

Acknowledgements

Conducting this research has helped me to look at components in practice with a critical and scientific view. I have enjoyed having the freedom to develop and conduct a study in which my current interests and work experiences in addiction healthcare and the judicial domain converge. I would especially like to thank Sven Zebel for his inspiring and enthusiastic attitude. In addition, I would like to thank both Sven Zebel and Steven Watson for their feedback and advice, which helped improve my research. Furthermore, I extend my gratitude to all collaborating and participating professionals from *Perspectief Herstelbemiddeling* and *Tactus Verslavingszorg*.

Abstract

Aim: Participation in victim-offender mediation (VOM) can have positive effects for both the victim and offender and is associated with reduced reoffending. Although many offenders struggle with addiction problems, offenders with such problems seem underrepresented in VOM cases. As most applications for VOM are made by professionals, this study examines factors that might hinder or facilitate informing offenders with addiction problems about VOM and referring them to the program to improve our understanding of the referral process and its functioning. The study considers factors such as work orientation and attitudes towards informing that influence professionals' intention to inform offenders about VOM and the approach they adopt to do so. An educational intervention was conducted in which mediators shared knowledge and practical tips regarding VOM with the aim to strengthen facilitating factors and increase professionals' intention to introduce VOM to offenders. The study examines the impact of the intervention to explore whether it could be an effective means to increase information provision about VOM and improve the referral process in the future. Method: A quasi-experimental design was adopted. Participants were 71 professionals from the organization *Tactus Verslavingszorg* (i.e., addiction healthcare) who work with offenders with addiction problems. Two groups were created: 36 professionals who received the intervention and 35 who did not. Self-reports were collected using a questionnaire before and after the intervention. The data were analyzed using paired samples t-tests, Pearson correlations and multiple regression.

Results: A personalized approach to informing offenders about VOM was most favored in the results. Professionals thought it was most fitting to address VOM when doing so was perceived to be helpful for the client. Professionals with a stronger rehabilitative orientation had more positive attitudes towards VOM and were more likely to prefer a proactive approach in which they actively inform offenders about VOM. A protective approach, in which there is more reticent to inform offenders, was the least favored in the results. Compared to those who did not receive the intervention, those who did reported stronger beliefs that they were prepared to introduce VOM to their clients and a stronger intention to do so.

Conclusions: Integrating protocols for providing information about VOM within organizations could be helpful to optimize the VOM referral process for offenders with addiction problems. This study's findings suggest that an intervention targeting why, how and when to inform offenders about VOM could be an important step in establishing such protocols. These interventions must pay attention to adopting a proactive approach, clarifying the suitability of VOM and offer professionals tools that they can implement in practice.

Abstract (NL)

Doel: Deelname aan slachtoffer-daderbemiddeling (SDB) kan positieve effecten hebben voor slachtoffers en daders, en is geassocieerd met verminderde recidive. Ondanks dat veel daders worstelen met verslavingsproblematiek, zijn deze daders minder zichtbaar in SDB-zaken. Gezien de meeste aanmeldingen voor SDB verlopen via professionals, heeft deze studie onderzoek gedaan naar hinderende en faciliterende factoren bij het informeren over-, en doorverwijzen naar SDB om zo meer kennis te vergaren over het verwijsproces bij verslaafden daders. De studie onderzocht factoren zoals werk oriëntatie en attitude over informeren die de intentie en benaderingswijzen om daders te informeren beïnvloeden. Er is een educatieve interventie uitgevoerd waarbij bemiddelaars praktische handvatten bespraken en informeerden over SDB met als doel om faciliterende factoren te versterken en de intentie voor het informeren van daders te verhogen. De impact van de interventie is onderzocht om te toetsen of dit een effectief middel zal kunnen zijn voor het verhogen van informatieverstrekking over SDB en daarbij het verwijsproces te verbeteren in de toekomst. Methode: Het onderzoek gebruikte een quasi-experiment waarbij 71 professionals van de organisatie Tactus verslavingszorg (verslavingszorg instelling) die werken met daders met verslavingsproblematiek aan deelnamen. Twee groepen werden gecreëerd: 36 professionals die deelnamen aan de interventie, en 35 die dit niet deden. Zelf-rapportages werden verzameld met vragenlijsten voorafgaand en na de interventie. De data is geanalyseerd middels gepaarde sample t-test, Pearson correlatie en meervoudige regressie. Resultaten: Professionals in deze studie vonden een persoonlijke benadering voor informeren het meest geschikt. Ze vonden het gepast om SDB te introduceren wanneer ze dachten dat dit helpend zal zijn voor de cliënt. Professionals met een hogere rehabiliterende oriëntatie hadden meer positieve attitudes over SDB en meer voorkeur voor een proactieve benadering waarbij daders actief geïnformeerd worden. Een beschermende benadering gekenmerkt door terughoudendheid om te informeren werd het minst geschikt bevonden. Deelname aan de interventie zorgden voor een hogere intentie om daders te infomeren waarbij ze zich beter voorbereid voelden, in vergelijking met professionals die niet deelnamen aan de interventie. Conclusies: Integreren van protocollen voor het informeren over SDB binnen organisaties kan helpend zijn om het verwijsproces te verbeteren. De bevindingen van de studie stellen dat een interventie gericht op waarom, hoe en wanneer daders ingelicht kunnen worden over SDB een belangrijke stap kan zijn voor het vaststellen van zulke protocollen. Deze interventies moeten in het bijzonder aandacht hebben voor de geschiktheid van SDB en het bieden van praktische handvatten die professionals kunnen implementeren in de praktijk.

Introduction

Recently, there has been an increasing interest within the Dutch judicial domain in restorative justice, which focuses on the suffering resulting from an offense and the personal manner in which this suffering can be remedied (Elbers et al., 2020; Zebel et al., 2016). Restorative justice goes beyond recovery for the victim(s) alone: it also pays attention to the offender's recovery and that of society as a whole (Van Hoek et al., 2011). One prominent example of a restorative justice activity that has been studied across the globe is victimoffender mediation (VOM), in which the victim and the offender voluntarily participate, under the guidance of a mediator, in a dialogue to repairing mutual damage (Bonensteffen et al., 2020). These mediation sessions are not directly aimed at assessing the truth but rather focus on the experience, impact and consequences of the crime (Dierx et al., 2012). VOM can be facilitated directly, such that parties meet face-to-face, or indirectly, via letter contact or shuttle mediation (Shapland et al., 2006). Research has shown that VOM can have beneficial results for both parties. Victims who have participated in VOM report reduced feelings of anger and fear towards the offender and higher satisfaction levels compared to victims who have gone through traditional trials without the option of VOM (Latimer et al., 2005; Sherman et al., 2005). Offenders who participate in VOM during their trial also experience more satisfaction, increased awareness of the impact of the crime and a reduced risk of recidivism compared to offenders who undergo traditional trials (Latimer et al., 2005; Jonasvan Dijk et al., 2020; Nugent et al., 2004; Zebel et al., 2017). Dierx and colleagues (2012) explain that when the offender takes responsibility during mediation, they can deal with their feelings of shame and guilt positively, resulting in improved psychological recovery for both the offender and the victim. In addition, Perspectief Herstelbemiddeling (2019) states that participants who decided to register and follow the intake procedure for VOM report positive effects on their recovery even if their case does not reach the mediation phase. Thus, the decision to register for VOM can be helpful in itself.

Within the Netherlands, the organization *Perspectief Herstelbemiddeling* has managed and conducted VOM separately from the legal criminal process since 2007 (Perspectief Herstelbemiddeling, 2019). For VOM to take place, potential participants must become aware of the option of VOM. *Perspectief Herstelbemiddeling* (2019) states that around 93% of applications are made by professionals involved with the victim or offender, with relatively few applications made directly by victims and offenders themselves. Hence, it seems vital that professionals are aware of VOM and can identify their clients' potential needs and inform them of the possibilities. An analysis of VOM applications within the Netherlands yields a

striking finding: offenders with addiction problems make up only a small proportion of the group that registers for VOM (Perspectief Herstelbemiddeling, 2019). This is an interesting observation because Bulten and Nijman (2009) found that around 58% of prisoners in the Dutch prison system struggle with addiction problems. Furthermore, a robust association between criminal behavior and alcohol and/or substance abuse is reported by many studies (Gossop et al., 2005; Lammers et al., 2014; Zebel et al., 2014). To the best of our knowledge, not much literature is available on the participation numbers of addictive offenders in VOM programs across countries. However, a study by Paul and Liebmann (2003) showed that in 12.5% of the cases (i.e., based on forty VOM cases) the offender did struggle with addiction problems. Gustafson (2018) who examined 25 VOM cases, describes four offenders who expressed commitment to receiving treatment for addiction problems during the dialogue with the victim. Though, it is unknown if more of the offenders in Gustafson's study struggled with addiction problems but perhaps did not discuss this during VOM. Despite the lack of extensive amount of literature on the participation of addicted offenders in VOM, these studies (Gustafson, 2018; Paul & Liebmann, 2003) do provide indications to believe that across Dutch borders offenders with addiction problems are underrepresented in the VOM programs as well. This might be a problematic loss, since the beneficial outcomes for offenders who participate in VOM may also apply to offenders with addiction problems. That is, Braithwaite (2001) states that restorative justice might contribute positively to treatment for offenders with addiction problems in particular because it can motivate holistic change in the offender's life.

Furthermore, there is relatively little literature focused on the process of referral to VOM specifically among offenders with addiction problems rather than offenders in general or victims. Perhaps professionals are less likely to refer offenders with addiction problems versus offenders in general to VOM. Hence, it is important to target professionals involved with such offenders as they are the referral source in many cases (Hansen & Umbreit, 2018; Perspectief Herstelbemiddeling, 2019; Umbreit, 1993). Therefore, this study examines the factors that may hinder or facilitate professionals informing offenders with addiction problems about VOM and referring them to the program. Factors that are considered to be facilitating or hindering factors will be elaborated on, of which a more complete description will follow. This study will provide a deeper understanding of professionals' thought processes and considerations, which are important to explore in order to improve the VOM referral process for offenders with addiction problems in the future. In addition, the study will provide an educational intervention about VOM aimed at positively influencing professionals'

thought processes and their considerations regarding VOM, to assess via a quasi-experimental design with quantitative measures of such a intervention can be an effective means for improving the information provision and VOM referral process in the future.

Factors that influence professionals' VOM information provision

Professionals can play a valuable role in the recovery process of an offender. As indicated above, most applications for VOM are made by professionals (Hansen & Umbreit, 2008; Perspectief Herstelbemiddeling, 2019; Umbreit, 1993). Understanding how these professionals can work with offenders effectively will help to identify factors that facilitate and hinder information provision and referral to VOM. A strong working alliance (i.e., relationship) between professional and offender stimulates cooperation, openness and the exchange of truthful information, all of which are fundamental for effective treatment (Bordin, 1979; Wampold & Brown, 2005). In addition, stronger working alliances are correlated with increased motivation, greater willingness to receive treatment, and reduced risk of recidivism among offenders (Serin et al., 2003; Ross et al., 2008). Research on working alliances between professionals and offenders with addiction problems has shown that positive relationships are associated with decreased future substance abuse and criminal behavior (Walters, 2015).

To understand why these positive effects from a strong working alliance between professional and offender appear, it is useful to know how a positive working alliance develops. Martin and colleagues (2000) describe that for a positive working alliance to form, the offender needs to experience empathy from the professional. The feeling of empathy arises from a process of perspective-taking, which is the cognitive skill of actively identifying the psychological experiences, thoughts and feelings of another (Batson et al., 2002; Decety & Jackson, 2006; Hanson & Scott, 1995; Spivack & Shure, 1989). Thus, to engage in perspective-taking and show empathy, the professional needs to understand the recovery process of the offender.

After committing a crime, some offenders report feelings of shame and guilt (Bastian et al., 2013; Fisher & Exline, 2006; Hosser et al., 2008). These feelings are important to understand because they can guide future behavior and may underlie an offender's motivation to participate in VOM (Cryder et al., 2012; Gudjonsson, 2003; Lauwaert & Aertsen, 2016; Shapland et al., 2007; Tangney et al., 2011; Umbreit et al., 2004). Feelings of guilt (i.e., remorse, regret) and shame (i.e., lowered self-esteem, discomfort) can have positive or negative consequences for recovery depending primarily on how the offender deals with these

feelings. In some cases, offenders employ neutralization and empathy-blocking mechanisms (i.e., denying guilt, avoiding discussion, downplaying), where feelings of guilt and shame are neutralized and/or blocked as a form of self-protection against moral disapproval (Frerks et al., 2016). When offenders use these neutralization and blocking mechanisms, there may be negative consequences for the recovery process; for example, feelings of anger or hostility towards other individuals may arise (Perspectief Herstelbemiddeling, 2009; Harris & Maruna, 2005). Fortunately, when offenders do not use neutralization and blocking mechanisms, feelings of shame and guilt can also facilitate the recovery process. These feelings can result in pro-social responses, where the offender reflects on the offense to learn and improve (Gausel & Leach, 2011; Gausel et al., 2015; Jackson & Bonacker, 2006; Tangney et al., 2014). In addition, these feelings of shame and guilt can motivate the desire to perform reparative actions, for example apologizing or making other efforts to undo the harms caused (Tangney et al., 2011). Participating in VOM can ensure that these feelings are helpful for the offender's recovery, as VOM can meet many of the offender's psychological needs, such as the needs to correct their mistakes, feel empowered, take responsibility, apologize and thereby deal with their feelings (Dierx et al., 2012; Hansen & Umbreit, 2008).

Harris and Maruna (2005) advise professionals to not avoid feelings of shame and guilt, but rather to work constructively to manage shame through, for example, restorative justice interventions. Summarizing, it may be helpful if professionals investigate feelings of shame and guilt in the offender because doing so can increase the offender's openness and motivation regarding VOM and participation in VOM can in turn help the offender to deal with such feelings (Dierx et al., 2012; Hansen & Umbreit, 2008). However, Frerks and colleagues (2016) found that topics such as feelings of shame and guilt often remain underexposed during counselling and/or treatment. The failure to discuss these feelings with the offender might leave hidden their need for reparative actions such as VOM. Krechtig and colleagues (2014) found that one of the risks for professionals is that they tend to 'think for' the offender instead of discussing the offender's thoughts and feelings with them. In addition, studies have shown that professionals often find it difficult to discuss subjects such as the victim and feelings of guilt with offenders because professionals experience such subjects as sensitive and potentially discomfort-inducing (Frerk et al., 2016; Menger et al., 2016).

