

COURSE INFORMATION AND INSTRUCTOR PREPARATION

TITLE: VICTIMOLOGY: HELPING THE VICTIM THROUGH UNDERSTANDING TRAUMA

HOURS: 1

GOAL: TO UNDERSTAND EFFECTS OF VICTIMIZATION AND WAYS TO HELP THE VICTIM

TEACHING AIDS (CHOOSE ALL THAT APPLY):

- | | |
|---|---|
| <input type="checkbox"/> Chalkboard and chalk | <input type="checkbox"/> Easel notepad |
| <input type="checkbox"/> Whiteboard and markers | <input type="checkbox"/> VCR/DVD player |
| <input type="checkbox"/> Computer and mouse | <input type="checkbox"/> TV |
| <input type="checkbox"/> Multi-media projector | <input type="checkbox"/> Overhead projector |
| <input type="checkbox"/> Lectern or table | |

INSTRUCTIONAL TECHNIQUES (CHOOSE ALL THAT APPLY):

- | | |
|--|---|
| <input type="checkbox"/> Lecture | <input type="checkbox"/> Group work |
| <input type="checkbox"/> Discussion | <input type="checkbox"/> Scenario-based training |
| <input type="checkbox"/> Individual exercise | <input type="checkbox"/> Hands-on techniques (i.e. driving, shooting, etc.) |

STUDENT MATERIALS

Handout #1: Coping Skills



REFERENCES

A Summary of "A Survey of Assessment Research on Mediation and Restorative Justice" E-Forum, June 29, 2004 by Paul McCold

Criminal Justice System Response to Victims, by Mark Stevens, J.D. Assistant Professor of Justice Studies.

Crime Victim Services "Outcome Measurement" Traumatic Emotions Training, published by Allen and Putman Counties. WPDOCS/Outcome Measurements.

Gift from Within: Article: Don't Make it Worse! Use of Alcohol or Drugs After Trauma by Angie Panos, Ph.D., CEAP and Patrick Panos, Ph.D., ABPP

Gift from Within: Article: Secret Diet Disasters of Trauma Survivors by Dr. Angie Panos

Gift from Within: Article: Stress Responses in Sexual Trauma Victims and in Others Experiencing Overwhelming Events by Dr. Erwin Parson and Ms. Luerena Bannon.

Public Attitudes Toward Restorative Justice, Ministry of Justice, 1996
Web Site of www.justice.govt.nz/pubs/reports/1996/restorative.chapter4.html

Restorative Conferences Reduce Trauma from Crime, August 15, 2006 by Abbey Porter

Victim Assistance: Frontiers and Fundamentals, by Marlene A. Young, published by NOVA, 2001

Victim Trauma, by Mark Stevens, J. d. Assistant Professor of Justice Studies

Web Site: www.angelfire.com/vt/rcwn

Web Site: www.care2.com/c2c/groups/disc.html

Web Site: www.crimelibrary.com/criminal_mind/profiling2/3/html

Web Site: www.cvvc.org/CrimeVictimsAssistance/TraumaImpacts.php

Web Site: www.cvvc.org/ViolenceImpacts/ImpactsViolence.php

Web Site: www.cvvc.org/CrimeVictimsAssistance/Services.php

Web Site: www.lycos.com/info/victimology.html

Web Site: www.narcissisticabuse.com/victim.html

The Victim's Toolbox, Is it wrong to be a Victim

OHIO PEACE OFFICER TRAINING COMMISSION



Web Site: www.restorativejustice.org

Web Site: www.suspensionalternatives.com/research/background/victimology.html
Studying people who Hurt People.

SUBJECT MATTER EXPERTS

Dr. Robert Denton, PH.D., Adjunct Professor of Sociology, University of Akron

James W. Titcombe, LCSW



STUDENT PERFORMANCE OBJECTIVES

At the completion of this training, the student will be able to:

1. List brain functions associated with trauma.
2. Define two phases of the psychology of trauma of victimization
3. Define three theory variables of equilibrium.
4. Define the term "crisis".
5. List the four stages of crisis.
6. Compare and contrast crisis responses of physical, cognitive, and emotional states.
7. List two difficulties in communication with the crime victim.
8. List various coping mechanisms related to stress and trauma.
9. Identify the concepts of restorative justice, conference and victim offender mediation.
10. Describe the role of individual and group therapy for the crime victim.



VICTIMOLOGY: HELPING THE VICTIM THROUGH UNDERSTANDING TRAUMA

INSTRUCTIONS

NOTE: This course may be instructed by the local training officer or supervisory personnel, however, it is recommended that you visit the following web site to find a crime victim advocate in your county to help in the instruction of this course: www.ag.state.oh.us/victim/dir_state.asp click on county and stroll down to find your county. This web site is an excellent resource of services available for assistance for the crime victim including obtaining crime victim advocates. You may also find assistance at your county prosecutor's office, court mediator services, Your County Jobs and Family Services office, County Sheriff's Office, local United Way Office, or other public and private agencies.

INTRODUCTION

The statistics are astonishing. Every minute 3000 persons become a victim of crime somewhere in the world. In the United States one teenage is victimized every 19 seconds. A sexual assault occurs every 2 minutes. A theft occurs every 2 seconds. Every six (6) seconds a violent crime occurs. Yet when a crime occurs the victim reports feelings of isolation. We may think of it as being something that happens to somebody else. It can't happen to me. Thus, when it does happen, the trauma associated with being a crime victim can be overwhelming.

