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ENCOUNTERING 'THE OTHER':
VICTIM OFFENDER DIALOGUE IN SERIOUS CRIME

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KU LEUVEN

FACULTY of LAW

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David L. Gustafson

Promotor: Prof. dr. Ivo Aertsen

Dissertation presented in partial fulfillment
of the requirements for the degree of
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To all the wonderful teachers who have travelled the roads with me in search of healing justice: trauma survivors, prisoners and ex-prisoners, colleagues and friends, critics and fans, profound thanks. It is a wealthy man who, at this season of his life, says, I'm rich in all the things that truly matter. Relationships – and therefore all of you – have made it so.

Abstract

This study examines the Canadian Victim Offender Mediation Program (VOMP) to determine the answers to the primary research question:

What are the major impacts and outcomes of facilitating dialogue encounters between victims and offenders in crimes involving severe violence?

Utilizing a qualitative, multiple case study methodology involving a sample of 25 cases involving the most serious crimes in the criminal code (ranging from aggravated assault to serial rape and multiple murder) in which victims and offenders met one another face-to-face demonstrated positive outcomes for both victims and offenders. Of the victims ($N=34$) 33/34 (97%) felt disempowered by their engagement with the criminal justice system prior to their VOMP participation. Following participation victims reported that the program had: “empowered”, “enabled” and provided them opportunity to accomplish objectives, obtain information, and/or to ‘say their piece’ and “impact offenders’ thinking.” Prior to VOMP 32/34 victims had either been diagnosed with PTSD (21/32 or 65.6%) or were highly symptomatic (11/32 or 34.3%). Following their VOMP process all 32 victims, including those most highly traumatized and suicidal, reported considerable ‘healing’ and recovery, confirmed by marked reduction in their PTSD symptoms. Further, 11/24 adult victims credited VOMP with enabling them to transform their experience of victimization, finding new vocation, which enabled them to serve others in profound and remarkable ways.

Findings for the offenders ($N=28$) were similarly positive. Where known, the trauma history of 13/28 offenders indicated they had been sexually or physically abused as children. Following VOMP 24/28 reported their experience as having been profoundly powerful, enabling them to come to peace with much in their own traumatic histories and precipitating significant healing for them. Prior to VOMP offenders demonstrated varying degrees of victim empathy but, following their face-to-face meetings, 26/28

offenders reported and demonstrated an increase in empathy. Two of the 28 offenders serving 'life' sentences are currently still incarcerated. Three of the 26 who have been released reoffended and were returned to prison. A total of 23/26 are desisting (88.46%). Apology and forgiveness played a role in the majority of cases with 23/25 offenders offering an apology to their victim(s). In 22/25 cases offenders also offered amends that had value and importance for victims and in 22/25 cases forgiveness was offered by victims and received by offenders. A number of unanticipated outcomes were revealed: seven offenders took responsibility for crimes for which they had never been charged or were acquitted at trial. One such case involved an offender serving a life sentence for one murder who confessed to a formerly unsolved cold case murder. Another unanticipated outcome was the 'ripple effect' that saw approximately 1650 individuals positively impacted 'downstream' by the outcomes for the program participants.

The significance of this study is that it advances research about the use of restorative justice in serious crime, addressing some of the most controversial issues regarding the use of restorative justice in crimes of severe violence, domestic violence, sexual assault, and situations of disproportionate power involving adult offenders and child victims. Finally, recommendations are made regarding how the findings of this study might impact policy and practice, and suggestions are provided regarding future research projects.

Samenvatting

Deze studie onderzoekt het Canadese *Victim Offender Mediation Program* (VOMP) en tracht volgende primaire onderzoeksvraag te beantwoorden:

Wat zijn de voornaamste effecten en uitkomsten van het faciliteren van dialogische ontmoetingen tussen daders en slachtoffers bij ernstige geweldsmisdrijven?

