CIRCLES OF SUPPORT AND ACCOUNTABILITY:

THE ROLE OF SOCIAL SUPPORT IN PREVENTING

SEXUAL OFFENDER RECIDIVISM

By

PAUL FARRINGTON

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Centre for Forensic and Criminological Psychology,

School of Psychology

University of Birmingham

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ABSTRACT

Within the domain of sexual offender risk assessment, research has focussed on the role that a lack of personal or social support has played in relation to likelihood of recidivism. However there is an increasing array of methodologically robust literature addressing the role that increased positive support has on the reduction of recidivism by sexual offenders. This thesis aims to further this research base while focussing primarily on the Circle of Support and Accountability (CoSA) programme; one of the key programmes which helps utilise community support towards released sexual offenders as a means of reducing reoffending and aiding successful reintegration of the offender into society.

A systematic literature review is presented which looks at the efficacy of social support as a means of reducing rates of reoffending. The review identifies eight studies which lend support to this notion, with four CoSA studies from around the world, showing strong support for their efficacy in this area. A research chapter looks at the experiences of the volunteers for CoSA looking at the successes and the difficulties within the programme. Difficulties in recruiting volunteers from the spectrum of society, and challenges in changing public perceptions towards sexual offenders appear to be the biggest issues. Volunteers were also assessed in relation to their own social support. Volunteers were found to have high levels of perceived social support as assessed using the Multidimensional Scale of Perceived Social Support (MSPSS). The MSPSS was assessed for its validity as a psychometric measure of social support and was found to demonstrate good levels of reliability and validity and was deemed a suitable psychometric measure choice for the research. These findings are discussed in relation to their implication on current theoretical and practical links as well as making recommendations for future research.

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CHAPTER ONE:

INTRODUCTION TO THE THESIS

INTRODUCTION

Social support is a sociological concept that, although commonly understood by people in the vernacular, can be difficult to properly define. Shumaker and Brownell (1984) suggested that social support is "an exchange of resources between two individuals perceived by the provider or the recipient to be intended to enhance the wellbeing of the recipient" (p.11). Schaefer, Coyne and Lazarus (1981) suggested that these exchanged resources can take on one of five types of support: emotional support, esteem support, information support, tangible support and network support. Emotional support refers to the interaction that helps to meet the recipient's affective needs. This would often be evidenced by expressions of empathic support, such as: "I feel sorry for you. I hope you're ok?" Esteem support would be evidenced when the recipient obtains confirmation or encouragement that they can successfully manage a particular challenge. "You can do it!" would be a typical example esteem support being used. Information support is witnessed when the provider offers usable information to the recipient to help them overcome their difficulty. Tangible support is the provision of any sort of physical assistance by the provider to the receiver. Examples of this would be providing financial aid to help with a particular challenge the recipient is facing, offering to drive the recipient to a medical appointment or putting the recipient in direct contact with a professional who could help with their specific issue. Network support is the process of reminding the recipient that they are part of a wider collective who will be there to offer support; typically referred to as the recipients' social support network.

While the emotional, esteem, information, tangible and network are all types of actual support that a recipient can receive from others, there is also the support that an

individual perceives themselves to have. This demonstrates the bi-directionality of support; it does not merely travel from supporter to recipient, but when the recipient believes they are supported by others, and project this outwards, this in itself can act as coping mechanism during stressful experiences. Zimet, Dahlem, Zimet and Farley (1988) found that perceived social support can have greater benefits to the coping of individuals in relation to health difficulties, regardless of what actual support may be in place.

One of the key areas where social support has been found to have a significant impact is in relation to health difficulties and quality of life. Kruithof, van Mierlo, Visser-Meily, van Heugten, and Post (2013) carried out a systematic review on the effect of social support on the quality of life of stroke survivors. They found that the greater the stroke survivors perceived their social support, the higher they rated their post stroke quality of life. General perceived social support was the greatest indicator of a better quality of life, although specific sources of support also showed an improved quality of life but to a lesser extent.

Similarly when systematically reviewing 14 studies incorporating 2759 patients, Luszczynska, Pawlowska, Cieslak, Knoll and Scholz (2013) found a positive relationship between social support and quality of life in a group of lung cancer patients. They found the level of support from the healthcare professionals they worked with, to have the greatest impact. This was followed by friends and family collectively, however a greater perception in both was found to be positively related to a greater quality of life, but not at a level higher than the two individually.

Grav, Hellzèn, Romild and Stordal (2012) studied the effect that perceived social support in two areas (emotional support and tangible support) had on levels of depression in a population of 40,659 men and women in Norway, as measured on the Hospital Anxiety and Depression Scale. They found that both an increase in perceived emotional and tangible support were linked to lower levels of depression. Those who perceived themselves to be lacking in both emotional and tangible support reported to have this highest incidence of depression amongst the population.

There have been a number of models utilised to explain the role that social support, either perceived or actual, has on health related issues. The two most prominent are the direct effects model and the stress - buffering model (Cohen & Willis, 1985). The main difference between these two is the frequency in which they occur. Within the main effects model it is suggested that an individual continually has a high level of social support, and this support continually looks out for the wellbeing of the individual at the centre of it. Therefore, they are at reduced risk of suffering with physical and mental illnesses. This could be achieved through encouraging the person to lead a healthy lifestyle through good diet and exercise, or being aware in the early stages, instances when the individual's health may have changed and encouraging them to seek early medical advice on the issue. The stress - buffering model suggests that those who are experiencing stressful life events such as the death of a loved one, or the loss of a job, are at increased risk from health difficulties. During these times of heightened stress, an individual's social support network will buffer the negative effects that stress will have on the person, thus limiting the chances of the individual developing health related difficulties, or alternatively expediting recovery if the individual has already become ill.

Another model has been proposed that relates more specifically to social support and mental health difficulties; that of the social-cognitive perspective model (Lakey & Drew, 1997). This model states that negative emotional states make negative evaluations of the self and significant others more accessible (i.e., negativity bias). These negative evaluations of the self and others lead to increased negative emotional states creating a negative cycle. Positive social support interactions, limit the individual's ability to cognitively access negative appraisals of the self and others, as well as making positive appraisals easier to access, thus breaking the negativity cycle.

Social support has been found to help with a number of medical and psychological illnesses, as well as an unlimited array of practical issues. One area where less research has been conducted, is on the impact of social support on offending. The stress-buffering model suggests that positive social support limits the impact of stress on the individual leading to better health outcomes. If this model is subsequently applied to strain theory (Agnew, 1992) there is evidence to suggest that social support can limit the likelihood of offending. Strain theory states that certain strains or stressors increase the likelihood of an individual committing a crime. These life stressors can elicit a number of negative emotions including fear, depression, frustration, anxiety, and anger. Broidy and Agnew (1997) noted that of those elicited emotions, anger is a particularly strong one; as it provides a means of externalising through blaming of others, it can lower an individual's inhibitions and it can motivate people to react. Therefore, if stress can be seen as a significant trigger to the committal of crime based on strain theory, and social support can be seen as a means to reduce the impact of stress within the stress-buffer hypothesis, then it could be inferred that social support can help reduce the likelihood of offending or reoffending.

As well use of strain theory and the stress buffer model to explain a relationship between sexual offending and social support, specific theories of sexual offending have also directly looked at the role that positive social support can play in reducing the likelihood of sexual offending. Finkelhor (1984) proposed a four-stage model of child abuse, although this can be readily applied to any sexual offence. The first stage is having the motivation to sexually offend for example through deviant sexual interests or an inability to have sexual needs met in an appropriate way. The second stage is for the offender to overcome their internal inhibitions towards offending. This may include stress, guilt or shame about committing the act, or the knowledge that this is abhorrent within society. The next stage is overcoming the external inhibitors that may prevent the abuse, such as access to a victim. The final stage is overcoming the resistance from the victim to the abuse. This can be grooming in the case of child sexual abuse, or use of a weapon to gain compliance in terms of an adult sexual assault. The role of social support appears under the third stage of this model; external inhibitors. By having close positive support, this will act as a buffer or an extra inhibitor that the would-be offender has to overcome. Also the presence of close positive social support, may mean that someone could be aware of the intentions of the would-be offender at an earlier stage than may be the case without that support.

When looking at why a sexual offender may stop offending, Göbbels, Ward and Willis, (2012) proposed an integrated theory of desistance from sexual offending. The first phase in this desistance is decisive momentum. Within this theory the decision to stop offending is not something that happens instantaneously, but is shaped over a number of decisions and life events. One of the external factors that can influence this momentum is social support, known as social capital within the theory. According to Göbbels et al.,

social capital is "a network of relationships, which facilitates social action by generating knowledge and a sense of obligation, expectation, and trust" (p.456). It is suggested that positive social capital helps influence change in those wanting to change by providing an environment in which change of self-concept is encouraged to flourish. Social capital can be negative as well as positive, and can have the effect of reinforcing a negative self-concept in the same way positive social capital can encourage change. Examples of this would be prison environments, being environments of negative social capital that reinforces antisocial behaviour, or a sexual offender who wishes to stop sexually abusing others but remains associating with other sexual abusers. This negative social capital will erode the positive the self-reflection and evaluation that the offender may have already begun to facilitate self-directed desistance. The role of positive support and reduced offender recidivism appears to be supported by current research literature.

Ghasimbaklo, Mohammadyari, Mahmodzadeh, Mohammadzadeghan and Mokhtari (2014) looked at the effect of social support on a group of 72 Iranian prisoners who had a previous history of reoffending, utilising a self-report social support questionnaire developed by Fleming (1982). Using Pearson's correlation, a negative relationship ($r = -0.11$) was observed between recidivism rates and the social support measure, with those with the highest levels of social support, having reoffended at lower levels than those with lower levels of social support. This difference was found to be statistically significant ($p < .05$).

Cochran (2013) investigated the longitudinal impact that social support, as measured by levels of prison visitation, had on reoffending in a cohort of released offenders. Two specific visitation group types were found to have the greatest chance at not

reoffending. Firstly offenders who had high levels of visitation during the early stages of their sentence, which reduced as the sentence progressed towards the end, and secondly, offenders who maintained a sustained level of visitation throughout their sentence were at a greater chance of not reoffending. Those who did not maintain levels of social support from the outset of their sentence, as represented by no visitations throughout their sentence were found to be at the greatest risk of reoffending upon release.

While there is evidence that support from friends and family can impact on offender recidivism, this thesis set to establish whether social support from the wider community had any effect, positive or negative on those who sexually offend, and whether it may be an effective way of reducing the likelihood of someone reoffending, as well as improving the likelihood of successful reintegration into society.

The aim of this thesis is to investigate the role that social support has on sexual offender recidivism. More specifically, the role that a volunteer led community programme called Circles of Support and Accountability has in the successful reintegration of released sexual offenders into society, following release from prison.

Chapter 2 focusses on systematically reviewing what literature existed looking at whether the involvement of community support impacted on rates of sexual offending recidivism. There has been extensive research on the role of traditional sexual offending programmes on rates of recidivism, but to date no systematic review has looked specifically at social support and reoffending. Eight studies were found to be of sufficient quality for inclusion in the review and found that there is some promise to be found in the use of effective, positive community based social support on reducing the

likelihood of someone going on to reoffend. The findings were discussed in relation to currently available programmes as well as the strengths and limitations of the findings produced.

During the completion of the systematic review, one particular programme figured regularly and was found to be one of the most successful proponents of the social support method to reduce sexual offending; that of the Circles of Support and Accountability programme, originating out of Canada in the 1980's but now used extensively in the United Kingdom as well as the United States.

Chapter 3 focussed on the volunteers involved in one of these programmes in the West Midlands of the United Kingdom. This chapter set out to look at the experiences of the volunteers, to assess what made this programme so successful. The volunteers disclosed their reasons for joining, their experiences of being trained to work for the programme, along with their experience of working with their sexual offender, and how they feel that they fit into the role of ambassador for the programme; defending its work and challenging misconceptions held my members of the public towards sexual offenders. Finally in addition to this, the volunteers were asked to assess their perceived levels of social support within their own lives. While professionals working with sexual offenders will have access to clinical supervision for support, this is not necessarily the case with volunteers. As a result, it was hypothesised that to be successfully able to maintain effective working with sexual offenders, given how challenging it can be, the volunteers would perceive themselves to have high levels of social support within their personal lives. This was assessed through the use of the Multidimensional Scale of Perceived Social Support.

Chapter 4 assesses the suitability of the Multidimensional Scale of Perceived Social Support as a psychometric measure. This measure was a preferred psychometric as it addresses perceptions of social support rather than actual social support which has been found in certain instances to be of greater benefit to individuals as noted by Zimet et al. (1988), during the development of this psychometric measure. This chapter explores the validity and reliability of the tool and it's applicability to the volunteers along with the limitations of the measure and the impact that poses on the research within this thesis.

Finally, chapter 5 continues with a discussion of the thesis by presenting the overall findings, limitations and practical implications of the work presented. Overall, this thesis validates the role that social support can play in sexual offender rehabilitation and recidivism rates.

CHAPTER TWO:

SEXUAL OFFENDERS AND SOCIAL SUPPORT STRUCTURES:

IDENTIFYING RECIDIVISM RATES.

A SYSTEMATIC LITERATURE REVIEW

ABSTRACT

Aim: Using a systematic method, the current literature investigating the relationship between social support and reoffending will be reviewed. The review will attempt to answer the question "Do sexual offenders who engage with community support programmes / have strong social support structures reoffend at lower rates than sexual offenders who have not engaged with these same programmes or lack social support?"

Method: Three electronic databases were searched and all relevant studies were assessed using a set of specified inclusion/exclusion criteria. The included studies were assessed and those meeting a reasonable level of quality were reviewed. The data from these studies were extracted and reviewed using a qualitative narrative.

Results: Eight studies were selected based on meeting the inclusion/exclusion criteria and being of sufficient quality to review. Five studies found statistically significant differences in the rates of reoffending, suggesting that sexual offenders who do have positive social support in place at time of release are less likely to commit further sexual offences than offenders who are lacking the same social support. Two further studies also found similar results but not to a statistically significant level. Three of these significant studies related to the Circles of Support and Accountability programme.

Conclusions: Although the findings supported the idea that greater social support can reduce reoffending, there were a number of limitations to this review. These limitations are discussed and areas for practical applications as well as future research are highlighted.

INTRODUCTION

Sexual Offender Recidivism

Within public perception, sexual offenders are deemed to be highly deviant recidivists, despite empirical research to suggest otherwise. Hanson and Bussière (1998) found the rate of recidivism to be approximately 13% for all sexual offender types. More recently Sample and Bray (2003) analysed a sample of nearly 3 million charges in Illinois between 1990 and 1997. Sexual offences made up 1.2% of the total number of charges during this period. When looking at recidivism, those who were charged with sexual offences, had the third lowest level of re-arrest for any offence over a 5 year follow up with 45.1% of those initially charges with a sexual offence being rearrested for any offence. Only homicide (44.2%) and property damage (38.8%) were lower. When looking at re-arrest for the same type of offence after 5 years, the recidivism rate for sexual offenders was only 6.5%, whereas re-arrest for assault following a charge for assault was 37.2% at a five year follow up. Despite the low levels of recidivism, much time and effort is expended to try and identify and treat those most likely at risk of reoffending in attempts to reduce the likelihood, through engagement in sexual offender treatment in prison, hospital or in the community, as well as identifying the highest risk offenders through the use of clinical and actuarial risk assessments.

Much of the literature has identified two key overarching factors that are of significance in sexual offender recidivism; deviant sexual interests and antisocial lifestyle (Roberts, Doren, & Thornton, 2002). In a sample of child molesters who had completed sex-offender treatment within a New Zealand prison, Allan, Grace, Rutherford and Hudson (2007) found that difficulties in relation to social inadequacy, deviant sexual interests, anger/hostility, and pro-offending attitudes were significantly correlated with sexual

recidivism. These of course are not the only relevant variables related to increased risk of recidivism. Hanson and Bussière's (1998) meta-analysis found that the demographic variables, younger age and a single marital status were related to sexual offense recidivism across a number of their included studies. They also found employment instability and lower social class as being significant variables but in fewer studies and to a less significant level. As with the other studies they also found characteristics associated with an antisocial lifestyle to be indicative of increased chances of reoffending. The largest of these characteristics were antisocial personality disorder ($r = 0.14$) and the number of prior offenses ($r = 0.13$). Having stranger victims, having an extra-familial victim, having begun offending an earlier age and having engaged in diverse sexual offences were all related but to a lesser extent.

With regard specifically to sexual offending recidivism, deviant sexual interests were the biggest predictors. It is important to note that while sexual offending is considered socially deviant, not all sexual offences are borne out of a deviant sexual interest (e.g. an offender who has misread the social cues from the victim and made a sexual advance, but demonstrates a clear preference for consensual sex). Hanson and Bussière found that sexual interest in children as measured by penile plethysmograph was the single strongest predictor ($r = 0.32$). However in their meta-analysis a sexual interest in rape, however, was not found to be related to recidivism using the same method of measurement.

Authorities can use a number of methods to reduce the chances of a sexual offender reoffending. These include effective use of risk assessment tools to predict those at greatest risk of recidivism, engaging in effective sexual offender treatment, appropriate community management, and increased employment opportunities upon release.

Risk assessments and recidivism prediction

Over the last 20 years, the general consensus has seen a shift from unstructured clinical judgement towards structured risk assessments, as they have been found to have greater reliability in predicting future risk for reoffending from sexual offenders (Andrews, Bonta, & Wormith, 2006). There are a number of risk assessments which have good predictive validity. Tully, Chou and Browne (2013) conducted a systematic review of sex offender risk assessment tools and their ability to predict sexual offence recidivism in a population of adult males. In total 43 studies, totalling 31,426 participants, and 15 different risk assessments including the Static-99 (Hanson & Thornton, 2000), Risk Matrix 2000 — Sexual scale, (Thornton, 2007) and the VRS: SO (Wong, Olver, Nicholaichuk, & Gordon, 2000) were reviewed for their efficacy.   They found that all 15 measures demonstrated at least a moderate effect size for their ability to predict sexual offender recidivism, with the VRS: SO demonstrating the largest effect size for its efficacy. Tully et al. suggest that the strength of the VRS: SO is in its use of structured professional judgement (SPJ) instead of the actuarial risk assessment methods of most of the other risk assessments in the review. SPJ risk assessments highlight the importance of individuality and formulation, rather than comparison to a predefined comparison sample as is common in actuarial risk assessments. The most well-known and used SPJ at the minute is the HCR-20 (Webster, Douglas, Eaves, & Hart, 1997) which is used as a guide for certain identified risks. Many of the factors may not be relevant to the offender, while others not mentioned within the tool could be significant, and should be considered along with those described within the risk assessment tool. These risk assessment tools along with their predictive ability for recidivism, can also be used to identify outstanding treatment needs for the offender. For example the VRS: SO employs the stage of change model (Prochaska &

DiClemente, 1982) within it, to identify how ready the offender is to address specific areas of risk.

Sexual offender treatment and recidivism

One of the most widely utilised sexual offender programmes in the world is the Sex Offender Treatment Programme (SOTP). Since being first rolled out in the early 1990's it has been found to have shown success in addressing the core needs of sexual offenders. Beech, Fisher, Beckett and Scott-Fordham (1998) carried out an evaluation of the impact of the SOTP immediately post treatment, and again at a nine month follow-up. Using psychometrics to measure change, they found that there was improvement in two-thirds of those studied, with significant improvement in the areas of levels of denial, the offenders' use of offence supportive attitudes, social skills, and relapse prevention skills. However, due to both financial and resource constraints on the HM Prison Service, it can occur that offenders are released without having had the opportunity to engage in SOTP.

If a sexual offender is released early on licence and has not completed a sexual offender treatment programme in the prison, it will be more than likely that completion of the programme in the community will be one of the key conditions of the licence, and failure to do so will result in recall back into prison. It is also possible that those who have already completed a sexual offender treatment programme will be asked to do so again in the community, however this tends to be for specific modules, rather than the full programme itself, (Mandeville-Norden & Beech, 2004). Traditional sexual offender treatment programmes have taken a more punitive stance; making the offender identify the impact of their actions on others and attempting to instil a sense of empathy in the offender to reduce the likelihood of them repeating their actions. However, as noted,

more recently, an approach called the Good Lives Model (GLM) (Ward and Stewart, 2003) has been incorporated into the treatment approach. Within the Good Lives Model all individuals are viewed as active goal-seekers who aim to seek out primary goods such as the need for intimacy and autonomy. When applied to sexual offenders, the offences themselves are seen as maladaptive strategies to seek out these goals. The model aims to identify the primary goals that an offender may desire and develop appropriate (non-offending) ways to achieve them. By making the outcome focussed on benefiting the offender (and therefore indirectly benefiting the public) it is hoped that this will decrease the likelihood of reoffending.

Looman, Abracen and Nicholaichuk (2000) compared a sample of 89 treated Canadian sexual offenders with a matched untreated sample. They found that the treated group had a significantly lower sexual recidivism rate than the matched untreated group at a 4-year follow-up. A meta-analysis of over 10,000 sexual offenders by Alexander (1999) found that the rates of recidivism were lower for treated offenders than for non-offenders across a wide array of sexual offence types.

Although the general consensus is that treatment does have an impact on the outcomes of sexual offender recidivism, current research would aim to cast doubt on these assertions. Dennis et al. (2012) conducted a systematic review to assess the effects of psychological interventions on those who have sexually offended or are at risk of offending. They focused their search on randomised trials comparing psychological interventions with standard care or another psychological therapy given to adults treated either within institutions such as prisons or hospitals or out in the community. Initially 69 studies were assessed for their overall quality with ten studies making the final review, including a total of 944 male sexual offenders. Five of the studies which were

conducted using a CBT framework similar to that of the SOTP programme, contained 664 of the offenders and compared offenders who had been involved in treatment with offenders who had had no therapeutic input. Dennis et al. found no difference between these groups in terms of the risk of reoffending as measured by reconviction for sexual offences.

Community Management and Notification

Offenders released on licence will be subject to supervision by the national probation service. More recently in the UK, the Probation Service has begun collaborating with Her Majesty's Prison Service and the Police Service to head up the three main branches of Multi-Agency Public Protection Arrangements (MAPPA). These arrangements were formed as part of the Criminal Justice Act, 2003. Other agencies such as the Local Authority and Social Services can also be involved as part of the overall management process of these offenders. As of 31 October 2013 there were 60,193 MAPPA-eligible offenders. This is an increase of 9.5% when compared with the report from the previous year dated 25 October 2012 (MAPPA Annual Report, 2013). Of these 51,489 offenders, 42,685 (83%) are Category 1 registered sexual offenders[1]. By having the various agencies working collaboratively, they can ensure that all areas of potential risk are being considered. The MAPPA team along with general management of an offender can approach the courts with requests such as a Restriction Order, which allows the MAPPA team to impose restrictions on where an offender may live or work or whether s/he is subject to a curfew; a Notification Order, which is used in the case of foreign individuals with sexual offence histories who come to reside in the UK, who have to

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[1] Category 1 MAPPA offenders are sexual offenders who are required to notify the police of their name, address and other personal details and notify the authorities of any changes subsequently

register with the UK Police Service; or a Sexual Offences Prevention Order (SOPO) which gives the MAPPA team the power to intervene in situations before an actual offence has occurred, thus keeping potential victims safe. All of these powers at the hands of the MAPPA team have aided in the reduction of reoffending rates throughout the UK.

In addition to the close management of released offender and in a bid to alleviate concerns that the public have about released sex offenders, a number of pieces of legislation around sex offender disclosure have been enacted throughout the world. The most notable of these is Megan's Law in the United States; enacted following the murder of Megan Kanka by a previously convicted child sex offender in 1994. According to this law, each of the 50 states must have procedures in place to inform the public about sex offenders who live in close proximity (Levenson & Cotter, 2005).In 2010, in the UK, the Home Office introduced the 'Child Sex Offender Disclosure Scheme'; colloquially known as 'Sarah's Law'; named after Sarah Payne who was abducted and murdered in 2000 by a man, whom during his trial, it emerged that he was on the sex offenders' register as the result of a previous conviction for abducting and indecently assaulting another young girl. Unlike Megan's Law where it is the responsibility of the state to make the public aware, Sarah's Law requires an individual to make a request to the police about a specific individual who they believe may pose a risk to children. Only if evidence is found on that specific individual will a disclosure be made, but again this is only made to the requester and not to the wider community in which that individual resides.

Both of these laws have the goal of aiming to increase the community's ability to protect itself by warning potential victims if a previously convicted sex offender lives

nearby. However this goal does not marry up with the experiences of the public when actually being notified about a nearby sex offender. Caputo (2001) found that members of the public, when notified, experienced greater levels of anxiety, rather than safety. This was explained as being due to the lack of practical skills on how to protect their children accompanying these notifications.

As well as heightening anxiety, there does not appear to be a significant effect on reducing likelihood of harm. Schram and Milloy (1995) looked at recidivism rates in Washington State, comparing areas where notifications were being used with areas where they were not. They found that 63% of all of all new sex offences occurred in areas where notification strategies were being employed. It was identified that notification schemes focused the public's attention towards strangers; overlooking the fact that the majority of sexual offences are committed by people known to the victim.

Looking at 'Sarah's Law', during the pilot phase, it was expected that the scheme would receive approximately 2400 enquiries from the public. However Kemshall and Wood (2010) observed that a total of 585 enquiries were received across the four pilot areas with 315 (54%) of these enquiries proceeding as formal applications for information on a specific individual. The initial 585 enquiries represents 24.4% of the expected total received. In the end the police made 21 disclosures of offences based on enquiries made, representing 7% of the 315 applications, and only 4% of the initial 585 enquiries.

Whilst the effects of these public notifications on reducing reoffending appears to be limited, the effects on the offender can be quite significant. Zevitz, Crim and Farkas (2000), surveyed 30 high risk released offenders in Wisconsin who were subject to a variety of notification methods; media releases, local flyering, town hall

announcements. Approximately 90% of the offenders stated they had experienced negative effects, such as being harassed or threatened by the local community, loss of their jobs, being forced to relocate, a lack of any social support and the break-up of intimate relationships. In the UK, the Association of Chief Police Officers (ACPO) identified concerns about 'naming and shaming' sex offenders; fearing that it would lead to vigilantism (Taylor, 2006).

Employment opportunities and community reintegration

As sexual offenders return to the community, another difficulty they may face, along with the possibility of receiving harassment from members of the public, will be the difficulty in obtaining employment. Along with possibly notifying the community of their background, the need to disclose any criminal convictions on many job applications, and the increased use of Criminal Records Bureau (CRB) checks, means the challenges facing a released offender to get a job are significantly higher than those faced by ordinary members of the public. As mentioned the MAPPA team can place restrictions on where and when an offender can work, further placing difficulties on the offender and increasing the likelihood of reoffending occurring. The relationship between unemployment and offending has been well documented in the past. Lack of employment and employment instability has previously been found to be related to offender recidivism (Nally, Lockwood, Ho, & Knutson, 2014; Tewksbury, Jennings, & Zgoba, 2012). Niven and Stewart (2005) reported how two-thirds of all prisoners in England and Wales are unemployed at the time of their conviction. It was also reported that at the time of release from prison 70% of them are returning to the community with no employment plans secured.

Brown, Spencer and Deakin (2007) carried out a study to investigate the barriers to gaining employment for sexual offenders, as well as the opportunities that were available to them. They discussed the situation with offenders currently in prison and their plans and expectations for employment upon release; offenders who were currently in the community and their experiences of trying to obtain employment; employers who told of their practices when it came to the recruitment of offenders and finally the probation service about their ability to help an offender obtain meaningful employment. The research found that the main barriers experienced by the offenders were due to a lack of education and/or training along with a fear of having to disclose their offences to prospective employers. From the employer's perspective, they appeared to have no concern for the plight of the offenders, with approximately 50% of the employers stating they would not consider an individual convicted of a sexual offence for employment, irrespective of the situation surrounding the offence.

Given that employment opportunities is seen as a dynamic risk factor into the likelihood of recidivism, even appearing in formal risk assessments such as the HCR-20, it appears much more focus should be given into making employment opportunities available to offenders. Recently in the UK the Howard League for Penal Reform produced a paper which asked the opinions of 1000 members of the public which revealed that 51% of the public supported the UK government's plans to make it easier to bring outside businesses into prisons to employ offenders in jobs with only 26% opposing the policy. Of those who agreed with the planned policy, 82% agreed that those offenders employed should contribute a proportion of their wages to a fund for victims; 74% agreed that the offenders should contribute a proportion of their wages to their families on the outside; 79% agreed that offenders should save a proportion of their earnings in

anticipation of return to the community and 74% agree that the offenders should be paid an appropriate level of pay to avoid them undercutting the local labour workforce (Howard League for Penal Reform, 2011).

Social Support and Sex Offender Recidivism

There has been a great breadth of research into the areas of treatment, supervision and employment for released offenders and how each of these can impact on the likelihood of reoffending occurring. However, there are areas that, up until recently, appear to have been overlooked. One of these is the role that social support can play in sexual offending. As previously noted, various theories of sexual offending have highlighted how social support can firstly act as a barrier to committing an offence in the first instance (Finkelhor - four-stage model of child abuse, 1984) or help a sexual offender to desist from further offending (Göbbels et al. - integrated theory of desistance from sexual offending, 2012). Within Ward and Beech's (2006) integrated theory of sexual offending, one of the key components for their model is 'Social Difficulties' which they refer to as including emotional loneliness, inadequacy, low self-esteem, passive victim stance, and suspiciousness. The integrated theory of sexual offending, attributes many of these difficulties to attachment difficulties in developing and maintaining adult relationships. Social support in the form of family, friends, intimate partners or the wider community could in theory help a would-be offender move from an insecure to a secure attachment style which would serve to repair one of the clinical state factors which the model suggests can lead to sexual offending. Similarly while developing a model for female sexual offenders, Gannon, Rose and Ward (2008) found that impoverished social support was a significant risk factor in both the female offenders' background as well as in the period leading up to their offences. According to Gannon

et al. "Feeling isolated, and lacking social support, was one risk factor that many women reported following their experience of adult personal relationships and/or major life stressors. A common pattern—in particular for women who were coerced into offending against children—was the experience of slow progressive isolation from friends and relations orchestrated by a physically and/or emotionally abusive partner" (p. 363). They found this pattern to be present in 14 of the 20 female sexual offenders within this study.

