

Mechtild Hoing

EMPOWERING CIRCLES

CoSA and their contribution to a safer society



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EMPOWERING CIRCLES

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General Introduction

GENERAL INTRODUCTION

In this dissertation, a community-based intervention called 'Circles of Support and Accountability', abbreviated as CoSA, is evaluated in a series of five separate studies. CoSA was initially developed in Canada in 1994 as an answer to public anxiety resulting from sex offenders re-entering community after they have been discharged from detention. In CoSA, a group of volunteers assist a convicted sex offender (called core member in a circle) in his rehabilitation process; together they are called a circle. Core members are supported and supervised by a professional circle coordinator and by other professionals. CoSA are offered to sex offenders with a medium to high risk of re-offending, who demonstrate a high need for social support, have served their sentence, and are motivated not to be reconvicted. Below, the social function of sex offender stereotyping and of the social exclusion of sex offenders is outlined, followed by a description of approaches to sex offender management in society. CoSA then is introduced by describing the historical background and the basic model. This chapter ends with the general aims and research questions of this dissertation, and a brief introduction of each of the five studies.

SEX OFFENDERS AND SOCIETY

Sexual offending is a very widespread phenomenon among the Dutch population, as it is in most societies. In 2011, in a Dutch population sample of more than 8,000 participants aged 15 to 71, 8% of men and 33% of women had been victim to one or more forms of sexual violence. Almost half of them (3% of men and 17% of women) had (also) been victimized when they were under the age of 16 (De Haas, 2012). In most cases the perpetrator was a person whom the victim knew, like someone from the neighborhood, a family member, or a friend.

The majority of sexual offenses are not reported to the police, and in many cases the suspected offender is not found or brought to justice. In 2011, only 9% of all sexual offenses were reported to the police by those who were victimized, and only 3.3% of sexual offenses were formally pressed forward as charges (CBS, 2012). Only a small percentage of reported sexual offenses lead to the conviction of the offender. In 2007, 8,502 sexual offenses had been reported to the police, only 3,219 suspects of sexual offenses were heard by the police; while only 2,767 suspects were brought before the court (Eggen & Goudriaan, 2010).

These figures show that most sex offenders never have to account for their offenses before the authorities, and never become known to the judicial system. They never appear in sex offender registrations, are never subjected to notification schemes, nor do they get punished or treated. They live their lives as neighbors, colleagues, friends and family members, while their offending behavior remains undiscovered, or is dealt with in other ways than within the official criminal justice system.

Instead, it is the small group of sex offenders who are known within the system, who on their return to society cause fear and anxiety. Often they are labelled by the media and members of the public as 'dangerous predators', and 'incurable monsters', and therefore need to be kept away from places where they can meet potential victims. The public wants them to be under the control of the authorities for long periods of time, if not for life.

These community reactions are strongest when sexual offending against children is involved. Child abusers – framed as 'notorious pedophiles' – have become modern lepers or 'folk devils' (Brown, P. 2013). By socially constructing paedophiles as 'inherently evil and incapable of reform', child sexual abuse is placed outside the 'normality' of human behavior, legitimizing the exclusion of these individuals from society through harsher punishment and restrictive orders, even if this violates the offenders' fundamental human rights (Rainey, 2013).

The framing of child abusers as dangerous threats to peaceful cohabitation can be understood as a symptom of a more fundamental development in post-modern, secular societies which have gradually evolved during the past decades. In late modern history, many western societies have become 'fear-driven societies' (e.g. Bauman, 2007), which have become preoccupied with risk and the prevention of risk. According to Boutellier (2011), this need for safety is a way for citizens to express their need for social organisation and social cohesion. All human socie-

ties need to address these needs in order to survive and sustain a peaceful way of living together. According to this author, following the erosion of traditional moral institutions and values like faith, church, unions, and family, there is a need for a new organizing framework for survival and peaceful cohabitation. Punitive systems in this context transcend their original function of canalizing revenge into proportionate vindication, preventing new crimes and re-habilitating the offender. They now also function as guidelines for the moral standards of society. Because moral standards and values have become highly individualized in our societies, the boundaries of individual freedom have been collectively chosen as the grid that needs to be secured in order to maintain social cohesion (Boutellier, 2011). Sexual offending, and especially child sexual abuse, draws the demarcation line between those who belong to the moral community and deserve protection, and those who do not (Rainey, 2013). This social function of identified sex offenders probably explains the odd fact, that much time and effort is put into the incapacitation and exclusion of identified sex offenders, while in reality, the risk of being sexually victimized by someone we count as a member of our own community is much higher.

APPROACHES TO THE PROTECTION OF THE COMMUNITY

The prevention of sexual recidivism by convicted sex offenders has been increasingly at the focus of public attention and is being seen as a key responsibility of the justice system.

To protect the community from sexual re-offending, and to re-inforce shared values, different countries and criminal justice systems use different approaches based on different penological perspectives. In general, these perspectives can be described as utilitarian, focusing on the prevention of crimes, or value-based, focusing on re-enforcement of shared values. Three utilitarian perspectives can be distinguished: an approach based on incapacitation through extended punishment and supervision; a managerial approach, focusing on accurate risk assessment and management of the risk of sex offenders in society; and a normalization approach, promoting sex offender change through therapy and rehabilitation. Two value driven perspectives are: a retributive one, seeking harsh punishment to satisfy the need to balance harm done and feelings of revenge; and second, a restorative justice perspective, focusing on restoration of damage and harm done to the victim and on the restoration of social ties (McAlinden, 2013; Petrunik & Deutschmann, 2008). National sex offender laws and policies are often based on a mix of these perspectives, since sanctions often serve more goals at the same time, with a different focus in different countries.

UTILITARIAN APPROACHES

In the utilitarian approach, the main goal is prevention of future crimes. Effectiveness is the main concern, and if barred from a value basis, prevention may result in practices which exceed the proportionality of sanctions in retributive terms (Mal-sch & Duker, 2012), or violate basic human rights (Harrison, 2013).

The incapacitation approach tries to prevent future crimes by taking away the opportunities to do so. It is not interested in improving the offender or the community and does not believe people are able to change. Often this perspective leads to more technical solutions (Malsch & Duker, 2012). In the past three decades many legislations, including Dutch, have increased the duration of sentences for sex offenders, and have enabled lengthy terms of court supervision orders, far beyond the terms of the conditional release. Some countries (e.g. Germany) can place sex offenders in preventive detention beyond their sentence. Other examples are electronic monitoring and prohibiting certain professions. The US has adopted incapacitation by the detention scheme to an extreme, resulting in high prison rates, especially in California, that have almost caused the bankrupt of that state (Simon, 2012). Incapacitation by detention, while effective for its duration, has no, or even detrimental effects on recidivism (Lipsey & Cullen, 2007).

In a managerial perspective, the cost of prevention is taken into account and the actions taken for the prevention of new offenses are linked to the level of risk. Proper risk assessment becomes a central activity. Often, a managerial perspective includes incapacitation based on the level of risk. In the UK for example, a Sex Offender Protection Order (SOPO) can be imposed on released sex offenders based on their level of risk. This restricts certain behaviors and is imposed for a minimum of five years with a lifelong maximum of. A Risk of Sexual Harm Order (RoSHO), can be placed on suspected sex offenders who have not been convicted, but are believed to pose a serious risk. It too imposes the prohibition of certain behavior for at least two years. Also, close co-operation between organizations is seen as important, in part to reduce the costs of mutual distrust, but also to improve effectiveness, resulting in co-operation and information sharing systems like MAPPA (Multi-Agency Public Protection Arrangements) in the UK.

In the normalization perspective, the main goal is successful rehabilitation of the offender. Successful means: without re-offending. Sexual offending is seen as a result of moral, biological, psychological and/or mental deficits of the offender. To enable rehabilitation, the offender needs to change, and sex offender treatment is seen as an effective action to achieve this. Many legislations have adopted this perspective, and often mandated treatment is presented as an alternative for imprisonment, and as a condition for probation. Treatment effectiveness is still low. Most effective are biological treatments like (chemical) castration (Lösel & Schmucker, 2005), but these are most debated, since they produce heavy negative side-effects. Managing their own risk through treatment is seen as the key responsibility of the offender. Insight into their own treatment needs and consenting to treatment is regarded a sign of lower risk, thus legitimizing less restrictive measures. The validity of such consent in the face of the alternative (which means: detention) has been questioned, since it can legitimize treatments that otherwise might be seen as inhuman or degrading (Fennell, 2013). Rehabilitation also includes the (re-) installment of social roles and securing civil rights, and in many legislations, it is the role of probation services to support the sex offender in this process: by helping him to find a job, housing, social benefits etcetera.

In the utilitarian perspective, rehabilitation and incapacitation are often seen as two sides of a coin: when rehabilitation fails or is not deemed possible, incapacita-

tion is the alternative. The dual role of the probation officer in the Dutch Probation system illustrates this perspective: it combines offering support with monitoring the success or failure and reporting to the court in order to inform sanctions (Vogelvang, 2009).

VALUE-DRIVEN APPROACHES

The main goal in value-driven approaches is the expression and/or re-enforcement of the shared values of a moral community; most importantly, the overarching value that people are entitled to justice, and restoring justice is the main objective. Justice balances the negative effects of criminal actions on victims with the consequences for the perpetrator, and thus restores the moral balance.

In the retributive approach, punishment with the aim of degrading and giving the offender what he deserves is seen as a way to restore justice. Proportionality of punishment is an important guiding principle, meaning that sanctions should fit the seriousness of the crime, which of course is a flexible concept and open to public discourse. In this perspective, punishment is an end in itself. It is not concerned with the effect on the offender, and his or her acceptance of responsibility or change is not expected. Retributive sanctioning, by demanding submission from the offender, is primarily an expression of getting even in terms of status and power relations (Wentzel, Okimoto, & Cameron, 2012). It can include detention, financial sanctions, and some authors also view public sex offender disclosure schemes and shame penalties, like having to place a sign 'dangerous sex offender' beside one's front door, as forms of retributive sanctions, as they have mainly a stigmatizing effect (McAlinden, 2013).

The restorative justice perspective has gained much attention as a counterbalance to a retributive approach, but the goal is essentially the same: restoring the moral balance, and restoring the feeling that justice has been done. The key concept however, is, that not the court, but the moral community, of which offender and victim are both part, own the conflict that has been caused by the offender. And, both victims and offenders, as well as members of the community, need to be involved in resolving the conflict (Wentzel et al., 2012). In this view, restoration of the moral balance is not sought by degrading the offender, but by restoration of shared values that have been transgressed by the actions of the offender. In this view, the offender needs to take responsibility for his action and acknowledge the harm done, while all stakeholders have to agree on how the offender has to account for his actions. In this way, the restoration of the moral community includes the offender, whereas in the retributive perspective the offender is excluded. Restorative justice aspects have been integrated in many western legal practices by giving victims a voice in the legal process and organizing victim-offender mediation (Wentzel et al. 2012; McAlinden, 2013).

COSA, A COMMUNITY BASED APPROACH

In CoSA, utilitarian and value-driven perspectives are combined, since both reduction of recidivism as well as community peace are the aim. But CoSA is mainly presented as an example of restorative justice for its inclusive principles, in which not the actual victim, but the community reclaims the conflict that has been caused by sexual offending. The moral balance is restored by holding the offender accountable, while supporting his rehabilitation at the same time (Hannem, 2011; Wilson & McWhinnie, 2013).

HISTORIC BACKGROUND

CoSA started as a grassroots approach in response to the release of a high-risk sex offender into a small community in Canada (Wilson, McWhinnie, Picheca, Prinz & Cortoni, 2007). Charlie Taylor, a slightly intellectually disabled person had just finished a seven-year sentence for sexual assault of a young boy. Because of his high risk he had been in detention until the very last day of his sentence, a so called WED offender (Warranty Expired Date). He was going to be released into his home town, Hamilton, without any form of professional aftercare. When his prison psychologist looked for opportunities to support Charlie's safe return to his home town, he turned to the Hamilton community chaplain, Harry Nigh, who had known Charlie for 15 years through a prison visiting program. He, together with a group of members from his Mennonite church congregation, agreed to form a circle of support. This was a model providing wraparound care, which they had used before to support the rehabilitation of psychiatric patients (Hannem & Petrunik, 2007). When the police informed the local public about the identity and address of Charlie, the community reacted with public uproar, and local police started a 24/7 surveillance to answer to the public expression of fear and anxiety.

The circle volunteers supported Charlie (and each other) through the first harsh periods of public hostility and harassment, and helped him with all daily problems. At the same time they closely monitored his behavior and addressed potential risk. They established a trusting relationship with Charlie and good working relationships with the local police. Chaplain Harry Nigh described the role of the circle as follows:

*"Charlie's circle of support filled a number of roles: advocating with the system to secure the benefits that were rightfully his; confronting Charlie about his attitudes and behavior; walking with him through emergencies; providing financial backing when his kitten needed emergency surgery; mediating landlord-tenant conflicts; and celebrating anniversaries, milestones and all the small advances in Charlie's journey of reintegration. The circle felt keenly a dual responsibility: to be a **caring** community for Charlie in the midst of the hostility of the larger community, but also to a **responsible** community, concerned that there be no more victims. We always hoped that our presence might avert a situation in which another child would be hurt."*

(Höing, Hare Duke & Völlm, 2015)

As the weeks passed and nothing happened, public uproar silenced away. Gradually, police officials and legal authorities became supportive of this circle and its activities. Some of them even attended circle meetings. Some months later, another high-profile sex offender was released nearby in Toronto. Being familiar with the experiences in Hamilton, the local community chaplain initiated the formation of a second circle and this circle too, was successful. Both sex offenders lived for about ten years after their release and without re-offending. The CoSA concept proliferated through other community organizations working with prisoners and ex-prisoners, through the Correctional Service of Canada, its network of community chaplains, and was supported by the Mennonite Central Committee. Today, there are over 18 sites in Canada where currently 200 Circles are running (www.CoSA-ottawa.ca).

EUROPEAN PROLIFERATION

The success of Canadian CoSA projects was transferred into the UK through another faith community: the Quakers. In 2002, government funding by the Home Office was acquired for a number of pilot projects, one of which was the Hampshire and Thames Valley Circles Project, now called Circles South East. This was the most successful pilot project, which since then has expanded its regional as well as professional capacity. In 2008, a national Circles charity, called Circles UK, was established as an umbrella organisation to provide support to other new projects through training, education, media representation, and providing basic materials. Circles UK ensures the maintenance of quality standards in regional projects through a membership/licensing system. There are currently 120 circles operating through 14 member projects across the UK with almost 850 volunteers (Höing et al., 2015).

In 2008, the CoSA concept was introduced to the Dutch Probation Service (DPS) by Circles UK; and, in 2009, the Dutch Probation Service started their first CoSA project funded by the Dutch Ministry of Security and Justice. Initial training of project staff and all materials were acquired from Circles UK; while supporting research and quality supervision was delivered by Avans University of Applied Sciences. After the successful implementation of two pilot circles, and with continued project funding from the Justice Department, more regional CoSA projects were set up. By 2015, there are five regional projects, covering all of the Netherlands, which have set up more than 75 circles.

In 2009, the successful cooperation between Circles UK and the Dutch CoSA project inspired parties to acquire European funding for further European dissemination of Circles. Together with the Flemish Probation Organization in Antwerp (Justitiehuis Antwerpen), the European Probation Organization (CEP), and the University of Tilburg, funding was acquired from the EU Daphne III Funds for a European project, named Circles Europe: Together for Safety; CTS. This European partnership resulted in a Belgian pilot project, the development of joint strategies to support further dissemination in Europe, and the start of this study of Circles. The Belgium CoSA project developed slowly into a fully operating project, which is partly due to the complex governance structure of the Belgian authorities, as

well as to the relocation of responsibilities from the Ministry of Justice to the Ministry of Welfare.

By the end of 2014, the operation of the CoSA project was transferred from the probation to the national welfare organization (Centrum voor Algemeen Welzijnswerk, CAW). Also, a second CoSA project was set up in Brussels in 2014, which is run by a sex offender treatment facility.

In a second EU funded project, named Circles4EU, which ran in 2013 and 2014, CoSA pilots were implemented in Spain, Latvia, and Bulgaria. Circles UK and staff from the Dutch CoSA projects provided training and expertise. Organizations from three other countries, Hungary, France, and Ireland, were orienting partners in this project and prepared future implementation. An international research group with members from participating countries supported the project with research. This project also established shared quality standards for European CoSA projects and provided a platform for the dissemination of practical information, research results, and best practices in CoSA implementation (www.circles4.eu).

THE EUROPEAN COSA MODEL

In the European CoSA model, a circle consists of three to six volunteers who pass a careful selection and training program, and one medium- to high-risk sex offender (the 'inner circle'). They meet face to face on a regular basis (in the beginning at least weekly), and offer 24/7 support in between. The inner circle is assisted by an 'outer circle' of professionals who are involved in the core members' aftercare arrangements (e.g., probation officer, therapist, and local police officer). Circles are supervised by a professional circle coordinator, who coaches the inner circle, facilitates the cooperation between inner and outer circle, and stimulates the cooperation within the outer circle (Figure 1).



FIGURE 1 The European CoSA model (Caspers, 2013)

The volunteers inform the circle coordinator by writing minutes of all circle meetings and individual activities with 'their' core member. At any moment, the inner circle can report concerns about risk to the circle coordinator and the professionals who – if necessary – can take appropriate measures to prevent re-offending (Bates, Saunders, & Wilson, 2007). Circles last as long as necessary, usually at least one to one-and-a-half years, but often longer (Bates, Macrae, Williams, & Webb, 2011).

The European CoSA model is in its basic structure comparable to the original Canadian model, but distinctive with regard to the selection criteria for core members and the role of professionals who assist circles.

In the Canadian model, CoSA is open to WED sex offenders, who leave prison without state-ordered supervision or support. And for sex offenders under a Long Term Supervision Order (LTSO). In the European model, CoSA is primarily reserved for sex offenders who are under a state supervision order (mainly sex offenders on conditional release) for at least one year at the start of a circle. This has both practical as well as financial reasons. A state supervision order provides a legal basis for professional intervention in case of immediate risk, and for the volunteers in a circle this provides an important back-up in case they signal risk situations or risky behaviour that needs immediate attention.

In regards to financial reasons, many European CoSA projects are run, or partly funded by probation organizations, and their activities usually are restricted to sex offenders under probation.

In the Canadian model, the professionals who support circles do so on a voluntary basis, with the exception of local police officers. In the European model, since the core members usually fall under the responsibility of professional organizations involved in the sex offenders' aftercare arrangements, professionals in the outer circle, include CoSA as part of their routine work.

THE SCIENTIFIC BASIS FOR COSA

Since CoSA is a practice-based intervention which has been developed only recently and still operates on a small scale, the scientific basis for the model is not yet fully developed.

Research into CoSA effectiveness to date has focused on outcome in terms of recidivism (Wilson, Picheca, & Prinzo, 2007; Wilson, Cortoni & McWhinnie, 2009; Bates et al., 2013; Duwe, 2013), on the contribution of circles to relapse prevention (Bates et al., 2012), and on cost-effectivity (Duwe, 2013; Elliot & Beech, 2013). A meta-analysis of four controlled studies (one randomized controlled trial, three controlled trials) showed that general reconviction rates were reduced by 44% and sexual reconviction rates by 67% in the CoSA group (Clarke et al., submitted). But since follow-up periods were short (2 years in the RCT; 4-5 years in the controlled trials), these results must be interpreted with caution. While these results are promising, the model is still in need of further scientific evaluation.

THIS STUDY

The aim of this dissertation was to contribute to the scientific underpinning of the CoSA model and to provide future CoSA project providers with results that can inform the development of evidence-based CoSA policies and practices. Five separate studies were conducted to answer five research questions:

1. **How and why can circles be effective in the prevention of recidivism of medium- to high-risk sex offenders who are re-entering society?**
2. **Can CoSA contribute to the process of desistance of sex offenders?**
3. **What is known about the possible effects of working with sex offenders on volunteers and how can these effects be explained?**
4. **What is the actual impact of CoSA on volunteers and what are determinants of impact?**
5. **What is the level of support for sex offender rehabilitation and for CoSA in the European Union?**

CHAPTER 2: COSA - HOW AND WHY IT WORKS FOR SEX OFFENDERS

Elements of a theoretical model explaining CoSA effectiveness have been described by several authors. These theoretical assumptions, however, were mainly based on descriptions of CoSA policies and practices, or anecdotal data. In Chapter two, a theoretical framework for CoSA is proposed based on contemporary knowledge of effective sex offender rehabilitation. This theoretical framework is combined with a qualitative analysis of narratives by circle members, who provide essential practice-based evidence about effective factors and processes in CoSA. This results in an adaptation and extension of an early UK CoSA intervention model, developed by Saunders and Wilson (2003).

CHAPTER 3: SEX OFFENDERS' PROCESS OF DESISTANCE IN COSA

Research into CoSA effectiveness to date has mainly focused on outcome in terms of recidivism. Until now, the evidence of processes of change towards desistance in core members and the way CoSA contributes to them, has been anecdotal or was based on retrospective research using file information. In Chapter 3, we report about a prospective, mixed-methods study of 17 core members' transitions towards desistance and of the contribution of CoSA to this process of change.

CHAPTER 4: HELPING SEX OFFENDERS TO DESIST - THE GAINS AND DRAINS FOR VOLUNTEERS

As CoSA gains international recognition, with many new projects developing in the United States and throughout Europe, the number of CoSA volunteers involved will rise steadily in the next years. The issue of how this kind of work might affect the volunteers has become more urgent: research in this field is almost absent. Chapter 4 provides an overview on what effects may be expected, based on a systematic review of the literature. The study reviews literature on generic effects of volunteering, as well as specific effects of working with sex offenders. Theoretical models which explain possible effects are outlined.

CHAPTER 5: VOLUNTEERS IN COSA- JOB DEMANDS, JOB RESOURCES, AND OUTCOME

In chapter 5, we build on the previous study and take the research into effects of working as a CoSA volunteer a step further. We conducted a cross-sectional study of Dutch CoSA volunteers, in which we assessed the outcome for volunteers and explored the relationships between outcome and determinants, which are predicted by the job demands/resources model.

CHAPTER 6: COMMUNITY SUPPORT FOR SEX OFFENDER REHABILITATION AND FOR COSA

As CoSA thrives on volunteer services, successful CoSA implementation depends on public support for sex offender rehabilitation. There is no actual overview of citizens' opinions on issues regarding sex offenders' re-integration in most of the countries where CoSA projects are implemented, or are going to be implemented in the near future. Also, international comparisons of public attitudes are lacking, and therefore we do not know if public attitudes are different under different sex offender legislations. In this chapter, we report on the results of an international web survey among population samples in the nine countries that participated in the second European CoSA project. Our study compares attitudes towards sex offenders and support for sex offender rehabilitation across different European countries. This is also the first study to assess public support for volunteering in the field of sex offender rehabilitation and for CoSA on a European level.

CHAPTER 7: GENERAL DISCUSSION

In the final chapter, the results of all studies and their limitations are summarized and discussed. Implications of the findings and future directions are then outlined.

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Circles of Support and Accountability: How and why they work for Sex Offenders

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ABSTRACT

Circles of Support and Accountability (CoSA) provide re-integrating sex offenders with a group of trained volunteers who support his rehabilitation process. Effect studies show promising results in reduction of recidivism. This study provides a theoretical underpinning and empirical validation of the CoSA intervention model, based on a grounded theory analysis of 38 circle narratives, reflecting the experiences of 21 circles. Four circle functions appear to be essential, with inclusion being most important. Inclusion is serving basic human needs and is motivating the sex offender to allow monitoring and being held accountable. Program integrity and a positive group development are essential pre-conditions for circle effectiveness.

INTRODUCTION

Circles of Support and Accountability (CoSA) is unique in its approach to sex offender risk management in society. A circle provides a medium- to high-risk sex offender who is re-entering society after detention with a group of volunteers from the local community. They support the sex offenders ('core member' in a circle) in their rehabilitation process and help them to desist from re-offending. In recent effect studies, CoSA has shown a high potential in reducing sexual recidivism. In order to maintain positive results in the future, CoSA is in need of a research-based intervention model that helps circle providers to understand the effective circle characteristics and processes, and informs their choices to safeguard model integrity. Saunders and Wilson (2003) have developed an early intervention model, which in this article is revised and extended, based on contemporary theory and qualitative research into circle dynamics.

2

COSA DELIVERANCE

CoSA originated in Canada as a faith-based initiative, rooted in the restorative justice tradition (Hannem, 2011). Over time, the religious ethical principles have been replaced by a more rationalized discourse about safe sex offender rehabilitation (e.g. Hanvey & Höing, 2013), but two original mission statements are still at the core of CoSA: 'no more victims' and 'no one is disposable'. CoSA is delivered through two comparable, but in some ways distinctive, models: the original Canadian model, developed in 1994 (Hannem & Petrunik, 2004; Hannem, 2013) and the emerging European model (Höing et al., 2011), an adaptation of the UK model (which has been developed since 2002 from the Canadian model). In the European model, a circle consists of three to six trained volunteers (the 'inner circle') who meet the core member face to face on a regular basis (in the beginning at least weekly) and offer 24/7 support in between (Caspers, 2011). The inner circle is assisted by an 'outer circle' of professionals who are involved in the core members' aftercare arrangements (e.g. their probation officer, their therapist and the local police officer). Circles are supervised by a professional circle coordinator who coaches the volunteers and facilitates the cooperation between inner and outer circle and the cooperation within the outer circle. At any moment, the inner circle can report concerns about risk to the circle coordinator and the professionals who – if necessary – can take appropriate measures to prevent re-offending (Bates, Saunders, & Wilson, 2007). Circles last as long as necessary, usually at least one to one-and-a-half years, but often longer (Bates, Macrae, Williams, & Webb; 2012).

COSA EFFECTIVENESS

CoSA has shown a significant potential to prevent sexual and general recidivism. In a Canadian study, Wilson, Picheca, and Prinzo (2007b) report recidivism rates of 60 sex offenders who had been in a circle compared to 60 matched controls who had not (medium follow-up: 55 months for CoSA group and 53 months for controls). While 16.7% of controls sexually re-offended, only 5% of the CoSA group did – a reduction of 70%. Also, general re-offense rates were lower (28.3% in CoSA

group versus 43.3% in control group). In 2009, Wilson, Cortoni, and McWhinnie conducted a national replication study, including 44 sex offenders in Circle projects throughout the country, matched pairwise with 44 controls. Time at risk was 35 months for the CoSA group versus 38 months for the controls. Groups were comparable on all matching criteria except Static 99 scores, with the controls having a higher level of risk. The CoSA group showed 83% less sexual re-offending and 71% less general re-offending than controls. In a sub-sample of 19 CoSA members and 18 controls, with equal Static 99 scores and time at risk (36 months), none of the CoSA group re-offended sexually, while 5 controls did. General re-offense rates of the CoSA members were reduced by 83% (Wilson et al., 2009).

RESEARCH QUESTION

CoSA has been developed by practitioners and can be regarded as a truly practice-based intervention. Elements of a theoretical model behind its effectiveness have been described by several authors (Saunders, & Wilson, 2003; Wilson, Picheca, & Prinzo, 2005; Wilson, McWhinnie, & Wilson, 2008; Brown, & Dandurand, 2007; Petrunik, 2007; Hannem, & Petrunik, 2007). These theoretical assumptions, however, were mainly based on descriptions of CoSA policies and practices or anecdotal data (e.g. experiences of being involved as a CoSA volunteer or trainer). In recent years, the dissemination of CoSA in Europe, the United States, and New Zealand has been considerable, calling for a more thorough approach to the theoretical underpinning of the workings of the model. This article aims to do this, focusing on the CoSA's first mission: no more victims. The basic question to be answered is: "How and why can circles be effective in the prevention of recidivism of medium- to high-risk sex offenders who are re-entering society?" A theoretical framework for CoSA is proposed, based on contemporary knowledge of safe sex offender rehabilitation, combined with a qualitative analysis of personal narratives of circle members who provide essential practice-based evidence about effective factors and processes in CoSA. This calls for an adaptation and extension of the original UK CoSA intervention model, developed by Saunders and Wilson (2003; Figure 1).

THEORETICAL FRAMEWORK

CoSA views core members as possible 'desisters'. Desistance from crime is a holistic, lifelong process of individual growth and effort (Farral, & Calverley, 2006; Maruna, & Toch, 2003).

The result of this process is the incorporation of the offense history into the own biography by developing an adaptive, positive narrative identity and building a meaningful and responsible life, free from crime, contributing to the community (Ward, & Marshall, 2009).

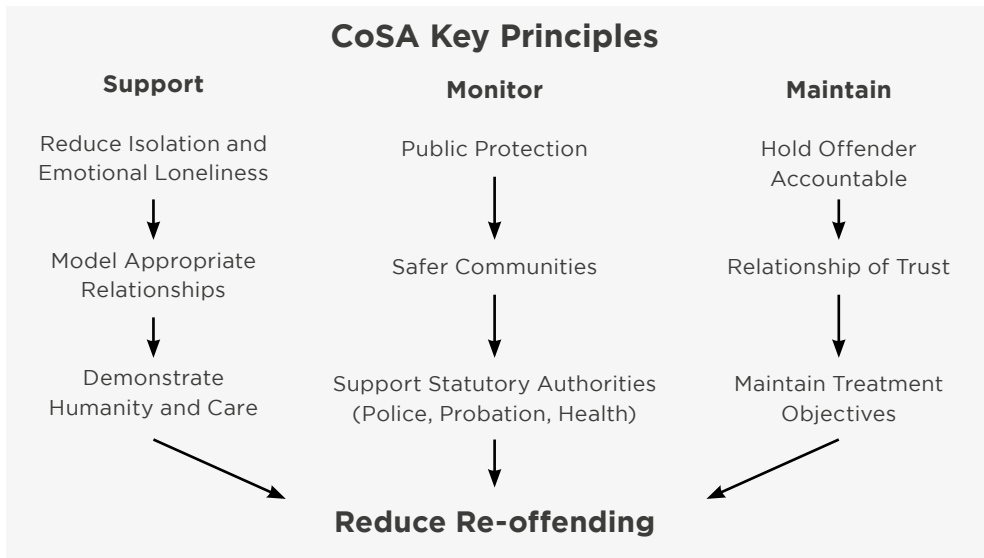


FIGURE 1 The three basic functions of CoSA (Saunders, & Wilson, 2003)

While the development of a positive narrative identity is indicating a fundamental and internally motivated choice for a pro-social lifestyle (Maruna, & Toch, 2003), the acquisition of human and social capital is a way of diminishing stable dynamic risk factors and turning them into protective factors (Mc Neill, 2009). Developing an adaptive and positive narrative identity and acquiring human and social capital are main goals and intervention targets for the circle. The importance of a positive identity is expressed in the CoSA principle to identify the sex offender in a circle as a ‘core member’, an expression that is used in all CoSA communication and provides him or her with a ‘non-criminal’ identity to live up to in a circle. Since desistance is a lifelong process, CoSA also seeks to support the core member to develop a sustained awareness of risk factors and motivation to address problematic behavior.

HUMAN AND SOCIAL CAPITAL FORMATION

In CoSA, human capital targets focus on intimacy deficits and on developing adequate and appropriate intimate relationships and on changing offense-supportive cognitions and cognitive distortions and on improving self-regulation skills (Wilson, Picheca, & Prinzo, 2005). Intimacy deficits (emotional and social loneliness) are widely acknowledged as contributing to sexual re-offending (Milsom, Beech, & Webster, 2003; Bogaerts, Vervaeke, & Goethals, 2004; Bogaerts, Buschman, Kunst, & Winkel, 2010; Baker, Beech, & Tyson, 2006; Marshall, 2010). Offense-supportive cognitions are contributing to a higher risk of relapse (Hanson, & Harris, 2000; Hanson, & Morton-Bourgon, 2004) and are addressed in CoSA in a non-professional way, especially cognitive distortions such as blaming the victim and minimizing the offense. Accepting responsibility and acknowledging the

offense appear to be crucial for treatment success and risk reduction (Levenson, & Macgowan, 2004). Deficits in specific and general self-regulation skills or volitional skills – skills of the will (e.g. coping, emotion regulation, impulse control, locus of control; Forstmeier, & Rueddel, 2007) – are related to sexual offending (Cortoni, & Marshall, 2001; Hanson, & Harris, 2000; Hanson, & Morton-Bourgon, 2005), and general offending (Hanson, & Morton-Bourgon, 2004). Improving these skills in a circle, so it is theorized, is contributing to the desistance process.

Social capital has two dimensions: the quality of the social network of the sex offender in terms of bonding within intimate relationships, linking him or her to external resources and bridging diverse lifestyles and life experiences (McNeill, 2009); and the quality – in terms of risk – of the environment he or she lives in. Low quality of accommodation, for example, is directly related to re-offending (Willis, & Grace, 2008). A safe and supporting environment is a basic human need and a protecting factor in recidivism (Hanson, & Harris, 2000). The improvement of social capital of the core member is probably the most prominent theoretical effect of circles – as CoSA provides a surrogate social network and supports the core member in trying to develop a personal pro-social social network. This surrogate social network is hypothesized as contributing to participation in society by providing resources, both material and immaterial. By providing assistance and support when stressing daily problems occur and through informal control, circles contribute to relapse prevention.

RELAPSE PREVENTION

Since sex offenders show a prolonged risk of reoffending (Hanson, Harris, Helmus, & Thornton, 2014; Hanson, Morton, & Harris, 2003), and recidivism can occur even after a decade or more (de Ruiter, & de Vogel, 2004), sex offenders need a sustained awareness and a long-lasting motivation to counter risk effectively. Changes in mood (negative mood, anger) and an increase of psychiatric symptoms are empirically identified as acute precursors to sexual offending (Hanson, & Harris, 2000). Relapse prevention strategies encompass strategies to cope with negative emotional states and deviant sexual fantasies and are learned and rehearsed in sex offender therapy. These therapy goals are supported in circles by discussing his or her relapse prevention plan from the very beginning of the circle and holding the core members accountable for implementing relapse prevention strategies in their daily life. However, the usefulness of these strategies is doubted by some authors, since high-risk sex offenders meet several obstacles in using coping strategies (McKibben, Proulx, & Lussier, 2001). Therefore, in CoSA, rehearsing relapse prevention strategies is combined with direct and indirect monitoring and other strategies, like informing the professionals in the outer circle who then can take appropriate measures. Other intervention targets are based on offender-specific needs and therefore not included in the model in a specified way. These needs are discussed within the circle, and action plans are made accordingly.

In general, targeting offender-specific needs is seen as a probably effective strategy in relapse prevention (Willis, & Grace, 2008).

The Saunders and Wilson model is supported by this proposed theoretical framework, since human and social capital formation can be linked to the 'support' element, while relapse prevention can be linked to the 'monitor' and 'maintain' element. Despite the popularity of the Saunders and Wilson (2003) model, a validation of the constituting 'working elements' never took place. This raises the question as to whether what works in theory is also congruent with how things work in practice. The theoretical assumptions and anecdotal data about CoSA effectiveness need to be complemented by practice-based research about the actual effective processes going on.

METHOD

We applied a qualitative research strategy, following the grounded theory approach as described by Corbin and Strauss (1990). Data were obtained and analyzed in two different 'steps'. In step 1, theoretical categories and concepts were developed, which were further explored and refined through a repeated single criterion card sort procedure in step 2 (Rugg, & McGeorge, 2005; described in more detail below), combined with an interview.

Data in step 1 and 2 consisted of written and verbal circle narratives of circle members of the inner circle (core members, volunteers, circle coordinators) in the United Kingdom and in the Netherlands. A total of 38 circle narratives were analyzed, reflecting the experiences of 21 different circles (10 in the United Kingdom, 11 in the Netherlands; Table 1). The circle narratives from the UK circles have been published earlier in evaluative reports of the Hampshire and Thames Valley Circles Project (QPSW, 2003, 2005, 2008).

TABLE 1 Providers of Circle Narratives

	Step 1		Step 2	Total
	UK	the Netherlands	the Netherlands	
Core members	4	10	6 ¹	14
Volunteers	8	3	3	14
Circle coordinators			4	4
Total narratives	12	13	13	38
Unique circles	10	10	8	21

¹ Also interviewed in step 1.

The Dutch circle narratives were obtained in interviews the first author held with Dutch circle members in 2011 and 2012 (see Table 1). Of the 10 Dutch core members, 6 have been interviewed twice, after 6 months (for step 1) and 12 months in a circle (for step 2). All core members who entered a circle during the research

period were invited to participate ($n = 11$); of these, one refused. Core members signed a written informed consent. The interviews in step 1 were semi-structured, involving the following topics: circle characteristics and proceedings (descriptive information about circle members, frequency of meetings, activities, circle development, group dynamics), effective factors (helping/not helping activities), core member development (changes in behavior, skills and cognitions), and motivation.

The interviews in step 1 lasted between 20 to 40 minutes, interview/card sort sessions in step 2 lasted between 45 to 50 minutes. All interviews were carried out in face-to-face sessions, mostly at the probation service office or University facilities. All interviews were verbally transcribed.

THE SAMPLE

All core members are male, and were aged 20 to 60 at the time of the interview (mean 46.7 years). Six core members have committed Internet offenses (grooming, possession of child pornography), and eight have been convicted for child sexual abuse. The 14 volunteers are 7 men and 7 women from different backgrounds (from a therapist to a housekeeper) and different employment status (student, working, retired, and unemployed). All four circle coordinators are female professionals, working for the Dutch Probation Organization and operating circles for at least one year.

CODING AND CARD SORT PROCEDURE

In step 1, a systematic coding process (Corbin, & Strauss, 1990) of 25 circle narratives (11 volunteers and 14 core members) revealed four core categories related to circle effectiveness with a number of underlying concepts within the categories:

1. 'group development' (examples of concepts in this category are 'assessing each other', 'cooperation', 'social activities');
2. 'core member progress' (e.g. 'honesty', 'problem-solving behavior', 'social skills');
3. 'influencing factors' (e.g. 'circle diversity', 'moral support', 'confrontation'); and
4. 'dynamics of change' with specified combinations of influencing factors and core member progress (e.g. 'improving social skills through exercise').

In step 2, the core categories and their concepts were further explored and expanded in individual interview sessions with 13 circle members (6 core members, 4 circle coordinators, and 3 volunteers), who all had been in a circle for at least one year. In these sessions, the respondents were introduced to the objective of the session ('to understand what is happening within the circles and to test the applicability of some general ideas') and then guided through a card sort procedure. The concepts within the core categories had been written on individual small text cards. A number of blank text cards were provided to fill in missing concepts if needed. Each core category was presented as a 'heading' on a blank paper, then

all concept cards per category plus some blank cards were spread out over the table, enabling a total overview over all concepts of this category. The respondent was asked to choose cards that reflected his own circle, and to fill in blank cards if concepts were missing. Next, the respondent was invited to explain his choice and to illustrate the chosen concept with examples from the own circle. A slightly different procedure was followed with the core categories 'group development' and 'dynamics of change' (which was translated as 'cause and consequence'). When choosing concept cards from the category group development, the respondents were asked to first choose relevant concepts, then to place them in a temporal order, reflecting the group development in their circle, and then to explain their choice and tell the 'story' of their circle. For the category 'dynamics of change', respondents were asked to combine concepts from the category core member progress with concepts from the category influencing factors, explaining how the selected influencing factors brought about the specific concept of core member progress. The results of the card sort per category were photographed, while the verbal comments of the respondent were audio-taped. The photographs and audiotapes were analyzed for overlap, new concepts, and emerging patterns. The temporal ranking of the group development concepts was also statistically analyzed to compute the mean rank of each concept that had been chosen.

