Evaluation of Safer Living Foundation Research Projects

Report to the Safer Living Foundation Trustee Board

December 2018

Authors

Imogen Byrne (IB) [1,2], Belinda Winder (BW), CPsychol[1,2], Nicholas Blagden (NB), CPsychol [1,2] & Rebecca Lievesley (RL) [1,2]

Contributors

Rosie Kitson-Boyce (RKB) [1,2]
Michelle Dwerry-House (MDW) [1,2]
Jessica Lomas (JL) [1,2]
Rosanna Perkins (RP) [3]
Jordan Clayton (JC) [1,2]
Daniel Micklethwaite (DM) [2]

[1] The Safer Living Foundation, HMP Whatton, New Lane, Whatton, NG13 9FQ

[2] Sexual Offences, Crime and Misconduct Research Unit, Nottingham Trent University, 50 Shakespeare Street, Nottingham, NG1 4FQ

[3] Psychology Department, HMP Whatton, New Lane, Whatton, NG13 9FQ

Aims of Evaluation

- To understand the impact of CoSA in relation to a number of psychological factors associated with risk of reoffending and/or successful reintegration (by assessing psychometric change over time);
- To assess the success of CoSA in protecting the public by preventing further abuse (through reconviction data including recalls);
- To report on the types of referrals received to the service in order to understand the demographics of the sample and inform appropriate referrals in the future;
- To understand reasons for volunteers exiting the service in order to inform volunteer selection, recruitment and engagement;
- Provide an in-depth understanding of the experiences of Core Members and volunteers as they engage within prison-based CoSA at HMP Whatton;
- Examine the particular needs of intellectually disabled and elderly Core Members and their supporting volunteers, as they engage in a CoSA;
- Understand and explore the psychologically meaningful risk-related changes in people who have sexually offended, relating to reoffending over time, as they engage in CoSA;
- Explore reasons for Circles ending;
- Report on the number of Core Members who have safely re-integrated into their community;
- Highlight changes over time for risk-related items on the Dynamic Risk Review (DRR);
- Report on the re-integration of Core Members as assessed by participation in appropriate hobbies and activities, having stable accommodation and having any paid or voluntary employment;
- To evaluate the SLF's other general and doctoral research;
- To ensure robust evaluation data are collated and disseminated that can form the platform for future funding bids.

Table of Contents

SOCAMRU
Sexual Offences, Crime and Misconduct
Research Unit

SOCAMRU
Sexual Offences, Crime and Misconduct
Research Unit

Foreword

All of the Safer Living Foundation's evaluations go through ethical approval before commencement. These ethical bodies include HMPPS National Research Committee and Nottingham Trent University's School of Business, Law and Social Sciences.

The ethical application and approval process is extremely thorough. It is an opportunity for committees to ensure that the research is relevant, that it will be conducted appropriately and that the investigators will take suitable measures to mitigate any risk or harm. Furthermore, it is a chance for the researchers to clarify the research question, to ensure there are no ambiguities about the methodology and to remind themselves of the British Psychological Society's (BPS) ethical code of conduct to which they must adhere.

The majority of the research team are chartered psychologists with others either being early career researchers or PhD students. Therefore, the research conducted for the SLF is done so with respect, competence, responsibility and integrity. The researchers also aim to work in line with the BPS's practical guidelines that are underpinned by five core skills: assessment; formulation, intervention or implementation; evaluation; and communication. Consequently, the majority of SLF research projects are process and outcome evaluations aimed at informing evidence-based best practice. This implementation of learning is hoped to reduce sexual (re)offending and prevent future victims of sexual crime.

SOCAMRU
Sexual Offences, Crime and Misconduct
Research Unit

Part A: Evaluation of prison CoSA

Demographics and Journeys of Core Members on a Prison CoSA

This study addresses the following aims:

- To report on the types of referrals received to the service in order to understand the demographics of the sample and inform appropriate referrals in the future;
- Explore reasons for Circles ending;
- Report on the number of Core Members who have safely re-integrated into their community.

Referrals and Overview of Journeys

Forty-seven Circles have started to date and Figure 1 below provides a summary of the operation of these Circles. Twenty of these are prison-based, twenty are community-based and seven are CoSA for a young person. The figure below shows the number of CoSA that are still running as well as those that have ceased and whether this was planned or not.

The six prison-CoSA which had unexpected endings were due to recall either because of breaching license conditions (5) or disengagement (1). However, all are considered successful as they ran past three months. Five community CoSA have ended unexpectedly due to recall (3), inappropriate behaviour (1) and disengagement (1). Two young people's CoSA have ended unexpectedly due to dropout and disengagement.

Finally, eleven prison and nine community CoSA have had a planned ending, with one young people's CoSA having a planned ending so far.

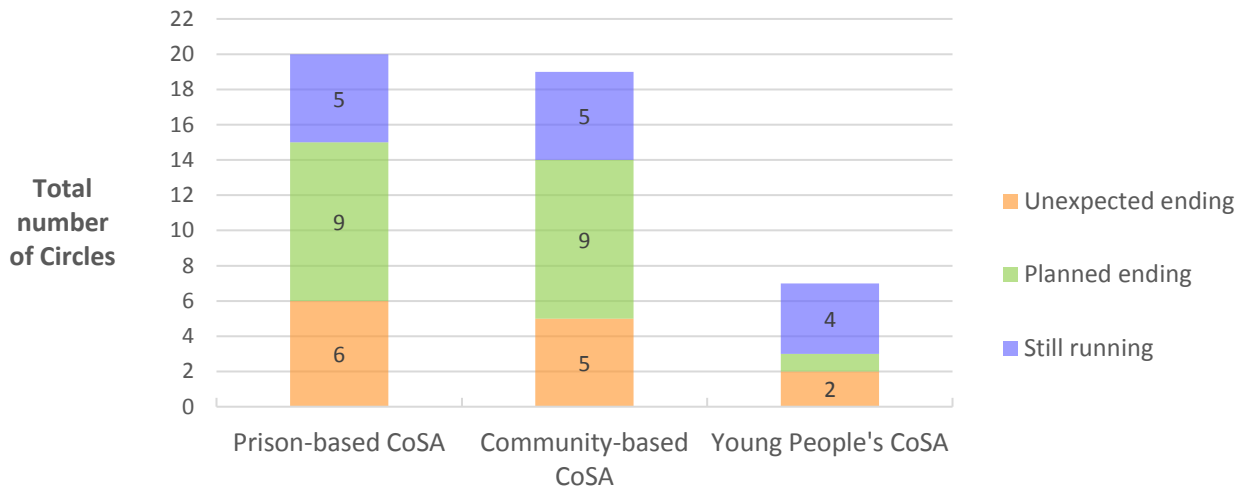*Figure 1.* Summary of operation and ended prison and community CoSA

Referral Information

There has been 209 referrals for circles since project commencement with 54 for prison CoSA, 68 for community CoSA, 11 for young people's CoSA and 77 unspecified. Figure 2 summarises the breakdown of referrals between different SLF CoSA projects.

SOCAMRU
Sexual Offences, Crime and Misconduct
Research Unit

Total number of refferals: 209
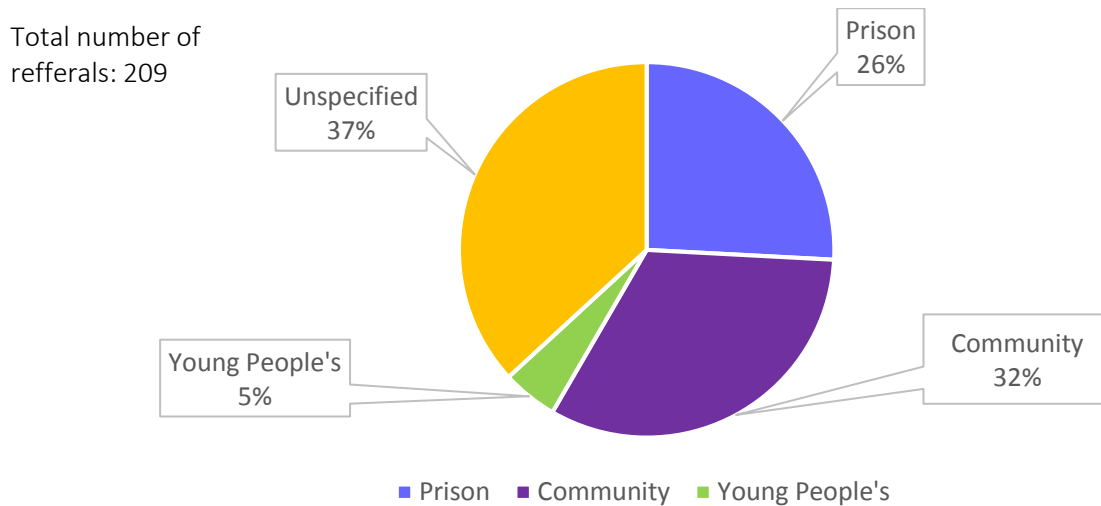
Figure 2. Breakdown of referrals between CoSA projects. This figure demonstrates the majority of referrals did not pertain to a specific Circle project.

There are a variety of reasons for every non-starter who was referred, but did not go on to, a Circle. These include the person being assessed as too low risk, being relocated outside of the Nottinghamshire or Derbyshire area, declining the Circle, being deemed a risk to the volunteers, being recalled or not fitting the criteria. However, it is important to note that those who did want a Circle but were ineligible for the SLF CoSA were referred to other CoSA projects in the country by the SLF coordinators.

Referrals for Circles come from a variety of sources. Figure 3 summarises the breakdown of the places from which the SLF receives their referrals.
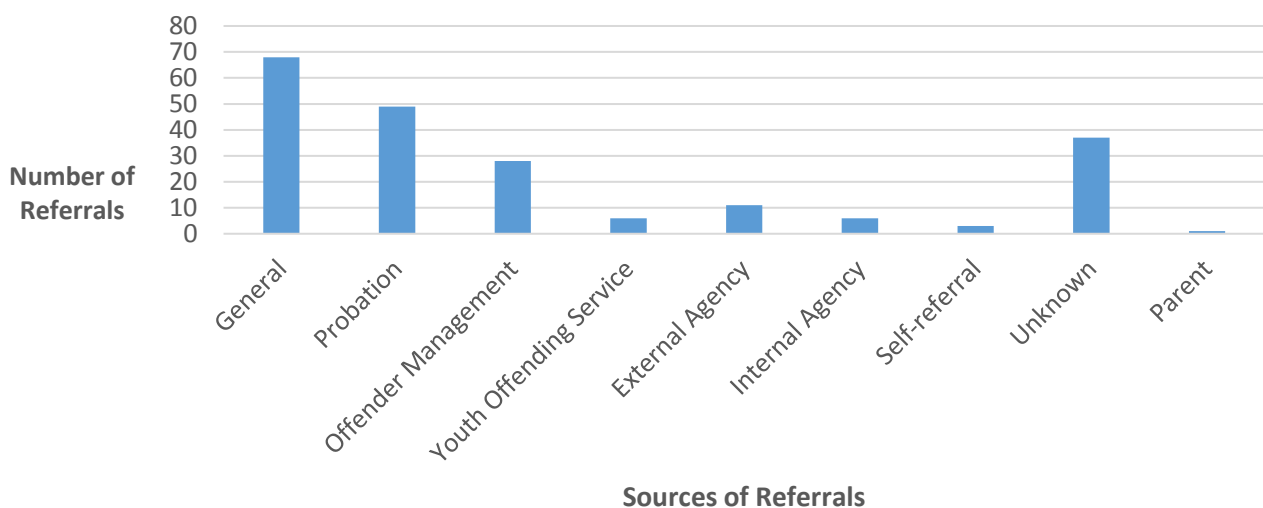
Figure 3. Breakdown of places from which referrals are received. This figure demonstrates the majority come from General Applications from within the prison.

End of Circle Information

Of the five prison CoSA that ended unexpectedly were due to recall. Eleven prison CoSA have had a planned ending.

SOCAMRU
Sexual Offences, Crime and Misconduct
Research Unit

Demographics

At the time of their acceptance on to a prison-based CoSA, the age range for the Core Members was 25-78 (incomplete data set, statistics will be made available in the next report) and all identify as White British. Figures 4-8 present demographic data collected on the Core Members.
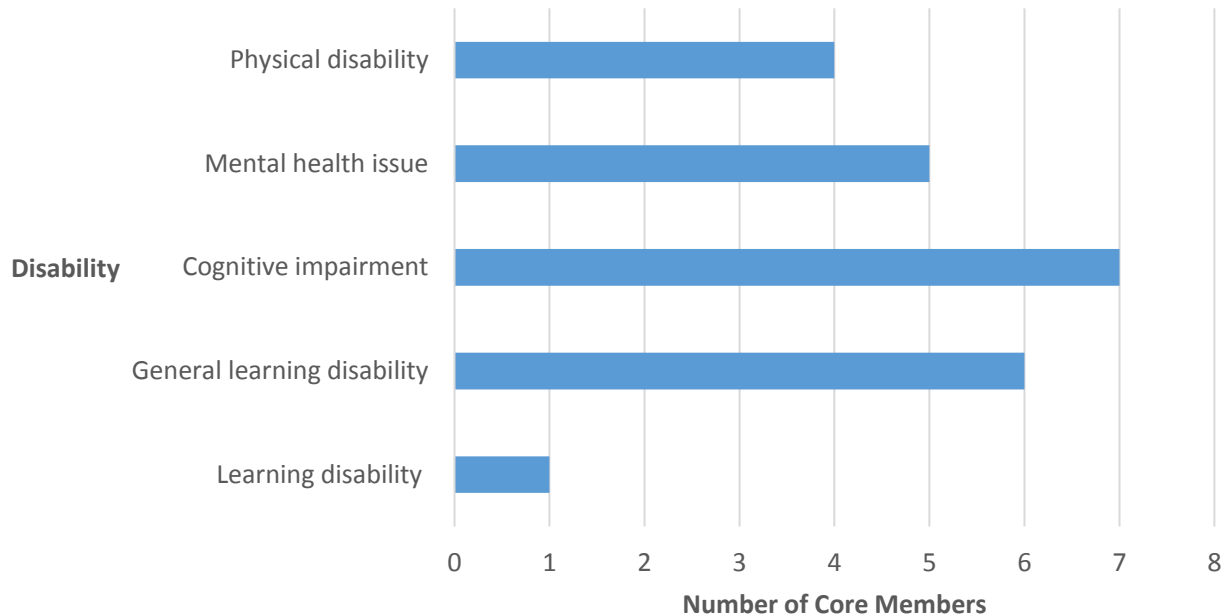
Figure 4. Prison CoSA Core Member Disability. This figure demonstrates the number of men diagnosed with a disability, the majority of whom have a cognitive impairment.
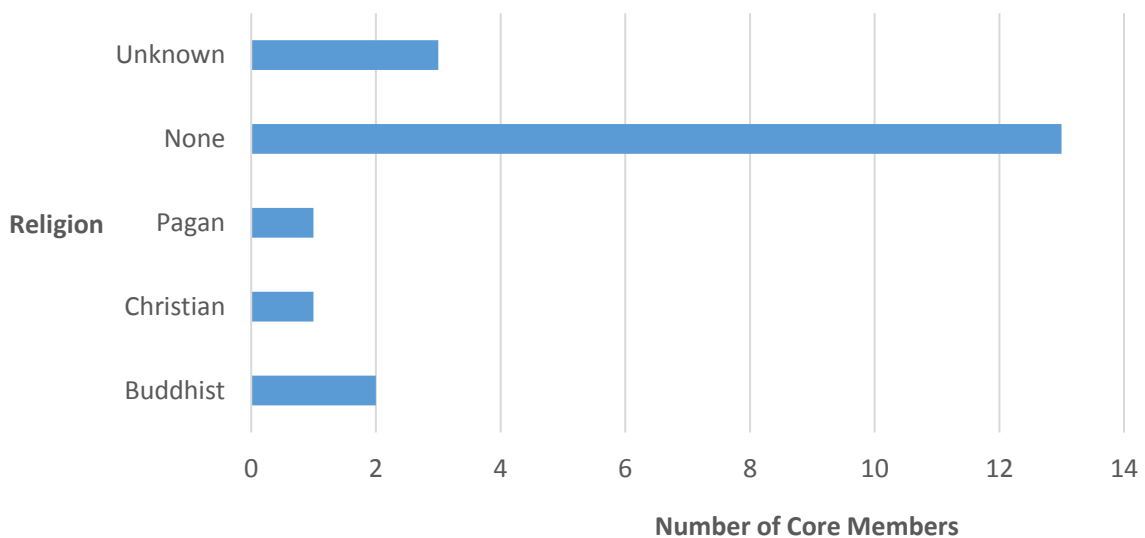
Figure 5. Prison CoSA Core Member Religion. This figure demonstrates the number of men that identify with different religions. This figure demonstrates that the majority do not identify as religious.

