deemed intractable are managed through containment and surveillance (Kemshall, 2003; Kemshall et al., 2005), and are subject to increased actuarial techniques.

Central to such risk management is the construction of the subject as 'risk-knowledgeable' so that he/she can make 'informed choices' about the risks they face (O'Malley, 2004b: 8–9; see also O'Malley, 1999). Subjects are made up as rational choice actors free to make choices and to take responsibility for their own actions (Luhmann, 1993).

The construction of the sex offender: the rational choice actor

The community protection approach constitutes the sex offender as a rational choice actor, taking individual responsibility for either continuing to offend or to desist. The rational choice actor in the positivist criminological tradition is seen as 'free-willed … who engages in crime in a calculative, utilitarian way and is therefore responsive to deterrent' (Garland, 1997: 11). This rational actor is characterized as an 'information processing unit' who will desist from crime if the costs are made to outweigh the benefits (Garland, 1996: 451–2). Individual agency is seen as important (Clarke and Cornish, 1988), and practice and policy has had two strands: enhancing personal choice towards pro-social ends, and situational crime prevention with an emphasis upon the reduction of crime opportunities (Cornish and Clarke, 1986; Clarke, 1992). Cognitive behavioural programmes provide 'corrective thinking' to enable offenders to make more informed (and hence more rational) choices about offending and desist once the costs outweigh the benefits (Felson and Clarke, 1997). Those who do not display corrected thinking and desist, or who do not demonstrate a sufficient capacity for change are deemed 'bad risks' in need of special measures, containment in the community or selective incapacitation (O'Malley, 1999; Kemshall, 2003). These offenders become the site

of high risk, and management in place replaces rehabilitation. Such offenders are labelled 'untreatable', 'intractable', 'evil', 'monstrous' and 'dangerous'. This position accepts that sex offending is prevalent (Grubin, 1998) and is likely to continue (Beech and Fisher, 2004; Grubin, 2004) and that effective programmes are costly to pursue over the long term especially with unmoti-vated offenders (Kemshall and McIvor, 2004). In effect, where treatment pro-grammes do not obtain the desired results, risk management centres on the reduction of opportunities, and restriction of access to known or potential victims.

In practice, situation and opportunity management is often combined with compulsory treatment programmes, with the exact combination dependent upon levels of risk and levels of intransigence. Rational choice theory underpins the community protection approach, but it is an exclu-sionary vision owing much to situational crime prevention.

Crime opportunities are limited, especially for those least likely to reform and self-manage. However, the site of risk management is the offender, not the situation, and crime opportunities are usually reduced by intensive sur-veillance, monitoring and exclusion from particular venues (parks, schools, shopping malls). As a consequence it is not crime opportunities per se that are managed away, it is sex offenders who are managed away.

Community protection and the public

The community protection model seeks to keep the public at 'arm's length' and views the public as a potential source of risk to expert-led risk man-agement strategies (for example public reactions to the release of Robert Oliver and Sydney Cooke, see Thomas, 2005). Public knowledge of sex offender risk has become equated with vigilantism, and as a potential source of threat to government policy on sex offender management (Thomas, 2001, 2005). A 'Sarah's Law' (the UK equivalent of 'Megan's Law') was resisted by police and probation on the grounds that it would drive off-enders underground (Kemshall and Maguire, 2002), and rules on disclosure remain tight (Home Office, 2004). The public is viewed as irrational about sex offender risks, and prey to negative media influence (Thomas, 2001, 2005). As Soothill and Walby put it: 'Sex crimes sells' (1991). Such report-ing is often accompanied by 'alarmist reactions to crime' and increasingly punitive measures (Welch et al., 1997: 486). As a consequence, sex off-enders have been dubbed 'the ultimate neighbour from hell' (Kitzinger, 1999a).