RESULTS

Steps 1 and 2 of the qualitative analysis resulted in a final set of group development characteristics, effects, effective factors, and causal relationships underpinning the CoSA intervention model (Table 2).

GROUP DEVELOPMENT

The temporal ordering card sort procedure within the category group development revealed a pattern consisting of at least four stages, which we named assessment, building, equilibrium, and transfer. Some circle narratives revealed a dysfunctional developmental stage, as well. Table 3 summarizes the ranking procedure.

The following description of typical activities and issues during the different stages is based on the circle narratives and verbal explanations and examples given during the card sort procedure.

TABLE 2 Final Categories and Concepts

	Subcategory	Defining concept
Group development	Assessment stage	Assessing each other
	Building stage	Openness
		Honesty
		Acceptance
		Cooperation
		Trust
	Equilibrium stage	Knowing each other
		Solidarity
		Equivalence
		Work things through
Core member progress	Transit stage	Social activities
		Being friends
		Disagreements
		Fight
		Crisis
	Dysfunctional stage	
	Self-regulation skills	Improved problem-solving behavior
		Less ruminating
		Less feeling stressed
		Feeling safe
		Improved social skills
	Social and relational skills	Improved relationships
		Being open
		Being honest
		Improved communication skills
		Being receptive to others
	Outlook on life	Being assertive
		Hope
		Having a future
		Participating in society
		Self-esteem
	Self-perception	More positive self-image
		Perception of core member by others
		Self-confidence
		Acknowledging risk
		Accepting responsibility
Influencing factors	Risk perception	
Influencing factors	Inclusive strategies	Moral support
		Social activities
		Practical support
		Listen to core member ventila-
		ting frustrations

TABLE 2 (Continued)	Subcategory	Defining concept
	Change promoting strategies	Confront Hold accountable Practice Praise and compliment Offer special support Core member's own effort
	Risk reduction strategies	Discuss offense Discuss risk Monitor Confront
	Process improvement	Evaluate core member progress Evaluate circle process Define targets and action plans
	Circle structure	Regular meetings Circle diversity
	Positive group dynamics	Belonging Acceptation Openness Trust Equivalence Safety
	Core member characteristics	Personal 'click' with volunteers Effort Openness
	Self-regulation skills	Predominantly influenced by change-promoting strategies, also inclusive strategies and positive group dynamics
	Social and relational skills	Influenced by all subcategories of effective factors
	Outlook on life	Predominantly inclusive strategies and positive group dynamics; some change-promoting strategies
	Self-perception	Positive group dynamics, inclusive strategies
Dynamics of change	Risk perception	Discussing risk and risk factors

In the assessment stage, all circle members exchange information about their motivation and views on sex offender rehabilitation. The core member is asked to provide information about the nature of his offense and risk – of which his understanding depends on the progress he has made in sex offender therapy – and the volunteers share limited personal background information. Volunteers usually express their rejection of the offense and their acceptance of the core member as a person. In this stage, roles are typically unbalanced and sometimes unclear; boundaries are being sorted. This induces feelings of insecurity and reservation

on both sides. While both core members and volunteers enter a circle with certain expectations about each other, these are typically not assessed within the circle. Knowing each other to a certain extent is needed to enter the next stage, the building stage.

“In the beginning, the first two months were difficult for me, I didn’t know what to expect from them. But then, when we talked a bit more, some of the volunteers and I seemed to share some common interests and that was nice. Talking became much easier.”

(Core member Michael)

TABLE 3 Temporal Ranking of Circle Characteristics

Descriptive concept	Count	Mean rank	SD	Stage
Assess each other	9	1.22	0.44	Assessment
Openness	10	4.00	1.41	Building
Honesty	9	4.22	1.72	Building
Acceptance	8	4.75	3.54	Building
Cooperation	9	4.89	1.83	Building
Trust	10	4.90	2.38	Building
Knowing each other	7	5.00	3.65	Equilibrium
Solidarity	1	5.00	.	Equilibrium
Equivalence	7	5.86	3.44	Equilibrium
Work things through	7	5.86	3.18	Equilibrium
Social activities	12	6.42	2.94	Equilibrium
Friends	3	10.00	2.00	Transfer
Disagreements	5	6.60	2.07	Dysfunctional
Fight	2	7.00	2.83	Dysfunctional
Crisis	1	6.00	.	Dysfunctional

In a normal building stage, the circle identifies targets to work on and develops action plans together with the core member in a cooperative approach. A relationship of trust and confidentiality is built and further amplified through positive experiences of giving trust and openness. However, trust in a circle usually is conditional trust and, at least in the beginning, balanced through the perception of risk. The core member is evaluating his risk of being publicly exposed by the volunteers, while the volunteers are evaluating their risk of being ‘used’ by the core member for other purposes than changing his life for the better. Core members state that being accepted and not being morally condemned as a person by the volunteers – while their offense is clearly not condoned – is crucial for their willingness to be open.

"Most important for me was the fact that they didn't judge me, didn't condemn me. That was discussed openly. They literally said: we don't judge you, we are here to help you in any way we can."

(Core member Michael)

In some circles, with avoidant core members, trust is being built by engaging in social activities together, while usually social activities occur later in the developmental process.

In the equilibrium stage, an equivalence of roles and a balanced exchange of trust, information, effort, and commitment are established. The needs of both the volunteers (core member openness in order to be able to monitor) and the core member (such as social contact and respect for the time he needs to change) are met. The group process and individual processes are both taken care of by regular formal evaluations (initiated by the circle coordinator) and activities to nourish group cohesion (e.g. the 'good news talk'). During these activities, volunteers and the core member engage in recreational social activities or they discuss problems of all group members, not only the core member's problems.

"I see my circle not as four people pointing at me, the discussions are about all of us. It is not only about me and my offense. Everyone has a problem in some way or other and we make room for that too. It would be strange to think that my problem is the only problem in the world."

(Core member Frank)

In the transfer stage, the nature and future of the circle are being discussed. In a balanced circle, the established relationship is of a personal kind, based on sympathy, familiarity, and trust. Core members speak of such a circle as a 'good circle' or even as 'a group of friends'. Both volunteers and core members find it difficult to end the circle completely, while conversely they acknowledge the circle has changed its function.

"I can imagine we stop to be a circle, but we definitely will continue to meet, since we have become friends."

(Core member Larry)

In this stage, transfer of circle activities that focus on risk reduction to the core members' own network (e.g. discussing risk; informing professionals) does not appear to be common.

Dysfunctional Development, Circle Crisis, and Post-Crisis Rebuilding

In 6 of the 21 circles, a dysfunctional stage was reported. Main characteristics of this stage appear to be a low level of trust and openness; disagreement on circle targets; high subgroup cohesion combined with low total group cohesion; excluding tendencies, such as excluding the core member from the conversation; individual volunteers dominating the circle process or using the circle for personal interests; a high level of volunteer acting out; and a low level of core member cooperation and commitment. Meetings in dysfunctional stages can be tense.

"I underestimated the level of commitment that they wanted from me. Some weeks ago the volunteers said to me: "we don't know how to assist you, because you are not responding." And then they said: "if you don't show more effort we might as well stop." They got frustrated."

(Core member Stephen)

"It is difficult, very difficult. We reached a point where we couldn't go further he is not motivated, not for a bit"

(Volunteer Mary, Stephen's circle)

Step 1 narratives showed that these problems usually occur after the assessment stage and during the building stage, when trust needs to be built. Step 2 ranking showed a different pattern. The dysfunctional circle does not succeed in reaching or sustaining the equilibrium stage and/or finds it difficult to accept the core member and his characteristics and to hold the core member responsible for his own process of change. Dysfunctional stages typically end in a crisis that threatens the continuation of the circle. In some dysfunctional circles, one or more volunteers threaten to break up the circle; in others, the core member does so, either by stating his plans to stop overtly or by simply not showing up.

Underlying causes for a circle crisis are usually violations of the program integrity, evoking the group members challenging each other: participants are not meeting the selection criteria (e.g. volunteers have a questionable motivation, have no inclusive attitude toward core members, are not able to cooperate in a group), the circle is too homogenous, or is not working at the expected targets (not working on preventing risk and rehabilitation of the core member or not working on social reintegration).

"They are more interested in each other than in me or my relapse prevention plan. They never ask me about it at a certain moment in time I told the circle coordinator: "this is not working at all"."

(Core member Peter)

Core members and volunteers stress the importance of the circle coordinator in a dysfunctional stage: he or she intervenes and leads the circle into a post-crisis rebuilding stage. Reported interventions of the circle coordinator are de-selection of dysfunctional volunteers; reassessing of each members' motivation, needs, and targets; motivating the core member to cooperate; recruiting new volunteers and rebuilding the circle; and suggesting new working principles. These interventions usually appear to be effective. After a crisis, a circle typically goes through a post-crisis rebuilding stage, which includes a renewed assessment stage and then a new building stage. This may result in a minimal function, in which the circle is at least cooperating and meeting some, but not all, needs of the core member. In most cases, the motivation of the core member again increases, and his input and cooperation improve. Other circles that have gone through a crisis reach a post-crisis equilibrium in which relationships have deepened, openness has been achieved and roles have become more balanced.

CORE MEMBER PROGRESS

All core members in this study report individual changes while participating in the circle. Circle coordinators' and volunteer narratives support this finding. The reported change can be categorized as self-regulation skills, social and relationship skills, outlook on life, and self-perception. Table 4 summarizes the results of the step 2 analysis regarding the core member's process.

Core members report more active problem-solving behavior, less ruminating, and less stress. Many core members report improved social and relationship skills. One particularly isolated core member became more interested in social relationships with adults as a result of the positive experiences in the circle:

"I realized that I feel the need for social contact more often, and through CoSA I learned to maintain social contacts. I used to be by myself all the time, but now I find it easier to visit someone now and then."

(Core member Frank)

TABLE 4 Card Sort: Effects on Core Member

Subcategory	No. of narratives	Descriptive concept	No. of narratives
Self-regulation	12	Improved problem-solving behavior	11
		Decreased ruminating behavior	6
		Decreased feelings of stress	4
		Improved health behavior	3
Social and relational skills	11	Improved social skills	6
		Improved relationships	7
		More openness	7
		More honesty	3
		Improved communication skills	2
		Being receptive to others	2
Outlook on life	11	Hope	7
		Having a future	6
		Participating in society	4
		Sense of belonging	2
		Feeling safe	1
Self-perception	10	Self-esteem	7
		More positive self-image	5
		Perception of core member by others	2
		Self-confidence	2

Some core members learned to be more open and honest in their communication, and some report an improved quality of their relationships outside of the circle, due to more openness in their communication. These skills need time to develop, as volunteers' narratives in step 1 stress the difficulty many core members have in the beginning with open communication in the circle. They describe some core members' communication as indirect, secretive, avoiding, vague, or even plainly manipulative, not sharing information unasked, or not willing to tell.

Some core members develop a more positive outlook on the future, and more hope to be able to lead a normal life one day, being accepted by at least the people in the circle, having a job and a place to live in peace. Some feel more connected to society through work and social activities with the circle. In addition, core members report a more positive mental self-representation (self-esteem, positive narrative identity).

"I feel more self-confident, have more trust in the future. My fears that I don't belong in this society anymore have gone. I do belong."

(Core member Andrew)

For some, an increased acknowledgement of their own risk and of the harm done by their offense, and consequently of their own responsibility, reflects an increase in problem insight.

INFLUENCING FACTORS

Influencing factors can be subcategorized into 'circle characteristics', 'circle strategies', and 'core member characteristics'. Table 5 summarizes the results of step 2 regarding influencing factors.

TABLE 5 Card Sort: Influencing Factors

Main category	Subcategory	No. of narratives	Descriptive concept	No. of narratives
Circle characteristics	Structural characteristics	12	Regular meetings	10
			Circle diversity	3
	Inclusive characteristics	12	Belonging	7
			Acceptation	8
			Openness	8
			Trust	11
			Equivalence	6
			Safety	8
			Personal 'click' with volunteers	4
Circle strategies	Inclusive strategies	12	Moral support	11
			Social activities	10

TABLE 5 (Continued)

Main category	Subcategory	No. of narratives	Descriptive concept	No. of narratives
Core member Characteristics	Change promoting strategies	11	Listen to core member venting frustrations	6
			Confront	9
			Hold accountable	7
			Practice	4
			Praise and compliment	5
			Offer special support	2
			Core member's own effort	1
	Risk reduction strategies	6	Discuss offense	6
			Discuss risk	6
	Cooperation	5	Show effort	2
			Practice new behavior	4
			Communication	5
			Open communication	5

Effective Circles Characteristics

These features can be categorized into structural characteristics and inclusive characteristics.

The effective structural characteristics of a circle are: the diversity within the circle, the frequent face-to-face meetings, and the continuity of attendance of circle members. Core members explain that diversity in age, gender, profession, standing and education, lifestyle, and experience enables them to encounter different role models and get different types of advice. Volunteers and core members stress the importance of gender diversity and of diverse relationships between circle members. Diversity in the circle is thus offering a rich learning environment from which the core member can take his own pick, which stimulates his autonomy and his own responsibility, provided volunteer characteristics and skills are matching the diversity of each core member's needs.

"They are very different people, which is nice. They have done all sorts of things and when they talk about something you realize they know what they are talking about, that is very positive. They have very different opinions, which stimulate me to think about it for myself."

(Core member Walter)

"I think the diversity in this circle is essential; also for volunteers themselves, to keep each other alert and to discuss different approaches to a problem and

to keep the conversation open, but also for the core member to see there are different possibilities in a given situation."

(Circle coordinator, Noah's circle)

The routine of weekly meetings (at least in the beginning of a circle) is generally meeting the core member's need for social contact and increases his motivation to invest in return. Even in dysfunctional circles, the core member often keeps showing up, because the circle is the only place where he meets people other than his family who know about his offense without rejecting him. Continuity is serving the group process. Individual volunteers being absent from meetings too often are slowing down the building process, which implies the need to share the same information repeatedly, thereby disturbing the balance.

An effective 'inclusive circle' warrants several dynamic and positive group characteristics: trust, a climate of openness, belonging, acceptance and equity. In order to achieve adoption and adherence to the circle's inclusive norms, specific strategies are reported. These strategies actively support the circle equilibrium and can be defined as an exchange of social goods: the exchange of support and compassion for accountability, of trust for openness, and social activities for commitment. These processes are supporting the internal motivation and the commitment of the core member.

"I think trust is built gradually and that is important for everybody. If you trust them, you will trust them to handle information with care and if you don't trust them, a circle won't work."

(Core member Walter)

The openness in a balanced circle is promoting core member change by offering a safe space for self-reflection and growth of the new social identity of the core member.

"Last time there was a television show about pedophiles. Then you are confronted with the fact how people think about our kind. As a sex offender, you are the lowest of the lowest in society. We talked about it in the circle and they make sure I am not leaving with a bad feeling or in a bad mood."

(Core member Andrew)

Effective Circle Strategies

While the earlier CoSA model describes support, monitoring, and maintenance (holding accountable) as the three essential inner circle principles, our qualitative analysis of circle narratives revealed a slightly different set of core circle functions and strategies: inclusion, promoting change, risk reduction, and process-oriented strategies. In addition, some circles show dysfunctional activities. The categories 'process-oriented strategies' and 'dysfunctional strategies' were derived in step 1 and have not been involved in the card sort procedure dealing with effective factors, since the task was described as 'select the cards that describe activities in the circle that have helped you/the core member'.

Inclusive Strategies

The inclusive function of a circle is accomplished by more activities and strategies than giving support alone. The most frequent inclusive circle activity is the regular meeting and group discussion: a CoSA circle is mainly a 'talking circle'. Often the core member is at the center of attention, especially in the beginning. Core member-related topics are: the offense, which is either directly or indirectly talked about (e.g. the offense and offense chain, risk, treatment, lapses and negative emotions that increase risk) and personal issues (acute problems, worries and concerns, coping in daily life, personal history), but also topics of more general interest are discussed, such as the daily news, holidays, hobbies, music, and other activities. Especially the exchange of personal information by volunteers is valued by core members as contributing to their 'sense of belonging' and gives a boost to their self-esteem. A communality of interest and a balance between core member-centered topics and more general topics are of great importance, since discussing topics that are irrelevant to the core member (which is a typical characteristic of dysfunctional circles) is leading to decreased core member and volunteer motivation and less circle cohesion. According to both core members and volunteers, openness and honesty are core features of effective communication within the circle. Being part of a social community (again) for the core member means something to live up to and fosters the need to adopt norms and attitudes of this group of members of the public, who offer their time, personal commitment and presence.

"The circle gives me something to think about – things I thought of as normal, seem to be not so normal after all – dealing with personal boundaries for example – the fact that I cross personal boundaries of others with my behavior – CoSA made me see this in a different light."

(Core member Richard)

Inclusion is also expressed by providing moral and practical support in the core members' own context. Volunteers offer moral support by showing empathy, being positive and showing he is worthwhile and by celebrating birthdays, holidays, and successes together. Volunteers accompany the core member on difficult missions to public services; help him doing work around the house; and help him sort out his finances and so on. Offering moral and practical support helps the core member solve the practical problems of everyday life, thus leading to less distress. Engaging in social activities together is serving explicit social needs of the core member and is usually highly valued by core members, provided they are conducted with respect for the privacy and the interests of the core member. Some circles participate in the core members' own network by joining him in his social activities or meeting his family. Social activities give a boost to the growth of the core members' 'normal' identity, his self-esteem, and help him improve his social skills. Some core members report an increased motivation to build a pro-social network of their own as a result of the positive experiences with the circle.

"I have started to show more interest in my colleagues – since expressing interest in others has proven to be a positive experience in the circle – it is nice to feel connected to others and others like it too. I have sent a postcard to one of my colleagues who is ill, and he appreciated it very much. Before, I never would have done that."

(Core member Richard)

Change-Promoting Strategies

Change-promoting activities are mainly targeted at improving social and problem-solving skills of the core member but are not restricted to holding the core member accountable. Techniques are: giving practical advice and tips and tricks to solve problems, and encouraging new behavior, like taking up hobbies or health activities (e.g. sport or dieting). Social skills are sometimes explicitly trained in role-play (e.g. training for a job interview). Specific needs are met by specific interventions such as anger management training or training in financial administration, depending on the skills and experience of the volunteers in the circle. Circles teach the core member techniques to cope with both daily issues and life events. More active problem-solving behavior is also supported by change-promoting strategies such as encouragement, practicing, monitoring, and positive appraisal. More directive strategies are reported by only a minority of the interviewed core members but are much more present in the volunteers' and circle coordinators' narratives. Strategies are to confront the core member with the consequences of his actions; demanding specific behavior, such as doing homework; and confronting the core member with an observed lack of effort and hold him accountable for his change.

"Taking care of my responsibilities has always been difficult for me, but now there is the circle to confront me with that – and that's how I learn to act on my own initiative and take care of things."

(Core member Walter)

Risk-Reducing Strategies

Risk-reducing strategies are: discussing the relapse prevention plan, monitoring the core members' behavior outside the circle, and confronting the core member with risk-related information, reporting risk concerns to the professionals. Almost all core members and most volunteers report monitoring activities within their circle, but the intensity of monitoring activities can show considerable variety. Monitoring is typically targeted at problem solving behavior and risk-related behavior. In many circles, the core member is questioned by volunteers about his behavior outside the circle and about making use of advice that was given to him by the volunteers at an earlier stage. These discussions remind the core member to stay alert and aware of risk. Specific problematic situations and signs of increased risk (e.g. a core members' increased use of drugs or alcohol or increased internet activity) are reported to the professionals and often targeted with specific interventions that exceed the normal circles' routine (e.g. confronting the core member with risk-related information he had withheld from the circle). Core members who isolate themselves or make unrealistic plans are confronted by volunteers (e.g. by addressing the lack of progress in the circle or challenging core member's unrealistic goals). Volunteers stress the effectiveness of monitoring, holding the core

member accountable for risk-related behavior, and promoting the development of an internal locus of control. They stress these strategies more than core-members do themselves.

"We have discovered many things and have confronted him with it and discussed with him everything we reported to the outer circle it is his responsibility to change, and not ours."

(Volunteer Harry, Stephen's circle)

Process-Oriented Strategies

Process-oriented strategies are indirectly contributing to circle effectiveness by supporting the development of a positive group dynamic and a balanced execution of the three former mentioned circle functions. They are described more often by volunteers and circle coordinators than by core members. Strategies involve the organization of pre-circle meetings with only volunteers, in order to build group cohesion; and circle meetings without the core member (e.g. before or after the regular circle meeting), in which the meetings are evaluated, success of the strategies so far is discussed, targets are redefined, and action plans are made or refined. Process-oriented activities can lead to feelings of exclusion if the core member is not informed or involved. The continuous reflection and evaluation processes in which circle volunteers and circle coordinators (but less so the core member) are engaged, are leading to interventions that change the balance in the regular circle functions, like putting more stress on the core member's own responsibility or loosening the monitoring 'grip', and offer more social activities. It can also lead to specific circle interventions, such as offering a specific training or meeting the core member's family. In a dysfunctional circle heading into a circle crisis, a typical evaluative meeting is the 'exit discussion' in which the future of the circle is discussed and core members and volunteers are redefining their motivation. This type of process meeting is typically attended by the circle coordinator.

Dysfunctional Circle Activities

The dysfunctional activities in some circles may be contrary to the inclusive aims of the CoSA and in fact show parallels to abusive behavior of the core member himself (e.g. excluding the core member from the conversation and, if confronted with it, minimizing the negative impact such behavior has on the core member). Risk-reduction activities may be underrepresented or completely missing in dysfunctional circle stages. In some circles, process oriented activities are taking on a dysfunctional nature (e.g. volunteers are questioning and challenging the circles' principles and basic working procedures such as making circle minutes or meeting on a weekly basis in the beginning).

A circle crisis can also be an agent of change (e.g. feeling the pressure of possible circle closure may be a powerful motivator for the core member to invest more and change behavior, provided the circle is serving at least some essential needs, such as the basic need for social contact). Most core members feel they have something to lose when they lose their circle.

Effective Core Member Characteristics

Being open about the offense and risk-related matters is the most important input of core members, according to both volunteers and core members.

Openness and honesty in core member communication (about offense, risk factors, and feelings toward volunteers) support the development of trust, acceptance, and inclusion by the volunteers. A cooperative attitude of the core member toward doing 'homework' and practicing new behavior (e.g. practicing small talk, improving health behavior) leads to increased problem insight and more self-awareness. Exercising new social skills (e.g. talking to strangers) supports the exercise of new behavior, such as joining a sports club. Practicing new behavior (new hobbies, new health behavior) is a positive change agent in itself, since it improves self-esteem, serves as coping strategy for relaxation, or even can have the importance of a cathartic experience and as a turning point in life (e.g. one of the core members presented his view on CoSA in a meeting of CoSA staff with professionals from the Justice Department and found this extremely challenging, but nevertheless succeeded, which boosted his self-esteem). The experience of progress in itself reinforces his process of change. Growing self-esteem is reported as pivotal: achieving a sense of self-worth is motivating the core member to continue on the good track and stimulates hope and a positive perspective on life. Losing the stigma of being a notorious sex offender – at least within the circle – is also contributing to the positive view on the future.

DYNAMICS OF CHANGE

The card sort procedure of the category dynamics of change revealed that changes in the core member were attributed almost always to a combination of effective circle strategies and features, with no particular pattern appearing, except for one: improvements in problem-solving behavior were predominantly linked to change-promoting strategies such as exercise, giving advice, or giving compliments. Surprisingly, almost no risk-reduction strategies had been linked to core member change.

THE REVISED COSA INTERVENTION MODEL

The two-step qualitative analysis of 38 circle narratives delivered a wealth of information about both functional and dysfunctional circle developments and effective features, activities, and processes. Based on this information about the inner circle, the role of the circle coordinator and the outer circle, and the theoretical framework, some adaptations to the early CoSA model need to be made.

We expanded the model with the identification of desired long term results and intermediate targets. Desired long term results of CoSA are the development of a positive narrative self and the improvement of social and human capital. Targets regarding human capital are improved problem insight, improved problem-solving and social skills, and improved coping and self-regulation skills. Social capital targets are improved social integration, participation in society, and less emotio-

nal loneliness. Hope for a better future, an increased self-esteem, and a sustained motivation to change are results that support the process of change. Circles are also possibly effective in preventing sexual re-offending by addressing risk-related attitudes and problem behavior.

Instead of three main effective principles, summarized as 'support, monitor and maintain' in the Saunders and Wilson model (2003), we identified four effective strategies (inclusion, promoting change, risk reduction and process evaluation and improvement). We also included conditional factors. The core member must fit the selection criteria (medium- to high-risk, high need for support), volunteers must be carefully selected, trained, and combined into a circle, and the group development process must be carefully monitored and supervised by the circle coordinator. Diversity in volunteer characteristics and continuity of volunteer commitment are important. Specific characteristics of volunteers and core members contribute to circle effectiveness: volunteers who accept the core member as a person and are able to build a meaningful relationship with the core member are more effective, and core members who are actively cooperating and who are committed and open in their communication probably profit more and/or faster from a circle.

We also included an important feature of CoSA into the model: the exchange of information between the volunteers and the professionals in the outer circle, and the co-operation and concerted action of professionals in the outer circle. The adapted CoSA model is summarized in Figure 2.

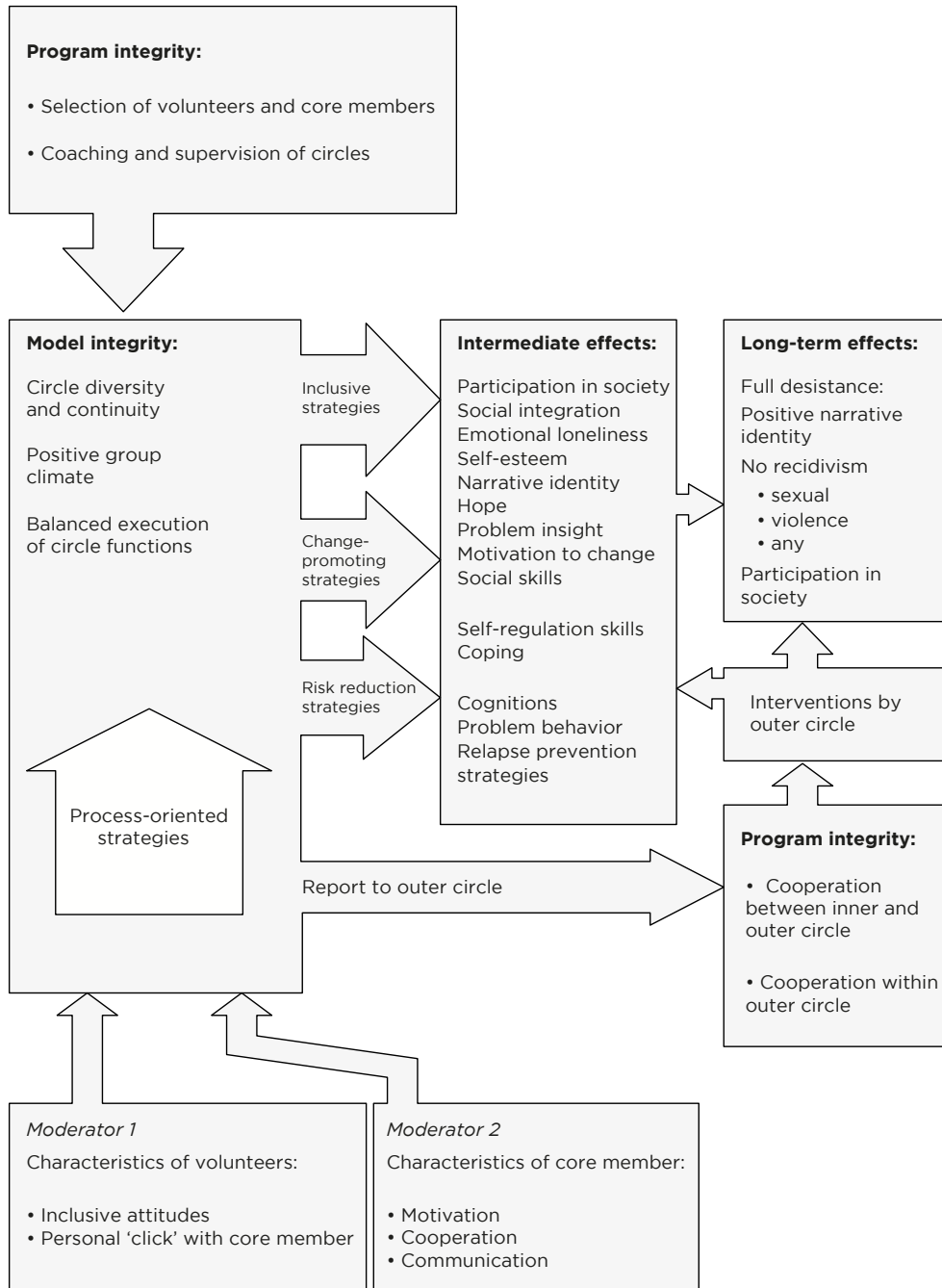


FIGURE 2 The revised CoSA intervention model

DISCUSSION

In this study, we applied a qualitative method, based on the grounded theory methodology (Corbin & Strauss, 1990), to bring the development of an evidence based intervention model for Circles of Support and Accountability (CoSA) a step further. As the revised CoSA intervention model illustrates, circles aim to support medium to high-risk sex offenders who are reentering society in their process of becoming a desister.

The main core member directed targets of CoSA, which are: the development of a positive narrative identity, and the acquisition of human and social capital, are supported by contemporary desistance theory and research (Paternoster & Bushway, 2009; LeBel, Burnett, Maruna, & Bushway, 2008).

Effective circles result from a positive group development. The stages of group development we find in our study show the characteristics of the Tuckman group development model (forming, storming, norming, performing, adjourning; Tuckman & Jensen, 1977) which has been empirically validated also in other group settings (Johnson et al., 2002).

Effective circles are characterized by a balanced execution of four effective circle strategies. Mutual trust and openness, and open evaluation are crucial for the balanced execution of effective circle functions. This finding is in line with Beech and Hamilton Giachritsis (2005), who have shown that a positive group climate is positively related to treatment change in sex offenders attending these groups. Especially group cohesiveness and stimulation of emotional expressiveness (a concept comparable to 'openness') are effective factors. Within the context of a highly cohesive, cooperative group, where there is concern and friendship for each other, appropriate challenges can be carried out, that are felt as supportive rather than attacking (Beech & Hamilton-Giachritsis, 2005). The same observation has been made as early as 1961 by Irvin Yalom in one of his first publications on group therapy (Yalom, 1961).

The impact of meaningful individual relationships with volunteers (the 'personal click' as core members call it) is probably comparable to the impact of the therapists' warmth and empathy and his or her respectful attitudes in professional sex offender treatment, which has been reported by Marshall et al. (2003). Also, the inner and outer circle must cooperate, to fine-tune circle targets and activities, and the outer circle must cooperate together to manage risk information from the inner circle. Such a combination of formal and informal control has proven to be a major predictor of desistance in sex-offenders (Kruttschnitt, Uggen, & Shelton, 2000).

LIMITATIONS OF THIS STUDY

The qualitative research that underpins our revised model shows some limitations. In the Netherlands, CoSA is still a small-scale and relatively new project, with about 11 circles in operation at the time of the data collection and thus limited pos-

sibilities for obtaining circle narratives. Also, core members and volunteers had been involved in another research project, and circle providers were afraid that they might be over-asked. Therefore, earlier published circle narratives from the United Kingdom were used in step 1 of the analytical process, in which first ideas of core categories and subordinated theoretical concepts were developed. Since the Dutch circles projects adopted the UK code of practice and the first Dutch circle providers were trained in England, English, and Dutch circles are comparable in the way core members are selected, volunteers are selected and trained, and circles are built and supervised. The experiences of circle members in the United Kingdom and the Netherlands are assumed to reflect a common practice. Conversely, cultural differences and differences in the professional context of sex offender management in the United Kingdom and the Netherlands may influence the internal processes in a circle. For example, in the United Kingdom, circles have been confronted with aggressive media campaigns, which have influenced the public opinion against circles (Hanvey, 2012), and may have put extra pressure on circle members. Also, in the United Kingdom, almost all sex offenders enter specific sex offender treatment programs in prison and therefore can enter a circle upon release, while in the Netherlands, most sex offenders are not treated in prison and therefore have to enter sex offender treatment after their detention, which means they can enter a circle only in a later stage of their rehabilitation process. This may result in differences in core member needs that a circle has to deal with. The validity of the intervention model that has been developed from these data therefore needs to be further refined and tested across different national contexts.

THEORETICAL AND PRACTICAL IMPLICATIONS

The core effective feature of CoSA is probably the inclusion of the core member into the social structure of a small group. Offering the core member a small group to affiliate with is serving one of the most basic human needs, the need to belong (Baumeister & Leary, 1995). The 'need to belong' is one of the most powerful human motivators (Baumeister, & Leary, 1995) that is universally fulfilled by forming social bonds in small, naturalistic groups. Positive effects of lasting and intimate social attachments have been demonstrated on many aspects of human function, while deprivation from social bonds is associated with increased risk of psychopathology, behavior problems, criminality and suicide (Baumeister & Leary, 1995) and is negatively affecting self-regulation (Baumeister, de Wall, Ciarocco, & Twenge, 2005) and pro-social behavior (Twenge, Ciarocco, Baumeister, de Wall, & Bartels, 2007). This fulfillment of the need to belong is probably explaining the robustness of circles, even when they are not optimally functioning. In the Netherlands, up to now, only one of the currently operated 27 circles has ended prematurely. In the United Kingdom, about 10% of 60 circles (in one specific region) ended with the core member withdrawing, due to lack of motivation (Bates et al., 2012). Hannem (2013) is describing circles as a family-like structure. This inclusion principle motivates the core member to stay in the circle and profit from it while allowing the circle to stimulate behavior change and to monitor the risk. This finding challenges the contemporary exclusive policies such as notification and housing restrictions, which tend to isolate sex offenders from the general public and have shown to be ineffective (Levenson, & Cotter, 2005). Moreover, these policies are supporting

and legitimizing exclusive tendencies in society that deprive sex offenders from their basic human needs.

The revised CoSA intervention model informs circle providers and circle coordinators about core features and processes that need their full attention and should be safeguarded and evaluated on a regular basis. Therefore, we advise to introduce this model in circle coordinators training programs. As dysfunctional group dynamics have a negative impact on circle effectiveness, more research into this phenomenon is needed in order to help circle coordinators develop adequate strategies to counter these processes.

In addition to the intrinsic value a circle can have for the core members' social needs, CoSA supports the professionals in their monitoring task by sharing information. While this function can be of significant importance, in our opinion, it must be clear at all times that prevention of recidivism and a safe re-integration of sex offenders in society is primarily the responsibility of the state and its professional agencies, which have the legal means to intervene. A different point of view can be taken on the second mission statement of CoSA: no one is disposable. Here, community building is the issue, and this is primarily the responsibility of community itself and its social institutions. CoSA is appealing to the commitment of people to take responsibility, and in return, is claiming to offer social peace and feelings of public safety (Wilson, Picheca, & Prinzo, 2007a, Hannem, & Petrunik, 2004, Hannem, 2013). According to Hannem (2013), the restorative justice philosophy behind the model is often absent in the public presentations of new CoSA initiatives, as the model spreads out over the American and European continent. More sociologically oriented research on the impact of CoSA on social peace and feelings of public safety will be necessary to collect evidence of CoSA's contribution to community building in non-Canadian projects.

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Sex Offenders' Process of Desistance in CoSA

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“I am a different man now”
Sex offenders in Circles of Support and Accountability:
a prospective study.

ABSTRACT

In Circles of Support and Accountability (CoSA), a group of trained and supervised volunteers support a sex offender (core member in a circle), with the aim of supporting the core member's transitions towards full desistance.

A prospective, multi-method design was used to explore psychological and social transitions in core members. Data were collected at the start of their circle, after six months and after twelve months. Qualitative data were collected in semi-structured interviews with 17 core members and a total of 29 professionals, and analyzed with Kwalitan, a computer-assisted program for qualitative data-analysis. Quantitative data were assessed with self-report questionnaires for sex offenders. Mean differences between t0, t1 and t2 were tested with repeated-measures ANOVAs.

Qualitative results indicated improvements in reflective skills, openness, and problem solving skills, as well as social skills, agency and self-regulation. Quantitative results documented improvements in emotion regulation and internal locus of control, and positive trends in self-esteem and coping skills. Due to the small sample size, our results must be interpreted with caution. Core members as well as professionals reported a unique contribution of circles to these transitions, but this claim needs further confirmation.

INTRODUCTION

The safe rehabilitation of sex offenders is a challenge for professional institutions in the field of criminal justice. In general, only 14% of sex offenders re-offend within the first five years after discharge from detention (Hanson et al., 2014; Hanson & Morton-Bourgon, 2004), but average sexual recidivism rates rise slowly with longer follow-up periods. Over a follow up period of eight years, Dahle, Janka, Gallash-Nemitz, and Lehmann (2009) reported a 23% rate of sexual re-offending. In a Dutch study with a follow-up period of 25 years, a recidivism rate of 29% for sexual offenses was found (Nieuwbeerta, Blokland, & Bijleveld, 2003). Of a sample of sex offenders, who were released after treatment in secured forensic mental health care facilities, 39% recidivated within twelve years, and in a subsample of child abusers, a 59% recidivism rate was found (De Ruiter & de Vogel, 2004). A meta-study by Hanson, Harris, Helmus and Thornton (2014) indicates that these figures only paint half the picture, since re-offense rates decline with the number of years that offenders have managed to live an offense-free life. Of the high-risk sex offenders in their aggregated sample (n = 7740), 22% recidivated within the first five years. Of those high-risk offenders, who managed to live offense-free for 5 years, 7% re-offended within the next five years, and after ten years of living offense-free, only 4% committed another sexual crime. The overall long-term (> 17 years) recidivism rate was 32% for high-risk offenders, 14% for the 'moderate-risk' group, and 5% for the 'low-risk' group. These figures underscore the fact that full desistance (stopping criminal behavior altogether) is difficult for many high risk sex offenders. They also show that re-offense rates can drop dramatically when offenders manage to develop an offense-free lifestyle within the first years after detention.

CIRCLES OF SUPPORT AND ACCOUNTABILITY

Circles of Support and Accountability (CoSA) is a community-based approach, which aims to support the process of desistance of medium- to high-risk sex offenders during their first years of re-integration, by providing a surrogate social network of carefully selected and trained volunteers. CoSA operates on two basic principles, represented by two guiding mottos: "no more victims" and "no one is disposable." CoSA projects are in place in Canada, the United States and several European Countries. They can be operated by different providers (e.g., by an independent volunteer organization as in Canada, and some projects in the UK; or as a project by a (semi-) governmental agency as in Minnesota, US, and in the Netherlands).