In practical terms, outside of the periods when a released offender is not engaged in treatment, or at work, s/he will spend large periods of time in isolation. As already indicated offenders, and in particular sexual offenders, are reviled by the public and upon release, they are regularly found wanting for positive social support. A lack of social support can potentially leave sexual offenders the time to ruminate without anyone to discuss their concerns with, which in turn could result in a return to reoffending. However the view held by the public would suggest that sexual offenders shouldn't be given any support. Brown, Deakin and Spencer (2005) assessed the attitudes of the public towards sexual offender reintegration and found that 15% of those surveyed stated that they believed that sexual offenders should receive no additional support post-release. Traditionally there have been certain non-profit agencies that have been involved in helping reintegrate offenders back into the community. It has been noted however that most are unable to work with the highest risk, high profile offenders due to the potential liability that may be placed on the organisation as a result of the association (Cesaroni, 2001).

Aims and Objectives

Given the efforts that are undertook to limit sexual offender recidivism through assessment, treatment, management, and employment opportunities, it is important to fully assess the impact that social support has in reducing the likelihood of reoffending. A systematic review has already been conducted to assess the efficacy of structured risk assessments on their ability to predict recidivism (Tully et al., 2013) which were found to have moderate success. Similarly a systematic review has been conducted to assess the impact of sexual offender treatment programmes on recidivism (Dennis et al., 2012). Those results brought into question earlier research highlighting the positive effect of sexual offender treatment. However, having searched the appropriate databases, there appears to be no systematic reviews looking at the relationship between social support and a sexual offender's likelihood to reoffend. The aim of this study is to appraise and analyse in a systematic fashion the relationship between social support and reoffending. Specifically the objective of this systematic review was as follows:

- Do sexual offenders who engage with community support programmes / have strong social support structures reoffend at lower rates than sexual offenders who have not engaged with these same programmes or lack social support?

METHOD

Sources of literature

Initial searches of The Cochrane Database of Systematic Reviews, The Centre for Reviews and Dissemination, and The Campbell Library were conducted to investigate whether any systematic reviews currently existed in relation to social support and

recidivism of sexual offenders. These searches were conducted in July 2014 and no existing systematic reviews were found relating to the topic.

In order to identify publications related to the current review a search of the following electronic bibliographic was conducted:

- PsycINFO (1967 to July Week 4 2014)

- Embase (1974 to 31st July 2014)

- ISI Web of Knowledge (1900 to 31st July 2014)

In relation to each of the utilised databases, it was decided to conduct searches that went back as far as the electronic databases would allow. Despite literature concerning offender treatment and rehabilitation only coming to prominence during the 1970's (What Works? – Martinson, 1974), by searching the databases as far back as was possible, it allowed for any papers that may have existed prior to this point to be considered for inclusion in the systematic literature review.

An expert in the area of community support for released sexual offenders: Dr. R. J. Wilson, was also contacted who provided a number of other studies not located in the searches of the electronic databases.

Search strategy

A standardised search strategy was applied to each electronic database using the search terms shown in Box 1. Amongst the search terms used was the word "Aid". Having completed the systematic review, it is now apparent that this word turns up too many irrelevant searches which are focused on the area of AIDs/HIV and as such, any future

replications of this search strategy would be best served to remove this term from the search strategy. The search terms were slightly modified to match the requirements of the search fields of each of the different databases (see Appendix 1 for syntax used in each search). Due to the time constraints placed on this work, only papers written in or freely available in English were included in the selection process. All references identified by the search were saved using Reference Manager Version 10.

Box 1: Search Terms Used

(child sex offen)* OR (sex* offen)* OR (rape) OR (pedophil)* OR (paedophile)* OR (sexual behaviour) OR(sexual behaviour) OR (sexual abuse) OR (child abuse) OR (sexual deviance) OR (child sexual abuse) OR (indecent assault) OR (exhibitionism) OR (voyeurism) OR (child molest)*

AND

(rehab)* OR (reintegrate)* OR (support)* OR(assist)* OR (help) OR (aid) OR (intervention) OR (restorative justice) OR (circles support) OR (mentor)*

AND

(community) OR (outpatient) OR(out-patient)

Study selection

On completion of the database searches, the titles and abstracts of the identified papers were assessed by the author in order to eliminate obviously irrelevant studies. Duplicate studies were also removed from the search results. The remaining potential studies were screened using predetermined inclusion/exclusion criteria. Box 2 shows a

list of the inclusion criteria. A more detailed list of the inclusion/exclusion criteria can
be found in Appendix 2.

Box 2: Inclusion / Exclusion Criteria

Population:	Male or female adults or adolescents who have engaged in sexual activity that is deemed illegal under local laws
Exposure:	Access to appropriate community / social support
Comparator:	Male or female adults or adolescents who have engaged in sexual activity that is deemed illegal under local laws who have not been involved with community based / social support services
Outcome:	Levels of offending recidivism
Study design:	Cohort Studies, Case-control studies, Case series reports
Language:	English only
Exclusion:	Narrative reviews, editorials, commentaries or opinion papers; Unpublished theses

If there was insufficient information available in the abstract to determine the eligibility
of a study then the full text article was accessed. All studies that met the inclusion
criteria were downloaded as full text from the appropriate online journal where
available. Where papers were not obtainable electronically, hard copy versions were
retrieved through the British Library.

Quality Assessment

A quality assessment was conducted to select and include the studies which have been
deemed to be of the highest quality. This was carried out after the studies that did not

meet the necessary inclusion criteria were removed. Two quality assessments were developed based on the Case-Control checklist and Cohort checklist found on the Critical Appraisal Skills Programme (CASP) website (see Appendix 3 for the quality assessment checklists used). Both quality assessments contained two screening questions to verify that the papers selected did meet the inclusion criteria. The Case - Control quality assessment looked at addressing biases in the selection process of the participants, the measurement and detection of the sexual offender's recidivism, and the attrition rates of those followed up and the appropriate use of statistics in the papers. There are a total of 14 items in this quality assessment. The Cohort quality assessment, along with the screening questions, addressed whether the cohort were appropriately recruited, whether the exposure to community support was properly measured, whether confounding variables were accounted for and whether the cohort were followed up for a sufficient period of time. The Cohort quality assessment contained 9 items. On both assessments, criteria were scored 0, 1, or 2 where:

0 Does not meet the criteria

1 Unclear / Insufficient information given

2 Fully meets the criteria

An overall quality score for each study was calculated by summing the scores given for each item. The maximum possible score was 28 for the Case – Control assessment and 18 for the Cohort assessment where the higher the score, the better the quality of the paper. Each score achieved was then turned into a percentage to determine its suitability for final inclusion in the data synthesis. A cut-off score of greater than 60% was selected for inclusion within the review. It was felt that due to the small number of

studies and the lack of randomised control trials to be found on this topic and the

methodological limitations of observational studies, this threshold would be appropriate.

A larger number of potential studies, would have allowed for an increased quality

threshold. A quality threshold of 60% has been utilised within other systematic reviews

with low numbers of potentially included studies (May, Chance-Larsen, Littlewood,

Lomas, & Saad, 2010 – 17 studies, Powden, Hoch, & Hoch, 2015 – 12 studies; Van der

Wurff, Hagmeijer, & Meyneand, 2000 - 11 studies).

Data Extraction

Relevant data from the eight studies that met the quality criteria were extracted and

recorded using a standardised data extraction form to ensure consistency, validity and

reliability of the analysis (see Appendix 4 for the data extraction form used). The data

extraction form looked at the following data:

- A re-verification of the PECO criteria;

- The aims of the study;

- The demographics of the target population;

- The demographics of any control population;

- The methods used in the study;

- Whether there was any attrition rates in the study and how were they dealt with;

- What were the overall results found from the study?

RESULTS

Having completed the searches of the PsychInfo, Embase and Web of Science

databases, a total of 11,557 articles were identified based on the search strategy

described in the method section. As already noted, the inclusion of the word "Aid" in

the search strategy resulted in the vast majority of the papers found being related to the topic of AIDS/HIV, which are not relevant to this review. Consequently 11,513 studies were omitted on the grounds of being irrelevant based on their title or content of their abstracts, leaving 44 potentially relevant papers. During the screening the name of Wilson appeared frequently on the relevant papers. Dr. Wilson was contacted and asked to provide any literature relevant to the topic that had not been encountered in during the search strategy. Wilson provided seven additional papers related to the topic of community support for released sexual offenders. All of these papers had been previously been published however two of the papers were not found on any of the database searches. The two papers that had not previous been discovered during the searches of the electronic databases were reports that had been prepared for the Correctional Service of Canada; both addressing the efficacy of the Circles of Support and Accountability programme with samples of Canadian sexual offenders. Both papers were included for consideration quality assessment. The other five of the papers provided by Wilson had already been retrieved through the initial searches and were consequently excluded. Wilson did not provide any unpublished literature. One further unpublished university report was also requested, having been deemed to be potentially relevant. The authors of the report were contacted and a copy of the report was obtained.

Full copies of the remaining 46 papers from the database searches were requested to be fully assessed. Forty three of these papers were available from online resources. Three of the papers had to be requested through the British Library and physical copies were subsequently collected.

Of the remaining 47 papers, 39 papers were excluded. Thirty six of the papers were deemed to not meet the inclusion criteria as they were either review papers of the research, articles about the area without the inclusion of new research or opinion papers. One of the excluded papers was an open letter discussing the objectives of a community intervention. The remaining three of the papers were excluded as they utilised the same data as more recent studies already included. The eight remaining papers were quality assessed and all met the minimum threshold of 60% quality to be included in the review. A descriptive summary of the findings from the final five studies included in the review can be found in the data synthesis section.
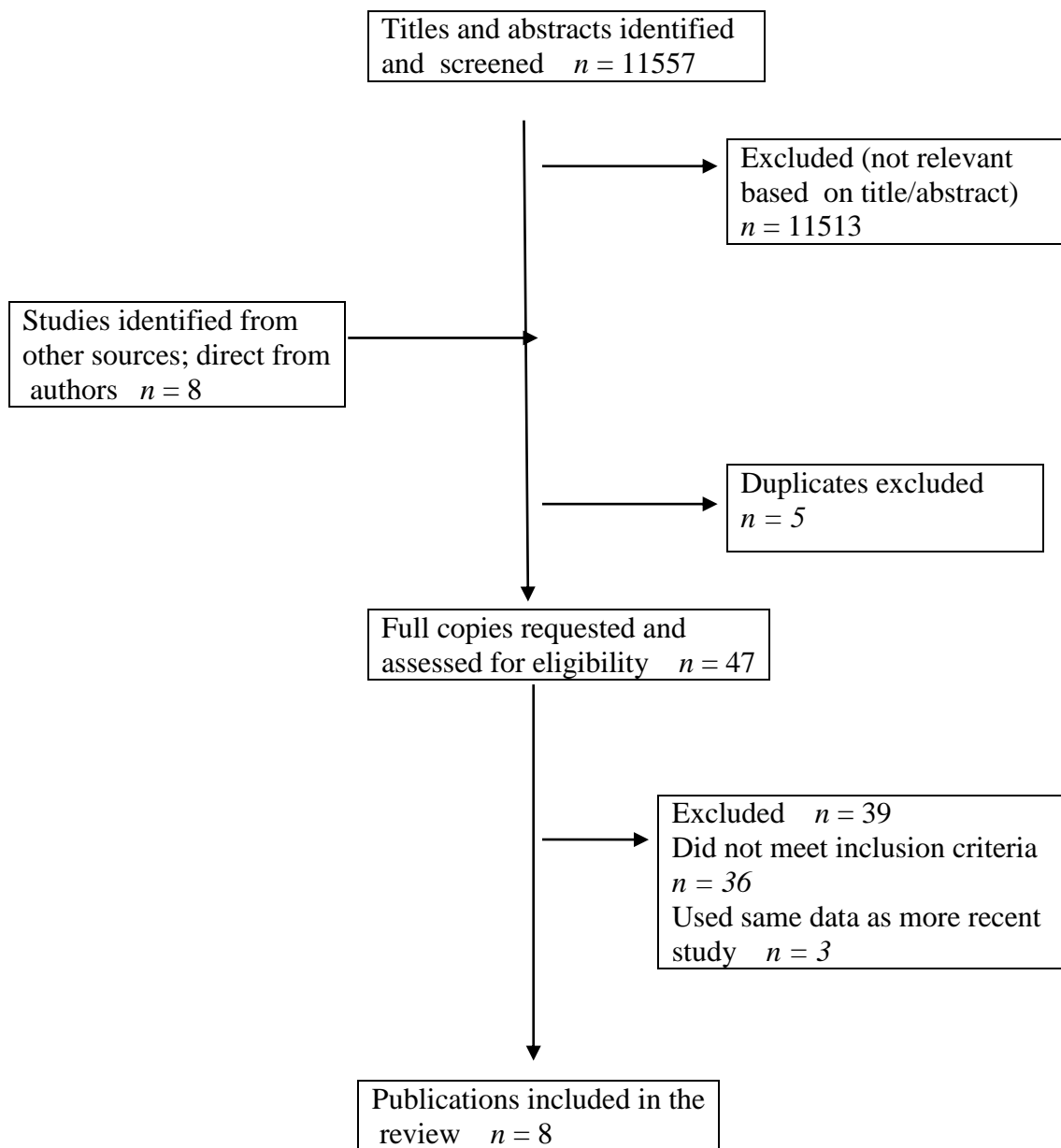
Figure 1: *Flow Diagram of Study Selection Process*

Table 1: Characteristics of included Studies

Authors, year & location	Aims of study	Type of study	Participants	Follow Up Period	Measures of recidivism used	Results
Lussier & Gress (2014) Canada	To assess the dynamic factors associated with a successful community re-entry, taking into account the type of community supervision offenders were subjected to.	Case control study	$n = 169$ **Case:** 39 released sexual offenders who were added to the CHROME programme along with regular probation supervision. One of the aspects of CHROME is to offer assistance and support to facilitate community re- entry and re-integration. **Control:** 130 released offenders who were subject to regular probation supervision only.	12 months	Presence of technical violations and/or a record of new criminal offence provided by British Columbia Corrections Branch	Controlling for all six indicators of the Stable-2000 simultaneously, as well as the offenders' ages and legal status, only negative social influences emerged as a significant predictor of negative community reintegration outcomes ($p < .01$). Those who breached the conditions of their supervisory order had statistically fewer positive influences ($p < .001$), more negative influences ($p < .001$), and more negative social influences than positive ones ($p < .001$). Positive social influences had the same effect on community re-entry outcome irrespective of the type of community supervision, irrespective of the CHROME programme

Authors, year & location	Aims of study	Type of study	Participants	Follow Up Period	Measures of recidivism used	Results
Bates et al. (2013) UK	To evaluate the establishment and first ten years of operation of the Circles South East (CSE) programme.	Case control study	n = 142 **Case:** 71 released sexual offenders who had been involved with CSE over the last 10 years. **Control:** 71 released sexual offenders, matched for risk to the case offenders who were referred to CSE and deemed suitable for but did not receive the service.	Mean of 52 months for the case group Mean of 55 months for the control group	Police National Computer database of offender convictions	There was a significant difference in the rate of reconviction for sexual contact or violent offences between the sexual offenders involved with CSE and those who were not. None (0%) of the CSE group had been reconvicted at follow-up vs 10 (14.1%) of the control group which is a significant difference ($p < .01$). There was a significant difference in the rates of noncontact sexual offences; 3 (4.2%) vs 2 (2.8%) (p < .05).
Duwe (2012) USA	To evaluate the effectiveness of Minnesota Circles of Support and Accountability (MnCOSA) by comparing recidivism outcomes in the	Case control study	*n* = 62 **Case:** 31 randomly selected released sexual offenders who met eligibility criteria; Level 2 offenders from one of the five pilot counties anywhere from 60 to	Mean of 24 months	Records obtained electronically from the Minnesota Bureau of Criminal Apprehension	The reconviction rate for MnCOSA offenders (25%) was nearly half that of those in the control group (45%), whereas the recalled to prison rate for MnCOSA participants (10%) was roughly one third of that for the control group offenders (26%). Neither difference was significant though.

Authors, year & location	Aims of study	Type of study	Participants	Follow Up Period	Measures of recidivism used	Results
	MnCOSA and control groups.		120 days prior to their release from prison. **Control:** 31 randomly selected released matched sexual offenders who also met the same eligibility criteria but for whom no intervention was offered due to lack of resource availability			A significant difference was found in rates of re-arrest between MnCOSA (38.7%) and the control group offenders (64.5%) ($p < .05$)
Butler et al. (2012) Australia	To investigate whether diversion to a pre-trial community-based diversion program reduced sexual recidivism in adult intra-familial child sexual offenders.	Case control study	$n = 208$ **Case:** 88 offenders who met the eligibility criteria laid down by the programme. **Control:** 120 offenders who were not accepted to the programme. Participants were declined entry if they	Median of 151 months for the case group Median of 113 months for	Police reports were used as report rates were likely to capture with more accuracy the level of sexual reoffending compared to arrest and conviction rates.	Participants who were accepted into the Diversion Program sexually reoffended at a lower rate (6.8%) than participants who did not receive treatment and who experienced the regular court procedures and sanctions (12.8%). This difference was found to be non-significant. Cox proportional hazards regression analysis showed that the rate for reported sexual

Authors, year & location	Aims of study	Type of study	Participants	Follow Up Period	Measures of recidivism used	Results
			did not meet the statutory criteria specified or were deemed unsuitable by the Program Director.	control group		offenses in the accepted group was approximately 7% compared to an approximate failure rate of 12% in the declined group at a median time of 3,468 days (9.5 years). This difference was again found to be not significant.
Wilson et al. (2009) Canada	To evaluate the Circles of Support & Accountability programme; an alternate means of social support to high-risk sexual offenders using an independent Canadian national sample	Case control study	$n = 88$ **Case:** 44 high-risk sexual offenders, released at sentence completion and involved in COSA **Control**: 44 matched high-risk sexual offenders, released at sentence completion not involved in COSA.	Mean of 35 months	Canadian Police Information Centre — National database of offense histories	COSA participants from the national replication sample had 83% less sexual reoffending (p <.05), 73% less violent reoffending (p <.01), and 71% less reoffending of any kind,(p < .01) than the matched comparison group
Willis & Grace (2009)	To identify whether poor release planning	Retrospective cohort Study	$n = 60$	84 – 156 Months	National Intelligence Application	Researchers developed a five item protocol used to rate release planning. One of the items was

Authors, year & location	Aims of study	Type of study	Participants	Follow Up Period	Measures of recidivism used	Results
New Zealand	from a specialist child sexual offender unit predicted recidivism in sexual offences		**Cohort:** 60 male sexual offenders who had been released between 1994 and 2000. 30 offenders had not reoffended within the follow up time while 30 offenders had reoffended within the follow up period		computer database maintained by the New Zealand Police	social support when released. Non recidivists found to have significantly better social support structures in place than offenders who reoffended. (p <.01)
Wilson et al. (2007) Canada	An examination of recidivism rates associated with the pilot project of Circles of Support and Accountability (COSA) in South-Central Ontario, Canada.	Case control study	n = 120 **Case:** 60 high-risk sexual offenders involved in COSA after having been released at the end of their sentence **Control:** A matched group of 60 high-risk sexual offenders who had been released at the end of their	Mean of 53 months	Canadian Police Information Centre – National database of offence histories	There were significant differences in the sexual reoffending rates of the COSA group and non COSA group (5% vs. 16.67%, p <.05). There was also a significant difference in the rates of reoffending with violent offences between the two groups (15% vs. 35%, p <.01)

Authors, year & location	Aims of study	Type of study	Participants	Follow Up Period	Measures of recidivism used	Results
			sentence, but who did not become involved in COSA			
Berliner et al. (1995) USA	To compare the recidivism rates of sexual offenders given a Special Sex Offender Sentencing Alternative (SSOSA) to sexual offenders who are sentenced normally and then released	Case control study	$n = 613$ **Cases:** 313 sexual offenders convicted of felony sex offences in Washington State and given SSOSA **Controls:** 300 sexual offenders convicted of felony sex offences in Washington State and given prison sentence	42 Months – 60 Months	Washington State Patrol reports, Department of Corrections records and National Crime Information Center Interstate Identification Index reports	Of the offenders who engaged in the SOSSA scheme, 11.2% were reconvicted for any offence with 5.1% reconvicted for a sexual offence. Of the offenders who received a traditional sentence, 25.7% were reconvicted within the follow up time frame for any offence, while 5.3% were reconvicted of a sexual offence. The difference in conviction for any offence was significant ($p < .001$). The differences in rates of sexual offence reconviction was non-significant.

Characteristics of included studies

Given that these studies are looking at the likelihood of an offender reoffending it would have been ethically unsound to engage in an experimental design where withholding of any intervention could result in a member of the public being made the victim of a crime. This point was raised in both Bates, Williams, Wilson and Wilson (2013), and Duwe (2012), who noted that in their designs, their control groups did not actively have the intervention withheld from them but instead were made up of individuals who met the criteria for the intervention but due to restrictions (i.e., lack of finances/ resources/ volunteers etc), it was not possible to offer the intervention to them at the time of the study.

Seven of the studies used a case-control design while the final study utilised a cohort design. The case control studies involved matching people already identified as having the outcome of interest (i.e., access to a support structure after release) with a control group who do not and assessing all groups' likelihood of committing another offence. In the cohort study, Willis and Grace (2009) retrospectively assessed the participants based on whether the cohort had reoffended or not. They then applied their protocol to these two groups and identified any significant differences outside of their respective recidivism categories.

There is a considerable difference in the number of participants used across the eight studies, with cohorts ranging from 60 to 613 participants. All studies in the review used convicted sexual offenders who had been released into the community as their samples, with the exception of Butler, Goodman–Delahunty and Lulham (2012) in which case participants were diverted from custodial sentencing into a community-based diversion

programme, while the control participants received traditional custodial sentences. Each of the studies had a comparator group which were all sexual offenders who had not either not engaged in specialist community based social support or had failed to adequately have social support structures in place when released from prison.

All of the studies had considerable follow up periods but again there is a wide range in the length from 12-months in the Lussier and Gress (2013) study up to a maximum of 18 years in the in the Butler et al. study. In the case of most of the studies, these follow up periods should be considered adequate enough for an offender to leave prison and settle into a "normal" life during which opportunity to reoffend may occur, with the exception of the Lussier and Gress study where a period of 12 months would be considered quite short for the purposes of recidivism studies. This point was noted within the study as a methodological limitation and as a consequence, its results should be viewed with this information in mind.

Five of the studies recorded levels of recidivism in the same way, through the use of national computerised records of reconvictions. This of course will only give records of offences for which the offender has been caught and convicted and will not necessarily be an accurate measure of levels of reoffending, although despite this limitation, this is generally the accepted method of measuring recidivism in research studies. Three of the studies varied from this typical method. Along with their national criminal database, the Berliner, Schram, Miller and Milloy (1995) study looked at Washington State Patrol reports and the Department of Corrections records to screen for any arrests for offences that may not have resulted in convictions. Duwe recorded instances of reoffending found in the Minnesota Bureau of Criminal Apprehension database. This will have been

limited to offences carried out in the state of Minnesota and will not have data related to offences occurring in other states. Butler et al. used police reports of offences rather than actual reconviction data, which will have included incidents that may have been dropped at a later date, or incidents which the offender did not get prosecuted for, thus potentially skewing the results to be higher than might be accurate.

Quality of included studies

The quality of each of the studies is outlined in Table 2 below. The quality of a study depends on a number of factors: the appropriateness of the study's design to meet the objectives of the research, the quality of the intervention within the study, the generalizability of the study beyond its own sample, the acknowledgement of any potential biases in the study, the choice of statistical methods employed, and the quality of the reporting of the findings (Khan, ter Riet, Glanville, Sowden, & Kleijnen, 2001). A threshold of 60% quality was needed for a study to be included. Given the ethical difficulty of any potential included study being a randomised control trial, it was expected that most of the studies would be observational, rather than experimental and therefore, inherently more likely to be of a lower quality than would usually be found in a systematic review. This is based on the notion of the hierarchy of study designs which places randomised control studies as the 'gold standard' and observational as more susceptible to biases such as participant selection bias. The range of scores achieved in the quality assessment was from 64% - 78% in quality.

Table 2. Quality of included studies

Study	Type of study	Inclusion bias	Selection bias	Performance bias	Detection bias	Statistical analysis utilised	Quality score (%)
Butler et al. (2012)	Case control study	Offenders accepted must accept responsibility for their offending and must demonstrate some insight into the impact of their behaviour on the victim and the family.	Along with those who did not meet specified criteria, decision to not be accepted was also at the discretion of the Programme Director.	Those not accepted were subject to court proceedings and may have been subjected to prolonged periods in prison, reducing opportunity to reoffend	Use of police reports rather than actual reconviction methods, means cases that may have been dropped at a later date will have been included.	Cox proportional hazard ratios used to assess the time that passed before offenders were reported to have offended.	78%
Wilson et al. (2009)	Case control study	Sexual offenders considered at highest risk of reoffending	Control sample considered less risky than selected cohort	Offenders engaged in COSA were high profile and subject to close public scrutiny for released behaviour	Traditional method of detecting recidivism	Chi-square analysis used to compare rates of recidivism of both groups	78%

Study	Type of study	Inclusion bias	Selection bias	Performance bias	Detection bias	Statistical analysis utilised	Quality score (%)
Willis & Grace (2009)	Retrospective cohort Study	Sample drawn from males based at the Te Piriti Specialist Treatment Unit.	No details	Offenders had completed either 12 or 32 weeks sexual offender treatment programme	Traditional method of detecting recidivism	Multivariate analysis of variance used to compare reintegration planning scores for recidivists and non recidivists	77%
Wilson et al. (2007)	Case control study	Sexual offenders considered at highest risk of reoffending	Control sample considered less risky than selected cohort	Offenders engaged in COSA were high profile and subject to close public scrutiny for released behaviour	Traditional method of detecting recidivism	Chi-square analysis used to compare rates of recidivism of both groups	71%
Bates et al. (2013)	Case control study	Released sexual offenders who were deemed to meet criteria for inclusion in the local Circle of Support and	Control sample were only not selected due to non-availability of programme at time of their release.	No performance bias noted	Traditional method of detecting recidivism	Fischer's exact test used to compare rates of recidivism of both groups.	71%

Study	Type of study	Inclusion bias	Selection bias	Performance bias	Detection bias	Statistical analysis utilised	Quality score (%)
Lussier & Gress (2014)	Case control study	Accountability programme Released sexual offenders identified by the British Columbia Corrections Branch through their computerized data system.	Control sample were only not selected due to non-availability of programme at time of their release.	No performance bias noted	Traditional method of detecting recidivism	Cox proportional hazard ratios used to assess the time that passed before offenders committed either a technical violation or reoffended	71%
Duwe (2012)	Case control study	Participants were Level 2 offenders from one of the five pilot counties anywhere from 60 to 120 days prior to their release from prison. Offenders with a release date that was more than 4 months away	Control sample were only not selected due to non-availability of programme at time of their release	Level 2 offenders are considered to be of a moderate public risk. Level 3 offenders who pose the greatest risk to the public, were excluded from the study.	Use of the Minnesota Bureau of Criminal Apprehension as method of detecting recidivism only covers arrests, convictions or incarcerations that took place in the State of	Cox proportional hazard ratios used to assess the time that passed before offenders committed one of the five recidivism variables	68%

Study	Type of study	Inclusion bias	Selection bias	Performance bias	Detection bias	Statistical analysis utilised	Quality score (%)
		were excluded from potential participation		Similarly Level 1 offenders pose a low risk of reoffending and were also excluded.	Minnesota. It will miss recidivism data from other states.		
Berliner et al. (1995)	Case control study	Offenders meeting the eligibility for the SSOSA programme were included	Non –SSOSA group generally considered more dangerous than SSOSA group by judges	Imprisoned offenders engaged in sexual offender treatment. SSOSA group not necessarily required to engage in treatment.	Traditional method of detecting recidivism Utilised state patrol records to detect re-arrest also	Chi-square analysis to identify variables associated with offending used to match cases.	64%

Descriptive Data Synthesis

The eight selected studies all looked at the recidivism of sexual offenders and will be addressed now in relation to the aims of this review;

- *Do sexual offenders who engage with community support programmes / have strong social support structures reoffend as lower rates than sexual offenders who have not engaged with these same programmes or lack social support?*

When completing data synthesis, it has been suggested that calculating the effect sizes of included studies will improve the power of the review overall (Greenhalgh, 1997; Mulrow, 1994). However, this method was not carried out due to the low number of papers that have been accepted into the review and also because all of the papers are based on observational studies. Egger, Schneider and Smith (1998) have stated that the potential of providing misleading results can occur when a statistical method is applied to data from observational studies. Consequently, a descriptive approach is being utilised to identify the key features found in each of the papers.

Of the included studies, six of the studies (Lussier & Gress, 2014; Bates et al., 2013; Wilson, Cortoni, & McWhinnie, 2009; Willis & Grace, 2009; Wilson, Picheca, & Prinzo, 2007; Berliner et al., 1995) were able to demonstrate that engaging with community/social support reduced the likelihood of reoffending to a statistically significant level, Duwe (2012) noted a statistically significant difference in the rates of re-arrest for the two groups but not for the rate of reconviction or prison recall. Butler et al. (2012) was the only study to not show a statistically significant difference at all between their groups.

