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Doctoral Thesis

An Exploration of Adult Attachment Style, Empathy and Social Distance.

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Table of Word Count

Thesis Section	Main Text	Tables, Figures, Appendices and References	Total Count
Thesis Abstract	221	-	221
Literature Review	7999	6198	14,197
Research Paper	7972	5865	13,837
Critical Appraisal	3806	712	4518
Ethics Section	5453	4801	10,254
Totals	25,451	17,576	43,027

Thesis Abstract

Section one is a systematic literature review that has carefully explored the inferred relationship between adult attachment style and empathy, with consideration to the theoretical underpinnings to such a relationship. The papers reviewed were quality appraised and methodological weaknesses were acknowledged throughout. The review suggests that there may be a positive relationship between attachment security and empathic traits. This is followed with a discussion highlighting some of the associated clinical implications, particularly with respect to professions who have a caring or supportive role towards people in need.

Section two addresses some of the issues raised in section one, by going on to explore the influences of attachment style and empathy in a scarcely researched area: probation. The study makes use of an online survey with a total of 145 probation officers participating. Social distance is considered in relation to offence type, officer characteristics and potential study confounders. The clinical implications are discussed and recommendations made for future research.

Finally, section three critically appraises the above empirical research. This includes further thoughts regarding the ramifications of the findings, considered in the context of probation services at the time, including political and societal influences. Personal reflections are made with regard to conducting this research taking the above into consideration, and ideas for alternative ways to conduct similarly beneficial research are presented.

Declaration

This thesis records work undertaken in partial completion of the Doctorate in Clinical Psychology at Lancaster University's Faculty of Health and Medicine, Division of Health Research from May 2015 to June 2016. The work presented here is the original work of the trainee and has not been submitted for any other academic award.

Name: Emma Warren

Signature:

Date: 25th August 2016

Acknowledgments

I would firstly like to give my thanks and appreciation to all of the probation officers nationwide who gave their time to participate in this research, and further for providing useful feedback about the online survey. I would like to extend thanks for the support provided by probation managers (division, business and research) who were instrumental to the dissemination and advertisement of the study, in addition to the various individuals and organisations across the UK who provided the same support through social media.

I would also like to acknowledge the consistent support and guidance provided by my research and field supervisors throughout the research, who have worked tirelessly with me throughout the process and have given me constructive feedback, which has not only benefitted this project but has facilitated my development in clinical research hereafter.

Finally, to my family and close friends, for providing me with consistent love, encouragement and confidence at difficult times throughout the research, thank you.

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Section One: Systematic Literature Review

What is the Relationship between Adult Attachment Style and Empathy? A Systematic

Review

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Abstract

The social and evolutionary underpinnings of attachment theory suggest that adult attachment style may be closely related to empathy, the evidence for which has not yet been summarised within a systematic literature review. The present review explores peer-reviewed research that has considered adult attachment style and empathy, in order to determine to what extent such a relationship exists. Using seven online databases and hand-searching references, 13 papers that consider the association between self-reported attachment styles and empathy were reviewed and quality appraised (using the Newcastle-Ottawa Scale) to help identify methodological limitations within the identified research. Although evidence supports a relationship between secure attachment and positive indicators of empathy, confounders such as biased samples and poor quality measures of empathy and attachment style limit the generalisability of the findings. Future research is discussed in relation to such limitations, in addition to the clinical implications of this relationship, particularly within caring professions.

"Human connection is the bedrock of empathic growth" (Hojat, 2007, p.18). Indeed, the need for affiliation is embedded within evolutionary history of humankind. We thrive in social groups and we seek to understand one another. The origins and meanings of empathy within interpersonal relationships draw profound parallels with theories of attachment; however, this notion has not yet been systemically explored. This paper will begin with consideration to the early development of attachment theory, leading up to the concept of adult attachment styles before drawing the reader's attention to the inference that interpersonal traits of empathy are associated with attachment experiences. This will follow with an overview of previous research in this area before peer-reviewed literature is considered in order to establish the extent of the attachment-empathy relationship within current research.

Attachment Theory Development

Though dismissed by many at the time, John Bowlby began to theorise with some certainty that parental emotions and interactions with their children significantly influence the child's character later in life (Bowlby, 1940). This was supported in his famous 1944 article, "Forty-four juvenile thieves" whereby he posited his views on the detrimental impact of early adverse experiences, particularly in relation to separation and harsh treatment of children (Bowlby, 1944). He went on to investigate youth offending and believed that the troubling behaviour of these children was rooted in their family systems (Bowlby, 1950). Tirelessly, he continued to publish research into parenthood, family and mother-child separation, eventually coalescing his ideas within his trilogy, Attachment and Loss (Bowlby, 1969; 1973; 1980).

Despite rejection from critics—such as Jerome Kagan, who advocates for the child's (hereditary) temperamental influences on their adult personality and relationships (Kagan, 2013), and Judith Rich Harris (1998), who distinguishes the child's peer group as most

important in shaping personality—Bowlby was not alone with his theory. The most

prominent contribution to the theory as it is known today stems from Bowlby's collaboration

with Mary Ainsworth (Bowlby, Ainsworth, Boston, & Rosenbluth, 1956). Ainsworth, using

her own creative methodologies (Ainsworth & Bell, 1970), enhanced the theory by

introducing the idea that infants require an attachment figure representing both a 'safe

haven', to whom the child can return for comfort and protection, and a 'secure-base', from

which they can safely explore the world (Ainsworth, Blehar, Waters, & Wall, 1978). Indeed,

the notion of proximity-seeking behaviour and the provision of a secure base appeared in

some of Bowlby's later works (e.g. Bowlby, 1988). The advances of the theory have led to a

number of agreed principles among advocates of attachment theory, including that a) the

caregiver-child relationship is profoundly important for a child's emotional development and

b) such attachment experiences are significant in understanding the development of

interpersonal functioning in adulthood (Bailham & Harper, 2004).

Adult Attachment Style (AAS)

In the midst of his and Ainsworth's attachment research and theory development,

Bowlby (1969) posited that such interactions between infants and caregivers evolve into

stable cognitive constructs known as 'internal working models' that persist into adulthood.

That is, one's experiences in early relationships influence one's behaviour in later

relationships (Howe, 2011; Meyer, Wood & Stanley, 2013; National Scientific Council on

the Developing Child [NSCDC], 2012). Following on from this was Ainsworth et al.'s

(1978) conceptualisation of three attachment styles in children (Secure, Ambivalent and

Avoidant), corroborated by Hazan and Shaver (1987), whose research suggested that

attachment styles that had developed in childhood remained relatively stable in adult

romantic relationships. This eventually led to Bartholomew and Horowitz's (1991) four-

category model of adult attachment styles (Secure, Fearful, Dismissing, and Preoccupied).

There is great variance in what constitutes a *Secure* attachment style (see prototype in Maunder & Hunter, 2009; 2012) however it generally involves experience of a consistently available and responsive other, in contrast to an *Insecure* attachment style, whereby a person's needs have been met either with unresponsiveness or inconsistency. Regardless, AASs can be understood as strategies developed over time, to facilitate one's ability to get their needs met in accordance with their environment. This can become problematic when early attachment needs have not been adequately met and continue to manifest through behaviours in adulthood (Daniels, 2016; Howe, 2011; Siegel, 1999).

More recently, attachment style in adults has been conceptualised in terms of anxiety and avoidance *dimensions* (Brennan, Clark & Shaver, 1998) rather than fixed *categories*, akin to recent developments within psychological models of distress (Cromby, Harper & Reavy, 2013). Fraley, Hudson, Heffernan and Segal (2015) argue that categorical measurements are a less accurate way of conceptualising individual differences with regard to attachment. This is especially pertinent with consideration to the vast amount of research into AAS and its relationship with several different factors. For example, there is evidence to suggest that AAS is related to personality type (Fossati, Feeney, Pincus, Borroni, & Maffei, 2015), academic achievement (Beauchamp, Martineau & Gagnon, 2016) and even sleep disturbance (Adams & McWilliams, 2015). Therefore, it is important that the tools used to investigate these relationships are valid and meaningful. Of particular interest to this review is the relationship between AAS and traits of empathy.

Attachment and Empathy

Attachment theory is underpinned by the assumption that humans are sociable creatures (Grossmann & Grossmann, 2005). That is, we are born dependent on another to survive (Winnicott, 1967), we regularly communicate with one another and try to make sense of each other; we are naturally, as Howe (2011) terms it, 'psychologically curious' (p. 21).

The concept of empathy has been somewhat ill defined in research (Duan & Hill, 1996), for example, whether it concerns cognitive or affective processes, both or either one depending on the situation. Duan and Hill (1996) explored the history and meaning around the term 'empathy' and noted the decreasing amount of research on the concept, which they attributed to the confusion caused by the several conceptualisations of the term.

Historically, empathy has been understood as the ability to "know another person's inner experience" (Buie, 1981, p. 282) while more recently Hoffman (2000) defined empathy as "an affective response more appropriate to another's situation than one's own." (p. 4). Davis (1980) suggests that empathy can be better understood in terms of four separate, discriminable constructs, rather than attempting to determine a single description. He lists perspective taking (PT, adopting the view of others), personal distress (PD, anxiety or unease in response to tense interpersonal situations), fantasy (FS, transposing into feelings of fictitious book or film characters) and empathic concern (EC, sympathy and concern for others) as the four key components of empathy. Similarly, Goleman (2011) discusses empathy in terms of cognitive, emotional and compassionate elements. Nonetheless, to be empathic is to be attuned to the feelings of others, a skill that caregivers require in order to develop secure and lasting attachments with their infants (Meins, 2013).

As such, the development of the aforementioned internal working models and subsequent attachment styles are likely to influence one's interpersonal tendencies and the capacity for empathic engagement (Ainsworth, 1985). Indeed, evidence from almost 30 years ago (Barnett, 1987) suggested that affection provided by early caregivers is associated with the development of the capacity for empathy later in children's lives. Additionally, brain-imaging techniques within cognitive neuroscience research have highlighted the significant overlap between empathy systems and parent-infant interactions (Swain, 2011) and others have pointed to the importance of caregiving experiences in the neurodevelopment

of empathy (Gonzalez-Liencres, Shamay-Tsoory & Brüne, 2013). Conversely, research has demonstrated that in their first year of life, children can show empathic concern for their peers (Liddle, Bradley & Mcgrath, 2015) and even newborn babies have shown a curiosity in the behaviours of their caregivers (Murray & Andrews, 2000). This indicates that this human ability to be empathic is innate, possibly hindered when circumstances mean that caregivers are less able to be attuned and responsive to their infants (Goldsmith, 2010).

Nevertheless, ever since Bowlby (1980), researchers have continued to hypothesise that individuals who have developed secure attachments as children will be more able to be responsive to the needs of others (Alhusen, Hayat & Gross, 2013; Howe, 2011) and there is a body of empirical research to support this. For example, Mikulincer and colleagues (Mikulincer & Shaver 2001; Mikulincer, Shaver, Gillath & Nitzberg, 2005) have shown that increased attachment security is associated with several prosocial behaviours, including increased compassion for a suffering stranger. This suggests that more securely attached people are more likely to display empathic behaviours. Consistently, research suggests that highly anxious or avoidant attachment styles are negatively correlated with emotional intelligence (Cherry, Fletcher & O'Sullivan, 2014; Hamarta, Deniz & Saltali, 2009), which constitutes the ability to perceive and access emotions in order to understand their meaning (Mayer & Salovey, 1997). Indeed this construct is very closely related to empathy (Ioannidou & Konstantikaki, 2008; Stratton, Elam, Murphy-Spencer & Quinlivan, 2005) and therefore implies that people who score higher on the avoidance or anxiety dimensions of adult attachment measures may be naturally less empathic towards others, than people with lower comparable scores. This is particularly important when considering the impact of empathy not just on a personal level, in communicating and understanding others effectively, but on a professional level within the workforce. The importance of empathy in the clinician-patient relationship was first described almost a century ago (Southard, 1918) and continues

to be of interest (Sinclair et al., 2016), particularly in the context of political, legal and moral

inquiries within the public domain (Francis, 2013).

Previous Reviews concerning Attachment and Empathy

Although the relationship between attachment style and empathy has not yet been

reviewed, there have been a number of reviews considering attachment style within

professions associated with empathy. For example, West (2015) explored the relationship

between attachment style, burnout and compassion fatigue in health service workers and

found that people with higher levels of attachment anxiety also had higher levels of burnout.

Therefore it is possible that attachment security is associated with an increased ability to

manage stress and workload, thus preventing burnout. However, the author acknowledges

that a causal relationship cannot be determined by these findings; there may be a third

variable mediating the resultant burnout. Therefore, it is not clear what influence empathy

has within this dynamic; if a relationship between attachment style and empathy was

established then this might lead to a greater understanding of clinical and professional issues

such as those explored by West.

Degnan, Seymour-Hyde, Harris and Berry (2014) examined the impact of therapist

attachment style on the therapeutic alliance and outcomes and concluded that therapists need

to pay attention to their own attachment style, as there was evidence to suggest its

contribution within the therapy process. The idea of the therapist bringing their own

psychological mechanisms into the therapy room has been recognised by others (Diamond &

Blatt, 2016) and is intentionally made more transparent in some psychological therapies

(Ryle & Kerr, 2002; Young, Klosko & Weishaar, 2003). Similarly, Parpottas and Draghi-

Lorenz (2015) conducted a review on the impact of therapist attachment organisation on the

outcome of therapy and although they found an association between therapist attachment and

the outcome of therapy, they acknowledged that this is a complex relationship and one that

needs to be explored further. They suggest that many of the variables that may be mediating this relationship (empathy, for example) need to be investigated in separate reviews.

It is likely that such reviews have an underlying assumption that people with more secure attachments are more likely to be empathic, owing to the presumption that they will be more likely to be responsive to the needs of others having experienced this themselves. However, this assumption, though logical, has not yet been comprehensively investigated by means of a systematic review. Therefore, research in this area has been somewhat premature and it is now important to explore this relationship thoroughly in order to establish some of the foundations of current research into attachment style. Parpottas et al. (2015) did consider emotional empathy in their review however, since they focused specifically on the therapist-client relationship, they may have dismissed important findings in other fields. Additionally, as this was a descriptive review it did not systematically investigate all potentially relevant literature.

The present research aim is to provide a comprehensive review of the literature concerning the relationship between AAS and empathy. There has been a body of research conducted highlighting the clinical implications of attachment style within caring professions, in which empathy is integral. However, this major underlying assumption has not yet been thoroughly investigated.   Therefore, the research question is: To what extent does a relationship exist between self-reported AAS and both cognitive and affective components of empathy?

Method

Search Strategy

In January 2016, seven online bibliographic databases (PsychInfo, PsychArticles, Academic Search Complete, MEDLINE, Cumulative Index to Nursing and Allied Health Literature [CINAHL], The Allied and Complementary Medicine Database [AMED] and Web

of Science) were searched individually in order to manually monitor duplicates. The term

"Empath*" was searched within abstracts and was entered using the 'AND' function with:

- "attachment style" OR "adult attachment" OR "attachment security" OR "attachment

   representation" OR "attachment dimension" OR "attachment orientation" OR

   "attachment pattern"

The above attachment related terms were searched within 'All Text' and the thesaurus tool on

the EBSCOhost research database search engine was utilised to help identify relevant terms.

The use of an asterisk was for truncation, ensuring retrieval of all endings of the word (e.g.

empathy, empathetic, empathic) and the 'Boolean Phrase' tool was utilised with all phrases in

order to elicit relevant retrieval of articles with the terms used together. This prevented, for

example, retrieval of articles that used the words "attachment" and "style" in separate

contexts. Only papers from peer-reviewed journals were considered in order to maximize the

standards of quality of the research to be reviewed.

Screening and Eligibility

Articles retrieved through the search were screened according to the following

inclusion criteria. The article was required to:

- Consider the relationship between attachment style and empathy in an adult

   population

- Use a design whereby participants complete self-report, quantifiable measures of both

   attachment style and empathy (e.g. within-subjects)

- Be an empirical paper, rather than a discussion or review

   Yielded results were initially screened by title and abstract; full-text articles were

retrieved for a more thorough check if they appeared to meet all criteria. If a study met all of

the above criteria, the first reason for exclusion was if the study was not written or translated

in the English language. Studies that did not consider the direct relationship between

subjects' attachment style and empathy were excluded (for example, if empathy was used only as a mediator for something unrelated). This was to reduce the number of potential confounds and ensure the results were more reliable and comparable. However, articles were not excluded based on their primary aims or hypothesis. That is, if the primary aims of a research paper were to explore something other than attachment style and empathy, but this relationship was measured incidentally, the paper was included in the review to prevent dismissal of important and relevant findings.

Quality Appraisal

All included papers were individually quality appraised using the Newcastle-Ottawa Scale (NOS; Wells et al., 2011, Appendix B). Whilst designed to appraise cohort and case-controlled designs, the NOS developers also suggest its application to cross-sectional studies; Herzog et al. (2013) did this successfully. The NOS considers three main subscales: selection, comparability and outcome, all of which are afforded a number of stars depending on the subscale, producing a single number of stars out of a maximum of 10 for each study. Most of the headings in Table 1 are self-explanatory; however, some require further explanation: 'Ascertainment of exposure' relates to whether validated measurement tools were used. The comparability factor relates to whether subjects in different outcome groups were comparable and whether any confounding factors were controlled. Assessment of outcome relates to whether participant data was gathered via independent-blind assessment (two stars), self-report (one star) or no description given (zero stars).

Insert Table 1 here

As Table 1 shows, the highest scoring research paper was given 8 stars (Goldstein & Higgins-D'Alessandro, 2001) and no study was given less than 5 stars. Papers with more stars were given greater regard than papers with fewer stars. The studies were also quality

appraised independently by a second rater who was not involved with the research. Inter-rater reliability was calculated using a percentage of the items on which raters were in agreement, which was 89.08% (106/119 items). The results of the appraisal were taken into account when considering the reliability of research findings.

Review Format

This review has been structured and reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Statement (Moher, Liberati, Tetzlaff & Altman, The Prisma Group, 2009, Appendix C) along with guidance from the relevant journal that has been selected for submission.

Due to similarities across the papers being evaluated, the articles were separated based on whether they used a dimensional or categorical measure of attachment style. This was to allow for more meaningful comparability between studies, as categorical measures of attachment are considered flawed from the outset (Fraley et al., 2015).

Where possible, effect sizes (r) are reported to provide readers with quantitative estimates of the magnitude of the relationships considered. Cohen's (1988) conventions for interpreting the magnitude of an effect were adopted: an *r* of .10, .30, and .50 corresponds to small, medium, and large effects, respectively.

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Results

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Search Results

Figure 1 provides a flow diagram of the search. The search strategy described above yielded a total of 636 results, 138 of which were manually removed as duplicates. Each of the remaining records were screened based on their title and abstract; from this pool, a total of 26 full text articles were retrieved (appeared to meet criteria based on title and abstract). Upon further investigation, 12 articles were considered eligible. Reference lists of all 12 studies that met criteria were hand-searched and one further study was identified (Khodabakhsh,

2012b). The reference list of this additional paper was also checked and no further records were identified. Therefore, a total of 13 full-texts remained as the final papers included.

Insert Figure 1 here

Study Characteristics

In terms of global representation, there was broad coverage of data including Iran, Israel, Sweden, Poland, Germany and the United States of America (USA). Seven studies were conducted within the USA (several regions) and none were conducted within the United Kingdom. Across the included studies there were 2613 participants, and the mean age varied from 19.43 years to 43.44 years, with a combined total average of 25.29 years. Where a mean age was not reported in the study, the median age was used to calculate the combined mean age of all participants, and therefore the calculation will be slightly inaccurate. The combined mean age excluding studies that do not report a mean age is 26.48 (10 studies) years. Gender across studies varied, though it was usually fairly balanced with some clear exceptions (Dehning et al., 2013; Joireman, Needham & Cummings, 2002; Trusty, Ng & Watts, 2005; Wood & Riggs, 2008). The majority percentages for gender can be seen in Table 2, along with ethnicity (as worded in the paper) where reported, and this was usually Caucasian or White.

Methodological Evaluation. The earliest publication year of all included papers was 2001, illustrating that research into AAS and its relationship with empathy is still relatively new. Due to the nature of the review investigating the relationship between two variables at one time, the research design in all studies is observational and considered a cross-sectional design. Some researchers made use of a control group when they were also interested in the differences between particular participant groups on either attachment or empathy (e.g.

Goldstein et al., 2001; Wood et al., 2008), however most studies used just one group of participants to investigate the relationship.

Outcome measures varied across the studies but all included self-report to allow for a more meaningful comparison. Six of the thirteen studies used a version of the ECR (Brennan et al., 1998; Fraley, Waller & Brennan, 2000) to measure AAS, with the remaining seven studies using a variety of six different attachment measures, as detailed in Table 2. For empathy, the most popular assessment tool used was the Interpersonal Reactivity Index (IRI; Davis, 1983), used in five out of the 13 papers, while the remaining eight studies used a mixture of eight alternative measures of empathy (Table 2).

Dimensional versus Categorical Measures. The nine studies that used only dimensional measures of attachment, were: Britton and Fuendeling (2005), Dehning et al. (2013), Goldstein et al., (2001), Khodabakhsh, (2012a), Khodabakhsh, (2012b), Mikulincer, Gillath et al. (2001), Trusty et al. (2005), Wei, Liao, Ku and Shaffer (2011) and Wood et al. (2008). The majority of these studies either used a version of the Experiences in Close Relationships (ECR; Brennan, Clark & Shaver, 1998) or the Attachment Style Questionnaire (ASQ, Feeney, Noller & Hanrahan, 1994). However, Goldstein et al. (2001) used the Simpson Attachment Scale (Simpson, 1990), which was made dimensional using a 7-point Likert scale for 13 sentences, adapted from Hazan and Shaver's (1987) categorical measure of attachment. The three studies that used *only* categorical measures of attachment were Kazmierczak (2015), Lawler-Row, Younger, Piferi and Jones (2006) and Sonnby-Borgström & Jönsson (2004). There was more variation among categorical measures than there was dimensional, as detailed in Table 2. Finally, Joireman et al. (2002) used both types and therefore these findings are presented in the relevant and appropriate sections.

Insert Table 2 here

Risk of Bias

Within the 13 included papers, there were two with the same author (Khodabakhsh, 2012a; 2012b). The risk of reporting bias was taken into consideration when synthesising these papers to prevent the misinterpretation of any potentially biased findings or conclusions. Additionally, it was not clear whether the data in these two papers were taken from one sample population as recruitment took place in the same year from the same location. Therefore, the author was contacted directly and confirmed that the data derived from two separate samples (M. Khodabakhsh, personal communication, June 14, 2016). In some papers, researchers conducted multiple studies with relevant findings for the current review (Joireman et al., 2002; Mikulincer, Gillath et al., 2001; Wei et al., 2011) however these were all considered within the context of the research paper in which they were located and were not considered as standalone research findings. Only the studies that met the specified criteria were included in the current review. There were a total of 16 relevant studies within 13 papers.

It is noted that 10 of the 13 papers opted to recruit college or university students as their sample population, indicating that a large proportion of the data within this review is inherently biased due to the majority of participants being in higher education. Additionally, at least four of these 10 studies rewarded students with some form of 'credit' pertaining to their studies (Britton et al., 2005; Joireman et al., 2002; Lawler-Row et al., 2006), highlighting an ethical issue associated with research. Indeed, one study declared that their participants did not give informed consent to take part (Dehning et al., 2013), one paid participants ten dollars for their time (Wei et al., 2011) and the others do not specify if any incentive was given. Therefore, the issue must be considered with regard to the select group of people this may have encouraged to participate, or to the responses of those participants

who did not necessarily choose or want to participate. Particularly, a lack of informed consent raises fundamental ethical issues as all participants should have the right the make the decision to participate or not with the given information, and to withdraw from the study should they wish to at a later stage (Nijhawan et al., 2013).

Research Aims

The aims and hypotheses of research can influence reported findings and thus the interpretations made, sometimes termed 'Confirmation bias' (Hallihan & Shu, 2013). Therefore, the aims of each paper have been considered to increase transparency and potential bias amongst research findings. Studies with a primary aim to directly consider the relationship between attachment style and empathy were: Britton et al (2005), Dehning et al. (2013), Goldstein et al. (2001), Joireman et al. (2002), Khodabakhsh (2012a; 2012b), Trusty et al. (2005) and Wood et al., (2005). The remaining studies had an alternative research question whilst still using measures of attachment style and empathy and thus producing findings relevant for this review. It is noteworthy that three of the four studies that opted for categorical measures of attachment were not primarily concerned with the relationship between attachment style and empathy.

Research Findings

With the exception of two studies (Lawler-Row et al., 2006; Trusty et al., 2005), all studies found at least one significant correlation between components of attachment style and empathy, which are discussed in more detail below. A summary of the findings can be found in Table 2. Since the effect size often bears more relevance than statistical significance (Sullivan & Feinn, 2012), this is appropriately studied and considered throughout.

Dimensional Studies. Overall, there was evidence that insecure attachment styles are related to lower levels of empathy. The evidence has been sub-categorised for reader ease

however, the findings are complex and it is sometimes pertinent to consider findings associated with different attachment styles simultaneously.

Attachment Security and Empathy. In their first study, Joireman et al. (2002) found a significant positive correlation between Empathic Concern (EC) and secure attachment, reflected by the 'closeness' ($r = .21$, $p < .05$), and 'depend' ($r = .31$, $p < .01$) dimensions. Perspective Taking (PT) was significantly positively correlated to 'closeness' ($r = .21$, $p < .05$), and 'depend' ($r = .31$, $p < .01$) dimensions, but significantly negatively correlated with AAn ($r = -.20$, $p < .05$). Consistently, in Study 2 they found that EC had a significant negative correlation with Attachment Anxiety ($r = -.24$, $p < .01$) and Attachment Avoidance ($r = -.31$, $p < .01$) on the ECR-R. These findings therefore suggest that secure attachments are more likely than insecure attachments to correlate positively with components of empathy.