Developing a strong working alliance might remedy these difficulties in broaching difficult topics, as such alliances can stimulate cooperation, openness and the exchange of authentic information (Bordin, 1979; Wampold & Brown, 2005). Hence, when a positive working alliance exist, the offender may be more willing to talk honestly about their feelings

and cooperate and the professional may find it easier to overcome feelings of discomfort. Therefore, the study's first hypothesis is:

H1: Professionals who perceive a more positive working alliance with their clients will have more confidence to address feelings of guilt and shame with the offender.

The working alliance between professional and offender might also influence the professional's information provision about VOM and the offender's motivation to participate in VOM. Closer examination of the effects of the working alliance between professional and offender has revealed that professionals can use a surveillance, rehabilitation, or hybrid approach (i.e., both a surveillance and a rehabilitation approach), all of which influence the quality of the working alliance (Ross et al., 2008; Skeem & Manchack, 2008). The surveillance approach has a stronger focus on protecting society and administering control over the offender, is associated with greater resistance on the part of the offender and is a less effective means of reducing recidivism (Skeem et al., 2007). The rehabilitation approach focuses more on the recovery of the offender and places emphasis on treatment. Lipsey and Cullen (2007) found that the rehabilitation approach has more potential for reducing future criminal behavior. They attribute this to the rehabilitation approach's emphasis on interaction with the offender and focus on bringing about positive changes in factors related to delinquent behavior.

The professional's work orientation (i.e., rehabilitation or surveillance approach) can be a hindering or facilitating factor in VOM information provision and referral. Umbreit (1993) states that before a professional will refer an offender to VOM, they need to perceive VOM as credible and effective for the offender. Thus, having a positive attitude towards VOM seems to be a precondition for providing information about VOM and making a referral. The surveillance approach may be adopted by professionals who do not fully trust offenders, and such professionals may have a more cautious and critical attitude towards VOM. These professionals may be more risk averse and less willing to risk potential harm caused by bringing the victim and offender together, or they may not trust the offender to engage helpfully in VOM. With the restorative power and nature of VOM in our mind, professionals with a rehabilitation approach might be more convinced a priori of the benefits of VOM, resulting in more positive attitudes towards VOM. However, to the best of our knowledge, the relationship between work orientation and attitude towards VOM has not yet been empirically tested before. Thus, the study's second hypothesis is as follows:

H2: The stronger the professional's rehabilitation approach, the more positive their attitude towards VOM. The stronger the professional's surveillance approach, the more critical their attitude towards VOM.

When the professional has decided to introduce VOM to the offender, the way in which the offender is approached and offered information about VOM process can influence their willingness to participate. The literature identifies three different approaches to reaching out to victims about VOM: a protective, a proactive and a personalized approach (Van Camp & Wemmers, 2016; Elbers from Perspectief Herstelbemiddeling as cited in Reijerink, 2018). Although the literature focuses on victims, there is no reason to believe that these approaches do not apply to offenders as well.

First, the protective approach aims to protect the offender's emotional wellbeing and is characterized by a reluctance to provide information about VOM. It is based on the professional's belief that before mediation can occur, some recovery must take place, so that the offender is stable enough to participate in VOM without suffering an increase in stress or anxiety (Van Camp & Wemmers, 2016). There seem to be some risks associated with this approach. As described above, professionals sometimes tend to 'think for' the offender, but these thoughts may not correspond to the offender's actual thoughts and feelings (Krechtig et al., 2014). In addition, *Perspectief Herstelbemiddeling* (2019) states that even when an offender rejects the first suggestion that they participate in VOM, they may register themselves for VOM at a later stage. Thus, it might still be useful to inform offenders of VOM, regardless of their present motivation and recovery process. Informing them about VOM will make them aware of the possibilities and perhaps lead them to feel motivated to participate in the future.

In contrast, the proactive approach is characterized by the professional systematically and fully informing the offender about VOM, without the offender themselves having to make any effort to receive the information. Van Camp and Wemmers do not clearly define 'fully informing,' but this study assumes that it means that the offender receives all available information at the earliest opportunity without the professional specifically considering the stage of the offender's recovery and possible consequences for their emotional well-being.

Last, in the personalized approach, the individual offender has control over the information flow. The professional working with this approach tries to adapt their information provision to the offender's questions and attitude (Elbersen from Perspectief Herstelbemiddeling as cited in Reijerink, 2018). Thus, this approach seems to require the

professional's judgment of the offender. Again, it could be associated with a risk of the professional 'thinking for' the offender and possibly drawing incorrect conclusions.

Reijerink (2018) studied the effects of the three different approaches on victims' motivation to participate in VOM and did not observe any different outcomes from the use of a protective versus a personalized approach. However, her study did reveal that the use of a proactive approach resulted in a greater willingness to participate in VOM. In addition, Umbreit (1993;2002) notes that a proactive and assertive information provision approach is most effective in increasing participation in VOM.

The preference for a protective, proactive or personalized approach seems to differ based on the professional's beliefs about the effects of VOM. As noted above, one of this study's hypotheses is that the professional's attitude towards VOM is influenced by their work orientation. Thus, their work orientation might also influence their preferred information provision approach. As the surveillance approach and the use of a protective approach in information provision are both associated with risk aversion, professionals with a stronger surveillance approach may pay more attention to the potential risks of VOM and the emotional stability of the offender when informing them about VOM and may therefore prefer a protective or personalized approach. It has already been speculated that professionals with a rehabilitation approach might feel more positively about VOM and its effects. This positive attitude could result in fewer barriers to informing offenders about VOM because the professional might believe that VOM can have beneficial outcomes for the offender, leading them to adopt a proactive or personalized approach to information provision. Hence, the following hypothesis is proposed:

H3a: Professionals with a higher rehabilitation approach will be more inclined to prefer a proactive- or personalized approach to inform about VOM. Professionals with a higher surveillance approach are expected to prefer a personalized- or protective approach.

H3b: Effects from the professional's work orientation on the preferred approach to inform about VOM are mediated by the professional's attitude towards VOM.

The professional's behavior

Informing offenders about VOM is a behavior of the professional. Therefore, to understand information provision about VOM, it is useful to understand the factors that drive human behavior in general. One well-studied theory that describes and predicts human behavior is Azjen's (1991; 2002) Theory of Planned Behavior (TPB). In short, the theory

assumes that there are three variables (i.e., attitude, subjective norms and perceived behavioral control (PBC)) that together predict an individual's intention to perform a behavior. The intention is an indication of how willing the individual is to perform the behavior. In turn, the intention is a key predictor of the actual performance of the behavior: the stronger the intention, the more likely the behavior will occur (Ajzen, 1991).

The first variable is the individual's attitude towards the behavior. Attitude can be defined as the individual's beliefs and feelings about the behavior. An individual can have a positive or negative appraisal (i.e., evaluation). The second variable are the subjective norms. These are the individual's beliefs about the attitude obtained from relevant social relations, which can result in social pressure to perform (or not perform) the behavior. PBC is the third variable, which Ajzen (1991) describes as the perceived ease or difficulty (i.e., self-efficacy beliefs) of performing the behavior based on anticipated barriers and past experience. In general, a positive PBC, a favorable attitude and positive subjective norms, are key components of a strong intention to perform a behavior (Ajzen, 1991).

Translating the TPB to the context of this study, it might be necessary for professionals to have a positive attitude towards VOM before they can have a positive attitude towards informing offenders about VOM, as Umbreit (1993) already explains. If the professional has a negative attitude towards VOM, they will likely not find it appropriate to discuss VOM, resulting in a negative appraisal of the behavior. As for the subjective norms, professionals may need to be convinced that their colleagues positively appraise the behavior (i.e., talking about VOM with offenders), which will result in a healthy amount of social pressure to adhere to this norm. Lastly, PBC entails the professional having positive beliefs and enough confidence in their skills to introduce VOM to the offender. In line with the TPB, this study expects that these three variables together will predict the professional's intention to inform offenders about VOM, as formulated in the study's fourth hypothesis:

H4: The professional's attitude, subjective norms and perceived behavioral control about the behavior will together predict the professionals' intention to perform the behavior of talking to the offenders about VOM.

Influencing factors that facilitate and hinder information provision about VOM

In addition to identifying and understanding the factors that facilitate and hinder professionals informing offenders about VOM, it would be helpful to examine how these factors can be positively influenced to improve the VOM referral process. One of the primary problems that Umbreit (1993;2002) identifies in the VOM referral procedure lies in the

professional's (i.e., the referral source's) perception of the credibility of VOM. To overcome this problem, he advises 'classical negotiation' with the professional to convince them of the value of VOM and achieve a trustworthy and effective referral process for both parties. To establish this process, it may help for involved professionals to understand the procedures and terminology of VOM in order for them to be able to see the underlying joint interest and judge VOM as credible and effective for their clients (Umbreit 1993).

Providing an educational intervention about VOM could improve professionals' expertise, remove barriers to information provision and referral and establish a positive attitude towards VOM. In 2019, *Perspectief Herstelbemiddeling* noticed a 20% increase from the year before in applications for VOM from the organization *Slachtofferhulp Nederland*, which works with victims. They speculate that this increase was caused by educational interventions that they provided to *Slachtofferhulp Nederland*, which may have improved internal registration procedures and resulted in the professionals approaching more victims about VOM. Despite these speculations, there is to the best of our knowledge no research available on the effects of providing professionals with an intervention about VOM.

However, there are studies of the effects of short-term educational interventions in other domains. Sanders and Roberts (2000) showed that providing information in an attached survey caused positive changes in participants' perceptions and attitudes. Furthermore, the literature shows that discussing and examining signals of domestic violence is a topic with which some professionals struggle (Johnson et al., 2009). Several studies have tried to address these barriers by presenting an educational intervention (i.e., presenting information, showing a video, giving advice, presenting protocols) ranging from 30 to 120 minutes in length. These studies showed significant improvements in the professionals' confidence in addressing the topic, their attitude and their knowledge about the topic and strategies with which to respond to it (Johnson et al., 2009; Knapp et al., 2006; McCauley et al., 2003; Young et al., 2008).

An intervention may yield similar positive results in the context of VOM. Providing professionals with information about the value and potential benefits of VOM might lead them to form a positive attitude towards VOM. By participating in the intervention alongside their colleagues, professionals could learn about (positive) opinions from these social relations, which may help to establish positive subjective norms. Explaining motives to participate in VOM, signals that may reveal struggles with shame and guilt and practical tips about how and why to approach offenders in informing about VOM may affect their confidence, PBC and preference for a proactive approach. In addition, an intervention would provide professionals with the opportunity to express their concerns, perhaps reducing these.

However, one important factor must be taken into account: professionals' motivation to participate in the educational intervention. Kim and Pekrun (2013) explain that motivation can play a crucial role in learning and performance. When motivation is low, individuals do not start a learning task or discontinue it. If professionals are not interested or are not motivated to participate in an educational intervention about VOM, they may not experience any positive effects. Therefore, the following hypotheses are proposed:

H5a: Professionals who receive an educational intervention about VOM will have more optimistic attitudes towards VOM, feel more confident to address guilt and shame, and see a proactive approach as a more fitting approach to talk about VOM compared to professionals who did not receive the educational intervention.

H5b: The professional's motivation to participate in the intervention has a moderating effect, where a high motivation to participate results in positive effects from the intervention, and low motivation results in no effects from the intervention.

H6a: Professionals who receive an educational intervention about VOM will have a more positive attitude, subjective norms, perceived behavioral control and intentions to talk to offenders about VOM compared to professionals who did not receive the educational intervention.

H6b: The professional's motivation to participate in the intervention has a moderating effect, where a high motivation to participate results in positive effects from the intervention, and low motivation results in no effects from the intervention.

The current study

This study aims to identify factors that facilitate and hinder the provision of information about VOM to offenders with addiction problems. In addition, the study examines whether these factors can be positively influenced by providing professionals with an educational intervention about VOM. A substantial amount of research has showed that offenders' feelings of guilt and shame can motivate them to participate in VOM, where these feelings can be dealt with (Dierx et al., 2012; Hansen & Umbreit, 2008; Umbreit et al., 2004). Professionals' perception of their working alliance with the offender may positively or negatively influence their confidence in discussing feelings of guilt and shame with the offender (H1). A rehabilitation or surveillance work orientation in working with offenders could influence professionals' attitudes towards VOM (H2) and their preferred information provision approach (H3). It is assumed in this study that professionals can inform offenders about VOM without any individual considerations (i.e., proactive approach) only if it is

considered appropriate (i.e., personalized approach) or that they may be very reluctant to inform offenders about VOM because they do not believe VOM is helpful for the offenders (i.e., protective approach). The intention to introduce VOM to the offender might originate from the professional's attitude, subjective norms and PBC beliefs about the behavior, as Azjen's (1991; 2002) TPB proposes (H4). The current study will test how an educational intervention about VOM impacts these factors (H5 & H6). Figure 1 illustrates a schematic overview of the conceptual model with the study's expected relationships.

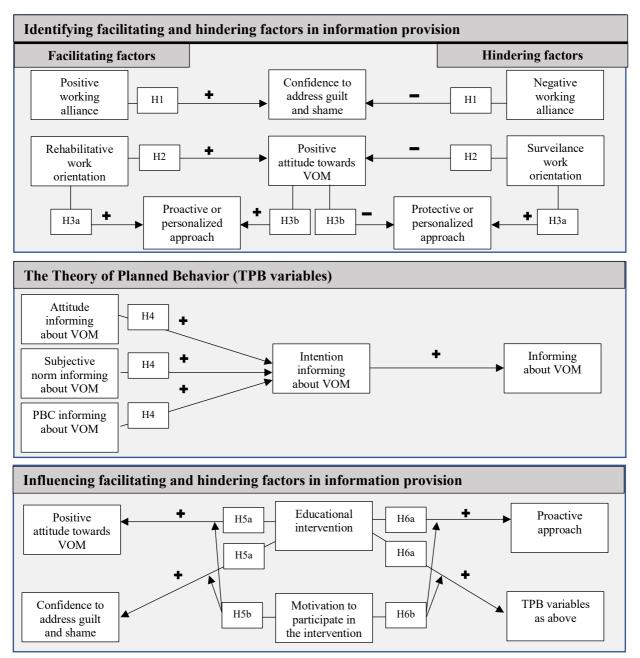


Figure 1. Proposed research model including the expected facilitating and hindering variables that together predict and explain the intention to talk about VOM with the offender.

Method

Design and ethics approval

This research deploys a quasi-experimental design in which the quantitative independent- and dependent variables were measured before and after the educational intervention. An online questionnaire with open and closed-ended questions was used to measure and identify the hindering and facilitating factors. To establish a baseline and examine possible effects from the treatment (i.e., educational intervention) the variables were measured in pre- and post-measurement. Ethics approval was obtained from The Ethics Committee of the University of Twente (Behavioral, Management, and Social Sciences) and management from the participating locations from *Tactus Verslavingszorg* approved the study. Before collecting data, participants gave informed consent to use the data anonymously for research purposes.