Er wordt gebruik gemaakt van een kwalitatieve methodologie toegepast op meervoudige casussen met een sample van 25 casussen, met inbegrip van de meest ernstige misdrijven in het strafwetboek (variërend van slagen en verwondingen tot serieverkrachting en meervoudige moord) waarin daders en slachtoffers van ernstige misdrijven elkaar persoonlijk hebben ontmoet en waarbij er een aantoonbare positieve uitkomst is voor zowel daders als slachtoffers. Van de slachtoffers ($N=34$) hadden 33/34 (97%) het gevoel machteloos te staan door de manier waarop ze betrokken werden bij het strafrechtssysteem voorafgaand aan hun participatie aan VOMP. Na hun participatie verklaarden slachtoffers dat het programma hen had ‘empowered’ en ‘enabled’ en dat het hen in staat stelde doelen te verwezenlijken, informatie te verkrijgen en/of ‘hun ding te zeggen’ en ‘een impact te hebben op het denken van de dader’. Voorafgaand aan VOMP hadden 32/34 slachtoffers een diagnose gekregen van Posttraumatische stressstoornis (PTSS) (21/32 of 65.6%) of vertoonden ze ernstige PTSS symptomen (11/32 of 34.3%). Na hun deelname aan VOMP verklaarden deze 32 slachtoffers, ook zij die ernstig getraumatiseerd en suïcidaal waren, in aanzienlijke mate ‘genezing’ en herstel ervaren te hebben. Dit werd bevestigd door een duidelijke vermindering van hun PTSS symptomen. Verder verklaarden 11 van de 24 volwassen slachtoffers dat VOMP hen in staat had gesteld om hun ervaring van slachtofferschap te transformeren en een nieuwe roeping te vinden, hetgeen hen in staat stelde anderen bij te staan op diepgaande en opvallende wijzen.

Bevindingen omtrent de daders ($N = 28$) waren eveneens positief. De trauma geschiedenis van 13/28 daders (waar bekend) liet zien dat ze seksueel of fysiek waren

misbruikt als kinderen. Na het volgen van VOMP gaven 24/28 daders aan dat de ervaring erg krachtig was geweest, hen in de gelegenheid had gesteld om veel van hun traumatisch verleden te aanvaarden, en een significant genezingsproces had teweeggebracht. Voor deelname aan VOMP lieten daders verschillende graden van empathie voor het slachtoffer zien, maar na de persoonlijke ontmoetingen gaven 26/28 daders aan dat hun empathie gegroeid was en toonden dit ook. Twee van de 28 daders met een levenslange straf zijn nog steeds gedetineerd. Drie van de 26 die zijn vrijgelaten hebben opnieuw een strafbaar feit gepleegd en zijn naar de gevangenis teruggekeerd. Een totaal van 23/26 pleegt niet langer strafbare feiten (88,46%). Verontschuldigen en vergeving speelden een rol in de meerderheid van de casussen, aangezien 23/25 daders hun slachtoffer(s) verontschuldigen aanboden. In 22/25 casussen boden de slachtoffers vergeving aan, en konden de daders die ontvangen. Er waren ook een aantal onverwachte uitkomsten: zeven daders namen hun verantwoordelijkheid voor misdrijven waarvan ze nooit beschuldigd waren, of waarvan ze vrij waren gesproken. Eén geval betrof een dader die een levenslange straf uitzit voor een moord en bekende dat hij een voordien onopgeloste moord had gepleegd. Een andere onverwachte uitkomst betrof het 'rimpeleffect' dat duidelijk maakte dat 1650 individuen 'stroomafwaarts' positief beïnvloed waren door de uitkomsten voor de deelnemers aan het programma.

Het belang van deze studie is dat het wetenschappelijk onderzoek over het gebruik van herstelrecht bij zware misdrijven vooruit wordt geholpen, waarbij een aantal van de meest controversiële zaken aangekaart worden omtrent het gebruik van herstelrecht voor misdrijven met ernstig geweld, huiselijk geweld, seksueel geweld en situaties met machtsonevenwichten tussen volwassen daders en minderjarige slachtoffers. Ten slotte worden aanbevelingen gedaan over hoe de uitkomsten van deze studie een impact kunnen hebben op beleid en werkveld, en worden suggesties gedaan voor toekomstige onderzoeksprojecten.