Similarly, Khodabakhsh (2012a) found that secure attachment (based on one of five subscales) was significantly positively correlated to all components of empathy, with EC having the strongest relationship ($r = 0.71$, $p < .01$). Consistently, avoidant attachment had significant negative correlations with all empathy subscales, PT being the strongest ($r = -0.73$, $p < .01$), as did anxiety attachment, with EC having the strongest relationship ($r = -0.73$, $p < .01$), in line with expectations. Such large effect sizes along with significant p values suggest that insecure attachment dimensions are strongly related to lower empathic traits. However, it is somewhat unusual that the PD subscale followed the same pattern as the other subscales here, since this subscale is a negative indicator of empathy (D'Orazio, 2004), which will be discussed further later.

Khodabakhsh (2012b) reported similar findings, though with less transparency; it was not clear what relationships were present between specific empathy components, since it was reported as one single construct 'Empathy'. In this respect, 'Empathy' showed a strong and

significant relationship with secure attachment style ($r = 0.72$, $p < .01$), whilst consistently

showing a significant negative correlation with avoidant attachment ($r = -0.65$, $p < .01$) and

anxiety attachment ($r = -0.58$, $p < .01$), all with large effect sizes.

  Attachment Anxiety. Britton et al. (2005) found that attachment anxiety (AAn), as

measured by the ECR (Brennan et al., 1998) correlated with three of the four components of

Davis's (1983) IRI. That is, AAn had a significant positive correlation with PD ($r = 0.4$, $p <$

.001) with a medium to large effect size, suggesting that more anxiously attached people

experience more personal distress, as would be expected. AAn also showed a significant

negative correlation with EC ($r = -0.19$, $p < .05$) however the effect size was small,

suggesting a weaker (but present nonetheless) relationship between AAn and EC. Using

regression analyses (Table 2), Mikulincer, Gillath et al. (2001) found that the higher the AAn

(or Attachment Avoidance, AAv) score, the lower the empathy rating (both studies 1 and 5).

However, Mikulincer et al.'s findings were in relation to situational empathy based on a 7-

point rating scale of how much they felt various empathy and personal distress associated

adjectives, rather than measuring more established, stable empathic traits as in the IRI (Davis,

1983). That said, this study scored seven out of 10 stars during quality appraisal, one of the

highest scoring papers included.

  Attachment Avoidance. Using the BEES as a measure of empathy, Wei et al. (2011)

did not find such correlations in relation to AAn and empathy, though they found that

empathy was significantly negatively correlated with AAv in college students ($r = -0.3$, p $<$

.01) and community adults ($r = -0.3$, p $< .05$) with quite substantial effect sizes. Dehning et

al (2013) also used the BEES and found very similar results to Wei et al., whereby higher

AAv scores correlated with lower empathy scores among male students ($r = -0.24$, $p = .021$),

though with a slightly weaker effect size. Using the Empat (McGrath, Cann & Konopasky,

1998) as a measure of general empathy, Wood et al. (2008) found similar results, in that AAv

was significantly negatively correlated with general empathy ($r = -.22$, $p < .05$), again with a small to medium effect size. Therefore, there were consistent findings that higher attachment avoidance is associated with lower empathy scores.

Conflicting Findings. Using the Simpson Attachment Scale (Simpson, 1990), Goldstein et al. (2001) found a significant positive correlation between avoidant attachment and PD for both male ($r = 0.24$, $p < .01$) and female ($r = 0.24$, $p < .05$) offending participants, both of which showed a small to medium effect size, suggesting that higher avoidance is associated with higher levels of personal distress. In their female control group, EC was significantly related to secure attachment scores ($r = 0.38$, $p < .01$) but also to anxious attachment scores ($r = 0.30$, $p < .05$), both with medium effect sizes. Therefore the results from this study were somewhat mixed. This significant relationship between attachment anxiety and empathy components was also found in Britton et al. (2005) with regard to PT, and in Trusty et al. (2005), as discussed below.

Using Mehrabian and Epstein's (1972) EES, Trusty et al. found a small to medium relationship between an indicator of AAv and emotional empathy ($r = -0.22$), indicating that higher avoidance was associated with lower empathy. However they also found a positive relationship between emotional empathy and two indicators of attachment anxiety: 'Need for approval' ($r = 0.24$) and 'Preoccupation with relationships' ($r = 0.23$), indicating that higher attachment anxiety is associated with more empathy. Although none of these correlations reached statistical significance, there was a small to medium effect size present, though with conflicting results.

Categorical Studies. The evidence for a relationship between empathy and categorical attachment style is less clear. Using the QMEE (Choplan et al., 1985) as a measure of emotional empathy and the RQ (Bartholomew et al., 1991) to measure attachment style, Sonnby-Borgström et al. (2004) found that 'dismissing-avoidant' and 'non-dismissing'

subjects' mean scores on emotional empathy were significantly different, $t(59) = 2.54$, $p < 0.05$, suggesting that there is some relationship between empathy and a dismissing-avoidant attachment style. However these findings must be considered alongside important methodological limitations, discussed further below. Lawler-Row et al. (2006) found no differences in trait empathy between attachment style groups, though there were different measures again used here (see Table 2) so findings are less comparable. Kazmierczak (2015) found significant positive correlations with medium effect sizes between secure attachment and declared empathy in women ($r = .31$, $p < .05$) and men ($r = .39$, $p < .01$). Consistently, there was also a significant negative correlation between avoidant attachment and (declared) empathy in men ($r = -.25$, $p < .05$). These findings are interesting in the context of the separate research aims, primarily concerned with partner perceptions of empathy. Finally, in their second study, Joireman et al. (2002) found no significant relationships using Adult Attachment Styles questionnaire (Hazan & Shaver, 1987). However, using the Relationship Questionnaire (Bartholomew & Horowitz, 1991) they found that participants with secure AAS scored significantly higher on EC and lower on PD than those with insecure attachments, providing some consistency between categorical and dimensional measures of attachment.

Discussion

This systematic review has described and evaluated the findings of 13 studies on the relationship between adult attachment style and empathy. The studies were separated based on whether the attachment measures used were dimensional or categorical, in order to distinguish particular approaches and facilitate more meaningful comparisons, with the majority utilising a dimensional approach. All studies included were quality appraised using the NOS (Wells et al., 2011) and the results of these appraisals were considered throughout the review.

Summary of Findings and Limitations

A total of 11 of 13 studies found at least one significant relationship between the two variables, regardless of what the research aims were or what measures were used. The general direction of this relationship suggested that higher scores on secure attachment dimensions correlate strongly with higher scores on empathy, whereas higher scores on anxiety or avoidance related attachments (insecure) correlate with lower empathy scores. There were some exceptions to this, for example Goldstein et al. (2001) found a positive correlation between AAn and EC (affective empathy) in female participants, and Britton et al. (2005) found a positive correlation between AAn and PT (cognitive empathy). Overall, the evidence begins to suggest that a positive relationship exists between attachment styles that are considered 'secure' and empathic traits, however there are some significant methodological flaws and other limitations that must be considered when interpreting these results, as detailed further below.

Bias in Research

In relation to the bias that inevitably affects research findings and interpretations, there are two key areas of note here: selection bias and reporting bias. Regarding reporting bias, the research aims of each study was carefully compared against their respective findings and there were no obvious differences in terms of what was found. That is, some studies with aims to investigate this relationship directly also produced findings that were contrary to expectations generated by previous research. For example, in the current review Goldstein et al. (2001) found a significant positive correlation between AAn and EC, contradicting the widespread hypothesis that increased empathy corresponds to secure attachment styles. Albeit, it is noteworthy that all studies that aimed to explore this relationship directly were able to report at least one finding that was consistent with their expectations. For example,

Trusty et al. (2005), who found no statistically significant results, still found small to medium effect sizes for the relationships hypothesised. Notwithstanding this, studies that were not concerned primarily with this relationship also produced similar findings (Kazmierczak, 2015; Mikulincer et al., 2001; Wei et al., 2011; Wood et al., 2008). Findings like these are important for the current review because if the null hypothesis were true (i.e. no relationship exists), it would be unlikely that this relationship would reoccur in the context of alternative research interests.

With regard to selection bias, many of the researchers looking specifically into attachment style and empathy opted to use students within higher education as their only sample from which to generalise their findings. Henrich, Heine, and Norenzayan (2010) discuss the tendency for psychology researchers to generalise findings from "Western, Educated, Industrialized, Rich, and Democratic (WEIRD) societies" (p. 1) despite the fact that they are often very specific to that group of people. Henrich et al. suggest that members of 'WEIRD' societies are among the least representative populations for human beings, and research therefore needs to reflect this and should try to increase international networks and encourage a diverse population with studies. Indeed it is noted that 10 of the 13 reviewed studies produced findings from the Western world and therefore do not represent the broad spectrum of humanity. Additionally, those studies that represented non-western societies (Khodabakhsh, 2012a; 2012b; Mikulincer, Gillath et al., 2001) had flawed methodologies from which findings should be extrapolated with caution.

Use of Measures

Although there was evidence to support a relationship between secure attachment style and components of empathy, there were several issues with some of the assessment measures used, which cannot be ignored.

Empathy. Firstly, in relation to empathy, Khodabakhsh (2012b) appears to have used the IRI (Davis, 1983) somewhat erroneously by combining all the subscale scores into a single 'Empathy' score, a recognised mistake among researchers (D'Orazio, 2004). Doing so has been considered meaningless since all of the subscales are not positively correlated (Davis, 1983) and therefore this is likely to render the results and subsequent interpretations as inaccurate or misleading. Interestingly, the same author also produced almost identical findings in another study (Khodabakhsh, 2012a), however the subscales were appropriately considered separately here.

It is somewhat puzzling that in both of these studies, Personal Distress was not identified as having a negative relationship with secure attachment styles or a positive relationship with insecure attachment styles, as would be expected and indeed as found in all the other studies using the IRI (Britton et al., 2005; Goldstein et al., 2001; Joireman et al., 2002). In such situations one might consider checking that items have been accurately scored including reverse scoring where appropriate, as Davis (1983) states "there should definitely not be a positive PT-PD correlation" (p. 114). If no scoring errors have been made then it would be advisable to report this for further transparency. Alternatively, since this was only found with non-western samples, there may be an associated cultural difference, as found in a study by Cassels, Chan, Chung and Birch (2010), whereby PD scores were significantly higher for people who identified themselves as being part of a Western culture compared to those who did not.

Secondly, the wide variety of measures used for empathy among the reviewed research is both a strength and limitation. While it could it be argued that there is some consistency in findings even across so many measures, strengthening the likelihood that a relationship exists, it makes comparability difficult and the less-established measures come with their own limitations. For example, Mikulincer, Gillath et al. (2001) used ratings from

Batson's list of empathy adjectives (Batson et al., 1987), which requires the participant to use their own subjective interpretation about how relevant that particular adjective was to them, as opposed to rating full sentences regarding how one is generally in an interpersonal situation. Hojat (2007) lists the IRI (Davis, 1983), the EES (Mehrabian & Epstein, 1972) and the Empathy scale (Hogan, 1969) as the most frequently used instruments in empathy research and indeed two of these can be seen in the current synthesis of research. However, Hojat goes on to recognise several other established measures of empathy that may be of value; none of the measures identified are present in this review, bringing to question how carefully researchers are selecting their assessment tools. The tools and their utility may contribute to the findings produced. For example using the same measures, Dehning et al. (2013) and Wei et al. (2011) both found a significant negative correlation between AAv and the BEES (empathy) score. What can be inferred from this is that two particular measures correlate in this way. To generalise further and say that all humans with avoidant attachment are less empathic would be somewhat presumptuous and naive.

      Attachment. Perhaps equally as important to consider is the use and misuse of methodologically poor measures of attachment style. As noted, Fraley et al. (2015) suggest that amongst the many uses of various attachment measures, researchers have failed to address whether or not people vary categorically or continuously in terms of their attachment style. They identify this as a problem, "If people actually vary continuously in attachment organization, but researchers assign people to categories, then potentially important information about the way people differ from one another is lost" (p. 2). Notwithstanding this, Joireman et al. (2002) obtained consistent findings across measures, indicating that a relationship is present regardless of the type of attachment measure used. Additionally, the NOS quality appraisal did not identify any clear differences in quality between 'categorical' and 'dimensional' studies.

However, a notable limitation for one categorical measure was found within Joireman et al.'s (2002) study. Using Hazan and Shaver's (1987) AAS questionnaire and Bartholomew et al.'s (1991) RQ, Joireman et al. asked participants to select their own attachment style based on the given description of the categories. This method might have also contributed to Lawler-Row et al. (2006) finding no difference since they too used the RQ, relying on participants to select their own attachment style accurately. Although this inevitably invites criticism, Joireman et al. acknowledge that they used categorical measures for the purpose of comparison and indeed they found that those who selected a secure style also scored significantly higher on EC. However, it would have been of further benefit, in terms of validity, if the researchers had explored consistencies across the measures to determine how accurate participants' self-selections were. For example, in an earlier study Mikulincer (1995) found that participants' selections of attachment categories were well matched with their attachment style as measured by a three-factor (15-item) questionnaire (Mikulincer, Florian & Tolmacz, 1990).

Problems can also occur when intentionally separate categories are combined, as aforementioned (Khodabakhsh, 2012a; 2012b). Sonnby-Borgström et al. (2004) grouped together three different categorical attachment styles (using the RQ, Bartholomew et al., 1991) owing to their interest in people with 'dismissing-avoidant' attachment styles. Therefore they calculated mean empathy scores for these two groups (dismissing and non-dismissing) and found a statistically significant difference, inferring that people with dismissive-avoidant styles showed a lower level of emotional empathy. However, this method meant merging two insecure attachment styles (Preoccupied and Fearful-avoidant) with a secure attachment style in order to create a 'non-dismissing' group, which may have considerably skewed the overall score for this group of participants. Indeed, when they considered the differences on a measure of state-trait anxiety between the three insecurely

attached groups (dismissing, preoccupied and fearful), these were not significantly different. This suggests that the differences that were found when the groups were combined could have been due to higher scores within the secure group of participants, thus not reflecting a true distinction between the empathy scores of people in the dismissing-avoidant group and the rest, as reported.

Clinical Implications

This review points to clinical implications with regard to people working in caring professions, where professionals are providing direct one-to-one support to people in need. As aforementioned, the concept of empathy between clinician and patient or client has long been recognised and discussed (Davis, 1994; Hoffman, 1981; Hojat, 2007; Southard, 1918) and has been studied amongst nurses (Pike, 1990; Trevisan et al., 2015), doctors (Pedersen, 2010; Sulzer, Feinstein, & Wendland, 2016) and therapists (Watson, 2016) to name a few. In all cases, empathy is crucial for effective relationships and outcomes. Therefore, with consideration to the findings within the current review, it might also be pertinent to consider professionals' attachment styles.

Research has already begun to explore such a hypothesis. For example Rubino, Barker, Roth and Fearon (2000) found that clinical psychology graduates who scored higher on attachment anxiety tended to respond less empathically to a role-play of a client, a pattern which has been shown to be associated with the strength of the therapeutic alliance (Parpottas et al., 2015), and consistent with some of the findings in the current review (e.g. Goldstein et al., 2001). Additionally, Berry et al. (2008) suggest that adults with highly avoidant or anxious attachment styles are less likely to have positive therapeutic relationships with clients. This infers that the quality of care afforded is, to some extent, dependent on professionals' own attachment experiences and subsequent attachment style. Furthermore, with consideration to research that demonstrates the impact of therapeutic alliance on client

outcomes (Horvath & Symonds, 1991), there are serious clinical implications regarding how empathic therapists are, which may be pre-empted by their adult attachment style. With greater awareness of their own particular interpersonal tendencies, clinicians may be more likely to notice and acknowledge when this is happening with clients and appropriately respond to it.

Future Research

Vachon (2016) recently acknowledged such a phenomenon and indicated a need to address it, stating "Understanding the attachment styles of professional caregivers may allow for targeted interventions for them." (p. 101). Therefore, it may be that further exploration could help identify possible avenues for intervention for caring professionals, so that individuals on the receiving end are not negatively impacted. Mallinckrodt (2000) made a similar suggestion, when he discussed the idea of therapists providing "counter-complimentary attachment proximity strategies" (p. 256) so that the client can experience an alternative attachment figure and break out of maladaptive patterns. Future research could therefore explore the possibilities of attachment informed interventions for healthcare staff, for example by measuring attachment styles of professionals and introducing a source of support for them while monitoring the capacity for empathy and subsequent outcomes.

Furthermore, now that synthesised evidence has suggested that attachment style and empathy are related, it is imperative that researchers explore any other clinical implications of such a relationship. For example, research has shown that emotional responses such as sympathy are negatively related to social distance (Sikorski et al., 2015), suggesting that there may be a similar relationship between empathy and social distance. This is important to establish, as empathy and attachment style may in part contribute to greater social distance towards stigmatised groups (Baumann, 2007; Link, Cullen, Frank, & Wozniak, 1987).

Finally, future research may benefit from some of the following suggestions in an attempt to try to resolve some of the encountered issues:

(1) Where possible, recruit participants from a diverse population. This may involve utilising online surveys.

(2) If a convenience sample must be used, use a comparison group (e.g. a group outside of that sample) to provide further evidence for any apparent relationship.

(3) Use well-established assessment measures to help ensure reliability and validity of results.

(4) Continue to monitor other confounders that may be contributing to the suggestion of a significant relationship.

Where any of the above cannot be achieved, it is important for researchers to report this and provide explanations. The more explicit the research is, especially regarding limitations, the more beneficial it is for improving future methods and ultimately producing a more accurate understanding of human behaviour.

Conclusions

This review has evaluated and synthesised the retrieved data in order to determine what relationship attachment style has with empathy in an adult population. Although the fields of attachment and empathy have been addressed individually in research, the synthesis of the two has not, prior to this review, been fully considered. Although a positive relationship can be seen between positive indicators of empathy and secure attachment styles, research requires significant progression before firm conclusions can be made. Indeed, there were some conflicting findings suggesting that increased attachment anxiety is positively associated with empathy, for example. Additionally, as discussed, much of the research presented is confounded, initially with biased samples but then further with poor quality measures of both empathy and attachment style.

The current review has limitations which are acknowledged here, namely that only studies written in the English language have been reviewed, which has meant excluding potentially relevant findings (e.g. Dimitrijevic, Hanak & Milojevic, 2011; Liu, Shen, Wang & Pan, 2014). Additionally, studies may have been missed, for example if they have not yet been published or if they were not on the seven databases used. Nonetheless, this review has synthesized research investigating a relationship that has not been explored to date and in doing so has highlighted methodological limitations and confounders within the presented research, with suggestions for how future research could avoid such issues. Additionally, it has pointed to the important clinical implications of the relationship between adult attachment style and empathy, with particular emphasis on caring professions, for whom the awareness of their own attachment styles and ability to be empathic is crucial.

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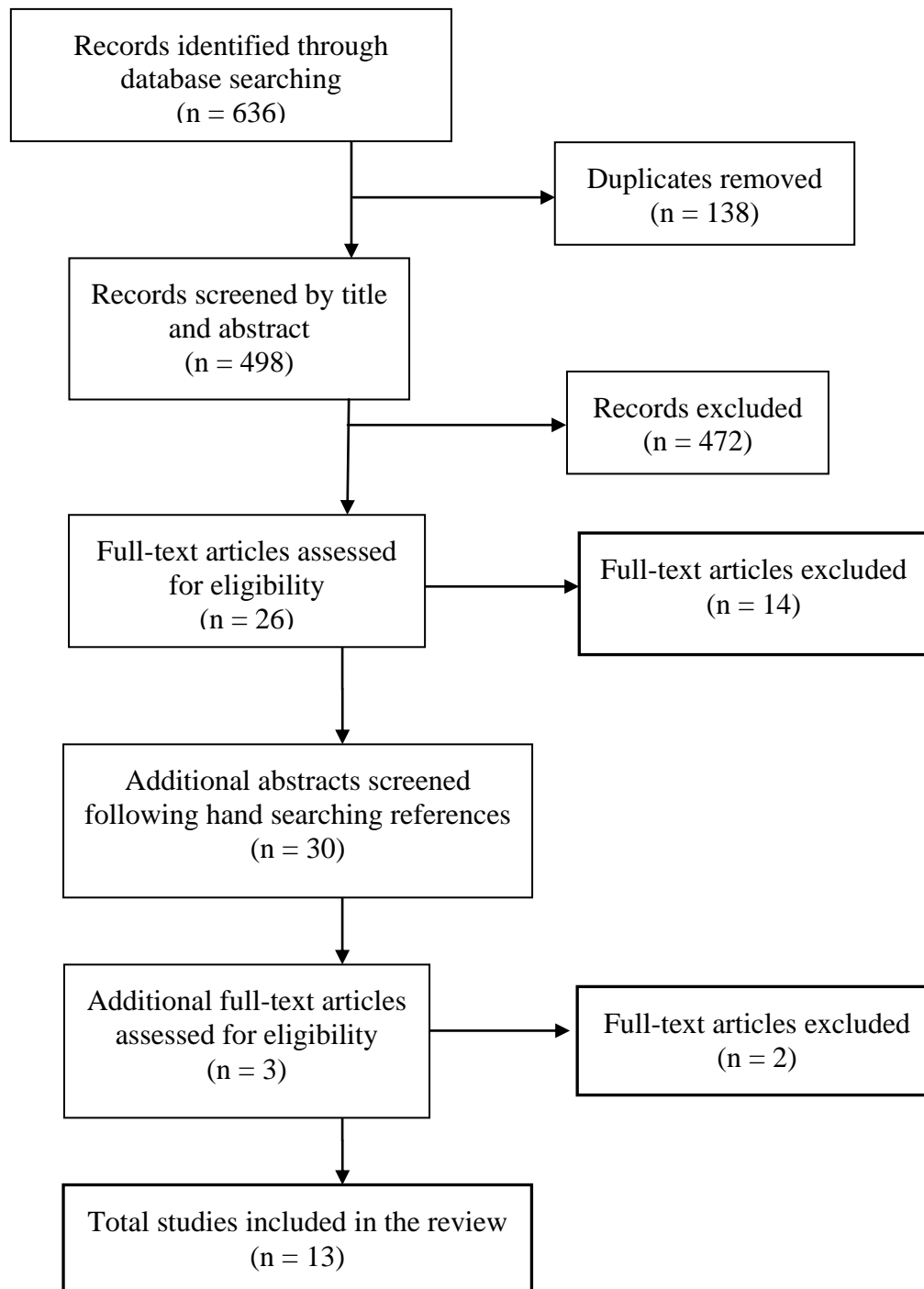
Figure 1. PRISMA-informed flow diagram of identification, screening and eligibility of
records included.

Table 1. Quality Appraisal of included studies

Study (first author)		Selection (Max. 5 stars)				Comparability (Max. 2 stars)	Outcome (Max 3 stars)		Total
		Represent target population	Sample size justified	Non-respondents considered	Ascertainment of exposure	Based on design and analysis	Assessment of outcome	Statistical Test appropriate	No. of * out of 10
Britton et al. (2005)		*			**	*	*	*	6
Dehning et al. (2013)		*			**		*	*	5
Goldstein et al. (2001)		*	*		**	**	*	*	8
Joireman et al. (2002)	Study 1	*			**		*	*	5
	Study 2	*			**		*	*	5
Kazmierczak (2015)		*		*	**		*	*	6
Khodabakhsh (2012a)		*			**		*	*	5
Khodabakhsh (2012b)		*			**		*	*	5
Lawler-Row et al. (2006)		*			**		*	*	5
Mikulincer et al. (2001)	Study 1	*	*		*	**	*	*	7
	Study 5	*	*		*	**	*	*	7
Sonnby-Borgström et al. (2004)		*		*	**		*	*	6
Trusty et al. (2005)		*			**	*	*	*	6

Table 1. Continued.

Wei et al. (2011)	Study 1	*	**	*	*	*	**6**
	Study 2	*	**	*	*	*	6
Wood et al. (2008)		*	**	**	*	*	7

Note: The above details are responses taken from the Newcastle-Ottawa Scale adapted for cross-sectional studies and are not based on the author's own method. Each factor is given zero, one or two stars, shown with an absence or presence of (*) or (**).

Table 2. Characteristics and findings of included studies.

Author(s), Year	Location	Sample size and population	Key participant characteristics reported*	Attachment measure	Empathy measure	Summary of findings
Britton et al. (2005)	Arkansas, USA	183 undergraduate (UG) students	M: 19.43 yrs 66% Women 84% White	ECR	IRI	AAn was sig. positively correlated with PT ($r = 0.15$) and PD ($r = 0.4$); sig. negatively correlated with EC ($r = -0.19$). AAv had no relationships with any empathy subscales, except FS ($r = -0.29$).
Dehning et al. (2013)	Munich, Germany	126 first year university medical students	M: 21 yrs 71% Men	ECR-R	BEES	Negative correlation between AAv and the BEES among male students ($r = -0.24$); more avoidance, less empathy
Goldstein et al. (2001)	New York City (NYC), USA	66 violent, 112 non-violent offenders, 130 controls	M: 28.38 yrs 57.6% Men	SAS	IRI	Sig. positive correlation between AAv and PD for males ($r = 0.24$) and females ($r = 0.24$). Affective empathy sig. positively correlated with secure attachment ($r = 0.38$) and AAn ($r = 0.30$) for female CG.
Joireman et al. (2002) Study 1	Seattle, USA	134 college students	Med. = 19 yrs 80.6% Women 92% Caucasian	AAS	IRI	EC and PT sig. positively correlated to secure attachment (r's of .21 and .31); PT sig. negatively correlated with AAn ($r = -.20$). PD sig. positively correlated with AAn ($r = .44$) and sig. negatively correlated with closeness ($r = -.27$).
Study 2	Seattle, USA	261 college students	Med. = 19 yrs 65.9% Women 85.4% Caucasian	• AAS • ECR-R • AASQ • RQ	IRI	Sig. neg. correlation between EC and AAn ($r = -.24$); EC and AAv ($r = -.31$). PD sig. pos. correlation with AAv ($r = .23$) and AAn ($r = .30$), sig. neg. correlation to secure ($r = -.24$).