Treatment: the educational intervention

In collaboration with Perspectief Herstelbemiddeling, who are experts in VOM and restorative justice, five educational meetings were organized. The intervention was designed for the professionals in the current study, who work for *Tactus Verslavingszorg*, a healthcare addiction institution in the Netherlands, in two different locations. The first location (Pannenkoekendijk, Zwolle) is a protected living facility and ambulatory setting in which clients (some of whom are offenders) are treated for their addiction problems. The second location (Piet Roordakliniek, Apeldoorn) is a forensic addiction clinic; here, convicted male offenders receive treatment for their addiction and guidance regarding reintegration in society. These two locations were chosen because it was believed that they would benefit from the study, as they had no recorded referrals to VOM in the nine months prior to the study's beginning (Personal communication with Perspectief Herstelbemiddeling, January 4, 2022). For the face-to-face intervention, a presentation of around 60 minutes in length was developed by the researcher in collaboration with one communication expert from *Perspectief* Herstelbemiddeling, two mediators experienced in conducting VOM and training professionals about VOM from Perspectief Herstelbemiddeling and two professionals from Tactus Verslavingszorg. The intervention was based primarily on the mediators' experience and scientific knowledge obtained from Perspectief Herstelbemiddeling. By involving the professionals from Tactus Verslavingszorg in the development of the intervention, it was possible to adjust the intervention based specifically on the audience's current knowledge, experience, questions and interests regarding VOM. The intervention mainly focused on

introducing professionals to VOM, as it was suspected that the professionals would be relatively new to VOM. The subjects covered in the intervention where the value of VOM, the suitability of VOM for offenders with addiction problems, potential signals from offenders that may reveal struggles with feelings of shame and guilt, information about possible motives from offenders to participate in VOM, information about the referral and subsequent process and practical tips for introducing VOM to the offender. Because there was a large amount of information to be presented in only 60 minutes, additional information (i.e., online factsheets) about practical tips for introducing VOM to the offender and the process of VOM were sent to the professionals after the intervention. The intervention was supported with a PowerPoint presentation and video material, an overview of which is included in Appendix A¹, along with the factsheets.

Participants

One-hundred-and-ten professionals working with offenders with addiction problems were approached via email to take part in the research. Inclusion criteria were as follows: professional working with offenders with addiction problems, a minimum age of 18 years old, and giving permission for anonymous processing the results for scientific research. A response came from 77 professionals (response rate: 70%) of which six were completely removed from the database because they did not provide data other than their demographics. Of the 71 professionals, 52 (72.2%) participated in the pre-measurement and 57 (80.2%) in the post-measurement. Thus, 36 (50.7%) professionals participated in both measurements and 35 (49.3%) either in the pre- or post-measurement. Thirty-six (50.7%) professionals followed the educational intervention and 35 (49.3%) did not².

Most professionals are of the female gender (N = 44, 62%), followed by 25 (35.2%) males and for two (2.8%) professionals the gender is unknown. Their age ranged between 21 and 63 years old (M = 35.71, SD = 11.58) and 68 (95.8%) professionals are of Dutch nationality. Most professionals are higher professional educated (N = 31, 43.7%), followed by 25 (35.2%) of secondary vocational educated, 11 (15.4%) of university educated and four (5.6%) of other education level or unknown. The number of years in work experience with offenders ranged between 0 and 25 years (M = 6.30, SD = 6.15) and 43 (60.6%) professionals were located in the ambulatory setting or protected living facility, 23 (32.4%) in the forensic

_

¹ The content of the intervention is in the Dutch language, as this was the spoken language of the participants.

² The group that participated in the intervention does not seem to differentiate from the group that did not participate. An overview of the demographics of the participating professionals is provided in Appendix B.

clinic and five (7%) on another location or unknown. For 15 (21.2%) professionals the number of offenders in their caseload is unknown, 19 (39.4%) exclusively work with offenders and for the remaining professionals, their caseload consists on average of 47.2% (SD = 29.74) offenders according to their own indication. The decision was made to involve all professionals with different functions as they are all interacting with the (same) offender. Perhaps in some cases, the offender may find it easier to express feelings of guilt and shame with the professionals with the strongest relationships, regardless of their function. Thus, it seemed relevant to make all professionals aware of VOM. However, it could be expected that if an offender expresses motivation for VOM by for example the work supervisor, the work supervisor addresses this by the psychologist to check whether this is helpful in treatment. Hence, for all professionals it might be useful to know about VOM, but it might be expected that actual referrals are more likely made by professionals who hold functions that focus more on treatment. Thus, the professionals in this study represent a broad variety of 21 different functions which are displayed in Table 1.

Table 1. *Varieties of Function of Respondents.*

Function	N	Percent
Activities supervisor	2	2.8
Ambulatory residential supervisor	8	10.3
Expert of experience	1	1.4
Facilities employee	1	1.4
Head practitioner	1	1.4
Host – security	2	2.8
Social worker	11	15.5
Psychiatrist	1	1.4
Psyciatric nurse	1	1.4
Psychologist	3	4.2
Psychomotor therapist	1	1.4
Senior sociotherapist	3	4.2
Sociotherapeutic worker	13	18.3
Sociotherapist	3	4.2
System therapist	2	2.8
Nurse	6	8.5
Nurse specialist	2	2.8
Nurse specialist in training	1	1.4
Manager	1	1.4
Mental health psychologist	1	1
Work supervisor	1	1.4
Unknown	2	2.8

Materials

To the best of our knowledge, no existing measurement instrument was available for collecting data from the variables of interest in this study. Hence, a new measurement

instrument was developed. Two online questionnaires with open and closed-ended questions were developed with the online tool Qualtrics. The instruments collected demographics and data from (sub)scales of which a more complete description of the individual elements will follow. All statements could be answered with a five-point Likert scale ranging from strongly disagree (1) to strongly agree (5). The first questionnaire holds ten demographic questions and ten subscales with a total of 74 items. Forty-eight of those items divided over seven subscales were also used in the second questionnaire. For the second questionnaire demographics were only requested for respondents who did not participate in the pre-measurement. Both questionnaires contained nine filtered open-ended questions to explore their experience of talking about VOM and making referrals in more detail. For example: 'Please describe a situation where you discussed VOM with the offender and why you choose to do so', and 'Please describe in several sentences the case/situation in which you made a referral'. To evaluate the intervention, in the second questionnaire one scale with 12 items, two closed-ended and two open-ended were added. A complete overview of both questionnaires with all open and closed-ended questions is provided in Appendix C³.

The study attempted to use as many existing measurement instruments as possible to increase validity and reliability. When this was not possible, analysis to test the validity and reliability of the items was performed on the data from pre-measurement and for the evaluation scale from post-measurement. For testing validity, factor analysis with the Oblimin rotation method was used where factors (i.e., dimensions) were derived based on the strength of correlations. The Oblimin rotation method was chosen because factors might be correlated. Cronbach's alpha and Pearson correlation assessed the reliability of items. An elaborated description of the development, validity and reliability of all individuals' variables of interest is provided below.

Confidence to address guilt and shame. Eight items were created to measure the professionals' confidence to address feelings of guilt and shame with their clients. To our best knowledge, there was no existing measurement instrument. Therefore, measurement instruments that measure confidence to address intimate partner violence, which is a sensitive and difficult topic to address according to professionals, were used as a basis for this scale (Gutmanis et al., 2007; Jayatilleke et al., 2015). One example of the eight items is: 'In general, I feel confident in asking about experiencing feelings of guilt and shame'. The higher the score for this subscale, the higher the professionals' confidence to discuss guilt and shame

-

³ The questionnaires are in the Dutch language, as this was the spoken language of the participants.

with offenders. Factor analysis unexpectedly revealed two unclear distinctive dimensions. However, three items cross-loaded on both factors. Because the first factor explains 50.48% of the variance and the second factor only 15.63%, it was decided to keep the one-factor structure for this scale. Cronbach's alpha revealed good reliability for the subscale ($\alpha = .85$).

Perceived working alliance. The subscale of working alliance measures the professionals' perception of having a positive (high scoring) or negative (low scoring) working alliance with the offenders in general. Seventy-five percent of the worldwide studies between 2011 and 2017 about effects from working alliance use the measurement instrument WAI-S-T from Tracey and Kokotavic (1989) or the WAI-SR-T from Hatcher and Gillaspy (2006) (Flückiger et al., 2018). Hatcher and his colleagues (2020) created the WAI-S-T-IRT that accounts for therapist rated effects. As they validated a two-dimension structure (i.e., goal/task- and bonding dimension) for the scale, this study maintained this structure for the 11 items based on the WAI-S-T-IRT.

Perceived agreement with the client. Six items measured the amount of a positive perspective regarding the agreement on goals and tasks between the client and the professional. One example of an item is: 'In general, the client and I have a good view of the changes that would be good for the client'. Reliability analysis showed acceptable reliability with $\alpha = .76$.

Perceived relationship with the client. Five items were presented to assess the bonding aspect of the working alliance. An example is: 'In general, I can appreciate most clients for who they are as a person'. Cronbach's alpha showed moderate reliability with $\alpha =$.67. Additional analysis revealed that the reliability could be improved to $\alpha = .76$ by removing one item (i.e., 'In general, I cannot fully trust most clients'). Because the removed item has similarities with the included item of 'I think that it frequently occurs that there is a lack of trust between the client and myself', it was not used in further analysis.

Work orientation. The subscale work orientation measures the presence of a rehabilitation or surveillance approach. Ten items were mostly based on items from van den Heuvel (2014) who used a ten-item scale to measure the presence of a rehabilitation or surveillance approach amongst professionals working with offenders. As she validated the scale, additional factor analysis was not necessary. Examples of items are: 'Rehabilitation programs ensure that offenders can easily escape punishment' and 'Everyone deserves a second chance, regardless of the seriousness of the crime'. High scoring on this subscale

reflects a stronger orientation for a rehabilitation approach and low scoring a surveillance approach. Cronbach's alpha showed the subscale was of moderate reliability with $\alpha = .65$.

Attitude towards VOM. The professional's attitude towards VOM was measured with eight items. Items were partly based on instruments measuring attitudes towards suspended sentences (Van Gelder et al., 2015) and attitudes from the general public towards VOM (Aulkemeyer, 2019). Factor analysis was performed because this was a newly created scale. However, the analysis revealed problematic finding as there were three dimensions with all unacceptable reliability scores ($\alpha = .45$, $\alpha = .41$, r = .13). Three items were problematic in particular and were therefore removed. Additional factor analysis with the remaining five items revealed a one-factor structure that explained 36.81% of the variance. Reliability analysis with the five items revealed bad results with $\alpha = .52$, but removing items would decrease the reliability further. Two examples of this scale are: 'A mediated conversation between the victim and offender, guided by a professional mediator, helps to establish justice' and 'In general, I am critical about the idea of victim and offender meeting each other under the guidance of a mediator'. High scoring on this subscale means a more positive attitude towards VOM.

The preferred approach to inform about VOM. Opinions about the three approaches to inform offenders about VOM was measured with 12 items. The items were mostly based on the measurement instrument from Reijerink (2018) who created scales for measuring the presence of a personalized, protective or proactive approach amongst mediators to inform about VOM. As she already validated the scales in her study, additional factor analysis was not necessary.

Proactive approach. Four items measured the presence of a proactive approach, where high scoring reflects a stronger preference for this approach. One example of an item is: 'The client's needs to be fully informed about the possibilities for VOM, regardless the effort the clients show to receive information about VOM'. Cronbach's alpha showed moderate reliability ($\alpha = .63$).

Personalized approach. The personalized approach was covered with four items where higher scoring means a stronger preference to adopt the approach. One example of an item is: 'The amount of information provided about VOM should depend on the questions and attitude of the client'. Cronbach's alpha showed insufficient reliability with $\alpha = .42$. The reliability was decreased by the following two items: 'Information about VOM must only be provided after identifying a need from the client to be informed' and 'A precondition for

informing clients about VOM must be that the client is emotionally stable enough to ensure that information about VOM does not cause an increase in stress or negative consequences'. Thus, the items were removed from the subscale to increase the reliability to an acceptable level (r = .49).

Protective approach. Four items were displayed to measure the strength of preference for a protective approach. One example of an item is: 'The clients should only be informed about VOM after he or she asks for this themselves'. High scoring on this subscale means a stronger preference to adopt a protective approach. Cronbach's alpha showed moderate reliability ($\alpha = .64$) for this subscale.

Attitude towards informing about VOM. This subscale measured the presence of a favorable or unfavorable attitude towards informing offenders about VOM. High scoring on this scale reflects a stronger positive attitude. Ajzen (2019) made instructions for making a TPB questionnaire which was inspected before creating the subscale. In addition, items were partly based on the study of Brox (2020) who measured attitudes towards participating in VOM amongst the general public. Six items were displayed of which one example is: 'In general, I think it is valuable if I would talk about victim-offender mediation with my clients'. Factor analysis for this new scale confirmed the one-factor structure that explained 55.85% of the variance. Cronbach's alpha revealed that the subscale is of good reliability with $\alpha = .83$.

Subjective norms towards informing about VOM. Four items measured the professional's subjective norms of informing offenders about VOM. Again, the study of Bronx (2020) and instructions from Azjen (2019) were used as a basis for the creation of the items. In addition, the survey from Paul and Sheck-Hamlin (2018) that measured influences of subjective norms from the general public to participate in VOM was used as inspiration. Factor analysis revealed two dimensions of which one item (i.e.., 'I think it is important that my actions meet the expectations of the team') loaded on the second factor. Examining this item revealed that it is about subjective norms in general and not specifically for VOM like the other items. Therefore, the item was removed from further analysis. The remaining three items loaded in a one-factor structure that explains 44.14% of the variance and is of moderate reliability ($\alpha = .61$). One example is: 'In general, my team would find it important to bring victim-offender mediation to the attention of clients'. High scoring on this scale reflects stronger positive subjective norms of informing offenders about VOM.

PBC towards informing about VOM. To measure the strength of a positive PBC of informing offenders about VOM, the instructions from Azjen (2019) and the study from

Bronx (2020) again served as a basis. Six items were created of which factor analysis revealed the following two dimensions.

PBC self-efficacy beliefs. Four items loaded on the first factor which explains 48.29% of the variance and contains items measuring the professional's PBC self-efficacy beliefs. High scoring on these items reflected a more positive evaluation of their abilities to exert control over their behavior. One example of the four items is: 'In general, it would be easy for me to discuss VOM with my clients'. Cronbach's alpha showed that the subscale has a good reliability with $\alpha = .81$.

PBC preparedness. Two items measured the appraisal about PBC beliefs specifically about feeling prepared to inform offenders about VOM in terms of knowledge and capacities. One example of an item is: 'Informing offenders about VOM requires more preparation before I am able to perform this'. The higher the scoring on this subscale, the more professionals feel prepared to inform offenders. The two items explain 20.96% of the variance and were acceptable in reliability (r = .46).