SOCAMRU
Sexual Offences, Crime and Misconduct Research Unit
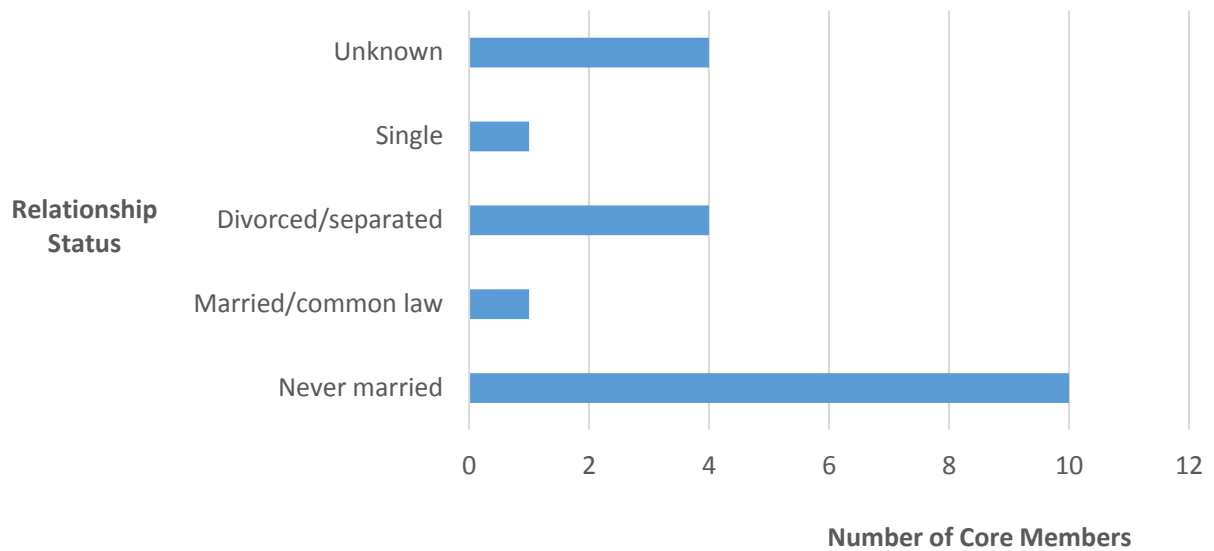
Figure 6. Prison CoSA Core Member Relationship Status. This figure demonstrates the number of Core Members in different relationship statuses. The majority of men report to have never been married.
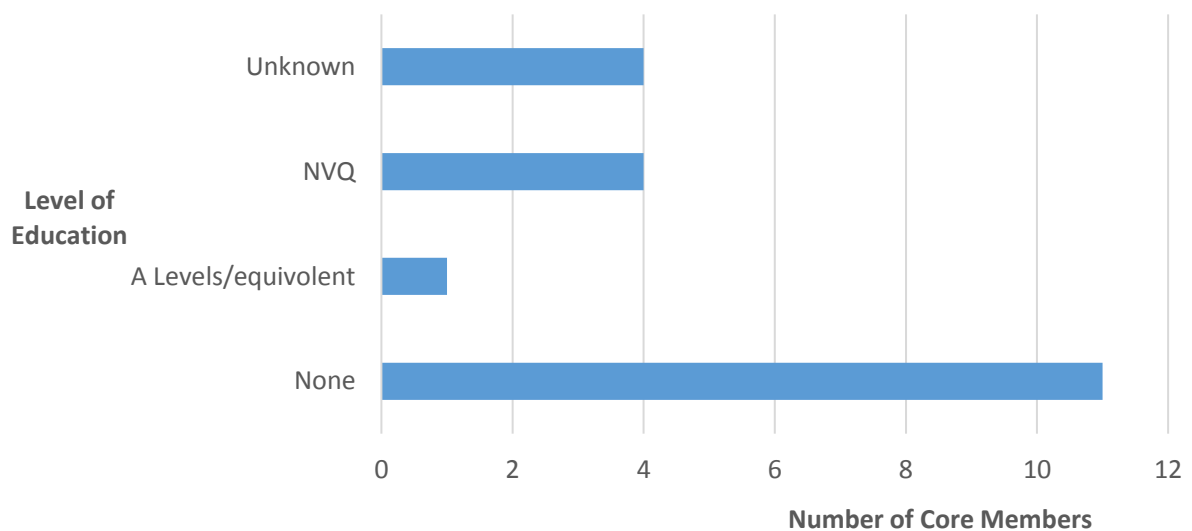
Figure 7. Prison CoSA Core Member Level of Education. This figure demonstrates the proportion of Core Members who have achieved different levels of education. The majority of men report not to have achieved any level of education.

SOCAMRU
Sexual Offences, Crime and Misconduct
Research Unit
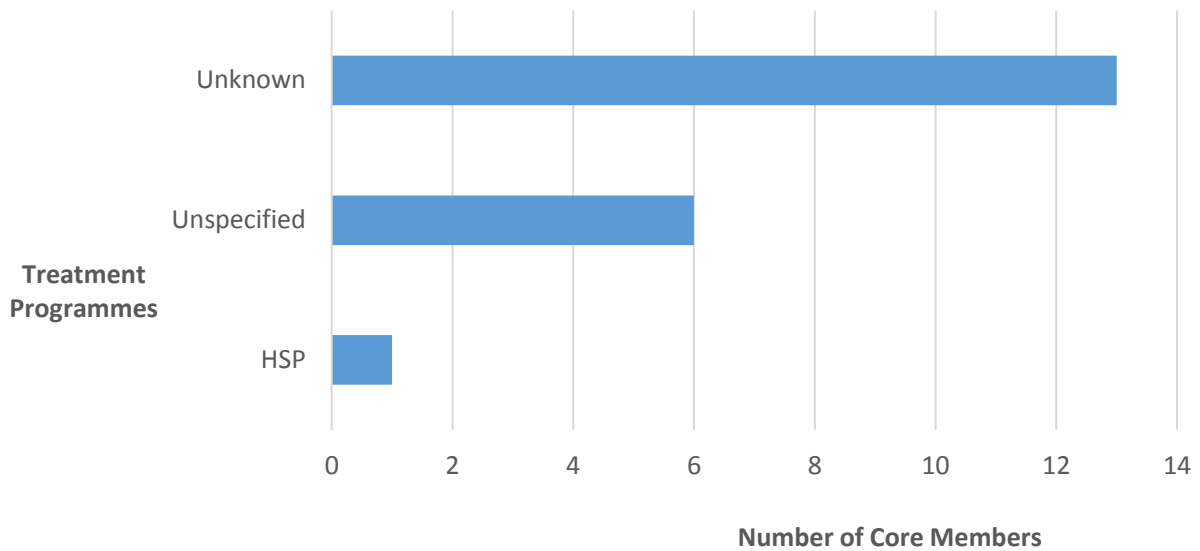
Figure 8. Prison CoSA Core Member Treatment Programme Completion. This figure demonstrates the number of men who have completed different Sex Offender Treatment Programmes.

Offending and Risk

The range of ages at which the Core Members received their first conviction is 18-29 (incomplete data set, statistics will be made available in the next report). Figures 9 and 10 present data collected on the Core Member's index offences and their Risk Matrix 2000-Sexual score (RM2000-S).
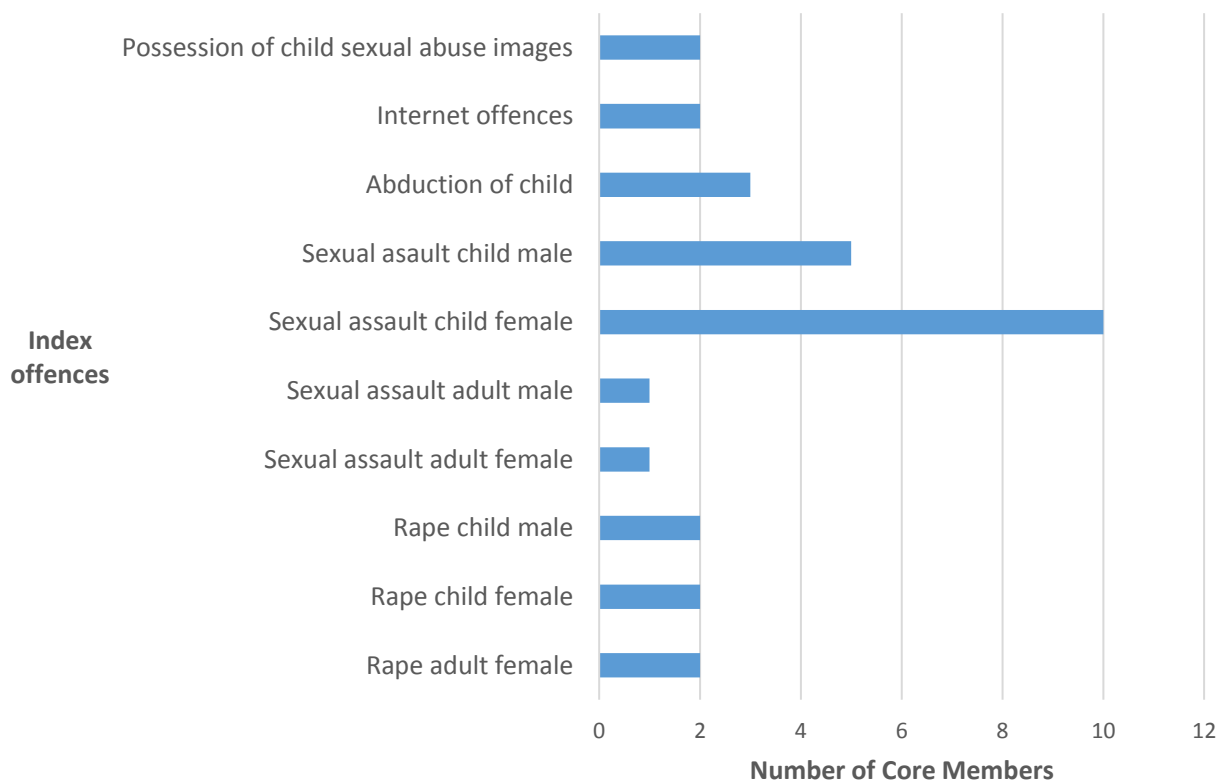
Figure 9. Prison CoSA Core Member's Index Offences. The figure shows how many of the men were charged with different index offences, the most common being sexual assault against a female child.

SOCAMRU
Sexual Offences, Crime and Misconduct Research Unit
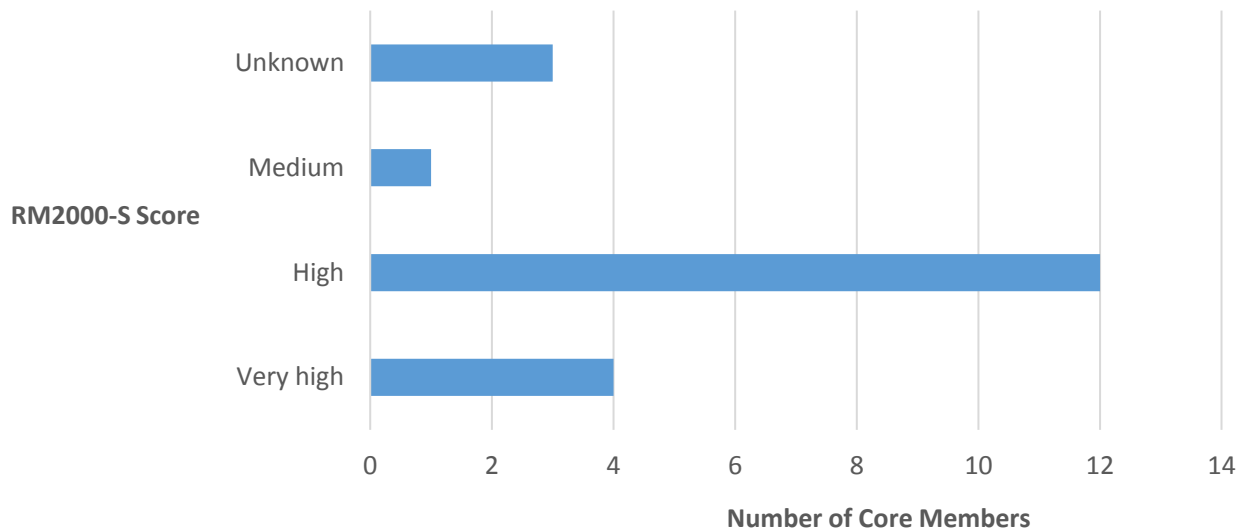
Figure 10. Prison CoSA Core Member's RM2000-S Score. This figure demonstrates the breakdown of risk scores between the men, the most common being 'high risk'. This means the majority of Core Members were scored as being at high risk of sexual offending.

Reconvictions and Recalls

This study addresses the following aim:

- To assess the success of CoSA in protecting the public by preventing further abuse (through reconviction data including recalls).

This study will address the following research questions:

1. What are the reconviction rates of the sample 5 years post-CoSA?
2. Are there any differences in reconviction rates between those participating in CoSA and baseline reoffending statistics?

Results

Data will not be available for this until at least five years post Circle.

Psychological Change over Time

This study addresses the following aim:

- To understand the impact of CoSA in relation to a number of psychological factors associated with risk of reoffending and/or successful reintegration (by assessing psychometric change over time).

This study will address the following research questions:

SOCAMRU
Sexual Offences, Crime and Misconduct
Research Unit

1. Are there any changes in levels of (i) hope, (ii) personal growth, (iii) social/emotional loneliness, (iv) social support and (v) mental wellbeing over time for individuals on a prison-based CoSA?

Method

Procedure

Psychometric scales were administered to prison CoSA Core Members at the time points outlined in table 1 below. There are additional time points surrounding the time of release for prison-based CoSA. This is due to the significance of this period of time and the literature that indicates the period of release is particularly sensitive when thinking about desistance from sexual crime (see Aresti, Eatough & Brooks-Gordon, 2010; Maguire & Raynor, 2006; Pratt, Piper, Appleby, Webb & Shaw, 2006).

The data is collected at the time points to allow for analysis of change over time. In particular, the pre and post-Circle time points are of interest as it is hypothesised that they should indicate significantly improved scores on the psychological constructs measured over time on a Circle.

Table 1.