This course is about the crime victim. It should be the goal of the law enforcement officer, crime victim advocate, and the courts to help return the victim to the best possible position to that prior to the crime. We will look at some of the trauma associated with being a crime victim, ways in which the law enforcement officer can help the crime victim, ways the crime victim can help him/herself, and some long term resolutions.



THE VICTIM IN CRISIS

Trauma is defined as any out of the ordinary experience that creates in the individual the belief that his/her life is in danger and that this experience would create a traumatic experience in most anyone. Thus, the death of one's parent would not be defined as traumatic as this is a more or less normal life experience. A rape or motor vehicle accident, on the other hand, is not a usual experience for most people and therefore how one is treated by police, emergency and medical personnel is vital to reducing the impact of the traumatic experience. The overwhelming experience for the individual in crisis is one of shattering vulnerability. Most people go through life believing that they are safe or nothing too bad will happen to them. When something out of the ordinary occurs, the individual's world of belief systems is shattered for now he/she has overwhelming evidence that he/she is indeed vulnerable to the horrible events that can happen to us. This then results in the predictable psychological responses of being psychologically numbed at the moment of the traumatic event. At that moment, the mind does not want to deal with the event and indeed cannot deal with it. Later on as one is in relative safety one can begin to process the information. This is why getting a victim to safety is so important. Furthermore, what is safe must be perceived by the victim as safe and not necessarily by the caring and helping people. Therefore, a victim may need to be removed from the scene to feel safe.

SPO #1

Brain functions associated with trauma:

When trauma is present, the brain does not function in a normal manner. Very much like a computer that gets overloaded, the human brain functions in an altered manner when presented with excessive trauma or stress. As a result of stress and/or trauma, more than 300 chemical reactions within the body produce a fight/flight response. The autonomic release of chemicals is a primitive survival mechanism and prepares the body and mind to deal with the perceived situation. This process is responsible for a continuum of emotions including: fear, anger, confusion, guilt/self blame, sadness and humiliation.

In response to these chemical reactions, information often is scattered, repressed returned only when triggered and may come back in fragments. Verbalization, security and time appear to enhance the process of recall. Information must often be reconstructed as fragments are recalled assembled. When recall is impaired, blanks will be created. At times, victims will fill in these "gaps" with information based on expectations of others and in preservation of self esteem.

Law enforcement personnel must remain cognizant that victims may not be able to immediately recall all the details of the crime. The victim may need to tell the story many times in order to recall details of the event. Once the victim feels safe, recall is more likely to occur. Often, information will be recalled in fragments over time.



SPO #2

Two phases of psychological trauma

The psychological trauma of victimization can be separated into two phases: the initial crisis reaction to the violation and the long-term reactions it sometimes causes.

Victims in traumatic situations exhibit various cognitive and emotional states. People live in a state of equilibrium. Each establishing his/her own boundaries usually based on a certain order and understanding of the world. This equilibrium is a balance of three crisis theory variables:

SPO #3

1. Cognitive perception: the understanding and meaning of the current experience
2. Coping mechanisms: behaviors and thoughts which allow for management of the experience.
3. Support systems: social and personal connections which assist stability

Crises are precipitated by a breach of the equilibrium when stress overwhelms perception, coping mechanisms and supports. Occasional stressors will force individuals out of their state of equilibrium. However, most people are able to cope effectively with stressors that are within or near their familiar range of equilibrium. Extreme trauma often throws people well outside of that range such that it is difficult for them to restore a sense of balance in their lives. (*Victim Assistance: Frontier and Fundamentals* by Marlene A. Young).

SPO #4

“Crisis” is defined as a condition in which:

1. Stress overwhelms the coping mechanism
2. Problem solving skills prove ineffective
3. Feelings increase in intensity
4. Normal control is lost for a period of time

Crisis may be created or precipitated by:

1. Situational events: death, violent crimes, disastrous incidents
2. Chronic stress: domestic violence, on-going child abuse, care-taking needs
3. Development stages: stresses related to stages in life

A crisis response may not be caused by a single event. Often, crisis events “piggyback” on one another. For example, a woman who is going through a divorce who is raped must deal with the interaction of the two events. A person may be able to cope with one crisis but may well be pushed beyond the ability to deal with the stress when a second crisis event occurs simultaneously or too soon after the first.



SPO #5

Four stages of a crisis

1. Acute – characterized by shock, numbness and/or denial in which emotions will evaporate.
2. Recoil – characterized by emotions flooding back in causing feelings of fear, anger, confusion, frustration, self-blame and sadness.
3. Reconstruction – a progression of feelings over time alternating between periods of good and bad days: an emotional roller-coaster. This will eventually lead to the establishment of a new equilibrium.
4. Recovery – This is the restoration of a balance of coping mechanisms, cognitive perception and support systems.

The law enforcement officer will mostly often encounter victims who are at the acute and recoil stages. Sometimes victims will swing between the stages. Crisis responses are normal reactions to an abnormal event and should not be viewed as a form of mental illness. Responses may last a short period of time or continue for days, months or even years.

SPO #6

Responses to crisis:

PHYSICAL: headache, inability to sleep, excessive sleeping, fatigue, hyperactivity, increased startled reactions, nightmares, digestive disorders, pain in the neck area, increase in heartburn, feelings of nausea, difficulty catching breath, chest pains, pounding heart, feeling shaky and sweaty.

During a physical response, people often experience a state of “frozen fright” to a dangerous threat. They may realize that something is terribly wrong or that something bad has happened but they cannot comprehend the event or its impact. They may be unable to move or react or may become disoriented. Seconds before everything in their life was “normal” and now the world seems to be radically different and chaotic.