Intentions of informing about VOM. Four items measured the strength of the professionals' intention to inform offenders about VOM. The higher the scoring on this subscale, the stronger the intention. As for the other TPB variables, before creating the items the instructions from Azjen (2019) and the study from Bronx (2020) were inspected. Factor analysis confirmed the one-factor structure that explained 67.55% of the variance. One example of an item is: 'In general, I have the intention to talk about victim-offender mediation with my clients'. Reliability analysis revealed that the scale is of good reliability ($\alpha = .83$).

Motivation to participate in the intervention. Five items measured the professional's motivation to participate in the intervention. The higher the score, the more positive their motivation to participate. The items are obtained from the Situational Motivation Scale (SIMS) from Guay and colleagues (2000) and adjusted to the context of an educational intervention about VOM. As the SIMS scale is already validated by Guay and colleagues (2000), additional factor analysis was not performed. A good example of an item is: 'I think it is important to receive an educational intervention about victim-offender mediation'. Cronbach's alpha showed low reliability with $\alpha = .52$. Removing one item (i.e., 'I will follow an educational intervention about VOM, but I am not sure yet if it will bring me anything positive') increased the reliability to $\alpha = .85$. The removed item seems to reflect doubts about motivation and is therefore not used in further analysis to measure the strength of motivation.

Evaluation intervention. The intervention in this study is specifically adjusted for this research and therefore a new subscale with 12 items was created. A distinction was made between evaluative- and corresponding interest items. As an illustration, the following two examples of items correspond: 'The intervention gave me more insight into the value of VOM for victims and offenders' (i.e., evaluative item), and 'It was important for me to discover during the educational intervention what the value of VOM can be for victims and offenders' (i.e., interest item). Factor analysis for the six evaluation items confirmed a one-factor structure that explained 54.3% of the variance and the subscale was of good reliability (α = .82). The interest items contained two dimensions after factor analysis. However, one item cross-loaded and all the six items loaded strongly on the first factor which explains 48.21% of the variance. The reliability of this one-factor structure was acceptable (α = .77).

Regardless of the validity and reliability of the evaluation- and interest subscales, the decision was been made to perform further analysis with the individual items to provide more in-depth conclusions. The items reflect evaluation and interest in the subjects that were present in the intervention (i.e., the value of VOM, the suitability of VOM for offenders with addiction problems, potential signals of offenders, practical tips to introduce VOM, the referral procedure, and the process after registration for VOM).

Procedure

The setup for the study and intervention was developed by the researcher in collaboration with the University of Twente, *Perspectief Herstelbemiddeling* and the participating locations from *Tactus Verslavingszorg*. The researcher approached all professionals from the two locations via internal and secured email, and in some cases additional face-to-face discussions, to invite them to participate in the study. The email contained information about the purpose, design and expectations of the study and explained that the data would be confidential and anonymous. In addition, the email contained a personalized link to the online survey and an invitation to participate in the intervention. The researcher kept track of the response rate during this stage and over a period sent three reminder emails to professionals who had not yet responded. An example email of an invitation is provided in Appendix D⁴.

Clicking on the personalized link directed the professionals to the online survey. Before beginning the survey, they received information about the setup, instructions and an

-

⁴ The example email is provided in the Dutch language, as this was the spoken langue of the participants.

explanation of the five-point Likert scale. They had to provide their informed consent before continuing with the survey. Additionally, they received information about VOM in case they were completely unfamiliar with it. After they had completed the survey, the professionals were thanked for participating and informed about how to contact the researcher if they had any concerns or questions. As described earlier, an example of the survey is attached in Appendix C.

Subsequently, 36 professionals participated in one of the five educational interventions presented by Perspectief Herstelbemiddeling. In four of the meetings, the researcher was present for observational purposes. Before starting the intervention, the researcher thanked the professionals for their participation and explained the goal of the observation (i.e., to determine whether there were major differences across the meetings). Professionals participated in the approximately hour-long intervention in groups ranging from four to 12 participants⁵. The mediators from *Perspectief Herstelbemiddeling* presented the intervention and covered the content that had been developed in advance (i.e., as described in the treatment paragraph above). During some of the meetings, the mediator, in consultation with the audience, decided not to use the PowerPoint material in order to make the session more interactive. This was particularly the case in the smaller groups. Overall, there was interaction in all the meetings, as the professionals took the opportunity to express their opinions and ask questions. The mediators used multiple examples of their own experience with VOM to relate the information they presented to practice. When closing the meeting, the mediator explained how professionals could obtain more information about VOM or ask additional questions. Afterwards, the professionals received the PowerPoint presentation, the video materials and the selected factsheets (i.e., as described in the treatment paragraph above) by email from the researcher or collaborating professionals from *Tactus Verslavingszorg*. During this stage, the 35 professionals who did not participate in the intervention were not actively involved in the study. These professionals did however receive the same information as the participating professionals (i.e., the PowerPoint, video materials and factsheets) via email.

The last phase of the study started after a minimum of four weeks after the intervention. As before, all professionals received an email containing an invitation to complete a second survey, following the same procedure as in the first phase. Additionally, the email emphasized that it did not matter if they had participated in the intervention or completed the first survey. It was explained that if they had completed the first survey, some

_

⁵ A total of 44 professionals participated in the five meetings, of which 36 participated in the study.

questions in the second survey might seem familiar. Hence, participants were instructed asked to answer the questions according to their current beliefs. Again, the researcher monitored the response rate and sent three reminder emails over a period to professionals who had not yet responded. During the first week of this phase, one participant pointed out an error the researcher has made. This participant noted correctly that in the subscale provide for the evaluation of the intervention, the five-point Likert scale displayed the following: (1) strongly disagree, (2) disagree, (3) neutral, (4) agree and (5) disagree. The researcher tried to fix this error but did not manage to do so. Hence, all professionals received an additional email addressing this error and providing instructions on how to handle it (i.e., to treat the fifth point as 'strongly agree' instead of' disagree'). As before, professionals were thanked after completing the survey and informed how to contact the researcher.

Data-analysis

Data were analyzed using SPSS version 26 (i.e., Statistical Package for the Social Sciences; IBM). Participants were removed from the data if they only provided data about demographics. This was the case for eight participants in the pre-measurement and seven in the post-measurement, excluding six participants completely from the total database. In addition, one participant was removed in the pre-measurement as the survey was completed after following the intervention. For the open-ended questions, data from three participants were removed as they only provided question marks or a zero. Reversed formulated items in the subscales were recoded to make the answers equal to each other. To analyze with as much data as possible, missing items in the pre-measurement were replaced by the average of the observed values for that item (single-imputation method: imputing unconditional means). This was the case for 19 participants and only performed for variables examining differences in pre- and post-measurement. As described in the materials paragraph, factor- and reliability analyses were performed in SPSS to test the validity and reliability of the questionnaire.

Pearson correlations were computed to explore the data, measure correlations between variables (i.e., independent and dependent) and identify significant relationships and their direction. Furthermore, multiple regression analysis was used to examine individual influences of the independent variables (i.e., predictors) on the dependent variables as they increase or decrease. In some regression models, there were relatively many predictors for the sample size. Thus, additional bootstrap analysis was performed to control for the sample size where larger sample sizes (N = 1000) were simulated based on the sample. Lastly, paired

samples t-test was executed to distinguish any differences in means within the sample for the evaluation of the different topics of the intervention.

Again, it was important to keep as many respondents as possible. However, at the same time, it was important to control for influences of demographic variables. Not all demographic variables were used because of missing data that reduced the samples that could be used in regression analysis, or a lack of variety in data which made it impossible to make conclusions about the population. For example, the number of years in work experience with offenders had 12 (16.9%) missing values. Using this variable as a predictor would limit the sample size as the 12 respondents would be excluded in the regression analysis. Another illustrative example is the variety in functions. The professionals represent 21 different functions of which ten have only one representation in the database. Using the different functions as predictors could give wrongful impressions about the entire population. Hence, only the demographic variables of ages and gender were used in further analysis.

Furthermore, no extensive analysis was performed on the qualitative data from the open-ended questions as this was not a substantial amount. Provided answers were examined by reading them in the SPSS database and they are shortly addressed in the result section.

Results

Identifying facilitating and hindering factors

This first part of the results section contains the study's findings from identifying facilitating and hindering factors in information provision (i.e., hypotheses one, two, three and four).

Descriptive statistics and correlations. To explore the data and test relationships in strength and directions, the descriptive statistics and Pearson correlations of all independent and dependent variables for testing the first four hypotheses are summarized in Table 2.

Hypothesis one. Professionals who perceive a more positive working alliance with their clients will have more confidence to address feelings of guilt and shame with the offender.

The professionals' confidence to address shame and guilt was overall high with an average score of 3.79. The Pearson correlation showed a significant positive relationship between professional's confidence and the perceived relationship with the client (r = .40, $\rho = <.01$), but not the perceived agreement (r = .21, $\rho = >.05$). In line with the hypothesis, the stronger the perception of a positive working alliance (i.e., in terms of relationship), the higher the professionals' confidence to address feelings of guilt and shame with the offender.

Table 2.

Descriptive Statistics and Pearson Correlations between the Main Variables.

Va	riables	N	M	SD	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1.	Gender	69	1.64	.48	-														
2.	Age	69	35.71	11.58	07	-													
3.	Pre- Confidence shame and guilt	49	3.79	.48	.09	.06	-												
4.	Perceived agreement	49	3.25	.53	.18	02	.21	-											
5.	Perceived relationship	49	3.95	.49	.23	20	.40**	.41**	-										
6.	Work orientation	52	3.48	.43	.07	.06	.27*	.19	.20	-									
7.	Pre- Attitude VOM	52	3.51	.35	.21	.14	.33**	.03	.19	.43**									
8.	Pre- Proactive approach	49	3.28	.44	03	.17	.12	.07	.12	.34*	.24*	-							
9.	Pre- Personalized approach	49	3.63	.49	00	09	04	17	07	.07	11	23*	-						
10.	Pre- Protective approach	49	2.47	.41	25*	.02	46**	16	20	22	37**	.01	17	-					
11.	Pre- Attitude informing	48	3.76	.44	.26*	.03	.53**	.29*	.28*	.30*	.47**	.14	.09	69**	-				
12.	Pre- Subjective norm informing	48	3.38	.51	.23	.06	.53**	.20	.10	.23	.19	05	.13	58**	.68**	-			
13.	Pre- PBC self- efficacy	48	3.21	.54	.06	.01	.60**	.21	.26	.22	.04	.12	.12	51**	.39**	.55**	-		
14.	Pre- PBC preparedness	48	2.52	.58	16	.15	.41**	.18	.06	.18	.05	.04	18	.03	.21	.27*	.35**	-	
	Pre- Intentions	48	3.28	.52	.10	11	.33**	.18	.07	.33*	.21	.19	.20	49**	.52**	.61**	.59**	.19	

Note: *p <.05. **p<.01 (2-tailed). Gender: male = 1, female = 2. Dependent variables: 3,6,7,8,9,10,15. Independent variables: 1,2,4,5,6,7,11,12,13,14.

Multiple regression analysis with professionals' confidence to address guilt and shame as dependent variable showed a significant model (R^2 = .119; F (4.44) = 2.62, ρ = <.05), providing support for the hypothesis. The perceived relationship with the offender is the strongest predictor in the model (β = .48, t (4) = 2.66, ρ = <.05). Hence, if the strength of the relationships goes up by the value of 1, the confidence to address guilt and shame increases by .48. The other predictors did not have any significant contributions to the model when taking into account the other predictors (Table 3.). The adjusted R square of .199 revealed that the model accounts for 19.9% of the variance in professionals' confidence to address feelings of shame and guilt.

Table 3. Regression Model with Professionals' Confidence to Address Guilt and Shame as Dependent Variable, Including β , SE, t and ρ for Every Predictor.

Pre	edictor variables	β	SE	t	ρ
1.	Gender	.04	.17	.28	.77
2.	Age	.00	.00	1.26	.21
3.	Perceived agreement with client	.04	.16	.25	.79
4.	Perceived relationship with client	.48	.18	2.66	.01

Note. All significant predictors are in bold. Gender: male = 1, female = 2.

Based on the Pearson correlations and the multiple regression analysis, hypothesis one is accepted.

Hypothesis two. The stronger the professional's rehabilitation approach, the more positive their attitude towards VOM. The stronger the professional's surveillance approach, the more critical their attitude towards VOM.

The overall score in work orientation was above the midpoint (M = 3.48), showing a stronger use of the rehabilitation approach amongst participants. In general, their attitude towards VOM was more positively than critical (M = 3.51). In line with the hypothesis, there was a significant positive relationship between work orientation and attitude towards VOM (r = .43, ρ = <.01). The higher the orientation for a rehabilitation approach, the more positive their attitude towards VOM.

Multiple regression analysis with attitude towards VOM as the dependent variable resulted in a significant model that accounts for 22.2% of the variance in the professional's attitude towards VOM ($R^2 = .222$; F (3.48) = 5.85, $\rho = <.01$). If the professional's orientation becomes stronger rehabilitative, their attitude about VOM positively increases by .37 ($\beta = .37$,

t (3) = 3.21, ρ = <.01). The gender and age of the professionals did not have significant predictive power for the attitude towards VOM after controlling for the impact of work orientation (Table 4).

As the Pearson correlation and multiple regression analysis provided support for the hypothesis, the second hypothesis is accepted.

Table 4. Regression Model with Work Orientation as Dependent Variable, Including β , SE, t and ρ for Every Predictor.

Predictor variables	β	SE	t	ρ
1. Gender	.20	.10	1.96	.05
2. Age	.00	.00	1.55	.12
3. Work orientation	.37	.11	3.21	.00

Note. All significant predictors are in bold. Gender: male = 1, female = 2.

Hypothesis three (a). Professionals with a higher rehabilitation approach will be more inclined to prefer a proactive- or personalized approach to inform about VOM. Professionals with a higher surveillance approach are expected to prefer a personalized- or protective approach.

Overall, the personalized approach to inform offenders about VOM was most favored by the professionals in this study (Figure 2). As hypothesized, there was a significant positive relationship between work orientation and the preference for a proactive approach (r = .34, $\rho = <.05$). Meaning if the use of a rehabilitation approach becomes stronger, the preference for the proactive approach increases. The work orientation did not significantly affect the preference for a personalized approach (r = .07, $\rho = >.05$) or the protective approach (r = .22, $\rho = >.05$), providing no evidence against the null hypothesis.