The CoSA project in this study is situated in the Netherlands, and is operated by the Dutch Probation Organization. Here, CoSA principles are implemented in a model with two circles, which is an adaptation of the UK model. The so-called 'inner circle' consists of three to six carefully selected and trained volunteers, and a medium- to high-risk sex offender (referred to as 'core member'). A circle meets on a regular - often weekly - basis, and offers social and practical support within a relationship of openness, trust, equity, and accountability. The inner circle is supported and supervised by an outer circle of professionals, who are involved in the

core member's re-entry arrangements (e.g., the therapist and probation officer). Via a professional circle coordinator, the volunteers share information about the core member, including risk signals, with the professionals who then can take appropriate measures when necessary. The Dutch CoSA project provides circles for medium- to high-risk sex offenders (based on structured risk assessment) who are under court-ordered supervision; on conditional leave from prison; or serving a conditional community sentence. Sex offenders are only eligible for a circle if they are motivated to not re-offend; demonstrate a high need for social support; have been or are in sex offender treatment, and enter a circle voluntarily. Sex offenders with high levels of anti-social or psychopathic behavior are excluded.

CoSA has shown to be effective in Canada (Wilson, Picheca, & Prinzo, 2007; Wilson, Cortoni, & McWhinnie, 2009). In the US, Duwe (2013) conducted a randomized controlled trial (RCT) and evaluated the cost-benefit effectiveness of the model, which showed that CoSA was both an effective, as well as an efficient way in reducing sexual offending. Promising results were also achieved in the UK (Bates, Williams, Wilson & Wilson, 2014).

THEORETICAL FRAMEWORK

DESISTANCE AND SELF REGULATION

In this study, we framed our exploration of the process of change in core members within desistance theory, which provides the descriptive concepts for the types of transitions that core members go through. The necessary internal processes behind these transitions are conceptualized within general self-regulation theory. Lately, these concepts have been combined within the Good Lives-Desistance model (Laws & Ward, 2011), which stresses the basic human need for the achievement of so-called primary goods (e.g., excellence in work and play, autonomy, relatedness, etc.) and the importance of developing agency in order to achieve these goals.

THE PROCESS OF DESISTANCE

General desistance theories state that desisters go through a series of internal (psychological) and external (social) life transitions, which culminate in a non-criminal, pro-social lifestyle (Laub & Sampson, 2001; Maruna, 2001; Giordano, Cernokovich, & Rudolph, 2002; Paternoster & Bushway, 2009). The internal transitions that have been identified as precursors of desistance are: 'aging', 'maturation' (Gottfredson & Hirschi, 1990), 'cognitive transitions' (Giordano et al., 2002), 'identity changes' (Maruna, 1999; Paternoster & Bushway, 2009; Goebbels, Ward, & Willis, 2012); 'changes in agency' (King, 2013), 'motivation and narrative identity' (McNeill 2009), and 'self-regulation' (Gillespie, Mitchell, Fisher & Beech, 2012). External transitions in the process of desistance have been conceptualized as 'life events', 'changes in formal and informal social control' (Laub & Sampson, 2001), 'major role transitions' (Giordano et al., 2002), and 'changes in socialization con-

texts' (King, 2013). The nature of the interplay between both transition processes is still debated. Do external transitions precede internal transitions as Sampson and Laub (2001) state, or vice-versa as Paternoster and Bushway (2009) claim? Giordano et al. (2002) state that internal changes generally precede external transitions, but these can only emerge if the environment grants opportunities for conventional choices. Research by LeBel, Burnett, Maruna and Bushway (2008) indicates that internal states and transitions, such as: a negative evaluation of past criminal acts (regret), fostering alternative pro-social identities (e.g., being a family man), self-efficacy, and hope, are main ingredients of agency and resilience in desisters when confronted with social problems and obstacles in their lives. These internal states shape the perception, evaluation, and level of utilization of external opportunities, resulting in social transitions that support desistance. On the other hand, internalized stigmatization creates a feeling of powerlessness, and predicts re-offending (LeBel, Burnett, Maruna and Bushway; 2008). Laws and Ward (2011) suggest that both theories about the primary role of internal versus external transitions are complementary and can be merged into a single theoretical and practical framework, which they provide in their Good Lives-Desistance Model (GLM-D).

THE ROLE OF SELF-REGULATION IN THE PROCESS OF DESISTANCE

Psychological theories describe self-regulation as the internal process that adjusts cognitions, feelings, intentions, and behavior, to goals and values (Koole, Kuhl, Jostmann, & Finkenauer, 2006). Self-regulatory processes not always produce the desired outcome. Hofman, Friese and Wiers (2008) developed a dual process model involving both conscious (cognitive) self-regulatory processes (which produce intentional rule-based behavior) and subconscious (affective) processes (which produce impulsive and habitual behavioral reactions). In the case of competing behavioral schemata (affective versus intentional rule-based behavior), the result depends on the strength of the activation of both self-regulation systems and on 'boundary conditions' such as situational factors which affect cognitive function, and traits or states that reinforce reliance on impulsive processing (Hofman et al, 2008).

General self-regulation theory explains some of the roads and barriers that sex offenders encounter in their process of desistance. General self-regulation problems, poor cognitive problem solving, and dysfunctional coping have been identified as risk factors of sexual recidivism (Mann, Hanson, & Thornton, 2010). In the Pathways Model of sexual re-offending, differences in modes of self-regulation, with different types of self-regulation deficits, correspond with different (re-) offending pathways (Yates & Kingston, 2006). In the GLM-D, this self-regulation is referred to as 'agency' – the ability to select goals, formulate plans, and act freely in the implementation of these plans (Laws & Ward, 2011). In this model, agency is closely linked to the concept of 'practical identity', a central self-concept that is wrapped around highly valued primary goals, and shapes human reflections and actions.

Consequently, sex offenders who are motivated to not re-offend, will need to develop a unified pro-social self-concept, along with pro-social, rule-based, adap-

tive behavior schemas to cope with the challenges in their rehabilitation efforts. In order to cope with stressing circumstances, they need to overcome risky habitual or automatic affective responses and replace them by action oriented affective responses, and rule based, conscious behavior. The chances to make social transitions however, not only depend on the sex offender's internal transitions, choices, and skills, but also on the opportunities and barriers in the social context. This is where the contribution of CoSA volunteers is considered to have an additional value.

AIMS OF THIS STUDY AND RESEARCH QUESTIONS

To date, research into CoSA effectiveness has focused on outcome in terms of recidivism (Wilson, Picheca, & Prinzo, 2007; Wilson et al., 2009; Bates et al., 2014), and CoSA effectiveness (Duwe, 2013), the contribution of circles to relapse prevention (2012), and on cost-effectivity (Duwe, 2013; Elliot & Beech, 2012). Until now the evidence of processes of desistance in core members has been anecdotal (e.g., Quaker Peace and Social Witness 2005, 2008), or based on retrospective research using file information (Bates et al., 2012). Our aim was to contribute to the understanding of the process towards desistance in core members, and to explore the contribution of circles to this process by employing a prospective design. Two research questions guided our study. First, we explored which transitions (referred to as 'changes') were experienced by core members and the professionals in their outer circles, and whether they attributed these changes to circle activities. Second, we measured levels of change in some markers of the process of desistance.

METHOD

DESIGN AND PROCEDURES

Qualitative and quantitative data collection were combined in a prospective, mixed-methods design. More specifically, we used a partially-mixed, concurrent, equal status design. This means, qualitative and quantitative research steps were conducted separately but concurrently in all stages of the research process, while both having equal status in our study (Leech & Onwuegbuzie, 2009). Mixed-methods designs support the understanding of complex processes and systems in intervention evaluation, by combining the strengths of both quantitative and qualitative approaches. They offer opportunities to integrate findings about levels of change as well as processes and systems that bring about these changes (Fetters, Curry, & Creswell, 2013; Pawson & Tilley, 1997). We collected data about 17 core members during the first year in their circle. All core members signed an informed consent and were guaranteed anonymity and the right to withdraw from the study at any time without consequences for their participation in the circle.

Qualitative study

Core members were interviewed on three occasions: just before the start of their circle (t0), after 6 months (t1), and after 12 months (t2). Data of some of these interviews were also used in the first study. Although core members have a unique 'from within' perspective on their own life and on circles, their narratives may be biased by social desirability issues, limited reflective competencies, and lack of communication skills to explain their experiences. Therefore, professionals (their therapist and/or their probation officer) also were interviewed about the impact of CoSA on their clients at t1 and t2. All interviews were carried out by the first author, mainly at the probation office. Interviews with core members typically lasted between 20 and 45 minutes. All interviews with core members were recorded, except when no permission was given (twice). In that case, notes were taken during the interview, and written reports were made directly after. Interviews with probation officers and therapists lasted typically between 30 – 60 minutes and were recorded.

Quantitative study

Quantitative data on outcome variables were collected with self-report questionnaires for core members and structured risk assessment tools for probation officers and circles (which were filled in by volunteers and circle coordinator together). The self-report questionnaire for core members was administered at t0, t1, and t2, directly after the interview sessions, which took another 45 to 60 minutes. The structured risk assessment by probation officers was administered at t0, t1, and t2; the structured risk assessment by circle volunteers and circle coordinators was administered at t1 and t2.

VARIABLES AND INSTRUMENTS

Qualitative study

For the interviews with core members, a topic list was used. At t0, topics were: expected gains from participating in a circle, relapse prevention needs, internal barriers (concerns) towards participation, and satisfaction with the information given by the CoSA project staff. At t1 and t2, the structural and qualitative features of the circle were assessed (the number of volunteers, frequency of circle meetings, circle continuity, group dynamics, activities, and circle coordinator interventions). Internal and external transitions and their association with circle activities were explored, initially by an open question (inviting spontaneous reactions), and then by asking more detailed information on specific areas (changes in social relations, social skills, problem-solving behavior, problem-insight and risk awareness, and outlook on future). Core members were also interviewed about their opinion on effective activities and features of the circle, and possibilities for circle improvement. In the interviews at t2, questions about the expected future of the circle and motivations to continue were added to this topic list. In this study, only data from t1 and t2 regarding the perceived process of change and the contribution of circles to this process of change are reported.

With the professionals, semi-structured interviews were held at t1 and t2. In the first interview, topics dealt with the professionals' views on CoSA; the intervention

model; the perception of structural and qualitative features of their own clients' circle; the evaluation of the circle functions; perceptions of changes in their clients and how these were connected with circle activities and/or life events; the cooperation between inner- and outer-circle and cooperation with the circle coordinator; and satisfaction with the CoSA organization. In the second interview (t2), questions about their view on circle continuation are added. In this study, only the data on perceived change in their clients as a result of participating in CoSA were reported.

Quantitative study

Variables in our quantitative study were derived from desistance theory and self-regulation theory. Variables tapping into internal transitions were: emotional loneliness, self-esteem, modes of affective self-regulation, and coping skills or 'volitional' skills. Variables tapping into external transitions were: participation in society (housing, work and/or volunteering) and social network characteristics (quantity and quality).

Loneliness. Loneliness was measured with the Loneliness Scale (LS; De Jong-Gierveld & Kamphuis, 1985), which is widely used in Dutch loneliness studies, and therefore population norms are available (De Jong-Gierveld & Van Tilburg, 1999). The eleven-item Loneliness Scale is a Likert scale with 5 answer categories, which are dichotomized into two scores: 0 (negative & do not know answers), and 1 (positive answers). High scores (> 3) on the total scale indicate loneliness. The LS consists of two sub-scales: social loneliness (5 items, lack of belonging) and emotional loneliness (6 items, lack of attachment; de Jong-Gierveld & Van Tilburg, 1999). Both the total scale and the sub-scales showed good internal reliability in our study, with Cronbach's $\alpha = .86$ for the total scale; $.88$ for the social loneliness sub-scale and $.81$ for the emotional loneliness sub-scale.

Self-esteem. Self-esteem was measured with the Short Self-Esteem Scale (SSE-S), described in Beech, Fisher, and Becket (1998). The scale consists of eight dichotomous items (0; 1) High scores indicate high self-esteem. In our study, the scale demonstrated good internal reliability (Cronbach's $\alpha = .89$). Beech et al. (1998) indicated a clinical cut-off score of 6,2 for sex offender samples.

Modes of Affective self-regulation. The two basic modes of affective self-regulation (action-orientation and state-orientation) were measured by two 12 item sub-scales of the Action Control Scale 90 (ACS-90, Kuhl, 1994; for review and validation studies: Dieffendorf, Hall, Lord, & Streat, 2000). The sub-scales assess action-orientation in demanding situations (AOD) and action-orientation after threat or failure (AOT), with dichotomous items (0; 1). High scores indicate high levels of action-orientation. Internal reliability coefficients in our study were good for both sub-scales (Cronbach's $\alpha = .87$ for AOD; and $.84$ for AOT).

Coping. Volitional (or coping) skills were assessed with the Volitional Skills Questionnaire (VSQ), long version (Kuhl & Fuhrmann, 1998; Forstmeier & Rüdell, 2008), a 4-point Likert scale (0-3). Six sub-scales, each containing 5 items, were used: self-activation, self-soothing, emotion regulation, impulse control (ability to sup-

press intrusive thoughts and resist to temptations), internal locus of control, and external locus of control. In our study, internal reliability (Cronbach's alpha) was low for self-activation (.56) and impulse control (.51), good for emotion regulation (.84), and acceptable for internal locus of control (.74) and external locus of control (.79). Because of the low alphas, results on self-activation and impulse control are not reported.

Participation in society. Participation in society was operationalized as: the level on which core conditions for participation in social institutions are in place: safe housing, having a job, adequate leisure time activities, and membership of social associations. Willis & Grace (2008) studied the outcome of re-integration programs for sex offenders. They found that sex offenders who live in stable housing conditions and have a job, show less re-offending than those who do not. Furthermore, participation in society's social institutions is closely connected to the primary goods in the GLM-D (Laws and Ward, 2011). The level of participation in society was assessed in a series of questions, such as: access to housing (scores 0-2; ranging from being homeless to being home owner), perceived stability of housing (yes=1; no=0), having a job (yes=2; no=0), having leisure time activities (yes=1; no=0) and being a member of an association (yes=1; no=0). Scores were summed up into a total sum-score (range: 0-7), higher scores reflected a higher level of participation in society.

Social network. Since CoSA offers only a temporary, surrogate social network, the improvement of the social network besides CoSA indicates an external transition in terms of social capital. Two features of social networks, size and supportiveness, were assessed. The size of the social network was assessed in a matrix, which was introduced by: 'which persons do you have a positive emotional relationship with?'; and: 'how often are you in contact with this person?' Core members could indicate the type of relation with a person (e.g., 'mother') and the frequency of contact (5 scores: daily=3, at least once a week=3, at least once a month=2, at least once every three months=1, at least once a year=1). Scores on the first three persons were added up in a total sum-score (range: 0-9), based on the assumption that higher scores indicate a bigger, potentially resourceful social network. Having a positive and supporting social network is a protective factor (Hanson & Harris, 2000). The quality of the social network in terms of support it offers was assessed in a separate matrix, introduced as: 'which persons in your social network can you turn to for help – the circle volunteers not included?' Core members could indicate the type of the relation with a person (e.g., 'mother'), and the type of help they could get (5 scores: financial support=1, practical support=1, guidance and advice=1, discuss personal and intimate topics = 2, is aware of the sexual offense history and supports relapse prevention = 3). Scores were added into a total sum score (range 0-9), assuming that higher scores reflect a more supportive social network.

Structured risk assessment. To describe sample characteristics regarding level of risk, the risk categories of the Dutch Probation organization were used. These categories are based on a combination of their own structured risk assessment tool,

the RISC (based on the English Offender assessment System, OASys), measuring general risk, the Static 99-R, and clinical judgment. The risk categories are: 'low', 'medium-low', 'medium', 'medium-high' and 'high'.

Changes on dynamic risk and protective factors. Changes on dynamic risk and protective factors were assessed independently by the core member's probation officer and by the circle (volunteers and circle coordinator together). Probation officers used the IFTE, version 2010 (Instrument for Forensic Treatment Evaluation; Schuringa, Spreen & Bogaerts, 2010). The IFTE, version 2010, assesses dynamic risk factors on a 5-point Likert scale with 29 items in the following clusters: clinical presentation, life skills, addiction, violent behavior, sexual delinquency. It is designed to be used without training by professionals who are in the position to observe their clients frequently and personally. It is largely based on items of the HKT30-R, a risk-assessment tool which is widely used in Dutch forensic psychiatry with moderate to good predictive validity (de Ruiter & Hildebrand, 2007). The IFTE is specifically designed to measure change during treatment and has shown good test-re-test reliability (Schuringa, Spreen & Bogaerts, 2014). The sub-scales 'clinical presentation', 'life skills' and 'sexual delinquency' of the 2010 version were used. Cronbach's alpha's in our study were respectively: .80; .85; and .75.

Circles used the DRR (Dynamic Risk Review; Circles UK, 2009). The DRR is a structured assessment tool, specifically designed for CoSA, to assess dynamic risk and protective factors. The items are based on the SARN (Structured Assessment of Risk and Need; Thornton, 2002). The DRR assesses 19 dynamic risk factors in four clusters (sexual interests, offense related attitudes, relationships, self-management) on a 7-point Likert scale. Scores are given after reaching consensus in an evaluation session, under supervision of the circle coordinator. All circle coordinators have been trained in facilitating an open discussion of scores, based on factual observations, in order to avoid the assessment being dominated by biased views. It produces a sum score for total dynamic risk. In our study, the DRR showed an acceptable internal reliability (Cronbach's $\alpha = .78$). The instrument has not yet been tested for predictive validity.

RESPONSE AND NON-RESPONSE

Response

Core members were recruited in order of admission to circles over a period of 18 months in 2011 and 2012. Out of 21 newly starting core members during the research period, 17 agreed to participate (81%). All probation officers of these core members and 12 of their therapists participated. Since the information of probation officers and therapists about core members' process of change showed considerable overlap, the lower response rate of therapists was not compromising the study. Some wave non-response occurred due to time constraints and illness. Table 1 provides an overview.

TABLE 1 Response

Measurement	Core members	Qualitative data		Total no. of circles
		Probation officers	Therapist	
t0	16	n/a	n/a	16
t1	17	16	11	17
t2	14	15	7	16

Measurement	Core members	Quantitative data	
		Probation officers (IFTE)	Volunteers (DRR)
t0	17	16	n/a
t1	16*	17	16
t2	15*	16	14

*selective non-response on outcome measures; n/a=not applicable

Core member wave non-response and dropout

One core member was not interviewed at t0, because he was still imprisoned and an interview could not be scheduled in time before the start of the circle. Instead, he provided written answers to the interview questions and filled in the self-report questionnaire. At t1, one core member did not fill in the self-report questionnaire, since he felt this was too stressful. At t2, three core members were not interviewed for the following reasons: one circle stopped shortly after t1, due to lack of core member cooperation with the volunteers. Since he also avoided contact with the professionals from the outer circle, data collection could not be continued. This case was seen as circle failure. Another core member felt overburdened by the questionnaire and by the interviews, but agreed on continued data collection via his probation officer. The third core member sent in the filled-in self-report questionnaire, but repeatedly did not show up on interview appointments. These two cases were not considered circle failures, since the circles continued to function.

DATA-ANALYSIS

All interviews with core members were fully transcribed and analyzed with Kwalitan, a computer-assisted program for qualitative data-analysis, built on Glaser and Strauss' Grounded Theory approach (Peters, 2000). Conceptual categories and hierarchies of categories were generated during the labeling process. We used a combination of an a priori and inductive coding scheme as several iterations through the data were applied (Weizman, 1999). Kwalitan allows quantitative analysis of co-concurrence of concepts to identify clusters of related concepts. The interviews with professionals were summarized and thematic content-analysis was applied.

Quantitative data were analyzed with SPSS version 21. Differences between t0, t1, and t2 were tested with a one-way repeated-measures ANOVA, using within-subjects repeated contrasts. Mauchley's test for sphericity was applied and if signi-

ficant, a Hyunh-Feldt correction for degrees of freedom was applied. In a small sample like ours, p-values are often less informative, because of a high risk of Type II errors. We therefore also calculated the actual effect sizes using the partial eta squared statistic from SPSS, which in fact is the same as eta squared in our model with only one factor (Levine & Hullet, 2002).

RESULTS

CHARACTERISTICS OF CORE MEMBERS

All seventeen core members in our sample were male. Mean age at the start of the circle was 47,9 years (SD= 7,8, Range 36-64). Of the seventeen core members, three were indicated as 'low' or 'medium-low' risk (18%), six as 'medium' (35%), six as 'medium-high' (35%) and two as 'high' (12%). This indicates that 82% of the selected core members in the sample belong to the targeted group (medium-to high-risk). All but two (88%) had been convicted once, while most of them had been downloading child pornography, or sexually abusing children for several years. Eight core members (47%) had committed only non-contact offenses, while the others (also) committed contact offenses. All were under a court supervision order and all but one were participating in sex offender treatment during this study.

QUALITATIVE RESULTS

A total overview of reported changes as a result of participation in the circle is given in table 2. Reports by core members, professionals, and corresponding reports (both core member and professional report the same effect) are being represented in separate columns. Only changes that were perceived as a result of participation in the circle are listed.

Six months in a circle: a hopeful start

At t1, all core members were still in their circle. All stated that participation in the circle had indeed some impact on them. However, the type and intensity varied considerably, and core member reports and professional reports differed. Most core members reported a process of cognitive transitions. Most prominent were improvements in self-reflection, openness, and assertiveness. Core members found themselves being exposed to very diverse viewpoints within the circle, which stimulated their reflexive competencies (*"Before, I would have thought: that's your opinion and this is mine, and I would leave it at that. But in the circle, you rebuild yourself, and you tear some walls down that you have been building around you"*). Also, some of them learned to take different viewpoints on their offense (*"I learned to see the other side of the world – the victim's perspective"*). The use of inclusive strategies of the circle supported assertiveness and self-confidence (*"I feel appreciated in the circle and that strengthens my self-confidence – which*

is good, because it makes me stronger and allows me to be more assertive”). The professionals – most of whom saw their clients on a weekly or two-weekly basis – reported changes in the way their clients related to others more often than core members did (more open, assertive, improved social skills, more trust in others). On the other hand, changes in reflective competencies were reported more often by core members than by professionals.

Some core members experienced transitions in skills and behavior (problem-solving behavior, coping with emotions, self-care, and social skills). More active problem-solving behavior had improved mainly through the circles' monitoring activities (*“I tend to postpone things, but then they ask about it: did you do this already? And because of that, I now do it before they can ask”*).

External transitions as a result of circle participation were scarce after six months. In one case, the circle supported the core member to find a partner via a dating site, which was a major transition for him (*“I am feeling very good, I am a different man now, I have a date – and many other good things happen”*). Two core members developed more appropriate leisure time activities to reduce the risk of relapse (*“It helped me to talk about my risk factors – one of the things we discovered was the fact that I have little activities in the evenings and the weekend, which resulted in a list of things I can do and places to go – which I do now”*). Two professionals reported that attending circle meetings reduced the risk of re-offending, simply because of the time involved in it.

Some core members experienced increased levels of stress at some point during the past six months, resulting from volunteers displaying excluding behavior or being too demanding.

12 months in a circle: diverging experiences

After 12 months, three circles were no longer active. In one occasion, this was a decision taken by the circle coordinator, shortly after t1, and resulting from continuous lack of cooperation by the core member. In two other circles, the core members had left their circle. At t1, one of these two core members had gained hope and an increased self-esteem from the fact there were people willing to meet him and support him, knowing about what he had done. But two months before t2, he left the circle, because he felt accused and condemned by two of his volunteers. Also, he felt that the circle was interfering with his therapy. His probation officer confirmed his reading of the events. Nevertheless, he experienced some gains from participating in CoSA, since his circle had made him more aware of the public opinion on sex offenses, and the possible reactions he would have to face outside the treatment center where he lived.

Another core member had left his circle just before t2, because he felt his volunteers were not committed enough. At t1, his self-esteem had grown and he had become more outgoing and assertive. In the following months, he became engaged in a romantic relationship. In his circle he had learned to talk more openly about his offense, and this helped him to be open to his new partner. He felt a conflict of loyalties when his volunteers did not agree to meet him and his new partner to-

gether (circle meetings usually took place at the core member's house). Nevertheless, he wanted to continue to meet some of his volunteers on a private basis, since they had developed a good relationship. His probation officer confirmed his story.

The other 13 core members reported a number of positive changes, and changes in problem solving skills were most prominent (see table 2; *"In the past it was extremely difficult for me to handle things; when there were problems I used to swallow them, until it came to an outburst; but now, thanks to CoSA – and the rest of course – you learn to handle things and to take them more lightly and think: well how are we going to solve this..."*). Also, interpersonal skills improved in more core members, as more core members reported more assertiveness, openness, and other increased social and communicative skills (*"in the circle – well they know you already, and because of that, it's easier to talk about things – and once you have done it in the circle, it's easier to talk to others as well – you are kind of practicing"*). Aforementioned changes in interpersonal skills coincided often with a more positive self-image or self-confidence. A number of core members, and even more professionals, reported improved problem awareness with regard to risk factors and an improved understanding of the impact of the offense on victims. At this time, external transitions had been achieved by some core members. Some had extended their social networks outside CoSA or had improved their relationships within the existing network.

A minority of core members reported no or only very limited changes. One core member with learning disabilities, who at t1 experienced only less 'time at risk', because he met the circle once a week, didn't experience any internal transitions- and neither did his probation officer. Nevertheless, he had developed a good relationship with his volunteers and wanted to continue to meet them outside the CoSA framework once his supervision order ended. For this core member, the volunteers were the only people except from the professionals, who knew about his offense. Another core member had not made any progress as well. He refused to talk about his offense and risk factors in the circle, but according to his probation officer he was willing to talk more openly about other matters. His willingness to talk came from the fact that he liked his circle, and because both the circle coordinator and his probation officer, as well as his therapist all had urged him to show more commitment in the circle. Two core members did not want to be interviewed at t2, but the professionals in their outer circle documented some, albeit small, positive changes as a result of participation in the circle.

Circles' contribution to desistance.

During the observation period of one year, most core members experienced mainly internal (psychological) transitions. Reflective skills, self-confidence, self-esteem, and consequently assertiveness, started to grow, and were attributed to the social inclusion of the core member into the circle. Circle discussions (including moral and normative issues) about offense-related topics appeared to induce more problem awareness and victim empathy. Transitions in trait-like behavioral patterns (e.g. ruminating, inactivity) towards more rule-based behavior (more active problem-solving) emerged in some core members already after six months, but were more prominent after twelve months.

Core members themselves attributed these results to the circles' continuous attention for minor and major issues and problems, and to the strategies they use to encourage and monitor new behavior.

TABLE 2 Core member changes related to circles

	t1			t2		
	Core members	Professionals (PO and/or T)*	Corresponding	Core members	Professionals (PO and/or T)	Corresponding
effects	n	n*	n*	n	n	n
negative effect (more stress)	2	2	1	0	2	0
no change	0	2	0	2	1	1
improved:						
self-reflection	5	2	1	1	1	0
openness	4	7	2	4	3	0
assertiveness	3	4	1	2	5	2
self-confidence	3	1	1	3		
problem awareness	3			4	6	4
hope/future perspective	3			2		
problem-solving	2			8	1	1
copied with emotions	2	1	0	1	2	1
social/communication skills	2	4	1	4	5	1
trust in others		3		1		
self-image				1	1	0
self-care		1		2	1	0
social network	2	1	1	4	3	1
participation	3	2	1	1	2	0
adequate leisure time activities	2	3	1	1		
safety	1			1		

*PO= probation officer; T=therapist

Contributions to external (social) transitions were made by supporting the recognition of appropriate goals and opportunities (e.g., appropriate leisure time activities; adult relationships), and by encouraging the development of necessary skills to achieve them. Substantial results in terms of living conditions, work, and social relations outside of CoSA, probably take more time; but, after twelve months some progress was made. This has been facilitated by the improvement of social skills through the many training opportunities the circle offered.

QUANTITATIVE RESULTS

The results of the quantitative study document some changes on outcome variables and on dynamic risk. As in the qualitative study, results after one year point into the expected direction, but are limited.

Core member self-evaluation

Means at t1 and t2 indicated improvements on most outcome variables, but p-values were generally not reaching the significance level. Scores on four of the 11 outcome variables had changed in the expected direction (table 3), with mean differences on two variables reaching significance (emotion regulation and internal locus of control; $p < .05$), and two variables (self-esteem and self-soothing) showing trends ($p < .10$). Post-hoc comparisons using the Bonferroni method revealed that emotion regulation and internal locus of control improved between t1 and t2 ($p = .02$; resp. $p = .03$), as did the trend-wise improvement of self-esteem ($p = .01$). Self-esteem increased to levels above the clinical cut-off score of 6.2 (Beech et al., 1998). Although there was an overall trend of improvement in self-soothing, post hoc comparisons revealed no differences in-between, only the difference between t0 and t2 showed this trend. Emotional loneliness scores decreased between t0 and t1, but did not drop further. The total loneliness score (not in table) showed a similar pattern (mean scores: 5.4; 4.8; 4.8) and placed the core members in our study into the category of the 'moderately lonely' (De Jong, Gierveld & Kamphuis, 1985). Scores on participation in society, and the size of the own social network showed no improvement. Perhaps these external transitions need more time.

Following Cohen's rules of thumb for the estimation of effect sizes (Cohen, 1988), effect sizes (partial eta squared) were large for emotion regulation, and medium for internal locus of control, self-esteem, and self-soothing. Emotional loneliness scores decreased between t0 and t1, but did not drop further. Scores on participation in society, and the size of the own social network showed no improvement.

TABLE 3 Changes in outcome variables (core member self-report questionnaire)

Variable (instrument)	n	t0		t1		t2		Total Change			
		M (SD)		M (SD)		M (SD)		F	dfM	dfR	p
Participation in society	14	4.86 (1.26)		5.14 (2.03)		5.14 (1.66)		0.22	2	26	.80
Size of social network	13	5.69 (2.14)		6.23 (2.20)		5.69 (2.50)		0.83	2	24	.44
Quality of social network	13	5.62 (2.30)		4.69 (3.04)		5.69 (3.12)		1.84	2	24	.18
Emotional loneliness (LS)	14	4.14 (1.92)		3.50 (2.07)		3.50 (1.87)		1.25	2	26	.30
Self esteem (SSEQ)	14	5.14 (3.06)		5.14 (2.60)*		6.50 (2.21)		3.60	1.5	19.4	.06
<i>Self-regulation: action orientation under</i>											
Threat of failure (AOT)	13	6.77 (3.75)		7.31 (3.77)		7.92 (3.64)		1.98	1.6	18.9	.18
Demand (AOD)	13	6.69 (4.21)		6.31 (3.81)		7.00 (4.30)		0.48	1.5	17.6	.56
<i>Volitional skills: (VSQ)</i>											
Self-soothing	14	12.36 (3.3)		12.79 (2.91)		13.5 (2.53)		3.31	2	26	.06
Emotion regulation	14	12.21 (3.17)		11.86 (2.91)		13.57 (3.08)		6.80	2	26	.00
Internal locus of control	14	12.86 (3.93)		13.36 (2.44)		14.50 (2.53)		4.34	1.6	21.1	.04
External locus of control	14	9.71 (2.7)		9.2 (2.68)		9.07 (2.37)		0.68	1.7	21.5	.50

Note: ES= effect size (partial eta squared); *bold figures indicate differences in means (Bonferroni post hoc comparisons; p<.05)

Dynamic risk and protective factors.

The structured assessment of dynamic risk and protective factors by probation officers using the IFTE indicated some improvements. Positive changes on the 'sexual risk factors' subscale showed a trend ($p < .10$), with a medium effect size. Improvements were also suggested by better scores on the 'clinical presentation' and 'life skills' sub-scales, but mean differences did not reach statistical significance. Means on the Dynamic Risk Review (DRR) suggested a trend towards lower scores on dynamic risk and higher scores on protective factors (table 4) as well, but mean differences were not statistically significant.

TABLE 4 Changes in dynamic risk and protective factors (structured assessment)

		t0	t1	t2	Change				
Evaluator (instrument)	n	M(SD)	M (SD)	M(SD)	F	dfM	dfR	p	ES
Probation off. (IFTE)									
Clinical presentation	15	26.58 (2.77)	27.01 (4.22)	28.33 (4.31)	2.0	2	28	.16	.12
Life skills	15	18.30 (2.8)	18.91 (3.72)	19.86 (2.84)	2.05	2	28	.16	.13
Dealing with sexual risk factors	15	5.05 (3.05)	5.63 (1.49)	5.95 (1.29)	2.85	2	28	.08	.17
Circle (DRR)	13		39.38 (14.31)	35.23 (13.13)	2.53	0	12	.14	.17

Note: ES= effect size (partial eta squared)

DISCUSSION

TRANSITIONS TOWARDS DESISTANCE

Our qualitative results indicate that the majority of core members in our sample showed – to a varying degree – signs of transitions towards desistance. Most prevalent were changes in cognitive function, e.g., improvements in self-reflection, self-confidence, and self-esteem; and behavioral changes, such as more active problem solving, improved assertiveness, and improved social skills. Less prevalent were improvements in the quality of social relationships, and only some core members experienced major social transitions (e.g., an expansion of the social network outside CoSA). Our repeated data collection revealed a stepped process, in which cognitive transitions preceded behavioral transitions, which in some cases supported improvements in the quality of social relationships. Our quantitative data showed that levels of change were generally low, and mean differences on only four variables (all internal transitions) reached or approached statistical significance.

Our results are in line with findings in the UK. In a descriptive study, Bates et al., (2012) reviewed 60 core member files and findings showed that emotional, cognitive, and behavioral transitions were more prevalent in core members than social transitions. One third of these circles lasted 12 to 24 months; 18% had lasted more

than 24 months. They concluded that 70% of the core members showed improved emotional well-being as a result of participating in the circle, and 61% had attained pro-social attitudes and behaviors that could be linked to circle activities. Fifty percent of the core members had improved their social network through the circle and another 50% had improved their employment and/or education status through circles.

THE ROLE OF CIRCLES

Core members, as well as their probation officers and/or therapists, reported that circles made a unique contribution to their process of change, in addition to what was achieved through sex offender therapy and probation supervision. Main contributions are: the experience of social inclusion and its positive influence on self-esteem in core members; in-depth group discussions, which stimulate reflective and communication skills; and the continuous attention for major and minor daily life issues, which stimulated the improvement of problem solving skills by giving advice and monitoring new behavior.

These internal transitions in core members indicate increased agency and they are steps towards desistance (King, 2013; LeBel et al., 2008; Laws & Ward, 2011). They may explain some of the significant effects on recidivism that CoSA has demonstrated in several studies (Wilson, Picheca, & Prinzo, 2007; Wilson et al. 2009; Duwe, 2013; Bates et al., 2014).

PRACTICAL IMPLICATIONS

Our study also shows that early drop-out occurs. Three of the observed 17 circles (18%) ended prematurely within the first year, and only one of these three had achieved meaningful results. Two ended because of core member withdrawal (12%). Little is known about rates and causes of drop-out in other CoSA projects. Bates et al., (2012) reported that 10% of 60 core members in their study had withdrawn from their circle within the first 14 months due to lack of motivation. These results stress the importance of careful implementation, coaching, and supervision of circles by experienced circle coordinators who can deal with the many challenges and opportunities in the interactions between volunteers and core member. The impact of early drop-out on CoSA effectiveness needs to be studied in larger samples.

LIMITATIONS OF THE STUDY

The prospective design of the study and the combination of qualitative and quantitative data allowed an exploration of types, processes, and levels of transitions in core members during their first year in a circle. However, the small sample size, due to the small scale of this CoSA project at the time of research, is clearly a limitation. Because of this, we were not able to investigate interaction effects. More studies with larger samples are needed to confirm our results and to identify

mediators and moderators of change. Furthermore, our data covered only the first year in a circle, while many circles last longer than that. Cognitive and behavioral transitions and especially social transitions probably take more time; and therefore, our results should be seen as intermediate. Future research should evaluate the processes of change in core members over longer periods. Also, this study was carried out during the first years of the CoSA project, when project providers and circle coordinators had limited experience, and best practices were still being developed. This may have influenced the quality of circles, and may explain some of the drop-out of core members.

CONCLUSIONS

The results of our study indicate that most core members, with the help of circles, improved their agency. In terms of self-regulation theory, circles probably can help shift the balance from affective self-regulation towards rule-based self-regulation. This involves reasoned judgment and evaluations, strategic planning of action, and the inhibition or overriding of impulses or habits (Hofman et al., 2008). The improved self-reflective skills, as a result of the discussions in the circle, can be a starting point for core members to gain more cognitive control on their lives. However, these processes do not occur automatically in a circle, and need to be embedded in a context of trusting and reciprocal relationships within the circle, otherwise circles risk premature closure. Therefore, high quality supervision and coaching of circles should be guaranteed by CoSA project providers. Furthermore, CoSA is an addition to 'normal' sex offender after-care, not a replacement. Core members are affected by other interventions and services as well, like sex offender treatment and support from their probation officer.

This study explored the contribution of circles to processes of desistance as perceived by core members and by the professionals in their outer circle. It does not provide 'hard' evidence for CoSA effectiveness, since there is no comparison group involved. Nevertheless, we think such an exploration supports a comprehensive understanding of the effective elements in CoSA. A next step would be to study the link between these intermediate results and the ultimate goal, which is desistance (no recidivism and adopting a pro-social lifestyle). Also, research into the unique contribution of CoSA using methodologically strong designs (e.g. a randomized controlled trial) is needed, ideally in combination with process evaluations, which contribute to the understanding of how the effects are achieved. More studies combining both qualitative and quantitative data, will be needed in the future.

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Helping Sex Offenders to Desist Offending: The Gains and Drains for CoSA Volunteers A Review of the Literature

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ABSTRACT

In Circles of Support and Accountability (CoSA), a group of trained volunteers support sex offenders in their desistance process by engaging in a long-lasting empathic relationship. Is it safe to employ volunteers in this way? This literature review provides an overview of both theoretical explanations and empirical evidence of the possible impact of this type of volunteerism on the volunteers themselves. Fifty original research articles and reviews met the selection criteria of a systematic search. Results on effects of volunteering in general, effects of volunteer work with offenders, and effects of working with sex offenders on professionals are summarized and integrated. Generally, volunteering supports and improves physical health and mental well-being, personal growth, and citizenship. However, working with sex offenders in an empathic relationship generates both positive and negative effects on psychological and social function. Personal characteristics, task characteristics and organizational characteristics moderate and mediate the impact.

INTRODUCTION

The safe community re-integration of sex offenders is a challenging task.