Adrenaline immediately affects the body’s response to an event. Rational decision making is altered. Heightened physical arousal associated with fight or flight occurs initially but cannot be prolonged indefinitely. Eventually the body will collapse in exhaustion. Whether the body’s reaction to exhaustion is sleep or unconsciousness, the response will be experienced as a break with the traumatic event. Sleep frequently overcomes the victim. Once the victim is rested some, the crime and its consequences become a part of the past. It is not unusual for people to wake from the state of exhaustion and become overwhelmed with grief and guilt after they have been separated from the immediacy and the intensity of the event. (Psychological Trauma of Crime Victimization by Marlene Young excerpts from Victim Assistance: Frontiers and Fundamentals)



COGNITIVE: memory impairment, flashbacks, “reworking” the event (especially first two days after crime), inability to concentrate, easily distracted, diminished decision-making or problem solving capabilities, unable to perform routine tasks and discomfort with people approaching from behind.

There are many long term stress reactions to trauma. Some victims play back the crime repeatedly in their imaginations. They often tend to talk about it endlessly, reviewing the events in minute detail. (Crime Victim’s Book, Bard and Sangry, 1979) Nightmares are common in the aftermath of victimization. One significant attribute of such dreams is that many times they are not a repeat of the event but a scary or sinister type of nightmare involving monsters, demons or other lurking terror. Victims usually awake from these dreams, however, knowing it was about the criminal act. (Psychological Trauma of Crime Victimization by Marlene Young excerpts from Victim Assistance: Frontier and Fundamentals)

When victims are confronted with sounds or sights that remind them of the crime, they may react in the same way that they did when the crime occurred. Victims often persist in avoidance of any stimuli associated with the event. This is evident in victims who are determined not to think about the crime and refuse to allow others to talk about it in their presence. To these victims, the crime will eventually “not have happened” because no one talked about it. Victims will make a conscious effort to avoid television, movies, newspaper and any other media that present a crime scenario similar to their own experience. They will refuse to revisit the scene of the crime.

It is very common for victims to forget certain parts of the criminal attack. Under stress, victims often do things that they are not even aware they are doing. Victims may feel that if there is nothing to live for except the present. They may begin to choose a life style that is high in risk-taking behaviors and live for the moment. Victims often transfer rage at the crime to co-workers, children or partners. Seemingly minor issues often trigger episodes of excessive anger. Little things often trigger major temper tantrums.

EMOTIONAL: anger/rage, fear/terror, feeling out of control, depression, self-blame, frustration, confusion and feeling isolated/lonely

The first emotional response to a crisis parallels the physical response. It involves shock, disbelief, and /or denial. Regression may accompany this shock. Victims and survivors often assume a childlike state. The shock may be directed as much at the senselessness and randomness of the event as to the event itself. Fear is the primary emotion experienced when a person is threatened by a traumatic event. Fear drives anger. Anger arises out of the sense of helplessness. The anger may be directed to all areas of ones life such as spiritual, the assailant, family member, the criminal justice system and even inward. It may be expressed as revenge or the desire for vengeance. Frustration is a by-product of the feelings of helplessness and powerlessness experienced during the actual crime.

Confusion stems from the question of “why me?” which has no answer. The unanswered question then becomes a source of more frustration. Self-blame results from the mind’s effort to understand the event and hence identify behaviors or attitudes the victim may come to believe brought the event upon him/her. Depression is a by-product of the feelings that are out of control in victim’s life. It is a feeling of despair. Depression may last a long time. Feelings of



isolation stem from having experienced a horrible, brutal and cruel attack and the perception that the rest of the world doesn't seem to notice or care.

A victim will move through several stages each of which includes its own emotional, cognitive and physical experiences. These reactions are normal and commonly affect interpersonal relationships. The victim may be over-sensitive, irritable, hostile and may tend to retreat from social contact.

Victims cope with these feelings by avoiding people, places, events and activities that remind them of the traumatic event. The victim may become "disconnected" from the world shutting down emotionally or become numb to events including family gatherings or occasions they previously enjoyed such as birthdays, weddings, family reunions.

The healing period for each victim is different and is dependent upon the type of crime, level of violence, support afterward and other compounding factors in the victim's life such as a sick child, death of loved ones, divorce, etc. A victim may appear to be and may well be on the road to recovery, then suddenly experience a relapse. This commonly occurs between eight weeks and six months.

The emotional, cognitive and physical conditions are normal. In addition, there are some emotions which may need some special attention. These include:

Rage or intense anger: The victim has been hurt. Feelings of frustration are in abundance. Vengeance is viewed as an option for the victim. If the legal system fails to assure the victim that justice will be served, more anger will surface. Anger needs to be released and funneled in a positive and concrete outlet. If this anger is not addressed, it can take control of the victim's life. Avenues to deal with anger may include writing a Victim's Impact Statement, being part of a Victim Impact Panel, Victim Offender Mediation or participating in victim outreach programs such as Rape Crisis Center or Domestic Violence Shelter House. An immediate method for dealing with anger is to have the victim write down how he/she feels, explaining when the feelings occur and keeping a journal of feelings. Committing the feelings to paper helps the victim to put the feelings into perspective. Anger doesn't look that bad when it is on paper. This can also help law enforcement to better assist the victim by moving the victim to a point where he/she can best assist the officer with the investigation. When interacting with a victim, an officer should remain cognizant of what he/she says:

HURTS: *"Don't be angry," "Calm down," "You'll get over it," "Time heals all wounds," "It is God's will."*

HELPS: *"Tell me about your anger," "What is the worse part of feeling so angry?" "It is normal reaction to feel angry." "Who can you talk to when you feel this angry." "It is safe to vent your anger." "It is okay to feel this way."*

Feeling out of control or feeling overwhelmed: Somebody has created havoc in the victim's life. He/she was not in control during the victimization. The victim needs to take back control of his/her life. Regaining control takes place incrementally. The officer can assist in the process. By providing for the most important and urgent needs, the officer can enhance a victim's recovery potential. Some examples include: providing medications, child care, etc. It is



important to encourage the victim to take an active role in his/her recovery. Assisting the victim with preparing a list of needs such as shelter, security, food, clothing, child care, etc. will create a situation wherein the victim can begin to regain control of his/her life.