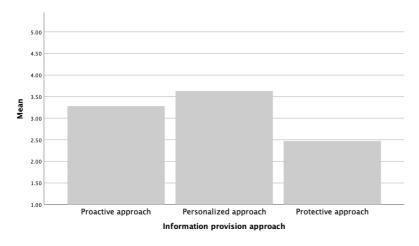


Figure 2. Mean scores for the different information provision approaches on pre-test (N = 49).

The first model created with multiple regression analysis with the proactive approach as the dependent variable was overall significant ($R^2 = .108$; F (3.48) = 3.06, $\rho = <.05$). As Table 5 illustrates, an increase in rehabilitation approach by the value of 1, strengthens the preference for a proactive approach to inform offenders by .40 ($\beta = .40$, t (3) = 2.52, $\rho = <.05$). Hence, this finding was in line with the hypothesis.

Table 5. Regression Model with Proactive, Personalized or Protective Approach as Dependent Variable, Including β , SE, t and ρ for Every Predictor.

	Proac	tive ap	proach		Perso	nalize	d approa	ach	Prote	ctive a	pproach	
Predictor variables	β	SE	T	ρ	β	SE	t	ρ	β	SE	t	ρ
4. Gender	02	.14	20	.83	03	.17	22	.82	27	.13	19	.05
5. Age	.00	.00	1.45	.15	07	.00	88	.38	.00	.00	04	.96
6. Work orientation	.40	.16	2.52	.01	.10	.19	.55	.57	22	.15	-1.45	.15

Note. All significant predictors are in bold. Gender: male = 1, female = 2.

However, a regression model with the personalized approach as dependent variable was not a significant model ($R^2 = -.040$; F (3.48) = 3.48, $\rho = >.05$). Neither was the regression model with the proactive approach as dependent variable ($R^2 = .067$; F (3.48) = 2.27, $\rho = >.05$). Hence, these two models do not provide support for the hypothesis.

Pearson correlation and multiple regression analysis only found support for effects from the work orientation on the proactive approach. Professionals with a stronger rehabilitation approach in this study had a higher preference for the proactive approach. In contrast, there were no significant influences from work orientation on the preference for the personalized or proactive approach. Therefore, the third hypothesis (a) is only partly accepted.

Hypothesis three (b). Effects from the professional's work orientation on the preferred approach to inform about VOM are mediated by the professional's attitude towards VOM.

The accepted hypothesis two already confirmed there was a significant relationship between work orientation and attitude towards VOM. As no influences from work orientation on the personalized or protective approach appeared, there is no mediator effect from the professional's attitude towards VOM here. However, there could be a mediator effect from the professional's attitude towards VOM on the relationship between the work orientation and the proactive approach as there was a significant effect for this relationship.

Multiple regression analysis with the proactive approach as the dependent variable and the attitude about VOM as an additional predictor revealed an overall model that was not

significant ($R^2 = .097$; F (4.47) = 2.37, $\rho = > .05$). As Table 6 shows, the attitude towards VOM did not have additional value in predicting the preference for the proactive approach.

No mediation effects were found in this study from the professional's attitude towards VOM on the relationships between work orientation and the preferred approach to inform offenders. Thus, hypothesis three (b) is rejected.

Table 6. Regression Model with the Proactive Approach as Dependent Variable, Including β , SE, t and ρ for Every Predictor.

Predictor variables	β	SE	t	ρ
1. Gender	05	.15	37	.71
2. Age	.00	.00	1.26	.21
3. Work orientation	.35	.17	2.00	.05
4. Attitude about VOM	.12	.19	.65	.51

Note. All significant predictors are in bold. Gender: male = 1, female = 2.

Hypothesis four. The professional's attitude, subjective norms and perceived behavioral control about the behavior will together predict the professionals' intention to perform the behavior of talking to the offenders about VOM.

Pearson correlation confirmed positive significant relationships between the intention to inform offenders and the attitude about informing (r = .52, $\rho = <.01$), subjective norms about informing (r = .61, $\rho = <.01$) and the PBC self-efficacy beliefs (r = .59, $\rho = <.01$). As hypothesized, the attitude, subjective norms and PBC seem to positively influence the intention to inform offenders about VOM.

Closer examining individual influences, multiple regression analysis was performed with the intention as a dependent variable. There was an overall significant model which accounts for 46.3% of the variance in professionals' intention to inform offenders (R^2 = .463; F (6.62) = 10.77, ρ = <.01). The strongest predictor in the model was the PBC self-efficacy beliefs. If these PBC beliefs increased by 1, the intention to inform about VOM strengthens by .34 (β = .34, t (6) = 3.26, ρ = <.01). The intention increases by .32 if the professionals' appraisals about subjective norms became more positive by 1 (β = .32, t (6) = 2.30, ρ = <.05). When taking into account these predictor variables, the other predictors did not have any significant contributions to the model (Table 7). Additional bootstrap analysis was performed because of the relatively small sample size for six predictors. The subjective norms did not have any significant predictive power in the model anymore but the PBC self-efficacy beliefs still did (Table 7).

Table 7. Regression Model with the Intention to Inform as Dependent Variable, Including β , SE, t and ρ for Every Predictor.

Pre	edictor variables	β	SE	t	ρ	Bootstrap analysis confidence interval
1.	Gender	06	.10	65	.51	[2509]
2.	Age	00	.00	-1.61	.11	[0100]
3.	Attitude about VOM	.22	.14	1.56	.12	[1756]
4.	Subjective norm	.32	.13	2.30	.02	[0173]
5.	PBC self-efficacy	.34	.10	3.26	.00	[.0960]
6.	PBC preparedness	04	.08	45	.65	[2721]

Note. All significant predictors are in bold. Gender: male = 1, female = 2.

Based on the Pearson correlation and the multiple regression analysis, the fourth hypothesis is accepted. This study found evidence that attitude, subjective norm and PBC predict the intention to inform offenders about VOM.

Influencing facilitating and hindering factors

The results from exploring the impact of an educational intervention about VOM are described in this second part of the results section (i.e., hypotheses five and six).

Descriptive statistics and correlations. Table 8 summarizes the descriptive statistics and Pearson correlations of the relevant independent and dependent variables to test the fourth and fifth hypotheses.

Hypothesis five (a). Professionals who receive an educational intervention about VOM will have more optimistic attitudes towards VOM, feel more confident to address guilt and shame, and see a proactive approach as a more fitting approach to talk about VOM compared to professionals who did not receive the educational intervention.

There was no significant relationship between participation in the intervention and attitude towards VOM (r = .15, $\rho = > .05$) or confidence to address shame and guilt (r = .15, $\rho = > .05$). Unexpectedly, there was a significant negative relationship between following the intervention and the preference for a proactive approach to inform (r = -.27, $\rho = < .05$). Thus, in this study participants had a decreased preference for a proactive approach instead of the expected increase. Hence, there is no evidence found in this study to support the hypothesis.

Multiple regression analysis with attitude towards VOM on post-test as dependent variable showed an overall non-significant model ($R^2 = .095$; F (5.58) = 2.11, $\rho = >.05$). The

Table 8.

Descriptive Statistics and Pearson Correlations between the Main Variables.

Va	riables	N	M	SD	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
	True or missing value pretest		.27	-	-																							
2.	Gender	69	1.64	.48	.01	-																						
3.	Age	69	35.71	11.58	05	07	-																					
4.	Participation in the intervention		.43	.49	.04	.21	.23	-																				
	Motivation to participate			.44	00	.15	.05	.19	-																			
6.	Pre- Confidence shame and guilt	71	3.79	.48	00	.09	.06	.12	.40**	-																		
7.		53	3.74	.53	06	.18	.13	.15	.15	.60**	-																	
8.	Pre- Attitude VOM	71	3.51	.35	04	.21	.14	.15	.33**	.33**	.33*	-																
9.	Post- Attitude VOM	56	3.49	.41	.08	.21	.20	.15	02	.21	.19	.31*	-															
10.	Pre- Proactive approach	71	3.28	.44	01	03	.17	18	.13	.12	.19	.24*	.06	-														
11.	Post- Proactive approach	52	3.17	.47	.09	.08	.01	27*	07	19	22	09	.02	.08	-													
12.	Pre- Personalized approach	71	3.63	.49	00	00	.09	.06	.18	04	01	11	09	.23*	11	-												
13.	Post- Personalized approach	52	3.48	.55	01	07	.14	.10	06	.28*	.30*	.08	.13	.12	16	.01	-											
14.	Pre- Protective approach	71	2.47	.41	00	.25*	.02	10	- .46**	- .46**	33*	37*	24	.01	.07	17	02	-										

15.	Post- Protective	52	2.42	.53	04	08	.23	.09	26	-18	29*	- .43**	- .45**	02	15	06	.15	.64**	-									
16.	approach Pre- Attitude informing	71	3.76	.44	00	.26*	.03	.16	.39**	.53**	.37**	.47**	.27*	.14	08	09	.04	- .69**	46**	-								
17.	Post- Attitude informing	53	3.70	.40	02	.19	.11	.11	.19	.52**	.50**	.37**	.51**	.11	.05	.02	10	- .45**	70**	.47**	-							
18.	Pre- Subjective norm informing	71	3.38	.51	07	.23	.06	.30**	.38**	.53**	.36**	.19	.04	05	.01	.13	.04	.58**	36**	.68**	.41**	-						
19.	Post- Subjective norm informing	53	3.38	.48	13	.25	.10	.23	.26	.33*	.42**	.05	.19	11	.08	.12	-02	32*	43**	.28*	.54**	.50**	-					
20.	Pre- PBC self-efficacy	71	3.21	.54	00	.06	.01	.11	.32**	.60**	.37**	.04	02	.12	.10	.12	.02	- .51**	35**	.39**	.40**	.55**	.39**	-				
21.	Post- PBC self- efficacy	53	3.25	.60	17	.30*	.15	.26	.08	.36**	.49**	.14	.24	02	02	.12	.08	- .46**	35**	.36**	.47**	.41**	.39**	.51**	-			
22.	Pre- PBC preparedness	71	2.52	.58	01	16	.15	.07	.04	.41**	.31*	.05	.20	.04	06	18	.36**	.03	.05	.21	.23	.27*	.26	.35**	.21	-		
23.	Post- PBC preparedness	53	2.83	.78	10	.04	.23	.29*	.02	.36**	.24	.15	.22	04	02	.02	.19	30*	29*	.30*	.38**	.27*	.34*	.31*	.64*	.25	-	
24.	Pre- Intentions	71	3.28	.52	00	.10	- .11	.19	.43**	.33**	.32*	.21	.01	.19	.18	.20	10	- .49**	28*	.52**	.23	.61**	.35**	.59**	.35**	.19	.12	-
25.	Post- Intentions	53	3.25	.69	01	.32*	.16	.35**	.16	.18	.16	.11	.28*	07	.07	.02	14	- .48**	49**	.46**	.49**	.47**	.52**	.39*	.58**	00	.48**	.45**

Note: *p <.05. **p<.01 (2-tailed). Gender: male = 1, female = 2. Participation intervention: did not participate = 0, did participate = 1. Dependent variables: 7,9,11,13,15,17,19,21,23,25. Independent variables: 1,2,4,5,6,8,10,12,14,16,18,20,22, 24

overall model with the professionals' confidence to address feelings of guilt and shame on post-test as dependent variable ($R^2 = .427$; F (5.45) = 8.44, $\rho = <.01$) was significant, but none of the hypothesized predictors extracted a significant influence in the model (Table 9 on page 36). The proactive approach on post-test as a dependent variable in a regression model was not significant ($R^2 = .004$; F (5.44) = 1.03, $\rho = >.05$).

The Pearson correlation and multiple regression analysis did not provide any support for the fifth hypothesis from this study. Hence, the fifth hypothesis (a) is rejected.

Hypothesis five (b). The professional's motivation to participate in the intervention has a moderating effect, where a high motivation to participate results in positive effects from the intervention, and low motivation results in no effects from the intervention.

As hypothesis five (a) was rejected because this study did not find any hypothesized effects from participation in the intervention, there are no moderating effects from motivation influencing this relationship. Hence, hypothesis five (b) is rejected.

Table 9. Regression Model with Attitude VOM, Confidence to Address Guilt and Shame or Proactive Approach as Dependent Variable, including β , SE, t and ρ for Every Predictor.

	Attitı	ide VOI	M		Confi	idence s	shame ar	Proa				
Predictor variables	β	SE	T	ρ	β	SE	t	ρ	β	SE	t	ρ
1. Value on pre-test	.12	.12	1.00	.32	09	.12	76	.45	.13	.14	.91	.36
2. Gender	.14	.11	1.21	.23	.23	.12	1.88	.06	.13	.14	.92	.36
3. Age	.00	.00	1.20	.23	01	.00	-2.34	.02	00	.00	47	.63
4. Participation intervention	.12	.11	1.03	.30	07	.12	56	.57	23	.13	-1.70	.09
5. Corresponding pre-test variable	.29	.16	1.82	.07	.74	.12	6.02	.00	.04	.15	.29	.77

Note. All significant predictors are in bold. Gender: male = 1, female = 2. Participation in intervention: did not participate = 0, participated = 1.

Hypothesis six (a). Professionals who receive an educational intervention about VOM will have a more positive attitude, subjective norms, perceived behavioral control and intention to talk to offenders about VOM compared to professionals who did not receive the educational intervention.

Participation in the intervention did not have a significant relationship with attitude about informing (r = .11, $\rho = >.05$), subjective norms (r = .23, $\rho = >.05$) or PBC self-efficacy (r = 26, $\rho = >.05$). There was a significant positive relationship between following the intervention and PBC feelings of preparedness (r = .29, $\rho = <.05$) and the intention to inform

offenders (r = .35, $\rho = <.01$). Thus, participation in the intervention resulted in an increase of professionals feeling prepared to inform about VOM and a higher intention to do so.

The multiple regression analysis revealed three significant models for the post-test variables of attitude about informing ($R^2 = .240$; F (5.45) = 2.84, $\rho = <.05$), subjective norms ($R^2 = .256$; F (5.45) = 4.44, $\rho = <.01$) and PBC self-efficacy beliefs ($R^2 = .360$; F (5.45) = 6.61, $\rho = <.01$) as dependent variables. However, for all these three models there was no significant influence from the hypothesized predictors in the model (Table 10).

Table 10.

Regression Model with Attitude VOM, Confidence to Address Guilt and Shame or Proactive Approach as Dependent Variable, including β, SE, t and ρ for Every Predictor.

	Post- Attitude			Post- Subjective norm				Post- PBC self-efficacy				
Predictor variables	β	SE	T	ρ	β	SE	t	ρ	β	SE	t	ρ
1. Value on pre-test	00	.11	06	.94	14	.12	-1.09	.27	20	.14	-1.39	.16
2. Gender	.05	.11	.45	.65	.17	.12	1.38	.17	.29	.14	2.02	.04
3. Age	.00	.00	.73	.46	00	.00	-1.05	.29	.00	.00	1.15	.25
4. Participation intervention	.02	.11	.19	.84	03	.13	30	.76	.17	.14	1.21	.23
5. Corresponding pre-test variable	.44	.13	3.29	.00	.54	.14	3.76	.00	.52	.12	4.26	.00

Note. All significant predictors are in bold. Gender: male = 1, female = 2. Participation in intervention: did not participate = 0, participated = 1.