Timetable for Prison CoSA Psychometric Administration

Tool	Pre-CoSA	2-4 weeks pre-release	2-4 weeks post-release	Midway through the Circle	Post-CoSA
Hope Scale	✔	✔	✔	✔	✔
Personal Growth Initiative Scale- II	✔	✔	✔	✔	✔
SELSA-S	✔	✔	✔	✔	✔
MOS Social Support Survey	✔	✔	✔	✔	✔
Adapted Emotional Loneliness Questionnaire	✔	✔	✔	✔	✔

Psychometric Scales

Data collection for this study involves the administration of the following psychometric scales:

07/02/2019

SOCAMRU
Sexual Offences, Crime and Misconduct
Research Unit

i) Hope scale (Snyder et al., 1991)- This scale measure Snyder's cognitive model of hope which defines hope as "a positive motivational state that is based on an interactively derived sense of successful (a) agency (goal directed energy), and (b) pathways (planning to meet goals)" (Snyder, Irving, & Anderson, 1991, p. 287). The scale has been used to apply hope theory and assess motivations in previous studies and has been used with populations of people who have sexually offended (e.g. Marshall et al., 2008). The scales consist of 12 items with two subscales; four items measure 'pathways thinking' (planning ways to meet goals), four items measure 'agency thinking' (goal-directed determination) and the remaining four items are 'fillers'. The scale is rated on a 1-4 likert scale from Definitely False to Definitely True.

ii) Personal Growth Initiative Scale II (PGIS II; Robitschek et al., 2012)- The PGIS II is a self-report instrument that yields a single scale score for personal growth initiative. Personal growth initiative is a person's active and intentional involvement in changing and developing as a person. The PGIS II consists of 16 items that are rated on a likert scale from Strongly Disagree to Strongly Agree. Item scores are summed to obtain a total PGI score. There is evidence that the PGIS II is strongly positively related to psychological wellbeing.

iii) Social and Emotional Loneliness Scale-short version (SELSA-S; Ditommaso, Brannen & Best, 2004)- This scale measures two different domains of emotional loneliness and social isolation. Within the emotional loneliness, there are two sub-scales of family loneliness and romantic loneliness. The scale is validated with offenders and has good internal reliability. It is crucial to the research that a measure of loneliness/isolation is captured as this is identified as a key risk factor for reoffending in the literature and one of Circle's fundamental principles is to counteract this loneliness and isolation in order to reduce reoffending. The scale has 15 items and is rated on a scale from Strongly Disagree to Strongly Agree.

iv) MOS Social Support Survey (Sherbourne & Stewart, 1991)- This scale was originally designed for outpatients and has been used in health and wellbeing research. The scale is multidimensional in that it focuses on the perceived availability, if needed, of various components of functional social support: emotional/informational, tangible, affectionate and positive social interaction. Research suggests that the perceived availability of functional support is the most essential aspect of social support (House & Kahn in Cohen & Syme, 1985). The MOS survey is found to be easy to administer to chronically ill patients as items are designed specifically to be short, simple and easy to understand, restricted to one idea in each stem. The scale has 19 items and is rated on a scale from None of the Time to All of the Time.

v) Adapted Emotional Loneliness Questionnaire- This scale is one of the standard scales used by the National Offender Management Service (NOMS) and the prison service. It has been used in prison and with the population of people with sexual convictions and has been adapted by NOMS in order to be accessible to intellectually disabled populations. As a high proportion of our participant pool may have some form of

SOCAMRU
Sexual Offences, Crime and Misconduct
Research Unit

intellectual disability, the scale is a useful addition to the SELSA details above. The scale has 18 items and is rated on a three point likert scale (Yes, No or Don't Know).

vi) Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS; Tennant et al., 2006; Tennant et al., 2007)- The WEMWBS is an ordinal, self-report measure consisting of 14 positively phrased Likert items. The WEMWBS is designed to measures two distinct perspectives of mental wellbeing: "the subjective experience of happiness and life satisfaction, and the psychological functioning and self-realization" (Tennant et al., 2007 p. 2). The scale was selected for its validity, reliability, appropriateness and brevity with this population.

The following information will be available in the next update report:

- Cronbach's alpha scores of the psychometrics

Results

The following information will be available in the next update report:

- Significant results of the statistical analysis conducted on the data collected from the psychometric scales
- Appropriate figures summarising this data

Dynamic Risk

This study will address the following aims:

- Highlight changes over time for risk-related items on the Dynamic Risk Review (DRR);
- Report on the re-integration of Core Members as assessed by participation in appropriate hobbies and activities, having stable accommodation and having any paid or voluntary employment.

Methodology

Dynamic Risk Review data are collected routinely for by the CoSA Coordinator every three months. SPSS (or AMOS) will be used to analyse DRR data, including an analysis of changes over time; a content or summary analysis of qualitative comments from DRR data; and a descriptive summary of Core Members accessing stable accommodation, and being involved in work and appropriate hobbies / interests.

Results

The following information will be available in the next update report:

- Analysis of changes over time
- Content/summary analysis of qualitative comments
- Descriptive summary regarding accessing stable accommodation, involvement in work and hobbies

Post PhD Research

There is a large gap in the research regarding what happens to the Core Members after the support of the volunteers is no longer there. The Core Members of the prison-model CoSA have previously expressed sadness and in some cases concern regarding the ending of their CoSA journey (Kitson-Boyce, Blagden, Winder and Dillon, 2018a; Kitson-Boyce et al., 2018b). A new research project has therefore been developed to explore this further.

This project is currently being reviewed by the prison ethics board IRAS. Once approval from IRAS received, ethics forms will be submitted to NTU SREC and it is hoped data collection will commence in March 2019. The evaluation plan and design of this project are outlined below and findings will be produced once data becomes available.

Objectives

To explore qualitatively the experience of the Core Members from the prison-model CoSA after their time with the CoSA has ended. Conducting interviews at this time-point would enable further consideration and exploration of the role a prison-model CoSA plays in a Core Member's journey towards the normalcy/reintegration phase of the ITDSO (Göbbels, Ward & Willis, 2012). In doing this, the extent to which the ex-Core Members define themselves as a non-offending member of society, who is fully reintegrated within the community, will be explored.

Methods

Design

A semi-structured interview will be used to explore areas surrounding individuals experience since their time with a prison-model CoSA ended. Daily life and routines along with level of support will be included within this. The future aspirations of the individuals and their progression towards achieving these will also be considered.

Sample

Participants will be individuals who have previously been a Core Member on a prison-model CoSA with their time with the volunteers ending at least 6 months previously. There are currently, approximately, seven potential participants that can be approached once approval is granted. This information is held on databases in HMP Whatton, therefore approval to access this database has been sought from the Governor of the prison and IRAS. All potential participants have previously signed a consent form stating they are happy to be contacted by the research team about future research.

Procedure

The lead researcher will contact potential participants to ask if they would like to attend an initial meeting about the research. Here information will be given and consent sought. A research phone has been ordered at NTU to enable data collection to be arranged in this way. If the potential participants consent, semi-structured interviews will take place at the Corbett Centre. After the

SOCAMRU
Sexual Offences, Crime and Misconduct
Research Unit

initial participants are interviewed, data collection will continue on a rolling basis. Individuals will be approached approximately six months after their prison-model CoSA has ended.

Data Analysis

The data will be analysed using Interpretative Phenomenological Analysis (IPA). Once data has been collected

Implications

This research project has scope to be extended to include individuals who have previously been a Core Member on the community-model of CoSA. This will enable the role both prison and community models play in the Core Members' journey towards desistance, thus allowing a comparison between these journeys to be considered.

Part B: Evaluation of Community CoSA

Demographics and Journeys of Core Members on a Community CoSA

Referrals and Overview of Journeys

Please refer to Evaluation of Prison CoSA, Referrals and overview of journeys and Figure 1 for this information (pg. 3).

Referral information

Please refer to Evaluation of Prison CoSA, Referral Information, Figures 2 and 3 for this information (pg. 4).

End of Circle Information

Fourteen Community-based Circles have now ended. Eleven of these were planned and successful. Five were unplanned endings whereby 3 were recalled, 1 refused to cooperate and behaved inappropriately with the volunteers, and 1 disengaged.

Demographics

At the time of their acceptance on to a community-based CoSA, the age range for the Core Members was 23-76 (incomplete data set, statistics will be made available in the next report). Eighteen identified as White British with one identifying as Italian and one unknown. Figures 11-15 present demographic data collected on the Core Members.

SOCAMRU
Sexual Offences, Crime and Misconduct
Research Unit
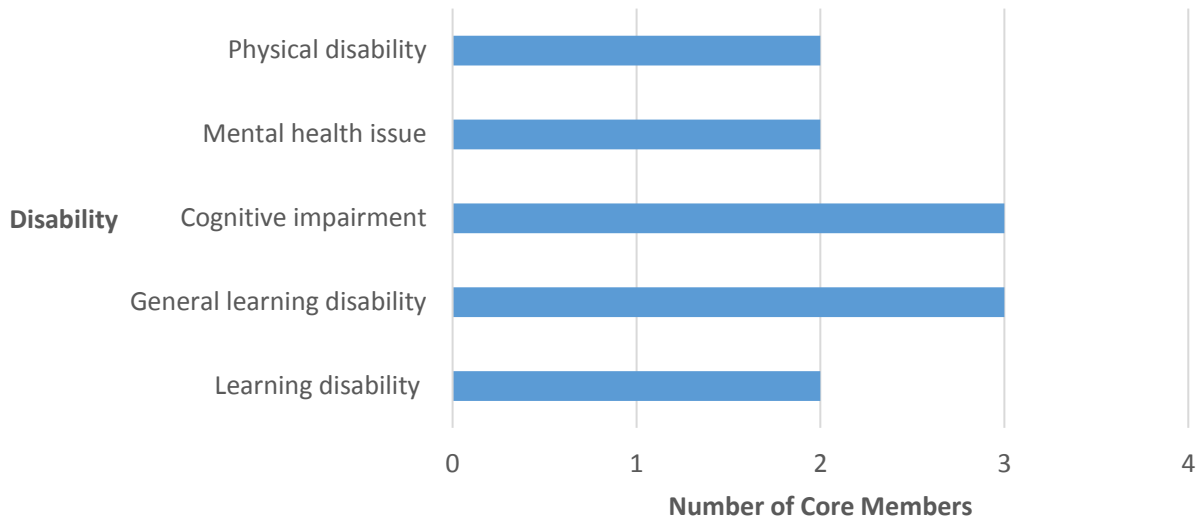
Figure 11. Community CoSA Core Member Disability. This figure demonstrates the number of men diagnosed with a disability, the majority of whom have a cognitive impairment and/or general learning disability.
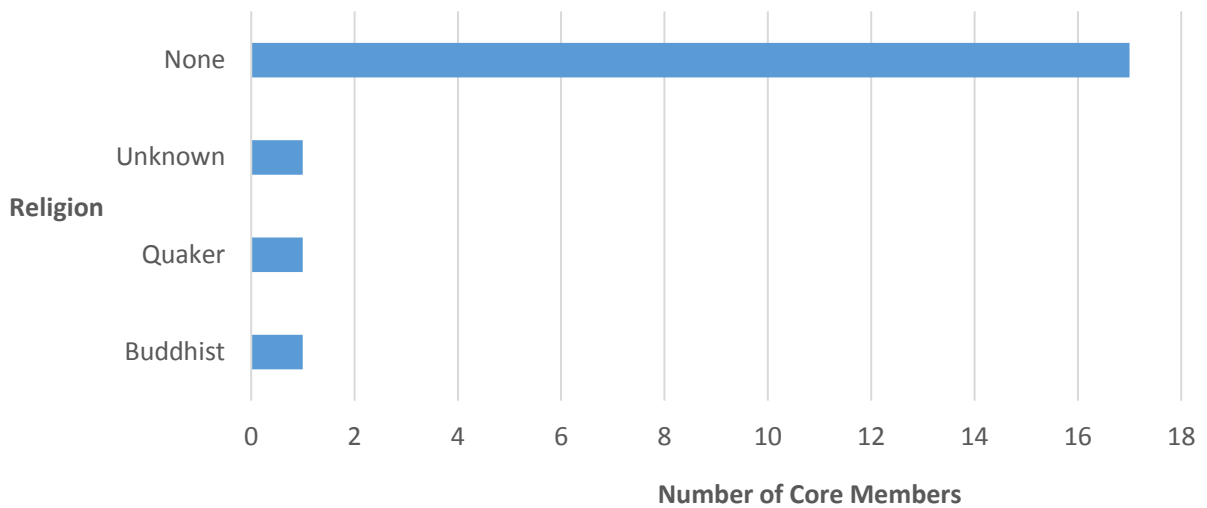
Figure 12. Community CoSA Core Member Religion. This figure demonstrates the number of men that identify with different religions. This figure demonstrates that the majority do not identify as religious.

SOCAMRU
Sexual Offences, Crime and Misconduct
Research Unit
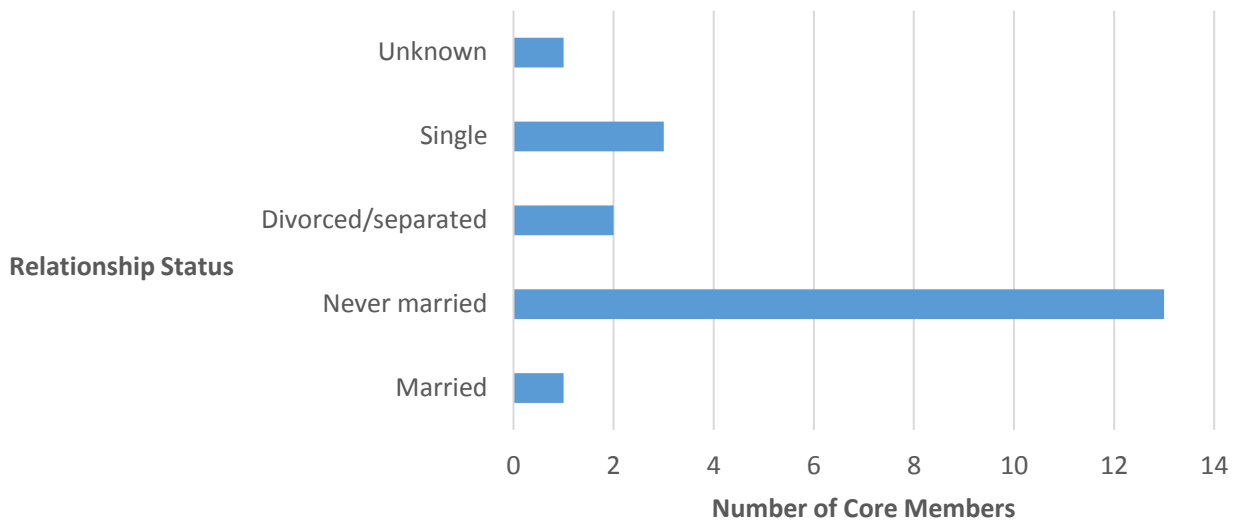
Figure 13. Community CoSA Core Member Relationship Status. This figure demonstrates the number of Core Members in different relationship statuses. The majority of men report to have never been married.
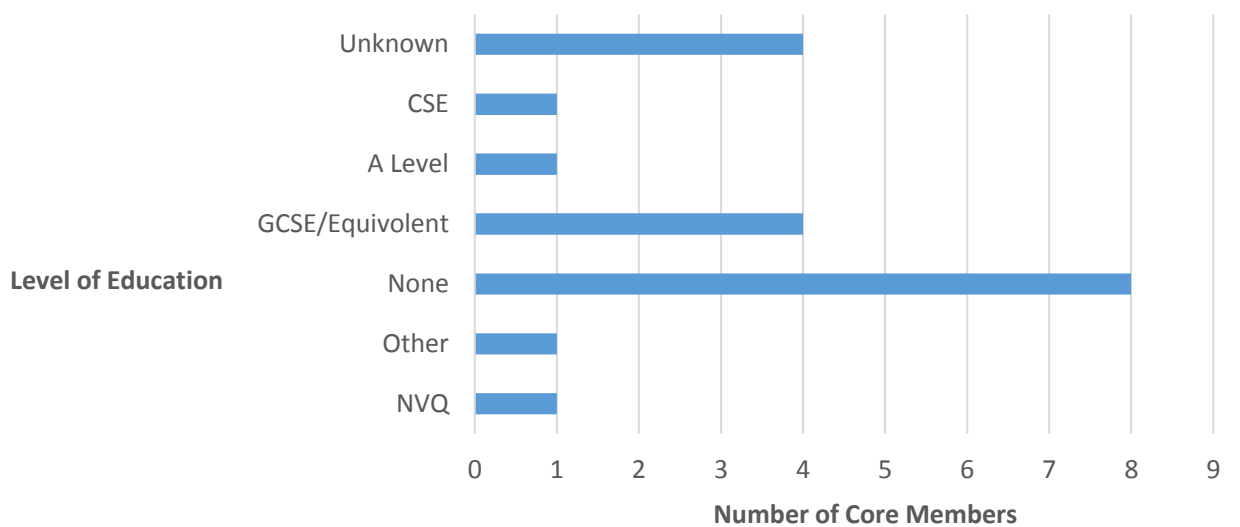
Figure 14. Community CoSA Core Member Level of Education. This figure demonstrates the proportion of Core Members who have achieved different levels of education. The majority of men report not to have achieved any level of education.