HURTS: *“Relax,” “calm down,” “be thankful for . . . ,” “I know how you feel.”*

HELPS: *“What do you need now,” “What can I do to assist you.” “You’ve taken a big and important step in contacting us.”*

Safety concerns: It may be useful to assist the victim in differentiating between fear and anxiety. Acknowledgement of fear and clarification of anxiety will keep the victim sort out the real from the perceived. To enhance the feeling of safety provide some safe choices for the victim such as a shelter house or another home that is unknown to the perpetrator. Examine ways the victim can feel safe such as installing alarms, locks, window and door blocks, answering machine and caller ID. Even a dog can provide some degree of security.

HURTS: *“It won’t happen again,” “God won’t give you more than you can handle,” “Try to forget it,” “Think about something else.” “It is time to move on.”*

HELPS: *“tell me about your fears,” “What you are feeling is a normal reaction.” “Let’s discuss some ways we can make you more safe.” “It is okay to feel this way.”*

Guilt and Blame: Victims often look back at their trauma and assign themselves varying degrees of responsibility. They may think, “If only I didn’t walk down the street alone. I should have known better.” Or “I should not have made him so angry. He is right. He deserves dinner on the table when he walks through the door.” Or “I should have kept the kids quiet when he was trying to read the paper.” Guilt or self-blame arise from the effort to sort out the confusion. Feelings of guilt arise from a review of actions that we thought we should have taken to prevent the crime but were unable to. Listen attentively for the self blame and confront it directly.

HURTS: *“Why were . . . ,” “If I had been in your situation . . . ,” “You should have . . . ,” “Don’t feel that way.”*

HELPS: *“Who can you count on for support?” “Tell me your story.” “You are not to blame for this violent act,” “I hear you blaming yourself for. . . “It is okay to feel this way.” “What can I do to help you?”*

Feelings of isolation/loneliness: Victims often feel that their victimization sets them apart from the rest of the community. They may feel ashamed. Feelings of guilt and blame for the incident will exacerbate feelings of isolation. It may be difficult for the victim to reach out to even the closest of friends. The victim may also fear for the safety of his/her friends. They may fear that a friend who has been supporting in the past become a focus of anger for the perpetrator. Even the safety of the law enforcement officer and crime victim advocate may be a source of worry to the victim. Any perceived negative attitude of the law enforcement officer can perpetuate feelings of shame/guilt. Feelings of shame, guilt and fear may cause the victim to isolate him/herself from friends, associates, church or family.



HURTS: *“Just get back out there,” “Don’t feel that way,” “Real friends will stick by you,” “If they don’t help you, they aren’t really friends.”*

HELPS: *“You are not alone.” “You were very brave to ask for help.” “With whom can you share your pain?” “Let’s look at various support groups or agencies that have experience in this area.”*

Frequently, victims will appear to be happy, adjusting to the trauma or even appear to find humor in the incident. This may be a façade or the victim may be using humor as a coping mechanism to deal with pain or fear. Officers should avoid the temptation to participate in the humor or happiness with the victim. People deal with trauma in their own way. An officer joking about or making light of the victim’s situation or feelings may be misunderstood by the victim.

DO NO HARM

The role of the law enforcement officer is to enforce the law, apprehend, and prosecute the perpetrator. The victim is the key witness upon whom a case often hinges. The treatment and care of the victim(s) will determine the level of cooperation an officer will receive throughout the process. The first and last rule is this: DO NO HARM: Never make a situation worse.

Remain mindful that people recently victimized will be in a more volatile state of mind. First impressions are important especially when dealing with a victim of a crime. Such victims are often in a heightened state of sensitivity and may react to or perceive the officer in a negative light.



DIFFICULTIES IN COMMUNICATING WITH A CRIME VICTIM

SPO #7

Functions of the human brain are divided between the two hemispheres. The right hemisphere controls functions such as: analysis of non-verbal information and communicating emotions. The left hemisphere controls the production and understanding of language. Reaction in the human brain to trauma and stress is often manifested in a difficulty to communicate. Victims suffering from Post Traumatic Stress Disorder will often experience a reduction or loss of the left side of the brain. The void is often filled by the right side or creative, non-verbal, emotional side (Villarreal, 2004)

A result of these altered brain functions will frequently make communication with victims difficult, especially in the period of time closely following the traumatic event.

Many rape victims also have a temporary dysfunction called psychomotor retardation. This is characterized as a slowed pattern to speech, body movements, and thinking. Rape and other victims of severe emotional trauma may not be able to hear and/or understand information.

The officer should be cognizant of these conditions and be patient with the victim. The victim may be better able to tell his/her using visual tools or drawing pictures of the event. The person who suffers from the dysfunctional psychomotor retardation needs to be granted more time to respond to questions and may need to be presented with the same information frequently and in different formats. It may be helpful to allow the victim to make as many choices about his/her care as possible to allow for a sense of control over his/her situation.