The *News of the World*'s 'name and shame' campaign (following the murder of Sarah Payne in the summer of 2000) fuelled public disorder and vigilante action (some against wrongly identified people) and highlighted the growing division between experts and the public. While professional bodies such as the Association of Chief Officers of Probation, the Association of Chief Police Officers and NACRO all criticized the campaign as 'grossly irresponsible' and likely to drive offenders underground, sections of the

media argued that 'common sense' should prevail and that parents had the 'right to know'. Paradoxically, the campaigns did not result in a 'Sarah's Law'. They did however contribute to the introduction of Multi-Agency Public Protection Arrangements, the appointment at a later stage of lay members to MAPPA and to harsher measures for sex offenders including life imprisonment for some categories of offence (Criminal Justice and Court Services Act, 2000; Criminal Justice Act, 2003).

The moral governance implied by the community protection model

Exclusion and distancing of sexual offenders are the key functions of the community protection model. With the demise of the liberal reformative ideal (see Garland, 1996 for a full discussion) regulation and containment of the 'dangerous classes' has come to the fore (Pratt, 1997, 2000a). For Pratt, this is not merely an exemplar of the 'New Penology' (Feeley and Simon, 1994) and its economic discourse of crime, but it is also an example of an expressive punitive discourse in which demonization and 'ostentatious punishment' have a key role (Pratt, 2000b). Such ostentatious displays of punishment can be understood in part as a compensation for state ineffectiveness in other areas of risk management. Literally serving as a tactic of reassurance for a fearful public (Pratt, 2000b: 432; Sparks 2000, 2001a, 2001b).

The construction and demonization of the 'predatory paedophile' is also a case in point, creating a distance between offender and society, and the spectre of an invisible yet monstrous stranger in our midst (Simon, 1998; Wilczynski and Sinclair, 1999). O'Malley (2004a) contends that this results in a 'zero-sum' relationship between offender and victim in which victims' rights can only be upheld at the exclusion of offenders. In an era of increased responsibility for risk and a location of risk in any 'Other' (Giddens, 1991; Craze and Moynihan, 1994; Furedi, 1997) paedophiles, and by association any sex offenders have become the constant terror of the 21st century. This has resulted in a penal policy of the 'Other' (Garland, 2001), exacerbated by the location of childhood and its appropriate regulation to the private, family domain. The 'innocent space' of childhood must be protected at all costs (Jackson and Scott, 1999: 86). As Simon has argued, the 'monstrous' approach to sex offenders has transformed penal policy into a 'politics of vengeance' (1998: 464), that justifies their 'categorical exclusion' (O'Malley, 2004a: 329). Such vengeance is re-packaged as public protection and justified on the grounds of risk management.

Economic justification has also been offered for the 'management in place' of the intransigent and high-risk offender. As Simon has expressed it, 'In our present circumstances it is cheaper to know and plan around people's failings than to normalize them' (1988: 773–4). However, the community protection model cannot be understood simply as an example of economic actuarialism (indeed its use of custody and the intensive surveillance packages offered in

the community are by no means cheap albeit they are supposedly selectively targeted). Community protection has also been identified as an example of neo-liberal government concerns with regulating the dangerous classes (Pratt, 1997, 2000a, 2000b; Kemshall, 2003), and the demise of the modernist penal/welfare agenda (Garland, 1985, 2001). Effective regulation is in effect secured by exclusion, either by selective incapacitation or by intensive and restrictive measures in the community. This has resulted in what Young (1999) has called an 'exclusive society'. The community protection model is perhaps the epitome of this exclusivity.

The public health approach

An alternative position is offered by advocates of the public health approach perhaps most attributable to the work of D. Richard Laws (1996, 2000). In brief, Laws argues that traditional, reactive responses to sexual offending located predominantly in the criminal justice system have not proved to be effective in reducing the incidence of sexual offending, and that perversely such approaches inflate public fears and rejection of sex offenders (2000: 30). The public health approach is characterized as preventive and 'forward-looking' and located at three levels: the primary, secondary and tertiary:

- *The primary level:* at which the goal is prevention of sexually deviant behaviour before it starts, for example the identification and prevention of sexually deviant behaviour in children, and the long-term prevention of adults in engaging in sexual abuse.
- *The secondary level:* at which the goal is the prevention of first time offenders from progressing, or the situationally specific or opportunistic offender from becoming a generalist.
- *The tertiary level:* at which the goal is effective work with persistent and more serious offenders. Specific goals are usually relapse prevention and effective treatment programmes.