While on average 86% of sex offenders do not sexually re-offend during the first 5 years (Hanson & Morton-Bourgon, 2004), for high-risk subtypes of the population, long-term sexual recidivism rates are typically higher (up to 50%) over a follow-up period of 25 years (de Ruiter & de Vogel, 2004; Hanson & Bussiere, 1998; Hanson, Morton, & Harris, 2003; Tewksbury, Jennings, & Zgoba, 2012). However, high-risk offenders may not be high-risk for ever. A more recent study (Hanson et al., 2014) shows that recidivism rates of high-risk offenders, who managed to live offense-free for a number of years can drop dramatically. Of those offenders who managed to live offense-free for 5 years, 7% re-offended within the next five years, and after ten years of living offense-free, only 4% committed another sexual crime. The overall long-term (> 17 years) recidivism rate was 32% for high-risk offenders, 14% for the moderate-risk group, and 5% for the low-risk group.

Community resources for effective professional prevention often are limited because of financial restraints, lack of political support, and lack of effective interventions by professional agencies. In this situation, CoSA offers a unique approach involving community itself to help solve its problems (Wilson, Picheca, & Prinzo, 2007a). In Circles of Support and Accountability (CoSA), a group of volunteers supports a medium- to high-risk sex offender who is re-entering society by offering a long-lasting empathic relationship. What are possible effects of this work on the volunteers involved?

COSA EFFECTIVENESS

Circles complement the work of professionals with an altruistic and inclusive approach (Vogelvang & Høing, 2012) and have demonstrated effectiveness. A first study in one Canadian CoSA area (Wilson, Picheca, & Prinzo, 2007b) compared recidivism rates of 60 sex offenders who had been in a circle (in CoSA they are called 'core members') with 60 matched controls. Medium time at risk was 55 months for core members and 53 months for controls. Participation in a circle resulted in a 70% reduction of sexual offending and a 35% reduction of general offense rates. Wilson, Cortoni, and McWhinnie (2009) conducted a national replication study, including 44 core members and 44 controls from various CoSA areas, who were not only matched on risk but also on background variables like time and location of release and offender treatment (time at risk: 35 months for core members vs. 38 months for controls). Groups were comparable on all matching criteria except Static 99 scores, with the controls having a higher level of risk. Core members showed 83% less sexual re-offending, 73% less violent re-offending, and 71% less general re-offending, compared with controls. In a subsample of 19 core members and 18 controls with equal Static 99 scores and time at risk (36 months), none of the core members re-offended sexually, while 5 controls did; violent reoffense rates were reduced by 82%; and general re-offense rates were reduced by 83%. In the United States, Duwe (2013) conducted a randomized controlled trial

with 31 core members and 31 controls. After 2 years, 65% of the control group and 39% of the core members had been re-arrested for a new offense. None of the core members had committed another sex crime versus 1 of the controls.

COSA PROCEDURES

The general aim of CoSA is to help a sex offender lead a crime-free, meaningful, and responsible life. To achieve this, volunteers develop a long-lasting, cooperative, and trusting relationship with the core member while keeping a sharp eye on the possible re-emergence of risk. Circles offer a core member a surrogate social network – a small group of three to six volunteers to affiliate with (the ‘inner circle’) – which provides support and a safe space to experiment with new behavior; in return, accountability and a sincere dedication to the circle mission: ‘No more victims’ is demanded from the core member (Höing et al., 2011). Volunteers meet the core member on a regular (often weekly) basis. They are supervised and coached by a professional circle coordinator. This ‘inner circle’ is assisted by an ‘outer circle’ of professionals (e.g. probation officer, local police officer) who are involved in the core member’s aftercare arrangement. The circle coordinator facilitates the information exchange between the inner and outer circle (Höing, Bogaerts, & Vogelvang, 2013).

In the Dutch CoSA projects, a strict set of criteria is used for volunteer selection. Potential volunteers must demonstrate a supportive attitude toward restorative justice (RJ) and social inclusion; must be able to engage in an empathic relationship with the core member; and they must be able and willing to cooperate with other volunteers in supporting the core member, and propagate behavior change and monitor risk. These competencies are assessed and tested during the selection procedure, which involves the writing of an extensive application letter, an individual introductory interview with the circle coordinator, a 2-day training program, a final selection interview, and a criminal records check. CoSA volunteers follow at least two additional training sessions per year. Each volunteer has a quarterly individual supervision interview with the circle coordinator and many circles offer group sessions for volunteers to exchange experiences and reflect on problematic situations (Caspers, 2013).

RESEARCH QUESTION

CoSA was ‘invented’ in Canada in 1994 as an answer to exclusive tendencies in society that threaten to drive sex offenders into social isolation and, by doing so, increase the risk of reoffending (Hanvey, Philpot, & Wilson, 2011). In 2002, CoSA was introduced in the United Kingdom, where now more than 500 volunteers have been active in 170 circles (Hanvey & Höing, 2012). In the Netherlands, more than 100 volunteers have been active in 34 circles since CoSA was introduced in 2009 (Höing, 2013). As CoSA gains international recognition, with many new projects developing in the United States and throughout Europe, the number of CoSA volunteers involved will rise steadily in the next years. The issue of how this

kind of work might affect the volunteers becomes more urgent. What effects are to be expected and what are moderating and mediating factors? What are the implications of our findings for CoSA volunteer policies to support volunteer safety and health? In answering these questions, the voluntary character of this work and the generic effects of volunteering must be taken into account. At the same time, CoSA volunteer work is unique as volunteers work in a long-term empathic relationship with a core member who has committed often shocking offenses that are usually discussed in varying detail during the meetings. Therefore, we aim to answer our research question by combining a review on generic effects of volunteering on volunteers with a review of specific effects of working with sex offenders. In the face of the paucity of research on the latter kind of volunteer work, the effects on professionals working with sex offenders are reviewed – which we find acceptable as the work of CoSA volunteers bears some of the characteristics of the work of professionals dealing with sex offenders. Theoretical models of possible effects are outlined and a review of findings on the nature and prevalence of effects and influencing factors is presented.

AIM OF THIS STUDY

Existing CoSA volunteer policies are mainly based on earlier experiences of CoSA projects and common knowledge, but are not based on comprehensive scientific evaluations. The objective of this literature review is to provide an overview to support CoSA providers in the development of adequate volunteer policies and selection criteria. This overview will also indicate relevant concepts for future effect studies in this field.

THEORETICAL CONCEPTS

Several theoretical models can be applied to the impact of volunteering on the volunteer.

THE INTERACTIONAL ROLE THEORY

The interactional role theory states that volunteering has a positive impact on psychological well-being as it offers an opportunity to accumulate multiple social roles and concurring positive role identities (Greenfield & Marks, 2004). Role identities have psychological advantages as they provide purpose, direction, and guidance, and help people to avoid negative moods and disorganized behaviors. Also, multiple social roles can expand or increase the volunteer's social network and chances on prestige, resources, and emotional gratification, which all contribute to psychological well-being.

COST AND BENEFITS THEORY

According to the cost and benefits theory, volunteering is an investment with returns (Meier & Stutzer, 2008) in terms of the so-called primary goods. The positive balance can be achieved through two different motivational paths: intrinsic and extrinsic motivation. Intrinsically motivated volunteers are internally rewarded through volunteering in three ways: visible positive effects on the recipient contribute to the volunteers' sense of utility; they experience work enjoyment through feelings of competence and self-determination; and volunteering for a good cause is in itself rewarding, independent of the outcome as it is contributing to self-esteem and can reduce negative moods like guilt. Externally motivated volunteers may seek a positive outcome for their investment by improving their human capital (e.g. improving work experience and employment skills), or by investing in their social network to achieve better job opportunities or business contacts.

THE JOB-DEMANDS RESOURCES MODEL

Negative effects of volunteering have been described as burnout or burnout-related symptoms (Kao, 2009; Kulik, 2006). Burnout is a reaction to enduring occupational stress, especially experienced by people working in the helping professions, dealing with difficult clients in complex interpersonal situations, and who receive little social and organizational support (Maslach, 1982). In this view, burnout is a result of emotional over-involvement, leading to emotional exhaustion, which is – ineffectively – countered by withdrawal from and depersonalization of clients, ultimately leading to feelings of professional inadequacy and decreased job satisfaction.

The job-demands resources model (JDRM; Nachreiner, Bakker, Demerouti, & Schaufeli, 2001; Schaufeli & Bakker, 2004) explains burnout and work (dis)engagement by two determinants: job demands and job resources. Job demands are physical/psychological, social or organizational aspects of the job (stressors) that require a person's sustained physical and/or mental effort to be managed effectively to safeguard job performance. Using these compensatory strategies over long periods of time can cause exhaustion. Job resources are aspects that enable goal achievement, reduce job demands, and stimulate personal growth and development. Resources can be internal (physical, psychological, and cognitive characteristics and skills) and/or external (social and organizational). Social resources refer to support by colleagues, family, and friends; and organizational resources are, for example, job control, participation in decision making, and task variety. A lack of job resources complicates goal achievement and in the long run can lead to withdrawal and disengagement, while a positive balance can lead to work enthusiasm (Nachreiner et al., 2001).

STRESS SHIELDS MODEL OF RESILIENCE

The ability to draw from personal, collective, or organizational resources to cope with, adapt to, and even grow from potentially damaging and stressful events (critical incidents) is also conceptualized as 'resilience' (Paton et al., 2008). The so-called 'stress shields model of resilience' has been developed in the context of police organizations to explain personal adaptation and growth in police officers who deal with unpredictable critical events and have to respond immediately (Paton et al., 2008). In this model, resilience (defined as adaptive capacity, job satisfaction, and growth) results from individual, team, and organizational factors that enhance personal empowerment. Influencing individual or personal factors are: personality (emotional stability, consciousness) and coping styles (problem focused vs. emotion focused). Influencing team and organizational factors are: work environment, organizational climate, peer cohesion, supervisor support, and trust (Paton et al., 2008).

EXPOSURE EFFECTS

In addition to theories explaining the effects of volunteerism, specific theories describe and explain the effects of exposure to potentially traumatic material when – during sessions – sex offenders disclose their offense details and/or their personal experiences of being (sexually) abused as a child. The effect of this exposure is conceptualized as 'secondary traumatic stress' (STS) and 'vicarious traumatization' (VT). STS (or 'compassion fatigue' [CF]) refers to helpers' reactions to stress induced by the exposure to the shocking stories and images conveyed by trauma survivors (Figley, 1993). The empathic nature of the therapeutic relationship induces identification with the victim and perspective taking, which can generate physical and mental reactions that resemble the post-traumatic stress reactions of a real victim, such as re-experiencing the primary survivor's traumatic experience in nightmares and intrusive images; avoidance and numbing; and a physiological state of arousal and hyper vigilance. The concepts STS and VT, however, are questioned (Elwood, Mott, Lohr, & Galovski, 2011), due to flaws in the theoretical underpinning of the concepts (e.g. lack of considering level of impairment and duration of symptoms as part of the concept) as well as a lack of research into alternative explanations for the symptoms (e.g. previously existing trauma symptoms; general work stress).

VT is a concept defined by Pearlman and Saakvitne (1995). Core symptoms are changes in affect tolerance, psychological needs, identity, and in the cognitive schemas about self, others, and the world. This process is viewed as pervasive (extending into all aspects of life; especially interpersonal relationships), cumulative (prolonged exposure increases the negative effect), and potentially permanent. Both concepts are trauma-related effects, but the focus is different. While STS explains the post-traumatic stress disorder (PTSD), VT focuses on changes in worker's cognitive schemas. The VT concept is based on the 'constructivist self-development theory' (McCann & Pearlman, 1990). According to this theory, people construct reality through these schemas and use them to interpret events and add meaning to them. Exposure to new and traumatic material (e.g. sexual vi-

olence) potentially challenges the existing cognitive schemas. This 'new information' needs to be processed and schemas need to be adapted. If this adaptation process is not successful, changes in basic psychological needs such as safety, trust, self-esteem, intimacy, and control can occur.

Lately, it has been recognized that the empathic identification with trauma clients also can lead to positive changes by witnessing post-traumatic growth in clients. Post-traumatic growth refers to a positive psychological change when resolving the struggle with highly challenging life circumstances resulting in a level of psychological function that surpasses the pre-trauma level (Kunst, Winkel, & Bogaerts, 2010; Tedeshi & Calhoun, 2004).

Witnessing these processes, according to the authors, is also changing the witness over time and is contributing to personal growth – a process referred to as 'vicarious post-traumatic growth' (Arnold, Calhoun, Tedeshi, & Cann, 2005).

In summary, current theoretical models predict both positive and negative effects of working with sex offenders in an empathic relationship. These effects can exist concurrently and can be mediated by personal characteristics of the worker, the complexity of the job, social support and organizational factors, and the individual accomplishment of the client. In the following sections, the evidence about the nature and prevalence of these effects and mediating and moderating factors will be described. Conclusions will be drawn about the consequences of our findings for the selection, training, and coaching of CoSA volunteers.

METHOD

SEARCH STRATEGY

Studies from 1999 through October 2012 were selected from international and Dutch journals and databases available to the authors: Sage journals online; Academic Search Elite, Eric, Science Direct, Springer link, Wiley Interscience; BSL Vakbibliotheek. The following keywords were used: 'volunteer*' in combination with impact, effect, health, quality of life, vicarious traumatization, compassion fatigue, secondary traumatization, burnout, secondary traumatic growth; and 'sex offender' in combination with the same impact terms.

SELECTION OF ARTICLES

In total, 1,383 hits were scanned on title and abstract for relevance, and doubles were removed. As a result, 124 reviews and original research articles were selected. Of the original research articles, those that had been part of earlier review studies were deselected, leading to the selection of 11 reviews (6 on volunteers, 5 on professionals) and 34 original research articles (27 on volunteers and 7 on professionals).

For the review of studies on the generic effects of volunteering, only studies on volunteering in general were selected.

The literature on effects of working with sex offenders as a professional was selected using the following criteria, which were applied to improve the applicability of the results to the situation of CoSA volunteers:

- The professionals are working exclusively (or almost so) with sex offenders.
- The professional work implies face-to-face contact with the sex offender.
- The professional work implies engagement in a therapeutic relation with the aim of reducing the offending behavior.

No research on volunteers working with sex offenders was found, except from the CoSA literature; instead, two articles about the impact of volunteering in the field of criminal justice were found. Literature on effects of being a CoSA volunteer was retrieved by searching the published CoSA literature (keyword: CoSA) and requesting unpublished studies from CoSA projects in the Netherlands, the United Kingdom, and Canada, resulting in three studies on this topic. For an overview of selected studies, view Tables A1 to A4 in the appendix.

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DESCRIPTION OF ARTICLES

Three of the six reviews on generic effects of volunteering were based on a systematic search of the literature, the others were either non-systematic or the search strategy was not documented. Of the 27 original research articles, 11 were based on secondary data-analysis of large population studies, while 16 were based on primary data collection. In these articles, effects of volunteering on elderly people were best documented. Two reviews and almost half (13) of the original studies involved samples of elderly people (55+), while four reviews and eleven original studies were based on adult population samples (18+). Only three original studies focused on a younger (student) population. Positive effects of volunteering in general may be overrepresented in results as they received much more attention from researchers than negative. Only a few studies in our sample measured negative effects: burnout (four studies); depression and negative affect (four studies). Most data were collected in quantitative, cross-sectional designs (sixteen studies), a minority used longitudinal (six studies), prospective (two studies), or qualitative (two studies) designs. While small-scale, cross-sectional studies often applied standardized instruments (e.g. Maslach Burnout Inventory), many large-scale population studies used single-item measurement (e.g. self-reported health).

Of the two studies about volunteers working with offenders in general, the first study (Souza & Dhami, 2008) conducted a cross-sectional survey on 76 volunteers in Canadian RJ (Restorative Justice) programs, mainly facilitators of RJ conferences. In the other study (Duncan & Balbar, 2008), 30 volunteers were interviewed about their experiences and perceived benefits in a Canadian prison visitation program.

The three original studies on effects of volunteering in a CoSA were providing mostly qualitative data. Wilson et al. (2007a) conducted a survey among 57 of 84 active and retired Canadian CoSA volunteers using an open questionnaire about their experiences with working in a circle. Haslewood-Pócsik, Smith, and Spencer (2008) interviewed 11 English volunteers in IMPACT circles (a model similar to CoSA, but focusing on sex offender employment) about their experiences, and Snatersen (2011) interviewed 8 Dutch CoSA volunteers who had been in a circle for one year, using a semi-structured interview schedule, including questions about the impact of working in a circle.

Four of the five reviews on the impact of working with sex offenders on professionals were non-systematic while one was systematic. As the latter (Elwood et al., 2011) included most of the original research that had been carried out to that date, only seven original studies were left to be included in this current review. Of the reviews, four involved professionals specialized in working with sex offenders, while one examined both studies about professionals working with victims, and about professionals working with sex offenders. Because the results per study were identifiable, this review was also included.

Of the seven original studies, two were surveys using standardized measures of impact while the others were qualitative studies. Lea, Auburn, and Kibblewhite (1999) interviewed 23 professionals working with sex offenders. Morran (2008) interviewed 30 professionals and volunteers in a program for perpetrators of domestic violence. Slater and Lambie (2011) conducted semi-structured interviews with 30 professionals; Dreier and Wright (2011) conducted a phenomenological research with 5 professionals; and Sandhu, Rose, Rostill-Brookes, and Thrift (2012) interviewed 8 professionals working with mentally disabled sex offenders. The studies were mainly focusing on negative outcome variables such as STS and burnout. Only three studies evaluated positive outcome while two qualitative studies used no preconceived outcome variables.

RESULTS

EFFECTS OF VOLUNTEERING IN GENERAL

Tables A1 to A4 in the appendix provide a summary of the reviewed articles (numbers in parentheses below refer to study number in the tables).

Prevalence

The evidence of predominantly positive effects of volunteering is convincing; however, prevalence rates are rarely given, as most studies focused on predictors of positive or negative outcome. In a sample of 401 older volunteers (51-90 years), 81% reported positive effects of volunteering while 18% were indifferent (28). The most reported positive effects in this study are improved social relationships (58%) and improved health (20%). In a study on social capital benefits of volunteering (19), 61% of 677 adult Vermont volunteers (the United States) report gains in social connectedness or civic capacity.

Physical health

A number of studies reported positive effects on volunteers' physical health. In many reviews and original studies, volunteering helped to maintain good health, but did not improve bad health (1, 2, 3, 5, 6, 12, 13, 15, 18, 24, 28, and 34). In one systematic review of 25 studies (1), improved health-related behavior like quitting smoking was reported, and in one prospective study among 175 elderly American volunteers (12), physical performance, physical strength, and energy improved after 4 to 8 months of volunteering. Reviews reported delayed onset of serious illness and functional disability (3, 5), and less mortality (1, 2, 3, 5, 6), a finding which was also supported by one prospective study among 148 older volunteers (34). The positive health effects appear to be universal. An international comparison of 200,000 volunteers from 139 countries showed positive correlations between volunteering and self-reported health in all countries, even when age, marital status, education, and other background variables were controlled (22).

Mental health

Studies on mental health effects showed mixed findings. Many studies underscored the positive effects of volunteering on mental health and well-being. Volunteering was associated with more self-reported happiness (13, 17), an increased life satisfaction and quality of life (1, 3, 4, 15, 26, 31), and less negative affect and depression (1, 3, 4, 6, 29, 33, 35). As most studies had a cross-sectional design, the direction of causality remained unclear. Happiness may be gained from volunteering, but happier people might also be more up for volunteering. A quasi-experimental study (n = 22,000) comparing active volunteers with volunteers who had to quit volunteering involuntarily (due to break down of volunteer organizations) revealed a drop in life satisfaction after quitting volunteer work (26). However, a prospective study following 107 elderly volunteers from the start of their volunteer work until 1 year after showed no differences in well-being between pre- and post-measurement (32). Some studies reported negative effects on mental health. The extensive review of J. Wilson and Musick (2003) described overburdening and strain, depending on the number of hours of volunteering (5). Emotional exhaustion and burnout symptoms due to volunteering are described in several studies (3, 16, 21, 20, 25, 27), but burnout symptoms and levels of burnout were generally not alarming (16, 21, 25).

Personal growth

An improved sense of purpose and accomplishment resulting from volunteering was described in two review studies (2, 3). Associations with more empowerment and self-esteem were more widely reported (1, 3, 6, 15, 25). Two studies among younger volunteers (students) working for social service organizations, reported enhanced critical thinking and more knowledge of political issues; associations with more positive attitudes toward political engagement; more critical attitudes toward media representations; and more critical attitudes toward our individualistic society (14, 30). However, one of these studies (14) had a very small sample size (n = 21).

Social relations and social capital

Review studies reported positive associations between volunteering and social capital. Reported effects were improved trust and reciprocity in society (1), more

social support and interaction (3), and improved quantity and quality of the volunteer's social network (1, 6). In one study among 401 elderly volunteers, 2% of them reported burdened personal networks when volunteering interfered with family activities (28), but in many cases, intergenerational understanding and relations within the social network had improved. Volunteering early in life was associated with improved social awareness and with volunteering and political engagement in later life (28, 30). In a small-scale qualitative study among 21 students, some of them showed increased conservatism and pessimism about social change as side effects of volunteering (14).

Occupational and professional benefits

Professional benefits of volunteering are less studied but results from different studies with different designs all point toward some positive effects. Volunteering was associated with professional achievement (occupational status) later in life in an all-female longitudinal population study (38), improved career opportunities in a small-scale qualitative study (25), improved professional skills and professional efficacy (23, 27), and later retirement (23).

Determinants of impact

The effects of volunteering were influenced by characteristics of the job, the volunteer, and the context. In several reviews and cross-sectional studies with large samples, positive health effects were linked to volunteering as a lifestyle. Volunteers who started volunteering early in life, who spent more hours volunteering and over longer periods of time, experienced more positive effects (4, 16, 17, 28). A moderate frequency (1-2 hours per week) had the most positive impact, less volunteering had no effect, and too much volunteering was associated with negative effects like burnout and exhaustion (1, 2, 3, 13, 26, 27). In a large longitudinal population study ($n = 10,000$), combining several volunteer roles, and combining employment and volunteering while under the age of 60, were associated with a reduced likelihood of early retirement (23).

In addition, it was found that the type of volunteer work differentiated, especially volunteer work that generates social capital (providing social services or public safety involving face-to-face contact), or religious volunteering, produced beneficial effects (1, 5, 13, 19, 28, 31). One review reported negative effects (depression, emotional problems) from volunteer work that involved empathic over-arousal (e.g. in HIV – caregiving, volunteering in disaster settings; 6).

Volunteer characteristics in general have shown little explanatory power, as positive health effects of volunteering remained significant after controlling for demographic factors. Overall, people with more disadvantages in life appeared to benefit more from volunteering (1). With respect to physical and mental health, volunteers from lower socio-economic categories reported more benefits (17); elderly people benefited more than younger (1, 2, 3, 5, 6, 16, 22, 31); people with suboptimal health benefited more than people with good health (1, 12, 29); and retired people benefited more than working people (2, 5). Some studies reported gender differences in mental health outcome. One review reported higher levels of depression in female volunteers who were also caregivers (5). In one cross-sectional study among 375 volunteers, female students and unemployed men report-

ed higher levels of burnout (21). In another cross-sectional study among 677 volunteers, female volunteers reported more benefits in terms of social capital than male volunteers (19).

The type of motivation also differentiated in many studies: intrinsically and altruistically motivated volunteers benefited more in terms of life satisfaction than extrinsically motivated volunteers (6, 14, 26, 27), but this effect may be typical of female volunteers (who are often overrepresented in volunteering), as one study reported (21). In one prospective study, higher levels of motivation were associated with lower levels of well-being (32).

Personality and social network characteristics of the volunteer have been reported as protective factors. Volunteers, who experienced more self-efficacy and more positive self-awareness, reported more happiness (13) and less burnout (16). Those who scored higher on emotional intelligence reported lower levels of burnout (20). However, more neuroticism predicted lower levels of well-being (32). Volunteers, who experienced more social support and connectedness to others (1) or had more friends (13), benefited more.

The impact of volunteering was partly influenced by characteristics of the organizational context of volunteering. A positive organizational and team climate, offering professional support (training, emotional support, support with daily life issues) and acknowledgment, was associated with more positive benefits and lower levels of burnout (1, 6, 7, 25, 27, 28). Financial compensation for expenses was linked to more positive effects in one study among 401 elderly volunteers (28).

VOLUNTEERS WORKING WITH OFFENDERS

Duncan and Balbar (2008) interviewed 30 volunteers on a prison visitation program and reported mainly positive mental health effects: increased satisfaction with quality of life and increased self-esteem by making a contribution. Personal growth was reported as a result of feeling valued by the inmate, having developed more social awareness (e.g. of the position of marginalized people), attitudinal changes (e.g. more positive attitudes toward RJ), and more social and communication skills (e.g. empathy, openness in communication). Social relations and social capital (a better understanding with friends and family and other volunteers) had improved as a result of sharing volunteer experiences and views. As the volunteer work often implied long car journeys with co-volunteers, new friendships also developed. Souza and Dhami (2008) surveyed determinants of volunteer satisfaction in a sample of 76 volunteers in Restorative Justice (RJ) programs (as a facilitator in RJ conferences) and identified that clarity of roles and responsibilities had most impact on volunteer satisfaction.

VOLUNTEERS WORKING IN CoSA

Research on effects of volunteering in CoSA is still scarce, small scale, and mostly qualitative; therefore, results are only tentative and indicative of the type of effects. The impact of working as a CoSA volunteer has been reported in the areas of mental health and well-being, personal growth, social relations, and social capital and occupational benefits. The impact on physical health has not been studied.

Personal growth

Personal growth was reported in terms of an increased self-esteem as a result of being able to contribute to a safer society and comparing oneself with someone with less social skills (41, 42, 43); an increase in self-awareness resulting from the feedback of co-volunteers and the circle coordinator, and their own reflection on their work in a circle (43); and more positive cognitions toward sex offenders and the effectiveness of sex offender treatment, and Restorative Justice (43).

Mental health

In a Dutch sample of 8 CoSA volunteers (43), some reported stress as a result of the intensive work in a circle – often in combination with other responsibilities (e.g. work or social relations) and ruminating in-between circle meetings about the core member's risk. Some volunteers in the same sample reported increased feelings of unsafety and awareness of possible risky situations (e.g. dealing with social media). Problems in dealing with 'difficult' behavior of the core member and ambivalent emotions (e.g. being appalled by his offense and feeling sympathy for the core member as a human being) were reported in a qualitative study among 11 English CoSA volunteers (42).

Social relations and social capital

In this domain, the following effects were reported: improved feelings of connectedness (41), an increased social network (41, 43), and enjoyment of working with other volunteers in terms of receiving support from other volunteers (42). Prevalence rates are only given in one study (41); in this survey, three quarters (75%) of the 57 volunteers felt more connected to society; 70% reported an increased sense of belonging due to volunteering in a circle; 30% felt an increased emotional attachment to others; and 25% had developed new friendships among CoSA volunteers and staff. In one of the qualitative studies (43), some volunteers experienced an improvement in social skills (e.g. adjusting to others, empathic skills, setting boundaries), and increased assertiveness. Many CoSA volunteers told only close friends and relatives about their work (42, 43). Also, some volunteers reported more awareness of societies' negative and harsh reactions to sex offenders and some fostered feelings of irritation about these ill-informed reactions (43). Reported occupational benefits were enhancement of professional experience (43) and prospects (42, 43).

Determinants of impact

Only one qualitative study identified possible determinants of the positive or negative impact on CoSA volunteers (43). These are subjective inferences made by the volunteers themselves. Doubts about the motivation and effort of the core

member produced emotional stress, irritation, frustration, and hopelessness, while volunteers who witnessed the core member changing for the better were more satisfied and felt more rewarded. Dealing with core members who have committed a less intrusive offense was viewed by some volunteers as less stressful. Volunteers who were experienced in social work thought this was protective, while some volunteers who felt very responsible for the prevention of recidivism linked this to feelings of stress. There were no indications in this study that gender or age was associated with the nature or level of impact on CoSA volunteers.

PROFESSIONALS WORKING WITH SEX OFFENDERS

Contrary to the literature on volunteering, the studies dealing with professionals mainly focused on negative effects, especially STS and burnout symptoms. Effects on physical health were not mentioned in our sample of reviewed studies.

Prevalence

The reviewed studies showed different prevalence rates for effects due to differences in concepts and measurements. One review (11) reports that 20% to 25% of sex offender therapists experienced negative cognitive, emotional, and behavioral effects. Symptoms of STS were reported in 0% to 52% of sex offender therapists (7, 10); CF in 21% to 46% (7, 11); and symptoms of burnout in 19% to 30% (7, 11). One review reported also on the prevalence of positive effects: 75% to 96% of sex offender therapists found their work the most rewarding and satisfying aspect of their career, and 85% reported high levels of compassion satisfaction (CS; 11).

Mental health

Some reviews and original studies reported PTSD symptoms in professionals, such as flashbacks or intrusive thoughts of client's past abusive stories (7, 8, 49), emotional dulling (11), and arousal and hyper vigilance (8, 11, 50). Impact on mental health was also reported as STS, CF, VT (45, 7, 10), and 'burnout' (9, 10, 45, 50). Other studies reported changes in cognitive schemata, such as a diminished trust in others and changes in perceptions of one's own safety and the safety of others, and changes in cognitions about intimacy (7, 8, 11, 46, 49); adjustment to the emotional burden by minimizing the emotional impact, and dissociating from it (50); and losing hope (11). Also, emotional changes were reported: increased levels of depression, anxiety, and emotional exhaustion (7, 11); as well as negative emotions (emotional hardening, anger, irritability, frustration, and loathing; 7, 11, 44, 46). One author (46) reported that the probation officers in his sample experienced more negative emotional effects from working with offenders of domestic violence than from working with sex offenders.

Personal growth

Research into positive effects of working with sex offenders is scarce. An exception is a concept mapping study by Kadambi and Truscott (2006), which was included in one of the reviews (11). They examined the nature of feelings of reward in sex offender therapists, concluding that belief in the benefits of their work for society and of treatment effectiveness, as well as connectedness to their colleagues were most important. In the reviews, possible positive effects from

working with trauma clients were suggested, but the nature of positive effects was rarely supported by data. One original study (46) reported an increase in emotional engagement, a heightened emotional sensibility in male therapists, and increases in self-worth and optimism due to treatment effectiveness, but no standardized instruments were used to measure these constructs. Also the sample was very small ($n = 30$). Two reviews reported that witnessing the resilience of clients, as well as participating in the recovery of the client, positively stimulated the therapist (10, 11). Two original studies (47, 45) measured high levels of CS in their samples ($n = 106$, $n = 90$). In one study (47), CS was the best predictor of the quality of the working alliance. One review pointed out that in some studies high levels of STS co-existed with high levels of CS (11).

Social relations and social capital

Research on changes in social relations of professionals who work with sex offenders is scarce. One review (11) reported unspecified negative effects on intimate relationships in treatment providers with a partner, and changed behavior toward their own children (e.g. being more protective, not engaging in physical play). Social relations were reported to be affected by the negative labelling of working with sex offenders (9, 49). One study ($n = 31$) reported a heightened awareness of issues of power and control in relationships (46).

Sexuality

A negative impact of working with sexual offenders on one's own sexuality was reported in four studies. Reviews reported decreased sexual interest and sexual behavior in one third of therapists (7); sexual arousal to clients and offending descriptions, changes in sexual fantasy (7, 9); and thinking of sexual abuse of children, and disturbing intrusive imagery of sexual abuse of children (11). In a small-scale qualitative study ($n = 5$), therapists reported about intrusive imagery when engaging in sexual activity (49).

Occupational and professional impact

Negative professional effects were reported in two reviews: deterioration in professional functioning, which affected the quality of treatment delivery (low stress management, over-identification with clients, countertransference, eroding professionalism – for example breaching policies, not holding client accountable, crossing professional boundaries (8, 9); and professional isolation due to the choice of working with sex offenders (9).

Determinants of impact

Therapist characteristics (gender, work experience, and personal trauma history) are the most studied determinants of positive or negative outcome, yet findings were inconclusive. In most studies, gender was not differentiating, while two reviews reported gender-specific levels of impact (7, 11). An increased vulnerability to negative effects due to identification, collective guilt (7), and collusion (44) was reported by male therapists who were working with male offenders. According to one review, male counselors reported more feelings of hostility and guilt, while female professionals reported more anxiety and vulnerability (11).

Findings on work experience (number of years working with sex offenders) were also inconclusive. Higher levels of negative symptoms were reported by those with little experience in the field (less than 2 years or younger than 25 years; 11) and those who had been working for many years (7). In one cross-sectional study among 107 therapists (47), work experience was negatively correlated with CF, STS, and VT, indicating that those who stayed in the field for a long time were less affected.

Whether having a personal trauma history influences the impact of working with sex offenders remains unclear. Some studies reported higher levels of negative symptoms in therapists with a personal trauma history, while others found no differences (10). The same authors suggested that this may be the consequence of a blurred conceptualization and measurement of STS versus primary PTSD. Personal reactions of the therapist to his or her own trauma history – as apparent in actual levels of traumatic stress – may be more predictive of work-related negative effects than the exposure to childhood trauma of clients.

Therapists who experienced their work as important and meaningful reported less negative effects (11), and therapists with an optimistic and holistic view of their clients (believing in the possibility of change and viewing them as more than just offenders) tended to be less affected (44, 48). Also, being realistic about what level of change is to be expected from clients appeared to be a protective factor (44). But, since both studies had a qualitative cross-sectional design, the direction and strength of causality is unclear.

Results on the protective effect of coping strategies were also inconclusive. One study (45) found that therapists with a higher level of self-care (e.g. seeking support) experienced more CS but not less CF or burnout. One review (7) reported a positive correlation between the use of coping strategies (positive and negative) and levels of VT, while another review (11) reported that therapists with a detached coping style experienced less negative effects.

Negative client characteristics appear to increase negative effects. Suggested risk factors were: clients who deliberately challenged boundaries and showed manipulative behavior (9); unmotivated clients; mandated clients; clients with personality disorders or a high level of expression of anger and hostility; clients who were lying or showing a high level of dependency; clients with suicidal gestures; passive-aggressive behavior (11); clients with victims that resemble therapists' personal relationships, and clients who deny or minimize the offense (44); and clients who display resistance in therapy and clients who recidivate during therapy (48).

Recidivism by clients was associated with feelings of anger, disillusion, depression, incompetency, inadequacy, and guilt (7). However, clients responding positively during therapy were contributing to positive effects on counselors in three qualitative studies (44, 46, 48).

Suggested protective context characteristics were: peer support and being able to share emotions with colleagues in a humorous way (9, 11, 48, 49, 50), and a positive organization climate (opportunities for innovation, working in multidisciplinary teams, collegial spirit; 48). Contextual risk factors were pointed out in two reviews: being negatively labelled by colleagues for working with sex offenders and being pressured to cure one's clients (7, 11); and a negative organizational climate characterized by poor communication, lack of consultation, internal conflicts regarding responsibilities, and fear of blame and criticism (11). Findings were inconclusive with regard to the provision of supervision. Quantitative studies (11) found that providing supervision was not predicting lower levels of STS and VT in therapists working with sex offenders, while one qualitative study underscored the importance of professional supervision (48). Probably there is a difference between the subjective appraisal of supervision as being supportive and the objective effectiveness of it. Some studies find higher levels of negative effects in secure settings and institutional settings as opposed to community settings (7, 11). These differences may reflect the 'difficulty' of clients in the different settings.

DISCUSSION

In Canada, the United Kingdom, the United States, and the Netherlands, hundreds of citizens have joined CoSA as volunteers. CoSA organizations and circle providers who are responsible for selection, training, and supervision of these volunteers need to be aware of the impact this work can have on the volunteer. Based on what is known about effects of volunteering in general, effects of volunteering in the criminal justice field and CoSA, and the specific effects of working with sex offenders as a professional, we conclude that CoSA volunteers will encounter both the gains and drains of their work, as positive and negative effects appear to coincide.

IMPACT OF BEING A COSA VOLUNTEER

The results of our review show that CoSA volunteers most likely will benefit in terms of health, as there is strong and convincing evidence from all over the globe that volunteering helps to maintain physical health and mental wellbeing and improves one's quality of life. In general, volunteers are less depressed, happier, and more satisfied with their lives than non-volunteers, and these characteristics are both cause and consequence of volunteering (Thoits & Hewitt, 2001). However, working in a circle is potentially emotionally demanding, as volunteers have to deal with complex and often contradictory emotions like feeling compassion with the core members' needs on one hand and being appalled by the offense on the other. In many cases, the core member has been a victim of abuse and neglect, and often these experiences are shared within the circle, which can possibly lead to symptoms of STS and/or vicarious trauma in volunteers.

Volunteering in the service of underprivileged members of society appears to be generally a stimulating experience, inducing personal growth in terms of self-esteem, pro-social attitudes, and citizenship, especially in younger volunteers. This

might be even more the case for CoSA volunteers, as sex offenders are the outcasts of society and the opportunity to help prevent recidivism is considered a highly meaningful task, offering a chance to make a real contribution (Snatersen, 2011; Wilson, McWhinnie, Picheca, Prinzo, & Cortoni, 2007). For younger volunteers, CoSA offers an opportunity to develop civic capacities and social awareness. Work as a CoSA volunteer may improve social capital through the close cooperation with professionals and other volunteers, who in some cases become friends (R. J. Wilson et al., 2007a). While volunteering in general can improve the social relations of the volunteer with family and friends, as volunteering provides content for meaningful discussions and sharing of experiences, this might be different for CoSA volunteers. They have to respect the privacy of the core member and are not allowed to share information from within the circle with anyone but the professional circle staff. Working as a CoSA volunteer might even alienate them from friends and family, who do not share their pro-RJ attitudes and resent their work with sex offenders.

For some, volunteering in a circle can also have socio-economic and professional benefits, as circle projects provide training programs and supervision, and work in a circle offers opportunities to exercise and improve social and professional skills.

RISK AND PROTECTIVE FACTORS: THEORETICAL MODELS

Volunteering in a circle can be part of a healthy, pro-social lifestyle, but it is all a matter of balance. Concluding from the results of the review, the outcome for CoSA volunteers will – at least partly – be determined by characteristics of the volunteer, the time invested, offender characteristics, and the support the volunteer gets from the circle organization. These differences can be explained by the different theoretical models.

Interactional Role Theory

Older CoSA volunteers, especially those who started volunteering early in life, and those who built experience as a volunteer through prolonged commitment and by combining several volunteer jobs, will probably profit more than less experienced and younger volunteers. This is in accordance with interactional role theory (Stryker & Statham, 1985, described in Greenfield & Marks, 2004), as the accumulation of social roles through volunteering compensates for the loss of major social roles through aging, like the parenting role, and the role as a partner or employee (Okun, Rios, Crawford, & Levy, 2011; Pavlova & Silbereisen, 2012; Van Willigen, 2000). However, volunteers who combine many social roles, and have an extensive social network themselves that they need to attend, may find it difficult to maintain the continuity that is demanded by the circle organization, and may feel stressed if pressured by a circle coordinator to guarantee circle continuity.

Motivation Theory

Volunteers who are intrinsically motivated and realistic about the effect of their contribution, and volunteers who do not feel overly responsible for the outcome of a circle may be better protected from overburdening and burnout (Lea et al., 1999; Snatersen, 2011). Speaking in terms of the theory of motivation (as outlined

in Meier & Stutzer, 2008), their investment and returns are balanced by the management of expectations and by the immediate gratification of enjoying volunteering itself. CoSA volunteers often start with high expectations: Wilson et al. (2007a) reported that 91% of CoSA volunteers initially expected to be able to make a difference in the life of their core member, but after having been in a circle for a while this rate dropped to 43%. It is not clear if this reflects the development of more realistic expectations or more disillusion and cynicism.