SOCAMRU
Sexual Offences, Crime and Misconduct
Research Unit
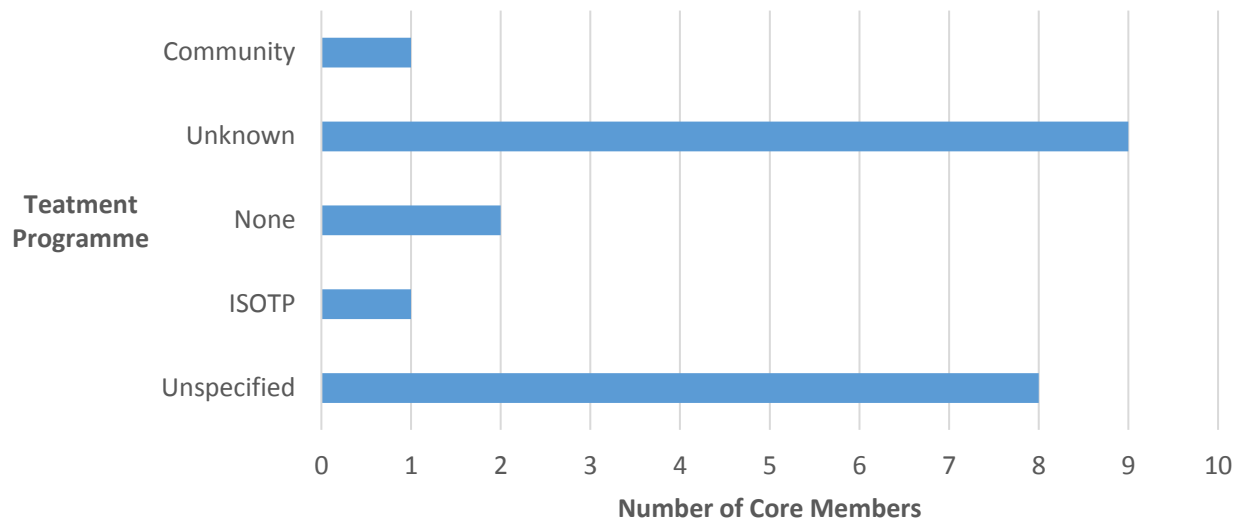
Figure 15. Community CoSA Core Member Treatment Programme Completion. This figure demonstrates the number of men who have completed different Sex Offender Treatment Programmes.

Offending and Risk

The range of ages at which the Community CoSA Core Members received their first conviction is 16-31 (incomplete data set, statistics will be made available in the next report). Figures 16 and 17 present data collected on the Core Member's index offences and their Risk Matrix 2000-Sexual score (RM2000-S).
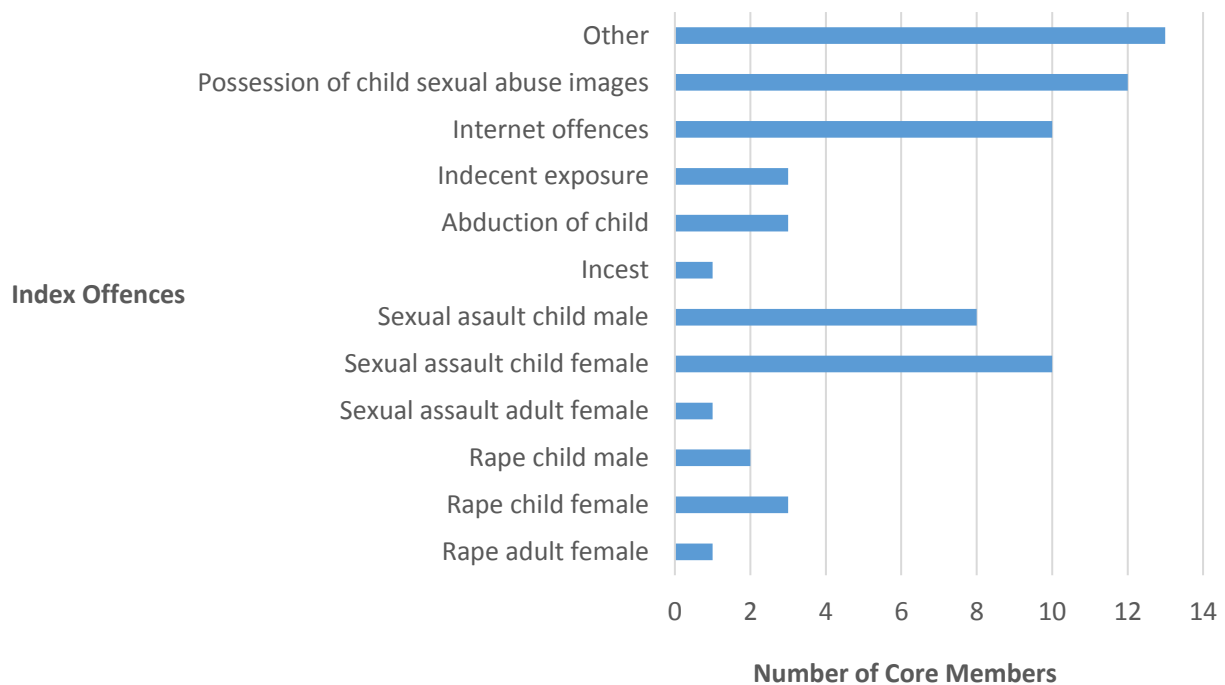
Figure 16. Community CoSA Core Member's Index Offences. The figure shows how many of the men were charged with different index offences.

SOCAMRU
Sexual Offences, Crime and Misconduct
Research Unit
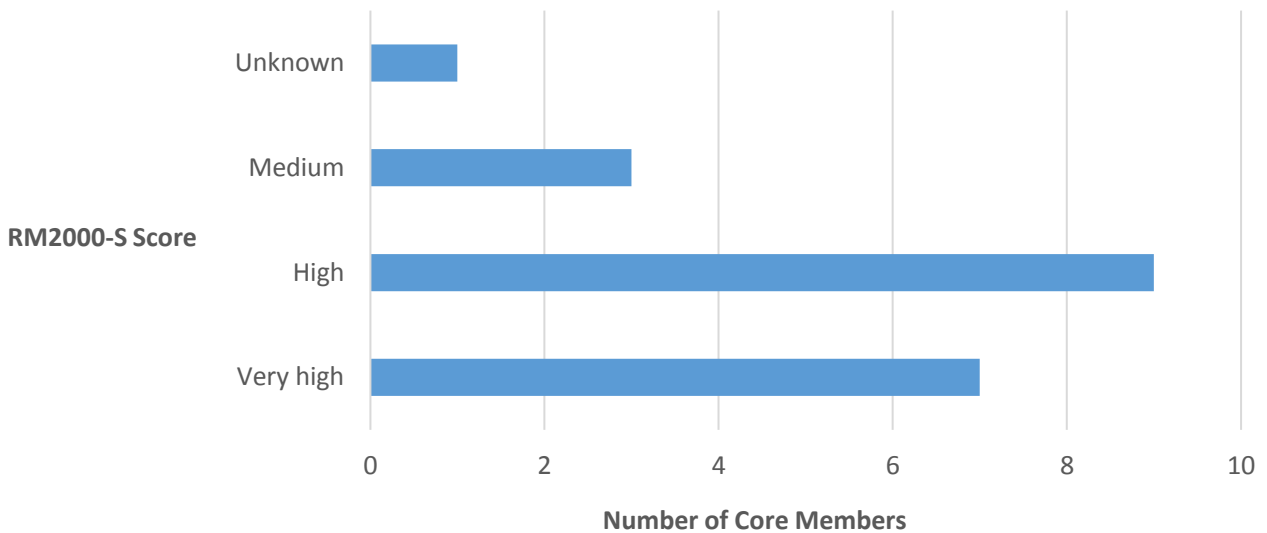
Figure 17. Community CoSA Core Member's RM2000-S Scores. This figure demonstrates the breakdown of risk scores between the men, the most common being 'high risk'. This means the majority of Core Members were scored as being at high risk of sexual offending.

Reconvictions and Recalls

This study addresses the following aim:

- To assess the success of CoSA in protecting the public by preventing further abuse (through reconviction data including recalls).

This study will address the following research questions:

3. What are the reconviction rates of the sample 5 years post-CoSA?
4. Are there any differences in reconviction rates between those participating in CoSA and baseline reoffending statistics?

Results

Data will not be available for this until at least five years post Circle.

Psychological Change over Time

This study addresses the following aim:

- To understand the impact of CoSA in relation to a number of psychological factors associated with risk of reoffending and/or successful reintegration (by assessing psychometric change over time).

This study will address the following research questions:

SOCAMRU

Sexual Offences, Crime and Misconduct
Research Unit

1. Are there any changes in levels of (i) hope, (ii) personal growth, (iii) social/emotional loneliness, (iv) social support and (v) mental wellbeing over time for individuals on a community-based CoSA?

Method

Procedure

Psychometric scales are administered to community-based CoSA Core Members at the time points outlined in table 2 below.

The data is collected at the time points to allow for analysis of change over time. In particular, the pre and post-Circle time points are of interest as it is hypothesised that they should indicate significantly improved scores on the psychological constructs measured over time on a Circle. The WEMWBS is however administered every three months (including a pre and post-CoSA time point). This is due to specific requirements for the community-CoSA (funded by the Big Lottery).

Table 2.

Timetable for Community CoSA Psychometric Administration

Tool	Pre-CoSA	2-4 weeks pre-release	2-4 weeks post-release	Midway through the Circle	Post-CoSA
Hope Scale	✓	✓	✓	✓	✓
Personal Growth Initiative Scale- II	✓	✓	✓	✓	✓
SELSA-S	✓	✓	✓	✓	✓
MOS Social Support Survey	✓	✓	✓	✓	✓
Adapted Emotional Loneliness Questionnaire	✓	✓	✓	✓	✓

Psychometric Scales

Data collection for this study involves the administration of the following psychometric scales:

i) Hope scale (Snyder et al., 1991)- This scale measure Snyder's cognitive model of hope which defines hope as "a positive motivational state that is based on an interactively

SOCAMRU
Sexual Offences, Crime and Misconduct
Research Unit

derived sense of successful (a) agency (goal directed energy), and (b) pathways (planning to meet goals)" (Snyder, Irving, & Anderson, 1991, p. 287). The scale has been used to apply hope theory and assess motivations in previous studies and has been used with sex offender populations (e.g. Marshall et al., 2008). The scales consist of 12 items with two subscales; four items measure 'pathways thinking' (planning ways to meet goals), four items measure 'agency thinking' (goal-directed determination) and the remaining four items are 'fillers'. The scale is rated on a 1-4 likert scale from Definitely False to Definitely True.

ii)   Personal Growth Initiative Scale II (PGIS II; Robitschek et al., 2012)- The PGIS II is a self-report instrument that yields a single scale score for personal growth initiative. Personal growth initiative is a person's active and intentional involvement in changing and developing as a person. The PGIS II consists of 16 items that are rated on a likert scale from Strongly Disagree to Strongly Agree. Item scores are summed to obtain a total PGI score. There is evidence that the PGIS II is strongly positively related to psychological wellbeing.

iii)   Social and Emotional Loneliness Scale-short version (SELSA-S; Ditommaso, Brannen & Best, 2004) - This scale measures two different domains of emotional loneliness and social isolation. Within the emotional loneliness domains, there are two sub-scales of family loneliness and romantic loneliness. The scale is validated with offenders and has good internal reliability. It is crucial to the research that a measure of loneliness/isolation is captured as this is identified as a key risk factor for reoffending in the literature and one of Circle's fundamental principles is to counteract this loneliness and isolation in order to reduce reoffending. The scale has 15 items and is rated on a scale from Strongly Disagree Strongly Agree.

iv)   MOS Social Support Survey (Sherbourne & Stewart, 1991)- This scale was originally designed for outpatients and has been used in health and wellbeing research. The scale is multidimensional in that it focuses on the perceived availability, if needed, of various components of functional social support: emotional/informational; tangible; affectionate; and positive social interaction. Research suggests that the perceived availability of functional support is the most essential aspect of social support (House & Kahn in Cohen & Syme, 1985). The MOS survey has been found to be easy to administer to chronically ill patients as items were designed specifically to be short, simple and easy to understand, restricted to one idea in each stem. The scale has 19 items and is rated on a scale from 1= None of the Time to 5 = All of the Time.

v)   Adapted Emotional Loneliness Questionnaire- This scale is one of the standard scales used by the National Offender Management Service (NOMS) and the prison service. It has been used in prison and sex offender populations and has been adapted by NOMS in order to be accessible to intellectually disabled populations. As a high proportion of our participant pool may have some form of intellectual disability, the scale is a useful addition to the SELSA details above. The scale has 18 items and is rated on a three point likert scale (Yes, No or Don't Know).

vi)   Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS; Tennant et al., 2006; Tennant et al., 2007)- The WEMWBS is an ordinal, self-report measure consisting of 14 positively phrased Likert items. The WEMWBS is designed to measures two distinct perspectives of mental wellbeing: "the subjective experience of happiness and life satisfaction, and the psychological functioning and self-realization" (Tennant et al., 2007 p. 2). The scale was selected for its validity, reliability, appropriateness and brevity with this population.

The following information will be available in the next update report:

- Cronbach's alpha scores of the psychometrics

Results

The following information will be available in the next update report:

- Significant results of the statistical analysis conducted on the data collected from the psychometric scales
- Appropriate figures summarising this data

Dynamic Risk

This study will address the following aims:
- Highlight changes over time for risk-related items on the Dynamic Risk Review (DRR);
- Report on the re-integration of Core Members as assessed by participation in appropriate hobbies and activities, having stable accommodation and having any paid or voluntary employment.

Methodology

Dynamic Risk Review data are collected routinely for by the CoSA Coordinator every three months. SPSS (or AMOS) will be used to analyse DRR data, including an analysis of changes over time; a content or summary analysis of qualitative comments from DRR data; and a descriptive summary of Core Members accessing stable accommodation, and having involvement in work and appropriate hobbies / interests.

Results

The following information will be available in the next update report:

- Analysis of changes over time
- Content/summary analysis of qualitative comments
- Descriptive summary regarding accessing stable accommodation, involvement in work and hobbies

Research Questions

The research questions are presented in table 1 along with the research studies that seek to answer them. In addition to the questions within table 1, the second part of the literature review attempted to address the question:

- How is success and failure defined in CoSA?

Table 3.

Research Questions and associated studies, which aim to provide answers

Research Question	DRR & WEMWBS	EOCR	CM Typologies	Case Studies
What contributes to success in CoSA?		✔	✔	✔
Why do some Circles fail and others succeed?		✔	✔	✔
Does CoSA promote desistance?	✔		✔	
How effective is CoSA at reducing recidivism?	✔			
How effective is CoSA in promoting Core Member reintegration?	✔	✔		✔

Research Objectives

Dynamic Risk and Wellbeing

Circles of Support and Accountability are built upon the two core principles of *no more victims* and *nobody is disposable* (Hannem & Petrunik, 2007). An evaluation of Core Member dynamic risk and wellbeing therefore became the first point of investigation. To date there has been little evidence upon the ability of Circles to reduce Core Member risk in the UK (Bates et al., 2014). Although there have been more positive results in America (Duwe, 2018). Dynamic risk was measured to evaluate the effectiveness of CoSA in reducing Core Member recidivism. Whilst much research has explored Core Member risk, in recent years there has been an interest in other positive effects of Circles upon Core Member wellbeing (Clarke, Brown & Vollm, 2017). This study aims to measure Core Member wellbeing over time to evaluate the ability of CoSA to improve Core Member wellbeing. This study aims to build upon the literature by measuring dynamic risk, mental wellbeing and interactions of Core Members accessing Circles in the UK. The study utilises psychometric scales to allow measurement of dynamic risk and wellbeing on a large scale, over an extended period.

End of Circle Reports

SOCAMRU
Sexual Offences, Crime and Misconduct
Research Unit

The second study builds upon the first by exploring qualitative data gathered in End of Circle Reports (EOCR). Whilst quantitative data on dynamic risk and wellbeing are used to evaluate success and failure in Circles in study one, this study provides an opportunity to explore success and failure in Circles through a qualitative thematic analysis of EOCR data. EOCR data is routinely gathered at the end of a Circle, regardless of outcome. This provides an opportunity to explore similarities and differences between successful and failed Circles. Additionally, this is the first study to provide an exploration in EOCR data and as such, offers a unique contribution to the Circles literature. Through an exploration of the qualitative themes underlying success and failure in Circles, this study offers qualitative explanations for changes to, and variations in, Core Member dynamic risk and mental wellbeing.