ASSIGNMENT: A rape victim appears to you to be uncooperative. She can't remember certain details of the incident. Her statements to you don't seem to be making any sense. She says the rape occurred just 3 hours earlier, why can't she remember anything? What could be happening to her? What would be your course of action? What might she expect in the future?



COPING MECHANISMS

Alcohol and Drug Abuse:

To deal with the pain and trauma violent crime, some victims may tend toward alcohol and/or drug abuse. Emergency room personnel no longer prescribe tranquilizers to trauma victims due to the fact that traumatized victims are more vulnerable to psychological addiction to alcohol or substances. The temporary numbing feeling that alcohol and drugs may bring to the victim puts the victim in jeopardy of becoming addicted to these substances. The victim feels good for a short period of time probably enjoying the numbing feeling. Some victims will resort to repeated use of alcohol or drugs. Repetition can and often does, lead to dependency. The addiction compounds the problems of victimization.

In an attempt to cope with the onslaught of intrusive thoughts, depression, sense of helplessness and high levels of hyperarousal, rape victims were found to be 13.4 times more like to have a serious alcohol problem and are 26 times more likely to have a serious drug abuse problems (Gift from Within: Stress Responses in Sexual Trauma Victims).

The common cycle includes: traumatic event → emotions out of control → use of alcohol or drugs to forget the trauma → likely addicted to the substances. The compounding of victimization from the substance abuse frequently slows recovery time and may preclude recovery altogether.

Comfort in Food:

Another coping mechanism involves eating. Eating disorders include Anorexia Nervosa, Bulimia Nervosa, and Compulsive Overeating/binge eating.

Anorexia Nervosa is a disorder in which the person severely restricts his/her food intake to the point of starvation. This disorder may include increased exercise and/or use of laxatives to aid in the weight loss. By restricting his/her diet, excessive exercise or laxative, the person in trauma may feel a sense of regaining control over his/her body. Serious mood swings and cognitive dysfunction accompany Anorexia Nervosa complicating the recovery process from a traumatic event. If left untreated Anorexia nervosa can be fatal.

Bulimia Nervosa is a disorder in which the person eats compulsively and then purges through self-induced vomiting. This cycle often occurs in secret. Like Anorexia nervosa, Bulimia may cause severe mood and cognitive dysfunction. Therapy for eating disorders should proceed or be conducted concurrently with therapy for the trauma.

Compulsive eaters have a vicious cycle of binge eating and depression. The food is used as a comfort to deal with the stress of the trauma. However, binging is followed by depression, guilt, shame and a personal disgust for oneself for the overeating. Like Anorexia Nervosa and Bulimia Nervosa compulsive eating occurs in secret. A person may eat normally in front of others and then binge in private. To some victims of a traumatic event, eating is a way of mitigate their pain. To others it may be a way of hiding attractiveness and sexuality and make



the person feel a little bit safer. Compulsive eating may be hard to detect and if detected may be difficult to associate with the traumatic event.

It is important to provide early support and continued follow-up to prevent and/or treat disorders resulting from the trauma brought on by victimization. Sorting out the flood of emotions and actions the victim may present can be difficult. Referrals to victim advocate services and mental health support is critical in the early stages of victimization. Effective follow-up in conjunction with early support will provide for a more positive outcome and recovery for the victim.



RESOLUTION FOR VICTIM

Restorative conferences:

A restorative conference is defined as an event that focuses on restoring the losses suffered by victims, holding offenders accountable for the harm they have caused and building peace within the communities. It focuses on repairing the harm caused by the crime. It is a completely different way to look at crime and punishment. The intent is to view the victim and the offender as human beings versus a colder view of names on a police document. It requires offenders to take responsibility for their actions and harm they have caused.

The restorative conference differs from victim-offender reconciliation/mediation programs in that not only are the offender and victim involved but also family members and community representatives. Reginald A. Wilkinson, former director of Ohio Department of rehabilitation and Correction stated, "The reason restorative justice is so powerful is that it is a holistic approach to the justice system. Restorative justice teaches that justice system should not merely focus on offenders but be inclusive of community organizations and representatives, crime victims, crime victim advocates and victim organizations." Mr. Wilkinson is a strong proponent of vocational programs, counseling services and work programs for prisoners. He believes that without these, recidivism rates would increase significantly.

Participation in restorative conferences must be voluntary. Some programs allow for a victim to avoid actual contact with the perpetrator providing instead a "go between" relaying messages between the offender and the victim. Research has shown that face to face conferences produce a higher rate of success for both the victim and the perpetrator.

Mediation conferences or restorative conferences can be beneficial particularly when the offender and the victim will be working, socializing or otherwise encountering each other outside of the case.

Dr. Caroline Angel, a lecturer in criminology at the University of Pennsylvania studied the impact of restorative conferencing on post-traumatic stress symptoms. Her studies indicate that the emotional and psychological effects of a crime on individuals is reduced when the victim has a controlled meeting with the perpetrator led by a trained therapist.

Dr. Paul McCold, a criminologist and professor, agreed with the results of Dr. Angel's work. He said, "Victims who are traumatized by a crime are given significant relief as a result of a two-hour conference in which they face their offender and really conquer their fear and anger."

The conferences helped many victims to reach a sense of closure and, perhaps more important, hold the offender accountable for his/her own actions. Dr. McCold noted, "Restorative conferences also provide a means of "righting the injustice" for the victim. The concept is based on empowering the victim. A crime disempowers the victim and (the) conferences holds the offender accountable for what was done in a way that really empowers the victim.