Job Demands-Resources Model

Spending 1 or 2 hours per week appears to be most beneficial (Casiday, Kinsman, Fisher, & Bambra, 2008). Spending much less or much more has no positive health effects for most volunteers. Thus, circle volunteers who work in more than one circle at a time are probably more prone to overburdening, especially if both circles have 'difficult' core members to deal with. Manipulative or suicidal behavior by the core member and signals of increased risk – or in the worst case recidivism – may add to strain, overburdening, exhaustion, and burnout symptoms. However, CoSA volunteers who can build on their own emotional intelligence, self-esteem, and self-efficacy, and on social support from their family and friends, have a lower risk of burnout. According to the JDRM, their potential job stressors (like the time invested and the difficulty of their client) can be outweighed by their internal and external resources (Nachreiner et al., 2001). As these characteristics are sought out in CoSA volunteers during the selection process, they are probably less vulnerable than volunteers who have gone through a less rigorous selection process. Other external job resources (e.g. social support from co-volunteers and circle coordinators, training and performance feedback) are important predictors of connectedness to the work, the other volunteers, the organization, and to the client, which are important predictors of positive outcomes in health, volunteer satisfaction, and determination to continue (Huynh, Metzer, & Winefield, 2012).

Stress Shields Model of Resilience

Volunteers often report personal growth, learn new skills on the job, and adopt more positive and realistic cognitions about the world, thus building resilience as described by the stress shields model of resilience, which was originally developed in a professional setting (Paton et al., 2008). This process is positively influenced by a stimulating and supporting professional environment that provides training and emotional support, extending to issues of the volunteers' private life. Also, a positive team climate in which the work of volunteers is acknowledged and appreciated (preferably by simply saying thank you every now and then) protects volunteers from burnout (MacNeela, 2008; Moreno-Jiménez & Villodres, 2010).

IMPLICATIONS FOR VOLUNTEER ORGANIZATIONS

As many moderating factors are – at least partly – manageable, CoSA organizations need to be aware of the different risk and protective factors in their volunteers and should assess issues like volunteering experience, motivation, expectations, self-esteem, self-efficacy, social support, and the combination of different social roles during the selection procedure.

Also, they should be discussed in depth in supervision and coaching sessions.

Volunteer roles and responsibilities need to be clarified at the very start. Unrealistic expectations need to be tempered and the development of new skills needs to be supported during the initial and subsequent training sessions. Male and female volunteers may have different emotional reactions to sex offenders and their offenses, and volunteer's personal relations may become contaminated by the sex offender's characteristics and their offense in different ways. Circle coordinators need to be aware of the possibility of gender-specific coaching needs and should address these issues in individual supervision interviews. Volunteers who operate in a circle with a highly problematic sex offender will need more than average supervision and support to prevent overburdening and eventually drop out.

Feelings of connectedness to the work, to other volunteers, and to the CoSA organization can be stimulated by volunteer support activities that also can be used by members of society (e.g. politicians, members of victim organizations) to express their acknowledgment and recognition for the work of CoSA volunteers.

LIMITATIONS OF THE STUDY AND FURTHER RESEARCH QUESTIONS

The determinants of the impact on volunteers which we distilled from our review can be seen as suggested risk and protective factors, but more empirical studies among CoSA volunteers are needed to validate our findings and to inform the development of effective volunteer policies by CoSA organizations and other volunteer organizations in the field of criminal justice.

Our conclusions about positive and negative effects of being a CoSA volunteer and risk and protective factors are tentative, as empirical research is almost completely missing in this area. We do not know if our conclusions on generic effects of volunteering apply fully to CoSA volunteers, because we do not know if they represent a subsample of volunteers with specific characteristics.

CoSA volunteers opt for a highly meaningful and important job, which gives a positive boost to health and mental well-being, and stimulates personal growth and citizenship, provided they receive high-quality training, support, and supervision by CoSA organizations. Positive effects may even surpass the individual level, as volunteering of this kind appears to have a positive impact on the civic capacities of volunteers. CoSA potentially enhances subjective feelings of public safety and by doing so generates social capital, but these hypotheses need to be verified in future research.

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APPENDIX

Summary Tables for Studies included in this Review

TABLE 1 Review articles on effects of volunteering in general

No.	Author(s)	Design	Positive effects	Negative effects	Determinants of effects: Volunteer work characteristics	Volunteer characteristics	Context characteristics
1	Onyx & Warbur-ton (2003)	systematic; 25 articles	less institutionalization; lower mortality rates; better functional health, higher quality of life, even if controlled for socio-economic status and health; better psychological health, higher self-esteem; better coping and adjustment to negative life-events; more satisfaction with life, less depression; longitudinal studies: more life-satisfaction, less depression; more health related behavior (stop smoking, more activity); maintaining social networks; volunteering generates social capital; trust and reciprocity; positive effects for both volunteer and client	not reviewed	moderate hours of volunteering: positive effects; excessive volunteering: no positive effects; Type of volunteering: face to face, meaningful contact between client and volunteer; encouragement to maintain good health practices, the opportunity to contribute to the wellbeing of others	volunteers with more disadvantages in life : more QOL gains; longitudinal studies: age, gender, socio-economic status; health and social integration are moderators of positive effects; but positive effects remain significant if controlled for these moderators	type of organization: serving the benefits of the community; more impact than serving the benefits of the members alone; strong personal emotional support; strong links into community; supportive networks
2	Grimm, Spring, & Dietz (2007)	non-systematic	reduced mortality rates; sense of accomplishment; sense of purpose mediates loss of social roles through retirement	not reviewed	number of hours of volunteering: at least one or two hours per week to achieve benefits	retired volunteers benefit more (life satisfaction), older volunteers benefit more than middle aged volunteers; older volunteers show more health improvement than middle aged volunteers; starting volunteering earlier in life is predicting more health benefits; mortality effects are greater for those who already have good health	
3	Casiday, Kinsman, Fisher, & Bamba (2008)	systematic; 87 articles	less depression, less hospitalization, mortality, disability and pain, less psychological distress, improved self-rated health, life satisfaction & quality of life; family function, social support and interaction, affect; self-efficacy; self-esteem/sense of purpose	burnout; emotional exhaustion	increasing hours: more positive effects, up to a threshold, then effects become negative; volunteering for more than one organization: mixed effects	older volunteers benefit more than younger	

Table 1 continued

No.	Author(s)	Design <i>Volunteers in general</i>	Positive effects	Negative effects	Determinants of effects Volunteer work	Volunteer characteristics	Context characteristics
4	Cattan, Hogg, & Hardill, (2011)	systematic; 21 research articles, 5 reviews	quality of life, less depression; but: possibly artefact due to self-selection		duration: those who drop out early from volunteer work, profit less; type of volunteer work: not studied; time committed: moderate time has positive effect on wellbeing, more time has not more positive effects; volunteering for three or more organizations: more positive effects	female volunteers profit more than male volunteers; no effect from socio-economic status or ethnicity; but: samples are often not representative; mixed findings on income	
5	Wilson & Musick (1999)	non-systematic	more generalized trust in society, but also the reverse may be the case: lack of trust in others motivates to volunteer; early volunteering predicts later political engagement; elderly volunteers: later onset of serious illness and functional disability; less mortality, volunteering helps to maintain good health, but does not improve bad health; younger women: volunteering predicts occupational achievement in later life	overburdening, strain	too much hours of volunteering causes overburdening; type of volunteer work: religious volunteering: positive associated with physical health; instrumental volunteering: positive association with mental health; longer duration of volunteering: more mental health benefits	life stage: volunteerism most benevolent for elderly, retired people, protecting them from physical decline and inactivity; elderly men benefit more from secular volunteering; volunteering predicts lower levels of depression in 65+, not in younger volunteers; women who are also caregivers: increased depressions; younger women: more chances to occupational achievement (not researched for males) but family life cycle conditions this effect	
6	Wilson (2012)	non-systematic	less depression, more empowerment & self-efficacy; self-esteem; mastery, buffer against work related stress; improved social network; quality and quantity; lower rate of morbidity and mortality; socio-economic benefits: some positive effects	negative health effects	too much time involved: decrease of health; type of volunteer work: hiv/aids related volunteer work: linked to depression; empathic over-arousal	elderly and women: less depression: type of motivation influences positive effects on social network; extrinsic motivation: quantity; intrinsic motivation: quality; combining work and volunteering: more positive effects than doing nothing; only intrinsic motivation correlates with physical health benefits	selection by professionals: more positive effects than recruitment through friends; being appreciated: social interaction, support and guidance of staff and other volunteers

TABLE 2 Review articles on impact of working with sex offenders on professionals

No.	Author(s)	Design	Positive effects	Negative effects	Determinants of effect	Professional characteristics	Context
					Client characteristics		
7	Moulden & Firestone (2007)	non-systematic		<p>symptoms of trauma reactions in the clinical range; compassion fatigue; risk of developing burnout; PTSD symptoms; intrusion, avoiding; hyper arousal; hyper vigilance pertaining to own safety & interpersonal behavior; depression; anxiety; isolation; vulnerability; decreased trust in others; low stress management; flashbacks of work material; over identification with clients; emotional hardening; anger, irritability, sexual problems like decreased sexual interest and behavior: only descriptive studies</p>	<p>recidivism by client: anger, disillusion, depression, incompetence, inadequacy, guilt;</p>	<p>gender: mixed results, some studies find that male professionals are more vulnerable with male offenders, because of identification and collective guilt; level of experience: inconclusive results; some studies: no influence, some studies: very inexperienced (with sex offender therapy) and very experienced more risk of VT; 24 years: least symptoms; general experience has no influence; personal trauma: personal trauma is overrepresented in therapists working with s.o. No research on impact of personal trauma on VT. Coping: positive and negative coping are predictors of VT</p>	<p>number of trauma related client in the caseload; personal/professional support; some indications, no research. negative reactions/pressure to cure client: feelings of helplessness, guilt, incompetence; setting: more negative impact in secured settings than in community setting (risk); own primary work related trauma: no research; amount of time working with so: inconclusive findings</p>
8	Moulden & Firestone (2010)	non-systematic		<p>sexual arousal to clients and offending descriptions; disturbance in sexual functioning (decreased sexual interest; changes in sexual fantasy); disruptions in cognitive schemata: decreased trust and perceptions of world as unsafe; disturbed cognitions regarding intimacy with others</p>			

Table 2 continued

No.	Author(s)	Design	Positive effects	Negative effects	Determinants of effect		
					Client characteristics	Professional characteristics	Context characteristics
9	Grady & Strom-Gottfried (2011)	non-systematic	secondary personal growth; reward through participation in recovery from psychopathology	professional isolation; burnout; CF, VT; eroding professionalism; counter transference e.g. arousal; not being able to hold client accountable; breaching policies; boundary crossing	boundary crossing; manipulating skills of client;	personal trauma; low self-worth (more boundary crossing)	professional peer support (+); but limited pool of colleagues who do the same work; boundary crossing is moderated by little work restrictions, outpatient setting
10	Elwood, Mott, Lohr, & Galovski (2011)	non-systematic	secondary personal growth; reward through participation in recovery from psychopathology	8-50% of clinicians working with trauma clients report STS symptoms in the clinical range	working with traumatized clients vs working with general clients; differences are sometimes subjective while not significant in measurement; STS symptoms in some studies higher in trauma therapists than in those working with general clients	therapists longer in the field have less STS symptoms; therapists longer in the field have more burnout symptoms; personal trauma history: mixed findings	supervision and training correlates with lower levels of STS; no correlation in other studies
11	Clarke (2011)	non-systematic	75-96% of so therapists find working with SO a rewarding experience; positive effects not further specified	20-25 % of therapists will be affected; diminished hopes and expectations in work; cynicism, dulling of emotions, hyper vigilance, raised distrust of others; generalized stress, exhaustion; depression, burnout; negative effects on intimate relationships; changed behavior with own children (becoming over protective, not engaging in physical play), disturbing intrusive imagery; burnout;	unmotivated clients; mandated clients, personality disorders; expression of anger and hostility; living, client dependency, suicidal gestures, passive-aggressive behavior; very complex problems, perceived to be beyond one's competency	age: younger therapists more at risk (esp <25); gender: men report more anger and hostility, women more anxiety & vulnerability; protective: living with partner; high level of consciousness; detached coping skills; good perspective taking skills; value and meaning attributed to owns work risk factors: rumination, emotional sensitivity, emotional coping;	lack of supervision, peer support & supporting policies correlate with burnout levels; strongest protective factor: colleague support; inconclusive: one study says seeking support is felt as admitting incompetency and increases stress; setting: institutional settings-> higher depersonalization symptoms; community settings-> greater sense of personal accomplishment; negative community reactions to SO treatment: defensiveness; not discussing work issues with others outside professional context: alienation, defensiveness and isolation; organization: poor communication, lack of consultation; internal conflicts regarding responsibilities, fear of blame and criticism; protective: empowered workforce; positive perception of organization culture; dynamic change in therapists context (life events etc.)

TABLE 3 Original research articles on impact of general volunteering and volunteer work with (sex)offenders

nr	Author(s)	Sample	Design	Positive effects	Negative effects	Determinants (W = work characteristics, V = volunteer characteristics; C = context)
12	Barron et al. (2009)	175 elder US volunteers serving at least 15 hours/ week in elementary schools	prospective study, before and after 4-8 months service	increased strength and energy, less television watching; improved physical performance		V: prior health status: good health group benefits most, excellent health group least, fair and poor groups: in between
13	Borgonovi (2008)	29900 US respondents, representative population sample	cross-sectional, survey	strong improvements in health and happiness; also if controlling for socio-economic status		W: frequency: weekly-> most improvements; religious volunteering has a little stronger positive effect than secular volunteering, but only on happiness, not on health; V: self-efficacy, social support, social participation
14	Brooks (2007)	21 UK college- students engaging in civic commitment	qualitative, observations, group interview, individual interviews	more realistic expectations about social change; improved critical thinking; more knowledge of political issues; more positive attitude toward political engagement; more critical attitude towards media representations and individualistic society	more conservatism due to instrumental motivation for volunteering; pessimism about social change	V: motivation
15	Cheung & Kwan (2006)	715 elderly Chinese (60+)	cross-sectional, comparing social worker induced volunteering with peer-induced volunteering	increased life satisfaction, self-esteem, self-assessed health, also if controlling for background variables (income, work experience, etc.)		C: social workers' induction: stronger positive effects, peer induction: no moderating effect; most impact: combination of both; social worker impact positive in people with low income, negative in ill people; V: high income vol. are incompatible with social workers
16	Yan & Tang (2003)	295 elderly Chinese	cross-sectional		two factors of burnout: emotional depletion (ED) & lack of personal achievement (LPA); level of ED lower than teachers, nurses and police officers, level of LPA higher	W: long duration: higher ED; lower LPA V: higher age, good health-> lower ED; longer voluntary experience, self-efficacy, work satisfaction and perceived benefits -> higher personal achievement

Table 3 continued

nr	Author(s)	Sample	Design	Positive effects	Negative effects	Determinants (W = work characteristics, V = volunteer characteristics; C = context)
17	Dulin, Gavala, Stephens, Kostick, & McDonald (2012)	1028 elderly New Zealanders, 43% Maori	cross-sectional, Maori-non Maori comparison	more self-reported happiness, no differences between groups		W: hours of volunteering-> more happiness; V: ethnicity: no differences SES: people with lower SES benefit more
18	Huynh, Metzger, & Winefield (2012)	471 Australian adult volunteers in health orgs. 20 h p/week	cross-sectional	work satisfaction, determination to continue, health		V: job resources are related to volunteer satisfaction; connectedness mediates relation between Job resources and satisfaction, health and determination to continue
19	Isham, Kolodinsky, & Kimberley (2006)	677 adult Vermonters	cross-sectional	61% experience positive benefits on social capital (56% social connected-ness, 57% civic capacity)		W: probability (but not level) of social capital is greater in religious or social work (large effect); number of hours positively affecting probability of social capital and level (to a lesser extent); magnitude of effects is small; V: gender: female profit more, higher educated, two parent family members profit more
20	Kao (2009)	340 college students in Taiwan, doing volunteer work for newcomers	cross-sectional		burnout	W: subjective workload -> levels of burnout; V: association is moderated by emotional intelligence; negative affect -> more burnout; positive self-evaluation C: team creativity; positive team climate
21	Kulik (2006)	375 adult Israeli volunteers	cross-sectional		relatively low levels of burnout	V: difficulties in dealing with clients; gender: no direct influence on burnout, but indirect on predictors of burnout; employment status: female students higher risk of burnout than employed or unemployed; unemployed men risk highest levels of burnout; women: altruistic motives; lower levels of burnout; male: all motives; higher levels of burnout; C: difficulties in dealing with organization (fem. & employed vols.)

Table 3 continued

nr	Author(s)	Sample	Design	Positive effects	Negative effects	Determinants (W = work characteristics, V = volunteer characteristics; C = context)
22	Kumar, Calvo, Avendano, Sivaramakrishnan, & Berkman (2012)	over 200 000 adults from 139 countries	cross-sectional	social support and volunteering correlate with self-reported health in all countries, even if controlled for age, marital status, education etc. Corr. are higher for social support than for volunteering		V: no gender differences; relationship volunteering-health absent in younger people, stronger in older , strongest in 60-/75 year olds
23	Lancee & Radl (2012)	over 10,000 elderly east and west Germans	Longitudinal	later retirement, improved job skills		W: volunteer work and employment are complementary; Vol. enhances job skills; reduces risk of involuntary retirement V: formal volunteering predicts later retirement only in under 60's ; for more engaged workers, work and leisure time are closely intertwined
24	Lee, Steinman, & Tan (2011)	6,400 elderly US retirees	longitudinal	volunteers are healthier and more often car driver		V: urban/rural drivers and urban non-drivers: no positive impact of volunteering on mortality, when controlled for all other variables, rural non drivers: positive impact of volunteering on mortality remains significant, when controlling for all other variables
25	MacNeela (2008)	26 Irish volunteers, age 20-60, social work	qualitative, interviews	personal development (e.g. self-esteem), career benefits, social benefits	burn-out	W: too demanding or too undemanding; neg impact; C: organizational support, training, organizational acknowledgement & recognition (pos impact)
26	Meier & Stutzer (2004)	22,000 adult Germans: west-east comparison	naturalistic experiment, drawing from longitudinal data	higher life satisfaction in volunteers , drop of life satisfaction in people who involuntarily have to quit volunteering; happier people volunteer more is also true		W: weekly or monthly volunteer work: pos effects, less frequent: no effects; V: intrinsically motivated volunteers benefit more than extrinsically motivated vols.

Table 3 continued

nr	Author(s)	Sample	Design	Positive effects	Negative effects	Determinants (W = work characteristics, V = volunteer characteristics; C = context)
27	Moreno-Jimenez & Villodres (2010)	305 volunteers (18-77) working in 56 different social organizations in Spain	cross-sectional	improved professional efficacy	exhaustion, cynicism	W: more hours spent per month -> more exhaustion and cynicism; V: value driven motivation: lower levels of exhaustion, social motivation: higher levels of exhaustion & satisfaction with life, values motivation and future expectations of staying in the organization ass. with higher levels of professional self-efficacy; career motivation and social motivation ass. with higher levels of cynicism; understanding one's role, understanding motivation and life satisfaction ass. with lower levels of cynicism C: staff support towards overall life ass. with lower levels of exhaustion
28	Morrow-Howell, Hong, & Tang (2009)	401 older US volunteers in 13 volunteer programs	cross-sectional	81% report positive effects; 18% are indifferent; 20% of volunteers report better health; 58% report benefits for friends and families (less concerned and improved knowledge); higher levels of social awareness, higher levels of intergenerational understanding	8 vol. report interference with family activities and 1 family intrusion (!)	W: more hours of volunteering -> positive effects; type of volunteer work: public safety activities -> more benefit than technical advice work V: vol. characteristics have little explanatory power (6% of var.), but in comb. with type of vol. work, characteristics matter: women and low income vol. report more benefits in public safety activities; lower income, lower educated single vol. benefit more; C: training & support; stipend

Table 3 continued

nr	Author(s)	Sample	Design	Positive effects	Negative effects	Determinants (W = work characteristics, V = volunteer characteristics; C = context)
29	Okun, Rios, Crawford, & Levy (2011)	Ca. 4,200 Americans, representative population sample	cross-sectional	positive affect; mental well-being	negative affect; mental well-being	V: more chronic health complaints -> more positive benefits and resilience. No interaction for negative affect; age: not moderating effect of volunteering on affect and resilience (poss. due to dichotomous measuring of volunteering)
30	Oberding (2012)	127 ex-students	cross-sectional	higher rate of social awareness than general public, much more volunteering than general public (71% vs. 35-40%)		
31	Pavlova & Silbereisen (2012)	2 samples: 2,346 Young adults (16-42); 1422 older adults (56/75)	cross-sectional; comparison of 2 samples	volunteering predicts higher life satisfaction in older non-working volunteers; no correlation in younger volunteers; more positive affect in both younger and older sample, no compensatory of complementary function in relation to work or partnership status	no negative effects	W: actually working as volunteer more impact than being member of vol. org. V: age: older, non-working volunteers: more life satisfaction, (no effect for younger volunteers) older vol. without partner: more volunteering -> less depression; younger vol.: participation in vol. org.-> less depression
32	Pushkar, Reis, & Moros (2002)	107 older participants	prospective study	no differences in well-being in different measurements	lowered well-being	V: higher motivation and higher neuroticism predicts lower well-being at follow up; higher initial motivation predicts drop-out, while motivation scores in other volunteers keep growing; health and personality traits predict well-being
33	Sarid, Melzer, Kurz, Shahr, & Ruch (2010)	105 older Israeli inhabitants of protected housing	cross-sectional	more cheerfulness and vigour, less depressive symptoms		W: number of activities
34	Shmotkin, Blumstein, & Modan (2003)	148 old Israeli volunteers; age 75-94	prospective study	reduced mortality, even if controlling for other lifestyle activities		not studied
35	Hong, Hasche, & Bowland, (2009)	5,234 older (70+) US citizens, not institutionalized	longitudinal	lower depression in later life		not studied

Table 3 continued

nr	Author(s)	Sample	Design	Positive effects	Negative effects	Determinants (W = work characteristics, V = volunteer characteristics; C = context)
36	Thomas (2011)	1,667 60+ Americans representative population sample	longitudinal	lesser decline of cognitive and physical function		not studied
37	Hao (2008)	7,830, age 55-66	longitudinal	both volunteering and paid activities protect from mental health decline, combination of both (moderate level of volunteering) is most beneficial		not studied
38	Wilson & Musick (2003)	5,200 US women	longitudinal	volunteering in 1973 predicts higher occupational status in 1991, not employment		impact remains significant if controlling for several background variables (education level, intelligence)
39	Duncan & Balbar (2008)	30 Canadian volunteers in prison visitation program	qualitative: interviews	increased quality of life; increased self-esteem, feeling valued by the inmate, more social awareness attitudinal changes (e.g. more positive attitudes towards restorative justice), more social and communication skills; new friendships with other vols.		
40	Souza & Dhami (2008)	76 Canadian vol. in restorative justice programs	cross-sectional; survey			C: clarity of roles and responsibilities is positively affecting volunteer satisfaction
41	Wilson, Picheca, & Prinzo (2007a)	57 Canadian COSA volunteers	cross-sectional, survey	improved feelings of connectedness; increased sense of belonging; feelings of attachment to others, new friendships		
42	Haslewood-Pócsik, Smith, & Spencer (2008)	11 English volunteers (IMPACT circles)	qualitative: interviews	increased confidence, professional experience, connectedness to other volunteers, witnessing clients change	negative reactions from friends and family	V: problems in dealing with 'difficult' behavior of the core member and ambivalent emotions (being appalled by his offense and feeling sympathy for the core member as a human being)
43	Snatarsen (2011)	8 Dutch COSA volunteers	qualitative, interviews	increased self-esteem; increased self-awareness more pos attitudes towards rest justice and sex offender treatment.	stress, ruminating in between circle meetings about core member's risk; feeling unsafe, heightened awareness of risky situations; irritation about social exclusion of SO's	W: level of client risk C: family responsibilities; neg. impact on stress level; professional feed-back on function; pos impact

TABLE 4 Original research articles on impact of working with sex offenders on professionals

nr	Author(s)	Sample	Design	Positive effects	Negative effects	Determinants (CC = client characteristics, P = professional characteristics; C = context)
44	Lea, Auburn, & Kibbeywhite (1999)	23 professionals in criminal justice field	qualitative, interview		stress, frustration, burnout	CC: type of victims: if victim characteristics relate to therapists personal relationships, this is reported as stressful; denial and minimization of offense = related to stress P: imbalance between personal attitudes towards sex offenders and professional attitudes and need to engage in empathetic relationship: gender: male therapists risk more collusion; work expectations: more responsibilities felt towards society relates to higher levels of stress; less expected effect relates to higher level of stress; coping strategy: trying to be realistic about what could be achieved -> less neg. impact P: self-care -> compassion satisfaction
45	Kraus (2005)	90 SO counselors (adolescent SO) convenience sampling: clinicians working at secure facility, and one outpatient program	cross-sectional, survey	CS	BO, CF	
46	Morran (2008)	16 probation officers and 14 volunteers working with victims and perpetrators of domestic violence	cross-sectional, survey	emotional engagement; meaningful work; heightened emotional sensibility (men); heightened self-worth; optimism due to effectiveness	changes in cognitive schemas's changes in attitudes towards men; heightened awareness of issues of power, control and abusiveness; changes in views on intimacy and relationships with partners; concerns about personal safety (women); powerful emotional reactions feelings of vulnerability	CC: positive treatment outcome P: personality C: social support in professional context;

Table 4 continued

nr	Author(s)	Sample	Design	Positive effects	Negative effects	Determinants (CC = client characteristics; C = context)
47	Carmel & Friedlander (2009)	106 specialists in the treatment of SO (ATSA-members)	cross-sectional, survey	high level of CS; strongest predictor of working alliance	low levels of STS; normal levels of CS & CF	CC: working alliance P: gender; no correlation; age, years of general experience and years of specific experience correlate positively with working alliance and CS, and negatively with STS, burnout and CF
48	Slater & Lambie (2011)	30 SO counselors	qualitative, interviews			CC: resistance in clients (-); witnessing change in clients (+); becoming a role model (+), recidivism (-) P: optimistic view on clients : belief in ability to change(+); holistic view on clients: not merely offenders (+); becoming an educator (+) C: possibility to exchange emotions with colleagues, management and supervisors (+); opportunities for innovation (+) working in multidisciplinary teams.(+) collegial spirit (+)
49	Dreier & Wright (2011)	5 SO counselors	qualitative, phenomenological study, criterion sampling; interviews	increased competence; belief in a mission & responsibility	disconnect from general society; not being able to share experiences with others outside the profession; intrusive thoughts especially when engaging in sexual activity ; increased suspicion of others	C: closeness and support from co-workers; sharing 'dark' humor
50	Sandhu, Rose, Ros-till-Brookes, & Thrift (2012)	8 SO counselors	qualitative phenomenological study, interviews	belief in responsibility as a therapist	emotional distress; emotional dissociation; hyper vigilance	CC: type of the offense P: counselors who tend to minimize the negative emotional impact C: peer-support & dark humor with colleagues

Volunteers in Circles of Support and Accountability Job Demands, Job Resources, and Outcome

Mechtild Höing, Stefan Bogaerts and Bas Vogelvang

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Höing, M., Bogaerts, S., & Vogelvang, B.
Volunteers in Circles of Support and Accountability
Job Demands, Job Resources, and Outcome
Manuscript under review

ABSTRACT

In Circles of Support and Accountability (CoSA), volunteers support a medium to high risk sex offender in his process towards desistance by developing a long term, empathic relationship. More knowledge is needed about the impact of this work on volunteers themselves. In a sample of 40 Dutch CoSA volunteers, - at the time constituting 37% of the national population of 108 then active COSA volunteers- we measured outcome in terms of volunteer satisfaction, determination to continue, compassion satisfaction, burnout, secondary stress, vicarious growth, civic capacities, and professional skills. We explored theoretically derived predictors of outcome, and conceptualized them within the job demands – resources model (JD-RM). Volunteers reported mainly positive effects, especially high levels of volunteer satisfaction, compassion satisfaction, and determination to continue. Results indicated that job demands and most of the internal job resources were of minor importance. External job resources, especially social support and connectedness, were associated with positive outcome. Connectedness mediated the effect of social support on compassion satisfaction.

INTRODUCTION

The safe rehabilitation of high-risk sexual offenders has become one of society's major public safety issues, and several parties are involved in solving this problem. A new phenomenon in this forensic field are volunteers who support medium- to high-risk sex offenders in a Circle of Support and Accountability (CoSA) in this process of rehabilitation. An important question concerns the safety of employing volunteers in this way. What are the effects on CoSA volunteers, and what are risk and protective factors? In this study, we assessed positive and negative impact in 40 Dutch CoSA volunteers, as well as determinants of impact.

CoSA is a community-based intervention, in which volunteers support medium- to high-risk sex offenders who have served their sentence in the difficult process of re-entering the community and building an offense free life. They do so by engaging as a group in an empathetic, long term relationship in which they combine social support and social control (Wilson & McWhinnie, 2013). Research has shown that CoSA can reduce sexual re-offending rates substantially. Canadian outcome evaluations, using a matched controls design, have demonstrated a 70- 83% reduction of sexual recidivism in high risk sex offenders (Wilson, Picheca, & Prinzo, 2007a; Wilson, Cortoni, & McWhinnie, 2009), and these results were supported in an English matched control study (Bates, Williams, Wilson, & Wilson, 2013). So far, one randomized controlled trial has been conducted in the U.S., resulting in equally promising effects; however, the follow up period was short (2 years).

CoSA was developed in Canada in 1994, and since then has gained much professional recognition (e.g. De Kogel & Nagtegaal, 2008; Wilson & Yates, 2009). An increasing number of CoSA projects are running in Canada, the U.S., and Europe, with now hundreds of circles and approximately four to five times the number of volunteers involved.

VOLUNTEERS IN CIRCLES OF SUPPORT AND ACCOUNTABILITY

CoSA consists of two circles which are installed around the sex offender (called 'core member' in a circle): the first circle is the 'inner circle' of three to six volunteers, who are carefully selected, trained, and supervised by a professional circle coordinator. The inner circle is advised and supported by the second circle, the 'outer circle'. In the Netherlands, the outer circle consists of professionals who are involved in the core members aftercare arrangements. In other projects, (e.g. in Canada), the outer circle is formed by professionals who offer advice and supervision on a voluntary basis. A core member must meet certain inclusion criteria, such as: a medium- to high-risk of re-offending, a high level of social support needs, some motivation to not re-offend, and some acceptance of accountability. Selection criteria exclude core members with high levels of psychopathy and other psychiatric disorders, that need immediate attention, or hinder functioning in a group, such as psychosis, or heavy substance abuse (Caspers, 2013). These exclusion criteria are put in place in order to safeguard volunteers from situations that exceed their lay expertise.

The volunteers and the core member meet on a regular basis (e.g., weekly in the beginning) and, ideally, develop a relationship of trust, openness and equity in which the offender feels accepted as a person, while the offense is being rejected by the volunteers (Höing, Bogaerts, & Vogelvang, 2013). Together, they develop goals and strategies that fit the needs and problems of the specific core member. They operate within the basic rules and safety regulations that CoSA projects install. Four types of strategies are generally employed to support the core member: inclusive strategies (e.g., 24/7 availability by telephone, sharing experiences, offering support, and engaging in social activities); strategies to support behavior change; strategies to monitor risk; and, finally, process-oriented strategies that aim to improve circle group dynamics and effectiveness (Höing et al., 2013).

Volunteers can be exposed to potentially traumatizing material disclosed by the core member, difficult and manipulative behavior of core members, as well as to difficult group dynamics. Therefore, they may be negatively affected by their work. To support volunteers in their task, to safeguard high-quality provision of circles -as well as volunteers' well-being- professional circle coordinators monitor the circle proceedings closely and offer feed-back; either on demand, or on their own initiative. They offer quarterly individual supervision sessions for circle volunteers, and two annual additional training sessions (Caspers, 2013). Also, annual volunteer meetings and Winter Holiday celebrations are organized by CoSA project staff.

OUTCOME FOR VOLUNTEERS

Original research into the impact of working as a CoSA volunteer on volunteers themselves is almost absent; so far, only small scale and mainly explorative studies have been conducted. Wilson, Picheca, and Prinzo (2007b) assessed experiences of 57 of the 84 then active and retired Canadian CoSA volunteers. Haslewood-Pócsik, Smith, and Spencer (2008) interviewed eleven English volunteers in IMPACT circles (a model similar to CoSA, but focusing on sex offender employment) about their experiences. Snatersen (2011) interviewed eight Dutch CoSA volunteers, who had participated in a circle for one year about the impact of working in a circle. Aiming to establish a broader theoretical foundation for research into the effects of CoSA on volunteers, Höing, Bogaerts, and Vogelvang (2014) reviewed the literature on positive and negative effects of volunteering in general, of volunteering in the field of (sex) offender rehabilitation, and of working with sex offenders in a treatment setting. They integrated findings and identified potential positive and negative effects, as well as risk and protective factors for CoSA volunteers. Findings are summarized below.

Mental well-being

The concept of mental well-being is often used as an umbrella concept for various aspects of mental health. It has been defined by Tennant et al. (2007, p 2) as: "a complex construct, covering both affect and psychological functioning with two distinct perspectives:- the subjective experience of happiness and life satisfaction, and the psychological functioning and self-realization". In the context of CoSA, the confrontation with the complex problems of the core member can have both

positive and negative consequences on mental well-being of volunteers. Possible positive effects are: increased feelings of self-worth and competence (Wilson et al., 2007b), which in the specific context of working with traumatized clients is referred to as 'compassion satisfaction' (Stamm, 2010); increased feelings of self-esteem (Haslewood-Pócsik et al., 2008; Höing, Bogaerts & Vogelvang, 2014); increased self-awareness (Snatersen, 2011); and vicarious personal growth, which stems from witnessing personal growth in clients who overcome difficult and traumatizing life conditions (Höing et al., 2014). Possible negative effects are: work related stress; secondary traumatic stress, stemming from listening to clients traumatic or traumatizing experiences and actions; burnout symptoms, (Höing et al., 2014; Snatersen, 2011); problems in dealing with 'difficult' behavior of the core member; dealing with ambivalent emotions, e.g., being appalled by the offence and feeling sympathy for the core member as a human being (Haslewood-Pócsik et al., 2008); ruminating about the core member's risk in-between circle meetings (Snatersen, 2011); and increased feelings of anxiety because of an increased awareness of risk of sexual victimization in daily life (Snatersen, 2011).

Social capital

The concept of social capital as defined by Bourdieu in the eighties of the 20th century, refers to the benefits which individuals achieve by virtue of participation in groups, and on the deliberate construction of sociability for the purpose of creating this resource (Portes, 1998). Volunteering in general, and also volunteering in CoSA can contribute to the social capital of volunteers in different ways. It can enhance sociability by influencing pro-social attitudes and social skills, e.g., adjusting to others, empathic skills, setting boundaries, assertiveness (Höing et al. 2014; Snatersen, 2011). Volunteering in general can improve relationships as it produces content for meaningful discussions; yet it can also burden personal networks when volunteering interferes with family activities (Höing et al., 2014) or when family and/or friends do not approve of the type of volunteering (Snatersen, 2011). Volunteering can also improve professional experiences as well as employment prospects (Haslewood-Pócsik et al., 2008; Höing et al., 2014; Snatersen, 2011).

Connectedness

In the recent past, the concept of connectedness has gained interest from researchers and counselors, and has been recognized as a fundamental human need which is crucial for personal growth and well-being (Townsend & McWirther, 2005). In volunteer literature, the concept 'connectedness' has been defined as "a positive emotional sense of well-being, resulting from an individual's strong sense of belonging with other workers and the recipients of one's service. It may manifest itself as a human striving for interpersonal attachments, as well as the need to be connected with one's work and to the values of an organization" (Huynh, Metzger, & Winefield, 2012, p. 876). Connectedness has evolved as a key component of volunteer satisfaction and retention, as it fulfills basic human needs in terms of belonging, a sense of community and commitment to each other as well as to the service recipient; and the more abstract service recipients like the local community or society (Huynh et al., 2012). Positive effects on feelings of connectedness were reported in all studies of CoSA volunteers. In the survey by Wilson et al. (2007b), 70% of the volunteers felt a sense of community when working for CoSA; 30% felt an increase of emotional bonds towards others, and 24% deve-

loped friendships with other volunteers. Haslewood-Pócsik, Smith and Spencer (2008) reported that positive outcome included the enjoyment of working with other volunteers in terms of receiving support from other volunteers. In addition to that, Snatersen (2011) reported that CoSA volunteers became friends with other volunteers. Höing et al. (2014) found that feelings of connectedness as a positive effect of volunteering are reported through a wide range of studies; those feelings of connectedness support and improve mental well-being and quality of life, volunteer satisfaction, and the determination to continue volunteering.

Influencing factors

Factors influencing positive or negative outcome for volunteers working with sex offenders were systematically assessed by Höing et al. (2014). Factors related to positive outcome were: volunteering as a lifestyle; older age; intrinsic motivation; moderate levels of feelings of responsibility for outcome; emotional intelligence; higher levels of self-efficacy and self-esteem; social support from co-volunteers, circle coordinators, and the social network; and organizational resources such as training and performance feedback. Factors related with negative outcome were: the amount of time spent on CoSA; the number of other demanding social roles; the confrontation with possibly traumatizing material (e.g., details of the offence or trauma history of the core member); and manipulative, crime related or even recidivist behavior of the core member. It is often suggested that having experienced trauma during the life course can be a stressor when working in this field, yet findings were inconclusive.

