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Community support for sex offender rehabilitation in Europe

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Abstract

It is assumed that the public holds negative attitudes towards sex offenders, yet an increasing number of European volunteers are involved in sex offender rehabilitation programmes through Circles of Support and Accountability (CoSA). Public attitudes and their correlates have been mainly studied in Anglo-Saxon countries; research in European countries other than the UK is scarce. To fill this gap, a web-based survey was held among web-panels in nine European countries ($n = 200$ per country). Measures included awareness and knowledge about sex offenders, community attitudes towards sex offenders in the community (CATSO), attitudes towards the treatment of sex offenders (ATTSO), public attitudes towards sex offender rehabilitation (PATSOR), support for CoSA, and attitudes towards volunteers working with sex offenders. Results indicated that clear misperceptions were held by a minority. Attitudes tended to be negative, but not extremely, and differences between countries were significant. The amount of support for CoSA was considerable and mean attitudes towards volunteers working with sex offenders were positive. The lower educated held more negative attitudes. Since web-panels were probably not representative on key demographic markers, the results are only indicative. Professionals should especially address the lower educated, correct key misperceptions about recidivism of sex offenders, and provide information about processes of change in convicted sex offenders.

Keywords

ATTSO, CATSO, CoSA, PATSOR, rehabilitation, sex offenders

Introduction

In many western countries, the rehabilitation of sex offenders who have served their sentence has become more difficult during the past two decades, as a result of public vigilantism against sex offenders and increasingly restrictive sex offender legislation.

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Because of their impact on sex offender legislation, and the fact that hostile and exclusionist reactions by the community in fact increase the risk of sexual offending, public attitudes towards sex offenders have increasingly gained the attention of academics. However, research in this field is still limited, and mainly covers the US, the UK and other Anglo-Saxon countries (for example, Church et al., 2011; Brown et al., 2008; Kernsmith et al., 2009; see Shackley et al., 2014 for an overview). Comparable information about European countries other than the UK is scarce. In an international web survey we assessed public awareness and attitudes towards sex offenders in nine European countries.

Existing research consistently shows that public attitudes towards sex offenders are negative. For the general public, as for politicians and policy makers, the news media are the primary source of information about sex offenders (CSOM, 2010), and media representations of high-profile cases have been identified as major influences on increasingly restrictive sex offender legislation (Meloy et al., 2013).

Media coverage of sex offenders tends to be selective, concentrating on high-profile cases, often depicting repeat sex offenders offending against unrelated children. Expert opinions and information about sex offender treatment and treatment effectiveness are rarely included (Malinen et al., 2014). As a result, public awareness of sex offender risk and of methods for safe rehabilitation tends to be biased. Misperceptions are common, and – if uncorrected by accurate information – can feed the formation of negative attitudes (Marteache, 2012; Malinen et al., 2014; McCartan, 2010) and reduce support for sex offender treatment (Mancini and Budd, 2015). Fox (2013) has analysed the process through which inaccurate mass media communications and blogs set the tone and agenda for the public. She concluded that these processes contribute to the shaping and sustaining of irrational beliefs about sex offenders, as well as to a lack of trust in government responses. However, this may not be the case for all members of the public. Biased media reportage about sex offenders in the Catholic Church did not result in moral panic among members of the Catholic Church (Mancini and Shields, 2013). Instead, they were confident in the ability of the Church to deal with the problem in an effective way. The authors conclude that negative media attention can backfire in shaping the public opinion. Members of the public can adopt views contrary to the media message. Perceptions of bias in media messages can cause a questioning of their accuracy and support the endorsement of the opposite logic (Mancini and Shields, 2013).

The steady proliferation of Circles of Support and Accountability (CoSA) throughout Europe and elsewhere contradicts the general assumption that the general public holds mainly negative attitudes towards sex offenders and sex offender rehabilitation. CoSA is a community-based rehabilitation programme for sex offenders, which involves trained volunteers from the local community, who are supervised and coached by professionals. CoSA projects are present (in different stages of development) in a number of European countries, including the UK, the Netherlands, Belgium, Spain, Latvia, Bulgaria, Ireland and France (for more information on CoSA, see Höing, Hare Duke and Völlm, 2015).

Although the research on CoSA effectiveness and outcome is gradually expanding (for example, Bates et al., 2014; Duwe, 2013; Höing, Vogelvang and Bogaerts, 2015; McCartan et al., 2014; Wilson et al., 2007b; Wilson et al., 2009), research into public support for CoSA is limited. One study surveyed a small Canadian population sample ($n = 77$; Wilson et al., 2007a), showing that 46 percent knew about CoSA projects, 69

percent were glad the sex offenders were getting extra support, 14 percent were sceptical about CoSA effectiveness, 8 percent were angry that these offenders got extra support and 3 percent were irritated about the fact that people would want these offenders.

Taken together, professionals are increasingly aware of the need to identify and address misperceptions and negative attitudes regarding sex offender rehabilitation, in order to prevent counterproductive policies and vigilante actions (McCartan et al., 2015). CoSA project providers probably feel this need even more, since they want to recruit volunteer members of the public to work with sex offenders in Circles of Support and Accountability. Yet research-based knowledge about awareness and public attitudes regarding sex offenders in the community is limited and almost absent for European countries. More information about public awareness and attitudes towards sex offenders in Europe can help professionals, policy makers, and CoSA providers in European countries to identify information needs among the general public and in specific subgroups of the public.

This study

The aim of this study is to contribute to the knowledge on public awareness and public attitudes towards sex offenders. First, we provide an overview of recent findings in this area, and then we present the method and the results of our cross-sectional, web-based study of public awareness, community attitudes towards sex offenders, sex offender treatment, sex offender rehabilitation, and support for CoSA, which was conducted in nine European countries among existing web-panels. We also explored the inter-relatedness of awareness and attitudes, and demographic differences in awareness and attitudes. The study was conducted as part of an EU-funded project (Funded by the European Commission, Daphne III programme, JUST/2011/DAP/AG/3012).