Core Member Typologies

Utilising knowledge gained in studies one and two, study three will use a grounded theory approach in the development of Core Member typologies. All prior gained data will be brought together in a quantification of Core Member types. This study utilises dynamic risk and wellbeing data in addition to quantitative aspects of EOCR data and detailed Core Member demographics to build Core Member typologies. This study aims to uncover shared behaviours of successful and less successful Core Members. The development of Core Member typologies is the first of its kind and a unique contribution to the Circles literature. The study aims to provide insight into Core Member types most likely to succeed in addition to behaviours, which offer red flag indicators for recidivism risk.

Case Studies

The fourth and final study comprises of interviews with Core Members, coordinators and volunteers used in conjunction with dynamic risk, wellbeing and EOCR data in the formation of case studies. Case studies have been conducted in the Circles literature previously; however, a unique addition of this research is the inclusion of case studies in which the Circle is deemed to have failed. This study builds upon the typology development by providing case studies on different types of Circle endings to illustrate Core Member typologies and how they may look in practice. Little is known about failure in Circles. This research aims to explore failure in a bid to understand how processes can be improved to promote success in Circles.

Progress and Results

Dynamic Risk and Wellbeing

A factor analysis was used to identify the key dimensions underlying the Dynamic Risk Review. The analysis identified three factors:

1. Poor Emotional Wellbeing

2. Sexual Preoccupation and Emotional Identification with Children

3. Poor Problem Solving and Low Pro-Social Engagement

SOCAMRU
Sexual Offences, Crime and Misconduct
Research Unit

Follow up analyses are planned for the three identified factors against CoSA outcomes. This research is presently being written up for a paper and will be completed once enough data is available for the follow-up analysis.

Interim analyses on the DRR suggested that participation in CoSA lead to a reduction in risk of 12% over time as measured by the DRR, though this was not statistically significant. Data on Core Member reintegration, as measured by items on the DRR, indicated that Core Members were reintegrating well with the help of CoSA, though these again were not significant results. 100% of Core Members were in stable and suitable accommodation whilst an increased number of Core Members were in employment post-CoSA. Furthermore, there were noted increases in Core Members stable and emotional relationships over time as well as increases in the number of Core Members participating in appropriate activities and hobbies.

Interim analysis of the WEMWBS indicated that 78% of those who had pre and mid CoSA scores demonstrated some aspect of improved well-being. There was a statistically significant increase in well-being scores from pre-CoSA to 9 months. This represented a 26% increase in well-being scores. These results provide preliminary support for the positive impact of CoSA on Core Members wellbeing.

End of Circle Reports

Research into success and failure in CoSA identified that CoSA may end for a variety of reasons. A total of thirty-eight completed EOCR have been received to date. At the time of the last interim report, the descriptive statistics indicated that 56% of all completions ended in successful reintegration of the Core Member with a planned ending; 26% resulted in Core Member drop out; 6% resulted in Core Member recall; 9% resulted in Core Member re-arrest and 3% of CoSA ended due to volunteer dropout. In terms of reported impact of CoSA on the Core Member 61% of Core Members had increases in confidence, 39% of Core Members had increases in self-esteem, 42% of Core Members had increases in happiness and 39% of Core Members had reductions in isolation. Thematic analysis of the first thirty EOCR (15 successes and 15 early endings) is currently underway.

Core Member Typologies

A database has been compiled consisting of DRR, WEMWBS, EOCR and detailed Core data. Data is regularly received and input into the database. Once a sufficient amount of data has been collected, cluster analyses will be run to develop Core Member typologies.

Case Studies

Participant recruitment for case studies is ongoing. To date fourteen interviews have been carried out for seven potential case studies across four project areas (see table 2 below). However only two of the potential seven case studies include three different perspectives (Core Member, coordinator & volunteer). Analysis of the case studies will begin in the coming months.

Table 4.

Case study interviews completed to date

07/02/2019

SOCAMRU
Sexual Offences, Crime and Misconduct
Research Unit

Ending Type	Location	Core Member	Coordinator	Volunteer 1	Volunteer 2
Success	Nottingham		✓	✓	✓
Success	London	✓	✓	✓	
Success	London		✓	✓	
Failure	London		✓		
Failure	Merseyside	✓	✓	✓	
Failure	Lincolnshire			✓	
Failure	London		✓		

Part C: Evaluating Young Peoples' CoSA

Results of this evaluation are not currently available. Young Peoples' CoSA (YP CoSA) became operational in May 2017. The evaluation design is outlined below and findings will be produced once data becomes available.

Demographics and Journeys of Core Members on a Young People's CoSA

Referrals and Overview of Journeys

Referral Information

There have been eleven referrals since the start of the SLF YPCoSA project, and all eleven of the young people engaged in the referral process. Five of these referrals came from the Derbyshire area, three from Nottinghamshire, one from Mansfield, one from Newark and one from Ilkeston.

Two YP CoSA ended due to non-engagement by the YP, one after three meetings (lasted a month) and one after six months. One ended successfully and was planned and lasted 16 months.

One referral was deemed unsuitable, as the YP's family situation was very chaotic; there was uncertainty as to where the YP was living (with Grandparents), furthermore the family struggled to understand why the YP needed support and not the victim.

Another referral was deemed unsuitable as was considered low risk for the following reasons: the YP was at college, having driving lessons, has a job, has a steady girlfriend, has a stable home life, had no charges, no unhealthy sexual interests and no unhealthy sexual thoughts.

Therefore, seven YPCoSA have started from the eleven referrals. Seven have been accepted, two were rejected due to their location being outside of the Nottinghamshire/Derbyshire area and general unsuitability. One referral's decision is currently on hold and one was referred to the SLF's community CoSA project.

Please refer figures 2 and 3 from Evaluation of Prison CoSA, Referrals and overview of journeys for an overview of this information (pg. 3 and 4).

Demographics

The young people that have engaged with the YPCoSA project are aged 16-21 and all have been based in the Derby and Nottingham area. Six identified as White British and one as Portuguese.

Convictions, Offending and Risk

The following is information regarding the index offences of the YPCoSA Core Members.
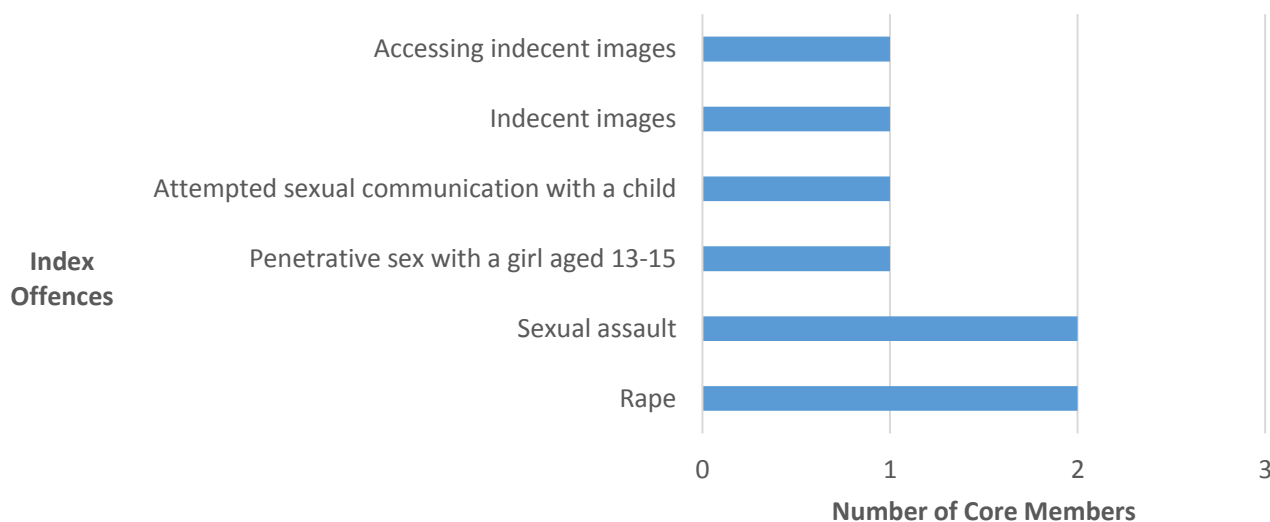
Figure 18. YPCoSA Core Member's Index Offences. The figure shows how many of the men were charged with different index offences. The majority were charged with sexual assault or rape.

Reconvictions and Recalls

This study addresses the following aim:

- To assess the success of CoSA in protecting the public by preventing further abuse (through reconviction data including recalls).

This study will address the following research questions:

5. What are the reconviction rates of the sample 5 years post-CoSA?
6. Are there any differences in reconviction rates between those participating in CoSA and baseline reoffending statistics?

Results

Data will not be available for this until at least five years post Circle.

Psychological Change over Time

This study addresses the following aim:

- To understand the impact of CoSA in relation to a number of psychological factors associated with risk of reoffending and/or successful social integration (by assessing psychometric change over time).

This study will address the following research questions:

2. Are there any changes in (i) rates sexual and non-sexual reoffending, (ii) attitudes towards crime, (iii) mental health and loneliness, (iv) social support and integration into the community (v) self-esteem and confidence or (vi) active engagement with community groups or organisations for individuals on a Young People's CoSA?

Method

Procedure

A battery of psychometric scales that measure risk factors associated with reoffending are administered and assessed pre and post circle, as well as every three months during the circle in order to assess an individual's psychological change over time on a YPCoSA. The psychometric scales are administered to YPCoSA Core Members at the time points outlined in table 5 below.

Table 5.

Timetable for YPCoSA Psychometric Administration

Tool	Pre Circle Start	6 weeks	18 weeks	30 weeks	42 weeks	54 weeks	66 weeks	End Review (78 weeks)
N&R	✓		✓	✓	✓	✓	✓	✓
WEMWBS	✓		✓	✓	✓	✓	✓	✓
SELSA-S	✓		✓	✓	✓	✓	✓	✓
Rosenberg	✓		✓	✓	✓	✓	✓	✓
Crime Pics II	✓		✓	✓	✓	✓	✓	✓
YDRR		✓	✓	✓	✓	✓	✓	✓

Psychometric Scales

- Bespoke needs and resources tool (N&R) (having fun; achieving; bring my own person;

having people in my life; having a purpose and making a difference; emotional health; sexual health; and physical health)

- Attitude towards crime (Crime Pics II; Frude et al., 1994)
- Mental Wellbeing (Warwick-Edinburgh Mental Wellbeing Scale; Tennant et al., 2007)
- Social & emotional loneliness Social and Emotional Loneliness Scale-Short (Ditommaso et al., 1999)
- Self-esteem (Self-esteem scale; Rosenberg, 1965)

More information will be available regarding these scales in the next evaluation update report, including their Cronbach's alpha score.

Results

The following information will be available in the next update report:

- Significant results of the statistical analysis conducted on the data collected from the psychometric scales
- Appropriate figures summarising this data

Dynamic Risk

This study will address the following aims:
- Highlight changes over time for risk-related items on the Youth Dynamic Risk Review (YDRR);
- Report on the integration of Core Members as assessed by participation in appropriate hobbies and activities, having stable accommodation and having any paid or voluntary employment.

Method

An adapted Dynamic Risk Review will be administered every 3 months and changes in risk over time on a CoSA will be reported for all YP CoSA Core Members.

- More information on The Youth Dynamic Risk Review (adapted from the J-SOAP II; Prentky & Righthand, 2003) will be available in the next Evaluation Update report.

SPSS (or AMOS) will be used to analyse YDRR data, including an analysis of changes over time; a content or summary analysis of qualitative comments from YDRR data; and a descriptive summary of Core Members accessing stable accommodation, and being involved in work or education and appropriate hobbies / interests.

Results

The following information will be available in the next update report:

- Analysis of changes over time
- Content/summary analysis of qualitative comments

SOCAMRU
Sexual Offences, Crime and Misconduct
Research Unit

- Descriptive summary regarding accessing stable accommodation, involvement in work or education and hobbies

Interviews

This study will involve qualitative interviews with service users (young people), their parents/guardians (where appropriate) and volunteers involved with the Project. Wherever possible these interviews will be conducted face to face. The latter is seen as important to strive for, given that the participants are predominantly young people and the possibility that some may have learning difficulties or be intellectually disabled. However, we do acknowledge that face-to-face interviews may not always be possible for reasons of risk, participant request, or practical difficulties

Method

Design

Semi-structured interviews are used to explore the individual's experience of being involved with the YPCoSA project. Motivations for getting involved in the project, the impact of the project and any suggested improvements are discussed. Progression and future aims are also considered, along with reflections on behaviour change.

Sample

At present, five interviews have been conducted. 1 volunteer, 1 parent and 3 young people have been interviewed. Participants all identified as white British, with a mean age of 25 (19-44, SD = 10.75).

The volunteer we interviewed was a 23-year-old female who had been on an YPCoSA that ran for 6 months. The first young person we spoke to was a 19-year-old male who has been with his Circle since July 2017 and the second was a 21-year-old male who has been with his Circle since April 2018. The final young person we spoke to was another 19-year-old male that has worked with his Circle since July 2017 and his mother, a 43-year-old female, was also interviewed.

Procedure

Purposive sampling was used in this research. The SLF's YPCoSA coordinator contacted individuals involved with the SLF'S YPCoSA project and asked if they would be interested in being interviewed for research evaluating the model. Those that agreed to be contacted were then put in touch with one of the investigators. The interviews took place in a private room at either Nottingham Trent University or at the Quaker Friends Meeting House in Derby.

Before the interview commenced, the participants were asked to read the information sheet and given the opportunity to ask any questions. If they were happy to do so, they then signed a consent form. Semi-structured interview schedules were used and the interviews lasted approximately an hour.

Following each interview, participants were debriefed. All interviews were recorded and transcribed verbatim

SOCAMRU
Sexual Offences, Crime and Misconduct
Research Unit

Results

All the interviews have been transcribed. However, qualitative analysis has not yet begun. The research team plan to conduct thematic analysis on the raw data. The research team have observed some emerging themes.

Emerging Themes

These will be available in the next evaluation update report.

Part D: Volunteers

This study addresses the following aim:

- To understand reasons for volunteers exiting the service in order to inform volunteer selection, recruitment and engagement.

Volunteer Data

Activity

Since SLF CoSA became operational, from the data we have available there have been a recorded number of 299 volunteers to engage in the service at some level, although we predict the total number is higher than this as we had 240 volunteer enquiries since January 2018. 132 volunteers have completed initial core training.

There are currently 60 active volunteers active on a Circle, with 18 on a prison CoSA, 18 on Community CoSA and 10 on YPCoSA. 14 volunteers are lined up to start on CoSA soon.

34 volunteers have been interviewed but awaiting training, and 19 volunteers are waiting to be interviewed. Figure 19 below demonstrates in graphical form the volunteer numbers described.