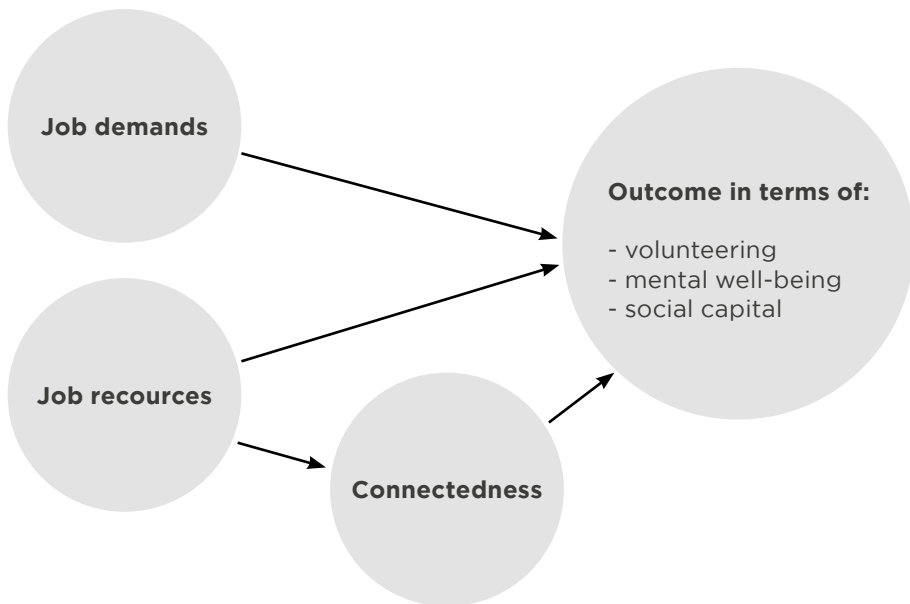
CONCEPTUAL FRAMEWORK

Several theoretical models explain how and why volunteers can be affected by their work, or why they build resilience towards stressful conditions (for an overview, see Höing et al. 2014). In this study, we applied a general descriptive model referred to as the Job Demands-Resources model (JD-R; Nachreiner, Bakker, Demerouti, & Schaufeli, 2001; Schaufeli & Bakker, 2004). This model was originally developed to explain two distinct features of burnout in employees (exhaustion and disengagement) through two different pathways: job demands and job resources. Job demands are physical, psychological, social, or organizational aspects of the job (stressors) that require a person's sustained physical and/or mental effort to be managed effectively in order to safeguard job performance. Employing these compensatory strategies can cause exhaustion. Job resources support positive outcome as they enable goal achievement, reduce job demands, and stimulate personal growth and development. Resources can be internal (physical, psychological and cognitive features, skills) and/or external (social support and organizational characteristics). A lack of job resources complicates goal achievement, and this can lead to withdrawal and disengagement. To the contrary, a positive balance can lead to work enthusiasm (Nachreiner, Bakker, Demerouti, & Schaufeli, 2001). In the context of volunteer work, the JD-R model has shown somewhat different motivational pathways. Outcome in terms of volunteer retention is mainly predicted by job resources, and not by job demands (Huynh, Winefield, Xanthopoulou, & Metzger, 2011). Connectedness was identified as an important mediator between job resources and outcome in terms of health, satisfaction, and

determination to continue, rendering all direct effects of job resources on outcome insignificant (Huyhn et al., 2012).

In our study, we focus on three types of outcome: effects on volunteering (volunteer satisfaction and determination to continue), effects on mental well-being (self-esteem, compassion satisfaction, burnout, secondary traumatic stress, and vicarious traumatic growth), and social capital effects (social awareness, professional improvements, impact on personal relationships). We examined the influence of job demands which are typical of volunteer work in CoSA and of volunteering in general which are: the perceived core member difficulty, and the number of other social roles outside CoSA volunteering. We included the following internal job resources in our study: self-efficacy, trait emotional intelligence, and intrinsic motivation. External job resources included in our study are: job characteristics, which are drawn from the original JD-R model (job control); organizational factors (training and coaching facilities); and social support (from co-workers, circle coordinators, and one's own social network). Figure 1 shows the summarized conceptual framework for the variables under examination in our study.

FIGURE 1: Summary of conceptual framework



AIMS OF THIS STUDY AND RESEARCH QUESTION.

To ensure high-quality circle provision, and to develop supportive volunteer selection and training policies, CoSA providers need to be aware of the possible impact of CoSA work on their volunteers, as well as of risk and protective factors. The existing volunteer policies regarding selection, training, and supervision are mainly practice-based. Our objective was to support the development of evidence-based CoSA policies. This study takes the research into effects of working as a CoSA volunteer a step further, by assessing the outcome for volunteers and exploring the relationships in our conceptual model in a cross-sectional study of Dutch CoSA volunteers. Our research questions were: 1) 'What is the outcome for CoSA volunteers in terms of volunteering, mental well-being, and social capital; and what levels of job demands and job resources do they experience?'; 2) 'How are outcome, job demands, and job resources interrelated?'; 3) 'Can levels of outcome be predicted by job demands and job resources?'; and 4): 'Can we replicate the results of Huynh et al. (2012) regarding the mediating role of connectedness?'

METHOD

DESIGN AND PROCEDURES

To explore positive and negative outcome for CoSA volunteers, and the associations between outcome, job demands and job resources, as well as the mediating role of connectedness, a cross-sectional, quantitative research design was used.

Permission for the study was granted by the national CoSA steering committee. Data were collected by the first author, through a web-based questionnaire. Volunteers were informed about the study during the annual volunteer meeting, where the aims of the survey were explained by the first author. E-mail addresses of all active volunteers were collected by their local circle coordinators, and after gaining permission from the volunteers, were sent to the first author. All active CoSA volunteers were invited by email to fill out the web-based questionnaire, and were provided with a personal hyperlink and password. The questionnaire title page contained information about the aims and scope of the questionnaire, guaranteed anonymity during data collection, analysis and storage, and underscored the fact that participation was facultative, and non-participation had no negative consequences. Reading the information and then filling in the questionnaire was regarded as giving informed consent. In total, 118 volunteers were invited, of which 108 were correctly contacted. Three e-mail addresses were invalid, and seven volunteers were no longer active in their circle. After three weeks, a reminder was sent to all recipients. Forty active volunteers completed the questionnaire, a response rate of 37%, which is close to average response rates in web-based surveys in organizational research (38.9 %; in: Baruch & Holtom, 2008), and approaches the average response rate of 41% for web-based surveys in smaller samples (Hamilton, 2009). This is, however, considerably larger than response rates of surveys in other studies of effects of working with sex offenders (e.g., 16,7% in a web-based survey among ATSA members by Sheehy Carmel and Friedlander (2009), who applied a research protocol which is comparable to ours; 23% in a paper and pen-

cil questionnaire among ATSA members, mailed through the post, by Way, van Deusen, Martin, Applegate, and Jandle; 2004. However, our small sample size reduced the possibilities for statistical testing of the JD-R model considerably.

VARIABLES AND MEASUREMENT

Sample characteristics

Background variables, such as gender, age, education level, and employment status were assessed in single items. Trauma history was assessed in six questions (answer categories yes/no) tapping into possible traumatic experiences (sexual abuse of oneself, sexual abuse of someone in the family, sexual abuse in the extended family or circle of friends, suicide of a close family member, suicide in the extended family or circle of friends, and other life events).

Outcome in terms of volunteering

Two concepts were measured: volunteer satisfaction and determination to continue. Volunteer satisfaction was measured using the 'Volunteer Satisfaction Questionnaire' (Metzer, 2009). This 7-point Likert scale contains six items tapping into reflections about the volunteer work (e.g., 'the experience of volunteering has been a worthwhile one'). It has shown good internal reliability (Cronbach's alpha = .89; Metzer, 2009; in our study: Cronbach's alpha = .87). Determination to continue was assessed in a self-developed, two-item scale: planning to stop the volunteer work, and having had thoughts about stopping in the past weeks. Both questions had scores ranging from 1 (not at all) to 7 (very much/very often). Cronbach's alpha was .81.

Outcome in terms of mental well-being

Four aspects of mental well-being, essentially exposure effects, were measured. The Professional Quality of Life Scale (ProQOL V; Stamm, 2010) was applied. The ProQOL V consists of 30 items which are rated on a 5-point scale. It contains three subscales: Compassion satisfaction (CS; the pleasure one is deriving from work success), Secondary Traumatic Stress (STS; the impact of work related exposure to extremely stressful events), and Burnout (B; feelings of hopelessness and difficulties in dealing with one's work). Stamm (2010) reported Cronbach's alpha's of .88 (CS); .81 (STS); and .75 (B). In our study, Cronbach's alpha's were .84 (CS), .66 (STS), and .72 (B). The considerably lower reliability of the STS scale is difficult to explain, maybe this concept is less applicable to volunteer work. Vicarious Post-traumatic Growth (VPG) was measured with an adaptation of the Posttraumatic Growth Inventory (PGI; Tedeschi & Calhoun, 1996), a 21 item, 6-point inventory with five factors that define the major dimensions of posttraumatic growth: a greater appreciation of life and changed sense of priorities; warmer relationships with others; a greater sense of personal strength; recognitions of new possibilities for one's path in life; and spiritual development. The original questionnaire is designed for individuals who have experienced traumatic life events themselves. An adaption of this questionnaire, in which items were reworded to fit the situation of therapists or volunteers witnessing posttraumatic growth in their clients, has been used by Brockhouse, Msfeti, Cohen, and Joseph (2011).

Internal reliability of the total adapted scale in our study was excellent (Cronbach's $\alpha = .97$) and comparable to Brockhouse, Msfeti, Cohen, and Joseph (2011; Cronbach's $\alpha = .95$).

Outcome in terms of social capital

Social awareness effects were measured with a 5-point Likert scale using nine items of a seventeen item questionnaire, which was developed by Olberding (2012) for a student sample. This scale tapped into effects on political and social awareness (e.g., awareness of problems and needs in society), responsibility (e.g., one's responsibility to help others in need) and intentions (e.g., one's intention to contribute to social justice). Items of the original scale which reflected a college context and were not applicable, were skipped. Internal reliability of our scale was acceptable (Cronbach's $\alpha = .76$). Professional career effects were assessed with three single item questions tapping into increased work experience; increased job opportunities; and career improvement since being a COSA volunteer. Response options ranged from 1 (totally disagree) to 7 (totally agree). To measure the impact on intimate relationships, respondents were asked to rate the impact of their volunteer work on three items: relationship with their partner; perception of sexuality; and intimacy needs. Response options ranged from 1 (very negative effect) to 7 (very positive effect). Item scores are presented.

Job demands

The perceived difficulty of the core member was assessed in a self-developed questionnaire, containing ten statements with response options ranging from 1 (strongly disagree) to 7 (strongly agree). Items tapped into several aspects of difficulty, and were derived from the literature (Snatersen, 2011; Höing & Vogelvang, 2011). An exploratory factor analysis (with varimax rotation) revealed three dimensions: core member responsivity (4 items; e.g., 'my core member is motivated to address his problems'; Cronbach's $\alpha = .85$); seriousness of the offence (2 items, e.g., 'through the core member I am confronted with very serious offences'; Cronbach's $\alpha = .78$); and seriousness of problems (2 items, e.g., 'my core member has very serious problems'; Cronbach's $\alpha = .59$). Because of the low reliability of the latter, only the subscales 'core member responsivity' and 'perceived seriousness of offence' were analyzed and reported. The number of other social roles was counted as a sum score of indicated social roles with response options 0 (does not apply) and 1 (applies), such as: being part of the workforce or being in college, doing other volunteer jobs, raising a child, being caretaker for family members, being caretaker for friends, and other unpaid social roles. The degree of being troubled by one's own traumatic experiences was assessed in a single question following the questions about trauma history: 'how often do you feel troubled by these experiences'. Response options included: 1 (never), 2 (sometimes), 3 (regularly), 4 (often), and 5 (very often).

Internal job resources

Self-esteem was assessed with the Rosenberg Self-Esteem Scale (Rosenberg, 1965), which is a 4-point Likert scale with ten items, widely used in social science research. A comparison of self-esteem levels in 52 nations showed a mean internal reliability of .81 (Schmitt & Allik, 2005). In our study, internal reliability was good (Cronbach's $\alpha = .86$). Self-efficacy was assessed in a self-developed scale with

two items ('The work in the circle is easy for me'; 'I feel competent to deal with the issues in the circle'), with response options ranging from 1 (totally disagree) to 7 (totally agree). Internal reliability was good (Cronbach's $\alpha = .84$). Emotional intelligence was assessed with the Trait Emotional Intelligence Questionnaire, Short form, (TeiQue -SF; Petrides & Furnham, 2006). This 30-item questionnaire measures global trait emotional intelligence. Petrides and Furnham (2006) report Cronbach's alphas for male (.84) and female (.89) participants. In our study, internal reliability was good (Cronbach's $\alpha = .89$). The type of motivation was assessed by a self-developed questionnaire with four items tapping into intrinsic motives (e.g., 'I wanted to contribute to a safer community') and four items tapping into instrumental motives (e.g., 'I wanted to improve my job opportunities'). Items were drawn from the literature (Snatersen, 2011, Høing & Vogelvang, 2011). An exploratory factor analysis, (with varimax rotation), revealed three dimensions which indicated three types of motivation: self-improvement (four items, e.g., 'I wanted to improve my experience to improve job opportunities'; Cronbach's $\alpha = .76$), self-expression (two items, e.g., 'I wanted to do something useful with my leisure time'; Cronbach's $\alpha = .82$) and community improvement (two items: 'I wanted to support the core member in finding his place in society', and 'I wanted to contribute to a safer community and help prevent victimization'). The last dimension could not be scaled reliably as both items correlated negatively. They were reported separately as: 'community improvement, victim related', and 'community improvement, core member related', because they represent different perceptions of community improvement.

External job resources

Job control was measured with two subscales of the Job Content Questionnaire (Karasek, 1985): skill discretion (six items, e.g., 'my work for CoSA demands a high level of skills'), and decision authority (three items, e.g., 'In my work for CoSA I can make decisions autonomously'). Cronbach's alphas in our study were .73 for skill discretion, and .71 for decision authority. They were comparable to earlier studies (e.g., Cheng, Luh, & Guo, 2003: Cronbach's alphas = .71 and .69 respectively). Satisfaction with the CoSA specific training and coaching was measured with a self-developed, 7-point Likert scale with five items, e.g., 'the CoSA training is a sufficient preparation for work in the circle' (Cronbach's $\alpha = .85$), with items drawn from literature (Snatersen, 2011; Høing & Vogelvang, 2011). Organizational social support was measured with two other subscales of the job content questionnaire (Karasek, 1985): supervisor support (five items, reworded to fit circle coordinator support, e.g., 'my circle co-coordinator is paying attention to me'; Cronbach's $\alpha = .89$), and co-worker support (six items, reworded to fit co-volunteer support, e.g., 'my co-volunteers are helping me'; Cronbach's $\alpha = .83$). Social support from friends and family was assessed in a 5-point Likert scale with five items (e.g., 'people from my network are interested in my work for CoSA'; Cronbach's $\alpha = .82$).

Mediator

Volunteer connectedness was assessed with the Volunteer Connectedness Scale (Metzer, 2009), a 5-point Likert scale with six items, measuring feelings of connectedness to co-workers, to the volunteer organization, and to societal service users through volunteering (e.g., 'the work I do is important for the community').

Internal reliability in this study was good (Cronbach's $\alpha = .80$) and higher than in the original study (Metzer, 2009; Cronbach's $\alpha = .71$).

STATISTICAL ANALYSIS

The data were analyzed with SPSS (version 21). First, univariate results were calculated on all variables. Next, correlations between independent variables and outcome variables were calculated. Because of the small sample size and the large number of variables, precautions to minimize Type I error were taken. We used the more conservative Kendall's Tau to measure rank correlations between continuous variables and the Kolmogorov - Smirnov Z Test to examine mean differences between categorical variables.

Based on our conceptual framework and the results of the explorative data-analysis, promising predictors of outcome were tested using multiple regression analysis (stepwise). First, variables were assessed for normal distribution. Only variables which passed the Shapiro-Wilk test for normality were used in this analysis resulting in three outcome variables (burnout, compassion satisfaction, and volunteer satisfaction), and five independent variables (trait emotional intelligence, core member responsiveness, skill discretion, decision authority, and support from own network). Three variables (self-efficacy; co-worker support, and connectedness) failed the Shapiro-Wilk test, but had acceptable scores for skewness and kurtosis (between -1.5 and 1.5), and were therefore included in the analysis on theoretical grounds. Independent variables were tested for multi-collinearity; all correlation coefficients were below .90.

Because probability levels need to be adjusted when calculating multiple regression models, only models for two outcome variables were analyzed separately (compassion satisfaction and burnout). Because of our small sample size ($n = 40$), we restricted the number of predictor variables. We applied the graphs of Miles and Shevlin (2001), who advised a minimum of 10 respondents per independent variable in a regression model in order to allow a minimum power of .80, which is necessary to detect a large effect ($p > .05$). Therefore, the maximum number of predictors to be entered into the equation in our sample was four. Not all promising predictors met the assumption of normality, and therefore the choice of predictors to enter into the equation was limited. Based on the research by Huynh et al. (2012), we hypothesized that volunteer connectedness mediates the relationship between job resources (coworker support) and mental well-being (compassion satisfaction). We analyzed this mediation effect with a four-step regression analysis procedure. We calculated unstandardized regression coefficients for: 1st, the relationship between co-workers support and compassion satisfaction; 2nd, the relationship between co-worker support and connectedness; 3rd, the relationship between connectedness and compassion satisfaction, controlling for co-worker support; and 4th, the indirect relation between co-worker support and compassion satisfaction via connectedness. We tested the significance of this indirect effect with a bootstrapping procedure (Preacher & Hayes, 2004). Bootstrapping procedures have the advantage of rendering enough statistical power to detect at least large effects in samples as small as ours (Fritz & McKinnon,

2007). We used the PROCESS Macro developed by Hayes (2012) for the computation. We calculated a bias-corrected bootstrap confidence interval using 5.000 bootstrap samples. Unstandardized indirect effects were computed for each of 5.000 bootstrapped samples, and the 95% confidence interval was computed by determining the indirect effects at the 2.5th and 97.5th percentiles.

RESULTS

PARTICIPANTS

Volunteers were 23 to 69 years old ($M=54.3$; $SD=14.1$); 51.3% male, 47.8% female. The majority (85%) had a higher educational level (at least postsecondary degree, bachelor or master), and 15% had a medium educational level (at least upper secondary education degree). One third of our sample (32.5 %) was retired, 42.5% was still in the work force, either employed or self-employed, and 32.5% was not working (disabled, unemployed, student, homemaker, etc.). A majority (61. 5%) was living with a partner, 25.5% was single, 7.7% divorced, and 5.1% was widowed. The participants in this sample had been active in a circle for a medium of 11 months, ranging from 1 to 38 months. In our study, 15% of volunteers had experienced sexual abuse in the past (15% of male and 15.8% of female volunteers).

UNIVARIATE RESULTS ON OUTCOME, JOB DEMANDS, AND JOB RESOURCES

Outcome

Outcome scores indicated that CoSA volunteers experienced mainly positive effects. Volunteer satisfaction and the determination to continue were high. In terms of mental well-being, results were mainly positive. Results on the ProQOL subscales indicated that volunteers experienced high levels of compassion satisfaction, and low levels of burnout and secondary traumatic stress. There were indications of some vicarious posttraumatic growth, but the amount of growth was low. Some social capital gains were reported. Volunteers experienced an increase in social awareness, and gains in relevant work experience by their work in the circle, but there was no impact on job opportunities. Intimate relationships, as well as sexuality and intimacy needs, were not affected by the work in a circle.

Job demands

There was considerable variation in the perceived core member responsiveness and the perceived seriousness of the offence; but medium levels were close to the neutral midpoint. Almost two thirds (62.5%) of volunteers combined volunteering with other social roles (e.g., being a member of the work force, helping a family member or friend in need or being a parent).

Internal job resources.

The levels of self-esteem and self-efficacy were at the higher end of the spectrum, no-one felt unqualified for the job. The mean emotional intelligence score was high. The most dominant type of motivation was community improvement, both

by preventing sexual victimization as well as by helping core members to integrate. Our sample of CoSA volunteers felt moderately responsible for the outcome of their circle, reflecting a rather realistic outlook on their work.

External job resources

Scores on skills discretion and decision authority were reflecting the challenging and rather autonomous work within the circle. The satisfaction with specific CoSA coaching facilities was high, and scores on the support scales of the job content questionnaire (supervisor support and co-worker support) were also high. Scores on social network support showed considerable variability.

Mediator

CoSA volunteers felt highly connected to their work and the organization. In our sample, scores ranged from 20 to 30 on a scale from 6 to 30.

CORRELATES OF OUTCOME

Levels of outcome were not associated with gender, education, or being a victim of sexual abuse. Volunteer age was associated with compassion satisfaction only (Kendall's tau = $-.24$, $p < .05$), indicating that older volunteers experienced more compassion satisfaction. Bivariate correlations between outcome variables and independent variables (job demands and resources) are reported in table 2. We reduced the number of variables included in the calculations in order to minimize the risk of Type I error. Effects on vicarious posttraumatic growth, job opportunities, relationships, and intimacy were almost absent, and therefore, these variables were not further analyzed. From the four different types of motivation, we included only one type of extrinsic motivation (self-improvement), and one type of intrinsic motivation (core member oriented community improvement).

TABLE 1 Descriptive results

<u>variable</u>	<u>scoring</u>	<u>M(SD)</u>	<u>Range</u>
<i>Outcome</i>			
Volunteer satisfaction	1 = low; 7 = high	5.40 (0.85)	3.17 - 7
Determination to continue	1 = low; 7 = high	6.22 (1.21)	3 - 7
<i>Mental well-being</i>			
Compassion satisfaction	10=low-50=high	38.78 (4.51)	30-48
Burnout	10=low; 50=high	16.10 (3.37)	10-24
Secondary traumatic stress	10=low; 50=high	14.65 (3.15)	11-24
Vicarious posttraumatic growth	0 = none; 105 = high	27.07 (22.63)	0-89
<i>Social capital</i>			
Social awareness	9 = very neg.; 45 = very pos.	32.38 (3.40)	27-43
Obtained relevant work experience	1 = not at all; 7 = very much	3.89 (1.92)	1-7
Improved job opportunities	1 = not at all; 7 = very much	2.39 (1.73)	1-7
Impact on relationship	1= very neg.; 7 = very pos.	4.09 (0.62)	3-7
Impact on sexuality	1= very neg.; 7 = very pos.	4.00 (0.24)	3-5
Impact on intimacy	1= very neg.; 7 = very pos.	4.06 (0.39)	3-5
<i>Job demands</i>			
Core member responsiveness	1= low; 7 = high	4.23 (1.17)	2-7
Perceived seriousness of offence	1=low; 7= high	3.40(1.35)	1.5-6.5
Duration of COSA volunteering	months	11.89 (9.57)	1-38
No of social roles	count	2.9(0.93)	1-5
Being troubled by negative life events	1= low; 5 = high	1.54(0.57)	1-3
<i>Internal job resources</i>			
Self-esteem	10= low; 40 = high	33.9 (5.05)	13-40
Self-efficacy	1 = low; 7 = high	5.63 (0.91)	4-7
Trait emotional intelligence	30=low; 210=high	168.33(20.23)	125-204
Type of motivation:			
Self-improvement	1 = low; 7 = high	3.54 (1.35)	1-7
Self-expression	1 = low; 7 = high	4.86 (1.30)	1-7
Comm. improvement, victim	1 = low; 7 = high	5.92 (1.33)	2-7
Comm. improvement, core m.	1 = low; 7 = high	5.82 (1.27)	1-7
Feeling responsible for outcome	1 = low; 7 = high	4.86 (1.02)	1.5-6.5
<i>External job resources</i>			
Skill discretion	1= low; 48 = high	35.0 (5.31)	20.8-48
Decision authority	1= low; 48 = high	34.6 (6.35)	22.4-48
Satisfaction with coaching and training	1=low; 7=high	5.11(0.99)	1.43-6.57
Supervisor support	5=low; 20=high	17.9 (2.5)	7.2 - 20
Co- worker support	6=low; 24=high	21.7 (2.1)	17.6 - 24
Social network support	5=low; 25=high	18.59(3.45)	9-25
<i>Mediator</i>			
Connectedness	6= low; 30 = high	26.5 (2.9)	20-30

TABLE 2 Correlates of outcome (Kendall's Tau, n=40)

	<u>SAT</u>	<u>D</u>	<u>CS</u>	<u>B</u>	<u>STS</u>	<u>SA</u>
Job demands						
Core member responsivity	.16	.29*	.07	.09	-.26*	.26*
No. of social roles	-.07	-.27*	-.26*	.05	.21	-.08
Being bothered by negative life events	-.09	-.29*	-.13	-.08	.32*	.05
Internal job resources						
Self-esteem	-.02	.05	.23*	-.33**	-.24*	-.17
Self-efficacy	.23	.36**	.26*	-.23	-.20	.18
Trait emotional intelligence	.06	.15	.20	-.38**	-.26	-.11
Motivation: self-improvement	.17	.06	.32**	-.03	-.17	.06
Motivation: comm. impr. core member	.27*	.41**	.19	-.11	-.03	.17
External job resources						
Skill discretion	.17	.11	.29*	-.11	-.17	.13
Decision authority	.22	.14	.37**	-.37**	-.19	.09
Satisfaction with CoSA training and coaching	.23	.32*	.27*	-.16	-.24	.37**
Supervisor support	.29*	.43**	.22	-.25*	-.30*	.21
Coworker support	.17	.35**	.26*	-.38**	-.31*	.05
Social network support	.10	.11	.23*	-.21	.04	.03
Mediator						
Connectedness	.38**	.45**	.49**	-.24*	-.30*	.15

*=p<.05; **=p<.01; SAT=volunteer satisfaction; D = determination to continue; CS= compassion satisfaction; B=burnout; STS = secondary traumatic stress; VG = vicarious growth; SA= social awareness effects.

In general, the outcome of CoSA volunteering was associated with some –but not all– job demands, and internal and external job resources. Volunteer satisfaction was associated with some job resources only (intrinsic motivation and supervisor support). The determination to continue was negatively associated with all job demands, and positively with some internal job resources (self-efficacy, intrinsic motivation), as well as some external job resources (training and coaching, co-worker support, and supervisor support).

The different constructs measuring work related mental well-being, showed various correlations with job demands and job resources. Compassion satisfaction (CS) was positively correlated with almost all job resources, but negatively with numbers of social roles. Burnout symptoms (B) were correlated negatively with most job resources, but not with job demands or motivation. Levels of secondary traumatic stress (STS) were higher in volunteers with less responsive core members, and in volunteers who were being bothered by their own traumatic life experiences. STS scores correlated negatively with most of the job resources.

Improved social awareness was only associated with one job demand (higher levels of core member responsivity) and one job resource (higher satisfaction with coaching and training).

Scores on all outcome variables, except social awareness, were more positive for volunteers with high levels of connectedness.

PREDICTORS OF OUTCOME

To assess whether levels of outcome are predicted by job demands and job resources, we calculated multiple regression coefficients separately for two of our outcome variables (compassion satisfaction and burnout). For 'compassion satisfaction', the following predictors were entered: self-efficacy, connectedness, co-worker support, and social network support. A model with only one predictor (connectedness) was significant, $F = 25.64$ (1;37), $p = .00$; adj. $R^2 = .39$; indicating that connectedness explains 39% of the variance in compassion satisfaction.

TABLE 3 Regression coefficients for 'compassion satisfaction'

	B	SE B	β	t	p
(Constant)	12.84	5.18		2.48	.02
Connectedness	.98	.19	.64	5.06	.00

For 'burnout' the following four predictor variables were entered into the equation: trait emotional intelligence, decision authority, connectedness, and coworker support. A model with two predictor variables (emotional intelligence and co-worker support) was significant; $F = 15.89$ (2; 27), $p = .00$; adj. $R^2 = .44$; indicating that 44% of the variance in burnout scores was explained by both predictor variables.

TABLE 4 Regression coefficients for 'burnout'

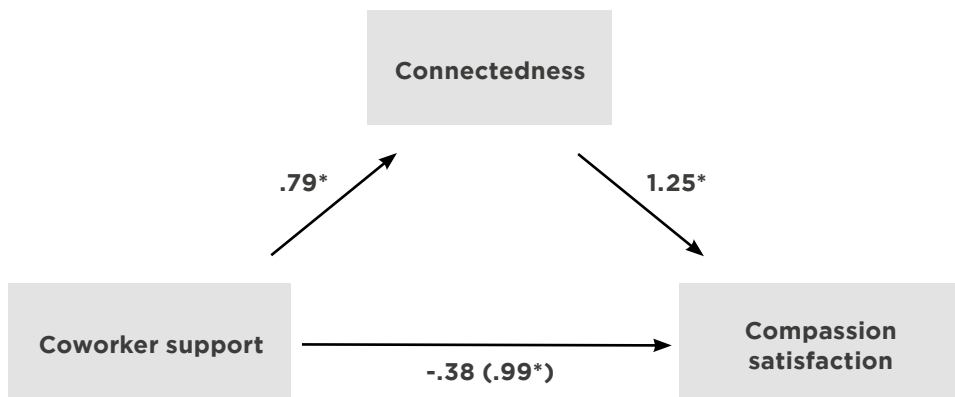
	B	SE B	β	t	p
(Constant)	40.96	5.60		7.32	.00
Emotional intelligence	-.072	.03	-.45	-2.79	.01
Co-worker support	-.47	.21	-.36	-2.29	.03

The mediating role of connectedness

In an attempt to replicate some of the results of Huynh et al. (2012) regarding the mediating role of connectedness in the JD-R model for volunteers, we tested if the relationship between co-worker support and compassion satisfaction is mediated by connectedness, by applying the four step-procedure as described before. The direct, unstandardized regression coefficient between co-worker support and connectedness was significant (.79; figure 2), as was the direct unstandardized

regression coefficient between connectedness and compassion satisfaction (1.25; controlling for co-worker support). Unstandardized indirect effects were computed for each of 5,000 bootstrapped samples, and the 95% confidence interval was computed by determining the indirect effects at the 2.5th and 97.5th percentiles. The bootstrapped unstandardized indirect effect was .99; and the 95% confidence interval ranged from .59 to 1.57. Thus, the indirect effect was statistically significant. The total unstandardized direct regression coefficient between co-worker support and compassion satisfaction (.99) was significant, but when connectedness was controlled, the direct standardized regression coefficient was insignificant (-.38). We concluded that in our sample, the effect of co-worker support on compassion satisfaction was fully mediated by volunteer connectedness, which supports some of the findings of Huynh et al. (2012).

FIGURE 2: The mediating role of connectedness



Note: * = $p < .05$; figure is presenting direct unstandardized regression coefficients. The total unstandardized regression coefficient (direct + indirect) between co-worker support and compassion satisfaction is in parenthesis.

DISCUSSION

In this study, we explored the impact of working in a Circle of Support and Accountability (CoSA) on CoSA volunteers themselves, and identified some of the predictors of the impact. Our research was based on the Job Demands-Resources model (Nachreiner, Bakker, Demerouti, & Schaufeli, 2001). We assessed outcome, job demands, and job resources, using a web-based questionnaire in a sample of 40 Dutch CoSA volunteers, representing 38% of then active CoSA volunteers.

Research among volunteers has consistently shown that voluntarily devoting one's time to a meaningful cause in the service of society has not only positive results for service users, but also for the volunteers themselves (Wilson & Musick, 2000; Casiday, Kinsman, Fisher & Bamba, 2008). This appears to be the case for CoSA volunteers as well.

Our results indicate high levels of volunteer satisfaction and a strong determination to continue the work. Compared to a sample of professionals working with sex offenders (Sheehy Carmel & Friedlander, 2009; $n=106$), scores on compassion satisfaction (CS) were comparable ($t=1.60$; $df=39$, $p=.12$); burnout (B) scores were lower ($t=-10.13$; $df=38$; $p=.00$), but secondary traumatic stress scores (STS) were higher ($t=3.13$; $df=39$; $p=.00$). STS correlated positively with self-reported impact of traumatic life events, but not with perceived seriousness of the offence committed by the sex offender, and this may illustrate a theoretical flaw in the concept of secondary traumatic stress. Scores may be influenced mainly by previously existing trauma symptoms, as Elwood, Mott, Lohr, and Galovski (2011) suggest. The limited vicarious posttraumatic growth as a result of working for CoSA is somewhat surprising, because earlier studies reported positive effects on some of the aspects measured in our adaptation of the Posttraumatic Growth Inventory (Wilson et al., 2007b; Snatersen, 2011). However, these studies reported qualitative results. Increased social awareness, and a high level of connectedness appear to be social capital effects, which support the claim that the inclusive values behind CoSA serve not only the core member, but all circle members (Wilson et al., 2007; Höing, Bogaerts, & Vogelvang, 2013).

These predominantly positive results are associated mainly with job resources, probably because in case of unacceptable levels of job demands, volunteers will quit their job. Levels of internal job resources in our sample are high, compared to samples in other studies, indicating that CoSA volunteers may represent a population with specific characteristics that function as protective factors. The level of self-esteem is slightly higher than Dutch population norms ($M=32.7$; $SD=3.5$; Thewissen et al., 2006). Emotional intelligence scores were higher than in a convenient sample of professionals in unspecified professions (males: $M=158.1$; $SD=17.5$; females: $M=156.9$; $SD=19.8$; Petrides & Furnham, 2006) and a sample of undergraduate students ($M=148.2$; $SD=22.26$; Mikolajczak, Luminet, and Menil, 2006). The positive association between positive effects on mental well-being (in terms of compassion satisfaction) and older age are adding to the large amount of evidence of more positive effects of volunteering in older people (Höing, et al., 2014). Also, the organizational context provided by CoSA projects is probably a protective factor, because most volunteers experienced high levels of external job resources,

especially high levels of social support from co-workers and circle coordinators. Professionals often are concerned about victims of sexual abuse being active as a CoSA volunteer, yet, we find no indices of more negative effects for these volunteers. This can probably be explained by the voluntary nature of the work, which allows volunteers who experience negative effects, to quit more easily than from a paid job. Another explanation can be found in the selection process applied in Dutch CoSA projects, in which the circle coordinators routinely assess and discuss the volunteer's experiences of sexual abuse and the possible vulnerability to sexual abuse triggers when dealing with the core member (Caspers, 2013).

We also explored the role of connectedness, which is a concept closely related, but distinct from a sense of belongingness (Huynh, et al., 2012). Connectedness was associated with positive scores on almost all outcome measures. Together with co-worker support, connectedness was a strong predictor of a positive outcome for CoSA volunteers in terms of compassion satisfaction. Further exploration of the combined effect revealed a mediation effect, showing that the effect of co-workers' support was fully mediated by connectedness, which is in line with previous research by Huynh et al. (2012). The positive effects of connectedness and sense of belonging on mental health and well-being have been documented before in reviews by Baumeister and Leary (1995), Wilson and Musick (2003), and Townsend and McWirther (2007). They can be explained through the self-determination theory, which proposes that to function on an optimal level, psychological needs of relatedness, autonomy, and competence must be supported (Deci & Ryan, 2012). In the work of a CoSA volunteer, these needs are probably supported through the nature of the work and the opportunities to develop competency, relationships with others, and to act autonomously within the circle.

LIMITATIONS

The results of our study should be seen as explorative. Due to the small sample size and the limited response rate (38%), the results may not reflect the experiences of the total CoSA volunteer population. The cross-sectional study design and the small sample size also limited the possibilities to explore and test theorized causal relations between job resources, job demands, and outcome. We tried to deal with this by using questionnaires and items which were worded in such a way that respondents could retrospectively indicate if an effect had taken place (e.g.,: 'I feel exhausted by my volunteer work'), and by using conservative methods of data-analysis. Results may have also been biased by the fact that only active volunteers had been involved in the survey, and drop-outs may present a subsample with more negative effects. Based on project registrations available to the authors, we estimate that the annual drop-out of volunteers is somewhere between 7 and 14 %; and therefore, selection bias would only be of minor influence. The consistency of the results which were pointing almost without exception into the direction of positive results and to the important role of social support on the job, indicate that the risk of invalid conclusions is limited. However, our results need to be confirmed by research into effects of CoSA volunteering with larger samples and a prospective design.

CONCLUSIONS

Our results indicate that volunteers can be safely involved in working with sex offenders in CoSA projects, and they even can benefit from this work themselves. This positive outcome for volunteers has not been a message in volunteer recruitment materials up to now. Usually, these materials mainly emphasize the impact that circles can have on the core member and on public safety. CoSA projects sometimes have difficulties in volunteer recruitment, therefore, the positive experiences of volunteers should be put forward in recruitment messages as well.

The predominantly positive effects of working for CoSA are resulting mainly from a healthy sense of self-worth and emotional intelligence, and from opportunities for social support by co-volunteers and circle coordinators, which help increase feelings of connectedness. This means that the positive outcome of this work for volunteers depends largely on manageable conditions. Volunteer organizations like CoSA can assess volunteers' emotional characteristics in their selection and training activities, and, if necessary, can provide individual coaching. These organizations can develop activities and policies to improve feelings of connectedness, by organizing volunteer support groups and social events. Providing and stimulating social support - both by supervisors and by co-workers- is an effective way to increase connectedness, and by doing so, improve volunteer retention and prevent negative mental health effects.

The important role of connectedness can also be further discussed from a neurobiological perspective (Pavlovic & Krahnke, 2011). Altruism and empathy, as expressed through volunteering, are expressions of the human capacity to virtually feel what others feel, through brain systems of mirror-neurons that make us feel bad when we see how others suffer, and make us feel good when we see how our actions make others feel good. In this process, connectedness is not only a result, but also a cause: our empathic reactions are stronger when we feel connected to others, and we need very little social cues to feel socially connected to others (Cwir, Carr, Walton, & Spencer, 2011). As Pavlovic and Krahnke (2011) argue, our neurological hardware is geared to blur the barriers between self and others in a very material way. When translated back into the context of CoSA, this social interdependence may not only be an advantage, but also a risk. Without external and expert supervision, this innate tendency to react empathically can blur boundaries between core members and volunteers, and observations of risk and needs can become biased towards core member needs, threatening the fragile balance of serving the needs of a core member, of victims, and of society. In CoSA projects, the supervision of circles by an experienced circle coordinator and an outer circle of professionals is essential in minimizing this risk. Also, inviting community and victim representatives in steering committees which are supervising CoSA projects, is a way to prevent circles from 'going native'. How to maintain connectedness and vigilance at the same time is a complex issue, not only for CoSA providers, and one that deserves further research.

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Community Support for Sex Offender Rehabilitation in Europe

An adaptation of this chapter is currently under review:

Höing, M., Petrina, R., Hare Duke, L., Völlm, B, and Vogelvang, B.
Community Support for Sex Offender Rehabilitation in Europe

ABSTRACT

Circles of Support and Accountability (CoSA) are community based projects in which volunteers, under the supervision of professionals, support convicted sex offenders during their rehabilitation. In Circles4EU, a project aimed at further dissemination of CoSA in the European Union, we surveyed web panels in nine different European countries (total n = 1865). We assessed awareness and attitudes regarding sex offenders, sex offender rehabilitation, and support for CoSA. The majority of respondents had more or less accurate knowledge about sex offenders, and most people held moderately negative attitudes towards sex offenders and sex offender rehabilitation. Attitudes towards volunteers working with sex offenders were moderately positive. Lower educated people and victims of sexual violence had more negative attitudes towards sex offenders and sex offender rehabilitation.

INTRODUCTION

Sex offenders and sex-related crimes, especially those involving child molesters, induce anxiety within society (Kernsmith, Craun & Foster, 2009). Communities often perceive sex offenders as highly undesirable, dangerous for children and women, mentally deviant and morally despicable (Petrunik & Deutschmann, 2008). In the past decade, policy makers in many countries have devised public protection policies which have become increasingly exclusionist. They are relying on incapacitation, offender registration and public notification as a way to reduce recidivism by sex offenders (Duker & Malsch, 2012). Such excluding tendencies in society may have a counterproductive effect, since they increase the social isolation of sex offenders (Willis, Levenson & Ward, 2010).