Lussier and Gress (2014) wished to assess the dynamic factors associated with a successful community re-entry, taking into account the type of community supervision offenders were subjected to. They looked at a pilot programme called CHROME (Coordinated High-Risk Offender Management team). The CHROME programme has a multi-agency approach to managing sexual offenders released into the community. Within this remit, it included traditional probation services along with areas such as additional support to facilitate community reintegration. This is achieved through the help of outreach workers meeting with the offender and offering both practical and emotional support. Thirty-nine released sexual offenders were added to the CHROME programme, compared to 130 released offenders who were placed into traditional probation services only. All participants were assessed using an early version of the Stable-2000 risk assessment tool (Hanson & Harris, 2001). The Stable-2000 contains six indicators: (i) negative social influences (i.e., refers to the number of negative influences subtracted from the number of positive influences in the social environment); (ii) difficulties in maintaining intimate relationships; (iii) sexual self-regulation; (iv) offense supportive attitudes; (v) failure to adhere to supervision; and (iv) general self-regulation deficits such as impulsivity, poor problem solving skills or an inability to regulate emotional states. Recidivism was measured in two ways in this study: breaches of conditions established by probation, referred to as technical violations, and general recidivism. Using Cox proportional hazards, Lussier and Gress found that when controlling for all six indicators of the Stable-2000 simultaneously, as well as the offenders' ages and legal status, only negative social influences emerged as a significant predictor of negative community reintegration outcomes ($HR = 2.02$; $p < .01$). Looking in more depth at the negative social influences indicator of the Stable-2000, and in

relation to technical violations, they found that those who breached the conditions of their supervisory order had statistically fewer positive influences ($HR = .40$; $p < 0.001$), more negative influences ($HR = 2.54$; $p < .001$), and more negative social influences than positive ones ($HR = .233$; $p < .001$). In terms of general recidivism, only more negative influences ($HR = 2.16$; $p < .05$) was statistically significant. Finally the interaction between these effects and the type of community supervision was explored. Individuals who had negative social influences and were supervised by regular probation staff, breached their conditions sooner than those involved with the CHROME programme. This was true for both technical violations ($HR = .69$; $p < .05$) and general recidivism ($HR = .63$; $p < .05$). Disappointingly for the present study the role of positive social influences had the same effect on community re-entry outcome irrespective of whether they had been part of the CHROME programme or not.

Wilson et al. (2009)'s study is a replication of the 2007 study below but using a nationally drawn sample rather than the local Canadian sample from which the pilot was drawn. The matching of samples was more robust in this study to attempt to account for confounding variables. The case group and control groups were matched for general criminality, how well they engaged in treatment while in prison and what treatments they had completed. Pairs were matched as best as possible to someone who was released around the same time and back into the same area. This General Statistical Information on Recidivism scale (GSIR; Nuffield, 1982) and then later the Statistical Information on Recidivism–Revised 1 (SIR-R1) (Nafekh & Motiuk, 2002) were used to match pairs on general criminality. Measures of risk were the same as the 2007 study; the Static – 99, the RRASOR and phallometric testing. Where possible a Psychopathy Checklist–Revised (PCL-R) (Hare, 2003) was also administered but due to

inconsistencies in the records of the offenders this was only possible on 18 of the CoSA group and 28 of the comparison group.

The results of this study were consistent with the CoSA pilot study. In terms of sexual recidivism the CoSA group reoffended at significantly lower rates than the matched control group (2.27% of CoSA group vs. 13.67% of control group) (χ^2= 3.89, p <.05). The same was true for the committal of violent offences (9.09% vs. 34.09%) (χ^2= 8.12, p <.01).

The Willis and Grace (2009) study retrospectively found that social support (or lack of) was a strong predictor of an offender's likely recidivism. Thirty recidivist child abusers and 30 non-recidivist child abusers were individually matched on static risk level and time since release. The offenders were drawn from a cohort who had completed treatment programmes at the specialist Te Piriti Unit, in New Zealand between 1994 and 2000. The offenders' risk was measured using the Automated Sexual Recidivism Scale (ASRS; Skelton, Riley, Wales, & Vess, 2006). The ASRS is based on the Static-99 but only utilises six of the ten items. It was found to have a comparable predictive validity to the Static-99 with rates of between.70 and.78 for male sexual offenders. Each of the offenders was retrospectively assessed using a protocol developed by Willis and Grace (2008) to assess release planning in offenders. The original protocol contained six items but only five items were used in this assessment; accommodation planning, social support planning, motivation, employment planning and idiosyncratic risk factors such as high risk situations and individualistic warning signs of relapse. The social support item from the 2008 study was further revised to differentiate offenders with only one person in their planned support network from those with larger support networks or

groups. The Department of Corrections Psychological Service held files on each participant and were used to garner the necessary information along with reports written by the unit staff to the Parole Board for each offender as they neared to release. These reports contained information pertaining to the offenders' post release plans and covered each of the five protocol items sufficiently to be rated.

Willis and Grace found that there was a significant difference between the non-recidivists and recidivists in terms of their social support upon release ($F=24.80$, $p <.01$). They also found that the social support item had the greatest significant effect size in relation to recidivism ($d = 1.31$). The item relating to employment was also found to be significantly different for non-recidivists and recidivists ($F=8.93$, $p <.01$) but its effect size was just below the cut-off for a large effect size ($d = 0.79$). This adds further evidence to the fact that post release employment is key to reducing the chances of reoffending.

Wilson et al. (2007) found that the Circles of Support and Accountability (CoSA) group reoffended at rates that were significantly lower than the group of sexual offenders who had not engaged in CoSA. This was in spite of the fact that those who are accepted onto the COSA group, are the sexual offenders that are high profile and considered to be at a higher risk of reoffending compared to most other sexual offenders. They found that along with a significant difference in recidivism in sexual offending (5% for CoSA group vs. 16.67% for non CoSA group) ($\chi^2 = 4.23$, $p <.05$), they also found a significant difference in the levels of recidivism in violent offending (15% for CoSA group vs. 35% for non CoSA group) ($\chi^2=6.40$, $p <.01$). They also reported that the CoSA group, when they did reoffend, the nature of their offences was less severe. They cite the

example of one member whose previous offence was violent rape, reoffended by making an obscene phone call. By comparison, the offences committed by the control group remained as severe as the initial offences. The two groups were matched for risk based on their scores on the Static-99 (Hanson & Thornton, 1999); however the CoSA group had higher scores on the Rapid Risk Assessment for Sexual Offence Recidivism (RRASOR) as they were considered to be the highest risk of reoffending. Offenders were also assessed using phallometric testing. It was expected that the fact that the control group were considered less likely to reoffend based on their RRASOR scores, that it would lead to a greater likelihood of type 2 error being found. However, it transpired that the comparison group reoffended at higher rates and more quickly after release from sentence.

The largest of the eight studies was the Berliner et al. (1995) study which compared the recidivism outcomes for 613 sexual offenders. All 613 of the offenders met the criteria for a Special Sex Offender Sentencing Alternative (SSOSA) which includes amongst other requirements; having no prior convictions of a felony sex offense, pleading guilty to the current crime(s), being currently employed. It is also a stipulation of the SSOSA that, should it be granted, there is a requirement of the offender's family to be included in the process to act as a social support (this is only where appropriate and does not include instances of familial sexual abuse). Three-hundred and thirteen of the offenders in this study were granted the SSOSA while the remaining 300 were sentenced to prison and undertook the relevant treatment in prison.

The study found that there was a significant difference in the levels of re-arrest between the SSOSA group and the non SSOSA group (17.3% vs. 36%; $\chi^2 = 27.690$, $p < .001$) and

a significant difference between levels of reconviction generally (35% vs. 77%; χ^2= 25.658, p <.001). It was however found that the levels of reconviction for sexual offences were nearly identical (5.1% vs. 5.3%). It is important to note that the offenders who received the SSOSA and those who did not were not matched. The decision to award the SSOSA was at the discretion of the presiding judge. The study reports that offenders who committed more serious crimes, have a history of previous offences and/or violence and used excessive force in their offences, tended to be given prison sentences instead of the SSOSA. Those who admitted fully to their offences, and whose offences were perceived to be less serious were more likely to be awarded the SSOSA. This study fails to distinguish the influence of the characteristics outlined in the prerequisites of the SSOSA and how much each of them influenced the chances of reoffending. It does look at offender variables such as age, race, history of substance abuse, but does not look at employment status or social support network as direct variables associated with recidivism.

The Bates et al. (2013) study looked at the success of the first 10-years of the Circles of Support and Accountability South East (CSE). This was a follow on from a 2007 qualitative study that followed up the 14 offenders who were involved in the Thames Valley Circles of Support and Accountability (TVCOSA) over a period of two years. The 2013 study was a larger sample of 71 offenders who had taken part in CSE who were matched with 71 offenders who were also accepted for the CSE programme. However for the matched sample, at the time of the study, they were unable to participate in the CSE programme due to an insufficient number of volunteers available to start up new groups. Both groups were followed up for over four years to assess chances of reoffending. Bates et al. found that there was a significant difference in the

rate of reconviction for sexual contact or violent offences between the sexual offenders involved with CSE and those who were not. None of the CSE group had been reconvicted at follow-up, whereas 10 (14.1%) of the control group had received at least one reconviction. Fisher's exact test found that this difference was statistically significant ($p < .01$) They did note that three of the offenders in the CSE group, had been reconvicted for non-contact sexual offences during the follow up period which was compared to the two reconvictions in the control group. Again Fisher's exact test found this difference to be significant ($p < .05$). Bates et al. noted that within the non-contact offences for which the members of the CSE group, there was a harm reduction effect was noticed, in that the new offense was presumably less invasive and harmful than his prior history of contact sexual offenses (p. 18).

Duwe (2012) is the fourth study in this review to use the Circles of Support and Accountability model to assess recidivism in a group of offenders. Duwe assessed the effectiveness of the programme in Minnesota, using a group of 31 randomly selected Level 2 (moderate-high risk) sexual offenders who were due to be released within 120 days of the start of the study. They were matched with 31 similar offenders. Both groups met the eligibility for inclusion into the Minnesota Circles of Support and Accountability programme, however like the Bates et al. study, due to finite resources and time limitations, there was only space for 31 offenders. The offenders were randomly assigned to either the programme or normal release procedures, making this study the closest to a random control trial (RCT) in this review. Following up both groups for a mean of 24 months, they found that the reconviction rate for Circles of Support and Accountability offenders (25%) was nearly half that of those in the control group (45%). Duwe also found that the rate of recall to prison for Circles of Support and

Accountability participants (10%) was roughly one third of that for the control group offenders (26%). Despite the lower figures for the Circles of Support and Accountability group, these differences were not statistically significant. A significant difference was however found in the rates of arrest, with 39% of the Circles of Support and Accountability group being rearrested for some offence during the follow up period, compared to 65% for the control group. One of the main limitations to this study however is its method of recording reoffending, with Duwe only using police records from Minnesota meaning that any offences occurring out of state would not be picked up. While this applies to both groups, it suggests that the percentages could theoretically be lower than recorded.

The final study in this review Butler et al. (2012) sought to investigate whether placement in a pre-trial, community-based diversion programme reduced recidivism in adult intra-familial child sexual offenders, called the Cedar Cottage Programme. This study is different to the rest as the case participants have not been convicted yet, instead they agree to engage in this programme in lieu of the judicial process. Individuals can be referred by the New South Wales police force or the Director for Public Prosecution. To be eligible, offenders had to meet specific criteria; "must be older than 18 years of age, have no prior conviction for a sexual offense, and plead guilty to all intra-familial sex offenses with which they have been charged and the intra-familial sex charges cannot involve overt use of force or violence or have occurred in the presence of third parties" (p.497). They also had to demonstrate some level of insight into their behaviour through making statements about what they did and how it impacted on their victims. This intervention works with the whole family and not just the offender. The main aims of the programme are to help child victims and their families resolve the emotional and

psychological trauma they have suffered, to help other members of the offender's family avoid blaming themselves for the offender's actions and to change the power balance within their family so the offender is less able to repeat the sexual assault and to stop child sexual assault offenders from repeating their offences. The Cedar Cottage Programme helps to repair the family dynamic that has been damaged by the actions of the familial offender. The programme lasts for two years, and involves intensive therapeutic and supportive interventions. Butler et al. looked at 88 individuals who had been through the programme and compared them to 120 offenders who were not accepted to the programme and went through the traditional judicial processes. Both groups were followed up for a substantial period, with those in the programme followed for a median of 151 months and the control group for a median of 113 groups. Butler et al. found that participants who were accepted into the program sexually reoffended at a lower rate (6.8%) than participants who did not receive treatment and who experienced the regular court procedures and sanctions (12.8%). They also found that those who had completed the programme and reoffended took longer to do so than those who went through the court process. Similarly to the Duwe study, while the results are promising in support of these programmes, they did not reach levels of statistical significance.

DISCUSSION

Main findings

This review examined eight studies to investigate whether social support, either through family/friends or through a planned community intervention, influenced the likelihood of an offender reoffending. Overall it appears that these studies have managed to

identify a positive influence of these social supports on rates of reoffending. Each of the

studies were able to identify some positive effect on the levels of recidivism when

compared to offenders who did not have the same level of social support. Six of the

studies were able to demonstrate a statistically significant difference between the case

group and control group in levels of recidivism, all in support of the case group having

lower levels at follow up. Three of the statistically significant studies had utilised the

Circles of Support and Accountability model in their research (Bates et al., 2013;

Wilson et al., 2009; Wilson et al., 2007).

Lussier and Gress (2014) found that those who breached probation conditions had fewer

positive social support influences, more negative social support influences, and on the

whole had a greater number of negative supports than positive ones. Looked at another

way, those who did not go on to breach their restrictions, had more positive influences,

less negative ones and overall a greater number of positive, than negative influences.

They also found that positive social influences had the same effect on community

reintegration, no matter whether the offenders were subject to standard probation

support, or the enhanced CHROME project.

Willis and Grace (2009) found through the development of a release planning protocol

that those who were released and did not go on to reoffend, had a better quality of social

support networks in place than those who were released and then reoffended.

Berliner et al. (1995) found that the rates for general reoffending and violent

reoffending were both lower in the group that received the community intervention than

those who were sentenced to traditional prison sentences. Those differences were

statistically significant. The same study however, failed to identify a difference in the

recidivism rates in sexual offences. This suggests that the community intervention was successful and the rates of sexual offence recidivism were already quite low (5% of the SSOSA group and the same for the traditionally sentences offenders).

A fourth study that used the Circles of Support and Accountability model, was able to show reduced reconviction and recall rates for the case groups when compared to the control group, but was unable to do so to a statistically significant level. That study (Duwe, 2012) was able to find a statistically significant difference in the rates of re-arrest between the two groups, however, with those who were involved with the Circles of Support programme being rearrested at lower rates than the control group in the study.

Although not statistically significant, Butler et al. (2012) found that intra-familial sexual offenders who were involved with a two year therapeutic support programme for the whole family involved in the incident, reoffended at lower rates than similar offenders who went through typical court proceedings. The rate of reoffending was nearly half of the control group, which shows there is good evidence to support the continued use of this programme with this group of offenders. The fact that the average follow up period was over 10 years also adds extra weight to the long term efficacy of the programme.

Strengths and weaknesses of review

This review was conducted using a systematic method which allowed for a detailed assessment of the available literature on the topic and ensured that only the best quality studies made it into the final review. The use of the inclusion/exclusion criteria meant that only the studies specifically relevant to the topic were chosen from the initial search

of over 11000 papers. The use of a standardised quality assessment based on the study design ensured that only papers that met the minimum quality threshold were included.

This review also included a data extraction component. As the data extraction form was pre-designed prior to commencement, it ensured that there was consistent information drawn out from each study making cross comparison between the studies much easier.

There are also a number of limitations associated with the methodology of this current review that will have impacted on how thorough it could potentially be considered. During the search strategy, only three electronic databases were utilised for the searches. Ideally a greater number and category of databases would have been searched. The databases that were searched focus on psychology and social science topics. In a future study it would be prudent to include databases related to the law as well which may include studies that were overlooked in the current review. Although one researcher within the field was contacted, the papers that were provided were all previously published material. All the studies shortlisted for further examination, and those that were finally selected were all published works with the exception of one university report. This would lead to the potential of a publication bias in the results. Publication bias refers to the fact there is a preference for the publication of studies which demonstrate significant results. Papers that found no significant information do not tend to make it past peer review and into relevant journals. It is also worth noting that the researcher who was contacted was aware of the aims of this review and may have only presented forward papers which would support his vested interest in this area as the researcher involved in establishing Circles of Support and Accountability- the

main group cited in this review. Unpublished theses were also excluded which has increased the chances of this review suffering from 'publication bias'.

As part of the inclusion/exclusion criteria for this review, the decision was made that papers not written in English would be excluded. This decision was taken on the basis of time constraints of not being able to track down translations in time for the completion date of this review. Even though a quality assessment was conducted to ensure only the best studies were included, ideally a second independent assessor would have also assessed a percentage of the articles to ensure a level of inter-rater reliability in the selected process of the papers.

Strengths and limitations of the reviewed literature

Although the findings of the review lend support to the idea that social support will aid in the reduction of reoffending, there are limitations to this interpretation that go beyond the methodological issues outlined above. The systematic process, when narrowing down the papers based on the predefined inclusion/exclusion criteria only shortlisted eight papers that were able to be considered for the review. All of these papers made it through the quality assessment. However this serves to demonstrate a lack of research in the area of social support and recidivism reduction. Of the eight papers found, four of them were related to the Circles of Support and Accountability project. This project has the explicit aim of reducing recidivism through social support and as such is perhaps more likely to only publish the studies which support their position. These four papers all had the same methodology and outcome variables and only varied by the choice of sample within each paper. Given that the Circles of Support and Accountability project

is set out in a specific way, the sense of homogeny would lend itself to similar outcome findings.

One area that is limiting in much of this research is the lack of randomised control trials to best account for the variables within the study. As noted, it would be ethically unsound to deliberately withhold an intervention to an offender which may result in them committing further offences, however a method known as 'incidental assignment' is the closest possible match in these situations (Hanson et al., 2002). Incidental assignment is the process by there are no expected differences pre-treatment between two groups. Treatment is offered on the basis that there are insufficient resources (financial/ material etc) to offer the treatment to all of the sample. By this means, the groups are divided by the treatment 'haves' and the 'have-nots'. A strength in the included literature of this review is that this was how participants were assigned in the most recent two studies in this literature review; Lussier and Gress (2014) and Bates et al. (2013). This appears to be a fairer way of determining treatment access and limits potential selection bias from the study, if all participants are considered reasonably homogenous prior to splitting.

A key criticism of many of the other studies within this review is there is a large degree of selection bias which could certainly limit the legitimacy of their findings. The control group in the Berliner et al. (1995) study were considered to be more dangerous, and were initially found to not meet the eligibility requirements of the SSOSA programme. This was also the case for those in the Butler et al. (2012) study, where in order for inclusion in the Diversion Programme, offenders must already demonstrate insight, and accept responsibility for their offending. While taking responsibility for an offence is

not an indication of increased risk of reoffending (Daffern, Jones & Shine, 2010), a lack of insight is recognised as an ongoing risk factor for recidivism and is still included in SJP risk assessment tools such as the HCR-20 and the VRS. In both of the Wilson et al. studies, the authors admitted that those selected for inclusion to the CoSA programme were considered to be higher profile and at a greater risk for reoffending than the control sample. While this could potentially add further support for the efficacy of the programme, it is also likely that those higher profile, higher risk offenders would also have been under greater scrutiny and supervision and this may have been a confounding variable in the reduced recidivism rates noted amongst the CoSA group.

The inclusion/exclusion criteria of this review allowed for the inclusion of adult and adolescent female sexual offenders but no studies were found that included these groups. Consequently, the findings of this review can only be applied to the recidivism of male sexual offenders.

There is significant scope for improvement in the area of social support and offender recidivism. It appears that studies have begun to employ the incidental assignment method to bring the research as close as possible to randomised control trials. These studies need to be implemented with as wide an array of sexual offenders as possible, rather than those that are convenient or meet specific criteria. Sexual offenders are a heterogeneous group, encompassing opportunity predatory rapists of adult women, to methodical paedophiles who spend many months grooming their young victims before sexually abusing them. Along with the nature of their offence, the means by which they became offenders is as varied as their offences. A sexual offender may have been sexually abused as a child and in turn sexually abuses to make sense of their own abuse;

a paedophile may be living in a state of arrested development and his attraction to children has not changed since he was a child; a rapist may offend because of entitlement beliefs or equally because he lacks the social skills to develop appropriate relationships. For each of these typologies, research needs to see what effect increased access to social support, either organised, such as the Circles of Support and Accountability programme, or informal positive support from friends and family, has on reoffending rates amongst these offenders. As with much research on sexual offending, this needs to be further expanded into the areas of child/adolescent sexual offenders and female sexual offenders. Research has already shown that males and females seek social support differently across a range of situations (Antonucci & Akiyama 1987; Flaherty & Richman, 1989; Shumaker & Hill, 1991) and it is likely that this would also be true upon release following a conviction for a sexual offence.

Practical Implications

As limited in number as the papers are, and methodologically flawed as they may be, there does appear to be a benefit in having a good social support in place upon release from prison, to help reduce the likelihood of reoffending. Six of the studies were able to demonstrate clear statistically significant differences in the role that social support can play in recidivism with those with the greater input of social support having greater recidivism out comes. Duwe (2012) found a statistically significant difference in the rate of rearrest within his MnCOSA group but not so for the actual rates of reconviction. One of the papers (Butler et al., 2012) found no statistically significant difference in the rates of recidivism for sexual offences, between those who were accepted into the Diversion Programme and those who were not. However looking at the figures within the research, 6.8% of those included in the programme went on to reoffend, while that

rate was 12.8% for those not in the programme. Statistically significant or not, it is a reduced level in favour of the increased support. None of the papers found that social support increased the chances of reoffending occurring. Anything that can potentially reduce reoffending should be encouraged and explored to its fullest. Offenders who are released on licence will have conditions placed on them about where they live, any treatment they must undertake etc. There is good cause to suggest that a released offender should engage with a community based social support programme if he is unable to demonstrate that he has appropriate support from his own family and friends. Between 2002 and 2005 the Stop It Now! helpline in the UK received a total of 3496 calls in relation to concerns about possible sexual abuse. Of those calls made, 47% were calls made by individuals who had concerns about their own behaviours and interests in children (Thames Valley Circles of Support and Accountability, 2005). This would suggest that there is a demand for some form of support for either ex-offenders or potential future offenders when they have concerns about their own behaviour. By having this support written into the conditions of a release licence, it could help those in need, seek support rather than committing any offences.

Conclusions and Recommendations

This review provides some evidence that a relationship between social support and recidivism exists. The review was hampered by the use of observational studies, and the general lack of studies in this area. It is important that more research is conducted in this field, from a range of regions to allow the results to not be hindered by the possibility that there are geographic variables accounting for the successes.

Further research distinguishing between proximal social support such as friends and family, and the community based support programmes, and how both impact independently on an offenders' chances of reoffending should be considered.

These studies were all focused on "normal" male sexual offenders. Research looking at social support and its impact on female, adolescent, mentally disordered and learning disabled offenders should also be considered to identify whether these initial results can be generalised to those other offending populations.

With the prevalence of the Circles of Support and Accountability programme within this systematic review, this thesis aims to further explore some of the elements of the programme that have contributed to its success in the next chapter. Specifically the thesis will focus on the role that the volunteers within programme. This will be assessed from their perspective, rather than objectively. Chapter three will explore the experiences of the volunteers from joining the programme; to working with their Core Members; their feelings of acting as an ambassador for the programme and lastly, how they perceive their own levels of support, to help them cope with the demands of the role.

CHAPTER THREE

CIRCLES OF SUPPORT AND ACCOUNTABILITY:

VOLUNTEER ENGAGEMENT AND PERCEIVED SOCIAL SUPPORT

ABSTRACT

Successful reintegration of sexual offenders back into the community is an important task within criminal justice. One approach that has been developed to increase the likelihood of sexual offenders making a successful transition back into the community is through The Circles of Support and Accountability (CoSA). The present study aimed to assess the experiences of being a CoSA volunteer, and to also assess whether CoSA volunteers, being in a position of offering support to others, perceived themselves to have high levels of social support. Twenty-two CoSA volunteers completed an online interview schedule looking at their motivations for joining CoSA, their experiences of being trained, working effectively with their Core Member, and how they view themselves as ambassadors for the programme, in terms of recruiting other potential volunteers as well as challenging misconceptions about sexual offenders when they experience them. The CoSA volunteers' responses to the interview schedule were analysed using summative content analysis. Fourteen of the volunteers also completed the Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet, Dahlem, Zimet & Farley, 1988), looking at perceived support from friends, family and significant others. The CoSA volunteers' MSPSS scores were compared using t-test statistical analysis to results from other studies where perceived social support was measured. The experiences of the volunteers were broadly consistent with those of volunteers from similar studies with CoSA volunteers from Canada. Volunteers tend to be recruited from religious faith groups or individuals with a professional interest in working with offenders who are looking for practical experience. Experience of working with the Core Member was split nearly evenly between positive and negative experiences. There is also a reluctance amongst the volunteers to encourage others to volunteer with the programme. Finally, how the programme is explained to the public,

determines how positively or negatively they view the work it does. In terms of perceived social support, the CoSA volunteers did not perceive their level of social support to be statistically different to samples from 6 other studies. These results have been looked at within the context of the strengths and limitations of the study, the practical implications of the results and adjustments for future replication of this study.

INTRODUCTION

Sexual offences make up just over 1.4% of recorded crime that has been committed in England and Wales in the 12 months to the end of December 2012 (Office for National Statistics, 2013). This seems to have broadly remained a stable proportion over at least the last 10 years with Povey, Ellis and Nicholas (2003) reporting similar findings based on the 2002 British Crime Survey. Despite making up such a marginal amount of the offences in the UK, sexual offenders are amongst the most feared and reviled category of offenders by members of the general public. This fear is based out of the belief that these offenders, once released are highly likely to reoffend. Levenson, Brannon, Fortney and Baker (2007) found that members of the public believed that 75% of all sexual offenders reoffended. However, this public perception is not supported by the empirical research with the number of released offenders who go on to reoffend being lower than the publicly expected figures. For example, Hanson and Bussière (1998) found that the sexual offense recidivism rate was 13.4% based on a meta-analysis of 28,972 released offenders.

Public Perception of Sexual Offenders

The term sexual offender is one which instils a large amount of distress and concern within the public. Often the mere mention of sexual offenders will stir debate, with many voicing opinions 'that sexual offenders will almost always repeat their predatory acts in the future and that all treatments for perpetrators are ineffective' (Arkowitz & Lilienfeld, 2008). These sorts of statements suggest that many view sexual offenders as a homogenous group who will continue to forever pose a risk of reoffending and as such continued containment in prison is the only solution (O' Connell, 1999). Matravers and

Hughes (2003) suggested that the public's focus on high profile crimes presents a distorted view of offenders and results in a belief that longer and more harsh punishments be administered - "as long as effective sentencing remains harnessed to the prevention of exceptionally horrific, high profile but essentially unpredictable offences, each new case will be taken as proof of the failure of the system" (p. 54). This distorted view of sexual offenders is reflected in the approaches taken by both professional media as well as social media. The professional media, in particular the tabloid press, will often report the behaviours of sexual offenders in sensationalist detail, thus mirroring and reinforcing the opinions of the public.

This opinion is at odds with professionals who work with sexual offenders, who believe that treatment whilst serving a sentence, followed by gradual resettlement into the community through access to training and resettlement prisons is the best practice for sexual offender rehabilitation (HM Chief Inspector of Prisons for England and Wales, 2014).

This, of course, is not the only reason why lay people have a more severe view of sexual offenders. Gidycz, Orchowski, King and Rich (2008) suggest that people's vilification of sexual offenders comes from their belief that being the victim of a sexual offence will have longer lasting, deeper psychological effects, than being the victim of a non-violent offence such as robbery or fraud.

The best practice view that professionals have towards a sexual offenders' gradual release into the community, following completion of appropriate treatment, appears to differ significantly from the opinions espoused by the general public. Chapman, Mirless–Black and Brown (2002) found that one of the primary reasons that

professionals involved with working with sexual offenders and the general public differ in their views of the best course of treatment for sexual offenders is due to having an increased knowledge about sexual offenders and sexual offender treatment. They found that this increased professional knowledge led to more favourable views towards the offender's treatment, and a less punitive stance overall. However, there also appears to be a clear gender disparity that is common to both professionals and the general public. Ferguson and Ireland (2006) found females displayed more positive attitudes toward sexual offenders than males. They also found that the attitudes displayed by the females did not differ significantly depending on the nature of the sexual offence (stranger rapist, acquaintance rapist, indecent assault child offender, incest offender). Males, on the other hand, showed significantly different levels of positive attitudes, depending on the offence. They were found to view stranger rapists significantly more favourable than either the indecent child offender or the acquaintance rapist. This gender difference was attributed to the fact that women tend to display more empathic traits and give the offenders the benefit of the doubt that they can lead a reoffending free life. This finding has been reversed in a number of other studies however, with Davies and Rogers (2009) finding that males perceive the effects of child sexual abuse as less severe than females. In terms of the opinions of professionals who have regular contact with offenders Craig (2005) also found males to hold less negative attitudes than female professionals who work with sexual offenders.

Social Support and Offender Risks

There has been an abundance of research conducted to help identify the factors that increase the likelihood of a sexual offender reoffending following release. As previously noted, Hanson and Bussière's (1998) meta-analysis of 61 studies, identified

the factors most closely associated with sexual offending recidivism, non-sexual violent recidivism and general recidivism. For both the non-sexual violent recidivism and general recidivism similar factors were found to be most highly related to the chance of reoffending; younger age, unmarried, of an ethnic minority, prior criminal involvement, and the presence of a personality disorder. Deviant sexual interests were the greatest predictor of sexual offence recidivism, with failure to complete treatment also having a moderate effect size. Similar to the non-sexual violent recidivism and general recidivism, being of younger age, unmarried, prior criminal involvement, and the presence of a personality disorder all increased recidivism risk.