(Laws, 2000: 31)

PHA is an example of what Dean (1999) has called an 'epidemiological' approach to risk, which includes techniques like mass immunization (MMR), drug needle exchanges and crime prevention strategies like CCTV (O'Malley, 2004b: 22). The major aim is harm reduction, and through the management of general risk categories (e.g. sex offenders) rather than through individuals, although individuals often benefit from experiencing these risk management strategies (e.g. reducing their sex offending or their dependence on drugs).

Central to the public health perspective is the clear shift of language from one of containment, surveillance, monitoring and management to problem identification and prevention. The approach has its roots in the 'new public health' (Petersen and Lupton, 1996; Petersen, 1997), which emphasizes

health promotion and disease prevention. Health promotion takes 'as its object the "environment", conceived in its broadest sense, spanning the local through to the global level and including social, psychological and physical elements' (Petersen, 1997: 195). In the case of the public health approach with sex offenders, this is evidenced by the three levels of interventions (Laws, 2000: 31). It relies on the targeting and management of environmental factors, in effect the identification and management of risky situations. The use of swimming pools by sex offenders to groom victims and as opportunities to offend is one such example and a key response is Leisure Watch where sex offenders are not necessarily excluded from leisure facilities but must adhere to codes of behaviour while present. Inappropriate behaviour is challenged and if serious enough disclosures are made to the police (Derwent Initiative, 2004).

Alongside this, there is an emphasis on self-risk management by sex offenders. This relies upon self-identification and the motivation to seek appropriate interventions prior to any escalation of sexually inappropriate behaviours. For example, Stop it Now! offers a confidential helpline for adults concerned about behaviours. First-time and young offenders are actively targeted with information and support to prevent further development of sexually inappropriate behaviour.

In addition to the focus on self-risk management by offenders, the public health approach also emphasizes that the prevention of sexual offending is the responsibility of all adults, and that the wider public has a role in making all children safe. This is achieved through public education and awareness raising campaigns.

There are underpinning principles of the public health approach that shift responsibility away from professionals who target, monitor and detain. Significantly, the move towards placing responsibility with all adults is a direct criticism of previous legislation and social policy that has emphasized reporting by children as the trigger for intervention. It is a perspective that relies on creating a climate of public awareness where a language can be found to discuss what can be distressing and taboo topics. In order to create such a climate, PHA argues that resources should be directed towards public education.

PHA and the rational choice actor

As with other health promotion approaches to risk (e.g. healthy eating, drug use minimization) the PHA to sex offenders presumes that the sex offender is a rational choice actor capable of making the correct choice if only the right information is given and properly received (Petersen and Lupton, 1996; Lupton, 1999). This construction of the offender is not particularly novel, and has overlaps with the rational choice actor of the community protection model, and with crime prevention techniques more generally. However, unlike the community protection model, voluntarism is seen as essential to the process and treatment is viewed as a non-compulsory option (Laws, 1996),

although in practice the extent of voluntarism can vary with some offenders seeking treatment to avoid custody. Treatment is also seen as separate to punishment, and that to gain most effect it should be readily available outside the criminal justice system (Laws, 1996, 2000). In this framing, rational choice theory is closely linked to the harm reduction principles prevalent in the drugs field (O'Malley, 1999, 2004b). If the offender cannot change his behaviour, then at least s/he may seek to reduce the harm to herself/himself or others if given the right information and advice. This is primarily an inclusionary rather than an exclusionary application of rational choice theory. The primary approach is to seek strategies to retain the offender in the community by managing out, reducing or limiting problematic behaviours rather than by excluding the offender from the situation. In this approach it is the conduct of the person that is important, and those that manage their risks effectively remain integrated.

This prevents mere displacement to less well-regulated sites, and discourages offenders from going 'underground'. It also enables a proportionate response to a range of sexual offending, and seeks to avoid demonizing and stigmatization. The approach shares much in common with other situational crime prevention techniques (e.g. CCTV in shopping malls), and unlike the community protection approach is based upon regulated inclusion rather than exclusion.

The change process is seen as integrally linked to the offender's capacity to take responsibility for their own behaviour. However, in contrast to the community protection model, the sex offender is seen as more than an aggregation of their problematic behaviours, and offending is not viewed as an inherent, intractable trait.