Table 2. Continued.

Kazmierczak (2015)	Poland	67 couples (124 total) experiencing first transition to parenthood	M: 29.9 yrs 50% Men/Women	RASQ	IEC	Sig. pos. correlation between secure attachment and declared empathy for females ($r = .31$) and males ($r = .39$); sig. neg. correlation between AAv and declared empathy in males only ($r = -.25$).
Khodabakhsh (2012a)	Tehran, Iran	260 students, Tehran University	M: 21.06 yrs 50% Men/Women	ASQ	IRI	Secure attachment sig. pos. with EC ($r = 0.71$), PD ($r = 0.68$), PT ($r = 0.62$) and FS ($r = 0.58$). AAv and AAn sig. neg. correlated to all empathy subscales. Secure attach. accounted for 53% of empathy variance ($F = 33.87, p < .01$); AAn and AAv together explained up to 76% of empathy variance ($F = 93.78, p < .01$).
Khodabakhsh (2012b)	Tehran, Iran	370 students, University of Tehran's dormitories	M: 22.01 yrs	ASQ	IRI	Empathy sig. pos. correlated with secure attach. ($r = 0.72$); sig. neg. correlated with AAv ($r = -0.65$) and AAn ($r = -0.58$). Secure attach. accounted for 64% of empathy variance ($F = 33.56, p < .01$), AAn and AAv together explained up to 76% of empathy variance ($F = 92.89, p < .01$).
Lawler-Row et al. (2006)	Tennessee, USA	108 UG students of psychology courses	M: 20.4 yrs 59.3% Men 89% Caucasian	RQ	• SES • TIVES	No attachment style group differences on trait empathy

Table 2. Continued.

Mikulincer et al. (2001)	Study 1	Israel	69 UG students (3 conditions, 23 in each)	Med.: 24 yrs 63.8% Women	ECR	Batson's LEA	Both AAn ($\beta = -.32$, $t(57) = -3.33$, $p < .01$) and AAv ($\beta = -.31$, $t(57) = -3.22$, $p < .01$) had sig. unique main effects on empathy ratings—the higher the AAn or AAv, the lower the empathy.
	Study 5	Israel	150 students (6 conditions, 25 in each)	Med.: 23 yrs 56% Men	ECR	Batson's LEA	Both AAn ($\beta = -.24$, $t(126) = -3.37$, $p < .01$) and AAv ($\beta = -.27$, $t(126) = -3.78$, $p < .01$) had sig. unique main effects on empathy ratings, as above.
Sonnby-Borgström et al. (2004)		Sweden	70 students from different departments at University of Lund	Med. = 22 yrs 51.4% Men	RQ	QMEE	The 'dismissing-avoidant' subjects showed a sig. lower level of emotional empathy than the 'non-dismissing' subjects did, $t(59) = 2.54$, $p < 0.05$.
Trusty et al. (2005)		South-western USA	143 master's degree students from counselling program	Med. = 33 yrs 83.9% Women 75.5% White	ASQ	EES	Neg. correlation between emotional empathy and 'Relationships as secondary' (avoidance) ($r = -0.22$) and emotional empathy was pos. correlated with two indicators of attachment anxiety: 'Need for approval' ($r = 0.24$) and 'Preoccupation with relationships' ($r = 0.23$); none were statistically sig.

Table 2. continued.

Wei et al. (2011)	Study 1	Iowa, USA	195 college students enrolled in psychology courses	M = 20.07 yrs 55% Women 95.4% Caucasian	ECR	BEES	Empathy sig. neg. correlated with AAv (*r* = -0.3, *p* < .01) and sig. pos. correlated with AAn (*r* = .16, *p* < .05.
	Study 2	Iowa, USA	136 community adults	M = 43.44 57% Men 83% Caucasian	ECR	BEES	Empathy sig. neg. correlated with AAv (*r* = -0.3, *p* < .05). Small effect size (*r* = .14) between AAn and empathy, but not sig.
Wood et al. (2008)		Texas, USA	61 sex offenders and 51 control (community citizens)	M = 39.07 yrs 100% Men	ECR	The Empat (McGrath et al., 1998)	AAv was sig. negatively correlated with general empathy (*r* = -.22, *p* < .05).

Notes: * = Only majority groups reported; **M** = Mean age; **Med**. = Median age; **Sig.** = Significant; **neg.** = negative(ly); **pos.** = positive(ly); **CG** = control group; **ECR** = Experiences in Close Relationships scale (Brennan et al., 1998); **ECR-R** = Experiences in Close Relationships scale-Revised (Fraley et al., 2000); **AAS** = Adult Attachment Scale (Collins & Read, 1990); **SAS** = Simpson Attachment Scale (Simpson, 1990); **AASQ** = Adult Attachment Styles Questionnaire (Hazan & Shaver, 1987); **RQ** = Relationship Questionnaire (Bartholomew & Horowitz, 1991); **RASQ** = Romantic Attachment Styles Questionnaire (Plopa, 2008); **ASQ** = Attachment Style Questionnaire (Feeney, Noller, & Hanrahan, 1994) ; **IRI** = Interpersonal Reactivity Index (Davis, 1983); **BEES** = Balanced Emotional Empathy Scale (Mehrabian, 2000); **IEC** = The Index of Empathic Concern (Matthews, Batson, Horn & Rosenman, 1981); **SES** = State: Empathy Scale (Coke, Batson & McDavis, 1978); **TIVES** = Trait: Impulsiveness, Venturesomeness & Empathy Scale (Eysenck & Eysenck, 1978); **LEA** = list of empathy adjectives (Batson et al., 1987); **QMEE** = The Questionnaire Measure of Emotional Empathy (Choplan, McCain, Carbonell & Hagen, 1985); **EES** = The Emotional Empathy Scale (Mehrabian & Epstein, 1972).

APPENDIX A

Personality and Social Psychology Review: Notes for Contributors
(cut and pasted from https://uk.sagepub.com/en-gb/eur/personality-and-social-psychology-review/journal201783#submission-guidelines)

Personality and Social Psychology Review is an official journal of SPSP, the Society for Personality and Social Psychology, Inc. It is the premiere outlet for original theoretical papers and conceptual review articles in all areas of personality and social psychology. In the pages of *PSPR*, you will find stimulating conceptual pieces that identify exciting new directions for research on the psychological underpinnings of human individuality and social functioning, as well as comprehensive review papers that provide new, integrative frameworks for existing theory and research programs.

Personality and Social Psychology Review (PSPR) publishes original theoretical papers and conceptual review articles in personality and social psychology. As an official publication of SPSP, the Society for Personality and Social Psychology, PSPR (a) supports the society's objectives of the scientific advancement of personality and social psychology and the advancement of human welfare, (b) provides an outlet for important conceptual and empirical developments and emerging trends in the fields of personality and social psychology worldwide, and (c) presents a versatile outlet for substantive work that does not readily fit the existing publication molds. Our readership includes social, personality, and organizational psychologists and sociologists.

PSPR is intended as a forum for conceptual pieces that initiate new lines of research and theory or provide a coherent framework for existing theory and programs of research. The journal emphasizes theory-based reviews of empirical contributions to a substantive area of research and offers integrative theoretical formulations concerning work in a given area of personality and/or social psychology. The journal does not publish methodological papers or critiques unless they make a direct and substantial contribution to theory. Occasionally PSPR publishes other pieces of particular interest to members of the Society, such as special topical issues, selected symposia, and invited addresses. All papers are reviewed with respect to their scholarly merit.

Manuscript Preparation:

Compliance with these policies is verified upon submission of manuscripts. Failure to comply with the policies will prevent submission and review of manuscripts.

SPSP recommends that authors read "Improving the Dependability of Research in Personality and Social Psychology" http://www.spsp.org/publications/personality-and-social-psychology-review/manuscript-preparation and APA's Ethical Principles of Psychologists and Code of Conduct Standard 8 http://www.apa.org/ethics/code/index.aspx?item=11 before submitting manuscripts to PSPR.

Use a word processor to prepare manuscript. Files in Word or rich text format are preferred. All components of the manuscript should be double-spaced and should conform to the formatting and style conventions of the Publication Manual of the American Psychological Association (6th edition).

Title Page. On page 1, include (a) the article title no longer than 50 words, (b) the names, affiliations, and contact information for all authors, and (c) a running head containing no more than 45 characters and spaces.

Abstract. On page 2, type an abstract no more than 150 words long. Longer abstracts will be rejected by the manuscript submission website.

Tables. Refer to APA Publication Manual for table format; double spaced. Provide each table with an explanatory title that is intelligible without reference to the text. Provide an appropriate heading for each column in the table. Clearly indicate any units of measurement in the table. If the table is reprinted or adapted from another source, include a credit line in the table caption. Consecutively number all tables.

Figures and Figure Captions. Figure captions should appear at the end of the manuscript and should be consecutively numbered with Arabic numerals; make captions intelligible without reference to the text. If a figure is reprinted or adapted from another source, include a credit line in the caption. Each figure should be prepared and saved in a separate, clearly identified file, which will be uploaded to the manuscript submission website at the same time as the main body of the manuscript. Figures should be prepared in high-resolution format such with a minimal resolution of 300 dots per inch for grayscale images.

Methodology reporting (for empirical papers). In addition to the text, authors are required to submit in a separate file any relevant stimulus materials or coding materials, including the verbatim wording (translated if necessary) of all independent and dependent measures. If the article is published, this appendix will be made available on-line.

Results reporting (for empirical papers). Data-based submissions must report effect sizes and 95% confidence intervals for primary findings in each study, and address issues of sample size and consequent issues of power in each study or, in the case of multiple-study articles, in the context of evaluating the overall case for the reliability of the primary findings. Meta-analyses should follow the Meta-Analysis Reporting Standards (MARS) recommended by the APA (http://www.apa.org/pubs/authors/jars.pdf).

Masked review. The standard review process is to mask manuscript authorship and reviewer identities. Therefore, author names, institutions, and other identifying information should be removed from the title page and elsewhere in the manuscript.

Ethical Practices verification. Corresponding authors of submitted papers must verify that:
•the same or substantially similar manuscript has not been simultaneously submitted for consideration by another journal
•the same or substantially similar manuscript has not already been published in whole or part

For empirical papers:
•data collection complied with current APA Ethical Principles of Psychologists and Code of Conduct
•the raw data and related coding information underlying all findings of empirically-based publications will be shared consistent with SPSP's (2013) Data Sharing Policy.

APPENDIX B

Newcastle-Ottawa Scale adapted for cross-sectional studies

Selection: (Maximum 5 stars)

1) Representativeness of the sample:
      a) Truly representative of the average in the target population. * (all subjects or random sampling)
      b) Somewhat representative of the average in the target population. * (non-random sampling)
      c) Selected group of users.
      d) No description of the sampling strategy

2) Sample size:
      a) Justified and satisfactory. *
      b) Not justified.

3) Non-respondents:
      a) Comparability between respondents and non-respondents characteristics is established, and the response rate is satisfactory. *
      b) The response rate is unsatisfactory, or the comparability between respondents and non-respondents is unsatisfactory.
      c) No description of the response rate or the characteristics of the responders and the non-responders.

4) Ascertainment of the exposure (risk factor):
      a) Validated measurement tool. **
      b) Non-validated measurement tool, but the tool is available or described.*
      c) No description of the measurement tool.

Comparability: (Maximum 2 stars)

1) The subjects in different outcome groups are comparable, based on the study design or analysis. Confounding factors are controlled.
      a) The study controls for the most important factor (select one). *
      b) The study control for any additional factor. *

Outcome: (Maximum 3 stars)

1) Assessment of the outcome:
      a) Independent blind assessment. **
      b) Record linkage. **
      c) Self report. *
      d) No description.

2) Statistical test:
      a) The statistical test used to analyze the data is clearly described and appropriate, and the measurement of the association is presented, including confidence intervals and the probability level (p value). *
      b) The statistical test is not appropriate, not described or incomplete.

This scale has been adapted from the Newcastle-Ottawa Quality Assessment Scale for cohort studies to perform a quality assessment of cross-sectional studies for the systematic review, "Are Healthcare Workers' Intentions to Vaccinate Related to their Knowledge, Beliefs and Attitudes? A Systematic Review".

We have not selected one factor that is the most important for comparability, because the variables are not the same in each study. Thus, the principal factor should be identified for each study.

APPENDIX C

PRISMA 2009 Checklist

Section/topic	#	Checklist item
TITLE		
Title	1	Identify the report as a systematic review, meta-analysis, or both.
ABSTRACT		
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.
INTRODUCTION		
Rationale	3	Describe the rationale for the review in the context of what is already known.
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).
METHODS		
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).

Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I^2) for each meta-analysis.
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.
RESULTS		
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).
DISCUSSION		
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).

Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.
FUNDING		
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.

For more information, visit: **www.prisma-statement.org**.

Section Two: Research Paper

Adult Attachment Style, Empathy and Social Distance towards People who have Offended: An Exploration within Probation.

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Abstract

There is evidence to suggest that people who have offended (PWHO) are stigmatised by professionals, and this may be influenced by attachment style and empathy. This study explored attachment style, empathy and social distance in a population of 145 probation officers within England and Wales. Participants were randomly split into two groups to assess response differences depending on the type of offence presented. Analyses indicated that there is significantly more social distance desired from people who have committed more stigmatised offences, possibly influenced by empathy and attachment. Discussion focuses on the implications of such results within rehabilitation services for people whose offences are associated with a high level of stigma, as well as areas for future research.

Keywords: Probation; Adult Attachment Style; Interpersonal traits; Empathy; Stigma; Staff attitudes.

Research has highlighted that adult attachment style and empathy may be highly influential when considering how professionals support people in need (see Section One; Dehning et al., 2013; Joireman, Needham & Cummings, 2002; Kazmierczak, 2015; Wood & Riggs, 2008). Although this has been considered with respect to therapists and medical professionals, one such area that requires attention in this regard is probation. This paper will consider the stigma associated with offending and the attitudes of professionals working with people who have offended (PWHO), before integrating theories of attachment and empathy and their applications to the criminal justice system (CJS). It will then discuss the importance of exploring such relationships in probation officers, in order to ensure the safe and effective rehabilitation of people who have offended.

Stigma and Social Distance Towards People Who Have Offended

Research has shown that the general public find it more difficult to show empathy towards people who offend (Lovegrove, 2013), particularly if the perpetrator is male (Craig, 2005; Osman, 2011). Indeed, there is a lot of stigma associated with offenders with mental health difficulties more generally (Baumann, 2007; Smith & Cashwell, 2011). In particular, there appear to be differences in stigma depending on the offence committed, with significant stigma in relation to people who have committed sex offences (Furst & Evans, 2015; Jung, Jamieson, Buro & DeCesare, 2012). This has further implications in relation to their rehabilitation and future prospects, particularly as more perceived stigma is associated with poorer outcomes for PWHO. For example, LeBel, Burnett, Maruna and Bushway (2008) found that those people who felt stigmatised and excluded in society were more likely to have been reconvicted and re-incarcerated ten years on, even after the impact of social circumstances were taken into account. This indicates that stigma and discrimination have a real impact on people who have committed offences even when the perceived and anticipated

stigma is greater than the attitudes expressed within the community (Moore, Stuewig & Tangney, 2013).

Goffman's (1963) theory of stigmatization suggests that stigma discredits the stigmatized individual's social identity and research suggests that stigma can result in social distance being created (Tsai et al., 2013). Silton, Flannelly, Milstein, and Vaaler (2011) infer that as stigma is a social process, it reflects a fundamental desire to avoid social interaction and thus is a likely precursor to social distance. Indeed, they are not the only researchers to find and explore the relationship between these two concepts (Ayazi, Lien, Eide, Shadar & Hauff, 2014; Henderson et al., 2016; Kenzo, Masaharu, Yan Xiao & Naohisa, 2009). In the World Psychiatry Association's (WPA, 2005) stigma reduction programme, social distance questions were used and it is stated that "changes in social distance are a key accomplishment for anti-stigma efforts" (p. 96). Social distance can be understood as the level of social proximity one desires between oneself and another person (Smith et al., 2011). Bell (2013) discusses the societal pattern of social distance that has developed with regard to people in prison, suggesting that the concept of locking people (who are usually socially deprived) behind bars serves to create a sense of 'otherness', "allowing the rest of us to feel all the more 'normal' and 'law-abiding'" (p. 51). This may mean that individuals whose experiences have led them to commit offences are, from the offset, afforded less empathy and care at times when they may need it most. This is pertinent in consideration to findings that suggest that stigmatised groups are more likely to be helped if the non-stigmatised group feels more empathy towards them (Batson, Chang, Orr & Rowland, 2002).

Furthermore, there is evidence to suggest that people who have committed sexual offences are less likely to engage in treatment, in an attempt to distance themselves from the stigma they face (Furst & Evans, 2015). Murphy and Helmer (2013) showed that when people feel stigmatised or shame for their behaviour, they are more likely to displace this

feeling and blame others for their actions. Conversely, they found that where people felt they

had been forgiven for their actions, they were more likely to be cooperative and less likely to

reoffend. Therefore, they suggest that forgiveness might be a more effective approach than

shaming, in reducing reoffending. Indeed the concept of forgiveness facilitating relationships

has been suggested previously (Kelley & Waldron, 2005). If this is the case, the

interpersonal style of the person working to rehabilitate this individual may be crucial in

terms of ensuring engagement in order for change to happen.

Perceptions of Professionals

Blagden et al. (2016) explored the environment of one of Europe's largest 'treatment'

prisons specifically aimed to rehabilitate people who have committed sexual offences. They

found a mutually positive experience from both staff and prisoners and reported that this was

largely due to the experienced safety felt by all involved, in addition to a commonly held

belief that people can change. It is therefore possible that staff perceptions of the offenders

they work with will influence both how they treat the individual and that person's progress;

this also appears to be the case in psychological therapy (Marshall et al., 2003). In their study

exploring the beliefs of police officers about PWHO, Horn and Hollin (1997) found that

police officers viewed PWHO (male more than female) negatively and to a greater extent

than the general public, suggesting that some professionals working with those who have

offended are possibly less tolerant or empathic than people who do not work with them.

Contrary to this, Kelly (2014) considered prison staff punitiveness towards prisoners and

found that those with less experience and minimal contact were more likely to display

punitive attitudes than those who had much more contact and experience. This suggests that

professionals' attitudes are likely to vary depending on the length of time they have spent

working with PWHO, which might be explained by more exposure to, and a greater

understanding of, the context of offending behaviour.

Indeed, there are several characteristics that may influence staff attitudes and subsequent treatment of PWHO, in the context of implicit societal attitudes (Bell, 2013; Scott, 2013). Beijersbergen, Dirkzwager, Molleman, van der Laan and Nieuwbeerta (2015) explored links between correctional officers' characteristics and the prisoners' experience, considering the impact of officers' age, gender, educational level, tenure, workload and work-related attitude on how fair the prisoners perceived their treatment to be. They found that perceptions of fair treatment were more likely when there were more female officers, more positive attitudes towards rehabilitation and a higher officer to prisoner ratio. Therefore it was apparent that some of the differences in officer characteristics had a direct impact on the personal experiences of the people imprisoned.   However, as this study was conducted in the Netherlands, it may not generalise to other countries, including England and Wales (National Audit Office, 2012). Moreover, although there were several carefully considered characteristics in this study, it is not clear what impact, if any, interpersonal traits were having on such relationships.

Adult Attachment Style

It is useful to consider interpersonal traits in the context of Attachment theory (Ainsworth & Bowlby, 1991), which suggests that infant attachment patterns, developed through interactions during childhood, evolve into internal working models that persist into adulthood (Howe, 2011). Research using attachment theory as a basis for understanding a given phenomenon is vast (Cassidy & Shaver, 2008), particularly in relation to its clinical applications to human behaviour and psychopathology (DeKlyen & Greenberg, 2008; Dozier, Stovall-McClough & Albus, 2008; Slade, 2008). An area that has developed considerably since it was initiated (Hazan & Shaver, 1987) is the manifestation of attachment patterns in adulthood, particularly the study of attachment processes in romantic relationships (Feeney, 2008; Fraley & Shaver, 2000; Holmes & Johnson, 2009; Li & Chan, 2012; Simpson &

Rholes, 2012; Pietromonaco & Beck, 2015). Although attachment style in adults has

previously been understood within defined categories (e.g. Bartholomew & Horowitz, 1991;

Hazan & Shaver, 1987), more recently, adult attachment style (AAS) has been conceptualised

in terms of anxiety and avoidance dimensions (Brennan, Clark & Shaver, 1998), whereby a

higher score on either anxiety or avoidance reflects a less secure attachment style.

Moving away from the attachment theory focus on infant-parent relationships

(Winnicott, 1967), Mikulincer and Shaver (2004; 2007) have significantly contributed to an

understanding of AAS through both empirical and theoretical research. Specifically, they

considered how the activation of the attachment system in adulthood is pertinent to emotion

regulation, stating "the attachment system is, in itself, an emotion regulation device...

Attachment-system activation and proximity seeking... play an important role in shaping his

or her emotional responses" (Mikulincer & Shaver, 2007, p. 190). In this regard, they

suggest that people with more secure attachment styles are more likely to have good emotion

regulation skills, as modelled by their attachment figures. This is consistent with the theory

of mentalization proposed and developed by Peter Fonagy and colleagues (Bateman &

Fonagy, 2006; 2011; Bleiberg, Fonagy & Target, 1997; Fonagy & Target, 1998; 2000).

Bateman and Fonagy suggest that mentalization is rooted in attachment theory, and describe

'mentalizing' as a mental process whereby one considers and attempts to understand the

mental states, emotions and thoughts of others (Bateman & Fonagy, 2006). Concomitantly,

in their functional magnetic resonance imaging study, Bartels and Zeki (2004) demonstrated

that when the attachment system is activated, the region of the brain associated with

mentalizing is compromised. This suggests that attachment activation overrides social

distance, as it deactivates networks for social assessment and negative emotions. Therefore,

AAS and its theoretical association with the ability to be attuned to another person, warrants

further exploration. Indeed, this notion has led researchers to explore the relationship

between attachment style and empathy within clinical settings.

Attachment and Empathy in Clinical Settings

Research has sought to explore the link between attachment and empathy in caring

professions, particularly in therapeutic relationships. Berry et al. (2008) showed that

therapists with highly avoidant or anxious attachment styles are less likely to have positive

therapeutic relationships with clients. This has clinical implications and infers that the

quality of care afforded to the client is, to some extent, dependent on the professional's own

attachment experiences and subsequent attachment style. Additionally, research suggests that

more secure attachment styles are associated with aspects of prosocial behaviour (Mikluincer

& Shaver, 2015), while highly anxious or avoidant attachment styles are negatively correlated

with emotional intelligence (Cherry, Fletcher & O'Sullivan, 2014; Hamarta, Deniz & Saltali,

2009), a construct that is very closely related to empathy (Ioannidou & Konstantikaki, 2008;

Stratton, Elam, Murphy-Spencer & Quinlivan, 2005). Mikulincer and Shaver (2005) argue

that people who are highly avoidant or anxious in attachment are more likely to be

preoccupied with their own needs, thus stunting their ability to attend to the needs of others.

This implies that professionals who score higher on the avoidance or anxiety dimensions of

adult attachment measures may be less empathic towards the people with whom they are

working, than professionals with lower comparable scores on the same attachment measure.

Therefore the ramifications of this for professionals working to rehabilitate people who have

offended need to be carefully considered. Individuals whose life circumstances have led

them to offend require an understanding, empathic other who will challenge existing schemas

they may have about themselves and others (Renn, 2002; Young, Klosko & Weishaar, 2003)

and without knowledge and awareness of attachment patterns, this aspect of their care might

be inadvertently neglected.

Applications to the Criminal Justice System (CJS)

The implications of the aforementioned relationship between adult attachment and empathy are pertinent when considering the rehabilitation of PWHO. In the UK, when a person's circumstances lead them to commit a crime, they are likely to enter the CJS and, depending on their sentence and possible licence for release, may be placed under the supervision of the Probation Service (Open Justice, 2016). Probation officers are rehabilitative professionals whose primary aim is to reduce the likelihood of reoffending by building a positive working relationship with individuals who have offended, helping them to reintegrate into society safely and successfully (Hall, 2015; House of Commons Justice Committee, 2011). They also prepare reports for the courts in which they make proposals for the type of sentence that they consider should be given. Their role has changed somewhat since the UK Government placed more emphasis on enforcement, rehabilitation and public protection in the mid-1990's, before which a probation officer's background would be akin to that of a social worker, when the role was to "advise, assist and befriend" (House of Commons Justice Committee [HCJC], 2011, p. 15). Indeed, it is thought that the majority of people in this profession "continue to emphasise the original values of probation, especially belief in the possibility of personal change... and the importance of professional relationships in enabling change," (p. 15). However, people who are working with PWHO are constantly oscillating in their role, a phenomenon recognised and discussed by Hamilton (2010). Hamilton created the 'Boundary Seesaw Model' to help staff working with PWHO to develop meaningful relationships with PWHO, preventing punitive or pacifying behaviours whilst maintaining a professional distance. In this she acknowledges the many roles and boundaries that professionals are negotiating, including 'the security guard' and 'the pacifier' being at extreme ends of the seesaw while 'the negotiator' represents a synthesis of the two in

the middle. Therefore, it is clear that the relationships between probation officers and PWHO are complex and further exploration of this dynamic would be of benefit.