Many of these factors can be found utilised in modern risk assessments such as the HCR-20 (Webster, Douglas, Eaves & Hart, 1997), and the VRS:SO (Olver, Wong, Nicholaichuk, & Gordon, 2007). In relation to the risk factor of social support which was most closely represented by being either married or not in the Hanson et al (1998) study, in the HCR-20 this is represented by the 'Relationship Instability' and 'Lack of Personal Support' risk items, and in the VRS:SO by the items 'Intimacy Deficits' and 'Community Support'. In both risk assessments, the former factors relate to intimate, romantic relationships, and the offenders' ability to maintain them long term, while the latter factors tend to focus on the offenders' ability to have access to resources like appropriate housing, employment and appropriate post-release treatment programmes. In the HCR-20 manual it even encourages the rater to "look beyond good intentions of friends and relatives" to assess what practical services are available to the offender. There is very little scope in these risk assessments, to look at the role of social support as a potential protective factor in reducing future risk, which contravenes much of the current research literature. Grubin (1994) compared a group of offenders who killed

their victim during the commission of a sexual assault with a group of offenders convicted of rape and found that there was a significant difference in the level of life long social isolation and lack of male heterosexual friendships found in the sexual murder group.

Social support has also been found to be beneficial in maintaining the mental wellbeing of offenders. Johnson et al. (2011) found that increased support from families and a general satisfaction in perceived social support predicted lower rates of depression in both male and female young offenders. Biggam and Power (1997) investigated the role of social support in coping with being in prison and how it related to offenders' feelings of anxiety, depression, and hopelessness whilst incarcerated. They found that across nine key relationships, offenders that reported higher feelings of anxiety, depression, and hopelessness, wished that they had greater levels of practical and emotional support, and found themselves to have a higher rate of variance between their actual levels of support and what they felt they would ideally require.

The stresses associated with experiencing depression, anxiety, hopelessness along with the possibility of lacking social support increase the chances of reoffending occurring. Broidy and Agnew (1997) looked at Strain theory (Merton, 1938) to explain criminal behaviour and suggested that individual criminal behaviours occur as a result of negative treatment from others, which often results in an array of negative emotions, such as anger. In this model isolation can be seen as a deliberate social exclusion by others, which forms the basis of the negative treatment. This in turn can lead to anger, which they believe is the component most linked to criminal behaviour. They proposed that external stressors decrease standard pro-social coping strategies and enforce

maladaptive styles due to the negative affect which is created. This idea is supported by Thoits (1986) who argued that social support has the ability to modify stress by acting as some kind of buffer. She stated that when faced with major events, individuals are faced with two stressors; the situation itself may be stressful, but also how the individual responds to that situation can in itself be a stressor (i.e., becoming angry, anxious, or fearful). Thoits suggests that those offering social support "can suggest techniques for stress-management or can participate directly in those efforts, thereby facilitating and strengthening a person's own coping attempts. These actions can alter threatening aspects of the situation, threatening emotional reactions to the situation, or both. Support works by changing or eliminating the primary sources of stress to the individual" (p.419).

There appears to be a shift towards a recognition of the benefits of social support in decreasing the risks presented by offenders. The HCR-20, Version 3 (Douglas, Hart, Webster, & Belfrage, 2013), which is beginning to be utilised in forensic populations, and has started to replace the widely used second version, now has a greater focus on protective factors with the "Lack of Personal Support" item from the second version being replaced by "Personal Support" in this new edition, which includes the importance of social support within its item description. Similarly, risk assessments have been developed with an explicit focus on protective factors to be used in conjunction with traditional structured risk assessments. The Structured Assessment of Protective Factors for violence risk (SAPROF; de Vogel, de Ruiter, Bouman & de Vries, 2012) contains 17 protective factors organised into three scales; internal factors, external factors and motivational factors. After coding the 17 items, the assessor is asked to identify which items are considered to be the most salient protective factors

under two specific domains: Key-items are those that the assessor has considered to be the greatest protective factor against further offending, and Goal-items are those which should be considered as treatment targets that could be improved upon.

While it is significant that current literature and risk assessment measures are identifying the benefits that social support can play in the reduction of reoffending for an offender, in some instances, this may not always be possible for a released offender to rely on any of the usual social support structures. It could be that prior to committing their offence they did not have any supportive family or peers, and so upon release this pattern continues, or perhaps, due to their offending behaviours, their prior support networks are now no longer willing to offer that same support. In the case of many released sexual offenders, the latter is true with many struggling to develop support within the community due to how sexual offences are negatively viewed on the whole by the public.

Circles of Support and Accountability

Circles of Support and Accountability (CoSA) aims to challenge some of the difficulties that released sexual offenders face in terms of community reintegration and social acceptance. CoSA has at its core an ethos based around restorative justice principles (Hanvey, Philpot & Wilson, 2011). Restorative justice has an implicit belief that mutual responsibility and healthy progressive relationships are key to progress for the offender.

CoSA has its origins in the Community Reintegration Project (Mennonite Central Committee, 1996) established by the Mennonite Community in Canada. They are a faith based group that have had previous experience with in-reach work into Canadian correctional facilities. They became involved with working with high-risk offenders

after their release. Because of their high-risk status, these offenders served the full length of their sentences, which had the result that when they left prison, they were released without any form of support or supervision or any restrictions placed on them. According to Hanvey et al. (2011), the release of the first sexual offender that would become affiliated with the programme, caused "a moral panic flared with protests and public demonstrations" (p.19). The Mennonite Community invited the protestors into the church to discuss their concerns and aimed to find a resolution that suited all parties. This dialogue helped dampen the hostility of the protestors, through the agreement that the Mennonite Community would hold that offender accountable for his actions and help monitor his behaviour within the wider community. These principles were brought to the United Kingdom by the Quakers who share a similar philosophical standpoint as the Mennonite Community in the late 1990's.

A 'Circle of Support and Accountability', shortened to Circles or CoSA, is formed around the sexual offender – called the 'Core Member' – by volunteers from the local community. These volunteers aim to address the safety concerns of the community whilst helping the Core Member to lead a fulfilling and offence-free life. Circles work with Police, Probation, local Multi Agency Public Protection Panels and other professionals including social workers working in the field of child protection.

Each Circle consists of four to six volunteers and a Core Member. It aims to provide a supportive social network that also requires the Core Member to take responsibility (be 'accountable') for his/her ongoing risk management. The Circle meets weekly and volunteers also spend individual time with the Core Member, either face to face or by phone. The Circle provides support and practical guidance in such areas as developing

social skills as well as practical skills such as accessing benefits. It also helps the Core Member find hobbies and interests. Its duration is initially for 12 months, but may extend beyond this for as long as the Core Member and volunteers consider it useful. Active involvement of Circles should diminish over time as the Core Member develops other appropriate and safe support networks.

There has been some research both in Canada and in the United Kingdom to demonstrate the effectiveness that CoSA has played in reducing reoffending. Wilson, Picheca and Prinzo (2005) conducted a paired samples design of two groups of 45 male sexual offenders; one group having been involved with CoSA for a period of three and a half years whilst the other had not. They found that the rate of reoffending within the CoSA group was 70% lower than the control group. They also found that those from the CoSA group who did go on to reoffend, committed less serious offences than what they had been previously convicted for.

Again in 2009, Wilson, Cortoni and McWhinnie, replicated the 2005 study but used a nationally drawn sample rather than the local Canadian sample from which the pilot was drawn. The results of this study were consistent with the 2005 study. In terms of sexual recidivism the CoSA group reoffended at significantly lower rates than the matched control group (2.27% of CoSA group vs. 13.67% of control group). The same was true for the committal of violent offences (9.09% vs. 34.09%).

While in the UK, Bates, Macrae, Webb and Williams (2012) looked at recidivism data for 60 offenders from the Hampshire and Thames Valley Circles with an average follow up period of 36.2 months. They found that of the 60 Core Members reviewed, there was only one reconviction for a sexual offence. They also noted that like the Canadian

studies, the one reconviction was for a less severe sexual offence than the offender had been initially convicted of (downloading images of child abuse as opposed to sustained contact offences against three children).

As well as having the effect of reducing reoffending rates, CoSA has also been found to make financial sense when compared to alternative outcomes. Elliott and Beech (2012) conducted a cost - benefit analysis comparing the average cost of running a circle with the estimated cost of an offender reoffending. Based on the literature around reoffending rates from CoSA Core Members, they estimated that attending a CoSA programme, has approximately a 50% reduction in the typical reoffending rate found in offenders who are simply released without engagement in a similar programme. Using a hypothetical sample of 100 released sexual offenders, 50 of whom entered the CoSA programme and 50 who were released under normal supervision, they found a cost - benefit ratio of 1.04, showing that entering released offenders into a CoSA programme was marginally financially better, with savings of £23,494 in this hypothetical scenario.

Aims of this study

The aim of the research is to investigate the experiences of the volunteers associated with Circles of Support and Accountability (CoSA) and to investigate whether the volunteers feel that they act as ambassadors for the programme.

The success of CoSA is dependent on the commitment of community volunteers (Wilson, McWhinnie, Picheca, Prinzo, & Cortoni, 2007), thus it is important to develop an understanding of their motivations and experiences of involvement with CoSA. They form the inner most component of the CoSA model; the people who work closest with the Core Member, as seen in Figure 2 below.
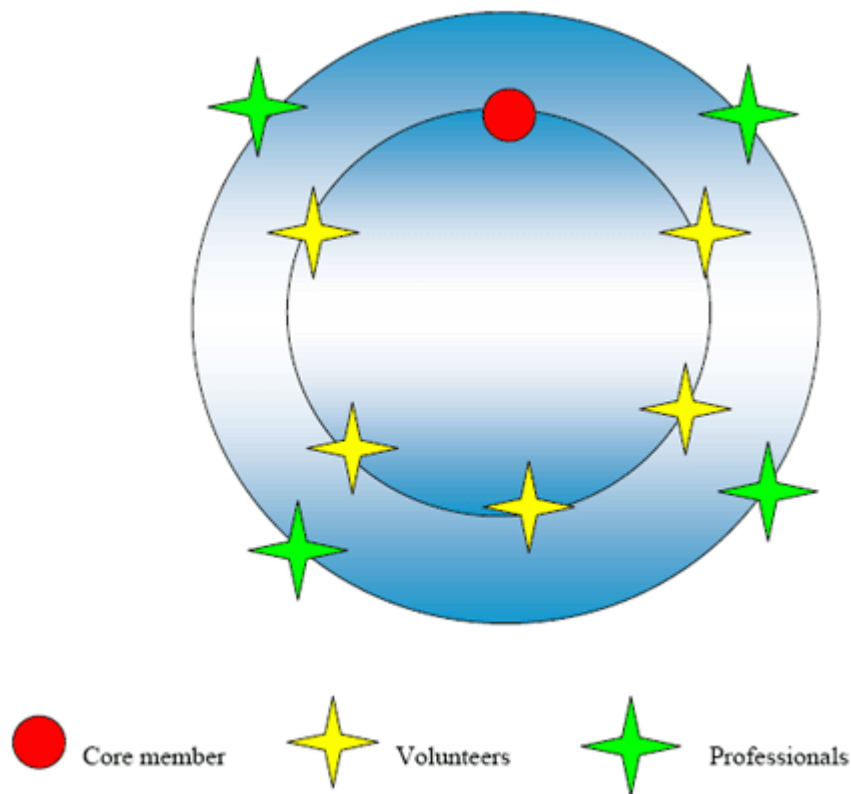
Figure 2: *Circles of Support and Accountability model*

Those who have volunteered have reported a number of positive outcomes from the experience such as an increased sense of community, the development of an emotional bond with others and friendship, along with increased self-worth (Wilson, Picheca, & Prinzo, 2007). The volunteers also felt the wider community derived benefit in that the work of CoSA made the community safer (Wilson et al., 2007). Another benefit noted by the volunteers is that through training, they became more knowledgeable members of their community (Wilson et al., 2007). These volunteer reports all come from studies derived from samples of Canadian volunteers. It is important to see whether the experiences of UK CoSA volunteers are similar. If they are not similar, what are the differences and are these differences a reflection of a success or a failure on the part of

the UK CoSA system. A recent report by McCartan et al. (2014) noted that in 2012 there were approximately 600 volunteers actively engaged in Circles throughout England and Wales, but concluded that there was limited evidence about the profile and motivations of volunteers. This study will aim to improve this area of enquiry.

It has been said that those who work therapeutically with sexual offenders must be engaged in regular supervision to help with issues such as professional boundaries, countertransference issues, including vicarious traumatisation and potential burn out (Grady & Strom-Gottfried, 2011). Research has also shown that those who work with sexual offenders who are involved in professional support, which includes clinical supervision, experience a reduction in their measured levels of distress (Ennis & Horne, 2003). Whereas professionals such as psychologists who work with challenging clients such as sexual offenders, will be afforded monthly clinical supervision to help them maintain effective working practices, this will not always be the case with CoSA volunteers. In most instances, it is likely that volunteers will only have the support of their friends, family and spouses / significant others to rely on when perhaps experiencing challenges in working with their Core Member. Therefore, in order to be able to provide support for, and maintain positive engagement with their Core Member, despite widely held negative views about sexual offenders, and given the potentially stressful role of being a volunteer, it is important to assess the level of support that the volunteers believe themselves to have. It would be hoped that volunteers would have a reasonably high level of social support in their personal lives.

This study aims to follow on from the work with the Canadian volunteers and assess the benefits of CoSA with a UK sample. Specifically two research questions will be asked:

1)   What are the characteristics, experiences, and aspirations of individuals who act as volunteers for CoSA in the UK? This includes their motivations to become volunteers; their experiences of being trained as a volunteer; their working relationship with their Core Member including how they dealt with any difficulties that may have arisen. Also what has been their experience of being an ambassador for the programme? This includes areas such as promoting the work of CoSA. Also given that research shows that associated professionals / personally invested volunteers have a more positive view of sexual offenders than members of the public, what are their experiences of challenging the negatively held beliefs about sexual offenders when confronted by them from members of the public

Based on the information provided by the CoSA volunteers, what appears to be the primary strengths and limitations faced by the CoSA programme that can influence its efficacy at reducing sexual offender recidivism?

2)   Do CoSA volunteers perceive themselves to have higher than average levels of social support as measured by the Multidimensional Scale of Perceived Social Support (MSPSS)?

METHOD

Interview Schedule Design

The aim of this study was to gain an understanding of the experience of being a volunteer for the Circles of Support and Accountability programme. This was to be achieved through a series of interviews with volunteers who work for the programme in the West Midlands of England, which is ran by the Lucy Faithfull Foundation. The Lucy Faithfull Foundation is a child protection charity dedicated to reducing the risk of

children being sexually abused. Along with running the CoSA groups in the West Midlands, the Lucy Faithfull Foundation, has established the 'Stop It Now!' child sexual abuse prevention campaign, aimed at increasing public awareness of how to prevent abuse.

Due to the geographic distance between the location of the researcher and the volunteers, along with Lucy Faithfull Foundation's desire to keep the personal information about their volunteers private, it was suggested that the volunteers complete an online series of questions which should give an overview of their experience. During the initial development of this research question, three areas of experience were highlighted; the volunteers' background including how they came to become volunteers for the programme, their experience of working with a core member including successes and difficulties and finally the volunteers' experience of explaining to friends, family and the public what they do as a volunteer and how positively or negatively this is received.

To help generate appropriate questions, the researcher spoke with two colleagues who were both former volunteers and asked them for an overview of their experiences of being recruited to the programme, the training they underwent, their experiences of working with a core member and how they felt as an ambassador for the programme to their friends and family. From these conversations fourteen questions were generated covering the three highlighted areas. Each individual question was made up of a number of smaller sub-questions. This was done to maximise information generation and encourage more detailed responses from the volunteers. The generated questions were then sent to the Lucy Faithfull Foundation, who also approved their content. The

questions were then presented to the researcher's colleagues who agreed that they covered all the necessary areas and did not feel there were any areas that were not included, and as former volunteers felt that the questions gave the opportunity to get a holistic view of the experiences of the current CoSA volunteers. The responses generated would be analysed by summative content analysis to allow for the greatest flexibility due to the unknown quality and quantity of the data received from the volunteers. It also allows for the interpretation of the data without it being guided by an underlying assumption of the researcher as to how the volunteers may respond.

In addition to these questions basic demographic questions were included at the start to gain an idea of the types of people who volunteer with CoSA. Amongst the demographic questions, the volunteers were asked whether CoSA was their only contact with offenders, or whether they came into contact with offenders also through their job or other volunteering opportunities.

It was decided that the interview schedule was to be analysed using summative content analysis. Although other qualitative methods such as Interpretative Phenomenological Analysis may have been more beneficial to understanding the experience of specific volunteers in greater detail, the aim of this study was to obtain a more holistic experience of being a volunteer in general. During discussions with the supervisors, it was agreed that a cohort of between 15 and 20 volunteers would be appropriate provided there was sufficient detail in their responses. Guest, Bunce and Johnson (2006) suggested that in a qualitative research study, data saturation could be achieved with a sample of twelve interviews. After this point the principle of diminishing returns occurs. When conducting analysis of 60 interview transcripts, they found that 34 of 36 (94%) of

their high-frequency codes were identified within the first 12 interview transcripts. Guest et al. stated that the number of necessary interviews could vary slightly depending on the homogeneity of the group and the breadth of the information being sought. Due to this study being conducted online, with no opportunity for the researcher to expand and further explore the answers given, the increase number of participants beyond Guest et al.'s stated twelve appeared appropriate to obtain data saturation of the most salient points. (See Appendix 5 for the list of full questions and a sample of responses from one of the volunteers. Consent was given by retrospectively by the volunteer to have their responses included in the study).

Participants

Thirty one West Midlands based volunteers of the CoSA programme were contacted via email by the Lucy Faithfull Foundation to see if they would be willing to complete the online questionnaires. This was made up of both past and present CoSA volunteers. Of the initial cohort, 24 volunteers completed the questionnaire, however four of the volunteers were ruled out for insufficient information provided. Those four volunteers only completed the basic demographic information and did not answer any of the questions looking at their experiences of being volunteers. In a bid to gain further information twelve volunteers were contacted from the Jigsaw Circles for deportees based in London, again asked to complete the online interview schedule. Each of these volunteers was already working in a current circle. Only two further volunteers replied and completed the questionnaire, making a total participant sample of 22.

Of the 22 completed volunteers, the following demographic information was found. There was an even spread of age ranges across the volunteers; three (14%) of them were

aged 18 – 24 years old, four (18 %) were 25-30 years old, six (27%) were 31 – 50 years old, five (23%) were 51 – 65 years old and four (18%) were aged 66 or more. In terms of the gender of the volunteers, it was heavily weighted towards females, with 16 (73%) of them being female.

There was an even split in the experience of the volunteers working with CoSA. Eleven (50%) of the volunteers had completed the necessary training but were waiting to be assigned to their first Circle, while the remainder had taken part in at least one full Circle. Six (27%) of the volunteers had taken part one Circle, three (13%) had taken part in two full Circles and two (9%) had taken part in more than two Circles.

When looking at whether the volunteers had regular contact with offenders outside of CoSA, a small majority of eleven (52%) said that they did through areas such as their place of work or other volunteer schemes, with ten (48%) stating that CoSA was their only offender contact. One volunteer abstained from answering this question.

During a follow up email, the volunteers were asked to complete a questionnaire looking at their perceptions of their own social support. Of the original 22 volunteers who completed the full interview schedule, 14 agreed to complete the follow up social support questionnaire.

Other Materials

Alongside the interview schedule, the volunteers were asked to complete the Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet, Dahlem, Zimet, & Farley, 1988). The MSPSS is a 12-item self-report measure that looks at three areas of social support; Family, Friends and Significant Others as well as a total MSPSS score which is the summation of all three subscales. Unlike some measures that objectively

measure social support such as the number of friends you could call upon in a crisis, voluntary group membership, or frequency of attendance at social gatherings, the MSPSS measures the individual's subjective experience of social support. The MSPSS has been demonstrated to produce consistent results with good test – retest reliability, as well as being developed with questions that appear to have all been closely related to each other and the subject of social support. The MSPSS's three domain structure has been repeatedly demonstrated to be accurate and account for a large majority of the variance in participant responses and the scale has been found to operate independently from issues of social desirability and impression management; something that has been regularly noted as being a problem in self report measures (Paulhus & Reid, 1991). A full critique of the MSPSS can be found in Chapter 4.

Due to the small number of questions included, the MSPSS can be quickly administered, is easily understood, with very simple instructions, making it ideally administered if being included as part of a psychometric battery, or if a large number of participants need to be tested in a short period of time. Using a 7 – point Likert scale, participants answer how strongly they agree or disagree with each of the statements looking at their perceived levels of support. All 12 items are written in the positive, so the greater the level of agreement, the higher the respondent's perceived social support is. Results range from "1 if you Very Strongly Disagree" to "7 if you Very Strongly Agree", with 4 being a neutral midpoint score. For each of the three subscales, scores can range from 4 to 28, while for the full MSPSS, scores can range from minimum 12 to a maximum of 84. (See Appendix 6 for a copy of the MSPSS).

Ethical Considerations

This research study was given full ethical approved by the University of Birmingham's Ethics Committee on 19th November 2013 (ref: ERN_12-1255A). Along with the questionnaires, the volunteers were given an information sheet explaining the purpose of the study, their right to withdraw at any time, and details of organisations they could contact should they find the content of the questionnaire to be particularly distressing to them. The volunteers were also given the contact details of the lead researcher, should they have any further questions that they felt were not addressed in the information sheet. The start of the questionnaire also included an electronic consent form, outlining their permission to take part in the study. They were informed that from that point forward, any information gathered would remain both confidential and anonymous, with there being no way, any specific answers could be directly attributed to any one individual. No form of payment was made, adhering to British Psychological Society ethical guidelines 3.7 of the "Ethical Principles for Conducting Research with Human Participants". It was estimated that completion time of the whole questionnaire would take approximately 1-2 hours, depending on the level of detail provided by the volunteers. (See Appendix 7 for a copy of the information sheet given to respondents)

Treatment of Data

All data collected during this research was downloaded from the Survey Monkey website in the form of a Microsoft Excel spreadsheet. Each volunteer was only identified by an individual ten digit identification code. The key relating each ten digit identification code to a specific email address (the only personal identifier) was kept securely locked away and only accessible by the primary researcher. Once downloaded

from the Survey Monkey website, the data was stored on a password encrypted USB drive, again only accessible by the primary researcher.

Data Analysis

The responses generated were explored using summative content analysis. Summative content analysis is the process by which text is analysed for the appearance of specific words or content based on the general themes generated by the questions asked. This is then followed by analysis of the context (Hsieh & Shannon, 2005). If the further analysis of underlying context was not completed, this would be considered to be quantitative analysis rather than qualitative analysis, as the focus would be on the frequency of certain content appearing in the analysed text (Kondracki & Wellman, 2002). This was the case with some of the questions within the interview schedule, where the CoSA volunteers were asked a question, where the response was a factual one, rather than opinion based (i.e., how they came to become aware of the CoSA programme). Each of the volunteers' responses were colour coded based on the content of their responses, extracted from each of the 14 questions. Then similarly coloured responses from each of the 22 volunteers were collated together for each question. From these cluster of similar responses, primary themes were extracted and utilised as the basis of the information generated in the results section. Due to the lack of detail in responses from many of the volunteers, it was not possible to conduct latent content analysis on the text, instead the focus of the results was on manifest content analysis. This limitation concerning the lack of detail in the answers of many of the questions is dealt with within the discussion of this chapter. The advantage of the use of manifest content analysis, is that the researcher does not infer their own interpretation on the content, instead focussing explicitly at the most obvious and straightforward meanings

of a text (Ahuvia, 2000). Within this study, given that its aim was to investigate the opinions and experiences of the volunteers, the use of manifest analysis, as part of a wider summative content analysis, appears appropriate and ensures the most accurate representation of the participants' responses.

RESULTS AND DISCUSSION

The Experiences of being a CoSA Volunteer

In the beginning – Becoming a CoSA Volunteer

The volunteers were asked how they came to be aware of the Circles of Support and Accountability programme and the majority of respondents came to the programme through a narrow range of areas. One of the main areas in which the volunteers came to hear about CoSA was as university students or aspiring professionals who were looking for some practical experience in working with offenders as a way to improve prospects for future careers or postgraduate experiences. Nine of the current volunteers came to find out about CoSA through this way. This represents just under 41% of the sample in this study. A majority of the students were studying psychology or criminology, and looking for ways to apply their learned theories to practical skills. One student was training to become a probation officer and came across the CoSA programme as part of their training, while another was a step further removed, and was looking for experience to begin their training as a probation worker. The final student was completing a degree in Social Policy with their dissertation focusing on how sexual offenders were treated within the community and had come to understand how little support there was for offenders post-release. Through their research they came across the CoSA programme

and wished to be involved. One person, although not a student, was looking to gain experiences to improve the chances of becoming a probation officer, as they were finding difficulties in obtaining paid employment in this area. They found the volunteering opportunity on their local probation trust website.

Three of the volunteers (13.5%) have been previously involved with safeguarding within the Catholic Church. The Catholic Safeguarding Advisory Service (CSAS) is responsible for driving and improving safeguarding measures within the Catholic Church. As part of this process, they deliver awareness training and within that training the Circles of Support and Accountability programme is highlighted as a key community measure to help manage high risk individuals with a compassionate community focus. Within the same area, a further three of the volunteers reported becoming aware of CoSA through prison chaplains, or contacts in the Quaker religious order who promoted the work of the programme in the UK and motivated them into volunteering. The relationship between CoSA and assorted religious connections accounted for 27% of the volunteers in this sample.

Three of the volunteers, (13.5% of the sample) were already volunteers in similar areas but they added CoSA to their volunteering schedule; one was a volunteer with their local probation trust delivering specialised training to probation around victims of sexual abuse, the second was a volunteer coordinator providing volunteer mentors to work with people who have had contact with the criminal justice system and who were either serving their sentence in the community or who had been released early from prison, and the last had volunteered for 3 years working with victims of childhood sexual abuse and sexual violence. In this instance, the second person said the way CoSA

worked really appealed to them; "…*I saw the benefits of a circle of volunteers sharing the support, decisions and risks. This was a very different way of volunteering and I decided then I would like to volunteer. Whilst the training focussed on child safeguarding and safe communities, it also enabled me through the video and case study examples to see the person and not their offence. My motivation increased as it became very clear to me that if someone wanted to change they must be given all the help and support possible…*"

Two volunteers (9%) became aware of the programme though meetings with staff from the Lucy Faithfull Foundation, who are responsible for the Midlands CoSA, who then persuaded them to become volunteers. One (4.5%) other volunteer stated that they were persuaded to join by a friend who was also a volunteer in the programme.

One volunteer said that they encountered the programme whilst working for HM Prison Service, although they did not say in what capacity within the prison they worked, or how they came in contact with the programme during the commission of their role.

What was most interesting is that only one person came to know about the programme by chance through reading about the programme in an article in a newspaper. The majority of the other volunteers who responded, had come to the programme either directly or indirectly through work/professional/academic interests in similar fields. It appears that very few people happen across the programme by chance and decide to volunteer.

When asked about the training they received prior to commencing with CoSA, the volunteers stated that they had all attended a two day training seminar, outlining their roles and responsibilities as volunteers, some basic overviews on sexual offenders and

sexual offending and potential signs of reoffending that they should be vigilant for. All of the volunteers said that they found the level and detail of the training to be appropriate. Three of the volunteers (13.5%), although stating that they had found the training interesting, felt that it was information that they had already known due to their professional backgrounds; a senior KUF (Knowledge and Understanding Framework) trainer, a councillor and as a probation worker. While considering the training to be beneficial, one volunteer noted that an excess of training might be a negative in terms of being able to relate appropriately with the Core Member; *".... I have mixed feelings about training. I think it is good to have an overview of knowledge but I do not think volunteers should be encouraged to act as professionals such as psychologists. I think the role of volunteers is best as an average person offering friendly support and accountability…"*

The volunteers found that their role didn't impact too much on their lives, in terms of being able to maintain an acceptable work life balance. They stated that on average, being a volunteer would take up about three hours a week of their time; a two hour group meeting/social outing along with phone contact with the core member once a week, which could last up to an hour. Should any difficulties arise during that week, they also believed that the senior co-ordinators for the programme are always available for support if needed. It was noted by one of the volunteers that more regular scheduled supervision should be offered instead of just support should the volunteer request it from the senior team; *"...I felt well supported by the CoSA supervisors/managers who were understanding if you would be late to meetings etc. however there wasn't as much supervision of volunteers as I would have expected. I think time for this should be set*

aside perhaps once per month, even in a group scenario, as the issues dealt with in the circle can be quite distressing."

It was positive to note that on the whole the volunteers found that the training provided was sufficient to equip them to be competent volunteers. What the volunteers mentioned as being important to them was finding the balance between being supportive of the Core Member and being vigilant of his actions; bridging that gap between peer and minder.

None of the volunteers seemed to find their role to be too much of an impact on their work-life balance. They also expressed that the senior members of the team were available for support if any difficulties in meeting their obligations as a volunteer arose. The ability to balance the volunteer role with their lives outside of CoSA will be one of the important aspects in maintaining longevity in volunteer engagement. The additional support from the CoSA co-ordinators again will be important in the retention of CoSA volunteers. As will be highlighted in the discussion below, a lack of support from those higher up in the programme was noted by volunteers in a similar study, and was felt to be one of the main negatives of the programme.

Working with a Core Member

The volunteers were asked what their experiences were like of working with a Core Member in terms of therapeutic relationship building, difficulties with their Core Member and their opinions on whether they feel that being involved with CoSA had either a positive or negative impact on their Core Member. A number of the volunteers were unable to answer these questions as they either had only completed their training and were awaiting to start with their first circle, or that they had only recently started a

newly formed circle and they felt it was too early to be able to form an opinion on. In total eleven of the respondents fit this and as such the following responses are based on the remaining eleven eligible responses. Of those who could answer the questions, when asked what their relationship was like with their Core Member, volunteers seemed to be split in how well they got on with them. Some expressed positive experiences and activities that they engaged in; *"....we helped him visit his Dad's grave which unlocked a lot of emotion…"*, with another volunteer remarking, *"We took the core member to activities that he used to enjoy before his offence, such as bingo and the pub and took him out to meals. We also assisted the core member with redecorating and furnishing his flat and providing him with clothing. We also provided him with advice regarding his benefits and housing. When the core member became seriously ill I visited him frequently in hospital, and helped explain about his treatment and medication. We also helped him improve his literacy and numeracy skills."* Some of the volunteers stated that their relationships struggled to develop due to the Core Member finding it difficult to trust the group but that in time things improved, while others reported that their experience with their Core Member was negative throughout; "(The relationship was)… *not good. This CM* (Core Member) *does not really engage and is quite difficult to like, and I'm looking forward to the end of this circle.",* and "(The circle) *…finished work prematurely with CM due to no show 50% of the time"*.