Public awareness, attitudes, and support for sex offender rehabilitation

Public awareness

Public awareness of issues related to sex offenders tends to be biased. Typical misperceptions include an overestimation of sex offender reconviction rates and the belief that sex offenders cannot be treated effectively. Brown et al. (2008) conducted a survey among a sample of 979 inhabitants of five counties in the north-west of England and assessed public awareness and public attitudes towards sex offenders. The majority of their sample (60 percent of males and 75 percent of females) believed that at least 25 percent of convicted sex offenders would be reconvicted within a year, whereas, in reality, reconviction rates of sex offenders are much lower. The US Center for Sex Offender Management (CSOM, 2010) conducted a national survey among a representative population sample ($n = 1002$). Almost three-quarters (72 percent) of the respondents believed that at least half of convicted sex offenders will reoffend in the future. In research by Payne et al. (2010), 52 percent of their US population sample ($n = 746$) believed that sex offenders could not be rehabilitated.

Attitudes

Brown (1999) conducted a survey among a randomly selected population sample ($n = 312$) in one UK city. Attitudes towards sex offender treatment were generally positive, but only when treatment was combined with some sort of punishment. There was less support for treatment taking place in the respondents' own community and for sex offender rehabilitation.

In the previously mentioned study by Brown et al. (2008), their general public sample was pessimistic about sex offender rehabilitation, and sceptical about the effectiveness of criminal justice interventions.

Kernsmith et al. (2009) assessed public attitudes towards sex offenders and sex offender registration in a random population sample in the US state of Michigan ($n = 733$). Fear of a sex offender living in the neighbourhood and agreement with sex offender registration were assessed for different types of sex offender. Nearly all participants reported some fear of having a sex offender living in their neighbourhood, and registration requirements were supported by a large majority. The highest rates of fear and the highest support for registration were reported relating to sex offenders who victimized unrelated children.

Olver and Barlow (2010) surveyed 78 Canadian university undergraduate students. Most of them held negative attitudes towards sex offenders living in their neighbourhood and favoured longer prison sentences. Nevertheless, more than half of them believed that sex offenders can be managed safely in the community and favoured intensive and effective treatment above longer prison sentences. More than half of them also thought that sex offenders can change their behaviour and should be granted their human rights.

Rogers et al. (2011) assessed attitudes towards sex offenders, sex offender treatment, and sex offender rehabilitation in an opportunistic sample of the community in one UK city ($n = 235$). Respondents held moderately negative attitudes towards sex offenders and moderately positive attitudes towards sex offender treatment and subsequent rehabilitation.

Church et al. (2011) surveyed a convenient sample of US students ($n = 316$). They assessed attitudes towards sex offenders and attitudes towards sex offender treatment. Students' views on sex offenders reflected a somewhat liberal point of view, but their attitude towards the capability of sex offenders to change their behaviour was negative. Sex offender treatment was generally supported, but, on average, belief in the effectiveness of sex offender treatment was low.

Jahnke et al. (2015) conducted surveys in two samples, one German ($n = 845$), one American ($n = 201$), comparing negative attitudes towards paedophiles with attitudes towards alcohol abusers, sexual sadists, and people with antisocial behaviour. In both samples, negative attitudes towards paedophiles were more prevalent than negative attitudes towards other groups, although the percentages were different (for example, 14 percent thought paedophiles would better be dead in the German sample, versus 28 percent in the US sample).

Demographic differences in attitudes towards sex offenders

Research shows repeatedly that more negative attitudes towards sex offenders are held by the lower educated and by older people. Results on gender are inconclusive.

In the study by Brown (1999), more positive attitudes towards sex offender treatment and rehabilitation were associated with younger age and higher socio-economic status, but not with gender. Payne et al. (2010) assessed several possible predictors of attitudes, indicating social capital and vulnerability characteristics, but found only two that were significant: having been a victim of physical abuse as a child predicted more negative attitudes towards sex offender rehabilitation, and being a perpetrator of domestic violence predicted more positive attitudes towards sex offender rehabilitation. Minority members had more negative attitudes. The total explained variance, however, was small ($\text{adj } R^2 = -.034$). Rogers et al. (2011) reported that more negative attitudes towards sex offenders were related to victim characteristics (people held more negative attitudes when younger victims were involved) and offender characteristics (people held less negative attitudes towards offenders who had completed treatment). Attitudes were not related to gender. Willis et al. (2013) investigated demographic differences in public attitudes towards sex offenders in a New Zealand population sample ($n = 401$; mean age: 31.4 years). They found that females demonstrated more negative attitudes on affective and behavioural measures compared with males, and respondents with low education levels demonstrated more negative attitudes on cognitive and behavioural measures than respondents with higher levels of education. Shackley et al. (2014) examined attitudes towards sex offenders in an Australian sample, which was recruited through social media sites ($n = 522$, mean age: 29.7 years). Individuals with higher levels of educational attainment rated sex offenders less negatively than those with lower educational attainment, while those who reported being supportive of community notification reported more negative attitudes towards sex offenders.

Interrelatedness of awareness, attitudes, and support for sex offender rehabilitation

Relations between awareness, attitudes towards sex offenders and sex offender rehabilitation, and support for sex offender rehabilitation efforts are rarely studied. Malinen et al. (2014) found that community attitudes (especially the cognitive element of attitudes) can be changed in a less negative direction through informative media exposure, and Marteache (2012) found that changes in attitudes through exposure to information are sustainable. Viki et al. (2012) have studied the role of the de-humanizing of sex offenders (comparing them to animals and giving them animal-like names and characteristics) in exclusionist attitudes. De-humanization may inhibit the experience of moral emotions and the manifestation of moral behaviour towards out-groups, such as sex offenders (Viki et al., 2012). In other words, those who place sex offenders outside the moral community of humans are less supportive of sex offender rehabilitation efforts and more supportive of social exclusion. On the other hand, people who have direct and good-quality contact with sex offenders are more supportive of sex offender rehabilitation (Viki et al., 2012).