The regression model with PBC preparedness on post-test as dependent variable was overall significant and accounts for 13.3% of the variance (R^2 = .133; F (5.45) = 2.53, ρ = <.05). As hypothesized, the strongest predictive influence is from participation in the intervention (β = .48, t (5) = 2.19, ρ = <.05). If the professionals did participate in the intervention, their PBC feelings of preparedness to inform offenders about VOM increased by .48. Additional bootstrap analysis to control for the relatively small sample size with five predictors confirmed the significant contribution from participation in the intervention in the model (Table 11). In addition, the intention to inform offenders on post-test as dependent variable, provided a significant overall model as well (R^2 = .372; F (5.45) = 6.91, ρ = <.01). Receiving the intervention increased the intention to inform offenders by .43 (β = .43, t (5) = 2.63, ρ = <.01). The predictive influence of the intervention on the professional's intention still holds after bootstrap analysis (Table 11). The adjusted R square revealed that the overall model accounts for 37.2% of the variance in the professional's intention to inform offenders.

Table 11. Regression Model with PBC Feelings of Preparedness and Intention to Inform as Dependent Variable, including β , SE, t and ρ for Every Predictor.

		PBC preparedness post-test						Intention on post-test					
Pre	edictor variables	β	SE	t	ρ	BA CI*	β	SE	t	ρ	BA CI*		
1.	Value on pre-test	14	.22	66	.51	[6228]	.10	.17	.58	.56	[2245]		
2.	Gender	05	.22	19	.84	[4640]	.29	.17	1.70	.09	[0360]		
3.	Age	.01	.00	2.01	.05	[.0003]	.01	.00	2.53	.01	[.0403]		
4.	Participation intervention	.48	.21	2.19	.03	[.0694]	.43	.16	2.63	.01	[.1176]		
5.	Corresponding pre-test value	.29	.17	1.68	.09	[1070]	.69	.16	4.12	.00	[.3493]		

Note. All significant predictors are in bold. Gender: male = 1, female = 2. Participation in intervention: did not participate = 0, participated = 1. *Bootstrap analysis confidence interval

Pearson correlation and regression analysis did not find evidence of positive effects from the intervention on attitude to inform, subjective norms to inform and PBC self-efficacy beliefs. Thus, within this study's results did not find evidence to completely reject the null hypothesis. The results did show increased feelings of PBC preparedness and higher intentions to inform offenders about VOM resulting from participation in the intervention. As these influences were as hypothesized, the sixth hypothesis (a) is partly accepted.

Hypothesis six (b). The professional's motivation to participate in the intervention has a moderating effect, where a high motivation to participate results in positive effects from the intervention, and low motivation results in no effects from the intervention.

Results from hypothesis six (a) revealed a significant influence from participation in the intervention on the PBC feelings of preparedness and the intention to inform offenders, but no effects on the professional's attitude, subjective norm and PBC self-efficacy beliefs. Multiple regression analysis is performed to explore a potential moderator effect from motivation on the relationships between participation and PBC preparedness, and participation and intention. The overall model with PBC preparedness post-test as dependent variable was not significant ($R^2 = .095$.; F (7.43) = 1.74, $\rho = >.05$). Although the overall model with intention on post-test as dependent model was significant ($R^2 = .349$; F (7.43) = 4.82, $\rho = <.01$), there was no moderating effect from motivation to participate in the intervention ($\beta = -.08$, t (7) = -.22, $\rho = >.05$) as presented in Table 12.

As none of the hypothesized moderating effects from motivation to participate in the intervention was found, hypothesis 6 (b) is rejected.

Table 12. Regression Model with PBC Preparedness and Intention to Inform as Dependent Variable, including β , SE, t and ρ for Every Predictor.

		PBC ₁	prepare	dness p	ost-test	Intention post-test				
Predictor variables		β	SE	t	ρ	β	SE	t	ρ	
1.	Value on pre-test	15	.23	67	.50	.09	.17	.51	.60	
2.	Gender	04	.23	18	.85	.28	.17	1.66	.10	
3.	Age	.01	.00	1.94	.05	.01	.00	2.51	.01	
4.	Participation intervention	.49	.22	2.17	.03	.45	.17	2.64	.01	
5.	Corresponding pre-test variable	.29	.18	1.62	.11	.73	.18	3.97	.00	
6.	Motivation to participate	05	.24	23	.81	11	.19	59	.55	
7.	Interaction effect from motivation by participation	10	.48	20	.83	08	.36	22	.82	

Note. All significant predictors are in bold. Gender: male = 1, female = 2. Participation in intervention: did not participate = 0, participated = 1.

Overview of the hypotheses

An overview of the results of the hypothesis testing is provided to close this section before moving on to address the evaluation of the intervention. The first hypothesis is confirmed as a positive working alliance in terms of the relationship with the offender increased the professionals' confidence to address feelings of guilt and shame. In addition, the results showed that the professionals' work orientation can either be hindering or facilitating factor. The presence of a rehabilitation approach among professionals was associated with a more positive attitude about VOM, providing support to accept the second hypothesis. In addition, the preference for a proactive approach was higher among professionals who adopt a rehabilitation approach, as in line with the hypothesis. Unexpectedly, the study did not find evidence to support the hypothesis that professionals' work orientation influences the preference for a personalized or protective approach. Hence, hypothesis three (a) was partly accepted. Furthermore, the study's results did not confirm a mediation effect from professionals' attitude towards VOM on the relationship between the work orientation and a proactive approach. Therefore, hypothesis three (b) was not accepted. Hypothesis four was accepted as the results show attitude, subjective norm and PBC beliefs about the behavior predict the professionals' intention to inform offenders about VOM.

In addition, the study examined the influence of an educational intervention about VOM to explore if this could be an effective means to improve the information provision process. Based on the results, the fifth hypothesis could not be accepted. This study did not find evidence of changes in the professionals preferred approach, attitude towards VOM or confidence to address shame and guilt after participation in the intervention. The study did not

find evidence to support the hypothesis that the intervention positively increases professionals' attitude and subjective norms about informing offenders. However, the sixth hypothesis was partly accepted because the intervention did result in an increase in PBC beliefs of feeling prepared to inform offenders and a higher intention to do so. No moderator effects from motivation to participate in the intervention were found on influences from the intervention. As a conceptual model was proposed in Figure 1, this model is revised based on the study's results (Figure 4). Hypothesis 3b, 5a, 5b and 6b are not included in the revised model as this study did not provide evidence to accept this hypothesis.

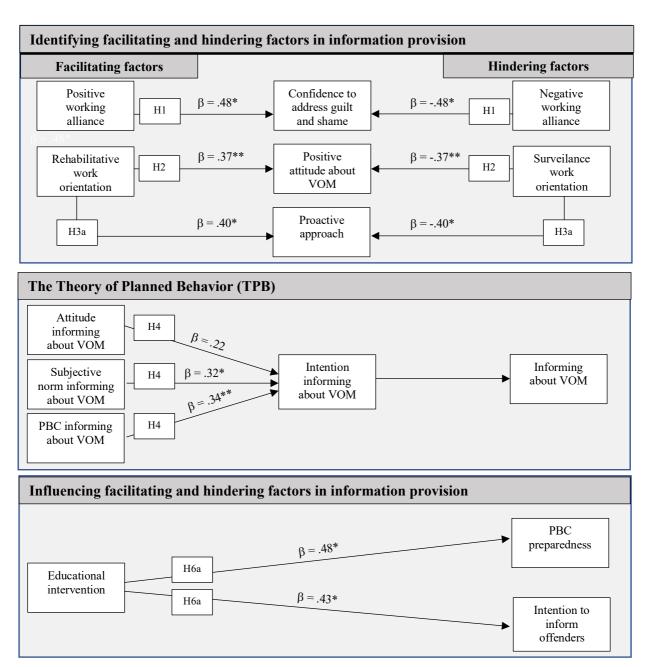


Figure 4. Research model with coefficient beta values resulting from the multiple regression analysis. Note: * ρ < .05, ** ρ < .01.

Quality of the intervention

The overall score for the quality of the intervention was a 7.5 out of $10 \ (N = 30, SD = .73, min = 6, max = 9)$. The open-ended questions about the intervention (i.e., 'What did you remember most about the intervention' and 'Please describe a strength of the intervention') also showed an overall positive impression. Professionals reflected positively on their gained knowledge about the value of VOM, the possibilities and procedures of the organization (i.e., *Perspectief Herstelbemiddeling*) and the mediators' independence and involvement during the process of VOM. Participating professionals report to have gained clarity from multiple examples from practice where the mediator has spoken about and they seemed to appreciate the low-threshold and interactive nature of the intervention.

Figure 3 holds an overview of the average scores of the evaluation and interest items from the intervention.

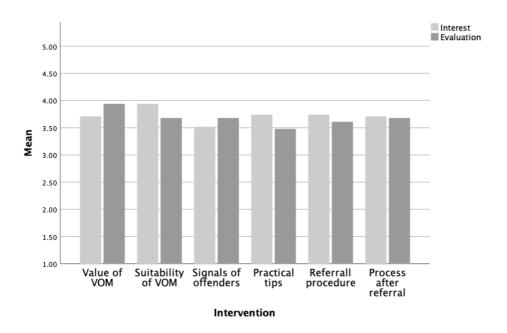


Figure 3. Mean scores of the evaluation and interest item categorized by topic of the intervention (N = 30).

Paired samples t-test for comparing means was performed to explore if the evaluation items significantly differ from each other. The mean of the evaluation from the acquired knowledge about the value of VOM was significantly higher than the scoring on the information of: suitability of VOM (t (31) = -2.49, ρ = <.05), potential signals from the offenders (t (31) = -2.47, ρ = <.05), practical tips for introducing VOM (t (31) = -4.03, ρ = <.01), the referral procedure (t (31) = -2.75, ρ = <.05) and the following process after making

a referral (t (31) = -2.49, ρ = <.05). Hence, participating professionals were most satisfied with the information about the value of VOM (M = 3.94).

One open-ended question asked professionals to describe potential thoughts of improvements for the intervention. More information about practical implications emerged in particular. Participating professionals wished to have gained more knowledge about how to address VOM amongst their clients and some were still having doubts about the suitability of VOM for their clients. As Figure 3 illustrated, the professionals were most interested in gaining knowledge about the suitability of VOM (M = 3.94). Paired samples t-test for the interest items revealed that the interest for information about the suitability of VOM was not significantly higher than all items, but did statistically deviates from the interest in information about potential signals that offenders can display in practice (t (31) = -2.75, ρ = <.05) and information about the process after a referral is made (t (31) = -2.52, ρ = <.05). Thus, the professionals were most interested in gaining clarity on the suitability of VOM for their clients but this was not evaluated most positively.

Experience of the professionals

Seven of the professionals (9.8%)⁶ described their experience with talking about VOM with offenders with addiction problems. Overall, the professionals gave the impression to have a preference for the personalized approach to inform offenders. VOM was introduced in cases where the professionals for example identified struggles with shame and guilt in the offender, thought that possibilities for VOM might be helpful to discuss or cases where the offender themselves introduces VOM. Professionals gave a positive impression about their reflection on the conversation flow. In case they did not have full knowledge about VOM as indicated by themselves, they were not deterred and continued their conversations with an open mind. Professionals spoke about the offender's experience of the crime, involved emotions and the self-image of the offender. Although not every case resulted in a referral to VOM, multiple professionals reported that the conversation about VOM in itself resulted in a better relationship with the offender in terms of openness and trust.

Discussion

Although many offenders struggle with addiction problems, participation in VOM among such offenders seem relatively low (Gossop et al., 2005; Gustafson, 2018; Paul &

⁶ A description of the demographics from these 7 professionals is provided in Appendix C.

Liebmann, 2003; Perspectief Herstelbemiddeling, 2019). Braithwaite (2001) argues that restorative justice activities such as VOM can be especially beneficial for offenders with addiction problems, as these activities can motivate holistic change and reduce the risk of reoffending. As most applications for VOM are made by professionals involved with offenders (Hansen & Umbreit, 2018; Perspectief Herstelbemiddeling, 2019, Umbreit, 1993), professionals were the subject of interest in this study. The study examined factors that might facilitate or hinder information provision about VOM in order to gain insight into professionals' thought processes and considerations in relation to VOM. In addition, the study explored the impact of an educational intervention about VOM on professionals to assess whether it could be a helpful means to improve the VOM referral process in the future.

Explanation of identifying hindering and facilitation factors in information provision and recommendations for future research

Feelings of guilt and shame can be important determinants of an offender's motivation to participate in VOM (Cryder et al., 2012; Shapland et al., 2007). Therefore, it might be relevant for professionals to address these feelings. This study found that the working alliance between professional and offender influences the professional's confidence in addressing feelings of guilt and shame. More positive perceptions of this working alliance among professionals were associated with increased confidence. This relationship was as expected, as previous research has shown that a strong working alliance can stimulate cooperation, openness and the exchange of authentic information (Bordin, 1979; Wampold & Brown, 2005). In terms of the working alliance, the study's results revealed that the perceived agreement regarding tasks and goals is not as important for the professional's confidence as the relationship between professional and offender. Thus, it might be that mutual fondness, respect and trust are the crucial ingredients for the professional to feel able to have an open and authentic conversation with the offender. Although overall confidence among professionals was high in this study, it remains unknown if these high confidence levels result in professionals holding more conversations about shame and guilt with offenders. In future research, it would be interesting to explore whether professionals with higher confidence have more in-depth conversations regarding feelings of shame and guilt with offenders.

It appears to be possible to predict professionals' attitude towards VOM based on their work orientation in working with offenders. Most professionals in this study preferred a rehabilitation approach, which is a reassuring finding, as this approach is most associated with working effectively with offenders (Lipsey & Cullen, 2007). As hypothesized, the stronger

the professional's preference for the rehabilitation approach, the more positive their attitude towards VOM. A possible explanation for this finding could be that professionals with a stronger surveillance approach are more risk-averse in general, and they might believe that bringing together the victim and offender might cause harm or be ineffective. Another explanation could be that professionals shift in their work orientation depending on the individual offender with whom they are involved. If they believe the offender has the potential to change, they may use a rehabilitation approach, whereas if they do not trust the offender, they may adopt a surveillance approach in order to exercise more control over the offender. Thus, the professional could have a positive or negative attitude towards VOM depending on the individual offender with whom they are involved. Follow-up studies could examine the circumstances under which either a surveillance or rehabilitation approach is adopted and the possible consequences of the approach adopted for professionals' attitudes towards VOM.