In effect, sex offenders are not necessarily evil or monstrous, rather they have behaviours that might be changed. The sexual offender identity is seen as something that can be worked with, rather than as a monstrous identity to be excluded (Stop it Now! UK and Ireland, 2004). It is presumed that through treatment and counselling the sex offender will make the most appropriate cost–benefit calculation and not merely avoid crime opportunities but adjust their response to them. While initiatives like 'Leisure Watch' apply at the primary and secondary levels of prevention, responses at the tertiary level include intensive treatment programmes and relapse prevention techniques for established offenders.

The comparisons between the two conceptions of the rational choice actor are best realized as a continuum, presented in Figure 1.

PHA and the public

In contrast to the community protection approach, PHA argues that the public can take responsibility, can be trusted and is capable of taking positive and collective action over a risk. However, this public construction is probably just as much of a caricature as the negative framing of the public carried within the community protection model. The reality is probably
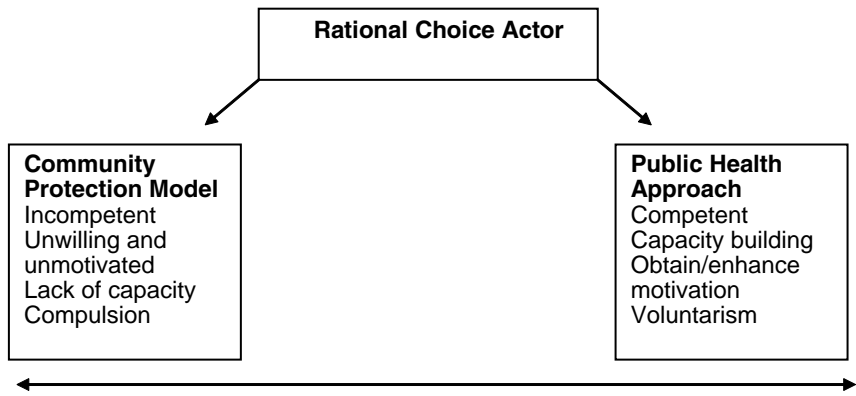
Figure 1   The sex offender as rational choice actor

somewhere in between. For example, does the public see sexual offending as a collective risk and what responsibility has the public shown in the past? The notion of a collective response to a collective risk is based on the assumption of communities with collective sentiments (Johnston, 2000). However, Johnston (in reviewing community policing) argues how difficult such notions are in a society characterized by diversity and plural norms, and by the inequitable distribution of risks (Kemshall, 2003). Society may be better understood as a pluralistic heterogeneous community of competing interests. Against this backdrop some commentators argue that strategies of responsibilization displace risk burdens (usually from the State) (Rose, 1996, 2000; Petersen, 1997), and often to those least able to carry them (Johnston, 2000). The 'common good' is often presumed but in reality whose good is that?

The effectiveness of PHA with sexual offending is also predicated on the notion of adult responsibility. This presumes that adults are willing and able to take and accept responsibility, and that they will engage and respond appropriately. This assumption fails to recognize that adults may have differing levels of tolerance and acceptability of child sexual abuse, and underestimates the context of privacy, childhood and family life within which such responsibility is meant to be taken (people don't intrude etc.). Responsibility itself is a complex notion, limited by differing capacities and competencies to act and intervene. Group norms can play a powerful role in constructing risk acceptability, and in constraining individual decisions to act (Bloor, 1995; Rhodes, 1997). Knowledge of a risk does not necessarily translate into 'responsible actions' for managing it, either by offenders or by members of the public (Petersen and Lupton, 1996).

At present there are minimal participatory processes to engage the public, although much of the effectiveness of PHA is based upon public education. This begs the question as to whether public education really works and how one measures the efficacy of this. For example a key objective of PHA campaigns on child sexual abuse is to challenge myths about offenders, and to

combat their demonization—particularly emphasizing that offenders are capable of change and that treatment is worth it. However, this message is given in a climate of taboo, negative media coverage of sex offenders, scepticism about experts and expertise (Freudenberg, 1988, 1993) and the construction of the sexual offender as the monster 'Other' (Douglas, 1992; Kemshall, 2003). Public education is also a contested arena with other groups disseminating competing messages on child sexual abuse, e.g. some survivor groups, relatives of murder victims, etc.