The Current Study

In summary, there is evidence to suggest that the characteristics of staff working with PWHO may have a direct influence on the perceptions, attitudes and treatment of these individuals (Beijersbergen et al., 2015), which might also be influenced by a level of underlying stigma. Therefore, several officer demographics were accounted for as variables in this study. In addition to demographics, staff characteristics include the way they relate interpersonally to others. While there is a body of evidence that suggests attachment style is closely related to one's tendency to have empathy for others (as in Section One), there is currently no research which has considered how the attachment style of staff working in a rehabilitative role with PWHO might impact upon the level of empathy and stigma afforded to them. This has implications for their treatment and rehabilitation, and it is likely that a greater awareness of such issues would be beneficial. Therefore, the present study aimed to investigate such relationships in probation officers within the UK.

Research question 1: Does the nature of the offence committed influence how much social distance probation officers have towards a person? Research question 2: Is there any relationship between probation officers' attachment styles, empathic traits and the level of reported social distance? Based on previous research, it is hypothesized that:

- Hypothesis 1: There will be more social distance among the group presented with a child sex offence compared with a physical assault on a same age peer (Furst & Evans, 2015).

- Hypothesis 2: There will be less social distance among officers who have been working for a longer period with PWHO (Kelly, 2014).

The relationships between adult attachment style and empathy will be explored and considered in relation to social distance. The current study addresses a paucity of knowledge and understanding about how psychological theory can usefully and meaningfully contribute to the CJS, with the aim of addressing inevitable ongoing psychological processes and, subsequently, promoting the well-being and rehabilitation of people whose lives had led them to crime.

Method

The details of this study have been reported in accordance with the recommendations as made by von Elm et al. (2007) using the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) Statement checklist, to ensure comprehensive documentation of study details. The appendices relating to participant materials have been included in Section Four (Ethics) of this thesis, to avoid repetition of material. This is stated to the reader at each citing for further clarity.

Design

With the use of an online anonymous survey, probation workers across the England and Wales jurisdiction (North West initially) were invited to contribute to this research. The study was cross-sectional (observational) and used quantitative measures to determine whether associations exist between variables. Participants were randomly assigned to two groups in which they were presented with one of two vignettes (A and B) describing a hypothetical offender, in order to measure any difference in social distance depending on the type of offence that has been committed. Participants were given just one vignette as opposed to both vignettes to prevent response bias following comparisons that may be made between the two vignettes. All participants completed the same assessment measures (within-subjects variables). The data used were collected for the purpose of this study only; the online survey was active between 14th October 2015 and 31st March 2016.

Participants

      Recruitment. Regional probation divisions were contacted and invited to distribute

the survey. Participants were probation officers and were contacted via email either by their

division's business manager or research officer, who informed them about the study and

provided the weblink required to participate. Initially, ethical approval only permitted

recruitment from the North West region however due to a satisfactory response rate, this was

extended nationally (including all UK divisions) formally on 9th December 2015. Following

approval from the National Offenders Management Service (NOMS) Ethics Committee, each

division had the right to refuse participation; the North West, North East, South West South

Central and the Midlands divisions all confirmed active involvement in the study.

      The electronic format maintained participant confidentiality prior to their agreement

to participate. The survey was also distributed via social media (Twitter and Facebook). Due

to the nature of some of the questions in the study regarding interpersonal traits and the

association between these and working relationships, participants were informed that their

answers could not be linked to them or the service within which they work.

      Sample Size. Based on Cohen (1992) as cited in Field (2009), the required sample

size in order to achieve a medium effect size ($r = .3$) with a power of 0.8 (set by Cohen,

1988) and a probability level of .05 was set as 85 participants for the total sample. A total of

145 participants made up the final data used, the breakdown of which is discussed in the

results section of this report. Following random allocation, there were 74 participants

presented with Vignette A and 71 with Vignette B.

      Eligibility Criteria. Participants were required to be over age 18 years and be

working as a probation officer in the UK, with the assumption that they were having direct

contact with PWHO, which was explained in the participant information and to the managers

who distributed the survey via email.

Measures

The data in this study were generated using Qualtrics software, Versions Oct-Dec 2015 and Jan-March 2016 of Qualtrics (Copyright © 2016 Qualtrics). Demographic information was collected from participants, none of which would personally identify them. Following this they were presented with quantitative measures to assess their attachment style, empathic tendencies and level of social distance, the tools for which are described below, in the order that they were presented to participants.

Attachment Style. The Experiences in Close Relationships Questionnaire (ECR)-Short Form (Wei, Russell, Mallinckrodt & Vogel, 2007) is a 12-item self-report measure, which requires the participant to consider how they generally feel in intimate relationships (see Section Four, Appendix D). Participants are required to indicate how much they agree or disagree with the 12 statements using a 7-point Likert scale. The measure consists of two subscales (Anxiety and Avoidance) and responses can be scored to determine the extent to which they fall on anxiety and/or avoidance scales. The scores are dimensional as opposed to categorical, consistent with recent findings and recommendations regarding the conceptualization of adult attachment style (Fraley, Hudson, Heffernan & Segal, 2015).

Empathy. The Interpersonal Reactivity Index (IRI**;** Davis, 1983) is a self-report measure of empathy comprising four subscales: Empathic Concern (EC), Personal Distress (PD), Perspective Taking (PT) and Fantasy, totalling 28 items. There is no total score that can be taken from this questionnaire; rather, each of the subscales should be considered individually. For the purpose of this study, items relating to the Fantasy subscale were removed as it was felt the nature of these items was not relevant to the study aims. It was also agreed that this would potentially aid recruitment, by reducing participation time without losing valuable data (Section Four, Appendix E). Indeed, Davis (1983) highlights the utility of being able to consider the subscales independently of one other. Therefore, three aspects

of empathy were considered including both cognitive (PT) and affective (EC and PD) components, totalling 21 items.

Vignettes. Participants were presented with one of two vignettes, which were created based on clinical and forensic experience with input from the clinical supervisor involved in the research. They were identical in all aspects (e.g. name, age, gender, current presentation) apart from the offence committed. The offence differed in the type of harm caused and to whom. Vignette A described a man who had physically and sexually harmed a child, whereas vignette B described a man who had physically harmed a similar aged peer (Appendix F, Section Four). To prevent any response bias, participants were not initially aware that they had been randomly assigned to one of these groups. However, they were debriefed following participation; they were informed that they had been presented with one of two vignettes and were given the lead researcher's contact details and other support resources. Participants were asked to refrain from discussing this with colleagues who had not yet taken part.

Social Distance. Given the aforementioned close relationship between stigma and social distance (WPA, 2005), participants' desire for social distance from PWHO was carefully considered. Social distance (SD) was measured using the Social Distance Scale (SDS; Link, Cullen, Frank, & Wozniak, 1987), which includes 7 multiple-choice questions given directly in relation to vignettes A and B. Some of the questions within the SDS were adapted in keeping with more widely used British terms, due to recruitment being targeted towards people in the UK. The questions can be seen in Appendix F, Section Four.

Data Analysis

All data were analysed using IBM SPSS (v. 22.0.0.0, IBM Corp., 2013) software. The data frequencies were observed and z-scores were calculated for skewness and kurtosis, to determine whether the data were suitable for parametric analyses. All data fit within the normal distribution, with the exceptions of scores on PD and Attachment Avoidance (AAv),

which were both positively skewed (Table A1, Appendix A). Field (2009) highlights the importance of looking at the shape of the distribution visually as significant values can arise from very small deviations from normality. All histograms satisfied the researchers that the data fit a normal distribution, with the exception of AAv, which was visually positively skewed. As such, following the use of parametric analyses, nonparametric tests were used to ensure that any reported results were in the same direction and strength, which they were.

Independent samples t-tests and One-Way ANOVAs were conducted to determine whether there were any demographic differences in responses given for the dependent variables. A T-test was conducted to determine vignette differences in social distance responses. The Pearson product-moment correlation coefficient was used to determine whether there were any relationships present between attachment, empathy and social distance that might warrant further exploration. As correlation coefficients are also effect sizes, these are considered as such with the use of Cohen's (1988) suggested interpretations of effect sizes (.1 = small, .3 = medium, .5 = large). For correlational analyses, significant and borderline significant relationships are reported. A Two-Way ANOVA was conducted to determine the relationship between social distance and length of time working, as proposed in Hypothesis 2. Finally, moderation analysis was used to further explore the findings.

Results

Sample Population

A total of 250 people accessed the participant information via the given web-link and 199 consented (online) to participate in the study by selecting 'Yes' to indicate their understanding of a series of statements regarding their participation. There was a 26.1% total attrition rate, leaving 147 participants providing a complete set of data (Figure 1). Two of these data sets were removed due to participants having selected the same response for all questions their responses were judged to be inappropriate.

Insert Figure 1 here

Participant ages ranged from 18-24 to 55-64 years, the majority being between 25 and 54 years; most participants identified as women (75.9%). A request under the Freedom of Information Act (2000) was made by the lead researcher, which confirmed that these figures match the current probation population (C. Lannin, personal communication, May 17, 2016), indicating good external validity. The majority of participants reported that they had been working in probation for at least 10 years (64%), as shown in Table B1 (Appendix B).

Demographics Analysis

Female participants' scores were significantly higher than male participants' score on AAn and EC (see Table 1). There were no significant differences between men and women for scores on Social Distance, AAv, PT or PD. Participants aged 55-64 years scored significantly higher on AAv ($M = 16.7$, $SD = 6.21$) than those aged 25-34 years ($M = 12.32$, $SD = 6.05$). The 55-64 years group also scored significantly lower on PT ($M = 18.7$, $SD = 3.7$) than the 25-34 years group ($M = 21.65$, $SD = 3.59$), suggesting that the older group were more likely to be avoidant and have lower cognitive empathy. However, between-groups analyses revealed that the relationships between EC, PT, age and gender were only apparent within Vignette A (Appendix C). Notwithstanding this, it was of interest to consider whether age was associated with length of time working. Spearman's rank correlation is an acceptable way to consider the relationships between ranked, categorical variables such as these; view of a scatterplot confirmed monotonicity (Appendix D). Age range and length of time worked were significantly positively related, $r_s = .62$, $p < .001$.

There were no overall significant differences found on any measure when considering region, genders worked with and length of time spent in role. There were no demographic

differences between the two vignettes and no differences in scores on AAn, AAv, EC, PT and

PD, indicating that the random allocation was successful.

Insert Table 1 here

Hypothesis 1: Vignette Difference in Social Distance

As expected, social distance scores were significantly higher for participants

presented with Vignette A, the child sex offence, ($M = 15.39$, $SD = 3.03$) than those presented

with Vignette B, the peer physical assault, ($M = 12.38$, $SD = 3.54$), $t(143) = 5.51$, $p < .001$,

99% CI (1.58, 4.44). An ANOVA was conducted on the seven items of the SDS to determine

whether this difference was attributable to particular items or not. Items one through six

showed significant differences between groups, with only item seven (recommending Darren

for a job working for a friend) showing no statistical differences in responses. Items 4 and 5,

both of which specifically mention children, have particularly large F values (50.78 and

43.66, respectively), signifying that the difference was especially large on these items (Table

E1, Appendix E).

Relationships between Attachment, Empathy and Social Distance

Within Variables. As shown in Table 2, Attachment Anxiety (AAn) and Attachment

Avoidance (AAv) were significantly positively correlated, $r = .406$, $p < .001$, showing a

medium to large effect size. In relation to the empathy subscales, PD was significantly

negatively correlated to PT, $r = -.298$, $p < .001$, suggesting that the increased cognitive

components of empathy are associated with lower levels of personal distress. Although EC

(affective empathy) was significantly positively correlated with PT (cognitive empathy), $r = .467$, $p < .001$, there was no such relationship between EC and PD.

Between Variables. As hypothesised, AAv was significantly negatively correlated

with PT, $r = -.282$, $p < .001$, suggesting that more avoidant people are less likely to take the

perspectives of others. This approached a medium effect size. PD was significantly

positively correlated with AAv, $r = .221$, $p < .01$, and AAn, $r = .318$, $p < .001$, suggesting

that people with higher levels of attachment avoidance and anxiety are more likely to

experience higher levels of distress. Finally, there was a borderline negative correlation

between EC and Social Distance with a small effect size, $r = -.158$, $p < .059$[1], which suggests

that people with more empathic concern desire less social distance.

Insert Table 2 here

Between-Group Analyses.

The data between the two vignettes were split and analysed separately in order to

identify whether the above findings were relevant to both groups.

Social Distance. Importantly, analyses revealed that the borderline relationship

observed between Social Distance and EC arose from responses to Vignette B. That is, for

Vignette A there was no relationship between Social Distance and EC, but for Vignette B

there was a significant negative correlation with an increased (from overall data analyses)

medium effect size ($r = -.347$, $p < .01$), suggesting that social distance desired from the

person in Vignette B was associated with a lack of empathy. On the contrary, a new

relationship emerged within Vignette A, whereby there was a borderline correlation between

Social Distance and PD, with a small to medium effect size ($r = .22$, $p = .058$), suggesting

that social distance desired from the person committing the child sex offence was associated

with increased personal distress more than any other variable. Correlations in this regard are

displayed in Table 3.

Attachment and Empathy. Incidentally, when considering the vignettes separately

the significant relationships between AAv and PT, and AAv and PD were not maintained in

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[1] This reached significance using nonparametric analyses (Spearman's rank correlation)

Vignette A, though they remained present in Vignette B (see Table 3). Contradictorily, a new negative relationship was found between AAn and PT, but only for Vignette B ($r = -.248$, $p < .05$), while a new positive relationship emerged in Vignette A, between AAn and EC ($r = -.262$, $p < .05$). It is noted that the vignettes were presented *after* participants had completed attachment and empathy measures, and so these findings are not reflective of emotional responses to specific offences or PWHO.

Insert Table 3 here

Hypothesis 2: Social Distance and Length of Time Working.

There was a significant difference in Social Distance responses between participants working for 20+ years ($M = 15.14$, $SD = 4.14$) and those working for 10-15 years ($M = 10.74$, $SD = 2.77$), whereby the former group desired more social distance from the person in Vignette B only, $F(5, 64) = 2.28$, 95% CI [.93, 8.7], $p = .042$. A Two-Way ANOVA was conducted to explore this further. There was a significant Vignette by Time interaction, $F(6, 131) = 2.17$, $\eta_p^2 = .09$, $p = .049$, indicating that both the vignette the length of time working influenced social distance scores (see visual display of this interaction in Appendix F). Simple main effects analysis confirmed that social distance was significantly more likely when presented with Vignette A than Vignette B ($p = .02$), whereas there was no main effect of length of time working on social distance ($p = .92$).

Moderation Analysis: Is EC moderating the Vignette's Effect on Social Distance?

Given the finding that EC was significantly related to Social Distance in Vignette B, Hayes's process tool (Hayes, 2012; 2013) was used to investigate whether the association between the vignette and social distance depends on the level of EC. The overall model was significant, $F(3,141) = 15.4$, $R^2 = .23$, $p < .001$. When the interaction (EC by Vignette) was added into the model, the R^2 increase was significant, $\Delta R^2 = .039$, $F(1, 141) = 7.02$, $p < .01$.

Therefore there was a significant interaction between EC and Vignette, $b = -.352$, $SE = .133$, $t(143) = -2.65$, $p < .01$, suggesting that EC is significantly moderating the effects of the vignette on social distance; that the effect depended on the level of EC. The conditional effects element of the process tool indicated that higher levels of EC were significantly moderating the effect of the vignette on social distance, $b = -4.39$, $SE = .742$, 95% CI [-5.85, -2.92], $t(143) = -5.91$, $p < .001$, suggesting that higher EC is likely to reduce the desire for social distance in Vignette B. Conversely, lower levels of EC did not significantly moderate the effects of the vignette on social distance, $b = -1.51$, $SE = .796$, 95% CI [-3.08, .67], $t(143) = -1.89$, $p = .06$, suggesting that the presence and absence of EC have differing effects on social distance. A visual representation of these findings can be seen in Figure 3 (more detailed scatterplots can be seen in Appendix G).

Insert Figure 2 here

Discussion

The aims of the present study were to explore the relationships between attachment style, empathy, and social distance in probation officers, and to consider what impact offence type had on social distance. The main finding was the highly significant difference in reported personal social distance against a man who had committed a child sex offence compared with a physical assault on a similar aged peer. Furthermore, particularly large differences were noted on the SDS items that ask specifically about children. This reaffirms that there is stigma associated with males committing a child sex offence that is perceived by both men and women working in rehabilitative roles, manifested through social distance. These findings are consistent with previous research into stigma towards people who have committed child sex offences (Jung et al., 2012; Tewksbury, 2012) and are therefore unsurprising. However, it is also possible for this difference in social distance to be in part

explained by a causal attribution process (Heider, 1958; Kelley, 1967; 1973). That is,
participants may be more likely to judge the person in the vignette based on their perception
of the cause of events. In this context, it is much easier to attribute blame or 'cause' to the
person who has sexually offended against a child, compared with the person who has been
involved in a conflict involving a similar aged peer, who may be more likely to be considered
partly responsible for the offence. It would be beneficial for this to be considered more
thoroughly in a separate study whereby causal attributions can be clearly identified.

Upon exploring the relationship between attachment style and traits of empathy,
higher scores on anxiety and avoidant attachment dimensions were associated with higher
level of personal distress, suggesting that those officers who scored highly in this regard may
experience more distress than those who did not, which warrants further attention.
Notwithstanding this, when looking at the data as a whole, there was an absence of a
relationship between AAS and EC, and between attachment style and social distance.
Although AAv correlated negatively with PT, as would be expected, EC did not significantly
correlate with attachment (Figure H1, Appendix H).

Additional analyses revealed findings that help explain participant responses further.
For instance, as the significant differences initially found in age and gender on EC scores
were only present in the group who were presented with Vignette A (child sex offence) and
as there was no interaction between gender and vignette, groups were assumed to be
homogenous in this respect. Between-group correlational analyses revealed that greater
social distance in Vignette B was significantly associated with reduced empathic concern,
whereas greater social distance in Vignette A was more likely to be associated with personal
distress than anything else (as shown in Figure 3).

Insert Figure 3 here

Clinical Implications

      Social Distance and Empathic Concern. Interestingly, there was an overall borderline significant negative correlation between EC and social distance, which suggests that less empathic people are more likely to display higher levels of social distance. It is possible that a greater desire for social distance results in reduced contact or engagement with the offender, consistent with research that suggests that negative perceptions impede on clinical practice (Lea, Auburn & Kibblewhite, 1999). That is, if PWHO are perceived negatively and afforded a low level of empathy, this is likely to impede on the supervisory relationship. For example, Marshall, Serran and colleagues (Marshall, Serran, Fernandez et al., 2003; Marshall, Serran, Moulden et al., 2002; Marshall, Ward et al., 2005; Serran & Marshall, 2010) provided evidence to suggest that warmer and more empathic practitioners are more likely to have effective relationships with people who have sexually offended. However, the actual consequences of high social distance have not been evaluated in this study, and so this is a potential area for future research in order to explore further how the current findings translate into professional practice.

      The moderation analysis allowed for the relationship between EC and social distance to be further examined. It showed that higher levels of EC significantly moderated the effect of Vignette B on social distance, whereas lower levels of EC did not. This suggests that people who have more empathic concern are less likely to want social distance from people who have committed violent physical assaults on similar aged peers; further, it would appear that high levels of EC have more of an influence on a person's resultant behaviour, than low levels of EC. Concomitantly, Morelli, Liberman and Zaki (2015) reviewed a body of evidence that suggested positive empathy is associated with social closeness and connectedness, consistent with the current findings. Additionally, they suggest that this may serve to increase the individual's overall wellbeing and life satisfaction. Therefore, people

who score more highly on EC may not only be offering better quality rehabilitation, but may maintain or improve their own mental wellbeing in the process.

Alternatively, a lack of empathy towards PWHO in violent (non-sexual) ways may be associated with this population's apparent difficulty empathising with others (Blair, 2010; Jaffe, Simonet, Tett, Swopes & Davis, 2015), which may in turn discourage professionals to empathise with them. Research has shown that treatment progress for PWHO can be hindered by a lack of empathy (Marshall, Marshall, Serran & O'Brien, 2009) or insecure patterns of attachment (Renn, 2002). Therefore, it may be that it is necessary to address the interpersonal traits of the PWHO in addition to the professionals', to promote effective rehabilitation (Webster, Bowers, Mann & Marshall, 2005). Indeed, Marshall, Ward et al. (2005) suggest that a more hopeful, positive strengths-based approach is more effective in rehabilitating people who have sexually offended.

Social Distance and Personal Distress. In contrast to participant responses to Vignette B, those who desired greater social distance from the person in Vignette A (child sex offence) also showed a propensity for a high level of personal distress. Although this relationship did not quite reach statistical significance, it approached a medium effect size and its presence in this vignette suggests that the personally distressing content may have evoked such feelings in the participants. Research has suggested that police officers find interviews with people who have committed child sex offences the most difficult and emotionally stressful compared with others (Oxburgh, Ost, Morris & Cherryman, 2015; Soukara, Bull & Vrij, 2002). It could be that this distress comes with the knowledge that people who have committed child sex offences are likely to have had early adverse experiences, including being abused themselves as children, sexually, physically and emotionally (Levenson & Socia, 2016; Levenson, Willis & Prescott, 2016). Indeed, officers are more able to empathise with these individuals if they admit to committing the offence

(Soukara et al., 2002). Furthermore, evidence suggests that responses towards the offending person are more likely to be (negatively) emotional (e.g. disgust, anger) if the interviewer has had contact with the child beforehand (Oxburgh, Williamson & Ost, 2006). This raises questions about whether the presence of children in the professional's life bears any influence on their response to this type of offence, which was not considered in this study. Therefore, it would be of great benefit if future research could explore this further.

Officer Characteristics. It was hypothesised (Hypothesis 2) that social distance towards PWHO would be reduced in participants with more years experience. While no relationship emerged initially, additional analyses showed that people who had worked for 20 years or more actually desired significantly more social distance from the person presented in Vignette B than people who had been working for 10-15 years. Therefore, this hypothesis was refuted. Additionally, participants aged 55-64 scored lower on EC and PT than other groups, suggesting that older participants were less likely to report empathic traits, both cognitively and affectively. Since there was a significant relationship between age range and length of time working, it could be inferred that people who score lower on EC and PT are also working for longer periods within probation. Together these findings suggest that people who have been working for longer periods are less able to take the perspectives of others and thus desire greater social distance from PWHO.

It is possible that these lower EC and PT scores are the result of a generational effect (Bailey, Henry & Von Hippel, 2008) however, evidence suggests that emotional empathy actually increases in older generations (Khanjani et al., 2015) and some researchers have found no differences in either cognitive or affective empathy between younger and older individuals (Ze, Thoma & Suchan, 2014), suggesting that the difference is due to something more specific about this population. It may be that working in this setting for a long period of time requires a level of dissociation or disconnection with personal stories in order to

maintain functionality. For example, Arnold (2016) discusses a similar concept with regard to prison officers, suggesting that low scores on empathy may represent a "protective mechanism and a functional response to the job" (p. 277). Conversely, Mae Boag and Wilson (2013) found that students' empathy increased for prisoners following a visit to them, suggesting that more engagement might increase capacity to be empathic. However, this finding did not necessarily translate into a steady trend if the contact were to continue. Future research may therefore benefit from focusing on contact time and whether this influences empathy or social distance, as there is evidence to suggest that better quality contact reduces dehumanisation and increases support for rehabilitation (Viki, Fullerton, Raggett, Tait & Wiltshire, 2012).

Also of note is the finding that participants aged 55-64 years were significantly more likely to score higher on AAv. It is interesting that the oldest group of participants, who may act as role models for more inexperienced officers, are more likely to respond to interpersonal difficulties by avoiding them. This could be due to the associated low level of perspective taking that was also observed in the data. Alternatively, as aforementioned, it could be that avoidance is a fundamental characteristic to possess in order to remain within such a role for many years (Arnold, 2016). However, in her systematic review, West (2015) found that higher attachment avoidance was associated with higher levels of burnout and compassion fatigue for caring professionals (Falvo, Favara, Di Bernardo, Boccato, & Capozza, 2012; Pines, 2004; Racanelli, 2005; Tosone, Bettman, Minami, & Jasperson, 2010; Zerach, 2013), indicating that such attachment styles may not be adaptive in the workplace for a prolonged period. With increased self-awareness of attachment styles, this could be explored and supported, for example by clinical psychologists who could assess, formulate and address such patterns, on an individual and organisational level. For example, Probation Officer Tony Morrison and Psychotherapist Clark Baim introduced training programmes on

'Attachment-based practice' specifically targeted for professionals working with people who pose a risk to others (Baim & Morrison 2011), including those working with criminal justice contexts. Indeed, clinical psychologists are already working with probation with a view to having a more psychologically informed pathway (Offender Personality Disorder pathway) for people who have offended and who also have entrenched interpersonal difficulties (NHS England, 2015).

Study Limitations

Although this study has produced significant findings of interest and has raised important clinical implications, there are some limitations that must be acknowledged. With regard to the vignettes used, there are many offences that were not accounted for, with the primary focus being on people who have committed typically stigmatised child sex offences. The current findings cannot inform the literature on probation officer attitudes towards people who have committed offences other than assault, including theft, robbery, fraud or possession of illicit drugs or weapons. Therefore, future research could explore professionals' implicit attitudes towards people who have committed a range of offences, for example with the use of qualitative methodologies. Additionally, as this study only presented men who have offended, it is not possible to determine whether gender contributed to participant perceptions and subsequent social distance. Indeed, research has shown differences in attitudes towards men and women who have sexually abused children (Bunting, 2007; Hetherton & Beardsall, 1998). It would therefore be advisable for future research to measure attitudes towards both men and women who have offended in order to fully account for gender as a potential confounder. Gakhal and Brown (2011) addressed a common misunderstanding in research that does not specify gender. They explored professional and public attitudes towards females who have sexually offended, finding that professionals' attitudes were much more positive than research often portrays, when a generic 'sex offenders' category is reported.