The volunteers were asked how they felt when they first started working with their Core Member. The overwhelming theme to emerge from the responses was a feeling of nervousness/apprehension combined with a feeling of excitement to begin working for the programme; *"I felt nervous but excited before meeting the core member, however I was worried about how to manage empathy and accountability (*which*) made me*

slightly more guarded at first, probably presenting as more of a professional rather than an informal support network". Only one volunteer appeared to be completely relaxed about commencing with the Core Member without any anxieties. One of the volunteers explained a level of naivety in their dealings with two different Core Members; "*I had thought myself to be a pretty good judge of character but soon realised that I had much to learn. The first circle collapsed quite quickly when the core member broke his conditions (caught watching inappropriate videos) and was returned to prison. I do not think that I was expecting much from the core member and did not feel hurt or upset at the time. The second core member was someone with who our small circle of three had worked with for eighteen months and had built what we thought was a pretty good relationship. We thought that* (he) *was slowly reintegrating back well into society and were shocked when he was charged with the rape of a mature woman with some learning difficulties."* A couple of the volunteers expressed that although filled with a sense of excitement, their feelings changed once they began working with their respective Core Members as conflicting opinions began to surface; "*...it became apparent when working with him that he held views that I found offensive.",* while another volunteer reported "*He denied his offenses so there was a question mark over what volunteers were meant to think about him. Some meetings were very tedious as his 'everyone's against me' attitude could be very exhausting."* Again the volunteers reiterated that despite difficulties with their Core Member, they were supported by each other and the supervising team; "*the group members met without the core member so we could talk through how we felt and then discuss this with the core member...* (The CoSA supervisor) *was fully informed about what was happening and, although sometimes hard to contact, was there to support us if needed"*

When asked how receptive their Core Member has been to having a circle supporting him, the volunteers again had mixed responses. Sixty four percent of the volunteers (*n* = 7) expressed that their Core Member had responded positively to having the circle support him. They spoke of how the Core Member *"...didn't understand himself and was anxious to get a handle on the why, - Why am I like this?"* with another volunteer stating that they *"…always found they were very open to receiving any thing that help their own self-understanding"*. Other volunteers described their circle as *"lucky* (because) *the core member was very open to being part of the circle.* The remaining 36% of the volunteers (*n* = 4) had reservations about how much benefit their Core Member was gaining from being part of the programme. Volunteers described their Core Members as *"playing games"*, doing *"...the bare minimum he can get away with…"* and *"…losing all interest all together."* One of the roles of being a volunteer is to help the Core Member be accountable for their past, present and future actions, however one volunteer spoke of their Core Member *"...getting angry and on one or two occasions leaving the room…"* when he was challenged. This defensive response can be regularly seen when challenging offenders about their behaviour, however, where professionals such as psychologists and probation workers may be used to witnessing this behaviour regularly, lay volunteers could find this behaviour too intimidating or challenging which would have an adverse reaction on their future engagement with their Core Member.

Looking at the difficulties faced by the Core Members, a variety of responses were raised by the volunteers. Two volunteers (possibly with the same Core Member) spoke of how since being released, the Core Member had placed unrealistic boundaries in place that he would ultimately struggle to maintain; *"...he tried to avoid any situation*

where he thought he might be identified, for example, walking on a three mile detour to avoid an area where there was a school, crossing the street if he saw a child ahead and only going out once a week to buy food etc.", while the second volunteer said *"...so we helped him to resolve his dilemmas in an appropriate way - for example talking through ways of coping when walking past a school on the way to the shops; instead of him doubling his journey to go to an alternative shop".* Two of the volunteers raised concerns about some of the behaviours their Core Member had engaged in since his release. In one instance, the Core Member had befriended a number of vulnerable people and his motives for doing so remained unclear. To remedy this, the circle sat with the Core Member and discussed *"...why the CM had chosen to befriend these particular people* (and) *to encourage him to be self-aware of his motives".* In the second scenario, the volunteers had concerns that their Core Member disclosed his status as an offender inappropriately, as well as placing himself in situations where there were children present. The volunteer explained that their concerns were raised with the supervisors from the Lucy Faithfull Foundation, the police and the Core Member to make sure he remained accountable for his actions.

In the final question within this section, the volunteers were asked to posit whether, if their Core Member had not engaged with the programme, they thought that the Core Member would be more or less likely to go on and reoffend. Again of the volunteers who answered this question, the consensus was split, with nearly two thirds (64%, $n = 7$ of 11 responses) of the usable responses believing that their Core Member would have either reoffended without the programme, or has already gone on to reoffending despite engaging; *"If the Core Member had not had the support of CoSA, he would have become very isolated and would have found it extremely difficult to reintegrate*

successfully into the community, if ever. Yes he would have reoffended because of isolation out of a need for some sort of companionship even though their understanding of what is a trusting relationship has been seriously damaged." Another volunteer stated *"I think this core member may have reoffended or harmed himself as a result of his offending behaviour and incarceration. He had very low self-esteem and no other means of support in the community. He was also being victimised by members of the public. I think the circle enabled the core member to be more compassionate towards himself whilst also thinking up practical ways to stay safe and reinforcing skills learnt on the sexual offender treatment programme."*

Of those who felt their Core Member would not have gone on to reoffend even if he had not engaged with the programme, they were able to highlight areas of the programme that have helped to reinforce their belief in their Core Member to succeed; *"I think he was determined not to reoffend, but his feedback to us was that the circle gave him so much more confidence and self-esteem that he was able to interact with others outside the circles positively…"*, *"I think that the circle has helped him because it provides him with a way of demonstrating his intentions not to reoffend. I think the human contact is good for his mental health."*

Sadly one volunteer reported that despite the efforts of the circle, the Core Member had already gone on to reoffend. The volunteer stated that they were *"very disappointed"* to see this happen. Despite the best efforts of the programme, there is no way that it can be 100% effective in stopping its Core Members from going out and committing another sexual offence. This has been evidenced in the other CoSA papers within the systematic

review, where despite comparable reductions, incidents of reoffending and rearrests do occur.

Initially the volunteers expressed feelings of apprehension and excitement, however as the work commenced, for some, these feelings changed as difficulties began to arise. This is understandable as often in a situation where people are put together out of necessity rather than choice, tensions can emerge when differing opinions arise. In the case of the Core Members and the volunteers, having the Core Members justify some of their offending actions has proved particularly challenging for the volunteers. It is worth noting that when the volunteers were asked about the training they received, while they mentioned areas like boundaries and identifying risk behaviours, there does not appear to have been any mention of the volunteers being trained/prepared for facing and being able to manage the cognitive distortions that a number of regular offenders will use. Along with this, there were the difficult dynamics that some of the volunteers experienced when the Core Member did not really wish to engage in the circle.

On Being a CoSA Volunteer

The final section of the interview schedule focussed on the volunteers' experience of being involved with the programme, how they feel as representatives of CoSA and whether being a volunteer has changed them at all. Again some of the volunteers felt unable to answer these questions due to the short period of time that they have been involved with the programme, however more volunteers did choose to respond than in the second section.

When faced with the question of what the experience of being a volunteer has been like, there appeared to be primarily positive responses from the volunteers; citing increased

insight into the difficulties of the Core Members, insight into the historical influences that have shaped their Core Member and insight into the need for a programme like CoSA to exist. They also talk of now being able to view the Core Member in terms beyond 'sexual offender' and see them as more than that. As one volunteer said *"I felt this changed my perspective on how important support networks are for offenders and I think the experience increased my empathy and compassion for such individuals. It has made me continually try to separate the person from the behaviour"*, whilst another volunteer said *"I think that I am much better informed about the issue of child sexual offenders and have learned that two of the core members* (that I have worked with) *were themselves abused by their family when they were children. I have learned something of the difficulties of judging someone and seeing them as nothing more than a sexual offender.* The volunteers talked about their role as being *"immensely rewarding"* as it provided them with an opportunity to help someone who needed support. One volunteer related his experience to his religious beliefs that that volunteering was his was of *"putting his faith into practice".*

Reflecting on their experiences, three of volunteers looked at some of the more negative experiences they have had, primarily in terms of not meeting their own personal hopes for the programme; "(I am) *a little wiser and a little sadder - with more proactive support and firmer boundaries in place … the group could have ended more positively"*, *"I do wonder about the first cm* (Core Member) *as I no longer have contact. I feel a bit guilty about not keeping up the contact with him particularly as one of his goals was to create longer lasting relationships with people. I suspect I will have the same feelings at the end of the current circle"*, while another volunteer stated *"I don't think we made a scrap of difference* (with the Core Member)".

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Looking beyond the immediate benefits to the Core Member, the volunteers were asked to think about how their role and the programme in general has a positive impact on the wider society. Outside of the obvious responses of reducing reoffending/reduction in harm to members of the community, a number of volunteers spoke of how the programme helps transform the Core Member into a more useful member of society. They spoke about the programme *"...helps with self-esteem and self-worth barriers to communication and raising confidence that the core member has the potential to integrate safely back into a community."*

One of the more interesting themes to come from that question was the role the programme can play in changing opinions towards sexual offenders in general. One volunteer described the programme as giving a more *"...humanistic stance..."* noting how sexual offenders are widely vilified, both in prisons and by the general public, and that CoSA *"...is a way of monitoring and challenging perceptions by acting in* (an) *accepting* (way towards) *the individual..."* Another volunteer remarked that the programme succeeds *"...through changing society's attitude towards offenders which enables opportunities for these individuals to change and be accepted back into the community"* Essentially if a Core Member is viewed as more than just their offence, there is greater scope for them to be accepted by society. This would be best achieved by the volunteers telling other people about their role and attempting to make others realise that there is more to a Core Member than just their offence.

With that, the volunteers were asked about how well their role as a volunteer is received by their friends and family (should they tell them about it). Twenty of the twenty two volunteers (91%) answered this question and of those who did respond all of them

reported telling at least one person about their volunteering work with CoSA. Each of the volunteers expressed some form of positive response from those they have told about their role. What came out from this question however, was that it was how the volunteers explained their role that determined how positively or negatively it was received by others. As one volunteer put it "*the few people I thought were quite open minded, were extremely negative and the general consensus is* (that) *sexual offenders do not need to be "helped" especially in a civilized manner. When I explained it is a child protection agency this is received more warmly.*" Another volunteer said that they found it difficult explaining their role as a volunteer for CoSA to their close family such as parents, grandparents and aunties/uncles; "*The older generation of people I have told, have been very concerned with my choice of being involved in this project. I have explained my role, but with the older family members, I have had to explain my role as 'helping police sexual offenders' for them to accept it*". There remains a clear dislike of sexual offenders and despite the efforts of the volunteers, opinions remain unchanged; "*Some friends and family find it difficult to come to terms with the type offenders we deal with and won't try to see the benefits.*" One volunteer made a very apt point that the researcher had not considered when asking this question, and that was the role of a person's own history of sexual abuse when telling someone about their volunteering experiences; "*I would think twice before mentioning- particularly as I know some* (friends and/or family who) *have been affected by abuse and others may have been too- I do not know.*" Clearly in that instance, any explanation of the programme which highlights the benefits to the Core Member in terms of successful community integration could be extremely distressing for someone with past abuse experiences of their own.

Related to this comment, the volunteers were asked whether given the negative perception generally towards sexual offenders by society, and given what they have experienced as CoSA volunteers, whether they feel a sense of obligation to challenge these widely held beliefs when faced with them. In that regard, did they feel that they must act as an ambassador for CoSA and defend the work it does? The majority of the volunteers felt they needed to challenge some of the beliefs held by others about sexual offenders, although a small number of volunteers said that they were content to just work with CoSA and did not feel they had to challenge people's perceptions. What came out as the most significant theme was that as the volunteers get to know the Core Member as a person, beyond their offences, and when trying to challenge the beliefs held by the public, there is a balancing act that needs to be managed effectively. As one volunteer said *"...the challenge or conflict for me is to challenge beliefs whilst not excusing it* (the Core Member's offence). One of the key areas that three of the volunteers mentioned was the role of the media in the formation of the public's inaccurate attitudes towards sexual offenders. They spoke of people *"...who parrot the inaccuracies printed by tabloid newspapers without attempting to understand the facts"* and are *"...led by media sensationalism..."* as opinions that should be challenged most readily. Another volunteer said that they will happily attempt to challenge beliefs if a *"...reasonable debate is to be had..."* with the person, but will shy away from challenging people who appear *"...unwilling to consider different perspectives."*

Finally the volunteers were asked whether as part of their role as ambassadors for CoSA, they had encouraged friends or family members to consider volunteering also. Five of the 22 volunteers (23%), stated that they had tried to recruit others to the programme. One volunteer stated that they had successfully brought a friend on as a

volunteer. Two volunteers talked about trying to encourage peers to join up in terms of professional interests; "*A friend who has studied criminology has an interest in working with sexual offenders and is considering* (volunteering) *in the future.* Another volunteer spoke about trying to encourage a friend to join as it "…*looks good on a CV."* One of the volunteers highlighted a similar gender disparity to that which is witnessed in this study, saying that they had suggested volunteering *"...particularly to men as I think volunteers tend to be overly young and female."* Of those who gave an explanation as to why they had not or would not encourage others to volunteer with the programme, two reported that their friends and family had said that they could not work with a sexual offender after having the programme explained to them. A third volunteer felt that it should be a free decision to volunteer, and that encouraging others to volunteer, would seem imposing. If they wished to volunteer, after hearing about the work, they could speak to the volunteer, and he would point them in the right direction.

It was clear from the responses generated that how the volunteers explained the programme, influenced how it was received by friends and family. When explaining it as a way to rehabilitate Core Members and help them reintegrate more successfully into society, volunteers found that the work was received less favourably. However, when it was explained as a means of monitoring the Core Members and adding an element of protection for the community, there was a greater level of appreciation for the role. While the programme evolved from a compassionate stance held by the Mennonite movement in Canada, as Wilson and McWhinnie (2010) noted, the programme came about due to a local community's concern about a recently released offender who had no management restrictions placed on him. As they stated there was "a media firestorm. Television, radio and print media all questioned the propriety of allowing someone like

that to enter their community. The local police established around the clock surveillance, at a cost of tens of thousands of dollars in overtime, and neighbourhood residents began picketing the church where he was holed up" (p.244). Despite this occurring in the early 1990's, this attitude towards released sexual offenders remains to this day, and the advent of the internet has given people a global platform to air their anger and concerns. Looking at comments on internet articles about the CoSA programme, the negative public perception about helping rehabilitate Core Members outweighs the opinions that view the programme as a worthwhile venture; *"The surest way to ensure that sexual offenders do not repeat their crimes - and destroy the lives of others - to make sure that once they are caught and convicted, they are locked away for a very, very long time. We should protect the innocent and worry about the feelings of the guilty afterwards",* (Does 'befriending' sexual offenders stop new crimes? Bob Howard, BBC News, 2010). While the ethos of CoSA is about both rehabilitating the Core Member and protecting the public, in different situations it would perhaps be prudent to focus on individual goals with different groups. By highlighting the goal of protecting the public by acting as a monitoring measure on a released sexual offender, the programme is likely to get increased public support, which will increase its profile and create further opportunities for the programme to grow and help more future Core Members. On the other hand, when encouraging released sexual offenders to become Core Members of a circle, in order to win greater public support, perhaps, at least in publicising its aims, it should focus on the public protection over the reintegration of offenders.

Of the 22 volunteers, only five to date had encouraged others to volunteer with the programme. There are legitimate reasons for such a small number, such as the fact that a

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large number of the volunteers were new to the programme, and they themselves were still waiting to start working with their own Core Member. In that instance it is understandable that they would resist trying to encourage others to volunteer until such time as they had a greater understanding of the programme. This shortcoming is looked at in greater depth in the 'Implications' section of the discussion for this chapter.

CoSA volunteers' perceptions of social support

Of the 22 original volunteers, 14 agreed to complete a follow up questionnaire looking at their perceived levels of social support. It was hypothesised that those who are in a position to offer a social support outlet to released sexual offenders through the CoSA programme, will perceive themselves to have high levels of social support across a number of areas in their personal life. The Multidimensional Scale of Perceived Social Support is a 12 question Likert scale assessing social support perceptions from (1) strongly disagree to (7) strongly agree. The MSPSS is not accompanied by standardised samples from which comparisons can be generated, as is common with many psychometric measures, however the paper which describes the development of the tool (Zimet et al., 1988) includes mean and standard deviation data on the university sample on which it was developed. A second confirmatory paper (Zimet et al., 1990) again includes mean and standard deviation on three samples included in the study; pregnant women, adolescents living abroad and paediatric residents. These means and standard deviations can be utilised to generate statistical comparisons with the group of CoSA volunteers.

All questions in the scale are asked in the positive so, a higher the level of response agreement the greater the level of social support an individual perceives themselves to have. In a normally distributed population, you would expect relatively similar numbers of those who believe they have good social support, and those who believe they are lacking social support structures. It was hypothesised that within this cohort, responses would strongly skew towards the belief of having positive social supports and be statistically different to those comparison groups mentioned above.

The scale covers three possible areas of social support; family, friends and a special person. The term special person is used as it is vague enough to allow people to consider it in terms of a partner, a particular close friend, or someone who provides pastoral support for example.

Perception of social support from friends

Four statements were asked in the friend's domain looking at whether their friends try to help the individual, whether their friends can be counted on when things go wrong, whether they can share their sorrows and joys with their friends and whether they can talk with their friends about their problems. Out of the 56 responses (14 respondents to the four questions), seven (12%) said they very strongly agreed with the statements, 35 (62%) said they strongly agreed with the statements, 12 (21%) mildly agreed with the statements and two statements (4%) were marked as being neutral; neither agreeing nor disagreeing.

Each of the 14 respondents' mean scores for the Friend scale were also plotted against the average score for the group as a whole. The mean response value for the group was achieved by summing the responses each participant gave to the four Friends scale

questions and then dividing by 56 (14 respondents to four questions). The respondents'

scores ranged from 5 to the maximum possible score of 7. With a mean value of 5.84

and a standard deviation of 0.68 for the whole group, it does not appear that any of the

respondents perceive themselves to be particularly lacking in social support from their

friends. This assumption is based on all responses falling within two standard deviations

of the mean.
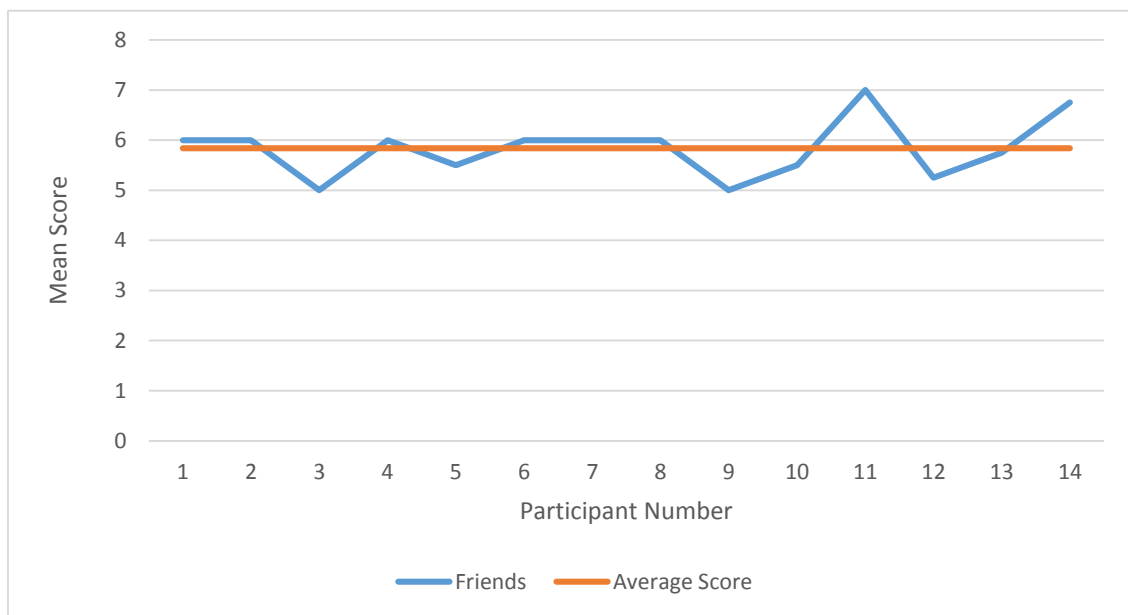
Figure 3: *Mean participant responses to the Friends subscale of the MSPSS*

Perception of social support from family

Again four statements were asked about how they perceive the support they get from

their family. These statements focussed on whether their family try to help them,

whether they get emotional support and help from their family, whether they can talk

with their family about their problems and whether their family are willing to help them

make decisions. Twenty three (41%) of the responses were in the very strongly agree

category in relation to the supportive family statements, 19 (34%) of the responses

strongly agreed with the statements, nine responses (16%) were mildly agree category, while five responses (9%) were neutral.

When looking at the mean responses for the perception of social support from family, the group had a mean response value of 6.07 and a standard deviation of 0.97. The mean response value for the group was achieved by summing the responses each participant gave to the four Family scale questions and then dividing by 56 (14 respondents to four questions). Responses ranged from 4.5 up to the maximum of 7. Looking at Figure 4 below, it can be seen that all responses fall within normal parameters with no individual's responses falling more than two standard deviations from the mean.
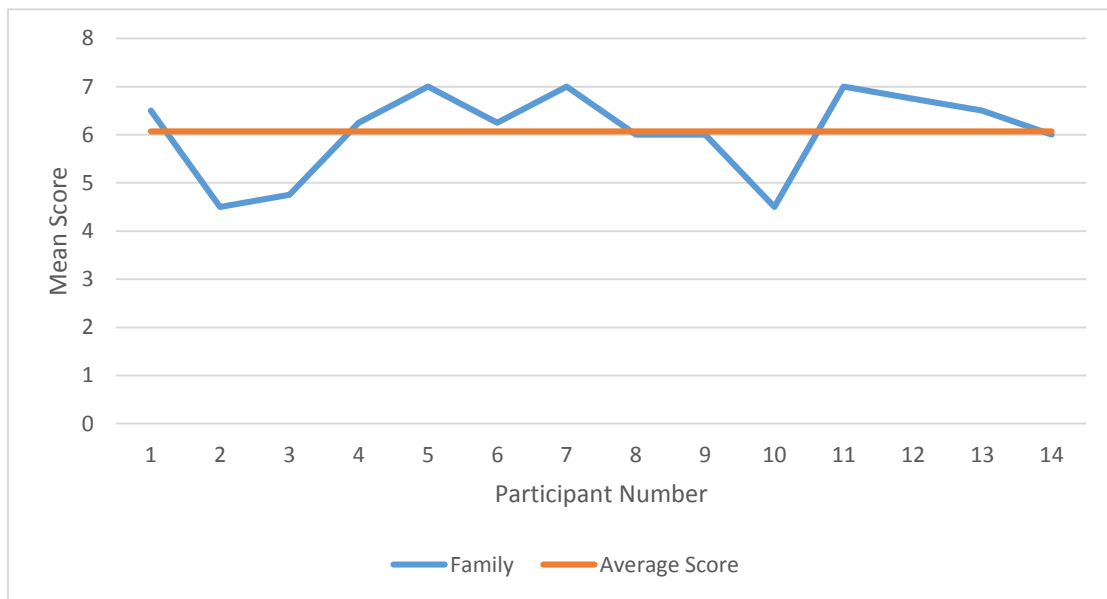

Figure 4: Mean participant responses to the Family subscale of the MSPSS

Perception of social support from a special person

The four statements relating to a special person focussed on whether there was a special person around when they needed them, whether there is a special person that they can

share their joys and sorrow with, whether the special person is a source of comfort and finally whether there is a special person who cares about their feelings. Twenty five of the responses (45%) showed that the respondents very strongly agreed with having support from a special person across those four areas, 22 of the responses (39%) were in strong agreement, five of the responses (9%) were in mild agreement and two responses (4%) were neutral. Interestingly it was within the special person questions that the only negative responses were found two respondents strongly disagreed that there was a special person in their life who cared about their feelings.

The mean response for the group on the special person scale was 6.14 with a standard deviation of 1.12. The mean response value for the group was achieved by summing the responses each participant gave to the four Special Person scale questions and then dividing by 56 (14 respondents to four questions).The range of mean responses was 4 to the maximum of 7, and as with the family and friends' subscales, none of the respondents differed significantly from the mean.
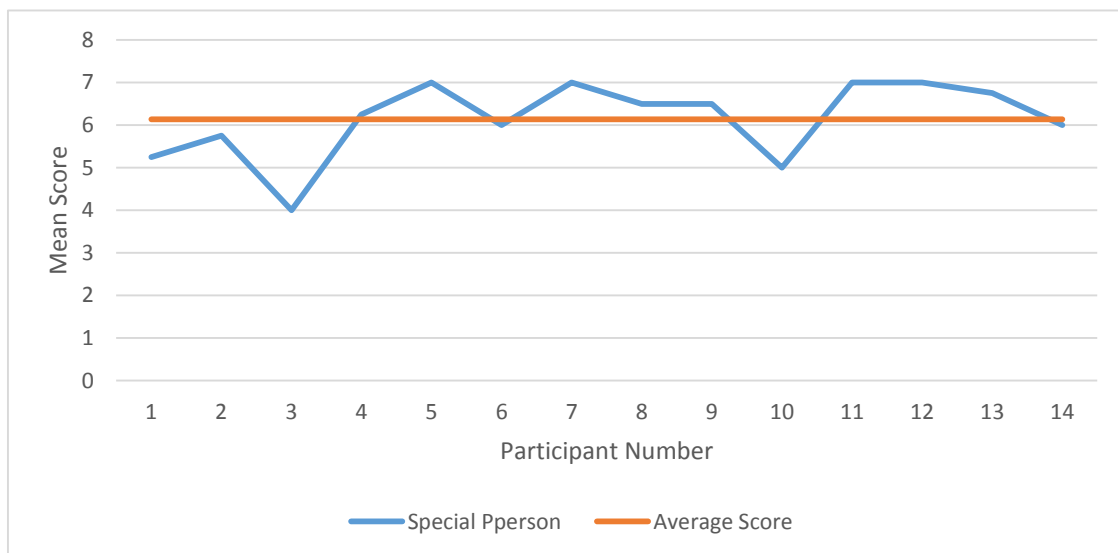
Figure 5: Mean participant responses to the Special Person subscale of the MSPSS

Total perceived social support on the MSPSS

As with each of the individual subscales, the respondents' individual total mean scores were compared with the group mean score of 6.02, with a standard deviation of 0.94. In this instance, a mean response value for the group was achieved by summing the responses each participant gave to all of the questions and then dividing by 168 (14 respondents to the 12 MSPSS questions).As noted in Figure 6, none of the 14 participants differed significantly from the group mean.
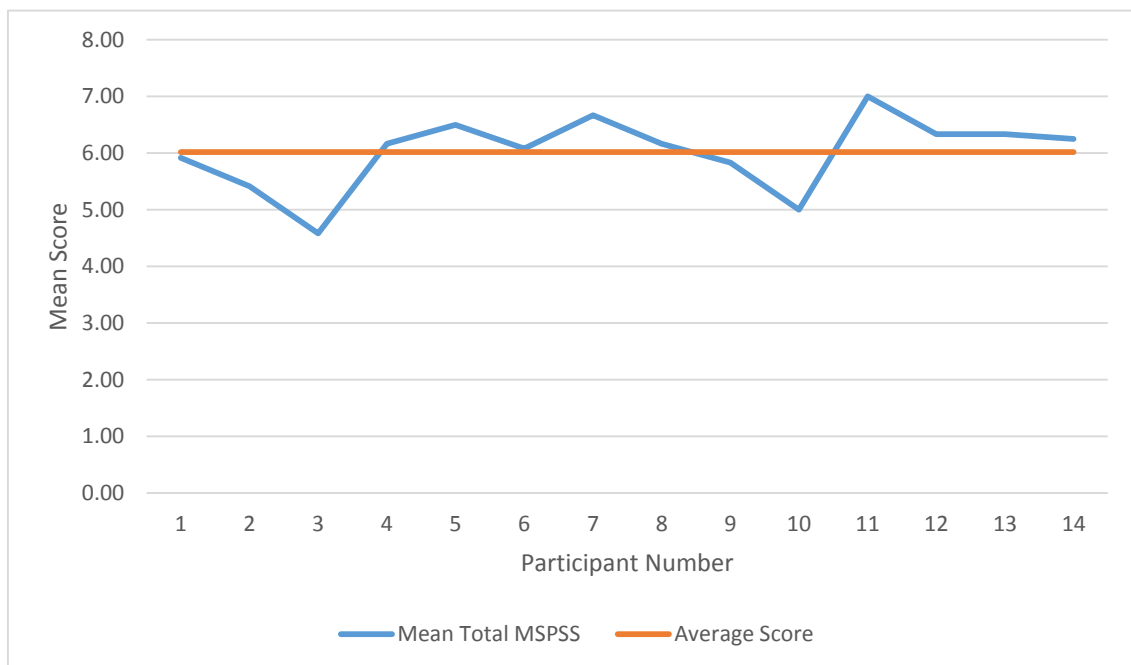
Figure 6: Total mean participant responses to the MSPSS.