Media also play a key role in the messages of PHA but can also be understood as a significant barrier. The media are seen as a key mechanism for raising public awareness of child sexual abuse, and for demythologizing sex offenders and sexual offending (Kemshall et al., 2004). This presumes that the media can be positively used, and that at best they have a value-neutral stance to the issue. Various studies into media coverage of sex crime (Hall, 1980; Soothill and Walby, 1991; Kitzinger, 1999a, 1999b, 2004; Thomas, 2001) have illustrated the distorting effect of media coverage (especially print media). While the public should not be characterized as a mere 'media dupe' (Young, 1999), the media do exert influence when themes 'resonate' and speak to the daily fears and 'tribulations' of people's lived experience (Hope and Sparks, 2000; Sparks, 2000, 2001a). Sex offending is one key example.

The moral governance implied by PHA

The harm minimization approach (upon which PHA is based) emphasizes a morally neutral tone avoiding the language of demonization, punishment and exclusion (O'Malley, 2004b: 331). For sexual offenders, the language of crime is transposed to the language of health, projecting a normalizing discourse of interventions that justify treatment and health promotion rather than punishment. At first glance, PHA appears to be reminiscent of the welfarist integrative modernist agenda with its emphasis upon treatment, change and reintegration. While this appears to reintroduce the 'social', the matter is not so straightforward. Individual problematic behaviours are re-inscribed as risks (Kemshall, 2002b, 2003), and offenders are expected to volunteer for treatments that will reduce their risk.

O'Malley argues that harm reduction 'can also be a form of government-by-stealth as normalisation is deployed only because it "works"' (2004a: 331). In this sense, it is reminiscent of the 'soft policing' of the welfare state (Donzelot, 1980). PHA is therefore justified on the grounds of effectiveness and not on the grounds of moral worthiness. Its choice is pragmatic not moral, if its effectiveness were questioned it would quickly be replaced (Garland, 2000, 2001; O'Malley, 2004a). Self-government towards pre-ordained desirable ends is the ultimate goal of PHA with sex offenders. If normalization can achieve self-government then it is justified, if self-government is not achieved then compulsion and ultimately exclusion is proven as morally acceptable.

Conclusion: differences and similarities—responsibility or responsibilization?

This article has not attempted a direct evaluative comparison between community protection and PHA. Rather, the article has explored some of the key underpinning assumptions of each approach, particularly around the construction of the offender, the public and the moral values implicit in each model. On initial analysis it can be argued that the community protection model uses an exclusionary and demonizing discourse to frame the offender (and to a large extent the public). PHA purports a normalizing discourse aimed at inclusion and reintegration—inculcating responsibility in both offenders and the public. Both deploy the notion of the rational choice actor although with some subtle differences in its actual use. Community protection seeks to manage the offender out, while PHA seeks to manage the offender in. While both approaches are risk infused, they each employ differing risk technologies and illustrate O'Malley's contention that risk regulation techniques are matters of morally informed choice. In this case, the choice is primarily around risk regulation emphasizing exclusion or inclusion.

The contrasts between the two models of public protection can be presented as 'ideal types' showing differences in (1) the construction of the offender, (2) the construction of the public, (3) the interventions and service delivery and (4) the site at which risk management is targeted (see Table 1). However, this may be a too simplistic reading of what are complicated and highly varied forms of risk management practice on the ground—risk practice is rarely delivered in pure form (Lynch, 2000; Kemshall, 2003; O'Malley, 2004a). Rather than being understood as alternative forms of sex offending risk management, it may be more productive to understand them as complementary forms of risk management located along a state–public continuum of responsibility for delivery, and at differing levels of crime prevention. Community protection operates almost exclusively at the tertiary level of crime prevention with persistent and dangerous offenders, offering compulsory treatment to captive audiences but with strict breach, enforcement and incarceration for those incapable of compliance or change. PHA operates most easily at the primary and secondary levels, and where offenders fail to volunteer for treatment, or where their risks become unacceptable it can quickly elide into community protection. A harm reduction approach is acceptable only in so far as it works—the key is the level of harm likely and the level of responsibility taken.