Method

Research questions and hypotheses

The following research questions were investigated:

1. What is the level of awareness about sex offenders and sex offender rehabilitation in European countries?
2. What are public attitudes in European countries towards sex offenders in the community, sex offender treatment, and sex offender rehabilitation?
3. What is the level of support for volunteers working with sex offenders and for CoSA in European countries?
4. How are awareness, attitudes, and support for volunteers working with sex offenders and for CoSA correlated?
5. Are there demographic differences in awareness, attitudes, and support for volunteers working with sex offenders and for CoSA with regard to age, gender, urbanization, and victimization?

The following hypotheses were tested:

H1: Less awareness regarding sex offenders and sex offender rehabilitation is associated with more negative attitudes towards sex offenders, sex offender treatment, and sex offender rehabilitation.

H2: Negative attitudes towards sex offenders are associated with less support for volunteers working with sex offenders and for CoSA.

H3: Higher-educated members of the public show higher levels of awareness of sex offenders and hold less negative attitudes.

H4: Victims of sexual violence hold more negative attitudes than non-victims.

Design

Our study had a cross-sectional design, and we conducted a web-based survey among custom online panels in the United Kingdom, Ireland, the Netherlands, Belgium (Flemish region), France, Spain, Latvia, Bulgaria, and Hungary. Panel research is a widespread strategy in market research, and there are many commercial organizations hosting and selling access to pre-recruited customer panels. For practical and financial reasons that prohibited elaborate procedures to recruit a representative population sample, we distributed our questionnaire via two providers of consumer panels. One host provided access to panels in the UK, France, Latvia, Spain, and Bulgaria; the second provided access to panels in the Netherlands, Belgium, Ireland, and Hungary. To be able to analyse data on a national level, and to be able to detect at least medium effects with a power of .80 and confidence level of $\alpha = .05$, a minimum sample size of 85 respondents per country was needed (Cohen, 1992), but we aimed for at least $n = 200$ per country.

Procedures

The questionnaire contained 85 items and was translated into the local language by local researchers (native speakers). If necessary, the wording was adjusted to local customs. We aimed for a sample of the population that was representative with regard to gender and level of education, and provided panel hosts with population quotas, which were derived from Eurostat (URL: <http://ec.europa.eu/eurostat/>). The questionnaire was sent out to all panel members. When the agreed upon number of completed questionnaires (200) was returned and quotas for gender and education level were reached, the survey was closed. Owing to miscommunication with the first panel host, quotas were not monitored in the panels provided by that host (the UK, France, Latvia, Spain, and Bulgaria). The aim of the study was clearly stated in the

introduction, and information about the project was provided. The surveys were launched in July and August 2014.

Instruments

Background variables: Gender and age were assessed by single items. Level of education was assessed using ISCED 2011 levels of education (URL: <http://www.uis.unesco.org>), translated into the national educational system. Levels 7 and 8 were collapsed into one. For the purpose of the analysis, three levels of education were created: 'low' (levels 1–3); 'medium' (levels 4–5) and 'high' (levels 6–7). We also assessed employment status and level of urbanization of the living area (three categories: 'city', 'town', and 'village or rural'). The victimization history of the respondent was assessed in two items, by asking whether the respondent and/or any of their family members had ever experienced sexual violence. A series of three questions tapped into other personal experience of sex offenders: knowing a sex offender in person, having a sex offender among their family members, or having professional experience in working with sex offenders (answer categories: 'yes' or 'no').

Awareness about sexual offenders in society was measured by a series of questions testing the factual knowledge of the public about sex offenders (see Table 8 in Appendix 1). Respondents were asked to rate the recidivism of different types of sex offender (child abusers versus rapists), victim preferences (number of sex offenders who prefer stranger victims), and the percentage of sex offenders who are reported to the authorities. Response categories were: 'almost all', 'the majority', 'half of them', 'a minority', and 'almost none'. Extreme answers ('almost all' and 'almost none') were categorized as misperceptions. The number of misperceptions was summed into one variable ('misperceptions') with a range of 0–4.

Community attitudes towards sex offenders were assessed with the CATSO (Church et al., 2008), an 18-item measure assessing lay perceptions of sex offenders across four subscales, namely (a) the social isolation of offenders (five items, for example 'most sex offenders do not have close friends'), (b) their capacity to change (five items, for example 'with support and therapy, someone who committed a sex offence can learn to change their behaviour'), (c) the severity of their offences and their dangerousness (five items, for example 'only a few sex offenders are dangerous'), and (d) their level of [sexual] deviancy (three items, for example 'people who commit sexual offences want to have more sex than the average person'). The internal consistency of this scale appears to be adequate. (Cronbach's alpha: social isolation = .70; capacity to change = .80; severity and dangerousness = .70; level of sexual deviancy = .43; total scale: .74; Church et al., 2008). CATSO items were rated along a seven-point Likert scale from 1 ('strongly disagree') to 7 ('strongly agree'). In our study, we added a neutral midpoint answer (4 = 'undecided'), to avoid forced attitude formation. With this addition, Cronbach's alphas in our study were acceptable to good: (total scale: .81; social isolation: .84; capacity to change: .77; severity and dangerousness: .76; level of sexual deviancy: .64).