Looking at each of the participants' mean responses, only two of the participants (Participant 3 and Participant 10) had scores that were below the group mean on all four scales. It is also worth noting that these were the two participants who were the only ones who strongly disagreed with any statement in the MSPSS. Had the researcher had direct access to the participants, it would have been interesting to find out whether their

lower level of perceived social support, relative to the other CoSA volunteers, resulted in them perceiving their role as a volunteer differently to the other volunteers or what they believed to be the strengths and weaknesses of the CoSA programme, and how well they feel they are able to manage the stresses associated with working with a Core Member. Conversely participant 11 rated their perceived social support at the highest level for all of the subscales and total MSPSS score, having endorsed every question 'Very Strongly Agree'.

Comparison of perceived social support with other MSPSS studies

From the figures above, it can be seen that there is not much variation in the responses between each of the 14 respondents, with no single participant having a mean score that varied more than two standard deviations from the group mean. However it was important to assess whether the respondents' scores on the MSPSS were statistically significantly from other samples. To achieve this the group mean and standard deviations from the respondents for the family, friends and special person subscales, as well as the mean and standard deviation for the total MSPSS score, were compared to means and standard deviations of other groups where the MSPSS was used as the primary measure of social support. In total the 14 respondents in the present study were compared to six other studies which had nine different samples, ranging from university students (Zimet et al., 1988; Dahlem, Zimet, & Walker, 1991; Kazarian & McCabe, 1991) to pregnant women (Zimet et al, 1990) to psychiatric populations (Kazarian & McCabe, 1991; Cecil, Stanley, Carrion, & Swann, 1995). The present study had the smallest sample at 14 while the largest was 290. A full list of the included studies and their sample sizes are included in Table 3.

Using the means, standard deviations and sample sizes from each of the studies, t tests were conducted to see whether there was any significant differences in perceived levels of support between the CoSA volunteers and the other samples on each of the MSPSS subscales as well as on total MSPSS score. Across the 36 t-tests (nine comparison samples and four scales), there were only three instances when there were significant differences between the CoSA volunteers and their comparison samples. There was a significant difference in the responses on the family subscale of the MSPSS between the CoSA volunteers and the sample of 51 male inpatient psychiatric inpatients in the Kazarian and McCabe (1991) study ($t = 2.44$; $p < .05$; $d = .82$). There were also significant differences on the friends subscale ($t = 2.49$; $p < .05$; $d = .90$) and total scale ($t = 2.34$; $p < .05$; $d = .78$) of the MSPSS when compared to the 144 psychiatric outpatients in the Cecil et al. (1995) study.

During the initial study development, it was hypothesised that in order to be in a position where a volunteer feels they can offer support to someone as vulnerable as a released sexual offender, that they must believe they are well supported by those around them. In essence it was suggested that to give support you need to have support. This hypothesis was both supported and not supported by the volunteers in this study. When looking at how they perceive their support from friends, family and significant others, the volunteers positively endorsed the majority of the responses on the Multi-Dimensional Scale of Perceived Social Support (MSPSS), with only 6.5% of the total responses being either neutral or in any way negative. The remaining 93.5% of responses were endorsing perceived support from the three domains of the scale. While the responses of the volunteers were clearly skewed towards a positive perception of social support, the mean responses of the volunteers, there was no statistically

significant difference between the CoSA volunteers and seven of the nine other samples who had previously been administered the MSPSS.

In the studies where there was significant differences to another group, it was to a psychiatric population and as already noted, research has shown that those with higher levels of perceived support can have lower levels of mental health difficulties (Grav, Hellzèn, Romild, & Stordal, 2012). It is therefore likely that a psychiatric sample would be expected to perceive themselves to have lower levels of social support if this model was to hold true. When compared to the non-clinical samples in the other studies, the CoSA volunteers did not display a statistically significant difference in levels of perceived social support.

Table 3: List of MSPSS comparison studies

Study	Family M (SD)	Friends M (SD)	Sig Other M (SD)	Total M (SD)
The present study				
CoSA Volunteers (*n* = 14)	6.07 (0.97)	5.84 (0.68)	6.14 (1.12)	6.02 (0.94)
Zimet et al. (1988)				
University Students (*n* = 275)	5.80 (1.12)	5.85 (0.94)	5.74 (1.25)	5.80 (0.86)
Zimet et al. (1990)				
Pregnant Women (*n* = 265)	6.02 (1.16)	5.64 (1.27)	6.39 (0.88)	6.01 (0.90)
Expatriate Adolescents (*n* = 74)	5.52 (1.07)	5.48 (1.20)	5.82 (1.08)	5.60 (0.80)
Paediatric Residents (*n* = 55)	5.69 (1.07)	5.53 (0.92)	5.51 (1.73)	5.58 (0.98)
Dahlem et al. (1991)				
College Students (*n* = 154)	5.31 (1.46)	5.50 (1.25)	5.94 (1.34)	5.58 (1.07)
Kazarian & McCabe (1991)				
University Students (*n* = 165)	5.75 (1.08)	5.84 (0.90)	5.89 (1.21)	5.81 (0.79)
Inpatient Psychiatric Adolescents (*n* = 51)	4.86 (1.78)*	5.32 (1.67)	5.80 (1.28)	5.33 (1.23)
Cecil et al. (1995)				
Psychiatric outpatients (*n* = 144)	5.2 (2.0)	4.5 (2.0)*	5.2 (1.9)	5.0 (1.6)*
Edwards (2004)				
Hispanic Adolescents (*n* = 290)	5.43 (1.36)	5.49 (1.38)	5.83 (1.59)	5.58 (1.17)

Note. * $p < .05$

Previous Research

What was interesting about the study is the lack of awareness of the programme amongst the general public. Only one volunteer happened across it through reading an article about it and then subsequently decided to become a volunteer. The rest of the volunteers were either already working professionally in a related field, or students looking for practical experience to complement their academic learning. This general lack of awareness of the programme, reflects the research of Farrington (2013) who found that of a sample of thirty participants, only four of the respondents had heard of the CoSA programme prior to being involved in a study looking at the role of the CoSA programme in attitudes towards sexual offenders. It appears that there is very little lay knowledge of the programme, leading to a narrow typology of individuals who are interested in volunteering. Volunteers are supposed to, amongst other things, offer the Core Member the opportunity to feel like they are integrating back into society, through the development of appropriate supportive networks, until such time as the Core Member feels they no longer need the support of the circle and can cope on their own. The circle should represent the society that the Core Member is going to experience to help him adjust as best as possible, however it appears to be made up nearly exclusively of individuals with a professional interest or those with strong religious ties. It appears that attracting volunteers from all walks of life is something that is pervasive across the CoSA programme.

Wilson, Picheca and Prinzo (2007) conducted a similar study looking at the experiences of 57 volunteers in a CoSA pilot project in South-Central Ontario, Canada. Unlike the present study, there was a greater number of male volunteers, with 61% being male. While the greatest proportion of volunteers (36%) in the present study came to know

about the programme as university students or aspiring professionals who were looking for some practical experience, 63% of the volunteers in Wilson et al.'s study came to the programme through friends or family who had knowledge of the programmer or were already actively volunteering in another circle. A similar proportion of volunteers came to the programme through their faith community (27% in the present study, 28% in the 2007 study). In terms of the experiences of the volunteers, Wilson et al. reported similar emotions when commencing the Core Member with 32% feeling anxious, however this figure reduced as their experience increased. While the volunteers in the present study felt well supported by the Lucy Faithfull Foundation; with none expressing that they were not being supported, only 60% of the circle volunteers felt they were initially supported by the organisation in the Wilson et al study. Worryingly they said this reduced to 23% as the programmes progressed. While with experience of being in a circle comes a sense of autonomy, it appears that a feeling of emotional support was lost along with the practical support. With many of the volunteers in the present study being either in their first circle or still awaiting a Core Member, it would be interesting to see whether a similar finding is replicated at a later date.

While 96% of the circle volunteers reported that they believed the Core Member benefited from being supported by the circle in the 2007 study, 40% of the current volunteers expressed doubts about their Core Member finding any benefit from being involved with the circle. They talked about the Core Member "doing the bare minimum" and "playing games". Whether there is a clear difference between the UK and Canadian Core Members is unclear. It could also be the case that the UK volunteers are more cynical / less sympathetic to the efforts of their Core Members.

Both studies were nearly identical in their belief that their Core Member would have gone on to reoffend, with 62.5% of the volunteers in the current study believing that to be the case, while that figure was 61% in the Wilson et al. study believing the same.

The Quaker organisation in the UK (2005) published a three year progress study of their CoSA programme in the Thames Valley region. When looking at the recruitment of volunteers, they initially focussed on volunteers who already were involved in relevant professions as well as related religious organisations; "We targeted students studying within a relevant field and amongst the Quaker community and then widened this to further faith communities" (p.9). This is very similar to the demographics that make up much of the cohort in this study. However they reported that as the programme progressed, a greater number of volunteers joined through word-of-mouth as well as response through media reports to the point where the programme now does not need to pursue volunteers. As this current area programme continues to develop, a greater diversity of volunteers may begin to emerge which will be beneficial for creating circles with a greater breadth of life experiences, and creating a support network that more closely represents the wider society.

Haslewood-Pócsik, Smith and Spencer (2008) conducted an assessment of the IMPACT (Innovation Means Prisons and Communities Together) circles project in the North West of England. Their focus was on what the key features and dynamics of the mentoring relationship were; whether the mentoring scheme (CoSA) was a workable approach from a risk management point of view; and finally how the employment focus in their CoSA process contributed to the management and reintegration of the Core Members. While not directly similar to the research questions of the present study,

within their process they interviewed eleven volunteers; asking them for their experience of the training they were offered as well as their motivations for wanting to volunteer. Similar to the present study, the volunteers were complimentary about the training; recognising their role as part of a wider offender management team; helping them question stereotypes that they previously held about sexual offenders. Some felt that the training confirmed to them that they had the necessary skills to work with a Core Member, as well as validate for them that in the long term, working with sexual offenders was something they wanted to do. This point did not come out from the present study, despite the large number of volunteers who were engaged with CoSA for career development/experience reasons. The volunteers highlighted potential areas for training improvement, which although were not raised in the present study could improve the programme further. Some thought that a pre-training assessment of suitability should occur as some felt that there were those on the training who were unsuitable to become an IMPACT Circles volunteer. They believed that along with the theoretical aspects of training such as a motivations to sexually offend, a greater focus on providing practical Circles mentoring skills, for example through role play, would be beneficial to improve initial volunteer confidence, although they did recognise that many of the skills cannot be accurately replicated in role plays and had to be learnt 'on the job'. Finally, they found that, it would be useful to have a Core Member speak at the training; one who had already gone through the experience, to give the volunteers a greater perspective of what a Core Member experiences by being part of a circle.

Another similarity to arise with the present study was the motivations for many of the volunteers. Haslewood-Pócsik et al. (2008) found the most commonly cited motivation among their volunteers was career progression, either in their current or possible future

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job as it would be good for their CV. It also provided volunteers an opportunity to see whether working with sexual offenders was something they could do in the future. Also, a number of their volunteers had previous knowledge of sexual offender issues from their studies, but wished to gain practical experience to compliment this. A small number of the Haslewood-Pócsik et al. (2008) volunteers felt it important as members of the community to help reduce the likelihood of offender recidivism which formed the basis for their volunteerism.

It was noted that in the IMPACT circles, where possible specific volunteers are matched to specific Core Members to enact a role that may have been missing from the Core Members' life previously. While efforts are made to balance the volunteers in a circle for varying degrees of experience and personality characteristics, the researcher does not know enough about the Lucy Faithfull Foundations circles to ascertain whether they also pick specific volunteers to match specific needs of Core Members, although this is something that would clearly serve in the best interest of the Core Member.

Hanvey, Philpot and Wilson (2011) whilst compiling a comprehensive overview of the CoSA programme, spoke with four volunteers. Again their backgrounds were representative of the current research; a forensic psychology student looking for experience, an individual who works with young offenders, a member of the Quaker faith community, and a retired school headmaster, who started as a prison visitor. As well as discussing similar experiences of being a volunteer as those in the present study, they talked about support for each other that was not really addressed in detail in the present study. The present study touched on how the volunteers feel supported by the wider CoSA team, without focussing explicitly on the volunteers' relationships with

each other. One volunteer talked about supporting a fellow volunteer, who was struggling due to her own history of being a victim of sexual abuse. Another stated "I know that if I was ever traumatised by anything I could lean on my other volunteers. We have been a great support for each other" (p.134).

Implications

This study found similar results to previous studies looking at experiences of other CoSA volunteers. Overall it appears that the current volunteers find the experience to be a worthwhile venture. There was agreement that the level of training provided is appropriate for the volunteers to conduct their roles successfully. They also found that they are well supported by the CoSA co-ordinators which appears to be an important factor in retaining volunteers. As already noted, in the Wilson et al. (2007) study, only 60% of their CoSA volunteers felt supported initially; a number which reduced to one quarter as their time as volunteers progressed. It is believed that this will be key to maintaining a motivated volunteer team as they progress through their first circle and on to later circles.

The present study mirrors the results of the other studies in the demographics of those who wish to volunteer with the programme, with two main groups being the most represented; those who come from a faith based background and people with an academic interested in offenders and looking to increase their experience/employment opportunities through volunteering. Given the close links that the CoSA programme has to faith organisations, particularly the Quaker movement in the UK, it is reasonable to expect a number of volunteers coming from this avenue. Similarly, the CoSA programme provides an excellent opportunity for someone to get practical experience of working with a sexual offender and gain valuable psychotherapeutic skills; group

facilitation, active listening, Socratic questioning and challenging cognitive distortions, amongst other skills. For that reason, it is clear to see why volunteering would be of interest to this group also. However based on the present study, along with information from past studies, it appears that attracting lay volunteers remains a problem. One volunteer in the present study noted the proliferation of young female volunteers as being a reason they have tried to encourage older and male people to volunteer to balance the circles better. Indeed a circle that was more representative of the wider society would at least give the Core Member the greatest chance of finding at least one volunteer with which he could find a therapeutic relationship with to affect possible change in them. A largely homogenous group of volunteers limits this possibility.

Part of the difficulty in encouraging more lay individuals to become involved in the programme, may be down to a lack of awareness of its existence. As Farrington (2013) noted, out of a sample of 30 individuals, only 4 had heard of the existence of CoSA prior to taking part in the study. It was noted within this study that how the programme is presented, appears to determine how well it is received by the public, so perhaps a focus on community responsibility to help with public protection might increase interest in recruitment of new volunteers from wider areas of society. The negative opinion towards sexual offenders appears to remain pervasive, and it is possible that highlighting the aim of trying to rehabilitate and successfully reintegrate Core Members back into the community will be less well received as a reason to become a volunteer with many in the general public.

It is only through having more lay people volunteering that the programme can begin to shift opinions on sexual offenders organically. Having volunteers who want to work

with offenders in a professional capacity, may find it more difficult to change the opinions of others as they have more of a vested interest, which some may be sceptical of. The more lay volunteers that the programme gets, the greater the chances are of increasing more lay people to become volunteers and as such further diversify the volunteer pool. This is the impasse that the programme currently faces. The present study showed that there is a reluctance by the present volunteers to encourage others to also volunteer with CoSA. Admittedly many of the volunteers' responses could be attributed to the short timeframe that they have presently spent with CoSA, and perhaps with time, they will be more likely to encourage others to join. However, even with those who have been volunteering for a considerable amount of time, on the whole, have not been encouraging others to volunteer also. Volunteers are the best resource that the programme has; they have the ability to begin to change the long held beliefs about sexual offenders and encourage people to see the offender as more than just the offence they have committed. Perhaps through the efforts of changing how people view sexual offenders, more lay people will come forward and show an interest in volunteering. While the decision to tell people about volunteering, as well as encouraging others to volunteer, should remain a personal choice of the volunteer, it could be explained to the volunteers that those who feel comfortable to do so, should feel that they can act as ambassadors for the programme amongst their social circles.

The present study has found that CoSA volunteers perceive themselves to have high levels of social support from friends, family and significant others through the MSPSS, which, if found to match their perceptions, could indicate an openness to the possibility of volunteering also. If a volunteer had indicated a perception of minimal support in their life, it is unlikely that they could feel comfortable in suggesting CoSA

volunteering to those important people, where the reverse would hopefully be true with high perceiving volunteers.

Strengths and limitations

This study had a number of issues, both positive and negative that will have weighed on its success. The process of administering the test was very easy to carry out, making future mass replication similarly easy to achieve. By being conducted online, the volunteers' responses could be gathered quickly, with the data being presented in a format for immediate analysis, without the need for transcription. By being conducted online, the volunteers could also chose to answer the questions at a time that was most convenient for them. They were also afforded the opportunity to answer some questions, and return to the study again at a later date to complete their responses, provided they used the same computer and use the same browser in order to pick up and finish. Having 22 volunteers complete the interview schedule, allowed for a wide breadth of opinions and give a greater understanding of the experience of being a volunteer. A smaller number of participants in the study, would have made it more difficult to extract themes from the responses, which could be said to apply to a majority of volunteers.

The use of the Multidimensional Scale of Perceived Social Support (MSPSS) to assess how the CoSA volunteers perceived their own social support, was an appropriate choice of measure for this study. While there are other measures of social support such as the Social Support Behaviours Scale (Vaux, Riedel, & Stewart, 1987), the MSPSS covers the main areas of social support; family, friends and significant others. The MSPSS contains only 12, Likert-style questions making it quick and simple to administer to the volunteers. Again this was done online, to facilitate ease of administration. The MSPSS

is a well-researched measure and has been found to be a reliable and consistent tool (Canty-Mitchell & Zimet, 2000; Dahlem, Zimet & Walker, 1991; Kazarian & McCabe, 1991). A more comprehensive critique of the MSPSS can be found in chapter four of this thesis.

There were some limitations to this study that limited the potential strength of the research. One of the shortcomings in the utilisation of the MSPSS in the present research was the fact that its validity with older samples is not well documented. Within the present study 22.73% of the volunteers were 51 – 65 years old and 18.18% were aged 66 or more. While there is no reason to suggest that the MSPSS would be less valid with older populations, it must be considered as a possible limitation of the research. It was initially anticipated during the methodological development of the study, that face to face interviews would be conducted with some of the volunteers to get a greater breadth in the responses generated. However at no point during this study did the primary researcher have direct access to the CoSA volunteers. This was done to maintain the privacy of the volunteers and have them be able to decide whether they wished to take part in the study without the possibility of increased influence by being in direct contact with the primary researcher. This lack of direct contact, meant that the information obtained was only that from the interview schedule, and opportunities to prompt the volunteers to disclose more information that the researcher ultimately found interesting was not possible.

In terms of the volunteers who responded to the interview schedule, there were a number who had successfully completed the training for CoSA but were either still awaiting being paired with a Core Member, or had only just began with their Core

Member recently meaning that they found a number of the questions difficult to answer effectively. The Lucy Faithfull Foundation and the London branch of CoSA contacted extra volunteers on behalf of the researcher, who had more experience of completing circles, however, it still transpired that half of the volunteers in the study had limited ability to answer many of the questions in the study. It should perhaps have been a requirement of participant selection that each volunteer had already completed at least one full circle or were at least involved in their first circle for a period of 12 months, to have achieved the best possibility of gaining responses from the participants.

Future replications

While this study highlighted a number of areas of interest, adjustments made for future replications of the study would offer improvements over the present study. One area that was not addressed in the present study, was the impact that being a volunteer has on the volunteers' mental and physical wellbeing. In the Hanvey et al. book, one of the volunteers talked about it taking its toll on occasions; "What's most challenging is the intensity. At least one other person comes away totally mentally exhausted at the end of it. That was true at the beginning and sometimes it's more exhausting than others" (p. 129). Brampton (2010) looked at the effects of being a Sex Offender Treatment Programme (SOTP) facilitator on number of variables; personal life, physical health, emotional/mental health and relationships with partners and children. In terms of personal life, SOTP facilitators talked about a hyper-vigilance in the community towards the behaviours of others; "…if I was around children, somebody might just be giving them some sweets and immediately I might think, what's all that about? Are they just giving them some sweets or is it part of something else?" (p.199). Facilitators talked about sleeplessness, reduced appetite and headaches as physical symptoms that

sometimes occur as a result of the programme. They reported feeling stressed and emotionally drained in terms of the emotional/mental health negative effects. In terms of the facilitators relationships, relationships with their spouses/partners were more likely to suffer intimacy difficulties as a result of the material discussed within sessions, while those with children reported becoming more vigilant and protective of them, while also becoming more self-aware of their own behaviour towards other children, in case it was viewed in any way inappropriately.

While the focus of this study was on the relationship that volunteers have with their Core Members, and the programme itself, future replication would find benefit in seeking to see whether some of the negative experiences of the SOTP facilitators are experienced by the CoSA volunteers. These negative experiences could be easily experienced by the CoSA volunteers given the similarity in roles, which would ultimately impact on their efficacy as a volunteer.

Future replications would also benefit from conducting interviews with the volunteers either face to face or over the phone. While every effort was made in the development of the questions to encourage open and full responses from the volunteers, this was not always achieved, with many responses being only a sentence in length. Through natural conversation, greater nuances could be pulled out and allow for a more detailed qualitative analysis to be conducted. The choice of simple summative content analysis in the present study was based on the lack of detailed responses from which greater analysis could be achieved.

Overall Conclusion

This study aimed to investigate the experiences of being a volunteer for the CoSA programme within the Lucy Faithfull Foundation. Also given that one of the key tenets of the programme is about offering support to the Core Member, this study wanted to see whether CoSA volunteers believed they had high levels of personal social support. In relation to the experiences of the volunteers, the results appeared to be consistent with findings from similar studies. It appears that the majority of volunteers come from a narrow spectrum of society; those closely linked to faith organisations and those with an academic interest in offenders looking for practical experience opportunities. On the whole these volunteers found the training offered to be sufficiently comprehensive to meet the demands of the programme. Of the programme itself, the volunteers found it to be not too demanding on their lives and felt that the time required each week was manageable. Importantly, the volunteers felt well supported by the co-ordinating team which is better than has been experienced in some other CoSA studies (Wilson, Picheca and Prinzo, 2007). Opinions were mixed on the relationships the volunteers had with their Core Members which is to be expected, depending on group dynamics and the level of engagement by the Core Member.

One of the most interesting findings from the study, was how CoSA was received when volunteers told their friends and family about the role. Explaining it was to do with protecting the public against any potential future harm was received more favourably than explaining that the programme helped reintegrate released sexual offenders into the community.

Volunteers appeared reluctant to attempt to encourage others to also act as volunteers although it is believed that this would be of a benefit to the continued development of the programme, as well as helping to alter the wholly negative perception that is held about sexual offenders by the general public.

While it was hypothesised that CoSA volunteers would show higher than normal levels of perceived social support in their personal lives, this did not turn out to be accurate, although the volunteers did perceive high levels of personal support from friends, family and significant others, these values were no more significant than the normative populations used during the development of the MSPSS.

Overall the study showed positive support from the volunteers in terms of the training, the support they receive from the programme co-ordinators as well as mixed views about the work they have done with their Core Members. Volunteers at present still remain reticent about encouraging others to volunteer which is something that would be useful for the programme to look at addressing in the future.

Chapter four deals with the psychometric quality of the MSPSS used in the present chapter. The measure's reliability and validity are addressed and its selection over measures of actual social support is justified. The limitations of the measure are also addressed.

CHAPTER FOUR

THE MULTIDIMENSIONAL SCALE OF PERCEIVED

SOCIAL SUPPORT:

A PSYCHOMETRIC CRITIQUE

INTRODUCTION

Social support is a term that is readily used but difficult to tie down to a single universal concept. Broadly speaking social support is the provision, or potential provision, of material and interpersonal resources that are perceived to be of value to the recipient (Thompson, 1995). Interpersonal resources can include a range of things including emotional support such as empathy, compassion and love; instrumental support through the teaching of new skills or the sharing of responsibility for a particular task; and support through the provision of information such as giving advice on a problem. It is well reported that social support can play a significant role in the emotional, physical and psychological wellbeing of another person (Barrera, 1986; Cohen, & Wills, 1985)

Barrera (1986) suggested three broad categories related to social support: social cohesion or social togetherness; actual or enacted social support; and perceived social support. Social togetherness refers to both the quality and quantity of social ties or interpersonal relationships that a person has. These can take the form of either informal connections such as friends and acquaintances to formal connections such as colleagues and engagement with health professionals. Research in the area of social togetherness tends to be quantitative in nature, with individuals asked to count up the number of positive interpersonal relationships they have and rate them on their overall quality. Research into actual or enacted social support focuses on the respondents' self-report of historical incidents of support usually following the respondent experiencing a particular incident or stressor. Perceived social support can look at the individual's perception of the amount of social support they have, their perception of its overall quality, or both.

There have been concerns that looking at an individual's perception of their own social support is marred by issues of social desirability and self-report bias, however measures of perceived social support have been found to have the strongest relationship to measures of improved well-being over measures of social togetherness or enacted social support (Barrera, 1986).

This critique looks at the Multidimensional Scale of Perceived Social Support (Zimet Dahlem, Zimet & Farley, 1988); a questionnaire developed to investigate an individual's areas and quality of perceived social support. It was also looked at in terms of its overall development, its ability to cover the breadth of social support, and its overall reliability and validity as a measure. Areas for future research and possible amendments to the measure are also addressed.

Brief description of the MSPSS

The Multidimensional Scale of Perceived Social Support (MSPSS) is a 12-item self-report measure that looks at three areas of social support; family, friends and significant others. Unlike some measures that objectively measure social support such as the number of friends you could call upon in a crisis, voluntary group membership, or frequency of attendance at religious services (Donald & Ware, 1984), the MSPSS measures the individual's subjective experience of social support.

Due to the small number of questions included, the MSPSS can be quickly administered, is easily understood, with very simple instructions, making it ideally administered if being included as part of a psychometric battery, or if a large number of participants need to be tested in a short period of time. Using a 7 – point Likert scale,

participants answer how strongly they agree or disagree with each of the statements looking at their perceived levels of support.

Due to the short nature, and relative easy of the measure, there is no comprehensive accompanying manual, with the authors simply suggesting that a higher score on the MSPSS equates to a greater perceived level of social support.

Zimet et al. (1988) noted that through the late 1970's and into the early 1980's there was an increasing movement towards the understanding of social support and its efficacy in helping cope with a number of physical (Broadhead et al., 1983), or psychological (Andrews, Tennant, Hewson, & Vaillant, 1978) illnesses. It had previously been established that the quality of social support an individual receives, can act as a significant buffer between their everyday lives and the specific stresses associated with their illnesses.

Zimet et al. (1988) also found that the subjective belief of having social support was more beneficial to those going through health concerns, regardless of the objective facts of their actual support structures in their lives. As long as people believe they are being supported they tended to cope better, regardless of whether this support was actually present.

The authors set out to develop a tool that focused specifically on the subjective level of support that an individual experiences. They focused their efforts on three primary areas of support: Family, Friends, and a Significant Other (which could represent any "special person") the respondent felt they got support from.

The MSPSS utilises ordinal level data; asking respondents to rate how strongly they agree or disagree about a series of statements on their social support on a seven point scale from "Very Strongly Disagree" to "Very Strongly Agree". Ordinal data is not viewed as being as robust as interval or scale data and it is suggested by Kline (1999) that a good psychometric measure should utilise at least interval data .The challenge faced when a psychometric measure utilises ordinal data as opposed to ratio or interval data is that it can simply infer conclusions without having the statistical weight of interval or ratio data to fully support its points. It would be impossible for the MSPSS to utilise interval or ratio data, as the scale sets out to look at the respondents' perception of their social support network. Although not objectively quantifiable, the authors suggested that a higher score on the MSPSS, implies a higher perception of social support.

PSYCHOMETRIC PROPERTIES OF THE MSPSS

Reliability

Reliability refers to the degree to which a tool measures a specific construct and does so while providing consistent results across samples and time scales (Lachin, 2004)

Internal Reliability

Internal reliability refers to the degree to which other researchers, given a set of previously generated constructs, would match them with data in the same way as did the original researcher (LeCompte & Goetz, 1982, p. 32). Kline (1999) suggested that for a measure to demonstrate good internal reliability, an alpha coefficient of .70 or greater is necessary (See Table 4 for a full summary of Cronbach's alpha scores). Zimet et al. (1988) used Cronbach's alpha to assess the internal reliability of the three subscales of

the MSPSS as well as the scale on the whole. They wanted to see that each of the questions in each subscale were close enough to be considered as measuring the same area of interest. They found the MSPSS to demonstrate good reliability, with the total scale having a Cronbach's alpha of .88, while the Family, Friends and Significant Other subscales were .87, .85 and .91 respectively. To further validate the scale, Zimet, Powell, Farley, Werkman and Berkoff (1990) re-administered the MSPSS to three different samples; 265 pregnant women in their third trimester receiving prenatal care at West Virginia medical facilities, 74 adolescents attending high school and 55 paediatric residents in training in hospitals in the Cleveland area. Across the three groups alpha coefficients ranged from .84 –.92, with each of the three subscales having a Cronbach's alpha range of between 0.81 and 0.98.

Other studies have also been carried out to look at the internal reliability of the MSPSS. Dahlem, Zimet and Walker (1991) conducted a confirmatory study of the MSPSS and again using Cronbach's alpha obtained a score of .91 for the total scale, while scores of .90, .94 and .95 were found for the Family, Friends and Significant Other subscales. Kazarian and McCabe (1991) found Cronbach's alpha scores for the subscales ranging from .80 to .91, with the total scale obtaining an alpha of .88 for the psychiatric population. For the university sample the range was .87 to .94 for the subscales with 0.79 for the total MSPSS Cronbach's alpha value.

As part of a study looking at the efficacy of the MSPSS with a psychiatric outpatient population; in particular those with schizophrenia or a major affective disorder, Cecil, Stanley, Carrion and Swann (1995) investigated the psychometric properties of the

scale. Across their total sample, they found Cronbach's alpha scores ranging from .88 to .93 for the subscales and .92 for the total score on the MSPSS.

Miville and Constantine (2006) assessed 162 Mexican-American undergraduate psychology or sociology students in the southwest United States using the MSPSS. To confirm the MSPSS' efficacy with this population a confirmatory factor analysis was carried out which agreed with the three factor model of the MSPSS as reported elsewhere. They identified Cronbach's alpha levels of .87, .89, and .91 for the family, friends, and significant other subscales, respectively. They did not declare a Cronbach's alpha for the total MSPSS score.