The restorative conference:

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1. Gives the crime victim a chance to express their feelings directly to their perpetrator.
2. Lets the perpetrator hear directly from the people they have victimized.
3. Resolve conflict.
4. Helps the victim get answers to questions including:
 - a. “why me”
 - b. “why did you commit the crime”
 - c. “am I safe now”
5. Provides the victim the chance to address his/her safety concerns.
6. Is a forum allowing the victim and the perpetrator to break down stereotypes, understand the motivations for and the impact of crime, and to show remorse.
7. Reduces fear on the part of the victim that they will be re-victimized.
8. Helps the perpetrator learn affective methods to resolve conflict (unlike prison which may foster a more negative response to dispute resolution).
9. Reduces cost to both perpetrator and the prosecutor.
10. Enhances resolution and closure for both the victim and the offender.
11. Resolves misunderstandings between the victim, offender, families and communities.

The Prison Fellowship International (a global association of over 100 National Prison Fellowship Organizations) believes restorative justice improves upon the traditional criminal justice system because:

1. It views criminal acts more comprehensively. Rather than defining crime only as lawbreaking, it recognizes that offenders harm victims, communities and themselves.
2. It involves more parties. Rather than giving key roles only to government and the offender, it includes victims and communities as well.
3. It measures success differently. Rather than measuring how much punishment has been inflicted, it measures how much harm has been repaired or prevented.
4. It recognizes the importance of community involvement and initiative in responding to and reducing crime. Rather than leaving the problem of dealing with crime solely to the government.



Critics of these programs (restorative conferences or victim-offender mediation) have expressed a concern regarding:

1. An assumption of guilt on the part of the perpetrator. Since entrance into these programs usually requires the offender to admit guilt, the accused may admit guilt to avoid a complicated and expensive trial?
2. Possible pressure on the perpetrator into the program by a busy criminal justice system. Trials commonly take months to prepare and offer no guarantees of the outcome. It may be tempting to the prosecutor to make a deal with the accused and offer a mediation program.
3. Legal rights for the accused may be infringed. Will the accused have his/her rights properly explained including ramifications of participation in mediation program?

Early reports on these types of conferences suggest that they can drastically reduce the long term affects on the victim.

The article, "Life After Death" in the pamphlet entitled Victim Offender Dialogue, (State of Ohio Rehabilitation and Correction), explores the emotions of the sister of a person who was killed by a drunk driver.

Elaine was killed by a drunken driver and nothing can bring her back. But her family found hope by facing the offender.

"The day after the mediation session, I could feel that a lot of tension I had been carrying around vanished. I had a sense of relief and realized it was because I had to let go of feelings of vengeance and despair. The mediation had allowed me to turn my thoughts back to a constructive direction and to feel optimistic about the future."

"But I harbor no bitterness or hate toward her (the offender). I respect her for having the conscience and the courage to face us, express her remorse and take responsibility for what she had done. I rejoice at each of her accomplishments on the job of repentance and repair, and sincerely wish her well in making a better life for herself and her family."

Elizabeth S. Menkin, sister of Elaine

Group Discussion: What types of offenses do you feel would lend themselves to mediation or conferences? Do you think that restorative conferences would be beneficial to a sexual assault victim? Would offenders want to participate in this conference? What advantages do you see to this type of meeting? If you were a crime victim would you want to participate in this type of conference?



Individual and/or Group Counseling:

Mark Stevens, J. D. assistant Professor of Justice Studies at North Carolina Wesleyan College stated, "Psychological trauma impairs the ability and/or willingness of crime victims to cooperate with the criminal justice system. Victims must be treated better by the criminal justice system because it cannot accomplish its mission without the cooperation of victims." Better treatment includes appropriate counseling for the victims. Victims expect and should receive this counseling. It is worthy to note that the rate of Post Traumatic Stress Disorder appears to be higher for victims who report the crime than for those who do not report the crime to the law enforcement authorities. Working as a team crime victim advocates, law enforcement officers, prosecutors, criminal justice representatives, and probation officers need to provide victims with awareness of programs, services and aid available for the victim.

The Ohio Victim Compensation program provide for payment of counseling services for certain victims (Picking up the Pieces, Your Rights and Responsibilities as a Crime Victim). At this time the maximum amount for counseling services for individuals is \$2500 and \$7500 per crime.

Success in relieving the symptoms of crime victim trauma through counseling appears to be related mostly to the history of the victim. Demographics such as gender, race, and age do not appear to be significant contributors to the success or failure of psychological intervention. Prior victimization appears to be the greatest hindrance to success in relieving symptoms related to Post Traumatic Stress Disorder. Other factors include: seriousness and danger of the crime, how well adjusted the victim was before the crime, the availability of social support for the victim, length of time in court system, exposure to the perpetrator, support from crime victim advocate and treatment from the criminal justice system.

The length of time required for counseling varies considerably.

Group therapy is frequently used as a healing strategy with survivors of sexual victimization. According to Dr. Erwin Parsons and Ms. Luerena Bannon, "the group works because it is able to construct a safe space, allows each member to experience self in a different way—in the presence of others, provide a powerful "gallery of mirrors" for survivors to see themselves in others reflection. This achievement in the group often results in diminished avoidance, fear, and anxiety, and with increased sense of confidence and competence in interpersonal transactions."

Positive Outcomes of Group Therapy:

Some of the negative characteristics of the trauma experienced by the victims can be overcome by group therapy. These include:

1. The establishment of a safe place among like victims.
2. Realizing and accepting that one is not alone in feelings and emotions.
3. Sharing of feelings and emotions with someone who is non-judgmental.
4. Improvement of communication skills in expressing feelings and emotions.