Furthermore, the possession of a rehabilitation orientation can facilitate the use of a proactive approach to informing offenders about VOM. In this study, it was hypothesized that there would be a relationship between professionals' work orientation and their preferred approach to inform offenders about VOM, and that attitude towards VOM would have a mediating effect on this relationship. However, the study did not find such relationships with the personalized or protective approach to informing offenders. In addition, the personalized approach to informing offenders was most preferred amongst professionals, although most professionals adopted a rehabilitation approach. This contradicts the study's findings that a preference for a rehabilitation approach was associated with a preference for a proactive approach to informing offenders about VOM. A possible explanation for this observation could be that professionals favored a personalized approach because many professionals did not feel prepared to inform offenders using a proactive approach.

The relationships between work orientation and the preferred approach to informing offenders were tested with data from the pre-measurement. Although the study did not have any expectations for a relationship between PBC feelings of professionals and their preferred approach to inform about VOM, the PBC feelings of professionals on pre-measurement were relatively low. It would be interesting to further examine whether professionals with a stronger preference for a rehabilitation approach had more positive PBC beliefs about informing offenders. Answering this question might reveal that PBC beliefs, rather than attitude towards VOM, mediate the relationship.

There is a compelling amount of research showing the predictive power of attitude, subjective norms and PBC for the intention to perform a behavior (Azjen, 1991; 2002). Therefore, it was not surprising that the results from this study confirmed this relationship. Unfortunately, this study did not examine the effects of intention on the actual performance of a behavior because of the study's relatively short duration. It is recommended that follow-up studies also measure the performed behaviors of professionals over a period in which every professional has a reasonable opportunity to perform the behavior.

Explanation of the impact of an educational intervention about VOM and recommendations for future research

Multiple studies have found positive effects of short-term interventions (Johnson et al., 2009; Knapp et al., 2006; McCauley et al., 2003; Young et al., 2008), which led to the expectation that similar results might be obtained from the intervention in this study. However, the results did not confirm the hypothesized positive effects of participation in the intervention on professionals' confidence in addressing shame and guilt, their preference for a proactive approach, their attitude towards VOM, their attitude towards informing offenders about VOM and their subjective norm beliefs. In line with the study's hypothesis, the results did confirm an increasing effect of PBC feelings and intention on informing offenders about VOM from participation in the intervention.

The study's expected and unexpected findings can be explained with reference to the content of the intervention. The intervention devoted a great deal of time to emphasizing the value of VOM for all parties and explaining the procedures involved, as it became clear during the development of the intervention that VOM might have been unfamiliar to a number of the participating professionals. As a result, there was less time in the intervention to provide professionals with practical tips for how to provide information or address potential signals from offenders such as feelings of shame and guilt. This content of the intervention is somewhat reflected in the results, where the professionals indicated to have gained the most clarity about the value of VOM, and where multiple professionals reported wanting more practical tips. As Reijerink (2018) and Umbreit (1993;2002) suggest that a proactive approach of informing offenders is most effective for increasing referrals to VOM, it is important to understand why there was no increase in preference for this approach among professionals after they had participated in the intervention. Umbreit (1993) specifically states that professionals need to believe that VOM can be effective for their clients before they would make a referral to the program. In this study, professionals were most interested in

gaining knowledge about the suitability of VOM for their clients. However, clarity of the suitability for offenders with addiction problems was not evaluated most positively, and it might be that professionals still had doubts about the suitability of VOM for their clients. Some professionals expressed their doubts by questioning the suitability of VOM for their clients with addiction problems and personality disorders or intellectual disabilities. Thus, an explanation for not finding an effect of participation in the intervention on professionals' preferred approach in this study could be that some professionals are not convinced about the suitability of VOM for their clients and are therefore more reluctant to use a proactive approach, as they may see risks in the offender's participation in VOM.

Another explanation for the absence of effects from the intervention in this study is based on the results of the pre-measurement. Before participating in the intervention, professionals were generally already positive about their attitudes and subjective norms, and they rated their PBC beliefs lowest. Thus, the intervention may not have influenced their attitudes and subjective norms, as these were already positive and not specifically targeted in the intervention. The professionals' low PBC feelings might have reflected their uncertainty about initiating VOM, which became clearer in the intervention. The intervention may therefore have caused an increase in PBC and intention.

In this study, it was expected that the motivation from professionals to participate in the intervention would have a moderating effect on the relationships between the intervention and the professionals' PBC feelings and intention to inform offenders. However, such a moderating effect was not observed in the study's results which can be explained by the overall high motivation from professionals to participate in the intervention. It would be too optimistic to conclude that all professionals working with offenders are highly motivated to learn about VOM. Perhaps professionals with lower motivation did not feel motivated to participate in the study in the first place, and therefore their thoughts about VOM remain hidden.

In future research into the effects of educational interventions about VOM, it is advised to clearly address the suitability of VOM for offenders, as this might be an important element for bringing about a preference for a proactive approach. It would be interesting to examine the effects of addressing the suitability of VOM during the intervention more indepth, for example by brainstorming about cases of the professionals' clients with a mediator to ensure that considerations and possible objections from the professionals to introduce VOM to their clients become more visible and can be immediately considered with a mediator.

Strengths and weaknesses of this study

To the best of our knowledge, this is the first study with a specific focus on offenders with addiction problems in the context of information provision and the VOM referral process. Hindering and facilitating factors in information provision about VOM are examined which resulted in valuable insights in to the thought processes and considerations of professionals working with additive offenders, which may also apply for professionals working with offenders in general. Furthermore, this study is the first study to examine the impact on those hindering and facilitating factors from participating in an educational intervention about VOM. As the evaluation of the quality of the intervention in the eyes of the participants was also addressed in this study, information for improving such intervention appeared. Hence, this study makes a unique and valuable contribution to social science and practice. The study's inclusion of professionals with a wide range of roles, ages and educational levels increases its generalizability.

Not all of the subscales used in this study were proven to be valid and reliable, which is one limitation of the study. Therefore, follow-up or replication studies might use different measurement instruments. In addition, the study did not measure professionals' existing knowledge of VOM. Variation in professionals' prior experience with VOM may have caused misinterpretations of the survey. The study tried to prevent the former by providing professionals with relevant information about VOM prior to their starting the survey. However, it was not possible to check whether participants had read this information. Furthermore, the absence of measurements or observations of performed behaviors (i.e., informing offenders about VOM) has already been addressed. A limitation of the study is that it only measured professionals' intention to inform their clients about VOM and not their actual behavior. In future research, it would be interesting to include observations of conversations between offenders and professionals about VOM. This would make it possible not only to test the relationship between intention and performance but also to gain more insight into conversations with offenders about VOM. If more information is known about the course and content of such conversations with offenders, this could help develop tailored interventions and further improving the referral process.

Conclusions and implications

The first goal of this study was to identify facilitating and hindering factors for information provision about VOM and the VOM referral process among professionals who work with offenders with addiction problems. Multiple factors that can either be facilitating or

hindering are identified. The professionals' perception of a positive working alliance in terms of a relationship with the offender can be facilitating for increasing professionals' confidence to address feelings of guilt and shame. The professionals' work orientation can be a hindering factor when they adopt a surveillance approach, as this is associated with more critical attitudes towards VOM. On the other hand, the adoption of a rehabilitation approach can be a facilitating factor, as there is a positive effect on professional's attitude towards VOM in this study. In addition, adopting a rehabilitation approach can facilitate the professionals' approach for informing offenders as this is associated with a stronger preference for a proactive approach in this study. Having a higher preference for a proactive approach is facilitating because earlier studies (Reijerink, 2018; Umbreit, 1993) identify the proactive approach as the best approach for increasing VOM participation (i.e., compared to a personalized or protective approach). Last, professionals' attitude towards informing offenders, subjective norms about information provisions and PBC beliefs for such behavior can predict professionals' intention on informing offenders about VOM. Hence, this can be facilitating for the information provision process when the attitude, subjective norms and PBC are appraised positively.

Assessing the impact of participation in an educational intervention about VOM on some of the above-described factors⁷ was the study's second goal. This study provides support for positive influences from participating in the intervention on facilitation factors, as professionals who participate can feel more prepared to address VOM among clients (i.e., PBC beliefs) and have stronger intentions to perform such behavior.

It is recommended that organizations involved with offenders with addiction problems (i.e., and offenders in general) incorporate information provision and VOM referral into their working processes. Policy makers of such organizations may use the findings of this study to gain an understanding of the information provision and VOM referral processes and the factors that can influence such processes. Expertise on the hindering and facilitation factors may be necessary to develop effective procedures of professionals' information provision among offenders and the VOM referral process. Thus, it is recommended for policy makers to collaborate with experts on restorative justice and VOM from organizations or institutions involved with conducting VOM. Educational interventions for professionals might be an effective means to integrate protocols for informing offenders about VOM, and establish

_

⁷ The study examined influence from participation in the intervention on professionals' confidence to address shame and guilt, their attitude towards VOM, preference for a proactive approach, attitude towards informing, subjective norms, PBC and intention to inform offenders

professionals feeling prepared and having high intentions to execute such protocols. To develop interventions about VOM, it is recommended to pay particular attention to explaining the suitability of VOM and to offer tips that professionals can use in practice. Lastly, it is recommended to advice professionals during such interventions to use a proactive approach as this will ensure that offenders become aware of the possibilities of VOM and can make well-informed decisions.

Literature

- Ajzen, I. (1991). The Theory of Planned Behavior. *Organizational Behavior and Human Decision Processes*, 50 (2), 179–211. doi:10.1016/0749-5978(91)90020-T
- Ajzen, I. (2002). Perceived Behavioral Control, Self-Efficacy, Locus of Control, and the Theory of Planned Behavior. *Journal of Applied Social Psychology, 32* (4): 665–683. doi:10.1111/j.1559-1816.2002.tb00236.x
- Ajzen, I. (2019). *Constructing a Theory of Planned Behavior questionnaire*. Retrieved from, http://people.umass.edu/~aizen/pdf/tpb.measurement.pdf
- Aulkemeyer, M. (2019). Predicting and improving the public's attitude and beliefs about victim-offender mediation in response to a serious crime. Thesis University of Twente. Retrieved from, https://essay.utwente.nl/78350/2/Aulkemeyer BA BMS.pdf
- Bastian, B., Jetten, J., Chen, H., Radke, H.R.M., Harding, J.F., & Fasoli, F. (2013). Losing our humanity: The self-dehumanizing consequences of social ostracism. *Personality and Social Psychology Bulletin*, 39(2), 156–169. https://doi.org/10.1177/0146167212471205
- Batson, C.D., Chang, J., Orr, R., & Rowland, J. (2002). Empathy, attitudes, and action: Can feeling for a member of a stigmatized group motivate one to help the group? Personality and Social Psychology Bulletin, 28(12), 1656-1666.

 https://doi.org/10.1177/014616702237647
- Braithwaite, J. (2001). Restorative justice and a new criminal law of substance abuse. *Youth and Society*, 33(2), 227-248. https://doi.org/10.1177/0044118X01033002005
- Brox, P. (2020). The victim's intention to participate in victim-offender mediation. Thesis,
 University of Twente. Retrieved from,
 https://essay.utwente.nl/82378/1/Pia%20Brox%20final%20bachelor%20thesis.docx.pdf
- Bonensteffen, F., Zebel, S., & Giebels, E. (2020). Sincerity Is in the Eye of the Beholder:

 Using Eye Tracking to Understand How Victims Interpret an Offender's Apology in a
 Simulation of Victim–Offender Mediation. *Front. Psychol.* 11- 835.

 https://doi.org/10.3389/fpsyg.2020.00835
- Bordin, E.S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research and Practice, 16*(3), 252–260. https://doi.org/10.1037/h0085885
- Bulten, E. & Nijman, H. (2009). Veel psychiatrische stoornissen onder gedetineerden op

- reguliere afdelingen van penitentiaire inrichtingen. *Nederlands Tijdschrift voor Geneeskunde 153*, (A634), 1-6. Retrieved from,
- https://www.researchgate.net/profile/Erik-
- Bulten/publication/254878071_Veel_psychiatrische_stoornissen_onder_gedetineerden _op_reguliere_afdelingen_van_penitentiaire_inrichtingen/links/603359b492851c4ed5 8a5ec7/Veel-psychiatrische-stoornissen-onder-gedetineerden-op-reguliere-afdelingen-van-penitentiaire-inrichtingen.pdf
- Camp, T. van., & Wemmers, J. (2016). Victims' Reflections on the Protective and Proactive Approaches to the Offer of Restorative Justice: The Importance of Information.

 Canadian Journal of Criminology and Criminal matters, 58(3), 415-442.

 https://doi.org/10.3138/cjccj.2015.E03
- Cryder, C.E., Springer, S., & Morewedge, C.K. (2012). Guilty feelings, targeted actions.