Attitudes towards treatment of sex offenders were examined with the ATTSO (Wnu, et al., 2006), a 15-item questionnaire examining lay attitudes towards sex offender treatment programmes. The ATTSO contains three subscales reflecting public attitudes towards: (a) the incapacitation of offenders (for example, 'sex offenders should never be released'), (b) the effectiveness of treatment (for example,

'psychotherapy will not work with sex offenders'), and (c) the use of mandatory treatment programmes (for example, 'it is important that all sex offenders being released receive treatment'). All ATTSO items are rated on a five-point Likert scale ranging from 1 ('strongly disagree') to 5 ('strongly agree'). Since one item ('convicted sex offenders should never be released from prison') is part of CATSO as well as ATTSO, it was included only in the CATSO questionnaire. To be included in the ATTSO scale score, the seven point score was transferred into a five-point score through linear transformation. Internal reliability (Cronbach's alpha) was good in the study by Wnuk et al. (2006), with Cronbach's alpha = .86 for the total scale; .88 for the incapacitation of offenders subscale; .81 for the effectiveness of treatment subscale; and .78 for the use of mandatory treatment programmes subscale. In our study, Cronbach's alphas were comparable (total scale: .79; incapacitation: .87; effectiveness of treatment: .78; mandatory treatment: .88).

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

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

Awareness of CoSA was assessed by a single question: 'Have you heard of CoSA projects in your country?' ('yes'/'no'/'don't know').

Support for CoSA was assessed by a series of five items (see Table 9 in Appendix 1). Three items were assessing attitudes (for example, 'if a friend of mine would become a CoSA volunteer I would': 'approve'/'disapprove'/'don't know'); and two assessed interest ('I would be interested in knowing more about CoSA') and behavioural intentions regarding CoSA ('I would be interested in becoming a CoSA volunteer, if such a project was nearby': 'yes'/'no'/'don't know').

A continuous variable 'Support for CoSA' was constructed by counting the affirmative answers on these five items and calculating a sum score (0 = low support; 5 = high support).

Attitudes towards volunteers working with sex offenders were assessed in eight self-constructed items (see Table 10 in Appendix 1), tapping into the attitudes towards volunteer services for sex offenders (for example, 'Volunteers who work with sex offenders can make a difference in the safe rehabilitation of the sex offenders'). Answers were rated on a five-point Likert-type scale ranging from 'strongly disagree' to 'strongly agree'. Cronbach's alpha of the total scale was .85.

Data analysis

The data were analysed with SPSS, version 21. In total, 1959 questionnaires were returned, of which 85 were not completed and were excluded from analysis (4.3 percent). However, this is not to be seen as a 96 percent response rate, since surveys were closed when the number of completed questionnaires was around or above 200 (which was the contracted minimal number). Non-completion rates (number of questionnaires with missing values on outcome variables) varied by country, from 7.1 percent (the UK) to 1.5 percent (Belgium).

Descriptive results on sample characteristics and outcome variables were calculated per country. Differences between countries were tested with Pearson Chi-square test for categorical variables and ANOVAs for continuous variables and post hoc comparisons (Tukey's honestly significant difference).

Bivariate results between outcome variables were computed for the total sample, controlling for country by calculating partial correlation coefficients; and correlations per country (not reported here) were computed using the more conservative Spearman's rho, since some of the outcome variables did not meet parametric assumptions.

To test our hypotheses, mean differences on outcome variables by gender, victimization history, and education level were tested with a simple *t*-test for gender and victimization (involving only own victimization, not family), and ANOVAs for education level and urbanization.

Participants

In total, 1874 respondents completed the questionnaire (989 female and 885 male respondents). Table 1 provides an overview of the demographic characteristics.

Of the total sample, 11.7 percent were under 25, 55.8 percent were aged 25–50, and 32.4 percent were over 50 years of age. The education level was medium or high for 86.4 percent. A comparison of our sample characteristics with national statistics by Eurostat (URL: <http://ec.europa.eu/eurostat>) for the education level of adult citizens suggests that in all our samples, except for the Dutch and Belgian samples, people with a low education level were under-represented.

Half of our sample were employed, a minority (11.4 percent) were unemployed, other were homemakers, retired, business owners or students. Almost one in eight had experienced sexual violence themselves, but rates varied considerably between countries, with 23 percent in Ireland and 4.2 percent in Hungary. The number of people who know a sex offender in person varied accordingly, with 23.8 percent in Ireland and 5.2 percent in Hungary. In all countries, a majority was concerned about sex offenders in the community, and, except for the Irish sample, half or more than half of all samples believed the number of sex crimes is rising.

Results

Awareness and misperceptions about sex offenders

One in five (21 percent) respondents fostered misperceptions about recidivism rates of child abusers, varying from almost 34 percent in Spain to 14 percent in Hungary (Table 2). Similar rates were found regarding misperceptions about recidivism of rapists, and,

Table I. Sample characteristics (percentages).

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

Table 2. Misperceptions about sex offenders: Answer = 'almost all' or 'almost none' (percentages).