Therefore, it is important to recognise that the findings reported in this study can only be generalised in terms of men who have offended, and not simply all PWHO.

Furthermore, although the difference in content between the presented vignettes was minimal, they differed on victim age in addition to the physical or sexual nature of the offence, meaning that the offence was not distinctively manipulated. This is somewhat problematic as it is not clear whether the same difference would have occurred when considering a physical (non-sexual) assault on a child or on a sexual assault on an adult. For instance, Jung et al. (2012) considered attitudes towards three different types of sexual offence (rape, child sex offence and exhibitionism) and found that people who had committed child sex offences were perceived significantly more negatively than the other two, particularly by professionals (as opposed to laypersons). This suggests that the presence of a child in vignette B of the present study was a key component in the higher level of social distance afforded, particularly considering the larger differences between the child-specific items on the SDS.

Finally, this study did not consider any prior psychological training that officers may have had and how this might have impacted on their understanding of offending behaviour and subsequently their responses. To consider this aspect thoroughly an entirely separate, qualitative study would need to be conducted to obtain reliable responses. Dickinson and Hurley (2012) found that mental health nurses working in secure forensic settings were more likely to be empathic towards people who self-harm when they had had previous education in and awareness of self-harm. On the other hand, Craig (2005) found that specific training aiming to increase knowledge and improve attitudes towards people who have sexually offended did not result in attitudes changing overall, though there were some item specific differences. Therefore, further research into the impact of training would be beneficial.

Conclusions

Social distance towards men who have offended is present amongst probation officers in England and Wales, particularly in the context of a child sex offence. This is important to acknowledge as it may mean that people who are in need of support to address the function of their offending behaviour and reduce the likelihood of their reoffending may be being treated less favourably; indeed this may be outside of the officers' awareness. Future research could consider looking at how such findings are translated in practice, for example by interviewing both staff and those who have offended (e.g. Blagden et al., 2016) to determine whether the reported social distance is having a detrimental impact on effective rehabilitation. It is noted in the present study that only two types of offences were considered due to practicalities, and therefore future studies may wish to build on this further by considering attitudes towards other stigmatised groups. Additionally, it would be beneficial for future research to consider whether women who have offended are perceived similarly as it was not clear how much gender influenced the findings.

The influence of adult attachment style on traits of empathy was apparent, albeit not as strongly as expected, since EC was found to have a relationship with attachment in Vignette A only (AAn positively correlated). The higher levels of PD associated with more highly anxious or avoidant attachment styles suggests that probation officers may benefit from additional support to help them to address some of the highly emotive content that inevitably comes with the job when working in forensic settings. Indeed, it could be that avoidance and a reduced amount of empathy serves as a protective strategy to enable functionality, though this may come at a cost to effective rehabilitation. This could be explored further with the use of qualitative data, possibly by interviewing probation staff regarding how they feel about their work, the support they receive and their subsequent approach. This research might also consider what training professionals have received, whether they have children in their lives and how much direct contact they have with PWHO.

Finally, the finding that higher empathic concern is associated with less social distance suggests that the interpersonal traits of probation officers may have a direct impact upon the people with whom they are working to rehabilitate. This may become problematic when traits or styles are detrimental to the PWHO. This could be addressed with some psychological training, for instance on attachment theory, the development of adult attachment styles and how interpersonal patterns present themselves both in and out of the workplace. Such awareness is likely to positively influence practice, particularly if colleagues can support each other in noticing when particular patterns are emerging. Regular and ongoing clinical supervision (rather than managerial supervision) would therefore also be advantageous for probation officers, who currently work with a high level of distressing and emotive content, which is likely to interact with their own interpersonal patterns of functioning (Kurtz & Turner, 2007). If this could be addressed openly as natural human responses to such circumstances, it may increase the likelihood of successful, long-term rehabilitation for stigmatised groups of people who have offended.

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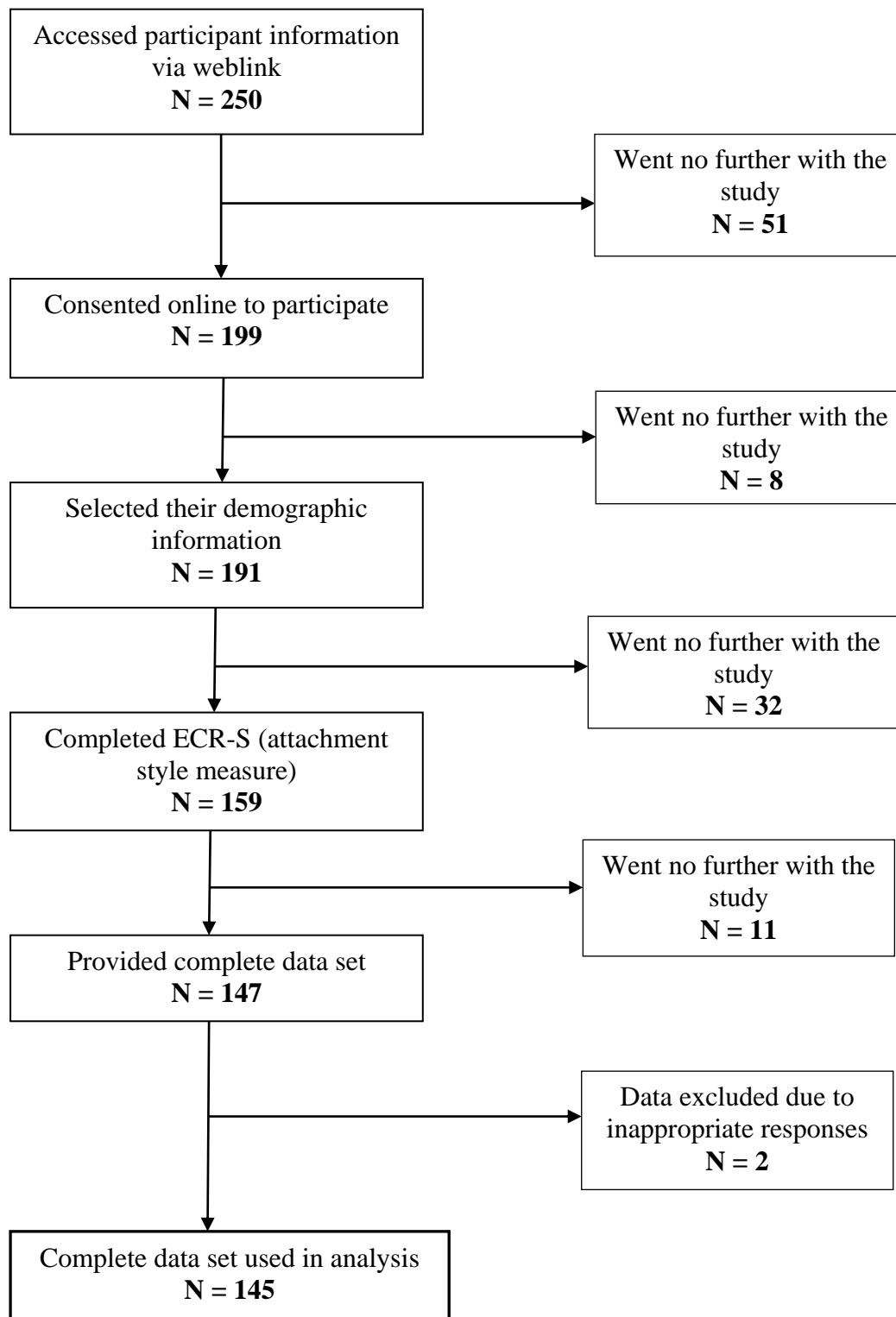
Figure 1. Flow chart of participant involvement and resultant data.

Table 1. Significant overall differences in demographic data on all variables, including significantly differing means.

	%	*df*	AAn	AAv	EC	PD	PT	SD	Vignette
					Significant Test Statistics (t-tests and ANOVAs)				
Gender		143	$t = 2.4$**	-	$t = 3.7$***	-	-	-	-
Woman	75.7		$M = 16.9$		$M = 21.6$				
Man	24.3		$M = 14.6$		$M = 18.8$				
Age Range		4, 140		$F = 3.0$*			$F = 3.2$*	$F = 2.5$*	-
18 - 24	2.1							$M = 9$	
25- 34	27.8			$M = 12.3$			$M = 21.7$	$M = 14.9$	
35 - 44	25.7								
45 - 54	28.4								
55 - 64	16			$M = 16.7$			$M = 18.7$		
Region Working			-	-	-	-	-	-	-
Time spent working			-	-	-	-	-	-	-
Genders working with			-	-	-	-	-	-	-

Notes: *p < .05, **p < .01, ***p < .001; - = No significant differences; *M* = Mean; *df* = degrees of freedom

Table 2. Pearson product-moment coefficients between all variables (within-group analyses).

	Avoidance	Anxiety	Empathic Concern	Perspective Taking	Personal Distress
Anxiety	.406***				
Empathic Concern	-.083	.111			
Perspective Taking	-.281***	-.105	.467***		
Personal Distress	.221**	.317***	.024	-.298***	
Social Distance	-.137	-.023	-.157*	-.043	.083

Notes: ***p < .001, **p < .01, *p = .059
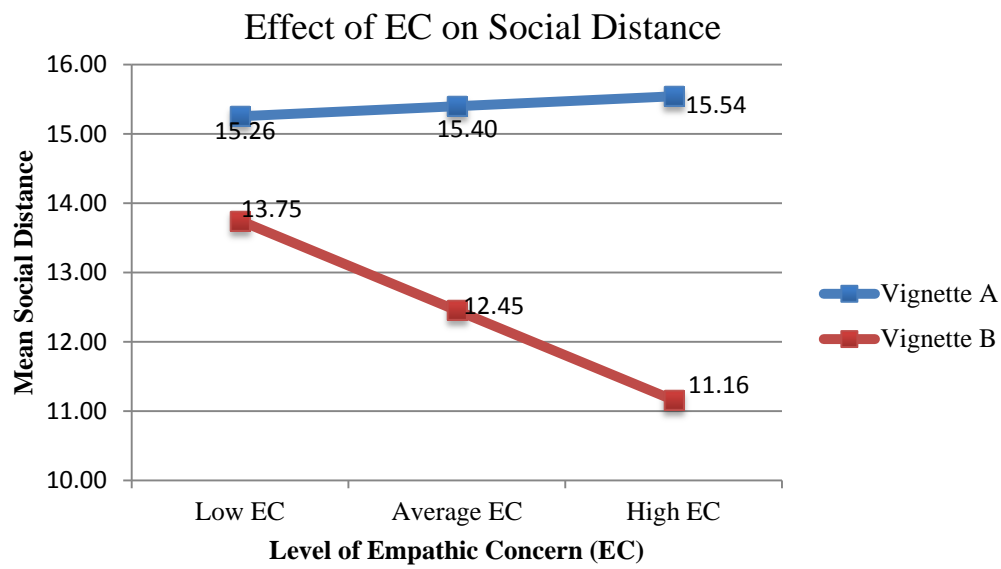
Figure 2. A graph to show how different levels of EC moderate the effect of the vignette on

social distance.

Table 3. Pearson product-moment coefficients between all dependent variables for each vignette (between-group analyses).

	Avoidance	Anxiety	Empathic Concern	Perspective Taking	Personal Distress
Vignette A					
Anxiety	.449***				
Empathic Concern	.012	.262*			
Perspective Taking	-.172	.046	.549***		
Personal Distress	.197	.333**	.067	-.305**	
Social Distance	-.182	-.035	.05	.05	.221^
Vignette B					
Anxiety	.371***				
Empathic Concern	-.186	-.056			
Perspective Taking	-.390***	-.248*	.378***		
Personal Distress	.247*	.316**	-.024	-.295*	
Social Distance	-.151	.035	-.347**	-.148	-.107

*** $p < .001$, **$p < .01$, *$p < .05$, ^$p = .058$

Vignette A
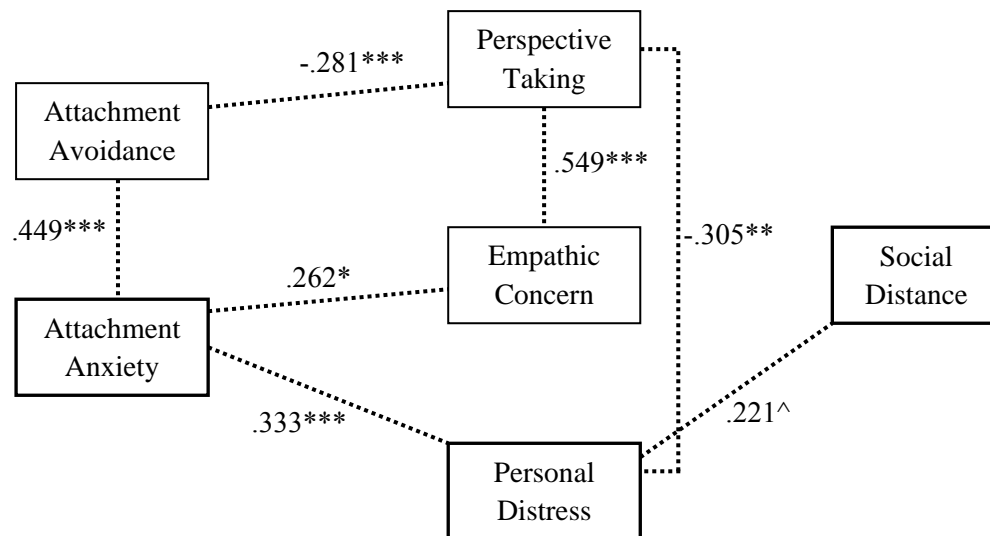
Vignette B
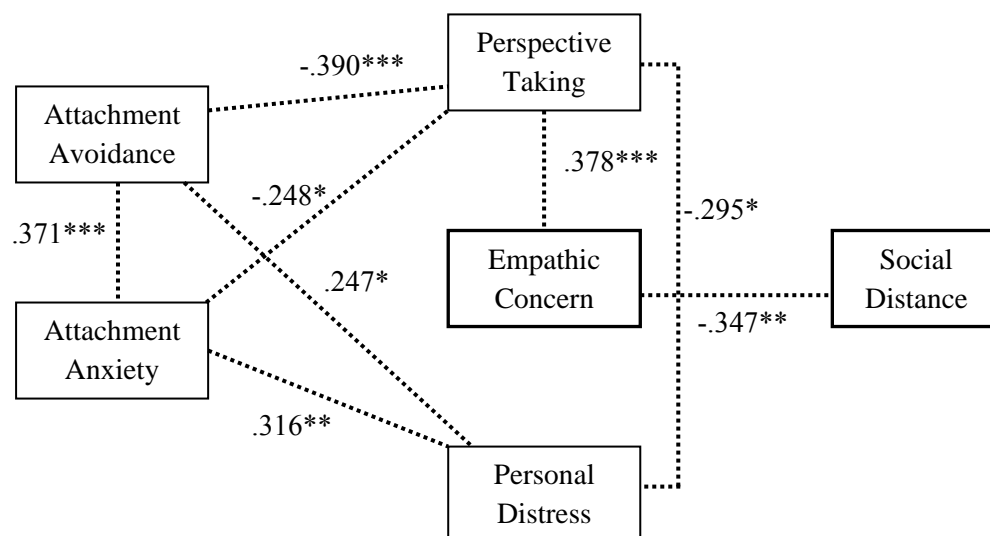
Figure 3. Significant relationships between attachment style, empathic traits and social distance, in vignettes A and B. ***p < .001, **p < .01, *p = .059, ^p = .058

Appendix A

Table A1. Z-scores calculated for skewness and kurtosis, where *p* < .01 was used to determine difference from normality.

	EC	PD	PT	AAn	AAv	SD
Skewness	-1.35	3.48**	-2.12*	3.88***	2.4*	0.09
Within normal limits?	✓	✗	✓	✗	✓	✓
Kurtosis	-1.025	0.76	-0.23	2.43*	-1.66	-1.92
Within normal limits?	✓	✓	✓	✓	✓	✓

Notes: Cut off value at *p* < .05 = 1.96; **p* < .01 = 2.58; ***p* < .001 = 3.29; Significance implies abnormality.

Appendix B

Table B1. Demographics of participants (total consented and total completed data).

|	Total participants		Complete Data	
	N	%	N	%
Gender				
Woman	141	73.8	110	75.7
Man	47	24.6	35	24.3
Bigender	1	0.5	0	0
Genderless	2	1.1	0	0
Age Range				
18 - 24	6	3	3	2.1
25- 34	49	25.7	40	27.8
35 - 44	53	27.8	37	25.7
45 - 54	49	25.7	41	28.4
55 - 64	33	17.3	23	16
65+	1	0.5	0	0
Region Working Within				
North West	80	44	64	44.1
North East	34	18.7	25	17.2
South West & South Central	31	17	29	20
Midlands	11	6	7	4.8
Wales	10	5.5	9	6.2
South East	6	3.3	3	2.1
London	6	3.3	4	2.8
East England	4	2.2	4	2.8
Time spent working in role				
< 6 months	1	0.5	1	0.7
6 – 12 months	4	2.1	1	0.7
1 – 3 years	12	6.3	8	5.5
3 – 6 years	12	6.3	8	5.5
6 – 10 years	40	21	34	23.4
10 – 15 years	65	34	53	36.6
15 – 20 years	27	14.1	20	13.8
20+ years	30	15.7	20	13.8
Genders working with				
Just Men	52	27.2	40	27.6
Mostly men, some women	122	63.9	90	62.1
Equally men and women	11	5.8	9	6.2
Mostly women, some men	2	1	2	1.4
Just Women	4	2.1	4	2.7

Appendix C

Between-Group Analyses on Demographics and Empathy.

The discussed differences found in gender and age were not apparent within Vignette B (peer). Within Vignette A (child), there remained a significant difference on EC, whereby females ($M = 21.64$, $SD = 3.75$) scored significantly higher than males ($M = 17.84$, $SD = 4.66$), $t(72) = 3.57$, $p = .001$, 95% CI (1.67, 5.92). Therefore, women who were presented with the person who had committed the child sex offence had, incidentally, already scored higher on EC. A Two-Way ANOVA was then conducted to further explore differences in EC between vignette (two levels) and gender (two levels). There was no significant interaction between the effects of Gender and Vignette on EC. This suggests that although there was a gender difference in EC scores for Vignette A, there was no difference in EC scores for women in Vignette A compared to Vignette B.

Similarly, while the age difference in Vignette B was not maintained, it became more apparent in Vignette A, whereby the 55-64 years group ($M = 17.1$, $SD = 4.33$) had reported significantly lower scores on EC than the 25-34 years group ($M = 22$, $SD = 2.87$), $F(3, 69) = 3.87$, $p = .008$, 95% CI (.99, 8.8), with borderline differences from the 35-44 years group ($M = 20.9$, $SD = 3.76$), $F(3, 69) = 3.87$, $p = .052$, 95% CI (-.02, 7.76) and the 45-54 years group ($M = 21$, $SD = 5.15$), $F(3, 69) = 3.87$, $p = .051$, 95% CI (-.008, 7.8). This suggests that people aged between 55-64 who were given this vignette had already reported less EC (before completing the SDS). Similarly, the 55-64 years group in Vignette A ($M = 18.25$, $SD = 2.38$) had scored significantly lower on PT than the 25-34 years group ($M = 22.3$, $SD = 3.7$), $F(3, 69) = 3.21$, $p = .018$, 95% CI (-.7.57, -.53). Therefore, the relationships between EC, PT, age and gender were only apparent within Vignette A.

Appendix D

Graph to show monotonicity between participants' age range and years worked, prior to

conducting Spearman's rank correlation.
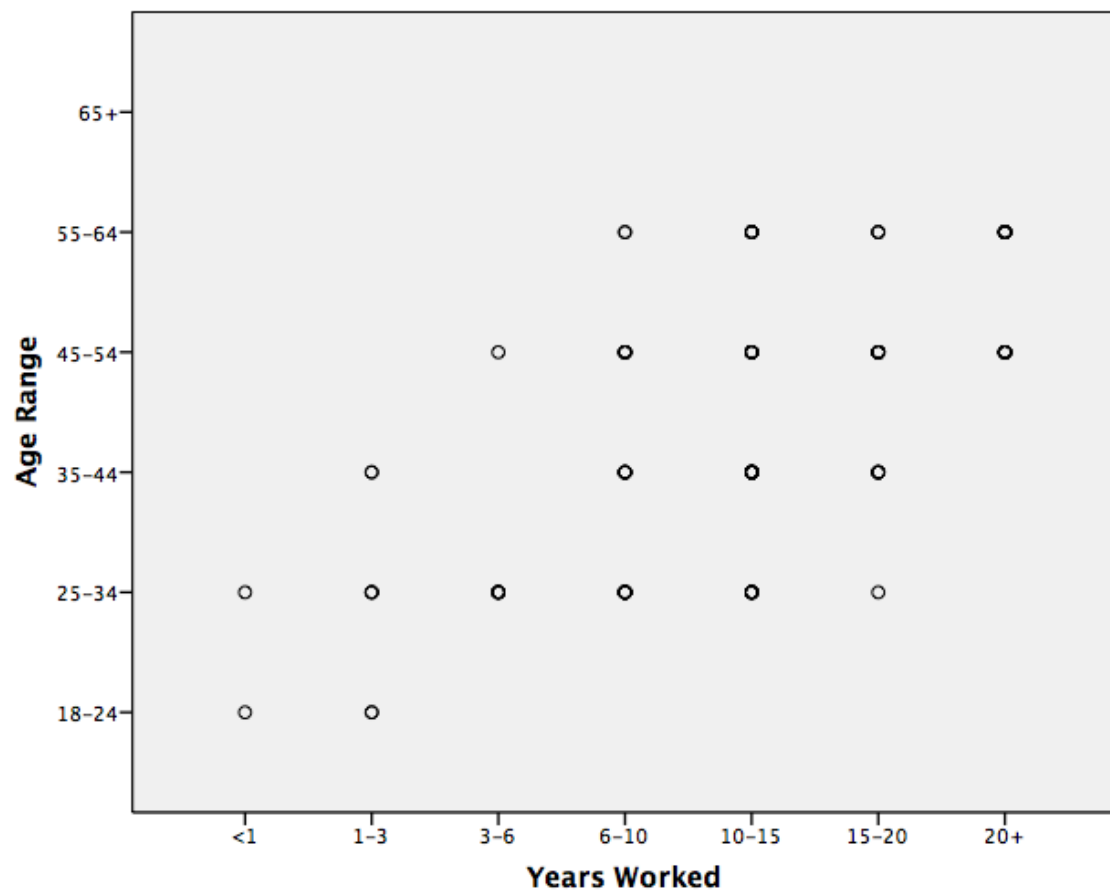
Appendix E

Table E1. Statistical values for individual items on the SDS.

Item on SDS	F value	P value
1. How would you feel about renting a room in your home to someone like Darren?	4.45	.037
2. How about as a worker on the same job as someone like Darren?	6.42	.012
3. How would you feel having someone like Darren as a neighbour?	13.65	.000
4. How about as the caretaker of your children for a couple of hours?	50.78	.000
5. How about having your children marry someone like Darren?	43.66	.000
6. How would you feel about introducing Darren to a young woman you are friendly with?	20.53	.000
7. How would you feel about recommending someone like Darren for a job working for a friend of yours?	1.97	.162

Notes: The values above are taken directly from the SPSS output with 99% confidence intervals.