Table 4: MSPSS Cronbach Alpha values

Study	Family	Friends	Significant Other	Total
Zimet et al. (1988)				
University Students ($n = 275$)	0.87	0.85	0.91	0.88
Zimet et al. (1990)				
Pregnant Women ($n = 265$)	0.90	0.94	0.90	0.92
Expatriate Adolescents ($n = 74$)	0.81	0.92	0.83	0.84
Paediatric Residents ($n = 55$)	0.83	0.90	0.98	0.90
Dahlem et al. (1991)				
College Students ($n = 154$)	0.90	0.94	0.95	0.91
Kazarian & McCabe (1991)				
University Students ($n = 165$)	0.88	0.87	0.94	0.79
Inpatient Psychiatric Adolescents ($n = 51$)	0.89	0.91	0.80	0.88
Cecil et al. (1995)				
Psychiatric outpatients ($n = 144$)	0.93	0.91	0.88	0.92
Miville & Constantine (2006)				
Hispanic Adolescents ($n = 290$)	0.87	0.89	0.91	-

Test Retest Reliability

A good psychometric will return the same results when the same individual or population are tested on more than one occasion. This is assessed using correlation analysis with a minimum threshold of .70 being considered to be an appropriate level (Kline,1999).

To assess the scale's test-retest reliability Zimet et al. (1988) retested 69 participants from the original sample of 275 students between two and three months after completing the initial scale. Across the total scale, they found the test – retest reliability to be measured at .85, with the Family, Friends and Significant Others subscales measured at .85, .75, and .72 respectively.

Along with the initial pilot study, a number of studies have been undertaken which have assessed the test-retest properties of the MSPSS. Wongpakaran, Wongpakaran and Ruktrakul (2011) found during a four-week retest reliability check, the MSPSS was found to demonstrate satisfactory reliability. Using an intra-class correlation coefficient for 72 students, they obtained a score of 0.84. Similarly, utilising the Swedish language version of the MSPSS, Ekbäck, Benzein, Lindberg and Årestedt (2013) found the scale to have strong test-retest properties, when administered on a group of 44 students with a one week gap between the initial test and the follow up. Using the intra-class correlation coefficient they obtained values of between .89 and .92 for the three subscales and overall score on the MSPSS. These scores are all higher than those obtained in the original study but the retest time was significantly shorter which could potentially account for this difference.

Validity

Validity refers to whether a test measures what it purports to be measuring. There are various types of validity which will be addressed in relation to the MSPSS.

Face Validity

Face validity is the most common form of validity. Holden (2010) stated that face validity looks at whether, on the surface, do the questions in the psychometric appear to be measuring the construct that the psychometric test claims to be measuring? During the initial construction of the MSPSS, Zimet et al. (1988) designed the scale with 24 items which aimed to look at people's relationships with family, friends and a significant other across three domains; social popularity, respect and perceived social support. These were initially rated on a 5 – point Likert scale. Following the use of repeated factor analysis, the authors found that the items they had selected relating to the respect and popularity domains did not form conceptually consistent factors, and were consequently removed. This left the scale with only the 12 questions related to perceived social support, so to encourage further discrimination across the scale, the authors increased the Likert scale from a 5 - point to 7 – point scale.

Content Validity

Content validity refers to whether a test covers all facets of the construct it is supposed to be measuring (Yaghmaie, 2003). The use of the friends, family and significant other subscales does appear to cover the main areas of support that people will utilise, but there are areas that are overlooked within the scale that a large number of people will also use as a means social support. These include professionals such as counsellors or doctors; being a member of a religious group; involvement with a club or society or

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support from work colleagues. These forms of support will not necessarily be picked up by the MSPSS. The term 'special person' is used in the significant other subscale and may pick up on some of these other areas, but as will be shown, the Significant Other subscale tends to be most closely aligned to an intimate partner in most respondents.

Predictive Validity

Predictive validity is the extent to which a measure is able to predict a future outcome (Debidin, 2009). Ordinal data, specifically Likert scale type ordinal data, makes predictive validity of a tool challenging. Likert scale items where a level of agreement on a statement is a subjective experience. It can be influenced by any number of respondent variables at the time of completion; mood, fatigue, interpretation of the questions asked, frame of reference that the respondent uses to answer the question. When a person is asked to perceive of their level of social support, they make judgements based on comparison groups as well as comparison to their historical self; "'am I better off or worse off than I have been or than other people?" (Ogden and Lo, 2011 p. 2). The intensity of the response given can be based on which way the question or statement is phrased. There is an asymmetry in Likert scale questions. While it would be expected that if a person would agree with a positively worded statement, that they would then disagree to the same intensity if the statement was written in the negative. However Alexandrov (2010) found that negatively worded statements are responded to more intensely than corresponding positive ones. In terms of the MSPSS, all statements are written in the positive but based on Alexandrov's assumptions, if some of the statements were written in the negative and reversed scored, it could lead to a greater

response score, which invariably would have an impact on any predictive capacity the tool may have.

Despite these challenges, the MSPSS has been found to correlate with a number of other measures thus making inferences about the relationship of the MSPSS to some psychiatric disorders possible. During the development of the MSPSS, Zimet et al. (1988) hypothesised that perceived social support would be negatively correlated with reported levels of anxiety and depression. Correlation analysis between the MSPSS subscales and the depressive and anxious subscales of the Hopkins Symptoms Checklist (HSCL) (Derogatis, Lipman, Rickels, Uhlenhuth & Covi, 1974) found some significant negative correlations. The Family subscale was significantly negatively correlated with both self-reported depression ($r = -.24$, $p < .01$) and anxiety ($r = -.18$, $p < .01$). The Friends subscale was significantly negatively related to depression ($r = -.24$, $p < .01$) but not anxiety. The Significant Other subscale showed a significant negative relationship to depression ($r = -.13$, $p < .05$) but not anxiety. The total MSPSS was also negatively correlated to self-reported depression on the HSCL ($r = -.25$, $p < .01$).

Kazarian and McCabe (1991) found that the total MSPSS had a significant negative correlation with the Beck Depressive Inventory (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) in a sample of university students ($r = -.31$, $p < .05$). They also found a significant negative correlation between the MSPSS and the Children's Depression Inventory (Kovacs, 1985) in a sample of adolescent psychiatric inpatients ($r = -.58$, $p < .05$). Chou (2000) found significant negative correlations between the Family subscale of the MSPSS and the depression ($r = -.16$, $p < .01$) and anxiety ($r = -.11$, $p < .05$) subscales of the General Health Questionnaire (GHQ) (Goldberg, 1972). Chou also

found negative correlations between the Friends subscale and the depression (r = -.12, p < .05) and anxiety (r = -.14, p < .01) subscales of the GHQ. Bruwer, Emsley, Kidd, Lochner and Seedat (2008) also found significant negative correlations between the total score on the MSPSS and levels of depression as measured on the Beck Depressive Inventory in 502 South African adolescents (r = -.27, p < .01), as well as for the Family (r = -.28, p < .01), Friends (r = -.22, p < .01) and Significant Other (r = -.22, p < .01) subscales.

It makes sense that there would be a negative correlation between perceived social support and feelings of anxiety and depression. Having strong social support or perceiving oneself to have strong positive social support, increases ones wellbeing. Those with a greater sense of wellbeing are less likely to struggle with the effects of anxiety and depression. Should one begin to experience anxiety or depression, they will have their social support to help them overcome these difficulties. On the other hand without that support, a person is more inclined to succumb to the difficulties associated with anxiety and depression. However as already noted, these studies all identify correlations suggesting a relationship rather than causality. It would not be prudent to suggest that a high score on the MSPSS would make someone less likely to suffer from anxiety or depression.

Concurrent Validity

Concurrent validity is the degree to which a psychometric measure correlates with other measures that assess the same construct (Rubin & Babbie, 1993). Kazarian and McCabe (1991) obtained scores from both the MSPSS and the Social Support Behaviours Scale (SS-B) (Vaux et al., 1987) to assess the concurrent validity of the MSPSS. The SS-B is

made up of 45 items, looking at the areas of emotional support, socializing, practical assistance, financial assistance, and advice or guidance. The SS-B is supposed to be administered twice; once in relation to members of your family and then again in relation to close personal friends. Similar to the MSPSS, higher scores on the SS-B reflect higher perceived social support. Each of the factors of the MSPSS as well as the MSPSS Total Score correlated positively with each of the five areas of the SS-B. Unsurprisingly the Family subscale of the MSPSS correlated most highly with the five areas of the SS-B when answered in response to members of the family. Similarly the Friends subscale of the MSPSS correlated most strongly when the SS-B was answered in relation to close personal friends. A clear pattern was not discernible in relation to the Significant Other subscale, which showed positive significant correlations across both domains of the SS-B. Correlations between the two measures ranged from 0.13 to 0.77 depending on the differing subscales investigated. (See Table 5 below for full *r* and *p* values for all scales)

Cecil, Stanley, Carrion and Swann (1995) assessed the concurrent validity of the MSPSS against the Network Orientation Scale (NOS). The NOS (Vaux et al., 1986) is a 20-item, self-report scale that looks at a person's likelihood to utilise their social support networks during times of difficulty. Pearson's r correlations were found to range between 0.19 and 0.31 for the total score on the NOS and the total score and subscales of the MSPSS.

Table 5: Concurrent validity correlations for the MSPSS

Measure	Family	Friends	Significant Other	Total
Social Support Behaviours Scale (SS-B)				
Emotional Support				
Family	.77	.31	.29	.63
Friends	.24	.74	.31	.53
Socialising				
Family	.66	.21	.30	.55
Friends	.15	.65	.28	.45
Practical assistance				
Family	.58	.18	.26	.48
Friends	.13*	.61	.13*	.35
Financial assistance				
Family	.50	.18	.23	.42
Friends	.13*	.59	.19	.38
Advice / guidance				
Family	.65	.22	.31	.54
Friends	.27	.69	.28	.53
Network Orientation Scale (NOS)	.27	.30	.19	.31
MOS (Medical Outcomes Study)	.34	..39	.60	.61

*$p < .05$; all other values $p < .01$

The MSPSS has also been found to correlate positively with the MOS (Medical Outcomes Study) social support survey (Sherbourne & Stewart, 1991). Ng, Siddiq, Aida, Zainal and Koh (2010) set out to validate the Malay language version of the MSPSS; the MSPSS-M, with a group of 237 medical students at the University of Malaya. The tool had been translated from English to Malay by two bilingual authors and was then translated back by two other bilingual authors to verify the language used was accurate. Correlational analysis between the total MSPSS-M subscales and the participants' scores on the MOS-social support survey, found positive, significant correlations ranging from 0.34 to 0.60 for the MSPSS-M subscales and a correlation of 0.61 for the total score on the MSPSS-M.

Construct Validity

A test with high levels of construct validity will be one which is accurately measuring the construct it set out to assess (Cronbach & Meehl, 1955). As theories evolve and are refined, so should a psychometric measure to ensure it remains measuring the construct accurately.

In most studies, the MSPSS has been found to demonstrate a three factor model with a wide variety of samples as initially planned by the original authors. In the pilot study, Zimet et al. (1988), using the Kaiser normalisation test, extracted three factors, with each question loading onto its intended factor with very little cross-loading noted between factors, from their sample of 275 US university undergraduates. Again in 1990, Zimet et al. reaffirmed the three factor structure utilising principal components analysis. This time was with a more diverse sample; 265 pregnant women in Western Virginia; 74 expatriate teens in Madrid or Paris; and 55 paediatric residents in hospitals in

Cleveland. The three factor structure of the MSPSS has been continually demonstrated in further studies; Dahlem et al. (1991) with a diverse group of 154 students at an urban college, Kazarian and McCabe (1991) with 165 university students and 51 psychiatric adolescent inpatients, Cecil et al. (1995) with 144 psychiatric outpatients, Canty-Mitchell and Zimet (2000) with 222 urban adolescents from ethnic minority backgrounds and Bruwer et al. (2008) with 787 South African young people. It appears that the three factor model remains consistent across studies with very little cross loading noted and the factors combined accounting for between 79.3% (Canty-Mitchell & Zimet 2000) and 83.9% (Dahlem et al., 1991) of the variance in the responses.

Despite the many papers that support the three factor structure of the MSPSS, there has been some debate in the literature about its make-up, particularly within non - western cultures. The pilot study was developed with an American undergraduate sample and many of the subsequent studies have also involved western participants. Along with those mentioned above, Calvete and Conner- Smith (2006), Clara, Cox, Enns, Murray, and Torgrude (2003), Edwards (2004), Landeta and Calvete (2002) all had western samples similar to the Zimet et al. (1988) pilot study and the confirmatory study by again by Zimet et al. in 1990, all of which confirmed the three factor model. However studies that have Asian populations tend to lean towards a two factor model of the MSPSS.

Chou (2000) administered the Chinese language version of the MSPSS to 475 12th grade high school students. A principal component factor analysis of the MSPSS generated two dimensions; the Family subscale (4 items) and the Friends subscale (8 items). Similarly Cheng and Chan (2004) found difficulty in validating the three

dimensions of the MSPSS when using the Chinese language version of the MSPSS in a sample of 2105 7th to 11th grade students (ages 11 – 16 years; mean age 14.8 years) in high schools in Hong Kong. They found clear factorial differences in the Friends and Family subscales, but found the Significant Other to be more fluid in where it primarily loaded depending on the age and gender of the respondents. They found that females tended to align the Significant Other subscale more closely to Friends whereas males attributed it more closely to their Family. Also across both genders, older participants tended to align the Significant Other subscale to the Friends subscale, reflecting the developmental shift in adolescence towards a greater dependence on social groups and an increased independence from family. It was noted in both papers that due to the relatively young age of the respondents across both the Chou (2000), and the Cheng and Chan (2004) studies, it is likely few would be involved in intimate relationships which is how most respondents view that subscale. The questions use the term 'special person' which for many of the younger respondents will be their parents, while the older adolescents will primarily this of the 'special person' as a best friend or similar.

Using an Urdu language version of the MSPSS administered to 153 Pakistani respondents, Tonsing, Zimet and Tse (2012) similarly found support for only two factors of the MSPSS; Family and Friends. In a reversal of the Chou (2000) study, the Friends subscale was retained in its original 4-item form, while the items on Family and Significant Others loaded on a single subscale. Again the choice of participants will have impacted on the factorial structure of the measure. The role of family in Pakistani culture is valued higher than in many western cultures, with three and four generations of the same family regularly living together in the one home. Also within this particular sample 81% of the respondents were married so it is again likely that they would have

thought of their spouse in relation to questions about a 'special person' as well as their family.

There appears to be universal consistency with the Family and Friends subscales of the MSPSS, but the Significant Other referred to as a 'special person' is more ambiguous and can be interpreted in a number of ways. It appears that it is most often considered in relation to an intimate partner, however in younger respondents it appears the term 'special person' is most readily attributed to a best friend in adolescents and then family members in pre-adolescent respondents.

Normative sample

In order to accurately interpret the scores obtained on a psychometric measure, normative information is required. The MSPSS does not come with normative information included with the measure, however the pilot study and subsequent confirmation study (Zimet et al., 1988, 1990) provide details of the original participants on whom the measure was piloted. In the 1988 study, 275 Duke University undergraduate psychology students acted as the normative sample. The sample was made up of 139 males, and 136 females, with an age range of 17 to 22 years (mean 18.6 years). One hundred and eighty five of the sample were freshmen (1st year students), while 67 were sophomores (2nd year students), 20 were juniors (3rd year students) and 3 were seniors (4th year students).

In the 1990 study, the MSPSS was validated on 3 different samples; 265 pregnant women ranging in age from 16 to 42 (mean age 25.8 years); 74 (49 females, 25 males) adolescents attending American high schools in Madrid or Paris. These were American expatriates whose parents were living in France and Spain for diplomatic, business or

military jobs. They ranged in age from 15 to 19 (mean 16.7 years). The final sample was 55 (33 females, 22 males) paediatric residents in training in hospitals in the Cleveland area who ranged in age from 24 to 38 (mean 29.2).

The individuals used as a normative sample are, on the whole, a homogenous group; younger Americans. The oldest participant across any of the samples was 42 years of age. This limits the applicability of the MSPSS to older samples. The MSPSS has been administered on a wider range of ethnic backgrounds as noted previously, but most of these studies still focussed on younger samples. It is likely that the social support perceived by older individuals will differ greatly than that of a younger sample. During adolescence and early adulthood, individuals begin to assert their independence from their parents and friends and peers take on a greater influence and source of support for the young person. Conversely as individuals move into their older years, there is likely to be a greater reliance on family in terms of both practical and social support.

One of the criticisms raised about the MSPSS across its normative sample is that their responses are not normally distributed. It was hypothesised that in a normal sample, the mean responses would be near 3.5; for every person with a high level of perceived support there should equally be someone with low levels of perceived support. However across the initial samples, the mean total scores were all significantly higher than the expected mean - undergraduate psychology students (5.8); pregnant women (6.01); adolescents living abroad (5.6) and paediatric residents (5.58). Zimet el al. (1988) noted that this suggests that there is infrequent indorsement of lower levels of social support. Looking at the mean responses from the initial sample, as well as those of the other studies that utilised the MSPSS and are listed in table 3 in chapter 3 (page 115) none of

the mean responses for the total MSPSS score or any of the subscales came near the

expected 3.5 mean score and continually skewed towards higher perceived social

support. This has an impact on analysis of results as it appears that the MSPSS breaks

one of the main assumptions of parametric statistics; that the data found is normally

distributed. Analysis of the results obtained on the MSPSS when being used to compare

perceived support between groups should take account of this fact during calculations.

These skewed responses may be due to social desirability or other unknown variables.

Social Desirability and the MSPSS

When looking to explain why there were significant differences between the expected

means and the actual means, Zimet et al. (1988) hypothesised that either there was high

levels of impression management being utilised by the sample or that there were higher

than normal levels of social support in their sample of undergraduate psychology

students, however the specific factors attributable to this were unknown at the time.

To address the issue of social desirability a number of studies have been carried out to

look at the relationship between social desirability and scores on the MSPSS. Dahlem,

Zimet and Walker (1991) administered the MSPSS along with the Marlowe-Crowne

Social Desirability Scale (Crowne & Marlowe, 1960) to 154 collegiate students. They

found no significant relationships between the total score on the MSPSS, or any of the

three factors and scores on the Marlowe – Crowne Social Desirability Scale.

Similarly, Kazarian and McCabe (1991) administered the MSPSS along with the Social

Desirability Subscale of Jackson's Personality Research Form (PRF-S; Jackson, 1984)

to two groups: 165 university students, enrolled in an introductory psychology course,

and 55 inpatients of an adolescent psychiatric unit with a primary diagnosis of Conduct

Disorder. Across both samples, only the Family Factor of the MSPSS was found to be mildly correlated with the PRF – S with the university student sample (r = -0.20, p <0.05), with all other correlations being found to be non-significant. This suggests that the MSPSS operates independently from social desirability meaning there are other reasons as to why many of the scores found on the MSPSS tend to be higher than the expected midpoint score of 3.5.

While social desirability suggests a conscious decision to place oneself in a favourable light, there may be more unconscious reasons why scores on the MSPSS vary so significantly from the expected midpoint of 3.5. One area is self-deceptive enhancement, which has been described as 'an unconscious favourability bias closely related to narcissism' (Paulhus, 1998, p. 9). This rigid over confidence would have individuals believing to themselves, and by proxy others, that they do have high levels of social support when this may not be true.

Ogden and Lo (2011) suggested that social comparison can also influence how an individual will complete a questionnaire with a specific emphasis on between-group comparisons when individuals are seen to make judgements relative to those around them (e.g. "*my brother / friend / wife has good social support around them, therefore I must do to as we are similar*").

CONCLUSIONS AND RECOMMENDATIONS

The MSPSS has a large body of research aimed at validating its psychometric properties. It is a quick and easy tool to administer, allowing for large scale quantitative

data collection. It has been demonstrated to be a valid tool across a wide array of samples including Chinese and Pakistani nationals (Chou, 2000 and Tonsing et al., 2012 respectively) to Latino cancer survivors (Stephens, Stein, & Landrine, 2010). However the large majority of studies using the MSPSS have focused on university students throughout the western world.

It has been demonstrated to produce consistent results with good test – retest reliability, as well as being developed with questions that appear to have all been closely related to each other and the subject of social support. Its ability to look at perceived social support was also supported through its close correlations to other measures of social support; the Social Support Behaviours Scale, the Network Orientation Scale and the MOS social support survey.

The MSPSS's three domain structure has been repeatedly demonstrated to be accurate and account for a large majority of the variance in participant responses and the scale has been found to operate independently from issues of social desirability and impression management; something that has been regularly noted as being a problem in self report measures (Paulhus & Reid, 1991).

Also despite not being developed for predictive purposes, the MSPSS has been found to have a negative correlation to the symptoms of anxiety and depression. However, it should not be used to infer a person who scores highly on the MSPSS, is less likely to be diagnosed with anxiety and/or depression. Instead it could be due to the individual's higher levels of perceived social support, they are perhaps in a better position to be able to cope with the effects of anxiety and depression better, should they ever be diagnosed with either mood disorder.

There are however, a number of limitations to the MSPSS, despite being utilised with a wide variety of samples, the overwhelming majority appear to be with younger people (university and high school students). There were no studies found that looked at the efficacy of the MSPSS with an older population. It would be hypothesised that the social support of an older person is different to that of a younger person with perhaps a greater reliance on family and significant others than on friends for social support. Gillespie, Lever, Frederick and Royce (2014) found a significant differences across ages in terms of the number of important friends a person has (e.g. number of friends one could talk about their sex lives with). They found that those aged 18 – 24 had on average 4.8 important friends, compared to only 1.8 for those aged over 65. Similarly Levitt, Weber and Guacci (1993) found that younger adults include fewer family members and more friends in their support networks than older adults.

There also appears to be a cultural bias towards western cultures within the MSPSS. It has been shown that in some Asian samples a two factor model is more appropriate with the Significant Other subscale being subsumed into either the Friends or Family subscales. The Significant Other is a vague subscale, with the use of the term "special person" given to recognise anyone that the respondent views as an important source of social support. However based on the evidence, the term "special person" regularly gets either attributed to an intimate partner or members of the family or friends which are already accounted for in the other two subscales. The term special person is not one that people would instantly attribute to say a therapist, doctor, religious/faith group, community groups, neighbours, co-workers or pets. All of those could be areas of social support important to the respondent, but may be overlooked due to the wording of the questions.

Future considerations for the MSPSS would be to explore its usefulness with an older sample to see if it is still a valid measure, as well as looking at offering an explanation for the far reaching possibilities of the term special person, to allow respondents opportunity to answer as accurately as possible, using sources of social support that may not have been immediately considered when looking at the questions. It would also be important to co-administer the MSPSS with the Paulhus Deception Scale (PDS) (Paulhus, 1998) which has a specific measure of self-deceptive enhancement which may offer some insight into the overly high scores found in responses on the MSPSS.

When looking at addressing the perceived social support experienced by the CoSA volunteers, the decision to utilise the MSPSS in this research was based on the fact that it is the most robustly researched measure of perceived social support at present. Its short and simple format facilitated easy administration to the volunteers. The provision of the normative samples meant the results from the volunteers could be compared to see whether their perceived levels of social support were at a level greater than the mean results achieved by the normative samples. The MSPSS was preferred to a measure of actual social support such as the Social Support Behaviours Scale which measures actual support rather than perceived support. This was due to the fact that it had been noted that in some instances perceived social support was more important than what support the individual may have actually had. Zimet et al. (1988) found that the subjective belief of having social support was more beneficial, regardless of the objective facts of their actual support structures in their lives. This was initially found in relation to relation to those coping with health difficulties. As long as people believe they are being supported they tended to cope better, regardless of whether this support was actually present. In relation to the volunteers this is what was key to the research. It

was important to know how well supported the volunteers felt in their lives irrespective of what may be actually available to them.

CHAPTER FIVE

DISCUSSION OF THE THESIS

INTRODUCTION

This thesis set out to examine the impact of social support on sexual offender recidivism, and more specifically, how Circles of Support and Accountability fits within that. Social support, no matter what form it takes, can play a key role in helping to reduce the likelihood of a released sexual offender reoffending. Hanson and Bussière (1998) noted in their meta-analysis of 23,393 sexual offenders that those whom had never been married were at a greater chance of reoffending. They also found that offenders who were married at the time the studies were conducted were significantly less likely to reoffend. This is reflected in many modern risk assessment measures; the Risk Matrix 2000 (Thornton et al., 2003), the HCR-20 (Webster, Douglas, Eaves & Hart, 1997) and the VRS:SO (Olver, Wong, Nicholaichuk, & Gordon, 2007) all of which make reference to the way in which a lack of close relationships can increase risk, through specific risk items within each tool. Similar findings have been noted relating to a lack of social support in research (Bonta, LaPrairie, & Wallace-Capretta, 1997; Bonta, Law & Hanson, 1998; Proulx et al., 1997) however most research focusses on the closest personal relationships such as friends and family, and does not appear to address the role that the wider community can play in the successful reintegration of a released offender into society, through reducing their recidivism risk.

Summary of the findings

Chapter Two

Chapter two is a systematic literature review that aimed to address the question of whether sexual offenders who engage with community support programmes and / or have strong social support structures reoffend at lower rates than sexual offenders who

have not engaged with these same programmes or lack social support. Given that Dennis et al. (2012) had conducted a systematic review looking at the success of sexual offender treatment on recidivism rates, these were deliberately excluded and research papers where support rather than treatment was the priority, were chosen instead.

Results showed that the eight included papers, lent support to the hypothesis that both formal and informal social support, either decreased the rate of sexual offender recidivism or prolonged the period of abstinence of those who did eventually go on to reoffend, when compared to offenders without the same support structures in place. None of the studies reported that an increase in social support increased the risk of reoffending.

Chapter Three

With the strength of the CoSA programme being evidenced through the systematic literature review, chapter three set out to investigate one of the key strengths of the programme; the volunteers who work with the released sexual offenders. Twenty two current volunteers spoke of their reasons for wanting to join the programme, the positive experience the majority found in the training they received, the mixed relationships that they had with the sexual offenders that they worked with, and the challenges inherent in explaining and justifying their volunteering work to members of the public, who hold generally negative perceptions towards the release and reintegration of sexual offenders. The most interesting finding from the research was the homogeneity of the volunteers, with the majority either coming to volunteer through their involvement with religious faith groups, or as people looking to work in the criminal justice / offender rehabilitation fields and seeking a way of gaining practical

experience. Only one of the volunteers reported that they had happened across the programme through the media and then decided to help out. This lack of media exposure, or perhaps its lack of influence on encouraging new volunteers to join, is one of the key areas for future exploration. While volunteers reported mixed experiences in response to their relationship with their volunteer, it was generally felt that without the programme, the offenders would have been at a greater risk of reoffending. The other significant finding from the interviews with the volunteers was how the programme was received by the public. Specifically it appears that depending on where the focus of the programme is directed will determine how well it is received by the public. When explained as a means to keep the public safe and stop the creation of more victims, it was more favourably received, while explanations about helping the sexual offender to successfully reintegrate into the community was less well supported.

The second question within this chapter was to look at how well volunteers believed they were supported in their lives. Professionals, such as psychologists, who work with offenders get regular clinical supervision to help make sure they are coping with the demands of their work. While support was in place for the volunteers should they have any difficulties within the CoSA group, there is not the same mandated support in place that there would be for professionals. Consequently, most volunteers will turn to their friends and family for support if they were having difficulties within the programme. It was with this in mind that it was hypothesised that the volunteers would perceive themselves to have high levels of social support when measured on the Multidimensional Scale of Perceived Social Support (MSPSS). While the results did indicate that volunteers collectively felt they had high levels of social support as

measured on the MSPSS, there was no significant difference between the volunteers and the normative samples on which the psychometric was designed.

Chapter Four

Chapter four assessed the suitability of using the Multidimensional Scale of Perceived Social Support as a psychometric measure within the context of the research and clinical utility. It was found to meet the criteria for adequate psychometric properties as established by Kline (1999), which included strong alpha coefficients for internal reliability ranging from 0.84 (Zimet, Powell, Farley, Werkman & Berkoff, 1990) to 0.92 (Cecil, Stanley, Carrion & Swann, 1995). It was found to have strong test retest reliability with a range of 0.84 to 0.92 across a number of studies (Ekbäck et al., 2013; Wongpakaran, Wongpakaran, & Ruktrakul, 2011; Zimet Dahlem, Zimet & Farley, 1988).

The MSPSS has been validated across a variety of samples and while most studies endorsed the three factors of the MSPSS; family, friends and significant other, some Asian samples found a two factor model is more appropriate with the significant other subscale being subsumed into either the friends or family factors (Cheng & Chan, 2004; Chou, 2000; Tonsing, Zimet, & Tse, 2012).

Theoretical and Practical Implications

Based on the information obtained in chapter two, this thesis lends further support to the role that social support plays in offender recidivism. While much of the research relating to sexual offender recidivism focusses on the negative consequences that a lack of support has on an offender's successful reintegration into society, a shift towards recognition of positive social support may be under way. The often cited Hanson et al.