	Country										Chi-square	p
	UK N = 210	IRE N = 193	NL N = 204	B N = 203	FR N = 243	ES N = 213	LV N = 207	BUL N = 208	HU N = 193	Total N = 1874		
How many convicted child abusers will eventually commit another sex crime, after they have served their sentence?	21.9	24.9	16.2	16.3	26.7	33.8	16.9	23.6	14.1	21.8	40.05	.00
How many convicted rapists will eventually commit another sex crime, after they have served their sentence?	21.0	24.4	13.7	14.8	25.5	27.2	15.9	15.4	14.6	19.3	31.14	.00
How many sex offenders choose victims that are complete strangers?	14.3	11.4	11.8	12.8	17.7	23.0	18.4	23.6	13.0	16.3	26.41	.00
How many sexual offences are reported to the authorities?	5.7	10.9	4.9	7.9	5.8	6.6	2.4	5.8	3.1	5.9	17.89	.02

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

Attitudes towards sex offenders

Attitudes towards sex offenders, sex offender treatment, and sex offender rehabilitation tended to be negative in all countries. However, there were significant differences (Table 3). The means on the CATSO subscales reflected negative attitudes towards sex offender characteristics. Results on the *social isolation* subscale were least negative and around the neutral central point. People in the UK, Ireland and France perceived social isolation to be less of a problem for sex offenders than people in other countries. Especially negative were the views on the *capacity to change*, evidencing a general tendency to believe that sex offenders cannot change and should be incapacitated. The results on the ATTSO subscales showed mixed results on the subscales, and less differences between different countries. The means on the ATTSO *incapacitation* subscale suggested less support for incapacitation than the CATSO capacity to change subscale (which also measures support for incapacitation). This is partly explained by low support for one item in the ATTSO ('sex offenders should be executed'). In general, there was high support for *mandatory treatment*, but less so in the Latvian sample. The means for the *effectiveness of treatment* subscale were around the neutral midpoint, indicating a balance in the sample between people who doubt treatment effectiveness and those who believe it is effective. Scores on the PATSOR indicated negative attitudes towards sex offender *rehabilitation*, with means slightly above the neutral midpoint, and attitudes being less negative in Belgium and the Netherlands compared to the other countries.

Support for CoSA and for volunteers working with sex offenders

The percentage of people who had heard about CoSA projects (see Table 4) was surprisingly high, and, even in countries where CoSA projects had only recently been introduced (for example Ireland, France) or had not yet been fully established (for example Bulgaria), a number of people were familiar with CoSA projects. Further analysis showed that knowing about CoSA was linked to professional experience with sex offenders (Chi-square = 82.9; df = 2; $p = .00$), which partly explains these results, since professionals working with sex offenders will be better informed about CoSA through scientific publications, conferences, and professional associations than the general public.

Interest in CoSA was high: across all countries, almost half of the people were interested in knowing more about CoSA, with most interest in Bulgaria and least interest in the countries that already had established CoSA projects (the UK, the Netherlands, Belgium), probably indicating a higher level of being already informed. This interest in CoSA was not completely paralleled by the intention to become involved oneself, but still a considerable part of the public was interested in becoming a

Table 3. Awareness and attitudes.

	Country										Total N = 1874	F (p)
	UK N = 210	IRE N = 193	NL N = 204	B N = 203	FR N = 243	ES N = 213	LV N = 207	BUL N = 208	HU N = 193			
	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)	M(SD)	M (SD)	M (SD)	M (SD)		
No. of misperceptions CATSO (scoring: 1–7)	0.63 (0.95)	0.71 (1.11)	0.47 (0.88)	0.52 (1.1)	0.76 (1.10)	0.91 (1.05) ▲	0.54 (0.80)	0.68 (0.90)	0.45 (0.85)	0.63 (0.99)	4.98 (.00)	
Social isolation of offenders ^a	3.52 (1.20) ▼	3.44 (1.11) ▼	3.95 (0.85)	3.94 (0.91)	3.45 (1.05) ▼	4.08 (0.96)	4.00 (0.95)	3.94 (1.04)	3.97 (1.02)	3.80 (1.04)	13.96 (.00)	
Capacity to change ^a	4.48 (1.31)	4.13 (1.17)	4.05 (1.30)	4.19 (1.03)	4.38 (1.30)	4.37 (1.14)	4.34 (1.01)	4.24 (1.17)	3.88 (1.16) ▼	4.24 (1.20)	5.19 (.00)	
Severity and dangerousness ^b	2.54 (1.23)	2.55 (1.11)	2.86 (0.98)	3.37 (1.19) ▲	2.46 (1.13)	2.78 (1.22)	2.93 (0.99)	2.65 (0.99)	2.77 (1.08)	2.76 (1.14)	13.05 (.00)	
Level of (sexual) deviancy ^a	3.77 (1.20)	3.82 (1.05)	4.24 (1.22) ▲	4.37 (1.09) ▲	3.81 (1.17)	3.89 (1.16)	3.73 (1.13)	3.75 (1.25)	4.00 (1.07)	3.93 (1.17)	8.14 (.00)	
ATTSO (scoring: 1–5)												
Incapacitation ^a	2.94 (0.88)	2.68 (0.79)	2.65 (0.86)	2.81 (0.77)	2.96 (0.88)	2.76 (0.75)	2.82 (0.75)	2.74 (0.75)	2.74 (0.59)	2.79 (0.79)	4.03 (.00)	
Effectiveness of treatment ^b	2.90 (0.85)	3.12 (0.69)	3.07 (0.79)	3.03 (0.68)	3.04 (0.78)	2.87 (0.75)	2.91 (0.53)	3.08 (0.72)	3.07 (0.70)	3.01 (0.73)	3.19 (.00)	
Mandatory treatment ^b	4.10 (0.86)	4.25 (0.81)	4.01 (0.70)	3.89 (0.87)	4.10 (0.92)	4.09 (0.83)	3.74 (0.90) ▼	4.07 (0.85)	4.05 (0.82)	4.03 (0.85)	6.11 (.00)	
PATSOR (scoring: 1–5)												
Rehabilitation ^a	3.37 (0.72)	3.30 (0.63)	3.14 (0.75) ▼	3.13 (0.67) ▼	3.37 (0.66)	3.39 (0.55)	3.35 (0.50)	3.51 (0.58) ▲	3.25 (0.62)	3.32 (0.65)	7.56 (.00)	
Support for CoSA ^b (scoring 0–5)	1.6 (1.84)	1.98 (1.77)	2.22 (1.66)	1.73 (1.71)	1.88 (1.82)	2.51 (1.70) ▲	2.05 (1.67)	2.50 (1.71) ▲	1.89 (1.68)	2.04 (1.76)	7.24 (.00)	
Attitudes towards volunteers working with sex offenders ^b (scoring 1–5)	3.30 (0.67)	3.39 (0.59)	3.36 (0.63)	3.29 (0.55)	3.40 (0.68)	3.48 (0.56)	3.30 (0.60)	3.59 (0.54) ▲	3.45 (0.55)	3.40 (0.61)	5.53 (.00)	

Notes:

^ahigh scores = negative attitudes.