Appendix F

Graph to show significant Vignette by Time interaction. It can be seen that in Vignette A, scores on Social Distance are relatively constant over time. However in Vignette B (peer) there is a general increase in social distance the longer participants have worked in probation, with a dip at 10-15 years. This also shows the overall higher level of social distance against the child sex offence.
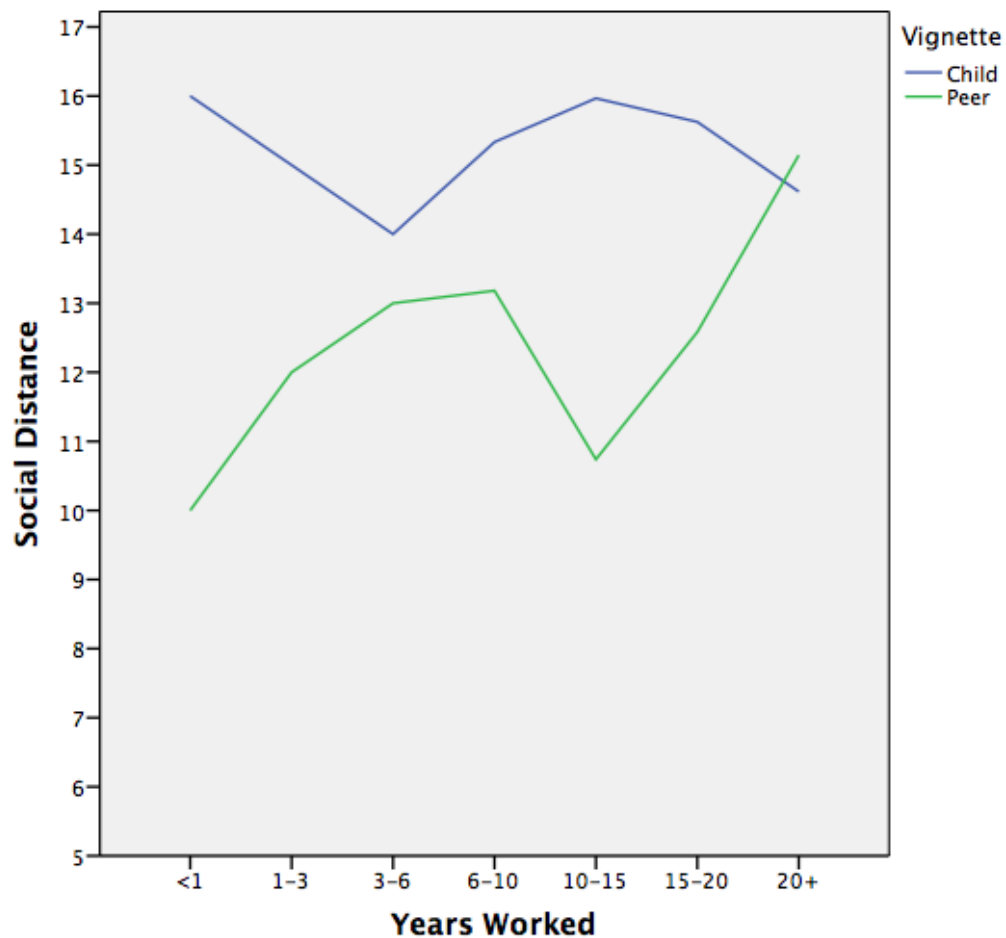
Appendix G

Scatterplots to show the moderating effects of EC on social distance in each vignette group.
In Vignette A there is a very slight (non-significant) upward trend, while in Vignette B there
is a clear downward trend whereby as EC increases, social distance decreases.
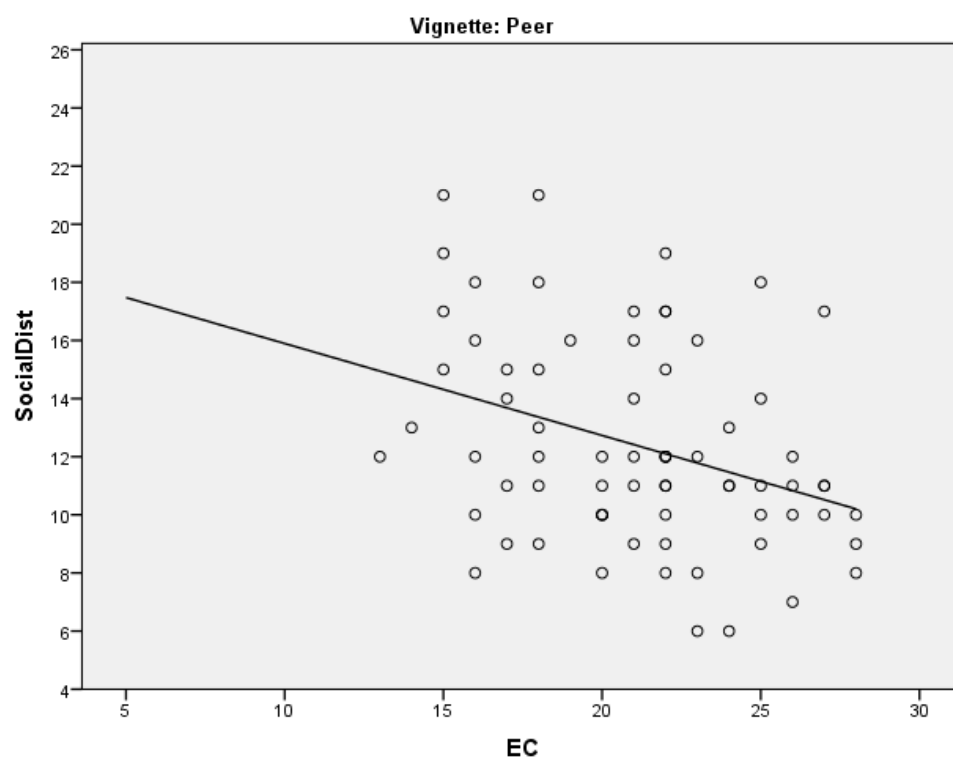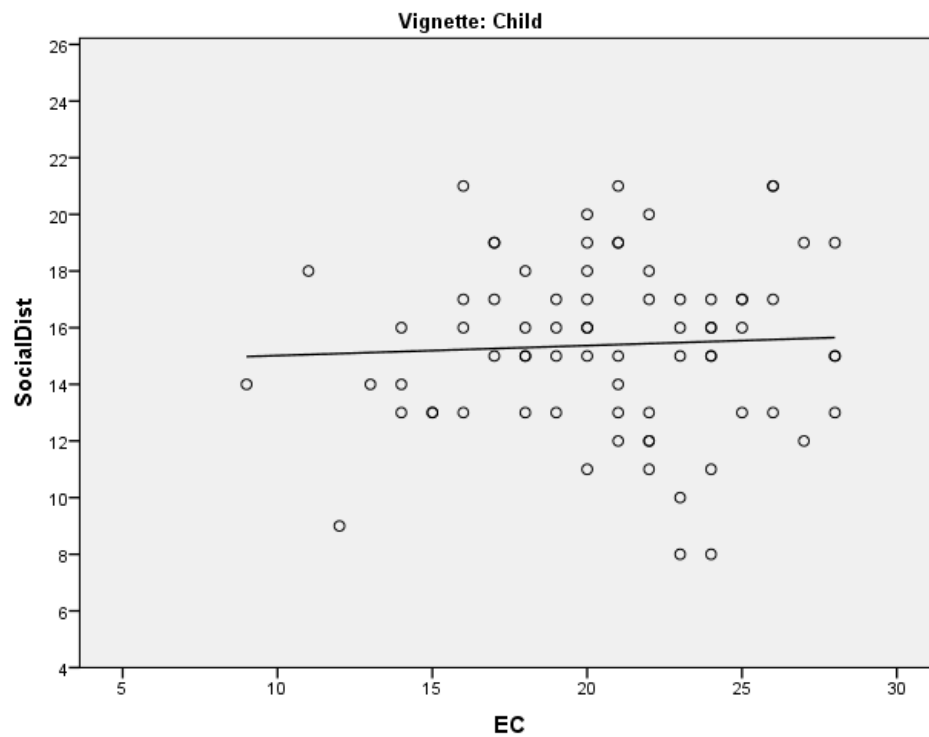
Appendix H
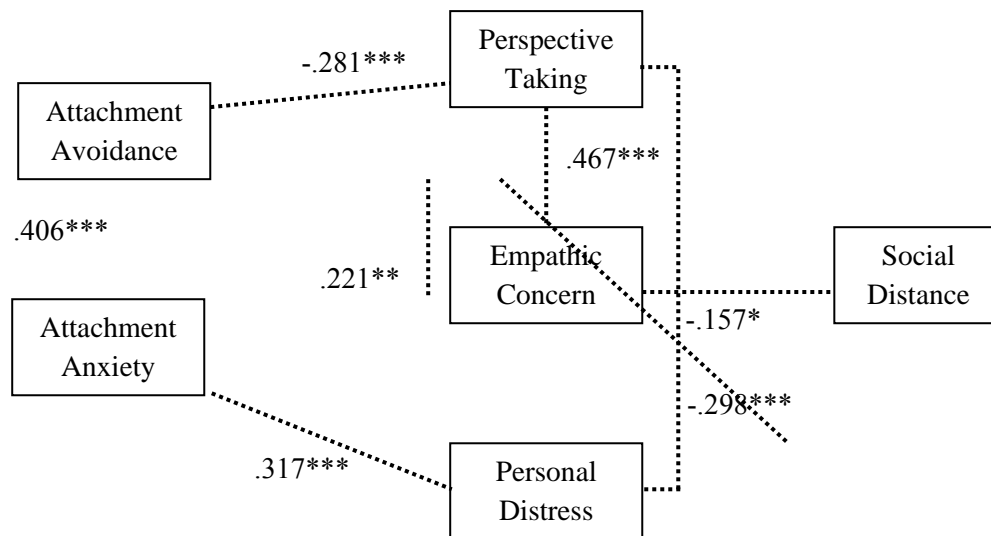
Figure H1. Significant relationships between attachment style, empathic traits and social

distance. ***p < .001, **p < .01, *p = .059

Appendix I

Guidelines for Journal of Offender Rehabilitation taken from
http://www.tandfonline.com/action/authorSubmission?journalCode=wjor20&page=instructions#.VxU9mxMrJ-U

Aims and Scope. The ***Journal of Offender Rehabilitation*** is a multidisciplinary, peer-reviewed journal presenting empirical research and critical analyses of criminal justice program policies, practices, and services. The journal serves as a professional resource for practitioners, educators and researchers who work with individuals involved in the criminal justice system and study the dynamics of rehabilitation and individual and system change. Original research using qualitative or quantitative methodology, theoretical discussions, evaluations of program outcomes, and state of the science reviews will be considered. A primary journal focus is the use of research to inform and improve correctional policies and practice, with articles clearly defining the theoretical and empirical basis for program models and establishing connections between research findings and needed interventions and services. Programs and services for correctional populations residing in prison, as well as in the community, are examined.

 The range of topics included in the journal is broad and encompasses alternatives to incarceration; community reentry and reintegration; alcohol, substance abuse and mental health treatment interventions; services for correctional populations with special needs; recidivism prevention strategies; educational and vocational programs; families and incarceration; culturally appropriate practice and probation and parole services.

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Section Three:

Critical Appraisal

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In this critical appraisal I will summarise the findings of the empirical paper, discuss some of the strengths and limitations of the research and consider personal reflections on the process. I will also discuss other aspects that informed my thinking throughout the project, including the political context of probation while the research was being conducted, the sensitive nature of the research topic and qualitative feedback from participants regarding potential confounders.

Summary of Findings

This research explored social distance between probation officers (POs) and people who have offended. It also considered the relationships between staff characteristics, interpersonal styles (including attachment style and empathy) and social distance. The findings showed that POs desired the most social distance from the person who had committed a child sex offence (Vignette A), compared with a physical assault on a similar aged peer (Vignette B). The effect size was very large (Cohen's $d = 0.9$) highlighting the clinical significance of this finding. Social distance appeared to be influenced by different factors depending on the offence; the main contributors being Empathic Concern (EC) for Vignette B, and Personal Distress (PD) for Vignette A, both of which have clinical implications. Participants aged 55-64 tended to score lower on EC and Perspective Taking (PT) and high on attachment avoidance (AAv), compared to other age groups.

Strengths and Limitations

A key strength of the empirical study was that such an unexplored topic could be investigated with a large and satisfactory sample size, meaning that there was enough power to be able to interpret the results with some accuracy (Dorey, 2011), given the number of variables that were being considered. With over 70 participants in each of the two groups (total n = 145) and a large effect size there is confidence that the findings are a realistic reflection of this population (i.e. POs working in England and Wales). Additionally, the

demographics obtained seemed to match those currently working in service, indicating good external validity.

One of the main limitations within the study was the extent to which the vignette was manipulated. Firstly, only a male offender was presented and so it is unknown how much gender impacted on the responses given. This was due to the impracticality of presenting four vignettes, which would have been detrimental to statistical power without ensuring double the amount of participants. Gender effects were somewhat considered by asking participants to report the genders of the individuals they worked with, in order to determine whether this affected their response (no such relationship emerged). Secondly, the offence was not independently manipulated as there were actually four differences between the vignettes: whether the act committed was sexual or physical, the victim being an adult or child, the specification of victim gender and the specification of victim age. These are all factors that may have altered participant perceptions. For example, Davies and Rogers (2009) found that much younger victims (e.g. age 5 years) were perceived differently (considered more credible) to older child victims (e.g. age 15 years), particularly if they were not known to the perpetrator. Therefore, future exploration would benefit from provision of such information as, without it, it is possible that varying assumptions are made, influencing participant responses in a much less controlled way.

The literature review was beneficial to the empirical study as it highlighted the complexity of the relationship between attachment style and empathy, with consideration to the quality of measures used and the persistent use of university students as sample populations, from which findings cannot be accurately generalised. As a result of this review, well-established measures of attachment style and empathy were used in the target population in order to consider the psychological processes that may be underlying the social distance being investigated. This was explored successfully and a consistent relationship was

found between attachment style and empathy within a sample population of POs. Although

the sample was taken from a Western, Educated, Industrialized, Rich, and Democratic

(WEIRD) society, which has been recognised as being an inaccurate reflection of humanity

(Henrich, Heine, and Norenzayan, 2010), it is still a true reflection of the population of

interest. Additionally, there were important clinical implications raised in relation to a) the

treatment and rehabilitation of people who have committed stigmatised offences and b) the

support being offered to POs, currently and in the future.

Clinical Implications

The main finding, that POs overall desire significantly more social distance from

people who have committed a child sex offence as opposed to a physical assault against a

similar aged peer, raises important concerns regarding how this is translated into clinical

practice. That is, if there is more social distance created with this population, are they

afforded equal opportunities in terms of their rehabilitation and future prospects? Viki,

Fullerton, Raggett, Tait and Wiltshire (2012) found that the more that people dehumanised

individuals who had sexually offended, the less they supported their rehabilitation and the

higher the sentences they recommended, suggesting that a similar pattern might emerge with

greater social distance. Additionally, following interviews with former prisoners who had

committed non-sex related crimes, Ricciardelli and Moir (2013) discuss the reality of the high

levels of stigma towards sex offenders and their findings indicated that this stigma can

manifest as social exclusion, a concept which is not too dissimilar from social distance. It is

therefore paramount that this apparent social distance is explored further in terms of how this

influences offender support and rehabilitation.

More detailed analyses revealed that a desire for social distance from people who

have committed violent, non-sexual offences is more likely to be due to having lower

empathic concern for others (generally), while the same desire in relation to people who have

committed a child sex offence is likely to be due to having higher personal distress (generally). It is quite remarkable that such relationships emerged, and with medium and small to medium effect sizes, simply with the use of example written vignettes, as opposed to real life situations, which may evoke a greater desire for social distance (Mahaffey & Bryan, 2015). This could be investigated, for example with the use of video vignettes, to see if this had any influence on participants' desire for social distance. This addition of visual and auditory elements may have added another dimension, possibly eliciting emotion and connection. For instance, Bartels & Zeki (2004) suggest that when attachment systems are activated, this influence is so strong that it has the power to overcome social distance, for example by deactivating neural pathways associated with making such social assessments. Similarly, Mikulincer et al. (2001) found that the activation of attachment security (when primed) had a significant contribution to one's empathy for a person in need, over and above adult attachment style. This suggests that if a PO's attachment security were activated when considering offenders with whom they have developed a rapport or are more familiar with (as opposed to a hypothetical person), they may be more likely to be more empathic and subsequently show less social distance. Therefore, future research could explore this by considering social distance with regard to real scenarios. Indeed, on being interviewed about the values of their occupation, probation workers have recognised the need to show empathy and develop rapport whilst simultaneously maintaining a professional distance from a person who has broken the law (Worrall & Mawby, 2013).

It was also found that participants within the older age range scored significantly lower on EC and PT, and significantly higher on AAv. Clinically, this is important to consider as evidence suggests a relationship between attachment avoidance and burnout in caring professions (West, 2015) and it is not known exactly how this may be impacting on practice in probation services. Batson, Chang, Orr and Rowland (2002) found that having

more empathic feelings towards a stigmatized group led to more actions being taken for them, suggesting that officers who are less empathic may not be as willing to take action for the stigmatized person whom they are responsible for supporting. This stigma does not solely relate to people who have committed the most serious offences (such as child sex offences); it is anticipated widely amongst people who have been labelled criminals (Moore, Tangney & Stuewig, 2016). Indeed, it could be that working for long periods in probation—repeatedly seeing people who have offended coming back into the criminal justice system—leads to workers becoming disillusioned about people's capacity to change (Mackenzie, 2006), counter to that which is required for effective practice (Gibson, 2014). This would suggest that officers earlier in their career might have more hope for offending individuals and subsequently may provide more effective support (Flesaker & Larsen, 2012). Further exploration is therefore warranted as to why there may be resistance or reduced empathy within this age group and possibly those who have been working for the longest within probation.

The lasting stigma that comes with offending and being incarcerated has been recognised by government (Ministry of Justice, 2016) in relation to the impact this has on the economy, as thousands of people who have offended are rejected from employment opportunities as a direct result of their conviction(s), despite any potential for their change or positive contribution to the organisation. Therefore, it is essential that professionals in a rehabilitative role are supported as far as possible to recognise and challenge this stigma, including being aware of their own inherent prejudices about the people whom they are supporting. It is likely that POs are aware of such stigma and possible that this influenced their choosing of a profession that aims to help people whose lives have led them to offend (Deering, Feilzer & Holmes, 2014). Alternatively their professional drive might be more in accordance with wanting people to be punished for their actions, or wanting to keep the

public safe from people who have offended. Nevertheless, each of these possible motivations

for entering probation may influence practice and would benefit from being investigated.

Context of Probation

As I progressed through to the recruitment phase of the research, it became apparent

that probation services were struggling. Just prior to the research commencing, it was

reported that probation staff morale was at an all-time low (Rutter, 2015) following the

service splitting into the National Probation Service (NPS) and Community Rehabilitation

Companies (CRCs) in June 2014 (Ministry of Justice [MOJ], 2014). As I was searching

through Twitter for relevant organisations and individuals who may be interested in

disseminating the study, I encountered several PO Twitter accounts that appeared to be set up

as activists against the recent government action. For instance, 'angry PO' and 'confused

PO' were just some indications of unsettlement amongst the profession. Glancing at account

biographies (where one can describe who they are, for example), there were stories of "the

Torie's ideological destruction of our justice system", and of wanting to help people who

offend but feeling restricted in their capacity to do this. Indeed, probation as a poorly

resourced and strained service is not a new concept (Silverman, 1993).

Following this, I began to feel somewhat uncomfortable that my research could be

contributing to this workplace stress by potentially suggesting that PO's interpersonal styles

now needed to be monitored. The notion of being monitored was emphasised in a speech

earlier this year by the Prime Minister, who stated "we will develop new Prison League

Tables that allow us to easily compare different institutions", rationalised because it "allows

the government to hold those working in the system more easily to account." (MOJ, 2016).

Although this does not relate directly to probation, it will inevitably affect POs and somewhat

reflects the philosophy and work ethic of the current government (i.e. that people must be

monitored and blamed for failings in order to achieve good outcomes). Incidentally, I

became privy to such service stressors as I began to visit probation offices as part of my

specialist placement (completely separate to and towards the end of my research). I

witnessed first-hand some of the things I had noticed on Twitter, including reports of a heavy,

impossible workload and of desires to leave the department and move on to a 'fresh start'.

Public perceptions of the probation service in England and Wales have been

recognised as increasingly negative, particularly in the context of lives being lost through

crime whilst the person in question is under probation supervision (Fitzgibbon, 2011). It has

been considered a 'dirty' profession (Ashforth, Kreiner, Clark & Fugate, 2007) from which

those outside of the profession are likely to psychologically distance themselves. Worrall et

al. (2013) qualitatively considered the views of probation workers in relation to how they

respond to such adverse circumstances and found that many POs encounter resistance from

the public and a reluctance to know more about the profession, in some cases resulting in

concerns about sharing their profession with others. This negativity might therefore be

contributing to an underlying scrutiny felt by POs and further increase the pressures under

which they work. However, POs in Worrall et al.'s study described coping with low morale

by working 'on the edge', taking risks and using their skills in innovative ways to achieve the

desired outcome, suggesting that there is something about the fast-paced nature of probation

that many POs enjoy.

Since the service was privatised and split, the NPS have been responsible for

supervising people who are deemed to pose a "high risk of serious harm" (MOJ, 2014, p.2),

usually after having committed more serious crimes (sexual, violence or both). Therefore,

the vignettes used in the study were pertinent in the respect that working with a person who

has committed a child sex offence would have been more likely for participants as employees

of the NPS. However, it would be interesting to investigate whether the work experience of

POs was taken into consideration when this split in service was made. For example, it is

known that POs who were experienced in supporting people who have committed more

highly stigmatised offences (e.g. running sex offender programmes) have ended up working

within a CRC (meant for low and medium risk offenders) and vice versa. One might also

question the legitimacy of this categorical risk management system considering that the

specific risks a person poses are often dynamic (Harris & Hanson, 2010).

Personally Sensitive Research

Despite achieving satisfactory participant numbers by the end, recruitment was not

straightforward and several attempts were made to encourage wider participation. It became

apparent throughout this process that there was some resistance to disseminate this research,

particularly on an organisational level. One division explicitly declined to distribute the

research due to the "highly personal nature" of some of the questions within the study,

despite the fact that anonymity was promised. Although this response from the division was

not expanded on, despite query from the lead researcher (and so what was meant by 'highly

personal' could not be explored), I speculated that there was resistance to answering

questions about intimacy and interpersonal tendencies. Fylan (2005) discusses the value of

using semi-structured interviews in this respect so that the researcher can ensure any

potentially personally sensitive questions are dealt with appropriately within a face-to-face

discussion and debrief. However, in the current study this would have removed both the

anonymity and the convenience, which both likely contributed to a satisfactory response rate

(Evans & Mathur, 2005).

Krumpal, Jann, Auspurg and von Hermanni (2015) described how self-report surveys

on sensitive issues are often compromised (for example with social desirability bias) without

anonymity. The anonymity of the survey was a protective factor in this regard and may have

contributed to more honest responses for those who were able to take part (Burkill et al.,

2016). However, notwithstanding this, it seems that the research was deemed so personal

that it was considered to potentially have a detrimental impact on the POs taking part, and so

participation from this division was explicitly declined, possibly as a way to protect POs in

the region. Additionally, some divisions simply did not respond to invitations to participate

(including emails and telephone messages), possibly due to some of the service constraints

discussed above. Although this somewhat limits generalisability across the nation, the use of

social media in recruitment meant that every division was represented by at least some

(minimum three participants) people, despite the lack of specific endorsement from every

division.

It is interesting that some managers chose to deny their own employees the chance to

be involved in the exploration of such personally sensitive issues. This could infer that there

are underlying assumptions being made about whether this research is relevant enough to the

profession to warrant exploration (i.e. that it was deemed not to be); alternatively it could

indicate that they are much more comfortable maintaining a level of ignorance to such issues.

Brough, Brown and Biggs (2016) discuss the importance for managers within criminal justice

organisations of engaging with research and subsequently implementing strategies into the

workplace. In doing so they highlight the need for organisations to address the "critical

psychological and behavioural processes that may inhibit or facilitate the achievement of

organisational goals". Therefore, from this perspective, endorsing participation in the current

research might have been insightful and beneficial in the long-term to their workforce. The

decision not to endorse the study appeared to have been made by the division's business

managers and demonstrates the power of gatekeepers in either facilitating or reducing the

potential for research within organisations (Burgess, 2002).

Incidentally, it was also noted during recruitment that 32 participants (of the 191 who

gave demographic information) ceased their participation when they reached the measure of

attachment style (ECR-S), and a further 11 stopped just after this when they reached the IRI.

It is possible that these participants felt uncomfortable answering questions about, for

example, how they behave in intimate relationships. While this hesitance might be associated

with concerns about anonymity, it may also be that responding to such questions would

require a level of self-awareness that might not be desired or that the participant may not have

considered before. Joinson, Paine, Buchanan and Reips (2008) discuss the benefits of

providing a 'I prefer not to say' option in online surveys in order to help distinguish whether

such disengagement is about purposeful secrecy or something else. However, it is also

pertinent to recognise that by doing so, meaningful responses may be lost, as participants are

given the opportunity to avoid socially undesirable responses (Joinson et al., 2008). It is

therefore of benefit to review any feedback from participants regarding their experience of

the survey, which could potentially inform future research.

Qualitative Feedback from Participants

Although this was not required for participation, nor requested at any point during the

study, some participants took time to provide qualitative feedback about the survey.

Amongst their already heavy workload, this was considered extremely valuable information,

and indicated that participants were truly interested in the research and what it meant for their

profession. For instance, one participant sent an informative email about the difficulties

some people were having in reading the questionnaires due to an incompatibility with their

system, making it extremely difficult to complete. As a result, she had terminated her

participation after the first questionnaire. This is important to consider, as participant

numbers dropped after the presentation of the first questionnaire and further after the second.

This was initially assumed to be due to the personal nature of the questions as

aforementioned however this feedback provided an alternative possibility. Additionally,

although at first glance this information appears trivial, it may also represent other

information technology difficulties, as discussed elsewhere (Rutter, 2015), that only add to some of the workplace frustrations.

Another participant accurately highlighted a potential confounder in the study. They speculated whether some participants may respond negatively to the questions about 'Darren', not because of prejudice against him or his ability to change, but because of the professional boundaries involved as employees of the NPS. That is, it would inherently be inappropriate for POs to socially engage with people who are being supervised by the NPS, and the study information did not specifically ask participants to dismiss such professional boundaries in their responses. However, this boundary is interesting in itself as such professional boundaries may be contributing to higher social distance (e.g. as indicated in Worrall et al., 2013); they are inevitably a part of this complex interplay and recognising that is essential to increase understanding. For example, POs may worry about being seen to develop positive attachments with people who have committed child sex offences, and therefore may use social distance as a kind of defence. Indeed the fear of 'getting it wrong' within probation is apparent, hence remarks that working for probation must feel like working for the "National Scapegoat Service" (Benedictus, 2010).

Conclusions

This critical appraisal has considered the main findings of the current research, the clinical implications and limitations alongside the context of probation throughout the research project. The results suggested that on the whole, POs desire more social distance from people who have committed child sex offences compared with a less stigmatised offence, and this has raised concern over how supported these individuals will be in terms of their rehabilitation. The study also suggested that there may be a tentative relationship between social distance and EC, and this warrants further exploration to determine how much this is influenced by professional boundaries or the artificial nature of the vignette, for

example. Similarly, future research might also look further into the difference in the older

age group in terms of having lower EC, PT and high AAv, and how this might translate into

the practice of more senior members of staff.   The discussed findings were considered in the

context of the strengths and limitations of the research, including a large sample

representative of the target population, and the use of a vignette, which could benefit from

further manipulation.