SOCAMRU
Sexual Offences, Crime and Misconduct Research Unit
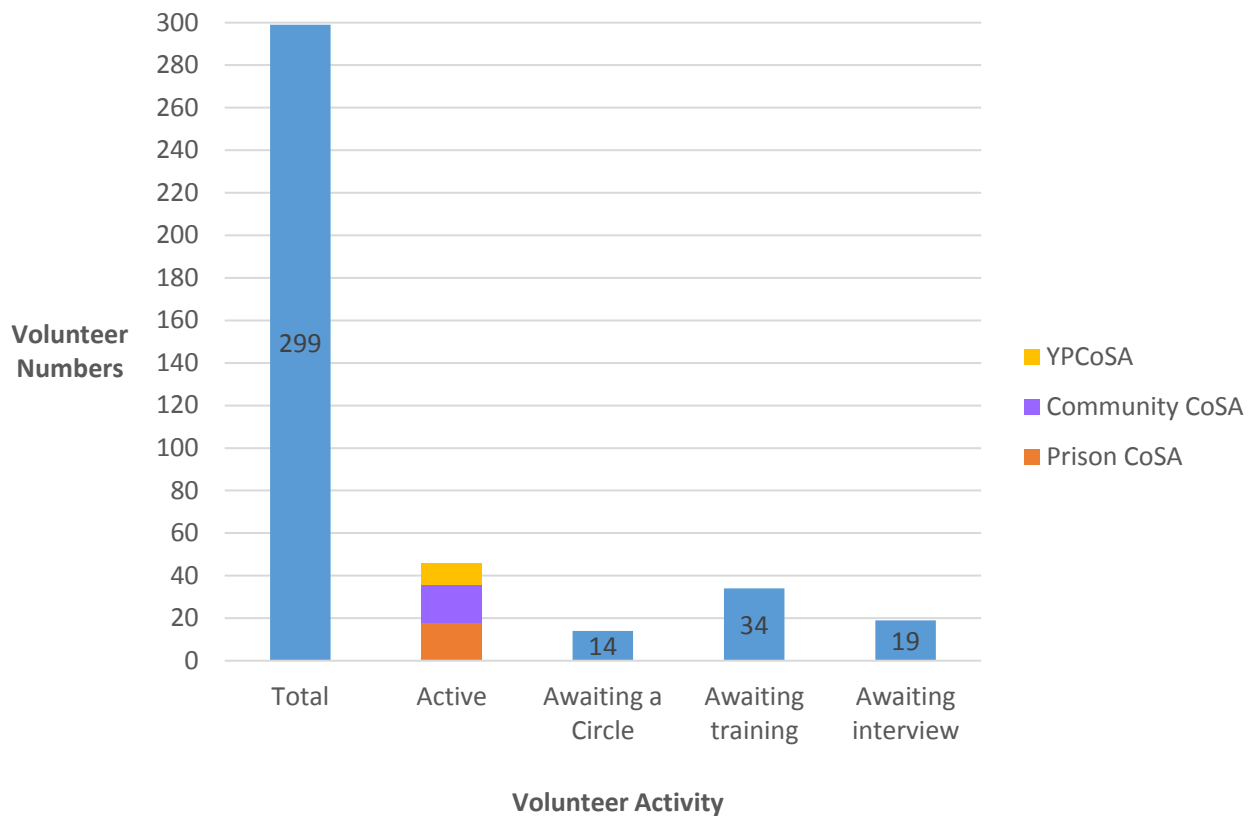
Figure 19. Volunteer numbers. This figure demonstrates the number of SLF volunteers and their CoSA status.

Dropouts

Since 2016, there have been 147 volunteers drop out in total (45 before interview, 18 before training, 16 after training and before Circle allocation, 46 whilst on a Circle and 22 did not return after completing a Circle).

For the purpose of this study, the volunteer dropouts are of interest. These results demonstrate that just over 49.1% of the volunteers dropout. In the June 2018 report, volunteer dropout was at 60%. Therefore, whilst volunteer retention has improved, this is still a high dropout rate and is important to explore due to the difficulties faced when recruiting volunteers and the high demand for more CoSA for Core Members.

Reasons for volunteer dropout include volunteers are varied. Figures 20, 21, 22, 23 and 24 below provide a summary of the reasons for volunteer dropout at the different stages of CoSA involvement.

The total number of volunteer dropouts prior to interview was 45. The highest reason for volunteer dropout prior to interview was not provided (49%). However, this was closely followed by volunteers that were no longer interested (20%). It would be useful for future research to engage with those volunteers who do not initially provide a reason to see why it was. It may be that once specific reasons are identified, these fit with the other reasons already identified within figure 6. This would

SOCAMRU
Sexual Offences, Crime and Misconduct Research Unit

be interesting to investigate. Moreover, it would also be interesting to explore in more detail the samples that have changed their mind.

Total number of dropouts before interview: 45

Unsuitable 2%

Busy 2%

Employment issues 5%

Travel issues 9%

No longer interested 20%

Other 13%
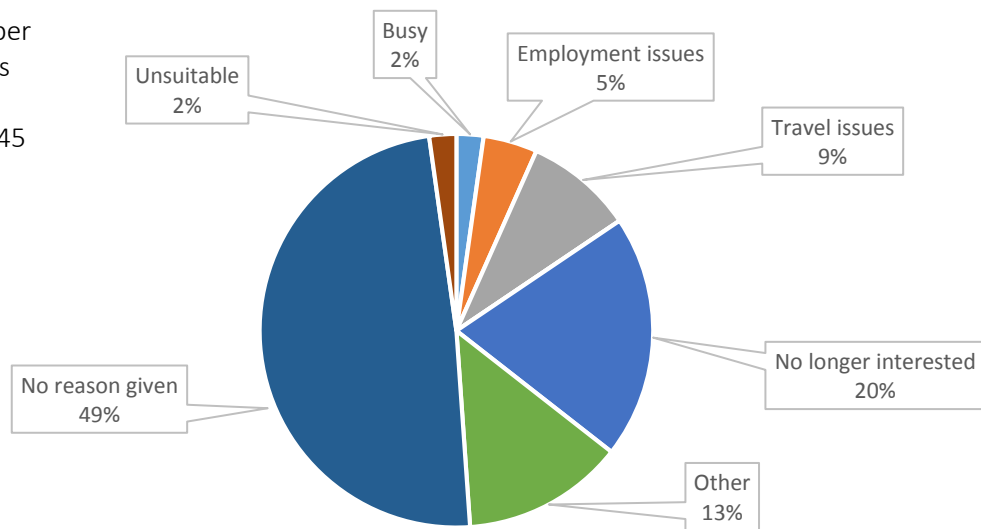
No reason given 49%

■ Busy ■ Employment issues ■ Travel issues ■ No longer interested ■ Other ■ No reason given ■ Unsuitable

Figure 20. Reasons for drop out before interview. This figure demonstrates the percentage of reasons given for dropout, the majority of volunteers did not provide a reason.

The total number of volunteer dropouts prior training were 18. The highest given reason for volunteer dropout prior to training was not given (28%). This was followed by non-specified reasons (22%) (see Figure 21 below).

Total number of dropouts before training: 18

Unsuitable 6%

Busy

Employment issues 17%

Relocation 5%

No reason given 28%

No longer interested 17%

Other 22%
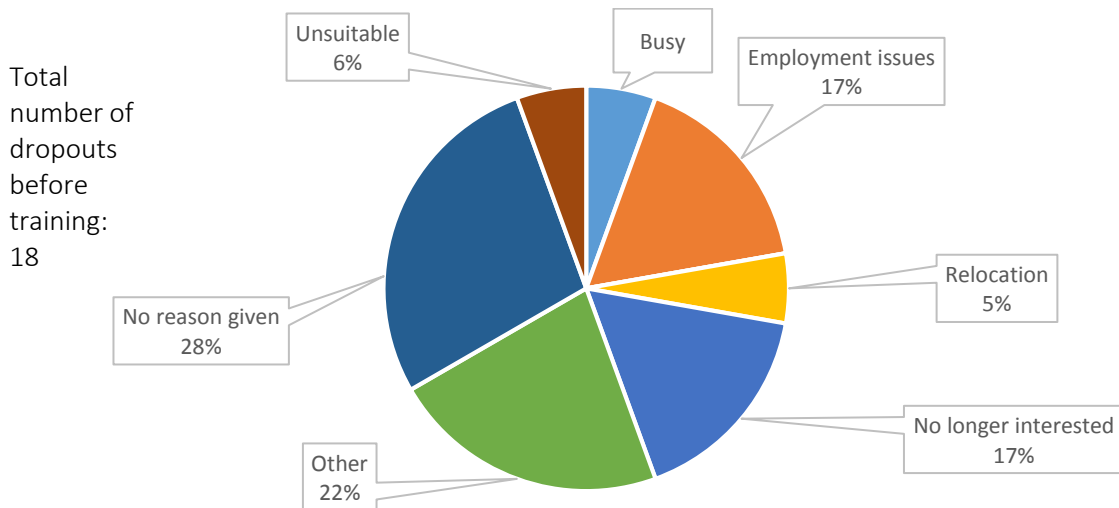
■ Busy ■ Employment issues ■ Travel issues ■ Relocation
■ No longer interested ■ Other ■ No reason given ■ Unsuitable

Figure 21. Reasons for drop out before training. This figure demonstrates the percentage of reasons given for dropout, the majority of volunteers did not provide a reason.

SOCAMRU
Sexual Offences, Crime and Misconduct Research Unit

The total number of volunteer after training was 16. 63% of the volunteers gave no reason for dropout, the remaining reasons for dropouts at this stage can be seen in Figure 22 below.

Total number of dropouts after training: 16
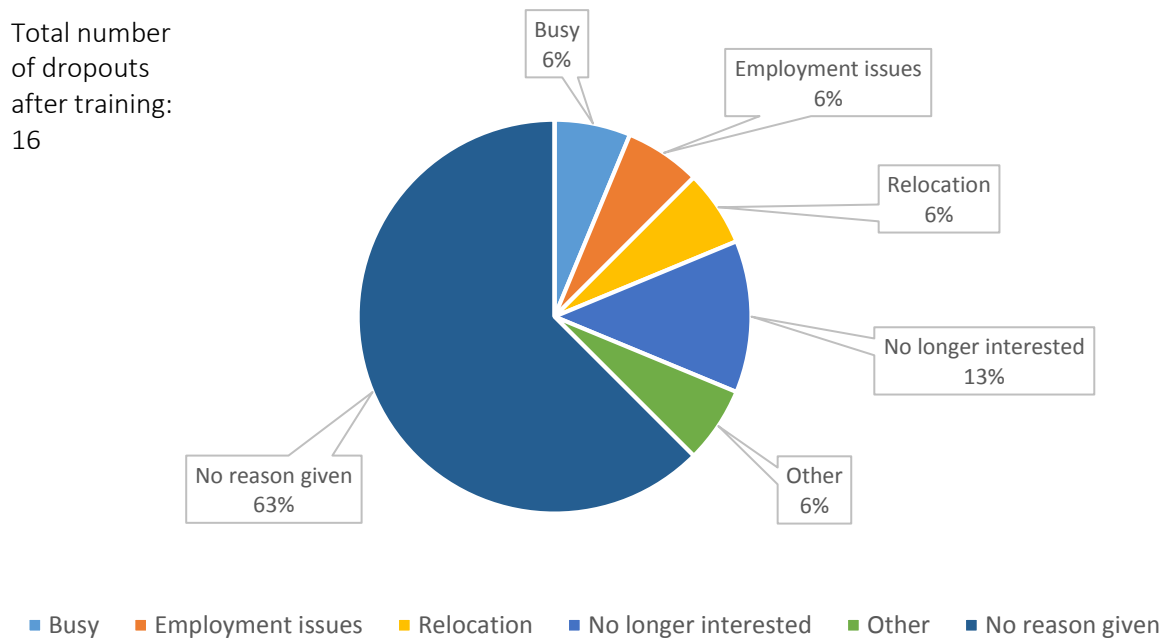
Figure 22. Reasons for drop out before CoSA allocation (post-training). This figure demonstrates the percentage of reasons given for dropout, the majority of volunteers did not provide a reason.

The total number of volunteer dropouts during CoSA was 16 (see Figure 23 below). The most prevalent reason for volunteer dropout whilst engaging with CoSA were volunteers attaining employment elsewhere (31%). Although possibly having a negative impact on the CoSA, this reason should not be seen in a negative light as volunteers gaining employment is something that indicates positive contribution to society. It does however raise questions over the type of volunteers recruited. For example, if many students are recruited, this may account for this high dropout.

Total number of dropouts whilst on a CoSA: 16

Figure 23. Reason for dropout during CoSA. This figure demonstrates the percentage of reasons given for dropout, the most common being employment issues.

SOCAMRU
Sexual Offences, Crime and Misconduct Research Unit

Figure 24 (below) demonstrates the breakdown of dropout reasons and numbers after completing a CoSA. 22 volunteers dropped out after finishing a Circle. The biggest reason for volunteers not returning after their CoSA ended was due to them attaining employment elsewhere. It would be interesting to investigate why volunteers choose not to start a new CoSA, and if any learning can be taken from this by the SLF.

Total number of dropouts after a CoSA: 22

Busy 9%

Employment issues 46%

No reason given 45%

■ Busy   ■ Employment issues   ■ No reason given

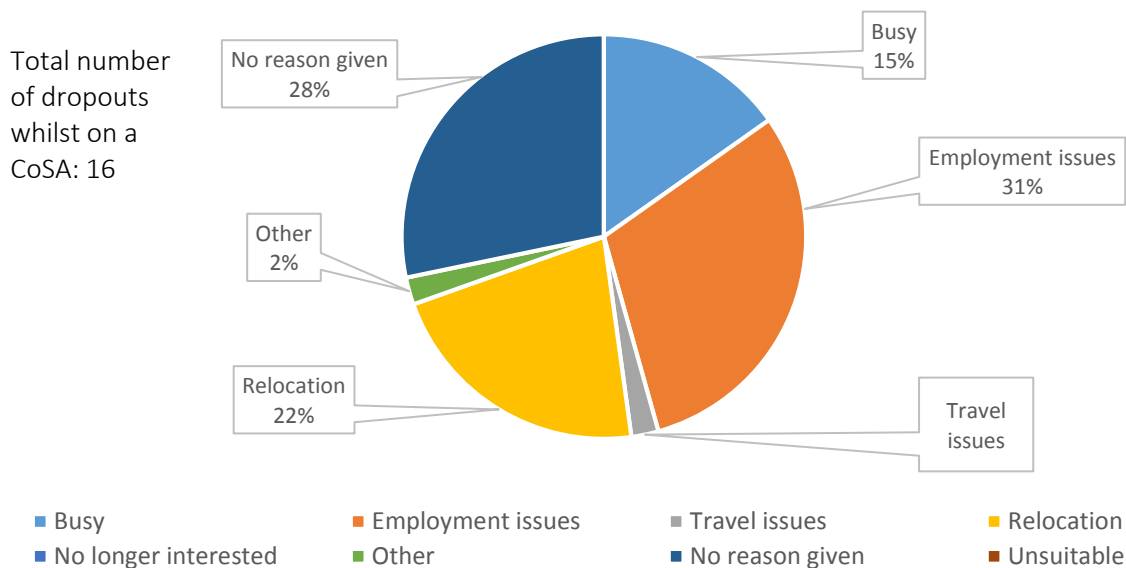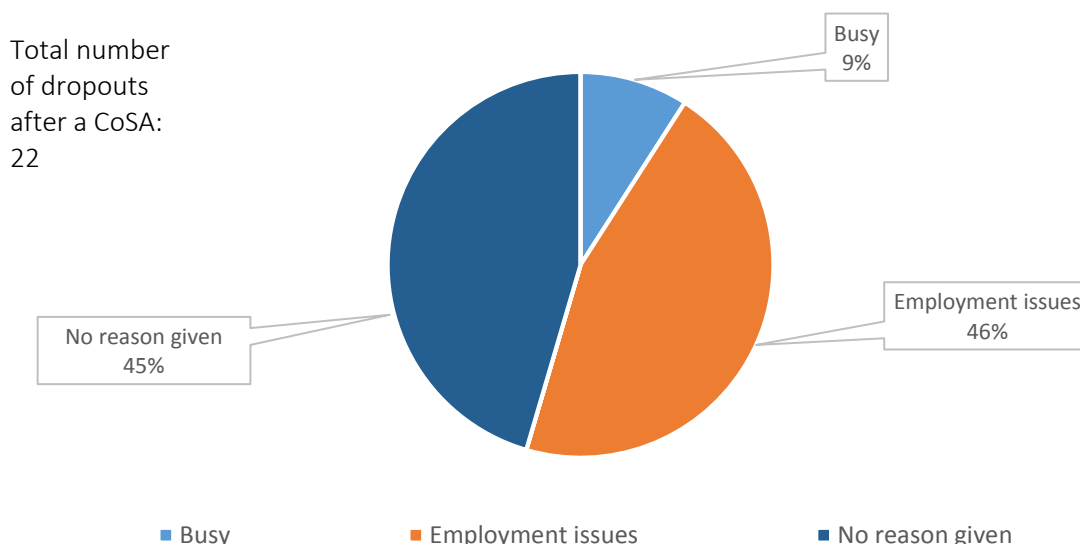*Figure 24.* Reason for dropout after CoSA. This figure demonstrates the percentage of reasons given for dropout, the most common being employment issues.