^bhigh scores = positive attitudes.

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

Table 4. CoSA: Awareness, intentions, and positive attitudes (answered 'yes' or 'approve') (percentages).

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

CoSA volunteer. Rates were lowest in Latvia and highest in Bulgaria. There was more support for others being involved as a volunteer. Of our sample, more than half would approve if a friend became a CoSA volunteer, but support rates were slightly lower if this was a family member, and even lower if one's partner were to become a CoSA volunteer. Support for CoSA was highest in Bulgaria and Spain, and lowest in the UK. Attitudes towards volunteers working with sex offenders in the criminal justice fields were mildly positive, with means slightly above the neutral midpoint in all samples.

Bivariate results

To explore the associations between outcome variables, we calculated partial correlation coefficients, controlling for country (Table 5). Correlations were strongest between attitudes doubting sex offenders' capacity to change and attitudes favouring incapacitation on one side, and negative attitudes towards treatment effectiveness, rehabilitation of sex offenders, and – to a much lesser extent – less support for CoSA and volunteer work with sex offenders on the other side. Attitudes towards mandatory treatment for sex offenders did not vary significantly by levels of the attitude towards capacity to change, indicating that, even if people did not think that sex offenders can change, they still were in favour of mandatory treatment. We further explored the inter-correlations per country, computing Spearman's rho coefficients per country with results all pointing in the same direction as described before (not in tables).

Demographic differences

We tested the mean differences in outcome variables by gender (Table 6) and by urbanization level of living area (Table 7). In the total sample, female participants held more pessimistic attitudes towards sex offenders, sex offender treatment, and sex offender rehabilitation, but there was no gender difference with regard to support for CoSA or attitudes towards volunteers working with sex offenders. The urbanization level of the living area of respondents was not associated with differences in attitudes, with one exception: lower levels of urbanization were associated with more negative views on sex offenders' deviancy.

Hypotheses

Hypothesis 1 was partly confirmed. As we expected, less awareness about sex offenders was associated with more negative attitudes towards sex offenders and sex offender rehabilitation (Table 5). Hypothesis 2 was partly confirmed. Negative attitudes towards sex offenders were indeed associated with negative attitudes towards sex offender rehabilitation, but only two of the subscales (reflecting pessimistic views about capacity to change and sex offender deviancy) were associated with less support for CoSA and for volunteers working with sex offenders. As we expected in Hypothesis 4, attitudes towards sex offenders were different for victims versus non-victims of sexual assault. Victims held more misperceptions and more negative views on sex offenders than non-victims (Table 6). They did not differ in their attitudes towards the sexual deviancy of sex offenders, towards mandatory treatment, and

Rehabilitation ^a	3.24 (0.64)	3.38 (0.64)	4.93	.00	3.43 (0.68)	3.30 (0.64)	2.93	.00
Support for COSA ^b (scoring 0–5)	1.99 (1.77)	2.09 (1.74)	1.28	.20	2.4 (1.81)	1.99 (1.74)	3.40	.00
Attitudes towards volunteers working with sex offenders ^b (scoring 1–5)	3.4 (0.63)	3.39 (0.59)	–0.41	.68	3.35 (0.67)	3.40 (0.60)	–1.06	.29

Notes:

^ahigh scores = negative attitudes.

^bhigh scores = positive attitudes.

Table 7. Awareness and attitudes by education level and urbanization.

	Education level			F (p)	Urbanization			F (p)
	Low N = 249	Medium N = 703	High N = 879		City/large town N = 780	Small to medium town N = 668	Village or rural area N = 425	
	M (SD)	M (SD)	M (SD)		M (SD)	M (SD)	M (SD)	
No. of misperceptions	0.74 (1.04)	0.66 (1.03)	0.56 (0.94)	5.50 (.00)	0.63 (0.98)	0.65 (1.02)	0.62 (0.97)	0.21 (.80)
CATSO (scoring 1–7)								
Social isolation of offenders ^a	3.84 (1.01)	3.84 (1.07)	3.80 (1.02)	0.28 (.76)	3.81 (1.08)	3.85 (1.02)	3.72 (1.00)	1.92 (.15)
Capacity to change ^a	4.50 (1.16)	4.37 (1.18)	4.07 (1.20)	19.08 (.00)	4.20 (1.20)	4.26 (1.17)	4.27 (1.23)	0.58 (.56)
Severity and dangerousness ^b	2.90 (1.26)	2.76 (1.13)	2.74 (1.10)	1.95 (.14)	2.75 (1.18)	2.80 (1.10)	2.73 (1.10)	0.58 (.56)
Level of (sexual) deviancy ^a	4.13 (1.10)	3.97 (1.20)	3.84 (1.16)	6.87 (.00)	3.83 (1.20)	3.97 (1.16)	4.04 (1.13)	4.89 (.01)
ATTSO (scoring 1–5)								
Incapacitation ^a	3.02 (0.80)	2.86 (0.77)	2.69 (0.79)	20.94 (0.00)	2.78 (0.79)	2.82 (0.78)	2.79 (0.79)	0.48 (.62)
Effectiveness of treatment ^b	2.84 (0.73)	2.90 (0.74)	3.13 (0.70)	25.96 (.00)	3.03 (0.74)	2.99 (0.73)	2.99 (0.72)	0.57 (.56)
Mandatory treatment ^b	3.91 (0.95)	4.00 (0.88)	4.09 (0.80)	4.83 (.01)	4.07 (0.88)	4.01 (0.82)	4.00 (0.85)	1.47 (.23)
PATSOR (scoring 1–5)								
Rehabilitation ^a	3.42 (0.68)	3.35 (0.65)	3.26 (0.63)	7.56 (.00)	3.34 (0.63)	3.31 (0.64)	3.28 (0.68)	1.18 (.31)
Support for COSA ^b (scoring 0–5)	1.76 (1.75)	1.98 (1.77)	2.15 (1.73)	5.37 (.00)	2.07 (1.77)	2.04 (1.72)	2.00 (1.79)	0.19 (.82)
Attitudes towards volunteers working with sex offenders ^b (scoring 1–5)	3.24 (0.61)	3.34 (0.60)	3.48 (0.60)	20.14 (.00)	3.43 (0.61)	3.37 (0.63)	3.37 (0.58)	1.91 (.15)