The context of a poorly resourced and pressured service (as witnessed through social

media and within probation offices) was also discussed, as this was apparent throughout the

research. Increasing monitoring of criminal justice organisations along with negative

perceptions of probation by the public might inherently be contributing to a profession under

scrutiny and a resultant low staff morale (Rutter, 2015). However, evidence to the contrary

was presented, which suggested that some POs might even seek out and enjoy some of the

risk taking and 'on the edge' working strategies. The current research was recognised to

address some personally sensitive issues; evidence of the subsequent disengagement on an

organisational and individual level were discussed. Finally, qualitative feedback provided by

participants added new insights into some of the discussed issues, including whether the

reported social distance was due to appropriate professional practice. Future research into

social distance in the rehabilitation of offenders would benefit from taking all of the above

evidence and reflections into careful consideration to improve research methodologies and

address new lines of inquiry.

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Section Four:

Ethics Section

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Faculty of Health and Medicine

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Title: An exploration of staff attachment style: The impact on empathy and social distance when working with offenders.

Principal Investigator: Emma Warren, Trainee Clinical Psychologist, Lancaster University Doctorate in Clinical Psychology

University Research Supervisor: Dr. Ian Fletcher, Senior Lecturer, Lancaster University Doctorate in Clinical Psychology

Field Supervisor: Dr. Sue Ryan, Chartered Clinical and Forensic Psychologist, Merseycare NHS Foundation Trust

Protocol Version Number: 1

Introduction

Attachment theory (Ainsworth & Bowlby, 1991) suggests that infant attachment patterns, developed during childhood, evolve into internal working models that persist into adulthood (Howe, 2011). Attachment style in adults can be conceptualised in terms of anxiety and avoidance dimensions (Brennan, Clark & Shaver, 1998) and research suggests that adults with highly avoidant or anxious attachment styles are less likely to have positive therapeutic relationships with clients (Berry et al., 2008). This has clinical implications and infers that the quality of care afforded is, to some extent, dependent on the staff members' own attachment experiences and subsequent attachment style. Additionally, research suggests that highly anxious or avoidant attachment styles are negatively correlated with emotional intelligence (Hamarta, Deniz & Saltali, 2009), a construct that is very closely related to empathy (Ioannidou & Konstantikaki, 2008; Stratton, Elam, Murphy-Spencer & Quinlivan, 2005). This implies that staff who score higher on the avoidance and/or anxiety dimensions of adult attachment measures may be naturally less empathic towards the service users whom they are working with, than staff with lower comparable scores on the same attachment measure.

These implications are pertinent in the criminal justice system upon consideration of working relationships with offenders. Research has shown that people find it more difficult to show empathy toward offenders (Lovegrove, 2013), particularly if the perpetrator is male (Craig, 2005; Osman, 2011). This may mean that individuals whose experiences have led them to commit offences are given less empathy and care at times when they may need it most. Indeed, there is a lot of stigma associated with offenders with mental health difficulties more generally (Smith & Cashwell, 2011) and research suggests that this stigma can result in social distance being created (Tsai et al., 2013). In particular, there appears to be differences in stigma depending on the offence committed, with significant stigma in relation to sex offenders (Furst & Evans, 2015; Jung, Jamieson, Buro & Decesare, 2012). This has further implications in relation to offender rehabilitation and their future prospects; the largest survey of prisoners in Britain has suggested that those who are discriminated against are more likely to be reconvicted (Cleary, Ames, Kostdintcheva, and Muller, 2012).

It is therefore possible that staff perceptions of the offenders they work with will influence both how they treat the offender and the offender's progress; indeed this also appears to be the case in psychological therapy (Marshall et al., 2003). However, there has been little research carried out to investigate this concept. In their study exploring the beliefs of police officers regarding offenders, Horn and Hollin (1997) found that police officers viewed offenders negatively (male more than female) and to a greater extent than the general public, suggesting that staff working with offenders are possibly less tolerant or empathic than people who do not work with offenders. Contrary to this, Kelly (2014) considered prison staff punitiveness towards offenders and found that those with less experience and minimal contact were more likely to display punitive attitudes than those who had much more contact and experience. This suggests that prison staff attitudes are likely to vary depending on the length of time they have spent working with offenders.

Indeed, there are several characteristics of prison officers that may influence their attitude and subsequent treatment of offenders. Beijersbergen, Dirkzwager, Molleman, van der Laan and Nieuwbeerta (2015) explored links between correctional officers' characteristics and the prisoners' experience. They considered the impact of officers' age, gender, educational level, tenure, workload and work-related attitude on how fair the prisoners perceived their treatment to be. It was found that perceptions of fair treatment were more likely when there were more female officers, more positive attitudes towards rehabilitation and a higher officer to prisoner ratio. Therefore it was apparent that some of the differences in officer characteristics had a direct impact on the personal experiences of the people imprisoned. However, as this study was conducted in the Netherlands, it may not be easily generalised to the UK. Moreover, although there were several carefully considered characteristics in this study, it is not clear what impact, if any, traits of empathy were having on such relationships.

In summary, there is evidence to suggest that prison staff characteristics may have a direct influence on the perceptions, attitudes and treatment of offenders, which could result in a high level of stigma. There is also a body of evidence that suggests attachment style is closely related to emotional intelligence, and a person's tendency to have empathy for others. However, there is currently no research which has considered how the attachment style of staff working with offenders might impact upon the level of empathy and stigma given to the offenders they are working with daily. This has implications for the treatment and rehabilitation of the offenders, and it is likely that a greater awareness of such issues would be beneficial.

The study aims to explore the relationships between attachment style, empathy, stigma and social distance towards offenders, with consideration to the type of offence that has been committed. Data will be collected with the use of an online anonymous survey, with probation workers across the UK (North West initially) being invited to contribute. It is

hoped that a greater number of anonymous responses will provide a more representative

sample of current working relationships within probation services. Additionally, this

research will help to determine the quality of care that is being afforded to offenders in the

context of rehabilitation, with the aim of promoting offender well-being, reducing

psychological distress and, subsequently, reducing reoffending. There are three main

research hypotheses for this study. First, it is expected that there will be a direct relationship

between attachment scores and traits of empathy. Specifically, it is hypothesised that: lower

attachment anxiety/avoidance scores will correlate with higher scores on the empathic

concern and perspective taking subscales of the Interpersonal Reactivity Index (IRI), and

higher attachment avoidance scores will correlate with lower scores on the personal distress

subscale of the IRI. Second, it is expected that the type of offence committed will influence

the level of stigma and social distance that is given; specifically, that staff will indicate a

higher level of social distance towards the offender in vignette one compared to the offender

in vignette two. Finally, it is hypothesised that higher levels of social distance will correlate

with higher attachment anxiety/avoidance scores.

Method

Design

There will be two groups (between group design). Both groups will be given the same

measures for attachment style, empathy and social distance. However the groups will be

randomly presented with different vignettes of an offender in order to measure whether there

is a difference in personal reaction depending on the type of offence that has been committed.

The vignettes will be created based on clinical and forensic experience and will be identical

in all aspects (e.g. name, age, gender, current behaviours) apart from the type of offence

committed. The offence will differ in the type of harm caused and to whom. Vignette one will

describe an offender who has sexually harmed a child (direct sexual and physical harm to a

vulnerable group) whereas vignette two will describe an offender who has been violent

towards a same-age peer (direct physical harm to a non-vulnerable group).

Participants

Participants will be probation workers in the UK and the target sample will be 100-

120. Inclusion criteria will be any person who is currently working in probation services and

having direct contact with offenders. There will be no exclusion criteria and participants will

be given some basic multiple-choice questions to determine demographics (including age,

gender, region of UK they work in, length of time having worked with offenders and

gender(s) of offenders they work with). Participants will be recruited from probation services

in the North West UK initially, however with the study being online it is possible that this

may be advertised to probation services in other regions of the UK. Acting Chief Probation

Officers of the North West Divisional hub have agreed in principle to support recruitment and

will facilitate the researcher to attend team meetings across the North West to aid recruitment.

The field supervisor will help to identify suitable contacts to go and visit team meetings and

to advertise (via email) the online study. Participants will be given the option of completing

the study in person (following the meeting, on paper) or at another time online (see procedure

for further details). If participants choose to take part in person, they will be asked not to

confer with each other during participation. The study should take no longer than 15 minutes

to complete. If this recruitment strategy does not result in a steady rate of participation (in

order to achieve sufficient numbers), the study will be advertised online (see procedure for

further details).

Procedure

The field supervisor will identify the appropriate contacts (team mangers/leaders of

probation services) to approach initially and these will be contacted via email by the PI or

the field supervisor, whichever is deemed most suitable at the time (see Appendix A). If

agreed, the PI will arrange to visit the work premises in order to explain the study further,

omitting the information regarding different vignettes (and different types of offender). This

is to prevent any demand characteristics such as participants responding differently with the

knowledge that the researchers are looking for these differences. Potential participants will

be reminded that all data will remain confidential to the PI and the research supervisors, and

that their data will be completely anonymous. At this point, any workers present who wish

to take part can choose to do so in person on paper copies provided, or they will be directed

to the online study. If this recruitment strategy does not result in a steady rate of

participation (in order to achieve sufficient numbers), advertising material will be produced

and disseminated in electronic format. Online advertisements will be posted on various

platforms (e.g. Twitter) including a Lancaster University hosted webpage

(http://www.lancaster.ac.uk/shm/study/doctoral_study/dclinpsy/). Advertisements on

Twitter will use the DClinPsy (@LancsDClinPsy) and Division of Health Research

(@LancsDHR) Twitter feeds. The researcher will also make use of their personal

(exclusively professional) Twitter account, and will ask relevant organisations or Twitter

users (such as @PoOfficer) to tweet about the study. Relevant organisations will be

contacted via the lead researcher's professional university email address. The decision to

utilise online advertising will be made jointly by all researchers involved. It will be ensured

that IP addresses are not recorded to maintain confidentiality. The online survey will be

made inactive once sufficient responses are received.

Participants will be given a Participant Information Sheet (PIS, Appendix B) and will

be given opportunity to ask any questions before giving consent (see Appendix C). For the

online version of the study, there will be no written consent form with names and signatures;

as this is an anonymous online survey, participants will be giving their informed consent by

reading the given information and acknowledging the statements shown (Appendix C) before

continuing with the survey. They will not be permitted to continuing with the study unless they have marked a 'Yes' by all consent statements. If they choose to take part in person, they will be required to write a checkmark next to the consent statements. Participants may wish to take part in the study 'there and then' if, for example, they will not be accessing a computer that day. Additionally, some people prefer to read information on paper rather than on a screen and so giving this option is the most accessible approach. Participants will not be required to sign or type identifying information such as a name throughout the study. However, participants will be assigned a code in order to be able to map the consent onto the corresponding data. This will be consistent with the data recorded online, which will also record codes for participants. Participants will be informed that they will not be able to withdraw their data following participation due to the anonymised data.

Following consenting to taking part, participants will be asked to state their age, identified gender, region of the UK they work in, number of months/years they have spent working with offenders and gender(s) of offenders they work with. Participants will then be asked to complete all measures as detailed below. The study should take no longer than 15 minutes to complete. Participants will be fully debriefed following their participation (see Appendix G).

Measures

Experiences in Close Relationships Questionnaire (ECR)-Short Form. The ECR-Short Form (Wei, Russell, Mallinckrodt & Vogel, 2007) is a 12-item self-report measure, which requires the participant to consider how they generally feel in intimate relationships (Appendix D). Participants are required to indicate how much they agree or disagree with the 12 statements using a 7-point Likert scale. The measure consists of two subscales (Anxiety and Avoidance) and responses can be scored to determine the extent to which they fall on anxiety and/or avoidance scales. The scores are dimensional as opposed to categorical,

consistent with recent findings and recommendations regarding the conceptualization of adult

attachment style (Fraley, Hudson, Heffernan & Segal, 2015)

Interpersonal Reactivity Index (IRI). The IRI (Davis, 1983) is a self-report

measure of empathy comprising four subscales (empathic concern, personal distress,

perspective taking and fantasy) totalling 28 items. There is no total score that can be taken

from this questionnaire; rather, each of the subscales are considered individually. For the

purpose of this study, items relating to the fantasy subscale will be removed; it was agreed

that this would aid in reducing participation time without losing valuable data (see Appendix

E).

Vignettes. Participants will be presented with one of two short vignettes

(approximately 75 words, see Appendix F) about an offender. The two different vignettes

will help determine whether or not the type of offence influences the level of stigma and

social distance given and furthermore whether attachment anxiety/avoidance scores can

predict this. The vignettes have been created and developed by the principal investigator and

the field supervisor, using language which participants will be familiar with.

Social Distance Scale (SDS). The SDS (Link, Cullen, Frank, & Wozniak, 1987)

includes 7 multiple-choice questions given directly in relation to the person described in the

vignette. Some of the questions have been adapted in keeping with more widely used British

terms, due to recruitment being targeted towards people in the UK. The questions can be

seen in Appendix F.

<div align="center">

Proposed Analysis

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Once sufficient responses of the online survey have been received, the responses will

be collated and entered into IBM SPSS. T-tests will be carried out to see if there are statistical

differences between the social distance responses to the two vignettes. Pearson Correlation

coefficients will be used to determine the relationships between attachment style and each of

the three aspects of empathy being measured (perspective taking, empathic concern and personal distress). Multiple regression will be used to determine whether the level of social distance given can be predicted by either the type of offence committed (the vignette), attachment style or the three aspects of empathy.

Practical Issues

Participants will not incur any costs as the study can be completed online or at the agreed time that the PI visits the participants' place of work. The PI will explain the study details upon visiting and participants can choose to participate in person at this time or be signposted to the online version. Both in person and online versions will consist of exactly the same amount of information. The Doctorate in Clinical Psychology training programme will cover the cost of printing and paper materials. The online survey will be created using the Qualtrics survey website (www.qualtrics.com). The results of the survey can be viewed when logging into the account created by the PI. Only the PI will have access to these login details.

The responses from the completed questionnaires will be transferred to the researcher's password protected H drive on the university network at the earliest opportunity and will remain on the university server for a period of ten years following submission of the project or ten years following publication, whichever is the longest. At no time will any data be downloaded onto personal laptops or computers. There will be no data containing personal details that would lead to the identification of participants. Participants will be asked to consent prior to completing the questionnaires and following having read the study information. This consent will not require personal identifiable information. Any paper copies of consent will be securely destroyed following having been scanned and stored on the university server. All electronic copies will be stored on the university server for 10 years following submission of the project, after which they will be securely destroyed.

Ethical Concerns

Participants will be told before interview that all of the information they give will be anonymous and confidential. However, due to the nature of the questions in the study regarding interpersonal traits and the association between these and working relationships, it is possible that participants may give socially desirable responses. Therefore participants will be informed that their answers will not be linked to them or the service within which they work. They will also be informed that only the PI will have access to their anonymous responses.

There will be some information that is held from the participants until after the study. This will be information regarding the study looking at responses to two types of offence committed (in the vignette) and this is to prevent any response bias. Participants will be debriefed following participation; they will be informed that they were presented with one of two vignettes, in addition to being given the PI's contact details and other support resources. Participants will be asked to refrain from discussing this difference with colleagues who have not yet taken part.

Finally, the ethical issues of using social media websites such as Twitter and Facebook as a means of recruitment have been considered. It was decided that Facebook would not be used as it is much more difficult to post information or contact people without revealing personal information. It is also possible that participants would unintentionally make their participation public with the use of Facebook; whereas it is possible that, with the use of Twitter, participants could see the advertised study without anybody knowing that they had seen it. The Twitter profiles discussed are accessible within the public domain (i.e. you don't have to be an approved 'friend' to see information).

Timescale and dissemination

The study will begin once approval from the Faculty of Health and Medicine Research Ethics Committee (FHMREC) and National Offender Management Service (NOMS) are received. It is estimated that recruitment of participants will begin in October 2015 and this will end when a sufficient sample has been collected (estimated end date December 2015). It is estimated that the analysis of the data will be undertaken in January and February 2016. The research will aim to be submitted to Lancaster University Doctorate in Clinical Psychology in May 2016.

Upon completion of the research, the teams that have been involved in participation will be sent a summary of the overall findings if it is indicated during the research process that they wish to receive this. The research will be presented to peers, staff and colleagues at Lancaster University and at relevant conferences if appropriate. The PI will aim to publish the research in a relevant academic journal.

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Faculty of Health and Medicine Research Ethics Committee (FHMREC)
Lancaster University

Application for Ethical Approval for Research involving
direct contact with human participants

Instructions *[for additional advice on completing this form, hover PC mouse over 'guidance']*

1. Apply to the committee by submitting:

    a. The University's **Stage 1 Self Assessment (part A only)** and the **Project Questionnaire**. These are available on the Research Support Office website: LU Ethics

    b. The completed application **FHMREC form**

    c. Your full research proposal (background, literature review, methodology/methods, ethical considerations)

    d. All accompanying research materials such as, but not limited to,

        1) Advertising materials (posters, e-mails)
        2) Letters/emails of invitation to participate
        3) Participant information sheets
        4) Consent forms
        5) Questionnaires, surveys, demographic sheets
        6) Interview schedules, interview question guides, focus group scripts
        7) Debriefing sheets, resource lists

    Please note that you DO NOT need to submit pre-existing handbooks or measures, which support your work, but which cannot be amended following ethical review. These should simply be referred to in your application form.

2. Submit all the materials electronically as a **SINGLE** email attachment in PDF format by the deadline date. **Before converting to PDF ensure all comments are hidden by going into 'Review' in the menu above then choosing *show markup>balloons>show all revisions in line.***

3. Submit one collated and signed paper copy of the full application materials in time for the FHMREC meeting. If the applicant is a student, the paper copy of the application form must be signed by the Academic Supervisor.

4. Committee meeting dates and application submission dates are listed on the FHMREC website. Applications must be submitted by the deadline date, to:

    Dr Diane Hopkins
    B14, Furness College
    Lancaster University,
    LA1 4YG
    d.hopkins@lancaster.ac.uk

5. Prior to the FHMREC meeting you may be contacted by the lead reviewer for further clarification of your application.

6. Attend the committee meeting on the day that the application is considered, if required to do so.

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1. **Title of Project**: IMPACT OF STAFF ATTACHMENT STYLE ON EMPATHY TOWARDS OFFENDERS

2. **Name of applicant/researcher**: Emma Warren

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3. **Type of study**

☒ Includes *direct* involvement by human subjects.

☐ Involves existing documents/data only, or the evaluation of an existing project with no direct contact with human participants. Please complete the University Stage 1 Self Assessment part B. This is available on the Research Support Office website: LU Ethics. Submit this, along with all project documentation, to Diane Hopkins.

4. If this is a student project, please indicate what type of project by marking the relevant box: (please note that UG and taught PG projects should complete **FHMREC form UG-tPG**, following the procedures set out on the FHMREC website

PG Diploma ☐   Masters dissertation ☐   DClinPsy SRP ☐   PhD Thesis ☐   PhD Pall. Care ☐

PhD Pub. Health ☐   PhD Org. Health & Well Being ☐   PhD Mental Health ☐   MD ☐

DClinPsy Thesis ☒

Applicant Information

5**. Appointment/position held by applicant and Division within FHM**   Trainee Clinical Psychologist (student)

6**. Contact information for applicant**:
E-mail: e.warren@lancaster.ac.uk   **Telephone**: 07********* (please give a number on which you can be contacted at short notice)
Address: Doctorate in Clinical Psychology, Division of Health research, Furness building, Lancaster university, LA1 4YG

7. **Project supervisor(s), if different from applicant**:   Dr Ian Fletcher

8. **Appointment held by supervisor(s) and institution(s) where based (if applicable)**: Senior Lecturer, Clinical Psychology, Division of Health research, Furness building, Lancaster University

9. **Names and appointments of all members of the research team (including degree where applicable)**

Emma Warren, Trainee Clinical Psychologist
Dr Ian Fletcher, Senior Lecturer, Clinical Psychology
Dr Sue Ryan, Clinical & Forensic Psychologist

The Project
NOTE: In addition to completing this form you must submit a detailed research protocol and all supporting materials.

10. **Summary of research protocol in lay terms (indicative maximum length 150 words)**:

Research has shown that people find it more difficult to show empathy toward offenders (Lovegrove, 2013). This may mean that individuals whose experiences have led them to crime are given less empathy and care at times when they may need it most. Indeed, there is a lot of stigma associated with offenders and with mental health difficulties more generally and research suggests that this stigma can result in social distance being created (Tsai et al., 2013). This study aims to explore how the attachment styles of staff working with offenders may impact upon on their ability to be empathic and in turn how this may or may not be manifested through the level of social distance between staff and offenders; type of offender will be considered as a variable. Probation workers will be asked to complete questionnaires anonymously through an online survey and results will be analysed, interpreted and reported.

11. **Anticipated project dates (month and year only**)

Start date: 10/2015   End date06/2016

12. **Please describe the sample of participants to be studied (including maximum & minimum number, age, gender**):

All participants will be probation workers aged 18+ working in the UK. There will be no exclusion criteria however it is required that all participants can read and understand English language fluently, due to limited funding for research conduct. Participants will be required to state their age, gender, region in the UK that they work, time spent working directly with offenders and the gender(s) of offenders they work with. A minimum of 100-120 participants will be required (calculated with consideration to number of variables being investigated) however there is no maximum number of responses as more responses will be helpful for data power.

13. **How will participants be recruited and from where? Be as specific as possible**.

An email will be sent to probation team managers in the North West region initially (this may extend to other regions in the UK depending on contacts available) to inform them about the study and provide a web link to access the study. Participants will then be contacted by their team mangers and directed to the online survey; it will be made clear to employees that there is no obligation to be involved. Participants will indicate their desire to take part by reading the study information and giving consent following this (see details below). If this recruitment strategy does not result in a steady rate of participation (in order to achieve sufficient numbers), advertising material will be produced and disseminated in electronic format. Online advertisements will be posted on various platforms (e.g. Twitter) including a Lancaster University hosted webpage (http://www.lancaster.ac.uk/shm/study/doctoral_study/dclinpsy/). Advertisements on Twitter will use the DClinPsy (@LancsDClinPsy) and Division of Health Research (@LancsDHR) Twitter feeds. The researcher will also make use of their personal (exclusively professional) Twitter account, and will ask relevant organisations or Twitter users (such as @PoOfficer) to tweet about the study. Relevant organisations will be contacted via the lead
researcher's professional university email address. The decision to utilise online advertising will be made jointly by
all researchers involved. The online survey will be made inactive once sufficient responses are received.

14. **What procedure is proposed for obtaining consent**?

A written consent form with use of names/signatures will not be used because that would compromise anonymity. However, participants will give informed consent online by acknowledging several statements that indicate their understanding prior to completing the survey. Alternatively, participants may choose to give consent in person at a meeting via a hard copy of the consent form (again this can be done anonymously). For example, they may wish to take part in the study 'there and then' if they will not be accessing a computer that day. Additionally, some people prefer to read information on paper rather than on a screen and so giving this option is the most accessible approach. Participants will not be required to sign or type identifying information such as a name throughout the study. However, participants will be assigned a code in order to be able to map the consent onto the corresponding data. This will be consistent with the data recorded online, which will also record codes for participants.

15. **What discomfort (including psychological eg distressing or sensitive topics), inconvenience or danger could be caused by participation in the project? Please indicate plans to address these potential risks. State the timescales within which participants may withdraw from the study, noting your reasons.**

Participants may experience some discomfort at the potentially sensitive questions about experiences of adult relationships. This will be addressed with distress resources in both the participant information and the debriefing sheet. Participants will not be able to withdraw their data/contribution once they have submitted it because it will not be possible to identify it as theirs. They will be informed of this prior to participating.

16. **What potential risks may exist for the researcher(s)? Please indicate plans to address such risks (for example, noting the support available to you; counselling considerations arising from the sensitive or distressing nature of the research/topic; details of the lone worker plan you will follow, and the steps you will take**).

The researcher will be using non-personal email and contact telephone number when giving this to participants and team managers. There is no indication of risk to the researcher however should she need to she will be able to obtain appropriate support from both her field supervisor and her academic tutor.

17. **Whilst we do not generally expect direct benefits to participants as a result of this research, please state here any that result from completion of the study**.

There may be no direct benefit to participation in this study. However, participants may find it interesting to take participate in the research because of its relevance to their daily working lives and the implications for improving future work with offenders.

18. **Details of any incentives/payments (including out-of-pocket expenses) made to participants**:

Participants will not be given any incentives to participate. Participants will not be required to travel to participate in the study and will not be reimbursed for their time completing the online survey.

19. **Briefly describe your data collection and analysis methods, and the rationale for their use. Please include details of how the confidentiality and anonymity of participants will be ensured, and the limits to confidentiality**.

The field supervisor will identify the appropriate contacts (team mangers/leaders of probation services) to approach initially and these will be contacted via email by the lead researcher or the field supervisor. If agreed, the lead researcher will arrange to visit the work premises in order to explain the study further, omitting the information regarding different vignettes (and different types of offender). This is to prevent any demand characteristics such as participants responding differently with the knowledge that the researchers are looking for these differences. Potential participants will be reminded that all data will remain confidential to the lead researcher and the research supervisors, and that their data will be completely anonymous. At this point, any workers present who wish to take part can choose to do so in person on paper copies provided, or they will be directed to the online study. If this recruitment strategy does not result in a steady rate of participation (in order to achieve sufficient numbers), advertising material will be produced and disseminated in electronic format (as described in Q13). It will be ensured that IP addresses are not recorded to maintain confidentiality. The
online survey will be made inactive once sufficient responses are received.