The final figure below (Figure 25) demonstrates the total dropouts at the different times engaging in a CoSA. The graph demonstrates that the highest dropout rates are before the interview and during a CoSA (31%). It is important to note this as this demonstrates that dropouts are occurring at a time when high investment has been made by the SLF, volunteers and Core Members (i.e. volunteers have already been interviewed, trained and have formed a relationship with the volunteers and Core Member on a CoSA). There are two immediate negative consequences of this: to the SLF resources, and to the CoSA itself. The impact of volunteers dropping out once engaging in a CoSA could mean delays in Circle continuation, decrease in morale of volunteers and Core Member and at worst, folding of the Circle and possible recall or reconviction for the Core Member. As already stated, further exploration into the reasons for dropout at this stage would be useful as it may inform possible ways to prevent this in the future.

SOCAMRU
Sexual Offences, Crime and Misconduct
Research Unit

Total number of dropouts: 147

- No return after CoSA 15%
- Before interview 31%
- After interview 12%
- After training 11%
- Whilst on a CoSA 31%

Legend: ■ Before interview ■ After interview ■ After training ■ Whilst on a CoSA ■ No return after CoSA
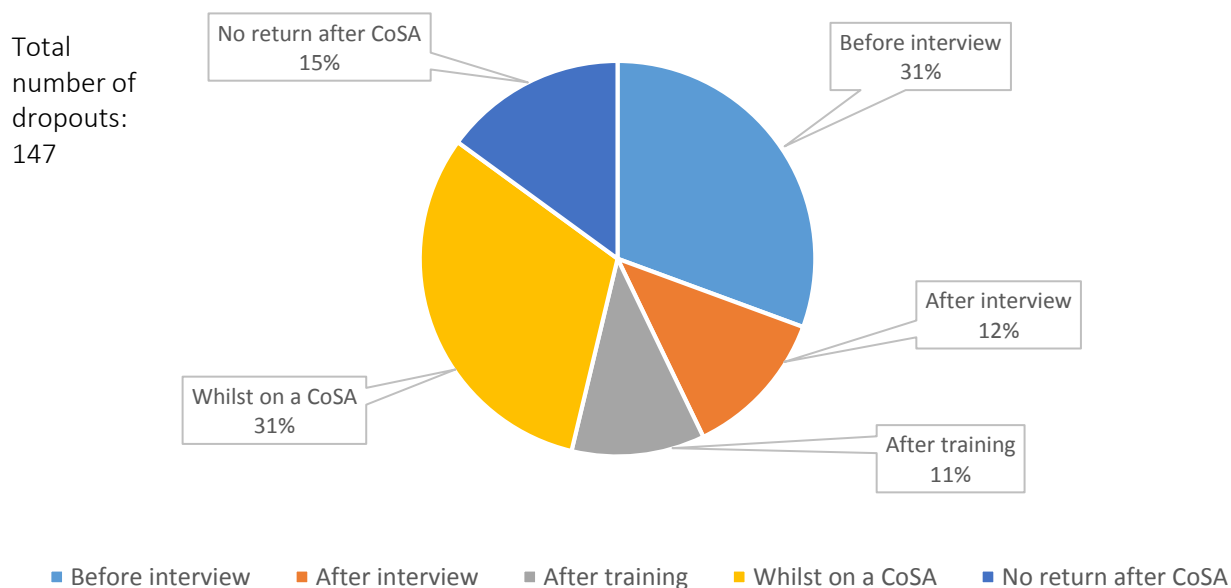
Figure 25. Volunteer dropout rates at different points of time engaging in CoSA. This figure demonstrates the majority of volunteers dropout before interview or whilst on a CoSA.

Conclusions

Conclusions drawn from the data on volunteer activity will be available in the next report. These findings will be fed back to the SLF coordinators to improve the volunteer selection and management process. Feedback is also expected to inform the way in which coordinators record volunteer demographics and dropouts.

Part E: PhD into Accommodation

Objectives

To explore the accommodation issues, needs and experiences of people with sexual offence convictions (SOCs), from multiple relevant perspectives.

Method

Semi-structured interviews were undertaken with professionals who had experience related to accommodation for people with SOCs (*n* = 19). Participants included employees within the National Probation Service, resettlement organisation employees, and offender-specific housing providers. A pilot interview was undertaken to test the interview schedule for length and suitability. The schedule included broad topic prompts to gauge views pertaining to: social housing, the private rented sector, supported facilities, approved premises and more. The interview schedule was deliberately broad to allow participants to discuss issues most pertinent to them.

SOCAMRU
Sexual Offences, Crime and Misconduct
Research Unit

Analysis

Inductive thematic analysis was undertaken to identify commonalities within the data. Write-up of these findings is underway. Two journal articles are being re-drafted for publication.

Findings

Six superordinate themes were identified. These are shown in Table 6, along with a brief description of each theme.

Table 6.

Outline of themes derived from study one data.

Theme	Description	Sub-themes
1. A challenging field	This theme captures the contextually challenging field people with SOCs are required to attain housing within, and that practitioners must work within. Challenges relate to: austerity measures; disjointed practices; and sub-standard quality properties.	1.1 The adversity of austerity
		1.2 Fragmented processes
		1.3 Undesirable avenues
2. The "nettle" in the field	Attaining accommodation was noted as challenging for all individuals and all offence types. However, people with SOCs were noted to be the "nettle nobody wants to grasp". They face a multitude of unique challenges relating to exclusions and restrictions.	2.1 Magnified barriers
		2.2 "Where do they go?"
		2.3 Restrictions: "A different world"
3. Discriminatory motivators	Participants attributed causal reasoning to housing provider refusals. These were noted as methods to discriminate against people with SOCs. These underlying sources of discrimination were attributed to: personal attitudes; external influences like the media; policy exclusions; and fear.	3.1 Personal Attitudes, Emotive Decisions
		3.2 Subliminal Influences
		3.3 Exclusions or Excuses
		3.4 "The ones who scare people most"

SOCAMRU
**Sexual Offences, Crime and Misconduct
Research Unit**

4. "Catching flies"…	This theme captures the need to instil acceptances amongst providers. This was spoken of in two ways- through gaining trust and developing relationships, or utilising threats.	4.1 …With Honey: Amicable Approaches
		4.2 …With Vinegar: Force and Threats
5. Practical solutions	The data pointed to a need for change regarding accommodation for people with SOCs. Methods of best practice were discussed in relation to achieving this change.	5.1 Working as one
		5.2 Preferred practice
6. Needs beyond shelter	This theme relates to accommodation as the foundation to other things. Accommodation serves as more than just shelter, e.g. promoting desistance, public safety, avoiding homelessness, preventing desperate alternatives, and attaining employment.	*Working on subtheme refinement*

Practical SLF Findings

Four main practical considerations were gained from the data, which may prove useful to consider in the development of the SLF accommodation project. These are shown in Table 7. Of note, participants were often reluctant to provide suggestions, particularly due to the need for "individualised considerations" towards housing for people with SOCs.

Table 7.

Practical findings to consider in the development of the SLF project

1. Referrals	A simple referral process, with a quick decision, and a clear indication of waiting length is desirable. Conducting assessments for suitability whilst the person is in custody was one recommendation. This allows the potential tenant to gain clarity, as well as easing pressures on other organisations.
2. Self-contained, dispersed units	Participants were concerned about clustering people with SOCs. They highlighted risk concerns, as well as suggesting that segregation may

SOCAMRU
Sexual Offences, Crime and Misconduct
Research Unit

	reinforce isolation of people with SOCs. There were doubts as to whether the police would approve addresses housing multiple people with SOCs. The SLF could take measures to ensure the appropriateness of placements, as well as working to ease concerns from other professionals.
3. Multi-agency working	Multi-agency communication, liaison and partnerships were addressed as pivotal. Working with the police, probation and move on options for after the SLF facility was deemed necessary.
3.1 Protocols	Some participants described move on protocols they devised with Local Authorities. This may allow for easier move-on from the SLF. Others noted the importance of information sharing protocols, to have written guidance to refer to when multi-agency information sharing is required.
3.2 Support services	Links to external support services, such as mental health organisations, drug and alcohol services, and SLF projects will be useful. These should be well advertised. Floating support services were also deemed valuable.
4. Individualised Approach	It is important to acknowledge the differing risks and needs of each individual. Individualised risk and needs analyses could be undertaken with the potential resident, to inform the suitability of them living there, and to inform any support needs.

Conclusions

Due to the additional and unique challenges people with SOCs face in relation to attaining accommodation, the need for the development of a facility that recognises such challenges is outlined. Themes were identified that can develop the academic literature available in the field. Practical considerations were also noted, useful to consider in the development of the SLF accommodation project.

Interviewing people with SOCs living in a variety of community facilities

Method

Semi-structured interviews were undertaken with people who were previously imprisoned for SOCs, now living in any type of community facility (n = 15). Participants were recruited from approved premises, offender-specific housing organisations, private tenancies and shorter-term facilities. A pilot interview was undertaken to test the interview schedule for length and suitability. The schedule included broad topic prompts to understand further: community re-entry experiences;

SOCAMRU
Sexual Offences, Crime and Misconduct
Research Unit

feelings towards finding accommodation; and experiences within their different facilities. The interview schedule was deliberately broad to allow participants to discuss issues most pertinent to them.

Analysis

Inductive thematic analysis is currently under-way. Initial thoughts have been outlined. One participating organisation requested the findings relevant to their own tenants specifically. A report of these findings was devised and sent to the facility manager. The recommendations provided, based on these findings, are outlined below, as they may have practical relevance to the SLF.

Initial Findings

Formal analysis of this data is underway. Some initial emerging concepts have been noted. Participants seem to allude to the immaterial nature of material things. By this, differing psychological constructs were identified as important in accommodation, as opposed to any tangible necessities. Some examples include feelings of safety, ownership, security, stability, control, freedom, agency, purpose and well-being. For some, home is seemingly a symbol of transition and progression, allowing the person with the SOC to "move on with their life". The influence of the wider community, other tenants, and staff were also discussed. The need for staff transparency within facilities was particularly salient amongst discussion. Initial thoughts also relate to the impact of prison on the experience of post-release accommodation. Comparisons to prison were often drawn (either positively or negatively), suggesting the prison environment becomes a relational frame in which people with SOCs evaluate their post-release accommodation facilities.

Organisation-Specific Recommendations

- Managing prospective tenants' expectations to reduce apprehensions. Information sharing from current service users could be useful, offering a more accurate portrayal of the housing facility to future tenants.
- Consider further ways to encourage employment that will not affect rent affordability, such as volunteering.
- Considering ways to address loneliness, whilst adhering to relevant license restrictions.

Conclusions

Data analysis for study two is still on going. The focus for the remainder of 2018 is to refine journal articles for publication. Ideas for study 3, based on the findings from the two preceding studies are still being discussed. This will be developed and submitted for ethical approval in early 2019.

SOCAMRU
Sexual Offences, Crime and Misconduct
Research Unit

Part F: Release Project

Exploring the expectations, attitudes and beliefs of men serving long-term sentences for sexual offences, regarding their release.

Objectives

With it being a study using IPA, no pre-formed expectations of what the research would uncover were made. However, the ultimate aim of the research is to gain an insight into the participant's expectations of release.

The objective of this is to inform future support for men who have been released follow long-term sentences for sexual offences.

Method

Qualitative, semi-structured interviews were undertaken in custody with men serving sentences of at least 5 years for sexual offences (n-10). Participants were recruited from one establishment. A range of pictures/photos was used to help prompt the participants' thinking. A volunteer group of services users suggested ideas for the pictures / photos. The interview schedule was largely based on what participants chose to discuss.

Analysis

Interpretative Phenomenological Analysis was undertaken upon completion of the interviews to identity key themes and sub themes in the data.

Findings

The write-up of findings from the research study is estimated to be completed by the end of December 2018.

Discussion

It is planned that the findings of the research will help to inform the support provided at the Corbett Centre.

Part G: PhD Evaluation of the Prevention Project

Results of this evaluation are not currently available. The Prevention Project became operational on October 31st 2017. The evaluation plan and design is outlined below and findings will be produced once data becomes available.

Research Aims

To conduct a mixed-methods evaluation of the UK's first community prevention centre, and to extend the current evidence base on applying a public health model and third-wave cognitive-behavioural therapies (compassion-focused therapy; acceptance and commitment therapy) to the prevention of harmful sexual thoughts and behaviour. To employ a randomised-controlled trial (RCT) and provide a methodologically robust addition to the current literature base.

Rationale

CSA is a public health problem, with recent estimates suggesting that one in twenty children in the UK experience it (Radford et al., 2011). Prevention is a key focus when dealing with a public health problem, and conceptual frameworks for prevention are available. Brown and Saied-Tessier (2015) describe the *public health model* as a robust conceptual framework for distinguishing between prevention interventions. The model sets out four levels of intervention (primary, secondary, tertiary and quaternary). Primary prevention is of particular interest to the present research.

The most substantial prevention project to date was the Prevention Project Dunkelfeld (PPD; Beier et al., 2015). The PPD aimed to provide therapeutic support for at-risk individuals experiencing harmful sexual thoughts and behaviour. Based around a therapeutic program aiming to enhance behavioural control and reduce dynamic risk, it displayed that CBT-like interventions for can reduce dynamic risk and offence-related behaviours. In the UK, there are little-to-no options for these individuals, with the present prevention project being the first UK implementation. Despite the absence of therapeutic prevention programs, research has suggested that the subject population would be interested in accessing preventative treatment. Beier et al. (2009) were able to reach individuals using advertising campaigns, gaining many self-referrals. Not only is further research required to understand how to engage the target population, it is important to consider the barriers inhibiting help seeking and help-provision.

Research Gaps

The present research aims to address multiple gaps in the extant literature. First, the majority of the available research uses samples of convicted individuals, and it may be the case that assumptions drawn from this research is not applicable to non-offending populations. Second, the available research (e.g., PPD) depends on weak-inference methodology, such as observational studies that are prone to selection bias. As such, the present research utilises a randomised-controlled trial design, with the option of further observational longitudinal research being available. Third, a significant proportion of the available treatment for minor-attracted individuals is based on second-wave CBT. The present project is focused on more compassionate and mindful therapeutic interventions, of which no evaluation research is currently available with non-offending minor-attracted populations. This research will be an original contribution of knowledge to this research area.

Research Design/Methodology

The present research aims to perform a mixed-methods evaluation of the UK's first primary prevention centre, including quantitative and qualitative methods, in order to meet the evaluation objective.

Research question

Are compassionate therapeutic interventions (CFT/ACT) effective in reducing or moderating harmful sexual thoughts and behaviour in a non-offending sample of individuals with difficult sexual interests?

Study 1: Qualitative Life-course Interviews

- An amended version of McAdams' (1995) 'Life Story Interview' schedule will be used for data collection. This schedule allows individuals to structure their life narrative in chapters and important events. This can be tailored to the prevention frameworks and can be done more than once in 6-month+ follow-ups.
- This study aims to understand the root of the individual's sexual interest, as well as their coping strategies, self-perception (including aspects such as shame and self-compassion), compassion for others, and their pro-social goals and treatment expectations (e.g., desired outcome, service expectations).
- A theme-based analysis such as thematic or phenomenological analysis will be used.

Study 2: Randomised-Controlled Trial of TAP (quantitative evaluation)

Hypotheses:

1. The therapeutic interventions (ACT/CFT) will be more effective than the treatment-as-usual condition in reducing harmful sexual thoughts and behaviour in the target population. More specifically, this will see:

    a. A decrease in psychological distress and shame;

    b. An increase in hope, mental wellbeing, compassion for others, self-compassion, compassion response, psychological flexibility.

2.1. Pilot Study (RCT Phase 1)

The pilot study will take a small representative sample of the subject population and measure relevant baseline variables pre-treatment (experimental) or pre-treatment-as-usual (TAU; control) using the pre-defined measures. The outcome measures will then be used to assess the full treatment and TAU outcomes for the pilot sample. The sample study and protocol design (including the literature review) will be submitted for peer review and publication. Should the results show issues with the study design, amendments can be made and further feedback can be sought in order to strengthen the method.