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The Jade Canoe, a stunning, monumental (6 metres long by 4 high, 49,000 kg.) cast bronze sculpture by renowned Haida artist Bill Reid, is on permanent display at the Vancouver, Canada, International Airport.

A large reproduction poster of Bill Reid's *Jade Canoe*, above, hangs on a wall in my office. I've had many occasions to consider and be grateful for its message: *Paddling Together*. If ever there was a striking example of a collaborative effort, this dissertation most certainly qualifies. I owe a debt of gratitude to many, many people, who helped me navigate what were sometimes narrow straits, capricious currents and opposing tides. To name each of those fellow mariners would add many pages to a document already 'a bit' too large. Nevertheless, I have to make the attempt, in hopes that I've made plain my gratitude to all who've paddled with me all along the way, and long before now.

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List of abbreviations

Definition	Abbreviation
Adverse Childhood Experience	ACE
Alternative Sentence Planning	ASP
American Psychiatric Association	APA
American Civil Liberties Union	ACLU
Break and Enter	B & E
Canadian Broadcasting Corporation	CBC
Canadian Victims Bill of Rights	CVBR
Case Study	CS
Circles of Support and Accountability	COSA
Collaborative Justice Project	CJP
Collaborative Sentencing Project	CSP
Community Dispute Resolution Program	CDRP
Community Justice Initiatives Association	CJI
Community Holistic Circle Healing	CHCH
Correctional Officers 2	CO2
Correctional Service Canada	CSC
Criminal Code of Canada	CCC
Criminal Justice System	CJS
Dangerous Offender	DO
Diagnostic and Statistical Manual of Mental Disorders	DSM
Disorders of Extreme Stress Not Otherwise Specified	DESNOS
Deny, Attack and Reverse Victim and Offender	DARVO
Escorted Temporary Absence	ETA
Face-to-face meeting	F2F
Family Group Conferencing	FGC
First Nations and Inuit Health Branch	FNIHB
Guarantees of non-repetition	GNR
Good Lives Model (of Desistance)	GLM
Greater Vancouver Regional District	GVRD
Institutional Parole Officers	IPO
Integrated Correctional Program Model	ICPM
Integrated Homicide Investigation Team	IHIT
International Trauma Studies Society	ITSS
Magnetic Resonance Imaging	MRI

Member of Parliament	MP
National Parole Board	NPB
National Research Council	NRC
Neuro Hormonal Transmitting Substance	NHTS
No More Victims	NMV
Oxford English Dictionary	OED
Posttraumatic Stress Disorder	PTSD
Positron Emission Tomography	PET
Posttraumatic Stress Symptoms	PTSS
Pre-frontal cortex	PFC
Restorative Action	RA
Restorative Justice	RJ
Restorative Opportunities	RO
Royal Canadian Mounted Police	RCMP
Risks-Needs-Responsivity	RNR
Statistics Canada	StatCan
Temporary Detention	TD
Ultimate Fighting Championship	UFC
Unescorted Temporary Absence	UTA
Victim Impact Statements	VIS
Victim Offender Mediation Program	VOMP
Victim Offender Reconciliation Program	VORP
World Health Organization	WHO

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Chapter 1: Introduction

Victim offender mediation/dialogue and conferencing processes for use in criminal offences have proliferated in justice systems, worldwide, beginning with Victim Offender Reconciliation Programs in Canada in the mid-1970s (Daubney, 1988; Dittenhoffer & Ericson, 1989; Zehr, 2004) and rapidly expanding throughout the USA, Europe, Australia and New Zealand, especially through the 1980s and 1990s (Daly, 2002; Umbreit et al., 2004). With rare exception, however, virtually all jurisdictions have proven to be highly resistant to the use of ‘restorative justice’ (RJ) approaches in all but relatively minor offence categories, and even these are often limited to use with non-violent, first offences committed by youth offenders, what Strang et al. (2013: 48) call “[...] a wasted opportunity”, asserting that, *“If governments wish to fund restorative justice at all, the evidence suggests that the best return on investment will be with violent crimes and with offenders convicted after a long history of prior convictions.”*