Circles of Support and Accountability (CoSA) aims to provide an alternative to exclusive tendencies, and to provide a safe environment for sex offenders who are re-entering society after detention and are committed to lead an offense free life. In CoSA, a group of three to six carefully selected and trained volunteers support and monitor a medium to high risk sex offender by engaging in a trusting relationship, based on respect, openness, and accountability. Circles are coached and supervised by an experienced professional circle coordinator, and are embedded in the local professional sex offender after care arrangements. The model has shown to be effective in reducing sex offender recidivism (Wilson, Picheca & Prinzo, 2005; Wilson, Cortinu & McWhinnie, 2009; Duwe, 2012; Bates, Williams, Wilson & Wilson, 2014).

In an EU funded project, which ran in 2013 and 2014 (Circles4EU), CoSA pilots were implemented in Spain, Latvia and Bulgaria. At that time, European CoSA projects were already in place in the UK, the Netherlands and Belgium, and these countries provided the necessary training and expertise. Three other countries, Hungary, France and Ireland, were orienting partners in this project and prepared future implementation. Part of this European project was the evaluation of each national context in terms of the public support for sex offender rehabilitation and for CoSA. In this study we present the results of this survey.

CITIZEN AWARENESS AND ATTITUDES TOWARDS SEX OFFENDER REHABILITATION

Attitudes towards sex offender rehabilitation can be rated on an inclusive-exclusive continuum, with attitudes favouring restorative justice on one end and attitudes favouring retributive justice on the other, and all in between. In reality, public attitudes will be mixed, with different accents on sex offender laws, incapacitation, treatment, civil rights of sex offenders, notification and public protection measures.

European research into public awareness and public attitudes is scarce. Most studies so far have been done in the USA, and some in the UK. Shackley, Weiner, Day and Willis (2013) provide an overview, showing that attitudes towards sex offenders and sex offender rehabilitation are generally negative, and that the public lacks adequate knowledge regarding base-rate recidivism (which is usually

overestimated), prevalent characteristics of sex offenders, as well as the positive effects of sex offender treatment.

Citizens' attitudes and fears regarding sex offender rehabilitation are often based on emotions rather than facts. Often, sexual offenses are covered by media in a sensationalist way, feeding negative emotions which consistently influence citizen attitudes (Hanvey, 2012). Media representations are often selective, focusing on low base rate crimes like abduction, murder, and high volume predatory behavior (Pratt, 2007). Sex offenders are portrayed as untreatable, while recidivism is seen as inevitable (Sample, 2001).

Public attitudes towards sex offenders and sex offender rehabilitation are likely to be influenced by this information bias. The processes of transfer of awareness and knowledge to attitudes have been studied by McCartan (2008) in a sample of students and trainees in criminology. He concluded that attitudes towards pedophiles have been developed in part from transfer of expert knowledge, the impact of the media, and a process of social constructionism.

The process of formation of exclusionist attitudes has been studied by Viki et al. (2012), especially the role of dehumanizing of sex offenders (comparing them to animals and giving them animal-like names and characteristics) in exclusionist attitudes. Dehumanization may inhibit the experience of moral emotions and the manifestation of moral behavior toward out-groups, such as sex offenders (Viki et al., 2012). In other words, those who place sex offenders outside the moral community of men, are less supportive of sex offender rehabilitation efforts and more supportive of social exclusion.

Research into the relationship between attitudes towards sex offender rehabilitation and personal characteristics shows that negative attitudes are more prevalent in victims of sexual violence, in lower educated individuals and in people with children. Mixed results are found with regard to gender and age (Brown, 1999; Payne, Tewksbury & Mustaine, 2010; Shackley, Weiner, Day & Willis, 2013).

AWARENESS AND SUPPORT FOR COSA

Research into public awareness and attitudes regarding CoSA is almost completely absent; only Wilson, Picheca & Prinzo (2007) explored attitudes towards CoSA in a small Canadian population sample (n=77). Of these, 46% had heard of CoSA from news coverage, through the corrections service, word of mouth etcetera. Attitudes towards CoSA were predominantly positive, with 69% expressing gladness, that these projects exist and 62% being relieved that sex offenders were getting help. A minority held negative attitudes, with 14% being skeptical about the effectiveness of such projects; 8% being angry that sex offenders were getting extra support, and 3% feeling irritated about the people who wanted to help sex offenders.

AIMS OF THE STUDY

As CoSA thrives on volunteer services, successful CoSA implementation depends on public support for restorative justice and sex offender rehabilitation.

There is no actual overview of citizens' opinions on issues regarding sex offenders' re-integration in most of the countries where CoSA projects are implemented, or are going to be implemented in the near future. Also, international comparisons of public attitudes are lacking, and therefore we do not know if public attitudes are different under different legislations. Our study is the first one to compare attitudes towards sex offenders and support for sex offender rehabilitation across different European countries. This is also the first study to assess public support for volunteering in the field of sex offender rehabilitation and for Circles of Support and Accountability (CoSA) on a European level.

Our study also seeks to contribute to the understanding of the inter-relatedness of awareness, attitudes, and support for sex offender rehabilitation and CoSA. The results of this study are valuable for CoSA project implementers, who need to be aware of the cultural context in which projects are embedded, and who will need information about the volunteer potential in their country. In a broader sense, the results inform policy makers and practitioners in the European Union about the potential support for sex offender rehabilitation.

RESEARCH QUESTION

The main research question of this study is: What is the level and content of public awareness/knowledge, attitudes and support in European countries operating or preparing CoSA projects, with regard to sex offenders in the community, sex offender punishment and rehabilitation, and CoSA, and how are public awareness, public attitudes, and public support for sex offender rehabilitation and for CoSA related to each other?

Hypotheses

Based on research so far, we hypothesized that:

- a. less awareness/knowledge regarding sex offenders and sex offender rehabilitation is associated with negative attitudes towards sex offenders and sex offender rehabilitation;
- b. negative attitudes towards sex offenders are associated with less support for sex offender rehabilitation, for CoSA, and for volunteers working with sex offenders in general;
- c. awareness, attitudes and support for sex offender rehabilitation vary with level of education and are different for victims and non-victims. We expect that higher educated members of the public are more aware regarding sex offenders and hold less negative attitudes towards sex offender rehabilitation. We expect that victims hold more negative attitudes towards sex offender rehabilitation.

METHOD

DESIGN

Our study had a cross-sectional design, and we conducted a web-based survey among existing web panels. Panels from the following countries participated in the research: the United Kingdom, Ireland, The Netherlands, Belgium (Flemish region), France, Spain, Latvia, Bulgaria and Hungary. To be able to analyze data on a national level, and to be able to detect at least medium effects with a power of .80 and confidence level of $\alpha = .05$; a minimum sample size of 85 per country was needed (Cohen, 1992), but we aimed for at least $n = 200$ per country.

PROCEDURES

For practical and financial reasons, two different panel hosts were involved, but we used exactly the same questionnaire in both groups of panels. One host provided panels in the UK, France, Latvia, Spain and Bulgaria; the second provided panels in the Netherlands, Belgium, Ireland and Hungary. We aimed for a sample of the population which was representative with regard to gender, age and level of education, by providing panel hosts with population quota which were derived from www.eurostat.eu. When the agreed upon number of completed questionnaires was returned and quota for gender, age and education level were reached, the questionnaire survey was closed. Due to miscommunication with the first panel host, quotas were not monitored in the panels provided by that host. This probably explains some of the differences between sample characteristics and population characteristics. The questionnaire contained 85 items and was translated into local language by local researchers, who were involved in the European project. If necessary, wording was adjusted to local customs. The questionnaire was programmed into the web-interface by the first author. Surveys were launched in July and August 2014.

INSTRUMENTS

Background variables

Gender and age were assessed by single items. Level of education was assessed using ISCED 2011 (www.uis.unesco.org) levels of education, translated into the national educational system. Levels 7 and 8 were collapsed into one (7). For the purpose of the analysis, three levels of education were created: low (level 1 - 3); medium (level 4-5) and high (level 6 -7). We also assessed employment status and level of urbanization of the living area (three categories: city, town, and village/rural).

The victimization history of the respondent was assessed in two items, asking whether the respondent had ever experienced sexual violence and whether a friend or family member had ever experienced sexual violence.

Other personal experiences with sex offenders were assessed by a series of three

questions: assessing whether the respondent knew a sex offender in person, whether he or she had a sex offender among the family members, or had professional experience in working with sex offenders (answer categories: yes or no).

Awareness

Awareness about sexual offenders in society was measured by a series of four questions testing the factual knowledge (and misperceptions) about sex offenders. Respondents were asked to rate the recidivism of different types of sex offenders (child abusers versus rapists), victim preferences (the number of sex offenders that prefer stranger victims), and the percentage of sex offenders that are reported to the authorities. Response categories were: almost all, the majority, half of them, a minority, and almost none. Extreme answers ('almost all' and 'almost none') were categorized as misperceptions. The number of misperceptions were summed into one variable ('misperceptions') with a range of 0-4.

Attitudes towards sex offenders

Community Attitudes towards sex offenders were assessed with the CATSO (Church et al., 2008), an 18-item measure assessing lay perceptions of sex offenders across four subscales, namely (a) the social isolation of offenders (5 items, e.g., *"most sex offenders do not have close friends"*), (b) their capacity to change (5 items, e.g., *"with support and therapy, someone who committed a sex offense can learn to change their behaviour"*), (c) the severity of their offenses and their dangerousness (5 items e.g., *"only a few sex offenders are dangerous"*), and (d) their level of [sexual] deviancy (3 items, e.g., *"people who commit sexual offenses want to have more sex than the average person"*). CATSO items are rated along a 6-point Likert scale from 1 (strongly disagree) to 6 (strongly agree). The internal consistency of this scale appears to be adequate. (Cronbach's alpha's: social isolation=.70; capacity to change=.80; severity and dangerousness=.70; level of sexual deviancy=.43). Cronbach's alpha for the total list has been found to be .74 (Church et al., 2008). In our study, we included a neutral midpoint answer (undecided), to avoid forced attitude formation. With this addition, Cronbach's alpha's in our study were acceptable to good: (total scale: .81; social isolation: .84; capacity to change: .77; severity and dangerousness: .76; level of sexual deviancy: .64).

Attitudes towards treatment of sex offenders

Attitudes towards treatment of sex offenders were examined with the ATTSO (Wnuk et al., 2006), a 15-item questionnaire which examines lay attitudes towards sex offender treatment programmes. The ATTSO contains three subscales reflecting public attitudes towards: (a) the incapacitation of offenders (e.g., *"sex offenders should never be released"*), (b) the effectiveness of treatment (e.g., *"psychotherapy will not work with sex offenders"*) and (c) the use of mandatory treatment programs (e.g., *"it is important that all sex offenders being released receive treatment"*). All ATTSO items are rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Internal reliability (Cronbach's alpha) was good in the study of Wnuk et al. (2006) with Cronbach's alpha = .86 for the total scale; .88 for the incapacitation of offenders subscale; .81 for the effectiveness of treatment subscale, and .78 for the use of mandatory treatment programmes subscale. In our study, Cronbach's alphas were comparable (total scale: .79; incapacitation: .87; effectiveness of treatment: .78; mandatory treatment: .88).

Public attitudes towards sex offender rehabilitation

Public attitudes towards sex offender rehabilitation were assessed with the PATSOR (Rogers, Hirst & Davies, 2011), a 12-item measure which explores lay attitudes towards sex offenders' rehabilitation and reintegration into society. Examples of PATSOR items include "*Renting a flat to a sex offender would be more trouble than it is worth*"; "*Sex offenders don't deserve any social support when they are released from prison*"; and "*I would be angry if a sex offender was allowed to live in my area*". Items are rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). In the study by Rogers et al. (2011), internal reliability was good for the sex offender rehabilitation' subscale (.86), but rather low for the 'area of residence subscale (.60). In our study, we only used the sex offender rehabilitation subscale (Cronbach's $\alpha = .84$ in our study), because of the low internal reliability of the area of residence subscale.

Awareness and attitudes regarding CoSA

The section which assessed awareness and support for CoSA was introduced by a short description of CoSA: "In a new project, called Circles of Support and Accountability (CoSA), a group of volunteers support and monitor a convicted sex offender who has served his sentence for at least one year, but longer if necessary. These volunteers are trained and supervised by professionals. CoSA is intended for sex offenders who want to move back into the community without re-offending."

Awareness of CoSA was assessed by a single question: "Have you heard of CoSA projects in your country" (yes/no/don't know). Support for CoSA was assessed by a series of five items, of which three assessed attitudes (e.g. "*if a friend of mine would become a CoSA volunteer I would: approve/disapprove/don't know*") and two were assessing interest ("*I would be interested in knowing more about CoSA*"; and behavioral intentions regarding CoSA: ("*I would be interested in becoming a CoSA volunteer, if such a project was nearby: yes/no/don't know*").

We constructed a variable named "Support for CoSA" by counting the affirmative answers on these 5 items and calculating a sum score ranging from 0 (= no support) to 5 (= high support).

Attitudes towards volunteers working with sex offenders

Attitudes towards volunteers working with sex offenders were assessed in eight self-constructed items, tapping into the attitudes towards volunteer services for sex offenders (e.g.: "*Volunteers who work with sex offenders can make a difference in the safe rehabilitation of the sex offenders.*" Answers were rated on a 5 point Likert-type scale, ranging from 'strongly disagree' to 'strongly agree'. Cronbach's α of the total scale was .85.

DATA-ANALYSIS

Data were analyzed with SPSS, version 21. Descriptive results on sample characteristics and outcome variables were processed per country. Differences in percentages between countries were tested with Pearson Chi-square test for categorical variables and differences in means were tested with ANOVAs and post hoc comparisons (Tukey's HSD) per country.

Partial correlation coefficients between outcome variables were computed for the total sample, controlling for country; and correlations per country were computed using the more conservative Spearman's rho, since some of the outcome variables did not meet parametric assumptions.

To test mean differences on outcome variables by background variables (gender, victimization history and education level), we used a simple t-test for gender and own victimizations (yes/no), and ANOVAs for level of education and urbanization for the whole sample.

RESULTS

In total, 1959 questionnaires were returned, of which 85 were not completed and were excluded from analysis (4.3%). However, this is not to be seen as a 96% response rate, since panels were closed when the number of completed questionnaires was around or above 200 (which was the contracted minimal number). Non-completion rates varied by country, from 7.1% (UK) to 1.5% (Belgium). Tables are added in the annex to this chapter.

PARTICIPANTS

In total, 1874 European citizens completed the questionnaire (989 female and 885 male respondents). Table 1 (view annex to this chapter) provides an overview of the characteristics of our sample. We compared our sample characteristics for education level of adult citizens with national statistics by Eurostat (<http://epp.eurostat.ec.europa.eu>), which revealed that in all our samples, except for the Belgian sample, people with a low education level were underrepresented.

UNIVARIATE RESULTS

Awareness about sexual offenders in society

We measured awareness by counting clear misperceptions (extreme answers) about 4 issues: recidivism of sex offenders who target children (child abusers), recidivism of sex offenders who target adults (rapists), about the number of sex offenders who target stranger victims and about number of sex offenders reported to the police (Table 2). One in five (21%) respondents fostered misperceptions about recidivism rates of child abusers, varying from almost 34% in Spain to 14% in Hungary. Similar rates of misperceptions were found regarding recidivism of

rapists, and again, the lowest rate of misperceptions was found in Hungary, the highest in Spain. Misperceptions about stranger victims were a little less prevalent, with highest rates in Bulgaria and Spain. Misperceptions about the number of sex offenders that are reported to the police were least prevalent, only 6% of our total sample thought either almost all, or almost none were reported to the police. The number of people that held this misperception was lowest in Latvia, and highest in Ireland.

Attitudes towards sex offenders

Attitudes towards sex offenders, sex offender treatment and sex offender rehabilitation tend to be negative in all countries. However, there were significant differences. Table 3 provides an overview.

The means on the CATSO subscales reflect negative attitudes towards sex offender characteristics. Results on the social isolation subscale are least negative and around the neutral midpoint in most countries. People in the UK, Ireland and France perceived social isolation to be less of a problem for sex offenders than people in other countries did. Especially negative were the views on the *capacity to change*, expressing a general tendency to believe that sex offenders cannot change and should be incapacitated.

The results on the ATTSO subscales further confirmed predominantly negative attitudes towards sex offenders, in this case sex offender treatment; and there were almost no differences between countries. The means on the ATTSO *incapacitation* subscale, however, suggested less support for incapacitation than the CATSO capacity to change subscale (which also measures support for incapacitation). This is partly explained by low support for one item in the ATTSO ("sex offenders should be executed"). In general, there was high support for mandatory treatment, with the exception of the Latvian sample. The means for the effectiveness of treatment subscale were around the neutral midpoint, indicating a balance in the sample between people who doubt treatment effectiveness and those who believe it is effective.

Scores on the PATSOR also indicated mainly negative attitudes towards sex offender rehabilitation, but compared to other countries, attitudes were less negative in Belgium and the Netherlands.

CoSA awareness, support for CoSA and for volunteers working with sex offenders

The number of people that had heard about CoSA projects (see Table 4) was surprisingly high. Even in countries where CoSA projects had only recently been introduced (e.g. Ireland, France) or had not yet been fully established (e.g. Bulgaria), a number of people were familiar with CoSA projects. Further analysis showed, that knowing about CoSA was linked to having professional experience with sex offenders (Chi-square = 82.9; df=2; p=0.00), which partly explains these results, since professionals who work with sex offenders will be better informed about CoSA through scientific publications, conferences and professional associations than the general public.

Interest in CoSA was high; across all countries, almost half of the people were

interested in knowing more about CoSA, with most interest in Bulgaria, and least interest in the countries that already had established CoSA projects (UK, NL, B), probably indicating a higher level of being already informed. This interest in CoSA was not paralleled by the intention to become involved oneself, but still a considerable part of the samples (between 7 and 13 %) showed interest in becoming a CoSA volunteer, with rates being lowest in Latvia and highest in Bulgaria. There was a high level of support for others being involved as volunteer. Across all countries, more than half of the sample would approve, if a friend became a CoSA volunteer, but support rates were slightly lower if this was a family member and even less so, if one's partner were to become a CoSA volunteer.

We combined support for CoSA volunteers and behavioral intentions towards CoSA into one sum score ('support for CoSA'). Support was highest in Bulgaria and Spain, and lowest in the UK (Table 5). Attitudes towards volunteers working with sex offenders in the criminal justice fields were mildly positive, with means slightly above the neutral midpoint in all samples.

BIVARIATE RESULTS

To explore the associations between attitudes towards sex offenders, sex offender treatment, sex offender rehabilitation, support for CoSA, and for volunteer work with sex offenders in general, we calculated partial correlation coefficients, controlling for country (Table 6). The strongest correlations were found between attitudes doubting sex offenders' capacity to change, and favoring incapacitation on one side, and negative attitudes towards treatment effectiveness and rehabilitation of sex offenders, and – to a much lesser extent – less support for CoSA and volunteer work with sex offenders. The attitude towards mandatory treatment for sex offenders did not vary significantly by levels of the attitude towards capacity to change, indicating that even if people did not think that sex offenders can change, they still were in favor of mandatory treatment. We further explored the inter-correlations per country, computing Spearman's rho coefficients per country with results all pointing into the same direction as described before (Tables not included).

Hypotheses

Hypothesis one was partly confirmed. As we expected, less awareness about sex offenders was associated with more negative attitudes towards sex offenders and sex offender rehabilitation, but views on social isolation of sex offenders, attitudes towards mandatory treatment, and attitudes towards CoSA were not associated with awareness.

Hypothesis two was also partly confirmed. Negative attitudes towards sex offenders were indeed associated with less support for sex offender rehabilitation, but only two of the subscales (reflecting pessimistic views about capacity to change and sex offender deviancy) were associated with less support for CoSA and for volunteers working with sex offenders.

As we expected in hypothesis three, attitudes towards sex offenders were different for victims versus non-victims of sexual assault, with victims holding more misperceptions and holding more negative views on sex offenders than non-victims (Table 7). They did not differ in their attitudes towards the sexual deviancy of sex offenders, their attitudes towards mandatory treatment and towards volunteers working with sex offenders. Despite their more negative attitudes towards sex offenders, they showed more support for friends and relatives becoming a CoSA volunteer.

As we expected, attitudes towards sex offenders varied by level of education (Table 8), with the exception of views on social isolation of sex offenders and the severity of sex offenses and their dangerousness. With regard to all other attitudes, people with higher education levels were less pessimistic and less negative towards sex offenders, sex offender treatment, and rehabilitation, and they held more positive attitudes towards CoSA and volunteer work with sex offenders.

Differences by other sample characteristics

We also tested the mean differences in misperceptions, attitudes towards sex offenders, support for CoSA, and support for volunteers working with sex offenders by gender (Table 7), and by urbanization level (Table 8). In the total sample, female participants held more pessimistic attitudes towards sex offenders, sex offender treatment, and sex offender rehabilitation, but there was no gender difference with regard to support for CoSA or attitudes towards volunteers working with sex offenders. The urbanization level of the living area of respondents was not associated with differences in attitudes, with one exception: lower levels of urbanization were associated with more negative views on sex offenders deviancy.

DISCUSSION

In a European project (Circles4EU), funded by the European Union, the implementation of Circles of Support and Accountability (CoSA) was supported in nine different countries. We had the unique opportunity to assess community attitudes and support for sex offender rehabilitation in all participating countries, using a web-based survey among existing web-panels.

AWARENESS AND ATTITUDES TOWARDS SEX OFFENDERS

Our results confirm the findings of previous studies, indicating that the general public is very concerned about sex offenders (Payne, Tewkesbury & Mustaine, 2010; Marteache, 2012; Shackley, Weiner, Day & Willis, 2013), but has more or less accurate understandings of sex offenders (McCartan, 2013). In our sample, clear misperceptions about sex offenders were reported by less than 22%. Most prevalent were overestimations of the recidivism rates of child abusers, a finding which is in accordance to findings in the UK (Brown, Deakin & Spencer, 2008) and the United States (CSOM, 2010).

Adding to results in an earlier study in Spain, using the CATSO, (Marteache, 2012) our study evidenced that community attitudes towards sex offenders are generally negative throughout Europe, but are not extremely so. People are most pessimistic about sex offenders' capacity to change, which seems to be universal (Malinen, Willis, & Johnston 2013; Shackley et al., 2013; Church, Sun, & LI, 2012).

Our results on the ATTSO indicate that attitudes towards sex offender treatment are slightly less negative, although the results on the incapacitation subscale also reflect the pessimism about sex offenders' capacity to change, and show that incapacitation is favored above treatment within the community. The public opinion seems to doubt the effectiveness of treatment, but nevertheless mandatory treatment for sex offenders is largely supported, which was also found by Church et al. (2012). Scores on the PATSOR further evidenced that public attitudes are not in favor of sex offender rehabilitation, but not strongly against it either.

The general public holds positive attitudes towards involving volunteers in the process of sex offender rehabilitation. The support for CoSA is substantial across all the European countries involved in our study. Overall, one in eight adult Europeans would consider becoming a CoSA volunteer, if a project were nearby.

NATIONAL DIFFERENCES

Our international comparison of results shows that different societies respond differently to sexual offending, and that concerns, needs, attitudes and support can vary substantially between different countries, probably reflecting legal, cultural, political and historical particularities and differences, that influence feelings of insecurity and anxiety; and some countries hold extreme positions.

In the Netherlands and in Belgium, people hold less negative opinions about sex offenders, and less negative attitudes towards sex offender rehabilitation than many other countries. Latvia is an exception from other countries in its low support for mandatory treatment of sex offenders. Interestingly, the UK, the country with a strong tradition in volunteering and the longest history of CoSA projects, demonstrates lowest support for CoSA, and the lowest level of intentions to volunteer for CoSA. This may be a reflection of the position of the UK in the European landscape of attitudes towards sex offenders, which in our study is generally at the more negative, more punitive end of the spectrum. These national differences are difficult to explain, and probably caused by a multitude of factors, such as differences in the prevalence of sexual offending, in the national policies and laws regarding sex offender management in the community, extreme cases of sexual offending, and differences in how sexual offending is dealt with by the media.

THE CORRELATES OF AWARENESS AND ATTITUDES

People who lack correct information about sex offender characteristics and risk of recidivism, hold more excluding and punitive attitudes, and these results further indicate that excluding and punitive attitudes probably can be influenced by providing correct information, as Marteache et al. (2012) and Malinen, Willis, & Johnston (2013) also have shown. But even people who hold many misperceptions about sex offenders support mandatory treatment and volunteer involvement in rehabilitation efforts and in CoSA. This last finding adds to earlier studies by Brown (1999) and Church et al. (2012), who also found positive attitudes towards mandatory treatment, independent from other sex offender attitudes. We do not know if this indicates a substantial support for a shared responsibility between justice officials, treatment providers and the broader community in sex offender rehabilitation; further research should be carried out into this.

Negative attitudes towards sex offenders were associated with less support for sex offender rehabilitation in general. Less support for volunteering in the field of sex offender rehabilitation and for CoSA was only associated with more pessimistic views about sex offenders' capacity to change and their deviancy. It appears that the broad support for community involvement in sex offender rehabilitation is threatened by the widespread myth, portraying sex offenders as 'incurable monsters' (McCartan, 2004).

Our study confirms results of prior studies, which indicate that misperceptions about sex offenders and negative attitudes towards sex offenders are more pronounced in the lower educated strata (Willis, Malinen & Johnston, 2013). Shackley et al. (2013) arrived at the same conclusion and suggested that higher educated people may be less prone to stereotypes or use more credible sources of information, compared to the lower educated who more often get their information from commercial media, which tend to focus on sensationalized but rare cases of extreme predatory offenders. This explanation is supported by studies that show that community attitudes (especially the cognitive element of attitudes) can be changed in a less negative direction through informative media exposure (Malinen, Willis, & Johnston, 2013) and that changes in attitudes through exposure

to information are sustainable (Marteache, 2012). Lower support for CoSA in lower educated population strata may also explain the overrepresentation of higher educated volunteers in Dutch CoSA projects (Höing, Bogaerts, & Vogelvang, in review).

While victims' attitudes towards sex offender rehabilitation in general were more negative, they were more supportive of CoSA than non-victims. This supportive attitude is common knowledge in many CoSA projects, where volunteers who have experienced sexual abuse themselves, are not rare (e.g. Höing, Bogaerts & Vogelvang, in review). In this study, we have gathered evidence about victim support for CoSA for the first time.

LIMITATIONS OF THE STUDY

We conducted a cross-sectional, web-based survey among existing web-panels in nine different countries. This type of design obviously has some practical advantages, such as easy access to a population sample, and quick and cost-effective data collection, especially when different countries are involved. However, it also produces some limitations to our study. First of all, there are reliability issues, since we do not know whether all respondents filled in the questionnaire reliably, and we do not know exactly to what extent a web-panel represents the national population. Some demographic markers were built into the data collection procedures, to make sure that our samples resembled the national population with regard to gender, age and education level; but nevertheless, lower educated individuals were underrepresented in most samples. While this may bias the results of our descriptive data to some extent, this is less a problem in our exploration of hypothesis, because our sample was sizeable enough to provide enough statistical power to detect even small effects. In further analyses using our data, results should be corrected for education level, since education level is associated with almost all outcome variables.

For economic reasons, we applied a cross-sectional design. While we were able to gather a broad array of data on different aspects of attitudes towards sex offenders, this design limits the type of conclusions. We cannot draw conclusions on the direction of causality, which would be of great interest for the nature of the relationship between misperceptions about sex offenders and attitudes towards sex offenders. In future studies, these relationships should be further explored, since this might offer important information about where to intervene: is it enough to address knowledge deficits, or do other aspects of attitudes (emotional layers) also need to be influenced to improve the support for sex offender rehabilitation, and to reduce unrealistic concerns.

Finally, since we did not include variables about the national context in our study, we cannot further explore possible explanations for the differences in our national samples. Probably, these differences reflect a complex interplay between legal, historical, demographical, cultural and political factors, which should be studied in the future. Our data offer a first quantitative evidence of these differences.

CONCLUSIONS

Circles of Support and Accountability (CoSA) seek to contribute to the reduction of sexual offending by offering an inclusive alternative to exclusionist and purely punitive approaches to sex offender management in the community (Höing et al., 2015). The successful implementation of CoSA projects in different European countries largely depends on the willingness of community representatives to offer volunteer services. The results of our study show that in all countries included in our study, in spite of a general negative climate towards sex offenders, there is a considerable potential of members of the public who are willing to join a CoSA project, especially among the higher educated. Their motives may be very different – from expressing pro-restorative justice values (Höing et al., in review) to distrust in government and its handling of sex offenders (McCartan, 2013). If CoSA projects succeed in addressing and recruiting this potential (as projects in the UK and the Netherlands have), the problem of finding suitable volunteers will be solved to a great extent.

Usually, child sexual abusers are the largest subgroup of sex offenders in Circles (Höing, Vogelvang & Bogaerts, in review; Bates et al., 2013; Wilson et al., 2007a), and indeed, they probably are most in need of a surrogate social network to support their rehabilitation efforts, since they are perceived as the most dangerous group, hardly capable of changing their behavior. This group probably needs to be monitored most closely. By offering Circles to this group, both the support needs of sex offenders, as well as the monitoring needs of the community can be dealt with at the same time. CoSA projects should be aware of this ‘double profit’, and should incorporate this in their communications to the general public, when looking for support and volunteers.

Also, CoSA projects have the unique possibilities to provide the general public with more accurate information about sex offenders in the community and their risk of re-offending, and in doing so, help reduce some unrealistic concerns about sex offenders. Thereby, CoSA projects can not only “reclaim the conflict” that sexual offending poses in society (McWhinnie, 2011), but also “reclaim the communication”. This may be especially needed in the UK, where the general public has been largely exposed to aggressive media campaigns like the ‘News of the World’ naming and shaming campaign in 2000, which was exploiting the tragic sexual murder case of 8 year-old Sarah Payne for commercial and political advantage (Marsh & Melville, 2011).

In general, more research is needed to understand the complex process of the formation of attitudes towards sex offenders in society, and their influence on politics and policies. This helps us to reduce counterproductive exclusionist processes, which, in fact, increase the risk of re-offending. Also, researchers in this field should always be aware of the different processes and needs of victims and non-victims, bearing in mind that in many countries one in five men and half of the female population have been a victim of a sexual offender.

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APPENDIX: TABLES

	country											
	UK	IRE	NL	B	FR	ES	LV	BUL	HU	Total		
	N=210	N=193	N=204	N=203	N=243	N=213	N=207	N=208	N=193	N=1874	%	%
	%	%	%	%	%	%	%	%	%	%	%	%
Gender	58.6	51.3	50.0	49.3	53.9	53.1	55.6	52.9	49.7	52.8		
female												
male	41.4	48.7	50.0	50.7	46.1	46.9	44.4	47.1	50.3	47.2		
Age												
< 25	12.4	9.9	9.8	9.6	11.9	10.3	15.9	14.9	10.4	11.7		
26-50	62.4	49.5	44.6	42.9	57.2	72.3	59.9	62.5	48.7	55.8		
>50	25.2	40.6	45.6	47.5	30.9	17.4	24.2	22.6	40.9	32.4		
Education level												
low	18.1	8.2	21.1	23.6	6.3	12.7	8.7	12.5	10.9	13.6		
medium	50.0	31.8	43.1	36.9	24.6	37.6	39.6	30.8	52.3	38.4		
high	31.9	60.0	35.8	39.4	69.2	49.8	51.7	56.7	36.8	48.0		
Employment status												
employed	50.0	36.3	38.2	33.0	61.3	52.1	62.3	59.1	50.8	49.6		
unemployed	7.1	14.5	11.3	10.8	9.1	21.1	7.7	11.5	9.3	11.4		
Urbanisation level												
Big city	42.9	48.7	25.0	24.6	33.7	40.8	42.0	63.9	54.9	41.6		
Town	38.6	23.3	38.2	39.4	38.3	41.3	36.7	31.7	31.6	35.6		
Village/rural	18.6	28.0	36.8	36.0	28.0	17.8	21.3	4.3	13.5	22.7		
Victimisation												
Self	21.0	22.8	10.8	11.3	10.3	8.9	16.4	7.7	4.2	12.5		
Family/friends	28.1	31.6	23.5	17.2	17.3	18.8	21.3	17.3	9.9	20.5		
Both	11.9	13.5	6.9	5.9	4.5	5.6	5.3	3.8	2.1	6.6		
None	62.9	59.1	72.5	77.3	77.0	77.9	67.6	78.8	88.0	73.5		
Knows sex offender												
in person	16.2	23.8	15.2	17.2	8.2	10.2	9.2	16.2	5.2	13.4		
family member	8.1	9.3	10.8	9.4	7.4	4.2	2.4	4.3	1.6	6.4		
professionally	5.7	4.7	5.9	7.4	4.1	6.6	5.3	4.8	3.1	5.3		
Concerns about no. of sex offenses												
agree & strongly agree	73.3	70.5	56.3	45.3	77.4	82.7	72.0	90.8	66.2	69.7		
Believes number of sex crimes is rising												
agree & strongly agree	49.5	20.7	54.5	51.8	64.6	51.2	52.7	59.6	65.6	52.6		

TABLE 2 Misperceptions about sex offenders (answer = “almost all” or “almost none”)

	country										p
	UK N=210	IRE N=193	NL N=204	B N=203	FR N=243	ES N=213	LV N=207	BUL N=208	HU N=193	Total N=1874	
	%	%	%	%	%	%	%	%	%	%	
How many convicted child abusers will eventually commit another sex crime, after they have served their sentence?	21.9	24.9	16.2	16.3	26.7	33.8	16.9	23.6	14.1	21.8	.00
How many convicted rapists will eventually commit another sex crime, after they have served their sentence?	21.0	24.4	13.7	14.8	25.5	27.2	15.9	15.4	14.6	19.3	.00
How many sex offenders choose victims that are complete strangers?	14.3	11.4	11.8	12.8	17.7	23.0	18.4	23.6	13.0	16.3	.00
How many sexual offenses are reported to the authorities?	5.7	10.9	4.9	7.9	5.8	6.6	2.4	5.8	3.1	5.9	.02

TABLE 3 Awareness and attitudes

	country									Total N=1874	
	UK N=210	IRE N=193	NL N=204	B N=203	FR N=243	ES N=213	LV N=207	BUL N=208	HU N=193		
No. of misperceptions (CATSO)	M(SD) .63(.95)	M(SD) .71(1.11)	M(SD) .47(.88)	M(SD) .52(1.1)	M(SD) .76(1.10)	M(SD) .91(1.05) ▲	M(SD) .54(.80)	M(SD) .68(.90)	M(SD) .45(.85)	M(SD) .63(.99)	F (p) 4.98(.00)
social isolation of offenders ^a	3.52(1.20)▼	3.44(1.11)▼	3.95(.85)	3.94(.91)	3.45(1.05)▼	4.08(.96)	4.00(.95)	3.94(1.04)	3.97(1.02)	3.08(1.04)	13.96(.00)
capacity to change ^a	4.48(1.31)	4.13(1.17)	4.05(1.30)	4.19(1.03)	4.38(1.30)	4.37(1.14)	4.34(1.01)	4.24(1.17)	3.88(1.16)▼	4.24(1.20)	5.19(.00)
severity and dangerousness ^b	2.54(1.23)	2.55(1.11)	2.86(.98)	3.37(1.19)▲	2.46(1.13)	2.78(1.22)	2.93(.99)	2.65(.99)	2.77(1.08)	2.76(1.14)	13.05(.00)
level of (sexual) deviancy ^a	3.77(1.20)	3.82(1.05)	4.24(1.22) ▲	4.37(1.09) ▲	3.81(1.17)	3.89(1.16)	3.73(1.13)	3.75(1.25)	4.00(1.07)	3.93(1.17)	8.14(.00)
(ATTSO)											
Incapacitation ^a	3.06(.91)	2.78(.81)	2.77(.87)	2.94(.77)	3.04(.89)	2.87(.77)	2.95(.72)	2.84(.76)	2.85(.59)	2.90(.80)	3.64(.00)
Effectiveness of treatment ^b	2.90(.85)	3.12(.69)	3.07(.79)	3.03(.68)	3.04(.78)	2.87(.75)	2.91(.53)	3.08(.72)	3.07(.70)	3.01(.73)	3.19(.00)
Mandatory treatment ^b	4.10(.86)	4.25(.81)	4.01(.70)	3.89(.87)	4.10(.92)	4.09(.83)	3.74(.90) ▼	4.07(.85)	4.05(.82)	4.03(.85)	6.11(.00)
(PATSOR)											
Rehabilitation ^a	3.37(.72)	3.30(.63)	3.14(.75) ▼	3.13(.67) ▼	3.37(.66)	3.39(.55)	3.35(.50)	3.51(.58) ▲	3.25(.62)	3.32(.65)	7.56(.00)
Support for CoSA ^b	1.6(1.84)	1.98(1.77)	2.22(1.66)	1.73(1.71)	1.88(1.82)	2.51(1.70) ▲	2.05(1.67)	2.50(1.71) ▲	1.89(1.68)	2.04(1.76)	7.24(.00)
Attitudes towards volunteers working with sex offenders ^b	3.30(.67)	3.39(.59)	3.36(.63)	3.29(.55)	3.40(.68)	3.48(.56)	3.30(.60)	3.59(.54) ▲	3.45(.55)	3.40(.61)	5.53(.00)

a: high scores = negative attitudes

b: high scores = positive attitudes

▼=scores are lower than in (most) other countries (p < .01); ▲= scores are higher than in (most) other countries (p < .01)

TABLE 4 COSA: awareness, intentions, and positive attitudes (answered 'yes' or 'approve')

	country										Total N=1874
	UK N=210	IRE N=193	NL N=204	B N=203	FR N=243	ES N=213	LV N=207	BUL N=208	HU N=193		
	%	%	%	%	%	%	%	%	%	%	
I have heard about CoSA projects	10.0	3.1	6.4	7.4	11.5	6.6	5.8	13.0	4.1	7.7	
I would be interested in knowing more about CoSA projects in my country	35.2	49.2	31.9	38.9	43.2	50.7	46.4	74.0	48.2	46.4	
I would be interested in becoming a CoSA volunteer, if such a project was nearby	13.8	12.4	10.3	12.8	13.6	14.6	6.8	17.3	8.8	12.3	
If a friend of mine would become a CoSA volunteer, I would approve	37.6	49.7	66.2	44.8	49.0	68.1	58.9	67.3	58.5	55.5	
If a family member would become a CoSA volunteer I would approve	40.5	46.1	62.7	43.8	45.3	64.8	50.2	47.1	42.0	49.2	
If my partner would become a CoSA volunteer, I would approve	32.9	40.4	50.5	32.5	37.4	53.1	42.5	43.8	32.1	40.6	