SOCAMRU
Sexual Offences, Crime and Misconduct
Research Unit

2.2. Randomised-Controlled Trial (Phase 2)

The RCT will utilise rolling recruitment, with participants self-referring. The quantitative evaluation will include as many of these participants as possible, forming an experimental (prevention treatment) and a control (treatment-as-usual; prevention circle of support and accountability [CoSA]) group. Participants will be measured pre-, during-, post- (immediate), and six months post-treatment. As a result of preliminary literature reviews, outcome variables and their respective measures have been chosen to satisfy clinical and/or research purposes, and include shame, psychological distress, sexual interest, hope, mental wellbeing, compassion for others, self-compassion, compassion response, perceptions of social safety, psychological flexibility, locus of control, and depression, anxiety and stress. It may be the case that some of the clinical measures are excluded from the PhD research at a later stage.

Measures:

- Shame: *Internalised Shame Scale* (ISS; Cook, 1994; Cook & Coccimiglio, 2001)
- Psychological Distress: *CORE outcome measure* (CORE-OM; Evans et al., 2002)
- Hope: *Adult Hope Scale* (AHS; Snyder et al., 2001)
- Mental Wellbeing: *Warwick-Edinburgh Mental Wellbeing Scale* (WEMWBS; Tennant et al., 2007)
- Compassion dimensions:
  - *Fears of Compassion Scale* (FSCS; Gilbert et al., 2011)
  - *Social Safeness and Pleasure Scale* (SSPS; Gilbert et al., 2009)
- Psychological Flexibility (ACT measures):
  - *Acceptance and Action Questionnaire II* (AAQ-II; Hayes et al., 2006)
  - *- Comprehensive Assessment of Acceptance and Commitment Therapy Processes* (CompACT; Francis, Dawson & Golijani-Moghaddam, 2016).
- Locus of Control: *Nowicki-Strickland Internal-External Locus of Control Scale* (amended; Nowicki & Duke, 1974).
- Depression, Anxiety and Stress: *Depression Anxiety Stress Scales-21* (DASS-21; Lovibond & Lovibond, 1995).

Study 3: Thematic Qualitative Follow-Up (qualitative evaluation post-treatment)

- Focusing on the service process and outcome, this study aims to develop an understanding of participants' thoughts and feelings post-treatment. An interview schedule will be developed to gain insight into participants' perceptions of any changes or developments to their own sexual interest, coping strategies, impact on identity, hope for the future, and social safety/cohesion (among others). To understand barriers to help seeking, the interview will also aim to gain information regarding the therapeutic environment. This research may be useful in providing guidance on gaining referrals/recruitment for further prevention interventions.

Procedure:

Research materials will be administered to consenting participants on a voluntary and confidential basis, alongside an information sheet, consent form, and debriefing sheet. Data will be stored in accordance with the BPS guidelines, and ethical permission will be sought from the relevant authorities. The principal researcher will use qualitative materials whilst the principal researcher and a trained clinician will administer quantitative outcome measures.

Data Analysis

- Qualitative: A theme-based analysis such as thematic or phenomenological analysis will be used. Phenomenological analysis may be most appropriate as it is a reflective analysis based on the use of open-ended questions to gain detailed responses of participants' experiences.

- Quantitative:
  Appropriate data screening and statistical tests will be employed (e.g., MANOVA's). Quantitative analyses will rely on the size of the data set.

Possible Implications:

- Highlight the lacking availability of preventative services, evidencing the requirement for the introduction and continued evaluation of prevention interventions.
- Identify the barriers to help seeking amongst the subject population, targeting service users' apprehensions, improved service provision, and public stigma.
- Evaluate the utility of compassionate therapeutic interventions for prevention initiatives.
- Outline implications for future research, such as improved service evaluation (e.g., longitudinal studies) and continued public stigma research.

Part H: Evaluation of the Corbett Centre for prisoner reintegration

Results of this evaluation are not currently available. The Corbett Centre for prisoner Reintegration (CCfPR) will become operational after 14 February 2019. The evaluation plan and design is outlined below and findings will be produced once data becomes available.

Objectives

To conduct a mixed-method evaluation of the UK's first prisoner community reintegration support centre, and to extend the current evidence base on effective and collaborative support initiatives for prisoner reintegration and the reduction of sexual harm and sexual offending.

Design

Mixed methods research and evaluation; semi structured interviews, questionnaires for service user and control group over allotted time points.

SOCAMRU
Sexual Offences, Crime and Misconduct
Research Unit

Research Studies

The Corbett Centre for Prisoner reintegration (CCfPR) is a community based project aimed at providing holistic and diverse forms of support for ex-offenders, specifically those with sexual convictions. The CCfPR is due to launch in February in Nottingham, with an emphasis on support and research.

Study 1:

A series of focus groups involving service users in HMP Whatton aimed at informing the development of the CCfPR. The initial focus group will take place in Whatton with a view to subsequent groups every three months on site once the CCfPR is up and running. This will provide invaluable data and information about what service users want, and the types of initiative the CCfPR might deliver as it continues to grow and develop. This initial focus group may form the basis of a CCfPR service user committee, providing continuous feedback on CCfPR performance.

Study2:

A questionnaire to be distributed in a range of prisons including Whatton, Littlehey, Nottingham, Grendon, Stafford, Lowdham grange, Ashfield, Dovegate, Thameside and Ryehill. The aim of this questionnaire is to capture data on measures of motivation, hope, anxiety and personal dispositions of those prisoners who are due to be released into the community, ideally in the east midlands area. This study will provide valuable baseline knowledge from a control group that will enable later analysis of the impact of the CCfPR on recidivism, reoffending and constructs related to psychological wellbeing.

Study 3:

1-2-1 interviews with CCfPR service users. The aims of these interviews are to produce knowledge around service user needs and experience. This knowledge will be used in decisions around CCfPR interventions and service delivery.

Study 4:

This study will follow up research with CCfPR service users once they have left the CCfPR. The aim here is to evaluate CCfPR impact by measuring service user contact with the Criminal Justice System. Objectives evolve around using this statistical data to inform CCfPR service delivery over the next five years.

Study 5:

The aim of this study is to analyse HMPPS data around contact with the Criminal Justice System over the next five years. This data provides a control group for study 4, with the objectives of measuring CCfPR impact. This data can be used to influence CCfPR service delivery. This control group consists of people with sexual convictions who have been released from prison and not had any contact with the CCfPR.

SOCAMRU
Sexual Offences, Crime and Misconduct
Research Unit

Methods

Sample

The CCfPR will utilise rolling recruitment, with service users self-referring over an indefinite period. The quantitative element of the evaluation will aim to include as many of these participants as possible, forming an experimental (CCfPR service user) group and a control (pre-release and not planning to use CCfPR) group. The qualitative research will employ a purposive sample, dependent upon CCfPR service use.

Procedure

Research materials will be administered on a voluntary, confidential basis and will be handed out as hardcopies to consenting participants. Participants will receive an information sheet and consent form and will be debriefed. All data will be stored in accordance with the BPS guidelines. Ethical permission will be sought from the relevant authorities.

Measures

The following quantitative outcome measures (among others) may be utilised to gather information regarding the efficacy of the treatment interventions:

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)

The Warwick-Edinburgh Mental Well-being scale was developed to enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies that aim to improve mental wellbeing. WEMWBS is a 14-item scale with five response categories, summed to provide a single score ranging from 14-70.

Life Orientation Test –Revised (LOT-R).

The Life Orientation Test (LOT) was developed to assess individual differences in generalized optimism versus pessimism. This measure, and its successor the LOT-R, has been used in a good deal of research on the behavioural, affective, and health consequences of this personality variable.

Personal Growth Initiative Scale (PGIS).

Personal growth initiative is a person's active and intentional involvement in changing and developing as a person. The PGIS consists of nine items that are rated on a Likert scale from one = Strongly Disagree to six = Strongly Agree. Item scores are summed to obtain a total PGI score.

Depression Anxiety & Stress Scales.

The Depression, Anxiety and Stress Scale- 21 Items (DASS-21) is a set of three self-report scales designed to measure the emotional states of depression, anxiety and stress.

SOCAMRU
Sexual Offences, Crime and Misconduct
Research Unit

For the qualitative study, there will be a focus on service user experience. How they experience the CCfPR, their community reintegration and how they may want to contribute to CCfPR delivery. There will be a focus on service user wellbeing, with this being mapped onto areas of desistance and preventing future harms.

Data Analysis

Qualitative

A theme-based analysis such as thematic or phenomenological analysis will be used. Phenomenological analysis may be most appropriate, as it is a reflective analysis based on the use of open-ended questions to gain detailed responses of participants' experiences.

Quantitative

Appropriate data screening and statistical tests will be used to analyse the data, such as analysis of variance procedures that provide an insight into mean group differences.

Potential Outcomes

- Address existing problems in community reintegration for people with sexual convictions.
- Develop new ways of working alongside people with sexual convictions as they progress.
- Develop new kinds of working relationships with criminal justice orgs/professionals in supporting those released into the community and helping to safeguard the public.
- Produce new research questions and possibilities for future research.
- Provide evidence of a holistic inclusive approach to supportive vulnerable and marginalised groups of people.
- Outline implications for future research, such as improved service evaluation (e.g., longitudinal studies) and public stigma research (e.g., educational campaigns such as first-person perspective educational interventions).

SOCAMRU
Sexual Offences, Crime and Misconduct
Research Unit

References

Aresti, A., Eatough, V., & Brooks-Gordon, B. (2010). Doing time after time: An interpretative phenomenological analysis of reformed ex-prisoners' experiences of self-change, identity and career opportunities. *Psychology, Crime & Law, 16*(3), 169-190. http://dx.doi.org/10.1080/10683160802516273

Bates, A., Williams, D., Wilson, C., & Wilson, R. J. (2014). Circles South East: the first 10 years 2002-2012. *International Journal of Offender Therapy and Comparative Criminology*, *58*(7), 861-885.

Beier, K. M., Ahlers, C. J., Goecker, D., Neutze, J., Mundt, I. A., Hupp, E., & Schaefer, G. A. (2009). Can pedophiles be reached for primary prevention of child sexual abuse? First results of the Berlin Prevention Project Dunkelfeld (PPD). *The Journal of Forensic Psychiatry & Psychology*, *20*(6), 851-867.

Beier, K. M., Grundmann, D., Kuhle, L. F., Scherner, G., Konrad, A., & Amelung, T. (2015). The German Dunkelfeld Project: A pilot study to prevent child sexual abuse and the use of child abusive images. *The journal of sexual medicine*, *12*(2), 529-542.

Brown, J., & Saied-Tessier, A. (2015). Preventing child sexual abuse. *London: NSPCC*.

Clarke, M., Brown, S., & Völlm, B. (2017). Circles of support and accountability for sex offenders: A systematic review of outcomes. *Sexual Abuse*, *29*(5), 446-478.

Cook, D. R. (1994). *Internalized shame scale: Professional manual*. Channel Press.

Cook, D. R., & Coccimiglio, J. (2001). *Internalized shame scale: Technical manual*. Multi-Health Systems.

Ditommaso, E., Brannen, C., & Best, L. A. (2004). Measurement and validity characteristics of the short version of the social and emotional loneliness scale for adults. *Educational and Psychological Measurement*, *64*(1), 99-119.

Duwe, G. (2018). Can circles of support and accountability (CoSA) significantly reduce sexual recidivism? Results from a randomized controlled trial in Minnesota. *Journal of Experimental Criminology*, 1-22.

SOCAMRU
Sexual Offences, Crime and Misconduct Research Unit

Evans, C., Connell, J., Barkham, M., Margison, F., McGrath, G., Mellor-Clark, J., & Audin, K. (2002). Towards a standardised brief outcome measure: Psychometric properties and utility of the CORE–OM. *The British Journal of Psychiatry*, *180*(1), 51-60.

Francis, A. W., Dawson, D. L., & Golijani-Moghaddam, N. (2016). The development and validation of the Comprehensive assessment of Acceptance and Commitment Therapy processes (CompACT). *Journal of Contextual Behavioral Science*, *5*(3), 134-145.

Frude, N., Honess, T., & Maguire, M. (1994). *Crime-Pics II: Manual*. Michael & Associates.

Gilbert, P. (2009). Introducing compassion-focused therapy. *Advances in psychiatric treatment*, *15*(3), 199-208.

Gilbert, P., McEwan, K., Matos, M., & Rivis, A. (2011). Fears of compassion: Development of three self-report measures. *Psychology and Psychotherapy: Theory, research and practice*, *84*(3), 239-255.

Göbbels, S., Ward, T., & Willis, G. M. (2012). An integrative theory of desistance from sex offending. *Aggression and Violent Behavior*, *17*(5), 453-462.

Hannem, S., & Petrunik, M. (2007). Circles of support and accountability: A community justice initiative for the reintegration of high risk sex offenders. *Contemporary Justice Review*, *10*(2), 153-171.

Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). Acceptance and commitment therapy: Model, processes and outcomes. *Behaviour research and therapy*, *44*(1), 1-25.

House, J. S., Kahn, R. L., McLeod, J. D., Williams, D., Cohen, S., & Syme, S. L. (1985). Social support and health. *Measures and concepts of social support*, 83-108.

Kitson-Boyce, R., Blagden, N., Winder, B., & Dillon, G. (2018a). "This Time It's Different" Preparing for Release Through a Prison-Model of CoSA: A Phenomenological and Repertory Grid Analysis. *Sexual Abuse*, 1079063218775969.

Kitson-Boyce, R., Blagden, N., Winder, B., & Dillon, G. (2018b). A prison-model of CoSA: the potential to offer "through the gate" support and accountability. *Journal of Sexual Aggression*, *24*(3), 294-310.

SOCAMRU
Sexual Offences, Crime and Misconduct
Research Unit

Lovibond, P. F., & Lovibond, S. H. (1995). The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. *Behaviour research and therapy*, *33*(3), 335-343.

Maguire, M., & Raynor, P. (2006). How the resettlement of prisoners promotes desistance from crime: Or does it?. *Criminology & Criminal Justice*, *6*(1), 19-38.Marshall et al., 2008

McAdams, D. P. (1995). The life story interview. *Evanston, IL: Northwestern University*.

Nowicki, S., & Duke, M. P. (1974). A locus of control scale for noncollege as well as college adults. *Journal of Personality Assessment*.

Pratt, D., Piper, M., Appleby, L., Webb, R., & Shaw, J. (2006). Suicide in recently released prisoners: A population-based cohort study. *The Lancet, 368*(9530), 119-123. http://dx.doi.org/10.1016/S0140-6736(06)69002-8

Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett, C., Howat, N., & Collishaw, S. (2011). Child abuse and neglect in the UK today.

Robitschek, C., Ashton, M. W., Spering, C. C., Geiger, N., Byers, D., Schotts, G. C., & Thoen, M. A. (2012). Development and psychometric evaluation of the Personal Growth Initiative Scale–II. *Journal of Counseling Psychology*, *59*(2), 274.

Rosenberg, M. (1965). Rosenberg self-esteem scale (RSE). *Acceptance and commitment therapy. Measures package*, *61*, 52.

Sherbourne, C. D., & Stewart, A. L. (1991). The MOS social support survey. *Social science & medicine*, *32*(6), 705-714.

Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., ... & Harney, P. (1991). The will and the ways: development and validation of an individual-differences measure of hope. *Journal of personality and social psychology*, *60*(4), 570.

Snyder, C. R., Irving, L. M., & Anderson, J. R. (1991). Hope and health. *Handbook of social and clinical psychology: The health perspective*, *162*, 285-305.

Tennant, R., Fishwick, R., Platt, S., Joseph, S., & Stewart-Brown, S. (2006). Monitoring positive mental health in Scotland: validating the Affectometer 2 scale and developing the Warwick-Edinburgh Mental Well-being Scale for the UK. *Edinburgh, NHS Health Scotland*.

SOCAMRU
Sexual Offences, Crime and Misconduct
Research Unit

Tennant, Ruth, Louise Hiller, Ruth Fishwick, Stephen Platt, Stephen Joseph, Scott Weich, Jane
      Parkinson, Jenny Secker, and Sarah Stewart-Brown. "The Warwick-Edinburgh mental well-
      being scale (WEMWBS): development and UK validation." *Health and Quality of life
      Outcomes* 5, no. 1 (2007): 63.

SOCAMRU
Sexual Offences, Crime and Misconduct
Research Unit