(1998) meta-analysis of sexual offender recidivism made little note of social support in terms of factors associated with recidivism. The closest included variable was whether the offender was currently married with those who were, at a reduced likelihood of reoffending. This lack of platonic or other romantic intimacy deficits was acknowledged in the updated 2004 meta-analysis update by Hanson and Morton-Bourgon. In the updated meta-analysis, intimacy deficits incorporated amongst other things negative social influences and loneliness and were assessed against an updated list of studies. Hanson and Morton-Bourgon found that loneliness was not a significant predictor of either sexual or general recidivism, while negative social influences was found to significantly predict non-sexual violent recidivism ($Q= 41.78$; $p < .001$) and any violent recidivism ($Q = 7.65$; $p < .05$). However, since the 2004 meta-analysis was conducted, seven of the included studies in the present systematic review have been conducted, the CoSA programme has developed significantly in Canada, the United Kingdom and the United States of America, and the Good Lives Model has had greater acceptance and increased use as part of sexual offender treatment. It would be hoped that positive social support, beyond intimate relationships, would now begin to emerge as a significant factor in establishing sexual offender recidivism. This increased research into social support components and their role in offender recidivism should be reflected in an updated meta-analysis into sexual offender recidivism. Over the last decade there has been an increase in the inclusion of the Good Lives Model (GLM; Ward & Brown, 2004) into sexual offender treatment programmes. The GLM is a strength based approach towards offender rehabilitation with a focus on the offender's aims and aspirations and seeks to find a way to help the offender meet these goals through non offending means. The GLM is made up of eleven primary goods (Purvis, 2010); certain

states of wellbeing, personal characteristics and life experiences. Two of these eleven primary goods are relatedness and community. Relatedness is the goal of having closeness to others such as friends, family and intimate relationships, while community is the goal of having a wider acceptance, role and connection within society. Combined, these areas would make up the social support notion of this thesis. In fact, in the initial development of the GLM, these two areas were combined into one primary good. There appears to be a growing move towards strength based / protective factor focussed risk assessments. The development of the Structured Assessment of Protective Factors (SAPROF; de Vogel, de Ruiter, Bouman, & de Vries, 2009) as an adjunct to more risk focussed assessments such as the HCR-20 is evidence of this fact. Tully et al. (2013) noted that the Structured Professional Judgement risk assessment tools such as the HCR-20 and the VRS:SO had the greatest predictive validity for future recidivism. While the recent HCR-20 has adopted more positive language in relation to social support moving from the negative 'Lack of Social Support' factor to a more positively worded 'Personal Support', there still remains further progress necessary in SPJ risk assessments to incorporate protective factors like social support fully. With risk assessments playing a significant role in offender progress, those which do not begin to include protective factors in a more holistic formulation of an offender's risk, could potentially be viewed as overly punitive and not reflective of an offenders true level of risk.

From the interviews with the CoSA volunteers, what was most striking was the way the programme is viewed by the public depending on how it is described. While there is clear support for community protection measures, the public's perception of sexual offenders remains, on the whole, predominantly negative. This is borne out of

inaccurate perceptions held by many members of the public. The most widely cited is the belief that a majority of sexual offenders go on to offend. Levenson, Brannon, Fortney and Baker (2007) found that in a sample of 193 Florida residents, the mean percentage response for the rate of recidivism for sexual offenders was 74%. This figure is hugely different to the rate of 13.4% found by Hanson and Bussière (1998) over a four to six year period. Even at a longer follow up period of 15 years, the rate of rearrests for any sexual offense was still less than one quarter of offenders (Harris & Hanson, 2004). With public perceptions so askew of the actual figures, it can be seen how society would be reluctant to embrace offenders returning to society, believing a majority of them will offend again. The truth is that sexual offenders have one of the lowest recidivism rates of any offender type (Sample & Bray, 2006). In the UK child sexual offenders have the lowest rate of reconviction of all offences at 8.9%, while adult sexual offences are the fourth lowest, with drink driving and fraud / forgery offences being the only other offences that have lower reconviction rates (Ministry of Justice, 2013). This misconception serves to continue the cycle, where this lack of societal support does increase the risk of an offender committing another sexual offence, which then reinforces the negative opinions of the public.

A greater effort should be made to address these misconceptions, which can be achieved through greater media awareness of programmes such as CoSA, which in turn could use increased media exposure to widen its volunteer base. As noted from chapter three, only one of the volunteers found out about CoSA from reading an article online, while the majority came from either faith based backgrounds or as those looking for practical experience working with offenders. While it is positive that these groups wish to volunteer for CoSA, they are not representative of the make-up of the wider society. By

increasing the numbers of lay people wanting to volunteer with CoSA, it helps spread

the correct information about sexual offender reoffending and rehabilitation, which is

the key to improved acceptance into the community for sexual offenders and ultimately

continuing reduced rates of offending which is the final goal. It is accepted that not

many people will want to work so closely with sexual offenders, however an active

publicity/media campaign highlighting the work of CoSA, may have the dual benefit of

helping change opinions of the general public towards sexual offenders and encourage

those from other areas of society (outside of the traditional CoSA volunteer bases) to

begin volunteering with the programme.

Limitations of the thesis

Whilst this thesis has contributed to knowledge in the literature and could inform

clinical practice and treatment for sexual offenders, a number of limitations have been

identified. These limitations will be discussed in relation to each chapter.

In chapter two, limitations were found in the lack of Randomised Control Trials

(RCTs), with many of the studies using case-control studies, which are considered to be

a less methodologically robust form of research. This was primarily due to ethical

difficulties of deliberately denying an intervention to sexual offenders before they were

released into the community. Some of the more recent studies were using case-control

studies that closely resembled RCT's. Using a scarcity of resources as a justification,

some offenders were enrolled in community support programmes, while matched

offenders were released into the community without the same support. This was due to

their being insufficient places/volunteers/opportunities rather that a deliberate exclusion

of the control sample.

The fact that articles written in any language other than English were excluded could also limit the breadth of relevant findings. The included papers were from primarily English speaking, western areas only (Canada, UK, USA, Australia and New Zealand). It is likely that similar papers exist in other western areas where English is not the first language, such as many other parts of Europe. Perhaps more interestingly would be the papers found from different cultural backgrounds where both the role of social support and the treatment of sexual offenders is perceived differently. As already noted in Chapter 4, the three subscale model of the MSPSS was not supported in a number of Asian studies where the Significant Other subscale was aligned either to the Friends or Family subscales depending on the age of the participant. It could therefore be hypothesised that depending on the age of the sexual offender, within these cultures, there may be a difference in where they seek social support, with younger offenders having a greater reliance on peers, while older offenders primarily seeking support from family members.

The inclusion of relevant studies will potentially have been further limited by selection decisions within the study method. Only 3 databases were selected for inclusion in the search parameters; all focussed primarily on social sciences. Including databases with a greater emphasis on areas such as law/legal issues and social work could potentially have turned up previously unknown research papers on the role of social support in offender recidivism. The decision to exclude unpublished theses again may have reduced the number of relevant papers. Given that it is already known that many of the CoSA volunteers are students looking for greater practical experience to supplement their academic work, it is likely that a number of undergraduate or postgraduate theses

may have looked at areas to do with Circles of Support and Accountability, or other similar areas concerned with sexual offender recidivism.

The eight included studies were all found to have a quality rating of greater than 60% as determined by the primary researcher. These conclusions were not corroborated by a second researcher to ensure consistency that the included studies were of sufficient quality for inclusion in the systematic review.

Four of the eight included papers were assessments of the Circles of Support and Accountability (CoSA) programme from Canada, the United States of America and the United Kingdom, which suggests that the CoSA programme is the only widely utilised international programme with a primary emphasis on post-release sexual offender release. This thesis had the support of the Lucy Faithfull Foundation, (through the provision of access to their volunteers for the research chapter), who run a number of CoSA programmes within the UK. While the literature review was carried out in a systematic way, the narrow scope of the papers focussing on community support, at the exclusion of typical offender treatment, invariably meant that there would be a greater concentration of CoSA papers included. Within the systematic literature review, during the development of the inclusion/exclusion criteria, the decision to exclude any papers that appeared to be considered treatment, may have also resulted in excluding some papers that, while may have called themselves a form of treatment, may have been closer in design and concept to CoSA than SOTP.

The results of the research study in chapter three will have been affected primarily by the method of interview. The volunteers completed an online interview schedule which will have focussed and at the same time limited the responses of the volunteers.

Traditional interviewing allows for greater expression, as well as the opportunity for follow up questioning and clarification of points, which was not possible in this instance. This method of interview completion also meant that basic summative content analysis was chosen to interpret the data rather than a more detailed method such as Interpretative Phenomenological Analysis, which could have been facilitated with fewer participants and would have perhaps generated a greater breath of respondent information. As with all qualitative research, whilst it would be important to remain as objective as possible, all interpretation is shaped by the experiences of the researcher and as such differences in interpretation will invariably exist from one researcher to another.

The number of volunteers in the study is small, with only 22 taking part in the online interview and then 14 agreeing to return to complete the MSPSS. While the responses given by the CoSA volunteers were similar to those noted in other studies such as Wilson, McWhinnie, Picheca, Prinzo and Cortoni (2007), it could not be suggested that these responses were representative of the UK CoSA volunteer population as a whole. As already noted by McCartan et al. (2014) there were approximately 600 volunteers actively engaged in Circles throughout England and Wales in 2012. In this instance, a volunteer sample of approximately ten times the size of that in the current study would have been necessary to consider it representative of the wider CoSA volunteer population while maintaining a reasonable margin of error of 5% and a confidence level of 95%.

The coding of the responses given by the CoSA volunteers was conducted solely by the primary researcher. Having a second researcher co-rate the responses would have given

the research study an opportunity to further examine areas of inter-rater disagreement as well as confirm the coding variables used where there was inter-rater agreement.

In relation to chapter four, whilst the MSPSS is seen as a sound psychometric measure for looking at perceptions of social support, during the design and validation of the measure, it was administered to a number of different samples; pregnant females, high school students and paediatric residents in training. However when looking at the demographic information of these samples it was noted that they were all quite young, with the oldest person in any of the samples being 42 years old. It is not known whether older individuals rate their perceived social support differently from younger people, as MSPSS validation with an older sample remains an outstanding area of research.

Within the research sample, 41% of the CoSA volunteers in chapter three were found to be 51 years old or older. It remains unclear whether this tool was an appropriate choice for these participants.

Suggestions for future research

Considering the limitations that have been highlighted in relation to this thesis, there are a number of considerations for future research to build on what was found in this thesis. There appears to be an increasing number of studies utilising case-control studies that are similar to RCT's, but are based around a scarcity of resources rather than deliberate denial of access to treatment for the offenders in question. These present the greatest opportunity for robust research into the effect of structured or unstructured social support on sexual offender recidivism rates. This combined with a continuing trend towards positive support instead of a lack of support in risk assessment suggests that

there will be an increase in programmes beyond the Circles of Support and Accountability programme which could be researched for their efficacy.

Looking at the experiences of the CoSA volunteers, which has been shown to be a worthwhile and effective programme, future research would benefit from conducting face to face interviews with the volunteers. The questions in the present research were based on what the researcher, after discussion with the research supervisors, felt were the important factors for the CoSA programme. This may not be what the volunteers felt were the most pertinent areas relating to their experience. Face to face interviews with the volunteers would allow this possibility to be explored further.

It would also be of value to look at the CoSA programme on a national rather than regional level. Currently most research is conducted based on a region by region basis with the present study focussing on the Midlands region, while, for example, the Bates et al. (2013), study focussed on the project in the South East of England. As of 2010, the National Offender Management Service (NOMS) has provided central funding to the Circles UK organisation, rather than funding specific local programmes (McCartan et al., 2014). It would therefore prudent for further research to look at the programme on a national level, rather than regionally to compare delivery styles and their impact on long-term recidivism rates, to help identify which specific factors of the CoSA programme are most effective in helping community reintegration and limit offender recidivism.

While research has been conducted to look at the impact that the CoSA programme has on the Core Members and the volunteers, there are still other stakeholders who should be consulted on what they feel are the strengths and limitations of the programme. This

includes the police and probation service. This point was also acknowledged by McCartan et al. (2014), who recently conducted a file review of two CoSA pilot programmes in the UK on behalf of the Ministry of Justice, to highlight current strengths and ongoing concerns.

As alluded to, during the development of the MSPSS and also in subsequent analysis of the psychometric measure, very little work has been done to investigate its value with older people. With Gillespie, Lever, Frederick and Royce (2014) identifying younger people having a greater number of important friends than older people and Levitt, Weber and Guacci (1993) finding that younger adults include fewer family members and more friends in their support networks than older adults, it suggests that a clear difference is evident in how young and old people perceive social support within their lives. For the MSPSS to be considered a valid and reliable tool across the lifespan, specific analysis of the measure with older people should be considered an outstanding area of future research.

Summary and Conclusions

This thesis supported the already established literature suggesting that positive social support can help reduce rates of reoffending amongst sexual offenders. The thesis focussed primarily on the role that the Circles of Support and Accountability Programme plays in this. Based on the systematic review, it has been shown that those who partake in the programme, reoffend at lower rates than those who do not have access to the programme. Offenders from the programme who do go on to reoffend, remain offence free for a longer period, and tend to commit offences that are less severe than their initial offence.

This programme works well due to the continued hard work of the team of volunteers who see the sexual offenders on a weekly basis for up to two years. Despite the clear successes of the programme, there are a number of outstanding difficulties that could be limiting the programme's further success and development. The CoSA programme appears to attract a very limited breadth of people wishing to volunteer; mainly those with an interest in working with offenders and those from faith backgrounds. This appears to be true across the whole CoSA network, with similar findings noted in Canada (Wilson, Picheca, & Prinzo, 2007). Finding a means to attract lay people to volunteer would hopefully open up the programme to greater acceptance in the community, increase its volunteer pool substantially; allowing for more offenders to take advantage of the programme. Fundamental to community acceptance of the programme, is how it is perceived by the public. Based on the responses from the volunteers, explaining the programme as a means to maintain community safety, as opposed to a means of aiding sexual offender reintegration, will lead to greater acceptance of the programme, and ultimately the more widely the programme is accepted the greater its success will be.

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  10.1207/s15327752jpa5503&4_17

APPENDICES

Search Syntax for Systematic Literature Review searches

Embase 1974 to 2012 April 11, & PsycINFO 1967 to April Week 2 2012

Search Term	Hits
1. child sexual offender.mp.	21
2. sex* offen*.mp.	10531
3. rape/ or pedophil*/ or paedophil*/ or sexual behavior/ or sexual behaviour/ or psychosexual disorder/ or sexual abuse/ or child abuse/ or sexual deviation/ or child sexual abuse/	162384
4. indecent assault.mp.	64
5. exp incest/	4333
6. exp exhibitionism/	722
7. child molest*.mp.	1319
8. 1 or 2 or 3 or 4 or 5 or 6 or 7	171392
9. rehab*.mp.	226913
10. reintegrat*.mp.	5481
11. support*.mp.	1387846
12. assist*.mp.	835250
13. help.mp.	428464
14. aid.mp.	155457
15. intervention*.mp	788148

16. restorative justice.mp	616
17. (circles adj2 support).mp	44
18. mentor*.mp	21550
19. 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18	3371027
20. community.mp.	495314
21. outpatien*.mp.	201256
22. 20 or 21	681317
23. 8 and 19 and 22	11647
24. remove duplicates from 23	7017

ISI Web of Knowledge (1900 to 2012, Week 15)

Topic = (child sex offen* or sex* offen* or rape or pedophil* or paedophil* or sexual behaviour or sexual behavior or sexual abuse or child abuse or sexual deviance or child sexual abuse or indecent assault or exhibitionism or voyeurism or child molest*)

AND

Topic = (rehab* or reintegrat* or support* or assist* or help or aid or mentor or intervention or restorative justice or circles support)

AND

 Topic = (community or outpatient or out-patient)

ISI Web of Knowledge   4540 Hits

Total Journal Articles from
three databases $n = 11557$

Inclusion / Exclusion Criteria

Population: Adult or adolescent individuals who have engaged in sexual activity that is deemed illegal under local laws

Exposure: Access to appropriate community / social support

Comparator: Male or female adults or adolescents who have engaged in sexual activity that is deemed illegal under local laws who have not been involved with community based / social support services;

Outcome: Levels of sexual offending recidivism

Study design: Cohort Studies, Case-control studies, Case series reports

Language: English only

Exclusion: Narrative reviews, editorials, commentaries or any other type of opinion paper; Unpublished theses

	Inclusion	*Exclusion*
Population	Adolescent and adult (male and female) individuals who have been engaged in and previously convicted for a sexual offence that is deemed illegal under local laws, who are currently in the community. Outpatients; probationers	Adolescent and adult (male and female) individuals who have been engaged in and are currently convicted for a sexual offence that is deemed illegal under local laws, who are presently serving sentence in a prison or secure psychiatric unit. Non offending adults and adolescents. Children.
Exposure	Presence of social support network or involvement with community based support services	
Comparator	Convicted sexual offenders who have been released from prisons or secure units who have not been involved with community based support services.	
Outcomes	Levels of sexual offence recidivism	Levels of recidivism for non sexual offences exclusively.
Study design	Observational Studies: a) Cohort Studies, b) Case Control Studies, c) Case Series Studies	Editorials, reviews, opinion papers, commentaries
Language	Material published in English	All other languages

Quality Assessment Forms

Cohort Study

Quality Criteria	Met (2)	Unclear (1)	Not Met(0)
Screening Questions			
Did the study address a clearly focussed question?			
Was an appropriate method used to answer the question?			
Further Questions			
Was the cohort recruited in an acceptable way?			
Was the exposure to community support accurately measured?			
Was the level of recidivism accurately measured?			
Have important confounding variables been accounted for?			
Were potential confounding variables adequately managed in the analysis?			
Was the follow up period sufficient?			
Do the results of the study match other available evidence?			
Column total			
Total score	**/18**		
Percentage			

Case - Control Study

Quality Criteria	Met (2)	Unclear (1)	Not Met(0)
Screening Questions			
Did the study address a clearly focussed question?			
Was an appropriate method used to answer the question?			
Selection Bias			
Were the cases recruited in an acceptable way?			
Were the controls selected in an acceptable way?			
Is the description of demographic factors clear and comprehensive?			
Were the case and control groups comparable with respect to important confounding variables?			
Were potential confounding variables adequately managed in the analysis?			
Measurement and Detection Bias			
Were the participants blind to the research?			
Were the assessors blinded to status of participants?			
Was recidivism assessed in the same way across the cohorts?			
Were the methods measuring recidivism rates comparable to those used in other studies?			
Attrition bias			
Were the cohorts followed up for an appropriate length of time?			
Were any missing values dealt with appropriately?			
Analysis			
Are the statistical tests used appropriate?			
Column total			
Total score	/28		
Percentage			

Appendix 4

Data Extraction Form

General Information

Date of data extraction	
Title of Article	
Author	
Title of Journal/Year	
Notes	
Quality Score	

Re-verification of study eligibility

Population Adolescent and adult (male and female) individuals who have been engaged in and previously convicted for a sexual offence that is deemed illegal under local laws, who are currently in the community. Outpatients; probationers	Y / N / ?
Exposure Presence of social support network or involvement with community based support services.	Y / N / ?
Comparator Convicted sexual offenders who have been released from prisons or secure units who have not been involved with community based support services.	Y / N / ?

Outcomes Levels of sexual offence recidivism	Y / N / ?
Study design a) Cohort Studies, b) Case Control Studies, c) Case Series Studies	Y / N / ?

Detailed information	
Study aims	
Target population - *Type of sexual offender* - *No. of offenders* - *Demographic information*	
Control population - *Type of participant* - *No. of participants* - *Demographic information*	
Methodology	
Attrition rates	
Results	
Other notes/limitations	

Sample Response from CoSA Volunteer

Q1: How did you come to be a volunteer for CoSA? What is your background? Where did you hear about the programme and what made you want to begin working as a CoSA volunteer?

I was studying an undergraduate psychology degree at university and an email was sent around the department advertising volunteer opportunities for CoSA. I went to the information evening, filled in an application and then attended an interview before successfully being accepted as a volunteer. I wanted to become a volunteer as I was interested in further study into forensic psychology and wanted an opportunity to gain experience with a forensic client and associated professionals.

Q2: When you joined as a volunteer, what were you told that your role would involve? What sort of training were you provided with to help you become a successful volunteer for CoSA? Do you feel that enough training was provided or do you feel more training would be beneficial? If so, what sort of training do you think would benefit the volunteers?

I was informed that my role would be a support network for the core member, including attending weekly meetings, providing weekly phone support and attending additional activities e.g. bingo, meals etc. I was given training on theoretical bases of sexual offending, how sexual offenders are managed in the community and how support is linked to reduced reoffending. I think enough training was given as the role is supportive rather than specifically therapeutic.

Q3: What are the requirements placed upon you as a CoSA volunteer? How much time each week is taken up with your circle? Do you feel that this is an excessive use

of your time? Do you feel that being involved in CoSA impacts on other parts of your life? Do you feel generally well supported by the wider CoSA team? If so, how do they support you?

Weekly meetings lasted around 1/1.5 hours excluding an hour total travel time to get to and from the meeting point. The weekly phone calls lasted between 10-20 minutes. I didn't feel it was an excessive use of my time and felt as though I could easily manage this commitment alongside a full academic and social schedule. I felt well supported by the CoSA supervisors/managers who were understanding if you would be late to meetings etc. however there wasn't as much supervision of volunteers as I would have expected. I think time for this should be set aside perhaps once per month, even in a group scenario, as the issues dealt with in the circle can be quite distressing.

PAGE 5: Working with Core Members

Q4: What is your relationship like with your current/most recent Core Member? What sort of activities / assistance to you engage in with him?

I felt I had a good relationship with the core member although this was strengthened by me volunteering to attend extra activities with him and other volunteers. This included taking him for meals out, visiting him in hospital and going to play bingo.

Q5: How did you feel when you first started working with your first Core Member? How did these feeling influence how you engaged with this member initially? How well were you supported by the rest of the CoSA team when these initially difficulties were present?

I felt nervous but excited before meeting the core member. I felt I had some good knowledge of sexual offending and working with people; however I was worried about how to manage empathy and accountability. I think this made me slightly more guarded

at first, probably presenting as more of a professional rather than an informal support network. I think having a group of CoSA volunteers allows you to become more comfortable with the core member and create a more informal atmosphere - this was made easier at first by volunteers who had less forensic knowledge.

Q6: How receptive has your Core Member been to having a circle supporting him? Have there been any difficulties between you/the rest of the circle and the Core Member. If so, what difficulties have your circle faced and how did you overcome them?

The core member was highly receptive and I don't recall any big difficulties apart from some communication problems as he was borderline learning disabled. This was overcome by other volunteers helping to clarify things.

Q7: Have there been any difficulties for your Core Member (for example, lapses or a breach of conditions)? If so how did you and the rest of the circle respond?

The core member was being overly restrictive (to an unrealistic degree) with himself and so we helped him to resolve his dilemmas in an appropriate way - for example talking through ways of coping when walking past a school on the way to the shops; instead of him doubling his journey to go to an alternative shop.

Q8: Had your Core Member not been involved in the programme, how do you think they would have coped since being released? Would they have reintegrated successfully into the community regardless, or do you think they may have reoffended? If you think they would have reoffended, what is it about your circle has meant that they haven't reoffended?

I think this core member may have reoffended or harmed himself as a result of his offending behaviour and incarceration. He had very low self-esteem and no other means

of support in the community. He was also being victimised by members of the public. I think the circle enabled the core member to be more compassionate towards himself whilst also thinking up practical ways to stay safe and reinforcing skills learnt on the sexual offender treatment programme he had undergone in prison.

PAGE 6: You as a CoSA Volunteer

Q9: What has the experience been like for you of being a CoSA volunteer? When you began volunteering, what did you hope to get out of it? Have you managed to meet these expectations yet? How do you feel that being a volunteer has changed you?

The experience was overall a positive one; however the core member took an overdose the night that the circle ended. I felt this changed my perspective on how important support networks are for offenders and I think the experience increased my empathy and compassion for such individuals. It has made me continually try to separate the person from the behaviour and consider how theory needs to be made practical in order to reduce reoffending.

Q10: Is there any part of being a CoSA volunteer where you feel you have failed to achieve a personal goal? If so, what? Do you think you will succeed in achieving those goals at a later date, or do they seem unrealistic given your experiences up until now?

Not that I can think of.

Q11: How do you feel that CoSA acts as a benefit to your local community and the wider society as a whole?

I think it provides an extremely valuable support service and continuation of rehabilitative attempts begun in prison for sexual offenders. I think it plays an important role in reducing

reoffending, not just because of monitoring and direct support, but through changing society's attitude towards offenders which enables opportunities for these individuals to change and be accepted back into the community.

Q12: Do you explain to your friends and family what you do as a CoSA volunteer? How is this received by them? If they react negatively towards CoSA, do you try and explain to them the positive influence that CoSA has on its Core Members? How receptive are your friends and family to the explanations you give? Do you find that they change their opinions of CoSA once you have explained what the programme is about and the benefits it provides?

I had mixed reactions - mainly negative. I would always point out the failings in the current ways offenders are viewed and how this is linked with reoffending and then the positives of circles and how this reduced reoffending. This explanation was generally received well but I still found this would not change the individual's general perception of sexual offenders - they would just make an exception for my specific core member.

Q13: Given the negative perception generally towards sexual offenders by society, and given what you have experienced as a CoSA volunteer, do you feel a sense of obligation to challenge these widely held beliefs when you are faced with them? Do you feel that you must act as an ambassador for CoSA and defend the work it does?

Absolutely. I think that working directly with an offender allows you to understand their behaviour and see how different rehabilitation could be if attitudes were changed. I still tell people about the CoSA work and the benefits of this. I think this is necessary for everyone involved with CoSA as we have the knowledge and experience to inform and educate others who in turn can inform and educate people they know.

Q14: Have you ever tried to actively recruit a friend or family member to become a CoSA volunteer? If so, why did you decide to do so?

I have suggested it to friends however they would decline even if they understood the rationale behind it, usually stating "It's good you do it because I never could". I tried to encourage people to get involved as first-hand experience is the most powerful way to inform others and try to change their perception.

Instructions: We are interested in how you feel about the following statements. Read each statement carefully.

Indicate how you feel about each statement.

Appendix 7

UNIVERSITY OF
BIRMINGHAM

School of Psychology

The following are a list of questions that I would like you to answer. Please think carefully about your answers and try and answer in as much detail as possible. I am aware that this will take some time and I appreciate you taking time out of your day to complete these questions. By doing so, you will help improve the understanding of CoSA in the UK and shape any necessary changes that may be required within the CoSA programme. Before you begin, I have included some extra information that you may find beneficial in helping you decide whether to take part in this study or not.

Thank you in advance,

Paul

1. Study Title

Volunteer and Community Engagement with Circles of Support and Accountability

2. Invitation Paragraph

You are being invited to take part in a research study. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take the time to read the following information carefully and discuss it with others if

you wish. Ask us (via phone or email) if there is anything that is not clear or if you want more information. Take time to decide whether or not you wish to take part.

3. What is the purpose of the study?

The purpose of this study is to investigate your experiences as a CoSA volunteer. This study is looking at how you feel about the programme and what your aspirations are as a volunteer. These aspirations include both your own personal aspirations as well as the aspirations you have for the Core Member of your Circle. This study is also keen to understand your experiences as an ambassador for the CoSA programme. For example, what are your experiences of informing others of your role as a CoSA volunteer? How are you received by others when you explain what the role involves? Do the opinions held by the public towards Core Members change when you explain with CoSA involves?

4. Why have I been chosen?

You have been chosen because you are a volunteer for CoSA and have been or are currently working within a circle with a Core Member. Other volunteers in a similar position have also been invited to participate.

5. Do I have to take part?

It is up to you to decide whether or not to take part. If you decide to take part you are still free to withdraw at any time and without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not have any negative consequences for

you. You are able to withdraw your consent to be included in this study up until it is due for submission and formal write up at the end of June 2013. Should you wish to withdraw your consent from the study, please contact the researcher at the bottom of this information sheet, giving your participant details and your information will be removed from the study.

6. What will I have to do?

If you decide to take part, there is a detailed questionnaire you will be asked to fill out. This questionnaire covers a range of areas such as the therapeutic relationship you have with your core member, and how you are received by the public when you make them aware of CoSA. Some participants will be asked if they would be willing to take part in an interview about their experiences. This will provide us with an opportunity to get a more detailed understanding of your experiences as a CoSA volunteer beyond what would be included in the questionnaire. This is the information that will help us to understand what the successes of CoSA are and what needs to be improved upon. If you are asked to participate in the interview, you will be given plenty of notice and a time for the interview will be arranged that is convenient for you. The questionnaire will take approximately an hour to complete.

7. What are the possible disadvantages and risks of taking part?

There are no foreseeable risks or disadvantages to participating. The individual information you provide will not be made available to anyone aside from the researchers. It will be kept confidential by the researchers. You may withdraw at any time without any negative consequences. There will not be any negative consequences

if you do not participate.

8. What are the benefits of taking part?

By taking part in this study, we will be helping the researchers to identify what the key experiences are of the volunteers of CoSA, both positive and negative, which should help to identify areas of improvement, to make the CoSA experience better for both the volunteers and the Core Members. The research is also looking at the how CoSA volunteers perceive themselves and how they are perceived by the public. This research will look at the role of the CoSA volunteers as ambassadors, and how you are received by members of the public when you explain the work of CoSA and your role as a volunteer.

9. What happens when the research stops?

After your part in the research, the information you provide will be entered into a computer database (accessible only by the researcher) and all the information will be assigned a number. Any information with names on it will be kept in a locked cabinet with limited access to members of the research team. The list matching names to numbers will also be kept in a locked cabinet. This information will be kept for 10 years from the date of any publication that occurs using the data.

10. What if something goes wrong?

It is not anticipated that anything will go wrong, but you are free to withdraw your participation at any point if you feel something has gone wrong. You can also contact

the researcher to ask for your data to be withdrawn from the study, up until the time that the data is published.

11. Will my taking part in this study be kept confidential?

All information which is collected during the course of the research will be kept strictly confidential. When data is entered into the database, it will be assigned a code number and names will not appear in the database. Code numbers will be used to identify individuals from that point forward. The list that connects names to codes will be kept in a locked cabinet. No identifying information about you or your group members will be included in any publications using your data.

12. What will happen to the results of the research study?

The results of the research study will be analysed to gain an understanding of the experiences of the CoSA volunteers. These results may be presented at a conference or appear in a journal.

13. Contact for further information?

Please contact the primary researcher (Mr. Paul Farrington) at:

Professor Anthony Beech, University of Birmingham at

If you have found any of the information contained within this information page distressing, or the topic in general has caused you some distress, please do not hesitate to contact the Samaritans at the details below:

08457 90 90 90

http://www.samaritans.org