TABLE 5 Partial correlation coefficients, controlling for country

	1	2	3	4	5	6	7	8	9	10
<i>Awareness</i>										
<i>Community Attitudes towards sex offenders (CATSO)</i>										
No. of misperceptions										
1. Social isolation ^a	ns									
2. Capacity to change ^a	.29***	0,16***								
3. Severity and dangerousness ^b	-.09***	0,47***	-0,07***							
4. Deviancy ^a	.06***	0,41***	0,22***	0,34***						
<i>Attitudes towards treatment of sex offenders (ATTSO)</i>										
5. Incapacitation ^a	.28***	0,12***	0,83***	0,05**	0,20***					
6. Treatment effectiveness ^b	-.28***	ns	-0,68***	0,17***	ns	-0,73***				
<i>Public Attitudes towards sex offender rehabilitation (PATSOR)</i>										
7. Mandated treatment ^b	ns	ns	ns	-0,33***	ns	-0,15***	0,15***			
8. Rehabilitation ^a	.29***	0,18***	0,68***	ns	0,24***	0,67***	-0,49***	0,14***		
9. Support for COSA ^b	ns	ns	-0,22***	-0,08***	ns	-0,30***	0,28***	0,21***	-0,16***	
10. Attitudes towards volunteers working with sex offenders ^b	-.18***	ns	-0,48***	-0,06**	ns	-0,59***	0,61***	0,32***	-0,33***	0,46***

a: high scores = negative attitudes

b: high scores = positive attitudes

TABLE 6 Attitudes by gender and victimization

	Gender				Victim			
	Male N=885	Female N=988	t	(p)	Yes N=235	No N=1638	t	(p)
<i>No. of misperceptions</i>	.59(.99)	.67(.99)	1.75	.08	.94(1.13)	.59(.96)	5.05	.00
<i>Community Attitudes towards sex offenders (CATSO)</i>								
social isolation of offenders ^a	3.92(1.04)	3.7(1.03)	-4.54	.00	3.61(1.17)	3.83(1.02)	-2.76	.01
capacity to change ^a	4.16(1.21)	4.30(1.13)	2.64	.01	4.51(1.23)	4.20(1.19)	3.83	.00
severity and dangerousness ^b	2.98(1.17)	2.56(1.07)	-8.06	.00	2.62(1.27)	2.78(1.11)	-1.83	.07
level of (sexual) deviancy ^a	4.01(1.17)	3.85(1.17)	-2.98	.00	3.93(1.30)	3.93(1.15)	.05	.96
<i>Attitudes towards treatment of sex offenders (ATTSO)</i>								
Incapacitation ^a	2.84(.81)	2.96(.79)	3.08	.00	3.05(.86)	2.88(.79)	3.05	.00
Effectiveness of treatment ^b	3.08(.74)	2.94(.72)	-4.14	.00	2.86(.83)	3.03(.71)	-3.06	.00
Mandatory treatment ^b	3.94(.87)	4.12(.83)	4.73	.00	4.10(.93)	4.03(.84)	1.20	.23
<i>Public Attitudes towards sex offender rehabilitation (PATSOR)</i>								
Rehabilitation ^a	3.24(.64)	3.38(.64)	4.93	.00	3.43(.68)	3.30(.64)	2.93	.00
Support for COSA ^b	1.99(1.77)	2.09(1.74)	1.28	.20	2.4(1.81)	1.99(1.74)	3.40	.00
<i>Attitudes towards volunteers working with sex offenders^b</i>	3.4(.63)	3.39(.59)	-.41	.68	3.35(.67)	3.40(.60)	-1.06	.29

a: high scores = negative attitudes

b: high scores = positive attitudes

TABLE 7 Awareness and attitudes by education level and urbanization

	Education level				Urbanization			
	Low N=249	Medium N=703	High N=879	F (p)	City/large town N=780	Small to medium town N=668	Village or rural area N= 425	F (p)
<i>No. of misperceptions</i>	M (SD) .74(1.04)	M (SD) .66(1.03)	M (SD) .56(.94)	5.50(.00)	M (SD) .63(.98)	M (SD) .65(1.02)	M (SD) .62(.97)	.21(.80)
<i>Community Attitudes towards sex offenders (CATSO)</i>								
social isolation of offenders ^a	3.84(1.01)	3.84(1.07)	3.80(1.02)	.28(.76)	3.81(1.08)	3.85(1.02)	3.72(1.00)	1.92(.15)
capacity to change ^a	4.50(1.16)	4.37(1.18)	4.07(1.20)	19.08(.00)	4.20(1.20)	4.26(1.17)	4.27(1.23)	.58(.56)
severity and dangerousness ^b	2.90(1.26)	2.76(1.13)	2.74(1.10)	1.95(.14)	2.75(1.18)	2.80(1.10)	2.73(1.10)	.58(.56)
level of (sexual) deviancy ^a	4.13(1.10)	3.97(1.20)	3.84(1.16)	6.87(.00)	3.83(1.20)	3.97(1.16)	4.04(1.13)	4.89(.01)
<i>Attitudes towards treatment of sex offenders (ATTSO)</i>								
Incapacitation ^a	3.14(.79)	2.98(.78)	2.79(.80)	23.72(.00)	2.89(.80)	2.93(.80)	2.89(.82)	.57(.57)
Effectiveness of treatment ^b	2.84(.73)	2.90(.74)	3.13(.70)	25.96(.00)	3.03(.74)	2.99(.73)	2.99(.72)	.57(.56)
Mandatory treatment ^b	3.91(.95)	4.00(.88)	4.09(.80)	4.83(.01)	4.07(.88)	4.01(.82)	4.00(.85)	1.47(.23)
<i>Public Attitudes towards sex of- fender rehabilitation (PATSOR)</i>								
Rehabilitation ^a	3.42(.68)	3.35(.65)	3.26(.63)	7.56(.00)	3.34(.63)	3.31(.64)	3.28(.68)	1.18(.31)
<i>Support for COSA^b</i>	1.76(1.75)	1.98(1.77)	2.15(1.73)	5.37(.00)	2.07(1.77)	2.04(1.72)	2.00(1.79)	.19(.82)
Attitudes towards volunteers working with sex offenders ^b	3.24(.61)	3.34(.60)	3.48(.60)	20.14(.00)	3.43(.61)	3.37(.63)	3.37(.58)	1.91(.15)

General Discussion

INTRODUCTION

This study aimed to contribute to the scientific basis for Circles of Support and Accountability (CoSA), by answering five distinct questions. Four different studies were conducted to increase the knowledge about the effective features and the impact of CoSA on both core members and volunteers. In a fifth study, we assessed the public support for sex offender rehabilitation and for CoSA in the European Community. In this chapter, a summary of the findings is presented and the limitations of the study, as well as practical and theoretical implications of the results, and future directions are discussed.

SUMMARY

TOWARDS A COSA INTERVENTION MODEL

CoSA has been developed by practitioners as a predominantly value-driven approach to prevent future sexual offending, while at the same time restoring social ties between the offender and the community. In first outcome studies by Wilson et al. (2007; 2009) CoSA demonstrated a considerable potential to reduce sexual offending. However, the model lacked a theory of change that could explain which effects could be expected and identify the features and processes within CoSA that cause these effects. Elements of a theoretical underpinning had been described by several authors but these were mainly based on descriptions of CoSA policies, practices, or anecdotal data (e.g., experiences of being involved as a CoSA volunteer or trainer), but not on research.

In the first study, possible effects and effective features and processes were assessed. An explorative qualitative research strategy was applied, following the grounded theory approach as described by Corbin and Strauss (1990). The following intermediate effects were identified: improved self-regulation skills, improved social and relational skills, a more positive outlook on life, a more positive perception of self, and improvements in risk perception. Two effective features of circles were identified: circle continuity and diversity (of volunteers), and two effective features of a core member: openness and honesty in communication and a cooperative attitude and willingness to exercise new skills. Effective processes were identified as four essential circle strategies: inclusive strategies, change promoting strategies, risk reduction strategies, and process-oriented strategies aimed at improvement of the circle function. With the results of this study a more comprehensive intervention model was developed. This model is also supported by contemporary theories about the desistance process of sex offenders.

The impact of CoSA on sex offenders' process of desistance

Recidivism studies with long follow-up periods show that full desistance is difficult, especially for high-risk sex offenders. However, re-offense rates drop dramatically when offenders manage to develop an offense-free lifestyle during the first years after detention (Hanson, Harris, Helmus, & Thornton, 2014). Desistance theories state that the process of change from an offending lifestyle into a non-offen-

ding lifestyle is marked by internal (psychological) and external (social) transitions (Laub & Sampson, 2001; Maruna, 2001; Giordano, Cernokovich, & Rudolph, 2002; Paternoster & Bushway, 2009). Many of these markers have been identified in the previous study as intermediate effects of CoSA. In the second study, empirical data about the processes of change in core members were collected, which allowed some conclusions about the contribution of CoSA to the desistance process of core members.

A prospective design was employed, and both qualitative and quantitative data about 17 core members were collected on three occasions: before the start of their circle, after six months and after 12 months. Core members, their probation officers, and therapists were interviewed. Quantitative data on intermediate outcome variables were collected with a questionnaire for core members. A structured assessment of changes in risk and protective factors was applied by circle volunteers and probation officers.

The results indicated that most core members indeed experienced at least some psychological transitions, and these were in part a result of their participation in circles, but social transitions were still scarce. A positive group dynamic and a cooperative core member were important preconditions for circle continuation (and thus effectiveness). The qualitative results supported the findings by Paternoster and Bushway (2009), and confirmed that internal transitions precede external transitions in the process of desistance.

Literature review on effects of volunteer work with sex offenders

In the Netherlands, more than 130 volunteers have been active in over 60 circles since CoSA was introduced in 2009 (Höing, 2015). As CoSA gains international recognition, with many new projects developing in the United States and throughout Europe, the number of CoSA volunteers will continue to rise. In CoSA, volunteers can be exposed to potentially traumatizing material disclosed by the core member, difficult and manipulative behavior of core members, and difficult group dynamics. With the rising number of CoSA volunteers, the issue of how this kind of work might affect them becomes more urgent. Therefore, after having explored the impact of CoSA on core members, an empirical evaluation of the impact on volunteers needed to be prepared. A systematic review of the literature was conducted to identify the effects that could be expected, as well as the factors that would probably moderate and mediate these effects. In addition, theoretical models that have been developed to explain these effects were assessed. Fifty original research articles and previous reviews met the selection criteria. Results on effects of volunteering in general, effects of volunteer work with offenders, and effects of working with sex offenders on professionals were summarized and integrated.

The findings indicated that, generally speaking, volunteering supports and improves physical health and mental well-being, personal growth, and citizenship. However, working with sex offenders in an empathic relationship can generate both positive and negative effects on psychological and social function. Personal characteristics (e.g., age, number of social roles, type of motivation), task characteristics (e.g., time invested, difficulty of core member) and organizational charac-

teristics (e.g., training, coaching, social and emotional support) appear to moderate and mediate the impact.

The impact of being a CoSA volunteer on volunteers themselves

Original research into the personal impact of working as a CoSA volunteer is almost absent. So far, only small scale and mainly explorative studies had been conducted. To add to this narrow knowledge base, a web survey among Dutch CoSA volunteers ($n = 40$; representing 38% of the then active volunteers) was conducted. In this sample, outcome, risk and protective factors (which we had identified in our literature review), as well as their interrelatedness were analyzed. A conceptual framework was derived from the Job Demands-Resources model (Nachreiner, Bakker, Demerouti, & Schaufeli, 2001), which had been employed in volunteer studies before. Huynh et al. (2012), had shown that outcome in terms of retention and mental health in a volunteer sample is mainly predicted by job resources, and that feelings of connectedness fully mediate the impact of job resources on outcome.

The results of the web survey showed that the CoSA volunteers in our sample experienced mainly positive effects from their work. They were highly satisfied and had a strong determination to continue the work. Feelings of competency (compassion satisfaction) were comparable to levels in samples of professionals who work with sex offenders; burnout levels were lower; but levels of secondary traumatic stress were higher, which were partly explained by primary traumatic stress, since they correlated with the level of being bothered by their own traumatic life events. Personal characteristics, such as emotional intelligence, and a healthy sense of self-worth contributed to a positive outcome. Also, social support by co-workers and circle coordinators, and especially feelings of connectedness were identified as important (and manageable) protective factors.

The support for sex offender rehabilitation and for CoSA in the European Union

As CoSA thrives on volunteer services, successful CoSA implementation depends on public support for sex offender rehabilitation. To date, research into community attitudes towards sex offenders is limited, and encompasses mainly national studies in the USA and the UK. With the further proliferation of the model to other European countries in a European Circle Project (Circles4EU), the need for European research into public attitudes towards sex offenders, and support for CoSA became immanent. Therefore, a web survey among existing web panels in nine European countries ($n=200$ per country) was conducted. The results confirmed previous findings in the UK, which indicated that community support for sex offender rehabilitation is low, but attitudes are not quite as negative as sensationalist media reports suggest (McCartan, 2013). In our study, community support for CoSA was assessed for the first time in a large sample, with our results underscoring what has been the experience of many CoSA projects: namely that a substantial part of the community is willing to contribute to a safer society by supporting CoSA volunteering or even becoming a CoSA volunteer.

LIMITATIONS

This study has been conducted in the Netherlands, where the CoSA project (hosted by the Dutch Probation Organization) started a pilot with two circles in 2009. The Dutch project became operational in 2010, and gradually expanded the number of regional CoSA projects and circles. The research for this dissertation started in 2011, when the Dutch CoSA project was still in its early days, and the number of circles was still low. In three of the five studies in this dissertation (described in chapters 2, 3 and 5), the small size of the project limited the available sample sizes of our studies.

In the qualitative study about the intervention model (chapter 2), not only circle narratives of Dutch core members and volunteers were analyzed, but also published circle narratives from the UK. Since the Dutch CoSA project applies the same operational guidelines as the UK projects, we think the experiences of circle members in the UK and in the Netherlands are comparable with regard to inner circle processes. But, since the UK narratives had been published, and therefore may have been edited, they were only used in the first step of our grounded theory analysis to inform the definition of meaningful categories and concepts. In the second step of the analysis, when the inter-relatedness of core concepts was studied, only circles narratives from Dutch circle members were used, which were collected by the first author for the purpose of this study.

In the prospective study about the impact of CoSA on the desistance of core members, 80% of all then active core members agreed to participate. Nevertheless, this rendered a sample of only 17 core members, and because of some dropout and wave non-response, samples sizes were further diminished. To compensate for the expected wave non-response, a mixed methods, multi-sources approach was applied, in which data on core members processes were not only collected from core members, but also from professionals and volunteers.

Small sample sizes affected also the study of the impact of CoSA on volunteers (chapter 5). The total population of a little more than 100 active volunteers at that time showed a response rate of 38%. This is not uncommon in this type of research; but again, it limited the possibilities for statistical analysis. Another limitation was the cross-sectional design of this study, which allowed no causal inferences between outcome and determinants. This design had been chosen for practical reasons. A prospective study was not possible because in this phase of the project, the expansion of circle projects and the employment of new volunteers had been halted by the project providers. This occurred in order to solve program integrity issues which had emerged from the first two studies.

Because of the early developmental stage of the project and the small sample sizes, the three empirical studies involving the Dutch CoSA projects have a mainly explorative character, and their results should be interpreted as indicative. In the statistical analysis of our quantitative data, these limitations were dealt with by adopting conservative methods and avoiding over-interpretation; yet, results need further confirmation. Our tentative results on the impact of circles on core members' process of desistance need to be confirmed in larger samples, prefera-

bly with longer observations periods and a matched control group, or, if feasible, a randomized control group. Our results on the impact of CoSA on volunteers also need to be confirmed by studies with larger samples, as well as prospective designs.

In the last study, the European survey of community attitudes towards sex offender rehabilitation, problems with generalizability emerged from the fact that low educated strata of society were underrepresented in many of the nine national population samples. This may have biased the results on community attitudes towards sex offender rehabilitation, since a low education level was associated with more negative attitudes. In future secondary analyses of these data, the education level should be controlled in bivariate and multivariate analyses.

Nevertheless, our studies produced a richness in data since qualitative and quantitative approaches were combined, as well as prospective and cross-sectional designs. The combination of studies contributes to the knowledge of effective features and processes in CoSA, the impact of CoSA on core members as well as volunteers, and the support for CoSA in society.

CONCLUSIONS AND FUTURE DIRECTIONS

In the introduction, CoSA was described as a community based intervention, which addresses both the problem of sexual re-offending by sex offenders who are known to the system, as well as the problem of exclusionist societal reactions to the rehabilitation of sex offenders after they have served their sentence. CoSA has often been described within the restorative justice paradigm (Hannem, 2013), yet the restorative justice claim of CoSA still lacks further empirical evidence. Does the installment of CoSA circles address the needs of all involved to restore social bonds, and can they help them to make up for harm done? While this is probably the case for the core members involved in circles, the restorative potential of CoSA for the family members and the victims of core members has not yet been explored. One promising exception is a UK CoSA project which has expanded its services to family members (see: www.circlessoutheast.org.uk). The question whether CoSA can contribute to the restorative justice needs of victims of sexual assault has been made a key question of one of the future research areas of the European Circles Research Group (www.Circles4.eu).

The empirical basis for the CoSA intervention model (the 'how' and 'why' of CoSA effectiveness) is still small, and further empirical evaluations of effective CoSA processes using appropriate research methods are needed to refine the model and test its merits. After the first study was published, some progress has been made. In the US, Fox (2014) has undertaken a qualitative evaluation of 20 circles, and she is arriving also at the conclusion that the most important ingredient of CoSA effectiveness is social inclusion, which is developed in a trusting relationship of mutual obligation and respect. Helping to improve the problem solving behavior of core members in order to cope with the stress of the many problems in their daily life is identified by the author as a core effective ingredient. Her study affirms that the circle contributes to basic human needs of 'belonging', and there-

by promotes the desistance process of core members. She concludes that social inclusion is a precursor of desistance, not a result, and social inclusion cannot be provided by the state, but only by the community. Thomas, Thompson, and Karstedt (2014) have conducted a qualitative analysis of 30 circles in the UK, focusing on circle evaluations by core members, volunteers and stakeholders. Their results are in line with our findings, indicating that social inclusion is the most valued change agent. They too stress the fact that circles are to be seen as complementary to professional services. They also found that the social inclusion process can be endangered by an imbalance in circles strategies (too much focusing on risk) and volunteer backgrounds, when there are too many volunteers from a former probation background. The importance of the practice of continuous evaluation in circles for circle effectiveness has not been evaluated in these studies, and is something to be studied in the future.

A practice-based validation of the intervention model is currently taking place in the Netherlands and in other European CoSA projects, where it has been introduced in the training programs for circle coordinators and volunteers as a basis for the understanding of correct circle delivery. Future studies should evaluate the usefulness of the intervention model as a means to safeguard program integrity.

The effectiveness of CoSA in reducing sexual re-offending was not proven in our studies, nor was this the aim. Yet, our results provide some insight into the complex impact that participation in a circle can have on sex offenders' processes of desistance. Circles provide opportunities for the development of adult attachment and social inclusion, which support cognitive and behavioral changes that are necessary to develop a pro-social lifestyle. Developing hope, optimism, a sustained motivation to desist, a goal directed lifestyle and good problem-solving skills are key protective factors that prevent re-offending (de Vries-Robbé, Mann, Maruna, & Thornton, 2014) which have been identified as intermediate results of circles in chapter three. There it was suggested that circles stimulate the development of the higher executive functions in the brain (planning, rational decision making, rule based behavior) and can help reduce ineffective automatic affective responses to stress. These results are interesting in the light of a recent meta-analysis of neuropsychological function in sex offenders by Joyal, Beaulieu-Plante and De Chanterac (2014), who conclude that child abusers (who are the largest subgroup of offenders in Circles) have a higher risk of cognitive deficits in the higher executive functions than sex offenders who target other adults. This new area of research in the field of sex offender rehabilitation can be valuable to inform the development of effective interventions that support desistance in sex offenders. It may be necessary to complement sex offender treatment with interventions aimed at the improvement of general cognitive skills such as action-oriented coping, self-reflection, self-regulation and problem-solving skills. Such interventions may be more effective than focusing on detailed relapse prevention plans without improving the general cognitive skills to act accordingly when confronted with stressful situations.

Volunteers can be safely involved in this task, and their work in circles not only enhances the quality of life of core members, but probably also their own. Their work for CoSA generates high levels of satisfaction and feelings of competence (com-

passion satisfaction), while negative effects such as burnout are of little importance or absent. These positive results are highly associated with the opportunities for social inclusion which circles provide for them as well. Feelings of connectedness predict feelings of competence, and feelings of connectedness are predicted by the social support they receive from their co-workers and circle coordinators. However, due to the cross-sectional design of this study, the direction of causality is not absolutely clear. We do not know if civic engagement, as in CoSA (and the social support that goes with it) induces feelings of connectedness, or vice versa, as another recent cross-sectional study by Hommerich (2015) concludes. To clarify the causal direction between civic engagement through volunteering and connectedness, prospective or longitudinal studies are necessary.

The success of the CoSA model in the prevention of recidivism has paved its road to further proliferation in Europe and elsewhere. One of the first challenges that new CoSA initiatives encounter is the need for public support for CoSA and the need for members of society who are willing to offer volunteer services to sex offenders. Who would want to spend their spare time on one of the most despised members of society? As the results of the European web survey (study 5) indicate, the number of people who are willing to contribute to the safety of their community is substantial. It is mainly a matter of finding and addressing this hidden potential and then select and train suitable volunteers for circles. New CoSA initiatives should not underestimate the empowering appeal of the model and should not hesitate to use appropriate media to explain their goals and activities to a wider public. More developed CoSA projects can contribute to the proper understanding of the safe reintegration of sex offenders by sharing their experiences with a wider public. In doing so, through CoSA, the community not only can reclaim the conflict that is produced by sex offenders in their midst, but can also reclaim the communication, which too often is distorted by media that offer sensation rather than information.

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Summary in Dutch

INTRODUCTIE

COSA (in Nederlands: Cirkels voor Ondersteuning, Samenwerking en Aanspreekbaarheid) is in 1994 in Canada ontwikkeld, als antwoord op negatieve reacties van burgers op de terugkeer van een veroordeelde zedendelinquent in Hamilton, een klein stadje nabij Toronto. In CoSA wordt een veroordeelde zedendelinquent, die zijn straf heeft uitgezeten ('kernlid' genoemd), ondersteund bij zijn terugkeer in de samenleving door een groep van drie tot zes zorgvuldig geselecteerde en getrainde vrijwilligers. Samen worden zij een 'cirkel' genoemd. Het doel is: resocialisatie en preventie van recidive. De cirkel wordt ondersteund en gesuperviseerd door een ervaren, professionele cirkelcoördinator, en door professionals die betrokken zijn bij de nazorg (de buitencirkel). CoSA is bedoeld voor zedendelinquenten met een gemiddeld tot hoog recidiverisico en een hoge ondersteuningsbehoefte, die geen delicten meer willen plegen.

Voor dit proefschrift is CoSA in vijf aparte deelstudies onderzocht om een bijdrage te leveren aan de wetenschappelijke onderbouwing ervan. Vier studies hebben als onderwerp de werkzame processen en factoren in CoSA, en de impact van CoSA op zowel kernleden als vrijwilligers. De vijfde studie brengt de opvattingen over resocialisatie van zedendelinquenten en de steun voor CoSA in negen Europese landen in beeld.

EEN ONDERBOUWD INTERVENTIEMODEL

CoSA werd in en door de praktijk ontwikkeld, en de onderbouwing was voornamelijk gestoeld op een waarden-georiënteerde opvatting van resocialisatie en sociale inclusie. In de doelstelling werd pragmatisme - de vraag om 'iets wat werkt' - verbonden met de uitgangspunten van herstelrecht, door zedenrecidive effectief te willen voorkomen en tegelijkertijd de banden tussen de zedendelinquent en de samenleving te willen herstellen. In eerste effectstudies in Canada bleek, dat CoSA in staat is de kans op recidive aanzienlijk te verminderen. Een wetenschappelijke onderbouwing van de te verwachten effecten en van de werkzame factoren die de bereikte resultaten konden verklaren (een interventietheorie) ontbrak echter nog. Verschillende auteurs hadden eerder elementen van een onderbouwing aangedragen, maar deze waren voornamelijk gestoeld op beschrijvingen van de werkwijze en/of anekdotische data.

Teneinde de te verwachten effecten en de werkzame processen en factoren te achterhalen is in de eerste deelstudie een exploratieve, kwalitatieve onderzoeksstrategie toegepast, volgens de methode van de 'grounded theory'. De volgende korte termijn effecten werden gevonden: verbeterde zelfregulatie; verbeterde sociale en relationele vaardigheden, optimisme, een verbeterd zelf beeld, en een toegenomen risico-perceptie. Continuïteit en diversiteit (van de groep vrijwilli-

gers) bleken belangrijke kenmerken van goed werkende cirkels. Een aantal kenmerken van het kernlid waren eveneens belangrijk: openheid en eerlijkheid in de communicatie, en een coöperatieve houding, gecombineerd met de bereidheid tot oefenen met nieuw gedrag. Vier verschillende effectieve cirkelprocessen konden worden onderscheiden: strategieën gericht op sociale inclusie, strategieën gericht op gedragsverandering, strategieën gericht op risico vermindering en procesgerichte strategieën, om de cirkel optimaal te laten functioneren.

Op basis van de resultaten uit deze studie kon een omvattender interventiemodel worden ontwikkeld, waarin de doelen (korte en lange termijn) alsook de effectieve processen en randvoorwaarden voor effectiviteit worden beschreven. Dit model sluit volledig aan bij de laatste theoretische inzichten over het proces van 'desistance' (afzien van criminaliteit) van zedendelinquenten.

DE BIJDRAGE VAN COSA AAN HET 'DESISTANCE' PROCES

Recidiveonderzoek met lange follow-up perioden laat zien dat definitief afzien van het plegen van zedendelicten moeilijk is voor een deel van de zedendelinquenten, en met name voor diegenen met een hoge risicoscore. Echter ook bij deze groep zijn recidive ratio's aanmerkelijk lager, wanneer zij er in slagen gedurende de eerste jaren na hun detentie een niet-criminele leefstijl te ontwikkelen. Desistance is een proces waarbij psychologische veranderingen (bijvoorbeeld veranderend zelfbeeld, toename van zelfcontrole) als ook sociale transities (bijvoorbeeld werk, relaties, sociaal netwerk) de overgang van een criminele naar een niet-criminele leefstijl markeren.

Om deze veranderingen bij kernleden te verkennen, zijn in de tweede deelstudie kwalitatieve en kwantitatieve gegevens over het proces van verandering bij 17 kernleden gedurende hun eerste jaar in de cirkel verzameld. Dit gebeurde door interviews te houden met kernleden, hun toezichthouders bij de reclassering en hun therapeuten, en door kernleden, cirkelvrijwilligers en toezichthouders vragenlijsten te laten invullen. Zo konden conclusies worden getrokken over de aard van de veranderingen, de mate waarin deze optraden, als ook over de bijdrage van CoSA aan dit proces.

Bij de onderzochte kernleden kwam inderdaad een proces van psychologische veranderingen op gang, dat door henzelf en door de professionals deels werd toegeschreven aan participatie in de cirkel. Veranderingen op sociaal gebied waren aan het einde van het eerste jaar nog beperkt. Zoals ook in studie 1 al was geconstateerd, waren een positieve groepsdynamiek als ook een coöperatieve houding van het kernlid belangrijke voorwaarden voor de continuïteit (en dus voor effectiviteit) van de cirkel. Uit de interviews met kernleden en professionals bleek, dat er sprake is van een volgorde van veranderingen, en dat bij de onderzochte kernleden psychologische veranderingen voorafgingen aan sociale veranderingen.

TE VERWACHTEN EFFECTEN VOOR VRIJWILLIGERS

In de cirkel kunnen vrijwilligers geconfronteerd worden met potentieel schokkende verhalen van kernleden, met lastig en manipulatief gedrag, en met moeilijke groepsdynamische processen. Aangezien het aantal vrijwilligers dat in Nederlandse en buitenlandse CoSA projecten werkt in de laatste jaren sterk toe is genomen, wordt de vraag naar de mogelijke impact van dit werk op vrijwilligers urgent. In deelstudie 3 is als voorbereiding op een empirisch onderzoek (studie 4) een systematische literatuurstudie uitgevoerd naar wat bekend is over de mogelijke effecten. Hierbij werd literatuur over de generieke effecten van vrijwilligerswerk gecombineerd met literatuur over wat bekend is over de impact op professionals die met zedendelinquenten werken, en de (schaarse) literatuur over CoSA vrijwilligers. Ook werden beïnvloedende factoren als ook theoretische verklaringen voor de gevonden effecten beschreven.

Op basis van vijftig studies concludeerden wij dat de generieke effecten van vrijwilligerswerk in CoSA naar verwachting positief zullen zijn: vrijwilligerswerk bevordert de fysieke gezondheid, bevordert het welzijn, maakt persoonlijke groei mogelijk, en bevordert burgerschapszin. Het werken met zedendelinquenten in een empathische relatie - zoals in CoSA- kan zowel positieve als ook negatieve effecten teweeg brengen, bijvoorbeeld gevoelens van competentie, maar ook burn-out klachten en secundaire traumatisering. Persoonlijke kenmerken (leeftijd, aantal andere sociale rollen, aard van de motivatie), kenmerken van het werk (hoeveelheid tijd die geïnvesteerd wordt, 'moeilijkheid' van het kernlid), en kenmerken van de organisatie (faciliteiten zoals training en coaching, sociale en emotionele steun) zullen naar verwachting van invloed zijn op de ervaren impact.

GEMETEN EFFECTEN BIJ COSA VRIJWILLIGERS

Empirisch onderzoek naar de impact die het werken in een cirkel op de vrijwilligers zelf kan hebben is nagenoeg afwezig. Tot op heden zijn slechts enkele kleinschalige en exploratieve studies verricht. Om te toetsen of de te verwachten effecten daadwerkelijk optreden, is een web-survey gehouden onder 40 Nederlandse CoSA vrijwilligers (38% van de toen actieve vrijwilligers). Als theoretisch kader is uitgegaan van het Job Demands/Resources model, dat in eerder onderzoek onder andere groepen vrijwilligers is gebruikt, en dat de relaties tussen effecten en veroorzakende factoren beschrijft. In eerder onderzoek is aangetoond dat uitkomsten voor vrijwilligers in termen van continuïteit en mentaal welbevinden voornamelijk verklaard worden door ondersteunende factoren (job resources), en dat stresserende factoren (job demands) bij vrijwilligers veel minder een rol spelen dan bij betaalde werknemers. De positieve invloed van job resources op mentaal welbevinden en continuïteit verloopt via gevoelens van betrokkenheid (connectedness). In ons onderzoek hebben wij dit verband ook onderzocht.

Onze resultaten lieten zien dat CoSA vrijwilligers voornamelijk positieve effecten van hun werk ervoeren. Zij waren in hoge mate tevreden met hun werk en toonden zich vastbesloten door te gaan als vrijwilliger bij CoSA. Hun competentiebeleving was vergelijkbaar met professionals, hun niveau van burn-out klachten was

lager, maar klachten van secundaire traumatisering kwamen vaker voor, dan in steekproeven met professionals waar dezelfde vragenlijst was gebruikt. Omdat dit type klachten samenhang met klachten naar aanleiding van onverwerkte negatieve levensgebeurtenissen, is het mogelijk dat dit type klachten niet (alleen) door het werken in de cirkel veroorzaakt wordt. Positieve effecten hingen samen met persoonlijkheidskenmerken zoals emotionele intelligentie en een gezond gevoel van eigenwaarde. Daarnaast droegen sociale steun door medevrijwilligers en de cirkelcoördinator ook bij aan positieve uitkomsten. Ons onderzoek bevestigde dat job resources in de vorm van sociale steun een positieve bijdrage leveren aan het welzijn via het versterken van gevoelens van betrokkenheid.

PUBLIEKE STEUN VOOR RESOCIALISATIE VAN ZEDENDELINQUENTEN EN VOOR COSA IN EUROPA

CoSA bouwt op vrijwilligers die een afspiegeling vormen van de samenleving, derhalve is het succes van CoSA projecten afhankelijk van de mate van publieke steun voor resocialisatie van zedendelinquenten en voor CoSA. Het onderzoek naar opvattingen over resocialisatie van zedendelinquenten is tot op heden beperkt, en voornamelijk uitgevoerd in Engeland en de Verenigde Staten. Met de invoering van CoSA projecten in andere Europese staten via het Europese project Circles-4EU, nam de behoefte aan kennis over de steun voor CoSA en voor resocialisatie van zedendelinquenten in de landen, die aan het project deelnamen, toe. In deelstudie 5 is een web survey onder bestaande web panels in negen Europese landen gehouden, namelijk in het Verenigd Koninkrijk, Ierland, Nederland, Vlaams-België, Frankrijk, Spanje, Letland, Bulgarije en Hongarije. De steun voor resocialisatie van zedendelinquenten bleek gering, maar de opvattingen zijn gematigder dan berichten in de media over het algemeen doen vermoeden. Hoog opgeleide mensen hadden minder negatieve opvattingen over zedendelinquenten dan laag opgeleiden. De opvattingen over CoSA en over vrijwilligers die met zedendelinquenten werken waren aanzienlijk positiever. Een relevant percentage (7 tot 13%) van de ondervraagden was - na het lezen van het doel en de werkwijze van CoSA- bereid om zelf vrijwilliger te worden.

CONCLUSIES, BEPERKINGEN VAN HET ONDERZOEK EN PRAKTISCHE EN WETENSCHAPPELIJKE RELEVANTIE

De essentie van CoSA is: recidivevermindering door het aanbieden van een sociaal netwerk. De in het interventiemodel beschreven vier werkzame processen (sociale inclusie, gedragsverandering, risicovermindering en procesbewaking), waarvan sociale inclusie het meest belangrijk is, dienen in balans te zijn en ingebed te zijn in een positieve groepsdynamiek. De rol van de cirkel coördinator bij het bewaken en bevorderen van de randvoorwaarden voor het goed functioneren van de cirkel is daarom cruciaal. Een goed begrip van het interventiemodel is daarom een belangrijk onderdeel van de training van cirkel coördinatoren. Het interventiemodel is ontwikkeld op basis van een beperkt aantal cirkelverhalen, en hoewel het in de praktijk inmiddels wordt gebruikt in trainingen en - in vereenvoudigde vorm- in de communicatie naar het publiek, verdient het aanbeveling, het model verder te

valideren in andere contexten. De rol van professionals kan bijvoorbeeld verschillend zijn in verschillende nationale contexten, afhankelijk van de wijze waarop de nazorg aan terugkerende zedendelinquenten is ingericht en de samenwerkingsvormen die er bestaan. De praktische waarde van het model bestaat erin dat het kan bijdragen aan de bevordering van een kwalitatief hoogwaardige implementatie van CoSA. De wetenschappelijke waarde is gelegen in de explicitering en empirische en theoretische onderbouwing van interventiedoelen en werkzame processen.

Een unieke bijdrage van CoSA aan het desistance proces van zedendelinquenten wordt erkend door zowel de zedendelinquenten zelf, als door de professionals die hen begeleiden. Hierbij blijkt dat CoSA vooral een bijdrage levert aan algemene vaardigheden die een succesvolle re-integratie kunnen bevorderen (beschermende factoren) en minder gefocust is op specifieke risicofactoren, die eerder in daderbehandeling aangepakt worden. In deze zin is CoSA een complementaire interventie. Het hier uitgevoerde onderzoek was echter zeer beperkt, zowel in omvang van de steekproef als in duur van de observatieperiode. Meer en langdurige onderzoek is nodig om onze conclusies te bevestigen. Kwalitatief longitudinaal onderzoek naar veranderingsprocessen bij zedendelinquenten is schaars en het huidige onderzoek heeft laten zien dat de processen van verandering bij zedendelinquenten complex zijn en veel tijd vragen, en daarmee is een belangrijke bijdrage geleverd aan de kennis over desistance.

Vrijwilligers die voor CoSA werken, blijken zelf ook positieve effecten daarvan te ervaren. Vrijwilligers die nog kampen met eigen onverwerkte negatieve levensgebeurtenissen zijn kwetsbaarder, en een goede begeleiding door de cirkelcoördinator is daarom belangrijk. Door de aard van het onderzoek is het moeilijk om vast te stellen waardoor de positieve resultaten zijn veroorzaakt, daarvoor is meer en vooral longitudinaal of prospectief onderzoek nodig. Dat de vrijwilligers niet alleen de samenleving, maar ook zichzelf een dienst bewijzen, wordt tot op heden nauwelijks benut in de communicatie vanuit CoSA projecten. Aangezien altruïsme de belangrijkste motivatie van vrijwilligers is, valt ook te bezien of dit van praktisch nut zou zijn. De wetenschappelijke relevantie van deze studie bestaat vooral in de verdere verkenning van het Job Demands/Resources model voor vrijwilligers. De unieke rol van gevoelens van verbondenheid, die door de sociale steun vanuit collega vrijwilligers en cirkel coördinatoren versterkt wordt, verdient nader onderzoek.

De vrees, dat er geen vrijwilligers voor nieuwe CoSA projecten gevonden kunnen worden, is onterecht. Hoewel de opvattingen over zedendelinquenten in het algemeen negatief zijn, zijn er voldoende mensen die aangeven voor CoSA te willen werken. De vraag is niet, of zij er zijn, maar waar en hoe zij gevonden kunnen worden. Aangezien de opvattingen over CoSA in alle landen veel minder negatief zijn dan de opvattingen over zedendelinquenten, is het van belang openlijk in de media het doel en de werkwijze van CoSA te communiceren, en minder te focussen op het risico van recidiverende zedendelinquenten.

In ons onderzoek is voor het eerst op internationale schaal de steun voor resocialisatie van zedendelinquenten onderzocht. Het onderzoek laat zien dat er aanzienlijke verschillen bestaan in de verschillende landen wat betreft de acceptatie van zedendelinquenten in de samenleving. Waardoor die verschillen mogelijk worden veroorzaakt verdient nader onderzoek, en dergelijk onderzoek kan meer inzicht geven in aanknopingspunten voor de vermindering van een belangrijke risicofactor voor recidive, namelijk sociaal isolement.

Curriculum Vitae

Mechtild Höing was born in Waldvelen, Germany on November 18, 1958. In Germany, she graduated from high school (Gymnasium) in 1977. After an internship of two years in a Camphill Community for children with multiple disabilities, she moved to Breda in the Netherlands, where she participated in a community empowerment program (ATD) funded by the European Union, until 1980. From 1982 until 1989, while raising three children, she studied sociology at Tilburg University on a part-time basis. In 1990, she became a social worker in a safe house for victims of domestic violence, and from 1992 until 2000, she was trained and employed as a nurse in a mental health center in Breda. In 2000, she finished her study and obtained her Masters' degree at Tilburg University, and from 2000 until 2009, she worked as a researcher at Rutgers in Utrecht, Centre of Expertise on Sexual and Reproductive Health and Rights. From 2009 on she worked as a lecturer and researcher for Avans University of Applied Sciences, Faculty of Social Work and Avans' Center for Public Safety and Criminal Justice. Here, she was given the opportunity to study the development and implementation of CoSA projects in the Netherlands. From 2010 until 2014, she was taken into the PhD program of Avans University, which enabled her to write her dissertation on CoSA. From 2011 to 2014, she participated as a researcher in two European CoSA projects, which were funded by the Daphne III programme of the European Union and were hosted by Avans University.

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