5. Improvement of social interaction
6. Reduction of the sense of being different due to the experience of the trauma.
7. Re-establishment of trust in people.
8. Realizing that one did nothing to cause the crime.
9. Attainment of meaningful support
10. Regaining self-esteem and self-worth.
11. The ability to speak freely without anyone judging or lecturing on content.

Many positive long term results have come from receiving therapy after a life changing traumatic event. The victim can emerge from the event, a stronger, more confident person. Also reported is a greater appreciation for life, closer to family and friends, a new discovery of the meaning of life and a greater empathy for others.

Professionals recommend various coping skills for those in recovery from a traumatic event. Please review this list of coping skills for possible sharing at appropriate time with a crime victim.



HANDOUT #1 – COPING SKILLS

Professionals recommend various coping skills for those in recovery from a traumatic event. Please review this list of coping skills for possible sharing at appropriate time with a crime victim.

1. Allow yourself a certain amount of time everyday to think about the incident. When the time is up, tell the thoughts to go away. You will then be in control of the feelings.
2. Exercise—take walks, exercise to music, or walk with a friend.
3. Massage—a relaxing massage can help relieve tension.
4. Bath—use scented bath oils to enhance relaxation. Lavender oils aids in relaxation. Light candles, turn out the lights, and lock the bathroom door for a more relaxing experience.
5. Eat small amounts of food at a time.
6. Get plenty of rest.
7. Can't rest? Use herbs (such as lavender) in candles, sprays, body lotions, bedding sprays to promote rest. Use sound machines to emanate sounds like ocean waves, wind or water.
8. Start a hobby you have always wanted to do. (collecting stamps, woodwork, gardening, doll collecting, etc.)
9. Learn to play a musical instrument.
10. Listen to music.
11. Enjoy a funny movie or funny book.
12. Play with a pet. (or get a new pet) Can't have a pet? Ask your friends/neighbors to borrow their pets for a couple of hours.
13. Eat healthy foods such as fresh fruits and vegetables.
14. Drink herbal teas for relaxing and calming affect.
15. Treat yourself to some fresh flowers.
16. Consult a person who specializes in reflexology. Applying pressure to hands and feet can break up stress.
17. Take many mini-breaks to reduce stress (walk, stretch, sip tea, think positive thoughts)



18. Know that having symptoms after a traumatic experience are normal and not a sign of weakness.
19. Let people around you help you. Tell your support group (family, friends, etc) how they can help you. Remember, the support group may not know what to say to you, so tell them.
20. Utilize a support group. Remember, that not all support groups are alike. Try some until you find one just right for you.
21. Use aromatherapy to soothe. Use essential oils in your work and living areas to relax and sedate.
22. Expect some problems: Feelings of depression, anger, and irritability are normal reactions. When these feelings arise say to yourself, "I have been expecting to feel (anxious, depressed, irritable, angry) and now it is here. It is a normal feeling and now that I have realized that, I now let it go."
23. Write down your experiences, how you are feeling, why do you think you feel that way, how are you coping, etc.
24. Resist the temptation to consume alcohol as a means to deal with the problem or to forget the event.
25. Do things to normalize your life. If every Friday night you went to the movies, then resume that activity.
26. Resist the temptation to make drastic changes to your life such as moving away, changing careers, marital status, etc.
27. Acknowledge that victimization is a painful and frightening experience.
28. Use Affirmations to speak of the future. Use these everyday affirmations to lead to a positive outlook:

Faith, I believe.
 I see myself as a wonderful person.
 I am glad I am me.
 I move forward with confidence and ease.
 I love and approve of myself right now.
 I now leave the past and move into the new.
 I stand up for myself, and life supports me in unexpected loving ways.
 I will take care of myself.
 Today I am good, tomorrow even better.
 All of my life experiences will make me a better whole person.
 All is well.
 I am a good person, I take care of myself, I am worthy of love and attention.



COURSE SUMMARY

During a crisis the mind and body experience many changes. These changes may affect the victim's interaction with the law enforcement officer. The officer needs to be aware of these changes in order to properly communicate with the victim.

During periods of trauma, the brain malfunctions and produces a chemical reaction. This malfunction may make a crime victim unable to accurately recall details of the crime. The psychological trauma of a victim can be separated into two phases: the initial crisis reaction to the violation and the long-term reactions it sometimes causes.

Equilibrium is the balance of cognitive perception, coping mechanisms and support systems. Crisis is precipitated by a breach of the equilibrium. Crisis tends to progress across four stages acute, recoil, reconstruction, and recovery.

There are some normal reactions to the abnormal situations. Physical reactions may include fatigue, headache, nightmares, nausea; heartburn increased startled reactions, and digestive disorders. Emotional reaction may include anger, fear, feeling out of control, depression, self-blame, frustration, confusion and feeling isolated. There may be memory impairment, flashbacks, inability to concentrate, diminished decision-making and the victim may be unable to perform routine tasks.

More intense emotions such as extreme anger, feeling out of control, fear, self-blame and feelings of isolation may need to be addressed in a positive and constructive manner to promote the healing of the victim.

It is important to understand the concept of DO NO HARM. Due to the extreme sensitivity of a crime victim and the severity of the impact of a crime upon an individual, a law enforcement officer must be very cognizant of his/her attitude, gestures, facial expressions, words, and mannerisms to not project a negative impression to the crime victim.

The victim may temporarily lose the use of the left side of his/her brain and may need to use visual art to communicate. Another condition called psychomotor retardation may require the officer to repeat questions and allow more time for the victim to answer.