 *Personality and Social Psychology Bulletin, 38(5), 607-618.

 https://doi.org/10.1177/0146167211435796
- Decety, J., & Jackson, P.L. (2006). A social-neuroscience perspective on empathy. *Current directions in psychological science*, 15(2), 54-58. https://doi.org/10.1111/j.0963-7214.2006.00406.x
- Dierx, J.R., Slump, G.J. & Leijten, M.E. (2012). Mediation in strafzaken: emotionele genoegdoening voor slachtoffer en dader. *Strafblad*. Retrieved from, http://www.restorativejustice.nl/user/file/strafbladseptember2012-mediation-in-strafzaken.pdf
- Elbers, N., Becx, I., & Lauwaert, K. (2020). Herstelrecht als duurzaam alternatief voor het strafrecht. *Secondant*, 2020(20). Retrieved from, https://ccv-secondant.nl/platform/article/herstelrecht-als-duurzaam-alternatief-voor-het-strafrecht
- Flückiger, C., Del Re, A.C., Wampold, B.E., & Horvath, A.O. (2018). The alliance in adult psychotherapy: A meta-analytic synthesis. *Psychotherapy*, *55*(4), 316–340. https://doi.org/10.1037/pst0000172
- Fisher, M.L., & Exline, J.J. (2006). Self-forgiveness versus excusing: The roles of remorse, effort, and acceptance of responsibility. *Self and Identity*, *5*(2), 127–146. https://doi.org/10.1080/15298860600586123
- Frerks, G., Jongbloed, T., Uitslag, M., & Westra, T. (2016). *Vechten, straffen, en helen in mediation: dilemma, paradox of contradictie?* Maklu-uitgevers.
- Gausel, N., & Leach, C. W. (2011). Concern for self-image and social image in the

- management of moral failure: Rethinking shame. *European Journal of Social Psychology*, 41(4), 468-478. https://doi.org/10.1002/ejsp.803
- Gausel, N., Vignoles, V.L., & Leach, C.W. (2015). Resolving the paradox of shame:

 Differentiating among specific appraisal-feeling combinations explains pro-social and self-defensive motivation. *Motivation and Emotion*, 40(1), 118-139.

 https://doi.org/10.1007/s11031-015-9513-y
- Gossop, M., Trakada, K., Stewart, D., & Witton, J. (2005). Reductions in criminal convictions after addiction treatment: 5-year follow-up. *Drug and Alcohol dependence*, 79(3), 295-302. https://doi.org/10.1016/j.drugalcdep.2005.01.023
- Guay, F., Vallerand, R.J., & Blanchard, C. (2000). On the assessment of situational intrinsic and extrinsic motivation: the situational motivation scale (SIMS). *Motivation and Emotion*, 24, 175-213. https://doi.org/10.1023/A:1005614228250
- Gudjonsson, G.H. (2003). *The psychology of interrogations and confessions: A handbook*. John Wiley & Sons.
- Gustafson, D.L. (2018). Encountering the other: victim-offender dialogue in serious crime. Faculty of law: Leven institute of criminology. Retrieved from, https://lirias.kuleuven.be/1996032?limo=0
- Gutmanis, I., Beynon, C., Tutty, L., Wathen, N., & MacMillan, H.L. (2007). Factors influencing identification of and response to intimate partner violence: a survey of physicians and nurses. *BMC Public Health*, 7(12). https://doi.org/10.1186/1471-2458-7-12
- Hanson, R.K., & Scott, H. (1995). Assessing perspective-taking among sexual offenders, non-sexual criminals, and non-offenders. *Sexual Abuse: A Journal of Research and Treatment*, 7, 259-277. https://doi.org/10.1007/BF02256831
- Hansen, T., & Umbreit, M. (2018). State of knowledge: Four decades of victim-offender mediation research and practice: The evidence. *Special issue: Colloquy on Restorative Justice Part 1*, 2(36), 99-113. https://doi.org/10.1002/crq.21234
- Harris, N., & Maruna, S. (2005). Shame, shaming and restorative justice: A critical appraisal. *Handbook of restorative justice: A global perspective*, 452-462. Retrieved from, https://books.google.nl/books?hl=en&lr=&id=v8Y8cZk8-g4C&oi=fnd&pg=PA452&dq=Harris,+N.,+%26+Maruna,+S.+(2005).+Shame,+shaming+and+restorative+justice:+A+critical++appraisal.+Handbook+of+restorative+justice:+A+global+perspective,+452-

- 462.&ots=mxT5TtCFQp&sig=QrKWXKQRYjr6F5EKn0f_YDixd2c&redir_esc=y#v =onepage&q&f=false
- Hatcher, R.L., & Gillaspy, J.A. (2006). Development and validation of a revised short version of the Working Alliance Inventory. *Psychotherapy Research*, *16*(1), 12–25. https://doi.org/10.1080/10503300500352500
- Hatcher, R.L., Lindqvist, K., & Falkenström, F. (2020). Psychometric evaluation of the Working Alliance Inventory—Therapist version: Current and new short forms. *Psychotherapy Research*, 30(6), 706-717. https://doi.org/10.1080/10503307.2019.1677964
- Hosser, D., Windzio, M., & Greve, W. (2008). Guilt and shame as predictors of recidivism. *Criminal justice and behavior*, 35(1), 138-152.

 https://doi.org/10.1177/0093854807309224
- Jackson, A.L., & Bonacker, N. (2006). The effect of victim impact training programs on the development of guilt, shame and empathy among offenders. *International Review of Victimology*, 13(3), 301-324. https://doi.org/10.1177/026975800601300304
- Jayatilleke, A.C., Yoshikawa, K., Yauoka, J., Poudel, K.C., Fernando, N., Jayatilleke, A.U., & Jimba, M. (2015). Training Sri Lankan public health midwives on intimate partner violence: a pre- and post-intervention study. *BMC Public Health 15*, 331. https://doi.org/10.1186/s12889-015-1674-9
- Jonas-van Dijk, J., Zebel, S., Claessen, J., & Nelen, H. (2020). Victim-offender mediation and reduced reoffending: gauging the self-selection bias. *Crime & Delinquency*, 2020;66 (6-7), 949-972. https://doi.org/10.1177/0011128719854348
- Johnson, N.L., Klingbeil, C., Melzel-Lange, M., Humphreys, C., Scanlon, M.C., & Simpson, P. (2009). Evaluation of an intimate partner violence curriculum in a pediatric hospital. *Pediatrics*, 123(2), 562–568. https://doi.org/10.1542/peds.2007-3121
- Kim, C. & Pekrun, R. (2013). Emotions and motivation in learning and performance. Handbook of research on educational communications and technology, 65-75. https://doi/org/10.1007/978-1-4614-3185-5_6.
- Krechtig, L., van Vliet, J., Menger, A. (2014). Slachtofferbewust werken: een methodische handreiking voor reclasseringswerkers. Kenniscentrum sociale innovatie, hogeschool Utrecht.
- Knapp, J.F., Dowd, M.D., Kennedy, C.S., Stallbaumer-Rouyer, J., & Henderson, D.P. (2006). Evaluation of a curriculum for intimate partner violence screening in a pediatric

- emergency department. *Pediatrics*, *117*(1), 110–116. https://doi.org/10.1542/peds.2004-2714
- Lammers, S.M.M., Soe-Agnie, S.E., De Haan, H.A., Bakkum, G.A.M., Pomp, E.R., & Nijman, H.J.M. (2014). Middelengebruik en criminaliteit: een overzicht. *Tijdschrift voor psychiatrie*, *56*(1), 32-39. https://hdl.handle.net/2066/134393
- Latimer, J., Dowden, G., Muise, D. (2005). The effectiveness of restorative justice practices: a meta-analysis. *Prison Journal*, 85(1), 127–144. https://doi.org/10.1177/0032885505276969
- Lauwaert, K., & Aertsen, I. (2016). With a little help from a friend: desistance through victim—offender mediation in Belgium, *Restorative Justice*, 4(3), 345-368. https://doi.org/10.1080/20504721.2016.1245913
- Lipsey, M.W., & Cullen, F.T. (2007). The effectiveness of correctional rehabilitation: A review of systematic reviews. *Annual Review of Law and Social Science*, *3*(1), 297-320. https://doi.org/10.1146/annurev.lawsocsci.3.081806.112833
- Martin, D.J., Garske, J.P., & Davis, M.K. (2000). Relation of the therapeutic alliance with outcome and other variables: a meta-analytic review. *Journal of consulting and clinical psychology*, 68(3), 438-450. https://doi.org/10.1037/0022-006X.68.3.438
- McCauley, J., Jenckes, M.W., & McNutt, L. (2003). ASSERT: The effectiveness of a continuing medical education video on knowledge and attitudes about interpersonal violence. *Academic Medicine*, 78(5), 518–524. https://doi.org/10.1097/00001888-200305000-00007
- Menger, A., Krechtig, L., Bosker, J. (2016). *Werken in het gedwongen kader*. 3^e edition. Uitgeverij SWP Amsterdam.
- Nugent, W.R., Williams, M., & Umbreit, M.S. (2004). Participation in victim-offender mediation and the prevalence of subsequent delinquent behavior: A meta-analysis. *Research on Social Work Practice*, 14(6), 408-416. https://doi.org/10.1177/1049731504265831
- Paul, C., & Liebmann, M. (2003). Forty cases restorative justice and victim-offender mediation. Retrieved from, http://restorativejustice.pbworks.com/f/40 cases final.pdf
- Paul, G.D., & Schenk-Hamlin, W. (2018). Openness to participating in a victim-offender conference: a Theory of Planned Behavior perspective. *International Journal of Conflict Management*, 29(5), 659-658. https://doi.org/10.1108/IJCMA-03-2018-0042
- Perspectief Herstelbemiddeling. (2019). *Herstellen doe je samen, jaarverslag 2019*. Retrieved from, https://www.perspectiefherstelbemiddeling.nl/jaarverslag

- Reijerink, R. (2018). Exploring why victims refuse victim-offender mediation: does saying no to VOM empower victims? Thesis University of Twente. Retrieved from, https://essay.utwente.nl/75010/1/Reijerink MA BMS.pdf
- Ross, E.C., Polaschek, D.L.L., & Ward, T. (2008). The therapeutic alliance: A theoretical revision for offender rehabilitation. *Aggression and Violent Behavior*, 13(6), 462-480. http://dx.doi.org/10.1016/j.avb.2008.07.003
- Sanders, T., & Roberts, J.V. (2000). Public attitudes toward conditional sentencing: Results of a national survey. *Canadian Journal of Behavioural Science / Revue canadienne des sciences du comportement*, 32(4), 199–207. https://doi.org/10.1037/h0087116
- Serin, R., Vuong, B., & Briggs, S. (2003). *Intensive supervision practices: a preliminary examination*. Ottawa: Correctional Service of Canada.
- Shapland, J., Atkinson, A., Atkinson, H., Chapman, B., Colledge, E., Dignan, J., Howes, M., Johnstone, J., Robinson, G., Sorsby, A. (2006). *Restorative Justice in practice: The second report from the evaluation of three schemes*. Sheffield: Sheffield Center for Criminological Research, University of Sheffield.
- Shapland, J., Atkinson, A., Atkinson, H., Chapman, B., Colledge, E., Dignan, J., Howes, M., Johnstone, J., Robinson, G., Sorsby, A. (2007). *Restorative Justice: the views of victims and offenders. The third report form the evaluation of three schemes.*Sheffield: Sheffield Center for Criminological Research, University of Sheffield.
- Sherman, L.W., Strang, H., Angel, C., Woods, D., Barnes, G.C., Bennett, S., & Inkpen, N. (2005). Effects of face-to-face restorative justice on victims of crime in four randomized, controlled trials. *Journal of Experimental Criminology, 1*, 367-395. https://doi.org/10.1007/s11292-005-8126-y
- Skeem, J.L., Louden, J.E., Polaschek, D., & Camp, J. (2007). Assessing relationship quality in mandated community treatment: blending care with control. *Psychological assessment*, 19(4), 397-410. https://doi.org/10.1037/1040-3590.19.4.397
- Skeem, J.L., & Manchak, S. (2008). Back to the future: From Klockars' model of effective supervision to evidence-based practice in probation. *Journal of Offender Rehabilitation*, 47(3), 220-247. https://doi.org/10.1080/10509670802134069
- Spivack, G., & Shure, M. (1989). Interpersonal cognitive problem solving (ICPS): A competence-building primary prevention program. *Journal of Prevention & Intervention in the Community*, 6(2), 151-178. https://doi.org/10.1080/10852358909511187
- Tangney, J.P., Stuewig, J., & Hafez, L. (2011). Shame, guilt, and remorse: Implications for

- offender populations. *Journal of Forensic Psychiatry & Psychology, 22*(5), 706-723. https://doi.org/10.1080/14789949.2011.617541
- Tangney, J.P., Stuewig, J., & Martinez, A.G. (2014). Two faces of shame: The roles of shame and guilt in predicting recidivism. *Psychological Science*, *25*(3), 799-805. https://doi.org/10.1177/0956797613508790
- Tracey, T.J., & Kokotovic, A.M. (1989). Factor structure of the Working Alliance Inventory. *Psychological Assessment: A Journal of Consulting and Clinical Psychology, 1*(3), 207–210. https://doi.org/10.1037/1040-3590.1.3.207
- Umbreit, M.S. (1993). How to increase referrals to victim-offender mediation programs.

 University of Minnesota. Retrieved from,

 http://rjp.dl.umn.edu/sites/rjp.dl.umn.edu/files/media/howtoincreasereferralstovompro
 grams.pdf
- Umbreit, M.S. (2002). *The handbook of victim offender mediation: an essential guide to practice and research*. Retrieved from, https://books.google.nl/books?hl=nl&lr=&id=-I2Kvz7fi2YC&oi=fnd&pg=PR7&dq=+referral+program++AND+victim+offender+m ediation&ots=hebia-u8UQ&sig=kkmD8eBHflevgWwlqutdmxIg1I4&redir_esc=y#v=onepage&q=referral &f=false
- Umbreit, M.S., Coates, R.B., & Vos, B. (2004). Victim-offender mediation: three decades of practice and research. *Conflict Resolution Quarterly*, 22(1-2), 279-303. https://doi.org/10.1002/crq.102
- Van den Heuvel, E. (2014). De bereidheid en consequenties van perspectief nemen onder hulpverleners die met daders werken. Thesis University of Twente. Retrieved from, https://essay.utwente.nl/66859/
- Van Gelder, J.L., Aarten, P., Lamet, W., & Van der Laan, P. (2015). Unknown, unloved?

 Public Opinion on and knowledge of suspended sentences in the Netherlands. *Crime & Delinquency*, 61(5), 669–689. https://doi.org/10.1177/0011128711426537
- Van Hoek, A., Slump, G.J., Ochtman, A., & Leijten, A. (2011). De toepassing van herstelrecht in Nederland: toekomstvisie en advies. *Stichting resorative justice Nederland*. Retrieved from,
 - http://www.restorativejusticenederland.nl/user/file/adviesnota rjn.pdf
- Walters, G.D. (2015). Working alliance between substance abusing offenders and their parole officers and counselors: its impact on outcome and role as a mediator. *Journal of Crime and Justice*, 39(3), 421–437.

- https://doi.org/10.1080/0735648X.2015.1053967
- Wampold, B.E., & Brown, G.S.J. (2005). Estimating variability in outcomes attributable to therapists: a naturalistic study of outcomes in managed care. *Journal of consulting and clinical psychology*, 73(5), 914-923. https://doi.org/10.1037/0022-006X.73.5.914
- Young, H.L., Mancuso, A.F., Faherty, E., Dorman, S.A., & Umbrell, J.R. (2008). Helping child victims of family violence through school personnel: An evaluation of a training program. *Journal of Aggression, Maltreatment and Trauma, 16*(2), 144–163. https://doi.org/10.1080/10926770801921386
- Zebel, S., Alberda, D.L., & Wartna, B.S.J. (2014). *Recidive na een reclasseringscontact*. Boom Lemma uitgevers.
- Zebel, S., Schreurs, W., & Ufkes, E. G. (2017). Crime Seriousness and Participation in Restorative Justice: The Role of Time Elapsed Since the Offense. *Law and Human Behavior*, 41(4), 385-397. https://doi.org/10.1037/lhb0000242
- Zebel, S., Vroom, M., & Ufkes, E. (2016). *Herstelgerichte cursussen in detentie: evaluatie van Puinruimen, SOS, en DAPPER*. Universiteit Twente, Faculty of Behavioural, Management and Social sciences (BMS).