Notes:

^ahigh scores = negative attitudes.

^bhigh scores = positive attitudes.

towards volunteers working with sex offenders. Despite their more negative attitudes towards sex offenders, they showed more support for CoSA. As we expected (Hypothesis 3), attitudes towards sex offenders varied by level of education (Table 7), with the exception of views on the social isolation of sex offenders and the severity of sex offences and their dangerousness. With regard to all other attitudes, people with higher education levels held less negative attitudes towards sex offenders, sex offender treatment, and rehabilitation, and more positive attitudes towards CoSA and volunteer work with sex offenders.

Discussion

The results of our web-based survey of population samples in nine European countries contribute to the existing knowledge of public awareness and public attitudes towards sex offenders in the community and of the support for volunteer involvement in sex offender rehabilitation programmes.

Awareness and attitudes towards sex offenders

Across Europe, a wide majority of people has more or less adequate perceptions of sex offender characteristics, but some misperceptions are more widespread, for example an overestimation of the recidivism rates of child abusers, which had consistently been found before (Brown et al., 2008; CSOM, 2010; McCartan, 2013). Although community attitudes towards sex offenders are generally negative throughout Europe, they are not as extreme as in the US or in the UK, which had been concluded in previous research in Spain and Germany as well (Marteache, 2012; Jahnke et al., 2015). People are most pessimistic about sex offenders' capacity to change, which seems to be a widespread belief (Shackley et al., 2014; Church et al., 2011; Willis et al., 2013). Attitudes towards sex offender treatment are less negative, but incapacitation is favoured above treatment within the community. Public opinion doubts the effectiveness of treatment, but mandatory treatment for sex offenders is nevertheless largely supported, which was also found by Church et al. (2008). Public attitudes are not in favour of sex offender rehabilitation, but not strongly against it either, and attitudes towards involving volunteers in the process of sex offender rehabilitation are mainly positive. Support for CoSA is substantial across all the European countries, and recruiting volunteers should not be a big problem for CoSA providers, since one in eight would consider becoming a CoSA volunteer if such a project was nearby.

National differences

Different European societies respond differently to sexual offending, since level of awareness, attitudes, and support for sex offender rehabilitation vary significantly between countries. These national differences are difficult to explain, and are probably caused by a multitude of factors, such as demographic differences in the samples, differences in the prevalence of sexual offending, different national policies and laws regarding sex offender management in the community, extreme cases of sexual offending, and differences in how sexual offending is dealt with by the media. McAlinden (2012), studied the governance of sexual offending across Europe, and concluded that policy transfer from the USA to the UK has led to more retributive and

exclusionary policies in the UK. Also, media presentations of sex offenders are more sensationalistic in the UK (see also Harper and Hogue, 2015), whereas the media culture in other European countries is driven by objective and non-sensationalist reporting rather than market forces.

The inter-relatedness of awareness and attitudes, and support for rehabilitation

People who lack accurate information about sex offender characteristics and the risk of recidivism hold more exclusionist and punitive attitudes. These results probably indicate that exclusionist and punitive attitudes are influenced by information, as Marteache (2012) and Malinen et al. (2014) also have shown, but, because of our cross-sectional design, the direction of causality is not clear. People who hold negative attitudes towards sex offenders, especially those who are pessimistic about sex offenders' capacity to change and those who favour incapacitation, are less supportive of sex offenders returning into the community and less supportive of involving volunteers in this process. Surprisingly, correlations between negative attitudes towards sex offenders and attitudes towards mandatory treatment and CoSA are weaker or absent, indicating that many people think these are valuable interventions, even if they believe that sex offenders cannot change. This last finding adds to the results of studies by Brown (1999) and Church et al. (2011). A possible explanation is that some people value mandatory treatment or CoSA not for its main goal, which is to help the sex offender change his or her behaviour, but as yet another means of controlling the sex offender. More research is necessary to know more about peoples' perceptions of mandatory treatment and CoSA, in order to be able to correct false expectations.

Demographic differences

Our study confirms prior studies, indicating that misperceptions about sex offenders and negative attitudes towards sex offenders are more pronounced in the lower-educated strata (Willis et al., 2013). Shackley et al. (2014) arrived at the same conclusion, and they suggested that higher-educated people may be less prone to stereotypes or use more credible sources of information. The lower educated more often get their information from commercial media, which tend to focus on sensationalized but rare cases of extreme predatory offenders. Our findings on gender differences are not wholly consistent, but, in general, female respondents hold more negative attitudes towards sex offenders and rehabilitation than male respondents; and more positive attitudes towards CoSA and volunteers working with sex offenders than male respondents. Although victims' attitudes towards sex offender rehabilitation in general were more negative, their attitudes towards CoSA were more positive than those of non-victims. This supportive attitude is common knowledge in many CoSA projects, where volunteers who have experienced sexual abuse themselves are not rare (for example, Höing, Bogaerts and Vogelvang, 2015). Since rates of sexual victimization are known to be much higher in female populations, in the future the combined effect of gender and victimization should be studied.