Many crime victims reach for coping mechanisms such as alcohol and drugs or find comfort in foods. These can be very destructive.

Resolution for the victim may need to include restorative conferences (or mediation conferences) and/or individual or group therapy. Both have proven to be helpful to the crime victim.



QUESTIONS

1. As a result of trauma a chemical reaction occurs in the brain. What is the result of this chemical reaction?
2. Name the three crisis theory variables of equilibrium.
3. What is the definition of a crisis?
4. What are the four stages of a crisis?
5. What are the normal reactions to an abnormal situation like victim traumatization?
6. Name two conditions which make it difficult to communicate with the victim?
7. Describe ways to deal with these difficulties.
8. Describe two negative coping mechanisms.
9. What are restorative conferences?
10. What would be a benefit of restorative conferences?
11. In Ohio what is the current rate of payment for counseling? Individual and per crime?
12. Name some positive outcomes from group therapy.

True or False

13. Prior victimization is the greatest determination of failure in counseling.
14. After a person has been victimized he/she will establish a new equilibrium.
15. Law Enforcement officers will mostly deal with victims who are in the reconstruction and recovery stage of crisis.
16. Victims will make a conscious effort to avoid television, movies, newspaper and any other media that presents a crime scenario similar to their own experience.
17. When a crime victim is demonstrating some guilt such as "I should not have made him so angry." It would be helpful to say, "If I had been in your situation. . . ."
18. When a person is demonstrating some feelings of loneliness, a good way to make them feel better is to say, "Just get back out there and make new friends. Real friends would have stuck by you."



19. Many rape victims suffer from a condition in which they demonstrate slow speech, body movements and thinking. This is called hyposensitive.
20. Crime victims have a higher tolerance for alcohol and should be given alcohol to combat depression.
21. Anorexia Nervosa, Bulimia Nervosa, and compulsive eating are all eating disorders and may become an illness to the crime victim.



QUESTION /ANSWER KEY

1. As a result of trauma a chemical reaction occurs. What is the result of this chemical reaction?

- *Information in the brain is scattered.*
- *It is not re-callable.*
- *Returned when triggered and*
- *Comes back in fragments*

2. Name the three crisis theory variables of equilibrium.

- *Cognitive perception-the understanding and meaning of current experience.*
- *Coping mechanisms-behaviors and thoughts which allow management of experience.*
- *Support systems-social and personal connections which assist stability.*

3. What is the definition of a crisis?

It is defined as a condition in which stress overwhelms the coping mechanism, problem solving skills prove ineffective. Feelings arise; normal control is lost for a period of time.

4. What are the four stages of a crisis?

- *Acute*
- *Recoil*
- *Reconstruction*
- *Recovery*

5. What are the normal reactions to an abnormal situation?

Physical-headaches, inability to sleep, fatigue, hyperactivity, nightmares, digestive disorders pain in the neck area, increase in heartburn, chest pains, pounding heart, feeling shaky and sweaty.

Cognitive-memory impairment, flashbacks, "reworking" the event, inability to concentrate, easily distracted, diminished decision-making capabilities, unable to do routine task and discomfort with people coming up from behind.

Emotional-anger/rage, fear/terror, feeling out of control, depression, self-blame, frustration, confusion, feeling isolated and lonely.



6. Name two conditions which make it difficult to communicate with the victim.

*Victims of PTSD may temporarily lose the use of the left side of their brain.
Psychomotor retardation-slowed speech, body movement and thinking*

7. Describe ways to deal with these difficulties.

Use visual art and allow victim more time to respond to questions and allow victim to make own choices.

8. Describe two negative coping mechanisms.

Use of alcohol and drugs and eating disorders.

9. What is a restorative conference?

It is a controlled meeting with the perpetrator led by a trained therapist.

10. What would be a benefit of restorative conferences?

Provides for a sense of closure for the victim, holds the offender accountable for his/her actions and empowers the victim.

11. In Ohio what is the current maximum rate of payment for counseling?

*Individual \$2500
Per crime \$7500*

12 Name some positive outcomes from group therapy.

- *Safe place*
- *Feeling not alone*
- *Sharing feelings and emotions with people who are non-judgmental*
- *Improvement in communication*
- *Improvement in social interaction*
- *Reduction in belief that one is different*
- *Re-establishment of trust*
- *Reduced self-blame*
- *Attainment of meaningful support*
- *Regaining of self-esteem and self-worth*
- *Ability to speak freely without judgment*

13. Prior victimization is the greatest determination of failure of counseling. *True*

14. After a person has been victimized he/she will establish a new equilibrium. *True*



15. Law enforcement officers will mostly deal with victims who are in the reconstruction and recovery stage of crisis. *False, officers will deal with victims who are mainly in the acute and recoil stage.*
16. Victims will make a conscious effort to avoid television, movies, newspaper and any other media that presents a crime scenario similar to their own experience. *True*
17. When a crime victim is demonstrating some guilt such as “I should not have made him so angry.” It would be helpful to say, “If I had been in your situation...” *False*
18. When a person is demonstrating some feelings of loneliness, a good way to make him/her feel better is to say, “Just get back out there and make new friends. Real friends would have stuck by you.” *False*
19. Many rape victims suffer from a condition in which they demonstrate slow speech, body movements and thinking. This is called hyposensitive. *False*
20. Crime victims have a higher tolerance for alcohol and should be given alcohol to combat depression. *False*
21. Anorexia Nervosa, Bulimia Nervosa, and compulsive eating are all eating disorders and may become an illness to the crime victim. *True*