Consequently, PHA and the community protection model can coexist as reasonably comfortable bedfellows often with the same agencies and personnel functioning in both spheres without experiencing any apparent contradiction (e.g. police and probation officers, see Kemshall et al., 2004).

The models also differ in their approach to responsibility, with the community protection model taking a restrictive view of it, for both offenders and communities. The responsibility for risk management is vested almost entirely with the State and the public is seen as a potential source of risk to the

Table 1. A comparison of two models of public protection (ideal types)

	Community protection model	*Public health approach*
Construction of the offender	Rational choice actor Compulsion Excluded Punitive/criminal Demonized	Rational choice actor Voluntarism Included Healthy/unhealthy Normalized
Construction of the public	Irrational Excluded	Trustworthy Can make informed choices Included
Interventions (What)	Compulsory CBT programmes Surveillance and monitoring Imposed risk management Vested in professionals	Education and awareness raising Voluntary treatment Self-disclosure Self-risk management Vested in the public and offender
Service delivery (How)	Statutory organizations operating in legislative framework	Community partnerships with no legal duty, powers or responsibility Driving force is voluntary sector

smooth running of expert-led and agency-based risk management strategies. PHA attempts to vest responsibility with the general public (and more practically with local communities) for the management of sex offending risks. The public is seen as a source of risk management resources—a source of vigilance, disclosure and custodian of offending opportunities. Literally a Foucauldian pan-opticon in operation extending informal surveillance almost without limit (Rigakos, 1999). This extends a new public health responsibility beyond the range of professionals tasked with monitoring and surveillance (Petersen, 1997) to the wider public. However, this extension of responsibility may not necessarily be a benevolent empowerment of the public, it may rather be a responsibilization of the public by stealth and a displacement of a risk the State cannot eradicate to the public. In simple terms, it could be argued that community protection seeks to responsibilize the offender, while PHA subtly seeks to responsibilize both offender *and* the public.

Rose (1996) argues that governance in neo-liberal societies is carried out at the 'molecular level' in which the active citizen is required to self-regulate towards the pre-set norms of society. Rose labels this government through responsibilization. Self-regulation is the key to neo-liberal governance and in the context of PHA this can mean the self-regulation of sex offenders, *or* members of the public. The offender is required to self-regulate as the rational choice actor (as discussed earlier), and the public is constituted as prudential citizens capable of responding to 'awareness' campaigns, and education on the identification and community management of sex offender risks. Literally,

'spotting' and acting on grooming activities and actively implementing risk avoidance strategies on behalf of their children. Not only is this economically more attractive, it also disperses accountability from the State for a tricky risk problem to local communities. If we are all responsible, then the State can displace blame onto us. Conversely, the State may find itself increasingly held accountable and to blame as it finds itself held responsible for the intractable 'critical few'. PHA 'creams off' those amenable to treatment and the community protection model is left with the most persistent and dangerous.

This inevitably raises questions about the appropriate distribution of risks between PHA and the community protection model, and more importantly between State and public. As Hope and Sparks put it, such new modes of crime management 'portend new ways of sharing out the provision of security between state agents, commercial organisations and individual consumers' (2000: 3). PHA marks a significant shift in security provision from State to public.

At present participatory and communicative mechanisms for debating risk with the public are limited, and risks are inequitably distributed with some communities less equipped to manage them (Johnston, 2000). In this climate it is possible to conclude that the public is at risk of having risks foisted upon it, with a differential impact across various communities. Negative reactions are likely to fuel the existing stereotype of the public as irrational about risk and perhaps further entrench the community protection model as the only real option. This would be a loss as the PHA has much to offer, not least the hope of reintegration and the displacement of responsibility from children to adults for sex offending. The key strength of PHA is in its ability to promote a 'healthy' climate for the discussion of sex offending risks, and in exploring the most appropriate responses to a range of differing types and harms of sexual offending. The contrast of the two positions also enables a broader consideration of how we may want to solve the problem of risk—either as an exclusive society or as an inclusive one. In this sense, public protection is everyone's responsibility and everyone's risk.

Acknowledgements

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