Limitations of the study

We conducted a cross-sectional, web-based survey among existing web-panels in nine different countries. This type of design obviously has some practical advantages, such as easy access to a population sample, and quick and cost-effective data collection. However, it also produces some limitations. First of all, we do not know exactly to what extent our web-panels represent the national population. Some demographic markers were built into the data collection procedures, but, nevertheless, in most national samples the lower educated were probably under-represented. Therefore our results are indicative and should be interpreted with some caution. In further analyses using our data, univariate results should be weighted by education level and bivariate results should be controlled for education level, since education level is associated with almost all outcome variables.

Although we were able to gather a broad array of data on different aspects of attitudes towards sex offenders, our cross-sectional design prevents conclusions on the direction of causality, which would be of great interest for the nature of the relationship between awareness (number of misperceptions) about sex offenders and attitudes towards sex offenders. In future studies, these relationships should be further explored, since this might offer important information about where to intervene: is it enough to address knowledge deficits, or do other aspects of attitudes (for example, emotional layers) also need to be influenced to improve support for sex offender rehabilitation and reduce unrealistic concerns? Lately, the conceptual validity of the CATSO has been questioned by Harper and Hogue (2015), stating that the scale measures knowledge-based stereotypes rather than affective evaluations that constitute attitudes, since most items are in fact knowledge-based evaluations. If their conclusion is valid, our variable 'Awareness' (operationalized as number of misperceptions) and the CATSO measure the same underlying concept, that is, knowledge about sex offenders. Since attitudes towards certain behaviour (and not per se stereotypes) are seen as precursors of behaviour (Ajzen and Fishbein, 2005), we need better instruments measuring the affective components of attitudes, and more research into the relationship between attitudes towards sex offenders and vigilantism and hostile behaviour.

Conclusions

Previous research showed that public attitudes towards sex offenders tend to be negative, but those studies were mainly reflecting Anglo-American penal cultures, where the tripartite relationship between policy makers, media, and the public has resulted in more punitive and restrictive legislation than in other European countries (McAlinden, 2012).

The results of our study show that, although the general climate towards sex offenders is negative, opinions in European countries are not extreme. Also, the engagement of volunteers in the process of sex offender reintegration is supported by a substantial part of the community.

Professionals who want to engage communities, publics, and society in an informed discourse about child sexual abuse in order to increase their understanding and engagement (McCartan et al., 2015), should focus on correcting the misperceptions about the recidivism rates of treated sex offenders and providing evidence for desistance processes in sex offenders, in order to address the widespread myth of sex

offenders being ‘incurable monsters’ (McCartan, 2004). It is mainly the pessimism about sex offenders’ capacity to change that may form an important barrier for sex offenders to work effectively on their own process of change. It is equally important to find ways to inform the lower educated via their own information channels. Professionals, both researchers and therapists, should build relationships with the mass media, to be able to convey the message that sex offenders can change their behaviour and new sex offences can be prevented by sex offender treatment and by offering social inclusion and social control. Also, through their volunteers, CoSA projects offer unique possibilities to provide the general public with more accurate information about sex offenders in the community and their risk of reoffending, and thereby help reduce some unrealistic concerns about sex offenders. By encouraging and assisting change, as well as supervising this process, members of the public can help prevent new crimes.

There is a considerable potential of members of the public who support the engagement of volunteers in sex offender rehabilitation programmes and are willing to join a CoSA project, especially among the higher educated. If CoSA projects succeed in addressing this potential, the problem of finding suitable volunteers will be solved to a great extent.

In general, more research is needed to understand the complex process of the formation of attitudes towards sex offenders in society and their influence on politics and policies, and vice versa.

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Appendix I: Self-constructed variables and scales

Table 8. Awareness (no. of misperceptions about sex offenders).

	'Almost all' or 'none'	Else
How many convicted child abusers (sex offenders who victimize children) will eventually commit another sex crime, after they have served their sentence?	1	0
How many convicted rapists (adult sex offenders who victimize other adults) will eventually commit another sex crime, after they have served their sentence?	1	0
How many sex offenders choose victims that are complete strangers?	1	0
How many sexual offences are reported to the authorities?	1	0
Sum score	0–4	

Table 9. Support for CoSA: Variable items.

	'Yes'	'Don't know' or 'no'
I would be interested in knowing more about CoSA projects in my country	1	0
I would be interested in becoming a CoSA volunteer, if such a project was nearby	1	0
If a friend of mine would become a CoSA volunteer, I would approve	1	0
If a family member would become a CoSA volunteer I would approve	1	0
If my partner would become a CoSA volunteer, I would approve	1	0
Sum score	0–5	

Table 10. Attitudes towards volunteers working with sex offenders.

Cronbach's alpha: .85	Item-total correlation
Volunteers who work with sex offenders can make a difference in the safe rehabilitation of the sex offenders	.70
Volunteers who work with sex offenders can help prevent new crimes by that sex offender	.72
In the long term, the behaviour of convicted sex offenders is more influenced by volunteers than by professionals	.38
Volunteers who work with sex offenders are wasting their time, they should do other work which is more useful to society instead ®	.53
Volunteers who work with sex offenders have the wrong kind of values ®	.50
Volunteers working with a sex offender can offer social support and a place where he feels accepted	.60
Volunteers working with a sex offender can help him change his behaviour	.72
Volunteers working with sex offender can monitor his risk	.57

® = recoded.