Before participating, all participants will be shown the Participant Information Sheet and will be given opportunity to ask any questions before giving consent (either in person or via the lead researcher's university email address). For the online version of the study, there will be no written consent with names and signatures; as this is an anonymous online survey, participants will be giving their informed consent by reading the given information and acknowledging several statements at the start of the survey. They will not be permitted to continuing with the study unless they have marked a 'Yes' by all consent statements. Participants will be informed that they will not be able to withdraw their data following participation due to it being impossible to identify which is their data. Participant responses will be collated and reported on.

20. **If relevant, describe the involvement of your target participant group in the *design and conduct* of your research**.

The research proposal has been taken to a senior management meeting (North west Divisional Hub) whereby Acting Chief Probation Officers agreed in principal to support recruitment and will facilitate the researcher's attendance at team meetings across the North West to aid recruitment.

21. **What plan is in place for the storage of data (electronic, digital, paper, etc.)? Please ensure that your plans comply with the Data Protection Act 1998**.

The data will be stored securely on the password protected Lancaster University network for ten years following submission. This will be destroyed by the research coordinator following this time. Nobody except the research team will have access to the data.

22. Will audio or video recording take place? ☒ no ☐ audio ☐ video
If yes, what arrangements have been made for audio/video data storage? At what point in the research will tapes/digital recordings/files be destroyed?

N/A

23. **What are the plans for dissemination of findings from the research? If you are a student, include here your thesis**.

The research will be submitted as part of a doctoral thesis (doctorate in clinical psychology) and will also be submitted for publication to relevant academic journals. The research will be presented to

peers and colleagues at Lancaster University and at suitable conferences and/or events. The results will be summarised and fed back to the participating teams should they wish to receive this.

24. What particular ethical considerations, not previously noted on this application, do you think there are in the proposed study? Are there any matters about which you wish to seek guidance from the FHMREC?

One ethical concern in this study is withholding some information from participants prior to participation in order to prevent response bias. That is, participants will not be informed that there will be two different types of offenders presented to participants, or that the type of offender is being considered in the study. However, this will be addressed in the debriefing sheet immediately after participation. Another ethical consideration is that the study may imply to participants that their working practice is being monitored or that their personal qualities are under scrutiny. This will be addressed by assuring participants that their contributions are completely anonymous and that they are in no way being monitored by their superiors.
Finally, the ethical issues of using social media websites such as Twitter and Facebook as a means of recruitment have been considered. It was decided that Facebook would not be used as it is much more difficult to post information or contact people without revealing personal information. It is also possible that participants would unintentionally make their participation public with the use of Facebook; whereas it is possible that, with the use of Twitter, participants could see the advertised study without anybody knowing that they had seen it. The Twitter profiles discussed are accessible within the public domain (i.e. you don't have to be an approved 'friend' to see information).

Signatures: Applicant: …………………………..……………..…...........................

                         Date: …………………………………………..……………………………

                         *Project Supervisor (if applicable): ……………………………………......................

                         Date: …………………………………………..……………………………

*I have reviewed this application, and discussed it with the applicant. I confirm that the project methodology is appropriate. I am happy for this application to proceed to ethical review.

Research and Enterprise
Services Division

**Lancaster
University**

Applicant: Emma Warren
Supervisor: Dr. Ian Fletcher
Department: DHR
UREC Ref: RS2014/131

13 July 2015

Dear Emma and Ian,

**Re: An exploration of staff attachment style: The impact on empathy and social distance
when working with offenders**

Thank you for submitting your research ethics application for the above project for review by
the Faculty of Health and Medicine Research Ethics Committee (FHMREC). The application
was recommended for approval by FHMREC, and on behalf of the Chair of the University
Research Ethics Committee (UREC), I can confirm that approval has been granted for this
research project.

As principal investigator your responsibilities include:

-   ensuring that (where applicable) all the necessary legal and regulatory requirements
    in order to conduct the research are met, and the necessary licenses and approvals
    have been obtained;

-   reporting any ethics-related issues that occur during the course of the research or
    arising from the research to the Research Ethics Officer (e.g. unforeseen ethical issues,
    complaints about the conduct of the research, adverse reactions such as extreme
    distress);

-   submitting details of proposed substantive amendments to the protocol to the
    Research Ethics Officer for approval.

Please contact the Research Ethics Officer, Debbie Knight (01542 592605
ethics@lancaster.ac.uk) if you have any queries or require further information.

Yours sincerely,

S.C. Taylor

Sarah Taylor
Secretary, University Research Ethics Committee

Cc Fiona Aiken, University Secretary, Professor Roger Pickup (Chair, FHMREC);
Prof Stephen Decent (Chair, UREC).

Lancaster University
Research and Enterprise
Services Division

Lancaster University
Bowland Main
Lancaster, LA1 4YT, UK
T: +44 (0)1524 592 002
F: +44 (0)1524 593 229
www.lancaster.ac.uk

National Offender
Management Service

Miss Emma Warren,   **National Offender Management Service**
Lancashire Care NHS Foundation Trust   *National Research Committee*
Division of Health Research   Email: National.Research@noms.gsi.gov.uk
Furness Building
Lancaster University
Lancaster
LA1 4YG
e.warren@lancaster.ac.uk

25th August 2015

<u>**APPROVED SUBJECT TO MODIFICATIONS – NOMS RESEARCH**</u>

Ref: 2015-224
Title: An exploration of staff attachment style: The impact on empathy and social distance when working with offenders.

Dear Miss Warren,

Further to your application to undertake research across NOMS, the National Research Committee (NRC) is pleased to grant approval in principle for your research. The Committee has requested the following modifications:

- Given the uncertainty surrounding the response rate and the potential impact this may have on the findings, initial approval is limited to NPS North West only. Depending on the findings from this initial region, approval may be extended to other NPS divisions – further information regarding the response rate will need to be provided to the NRC .
- In the final research reports, the limitations should be clearly set out (e.g. two vignettes only; NPS staff only).

Before the research can commence you must agree formally by email to the NRC (National.Research@noms.gsi.gov.uk), confirming that you accept the modifications set out above and will comply with the terms and conditions outlined below and the expectations set out in the NOMS Research Instruction (https://www.gov.uk/government/organisations/national-offender-management-service/about/research).

Please note that unless the project is commissioned by MoJ/NOMS and signed off by Ministers, the decision to grant access to prison establishments, National Probation Service (NPS) divisions or Community Rehabilitation Company (CRC) areas (and the offenders and practitioners within these establishments/divisions/areas) ultimately lies with the Governing Governor/Director of the establishment or the Deputy Director/Chief Executive of the NPS division/CRC area concerned. If establishments/NPS divisions/CRC areas are to be

approached as part of the research, a copy of this letter must be attached to the request to prove that the NRC has approved the study in principle. The decision to grant access to existing data lies with the Information Asset Owners (IAOs) for each data source and the researchers should abide by the data sharing conditions stipulated by each IAO.

Please quote your NRC reference number in all future correspondence.

Yours sincerely,
National Research Committee

National Offender
Management Service

Miss Emma Warren,	**National Offender Management Service**
Lancashire Care NHS Foundation Trust	*National Research Committee*
Division of Health Research	Email: National.Research@noms.gsi.gov.uk
Furness Building	
Lancaster University	
Lancaster	
LA1 4YG	
e.warren@lancaster.ac.uk	

9th December 2015

FINAL APPROVAL FOLLOWING ACCEPTANCE OF MODIFICATIONS – NOMS RESEARCH

Ref: 2015-224
Title: An exploration of staff attachment style: The impact on empathy and social distance when working with offenders.

Dear Miss Warren,

Further to your acceptance of the modifications detailed in our previous letter dated 25th August 2015, the National Research Committee (NRC) is pleased to provide final approval for your research project covering all NPS regions. The terms and conditions below will continue to apply to your research project.

Please note that unless the project is commissioned by MoJ/NOMS and signed off by Ministers, the decision to grant access to prison establishments, National Probation Service (NPS) divisions or Community Rehabilitation Company (CRC) areas (and the offenders and practitioners within these establishments/divisions/areas) ultimately lies with the Governing Governor/Director of the establishment or the Deputy Director/Chief Executive of the NPS division/CRC area concerned. If establishments/NPS divisions/CRC areas are to be approached as part of the research, a copy of this letter must be attached to the request to prove that the NRC has approved the study in principle. The decision to grant access to existing data lies with the Information Asset Owners (IAOs) for each data source and the researchers should abide by the data sharing conditions stipulated by each IAO.

Please quote your NRC reference number in all future correspondence.

Yours sincerely,
National Research Committee

APPENDIX A - INITIAL EMAIL TO RECIPIENT

EMAIL FROM PRINCIPAL INVESTIGATOR

Doctorate in Clinical Psychology | Lancaster University

[Date]

Dear [Team Manager]

Re: Invitation to Participate in Research

My name is Emma Warren and I'm a trainee clinical psychologist currently studying at Lancaster University. I am currently in the process of undertaking a research project aiming to explore the relationship between staff attachment style and empathy in probation workers. I have created a survey so that the study can be completed online, however I would like to attend a team meeting at your soonest convenience to introduce myself to staff and explain the study in more depth, if you would be willing to facilitate this. The research has been approved by the National Offender Management Service (NOMS) and by the University's research ethics committee.

We are hoping to recruit as many probation workers as possible from the North West, therefore we would very much appreciate your help in distributing the study to as many people as possible who are working directly with offenders.

Below is the link to the study, within which participants can read more about it before consenting to take part. The study will take **no more than 15 minutes to complete**. Once completed, the study will be submitted for publication and presented at conferences.

[LINK]

If you would like to enquire further about taking part, you can contact me using the below phone number or email address.

Yours sincerely

Emma Warren
Trainee Clinical Psychologist
e.warren@lancaster.ac.uk
07*********

Supervised by:
Dr Sue Ryan, Chartered Clinical & Forensic Psychologist
(sue.ryan@probaton.gsi.gov.uk)
Dr Ian Fletcher, Senior Lecturer, Clinical Psychology (i.j.fletcher@lancaster.ac.uk)

EMAIL FROM FIELD SUPERVISOR

[Date]

Dear [Team Manager]

Re: Invitation to Participate in Research

I am currently supervising a thesis research project for Emma Warren, Trainee Clinical Psychologist, along with her academic supervisor, Dr Ian Fletcher, at Lancaster University. The study aims to explore the relationship between staff attachment style and empathy in probation workers. Emma has created a survey so that the study can be completed online, however she would like to attend a team meeting at your soonest convenience to introduce herself to staff and explain the study in more depth, if you would be willing to facilitate this. The research has been approved by the National Offender Management Service (NOMS) and by the University's research ethics committee.

We are hoping to recruit as many probation workers as possible from the North West, therefore we would very much appreciate your help in distributing the study to as many people as possible who are working directly with offenders.

Below is the link to the study, within which participants can read more about it before consenting to take part. The study will take **no more than 15 minutes to complete**. Once completed, the study will be submitted for publication and presented at conferences.

[LINK]

If you would like to enquire further about taking part, you can contact me using the below phone number or email address.

Yours sincerely

Dr Sue Ryan
Chartered Clinical and Forensic Psychologist
Sue.Ryan@probation.gsi.gov.uk
0151 494 4390

Doctorate in Clinical Psychology | Lancaster University

APPENDIX B

Participant Information Sheet

An exploration of staff attachment style: The impact on empathy and social distance when working with offenders.

My name is Emma Warren and I am conducting this research as a student in the Doctorate in Clinical Psychology programme at Lancaster University.

What is the study about?
The purpose of this study is to explore if and to what extent staff attachment styles have an impact on daily working relationships with offenders.

Why have I been approached?
You have been approached because the study requires information from people who are working directly with offenders. It's completely up to you to decide whether or not you take part. Your participation in this study will not be monitored or known by anyone within your service and there will be no negative repercussions to yourself should you decline to take part.

What will I be asked to do if I take part?
You will be asked to provide some demographic details such as gender, age, region of the UK in which you work, number of months/years you have been working directly with offenders and the gender(s) of offenders you work with. You will also be required to complete two short multiple-choice questionnaires, which include questions about interpersonal traits and your experience of intimate relationships. Finally you will be asked to answer 7 short multiple-choice questions in relation to a hypothetical example offender. The study has been pilot tested and verified that it should take no longer than 15 minutes to complete.

Will my data be confidential?
The information you provide is completely anonymous and confidential. The data collected for this study will be accessed online by the lead researcher only. Please be assured that your responses **cannot** be linked to you or the service within which you work.

- o At the end of the study, electronic copies of your anonymous answers will be kept securely on the university server for ten years. At the end of this period, they will be destroyed.
- o Due to your data being anonymous, you will not be able to withdraw from the study once you have taken part.

What will happen to the results?
The results will be collated, interpreted and reported as part of a doctoral thesis. It is expected that the research (including the results) may be submitted for publication in an academic or professional journal and may be presented at conferences.

If you would like a summary of the results at the end of the study, I can send this to your team manager to be passed onto the team.

Are there any risks or benefits to taking part?
There are no risks anticipated with participating in this study. The study does ask you to answer openly and honestly about how you experience personal relationships, and for this reason your data is anonymous. Although you may find participating interesting, there are no direct benefits to you in taking part.

Who has reviewed the project?
This study has been approved by the National Offender Management Service (NOMS), the Faculty of Health and Medicine Research Ethics Committee and the University's Research Ethics Committee (UREC) at Lancaster University.

Where can I obtain further information about the study if I need it?
If you have any questions about the study, please contact the lead researcher: Emma Warren, e.warren@lancaster.ac.uk, 07*********

Supervised by:
Field supervisor: Dr Sue Ryan, sue.ryan@probation.gsi.gov.uk, 0151 494 4390
Academic supervisor: Dr Ian Fletcher, i.j.fletcher@lancaster.ac.uk , 01524 593301

Complaints
If you wish to make a complaint or raise concerns about any aspect of this study and do not want to speak to the researcher, you can contact:

Bruce Hollingsworth, Head of Department
Tel: 01524 594154
Email: b.hollingsworth@lancaster.ac.uk
Division of Health Research
Furness Building
Lancaster University
Lancaster
LA1 4YG

If you wish to speak to someone outside of the Clinical Psychology Doctorate Programme, you may also contact:
Professor Roger Pickup
Associate Dean for Research
Tel: (01524) 593746
Email: r.pickup@lancaster.ac.uk
Division of Biomedical and Life Sciences
Furness Building
Lancaster University
Lancaster
LA1 4YG

Thank you for taking the time to read this information.

Doctorate in Clinical Psychology | **Lancaster University**

Consent Form

Study Title: An exploration of staff attachment style: The impact on empathy and social distance when working with offenders.

We are asking if you would like to take part in a research project that is looking into whether staff attachment styles have an impact on daily working relationships with offenders. If you have any questions or queries before giving consent below, please contact the principal investigator, Emma Warren: e.warren@lancaster.ac.uk, 07*********.

Please indicate your understanding of each of the following statements by marking 'Yes' below:

1. I confirm that I have read the study information and fully understand what is expected of me within this study	Yes
2. I confirm that I have been given the means to ask any questions and to have them answered (either by email, telephone, or in person).	Yes
3. I understand that my participation is voluntary and that there is no direct benefit to me by taking part.	Yes
4. I understand that the information from my data will be pooled with other participant data and may be published or used in reports, conferences and training events.	Yes
5. I understand that my anonymous data will be shared and discussed by the researchers and supervisors involved in this study.	Yes
6. I consent to Lancaster University keeping the data I give securely for ten years after the study has finished or ten years following publication, whichever is the longer.	Yes
7. I consent to take part in the above study.	Yes

APPENDIX D

Doctorate in
Clinical Psychology | Lancaster
University

Experiences in close relationships

The statements below concern how you feel in emotionally intimate relationships. **We are interested in how you generally experience relationships, not just in what is happening in a current relationship.**
Using the 1 to 7 scale, after each statement write a number to indicate how much you agree or disagree with the statement.

_1_	_2_	_3_	_4_	_5_	_6_	_7_
strongly disagree			_neutral/mixed_			_strongly agree_

_1._	It helps to turn to my romantic partner in times of need	
_2._	I need a lot of reassurance that I am loved by my partner	
_3._	I want to get close to my partner, but I keep pulling back	
_4._	I find that my partner(s) don't want to get as close as I would like	
_5._	I turn to my partner for many things, including comfort and reassurance	
_6._	My desire to be very close sometimes scares people away	
_7._	I try to avoid getting too close to my partner	
_8._	I do not often worry about being abandoned	
_9._	I usually discuss my problems and concerns with my partner	
_10._	I get frustrated if romantic partners are not available when I need them	
_11._	I am nervous when partners get too close to me	
_12._	I worry that romantic partners won't care about me as much as I care about them	

APPENDIX E

Interpersonal Reactivity Index (IRI)

The following statements inquire about your thoughts and feelings in a variety of situations.   For each item, indicate how well it describes you by choosing the appropriate letter on the scale at the top of the page: A, B, C, D, or E. When you have decided on your answer, fill in the letter on the answer sheet next to the item number. READ EACH ITEM CAREFULLY BEFORE RESPONDING. Answer as honestly as you can. Thank you.

<u>**ANSWER SCALE**</u>:

A	**B**	**C**	**D**	**E**
DOES NOT DESCRIBE ME WELL				DESCRIBES ME VERY WELL

1. I often have tender, concerned feelings for people less fortunate than me.

2. I sometimes find it difficult to see things from the "other guy's" point of view.

3. Sometimes I don't feel very sorry for other people when they are having problems.

4. In emergency situations, I feel apprehensive and ill-at-ease.

5. I try to look at everybody's side of a disagreement before I make a decision.

6. When I see someone being taken advantage of, I feel kind of protective towards them.

7. I sometimes feel helpless when I am in the middle of a very emotional situation.

8. I sometimes try to understand my friends better by imagining how things look from their perspective.

9.   When I see someone get hurt, I tend to remain calm.

10. Other people's misfortunes do not usually disturb me a great deal.

11. If I'm sure I'm right about something, I don't waste much time listening to other people's arguments.

12. Being in a tense emotional situation scares me.

13. When I see someone being treated unfairly, I sometimes don't feel very much pity for them.

14. I am usually pretty effective in dealing with emergencies.

15. I am often quite touched by things that I see happen.

16. I believe that there are two sides to every question and try to look at them both.

17. I would describe myself as a pretty soft-hearted person.

18. I tend to lose control during emergencies.

19. When I'm upset at someone, I usually try to "put myself in his shoes" for a while.

20. When I see someone who badly needs help in an emergency, I go to pieces.

21. Before criticizing somebody, I try to imagine how I would feel if I were in their place.

APPENDIX F – Case vignettes

Vignette 1

Imagine you have been working with Darren, a 37-year-old man. Darren has been in prison for four years and the reason for his incarceration is because of his conviction for sexual assault and assault occasioning actual bodily harm (AOABH) towards a child. This is not Darren's only conviction of this nature. Darren appears to be engaging well with you; he is attending the appropriate rehabilitation programmes consistently and he often looks pleased to see you.

Vignette 2

Imagine you have been working with Darren, a 37-year-old man. Darren has been in prison for four years and the reason for his incarceration is because of his conviction for grievous bodily harm towards a 38 year old man. This is not Darren's only conviction of this nature. Darren appears to be engaging well with you; he is attending the appropriate rehabilitation programmes consistently and he often looks pleased to see you.

Social Distance Questions
1) How would you feel about renting a room in your home out to someone like Darren?
2) How about as a worker on the same job as someone like Darren?
3) How would you feel having someone like Darren as a neighbour?
4) How about as the carer of your children for a couple of hours?
5) How about having your children marry someone like Darren?
6) How would you feel about introducing Darren to a young woman you are friendly with?
7) How would you feel about recommending someone like Darren for a job working for a friend of yours?

0 = definitely willing
1 = probably willing
2 = probably unwilling
3 = definitely unwilling

APPENDIX G - Debrief Sheet

DEBRIEFING: PLEASE READ

Thank you for participating in this study, your contribution to the research is greatly valued.

As you are aware, the study aims to explore how you experience adult relationships (attachment style) and how you tend to respond interpersonally. We are also interested in your personal reactions to a particular type of offender. You were presented with one of two different vignettes. **We would kindly ask that you do not discuss this aspect of the study with any of your colleagues who have not yet participated,** as their knowledge of the vignettes may influence their answers.

If you are interested to know about the results of the study, please let the researcher, Emma Warren, know and she will send your team manager a summary after the research has been written up (email e.warren@lancaster.ac.uk or phone 07*********).

Resources in the event of distress
Should you feel distressed either as a result of taking part, or in the future, the following resources may be of assistance.

Mental Health Helpline
FREEPHONE 0500 639000
Open Monday to Friday 7pm - 11pm and Weekends 12 midday to 12 midnight. The service is open to residents of Lancashire by dialing the freephone number which will not appear on the caller's telephone bill. If calling from a mobile please call **0333 555 8800** and then dial the above freephone number.

Mind Infoline
0300 123 3393
Confidential advice and help regarding mental health problems.
Lines are open from 9am-6pm, Monday to Friday.
info@mind.org.uk
Text: 86463 (open from 1-4pm, standard network rate)

APPENDIX H - EMAIL CORRESPONDENCE WITH NOMS

From: Warren, Emma [mailto:e.warren@lancaster.ac.uk]
Sent: 05 November 2015 16:03
To: George, Rachel [NOMS] [Rachel.George@noms.gsi.gov.uk]
Subject: RE: 2015-224 NRC Decision

Many thanks for this Rachel, I can confirm that I will continue to monitor this.

Kind regards
Emma

Emma Warren
Trainee Clinical Psychologist
Lancashire Care NHS Foundation Trust
Doctorate in Clinical Psychology
Furness Building
Lancaster University
Lancaster
LA1 4YG
e.warren@lancaster.ac.uk

From: George, Rachel [NOMS] [Rachel.George@noms.gsi.gov.uk]
Sent: 05 November 2015 15:01
To: Warren, Emma
Subject: FW: 2015-224 NRC Decision

Emma,

A colleague has forwarded your query onto me.

I am glad that you are having such a positive response to your project, given this I am happy to confirm that we extend approval to the other probation areas but please ensure that you continue to monitor the representativeness of the sample.

Regards,
Rachel

Rachel George
Research Officer
National Offender Management Service
5th Floor, Clive House, 70 Petty France, London SW1H 9EX
Tel: 03000497044
Email: Rachel.George@noms.gsi.gov.uk
For information on NOMS research applications: https://www.gov.uk/government/organisations/national-offender-management-service/about/research

From: Warren, Emma [mailto:e.warren@lancaster.ac.uk]
Sent: 03 November 2015 14:17
To: National Research [NOMS]
Subject: RE: 2015-224 NRC Decision

Hello,

RE: An exploration of staff attachment style: The impact on empathy and social distance when working with offenders
Ref: 2015-224

We have had a very positive response from our initial advertising of this study and it has been extremely interesting to see that workers outside of the North West have also chosen to participate despite us only advertising for workers in the North West UK. There has been a lot of interest generated by the study in the form of emails and tweets on Twitter. In light of this, we are asking if we can extend the survey to probation teams nationally. After speaking with Rachel George regarding this modification at initial approval, I understand that such a request should be done via email exchange, however please do let me know if you require anything further.

I look forward to hearing from you.

Kind regards
Emma

From: National Research [NOMS] [National.Research@noms.gsi.gov.uk]
Sent: 07 September 2015 17:06
To: Warren, Emma
Subject: RE: 2015-224 NRC Decision

Thnaks for the confirmation Emma. If you need to make any amendments to your research project then please do let us know.

Regards,

Aminur

From: Warren, Emma [mailto:e.warren@lancaster.ac.uk]
Sent: 07 September 2015 16:43
To: National Research [NOMS]
Subject: RE: 2015-224 NRC Decision

Hello,

Following further discussion with Rachel George about the modifications, I can confirm that I formally agree with the decision made. I confirm that I will comply with the terms and conditions outlined in the letter and the expectations set out in the NOMS Research Instruction. I understand that, should I need to extend my recruitment strategy to outside of the North West, I can request this by email.

Kind regards
Emma Warren

Emma Warren
Trainee Clinical Psychologist
Lancashire Care NHS Foundation Trust
Doctorate in Clinical Psychology
Furness Building
Lancaster University
Lancaster
LA1 4YG
e.warren@lancaster.ac.uk

From: National Research [NOMS] [National.Research@noms.gsi.gov.uk]
Sent: 25 August 2015 16:51
To: Warren, Emma
Subject: RE: 2015-224 NRC Decision

Hello Emma,

You can contact Rachel George regarding this on 03000497044. She will be out of the office until Friday so please contact her this Friday.

Kind Regards,

Amin

From: Warren, Emma [mailto:e.warren@lancaster.ac.uk]
Sent: 25 August 2015 16:33
To: National Research [NOMS]
Subject: RE: 2015-224 NRC Decision

Hello,

Many thanks for your decision letter. However, I have a query about one of the modifications, is there somebody who I can speak to over the phone about this?

Kind regards
Emma

Emma Warren
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From: National Research [NOMS] [National.Research@noms.gsi.gov.uk]
Sent: 25 August 2015 16:17
To: Warren, Emma
Subject: 2015-224 NRC Decision

Research Title: An exploration of staff attachment style: The impact on empathy and social distance when working with offenders
Ref: 2015-224

Dear Emma,

Please find attached the decision letter from the National Research Committee. Before the research can commence, you must formally agree by email to the NRC (National.research@noms.gsi.gov.uk) that you will comply with the terms and conditions outlined in the letter and the expectations set out in the NOMS Research Instruction (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/3164 80/NOMS_Research_Applications_Instruction_Final__May_14_.doc). Please also find attached the NRC project review form and a research summary which should be completed once the research project has ended (ideally within one month after the end date).

Kind regards,

NRC

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