The Canadian Victim Offender Mediation Program (VOMP) model represents one of the rare ‘outliers’, an exception to the usual restorative justice offence category rules (Roberts, 1992, 1995). The model was first developed following research into the needs and attitudes of victims/survivors and the prisoners who had caused them serious harm (Gustafson & Smidstra, 1989). Cases referred to VOMP involve only the most serious offences in the Canadian Criminal Code: criminal negligence causing death; drunk or dangerous driving causing bodily harm or death; aggravated assault; armed robbery; kidnapping; the entire range of sexual offences (from sexual interference to serial rape); attempted murder and homicide offences including manslaughter, first and second degree murder and multiple murder. This model, in operation (at time of writing in 2018) for 27 years, is both the subject of and the research vehicle for this dissertation. The author has been privileged throughout the program’s history to not only have observed its impacts but--as the program’s lead staff practitioner and (later) participant

researcher--to experience those impacts together with the participants, in some cases, over many years.

There has been no small amount of controversy in the literature (Daly, 2002; Cameron, 2005) about the issues this model encompasses or, for that matter, about the program itself. Is it: another form of retributive justice and a punishment model (given that *all* of the offender participants are serving sentence of two years to ‘life’ in prison); or a truly restorative model given that RJ values and principles underpin it at every point; or some amalgam of the two? Controversies concerning the use of *any* kind of restorative approach with cases involving sexual assault and intimate partner violence, or crimes against children have put the program squarely in the sights of at least a few detractors, despite the program’s relatively quiet, purposefully low profile.

It seems critically important, given the degree to which many of the researchers are at odds with one another about the efficacy of RJ - especially in serious criminal matters - to attempt to settle some of the controversy. The debate refers to what one commentator, the RJ pioneer Harry Mika, in his review of a voluminous Restorative Justice Handbook calls “*the babble... esoteric argument wanting and unencumbered by data*” (Mika, 2006: 7). Using a multiple case study methodology, this dissertation will provide empirical data in hopes of shedding light on some of the most controversial of the issues surfacing in the field through an investigation of the outcomes experienced by its participants over a ten-year period. If, as the parent organization’s program brochure claims, VOMP is: “An innovative approach designed to meet the need for healing and closure for people involved in, or affected by, the most serious crimes in the Canadian Criminal Code” (Community Justice Initiatives Association¹, n.d., CJI) to what degree does it accomplish those objectives, particularly the therapeutic ones, for highly traumatized participants? The primary research question is disarmingly simple: What’s going on? What are the impacts and outcomes that follow from “Encountering ‘The

¹ Please see Chapter 3, Section 7 for a description of the organization. See also CJI’s website for a complete overview of current programs and involvements: www.cjibc.org

Other” for both the victims/survivors and the men and women responsible and imprisoned for those harms?

1. Background of the problem

The background to the problem addressed in this dissertation is found at the nexus of the conflicting findings in the literature², in the unresolved issues and in the lack of sufficient empirical evidence to thoroughly and convincingly support the arguments for or against the use of RJ in crimes of severe violence from either side. All of this puts one in mind of the comedic observation attributed to Mark Twain, “The researches of many commentators have already thrown much darkness on this subject, and it is probably that if they continue, we shall soon know nothing at all about it.” In a more scholarly vein, Daly (2002) observes, “Much has been written in recent years that damns and sings the praises of restorative justice. In contrast to the voluminous critical and advocacy literatures, there is a thin empirical record of what is happening on the ground.”

Even ‘the short list’ of what has been written which “damns and sings the praises of RJ” would include a number of themes. While what follows is, by no means, an exhaustive list, the primary concerns most often raised and which are relevant to the evidence presented in this dissertation are highlighted.

- **RJ as utopian panacea, or hopelessly naïve?**

RJ advocates (in the USA in this case) are reported here as seeing RJ as something of a panacea, capable of ameliorating a wide range of presenting problems in the criminal

² The literature referenced in this dissertation was published over a very broad span. Perhaps a word here about that (a caveat?) is in order. Many of the references here will seem dated; they are. The rationale for using them is simply that many of these books and articles were current as we began to develop and implement the program, perhaps especially those references which were suspicious or highly critical of RJ approaches and deeply concerned about it ‘spreading’ into domains where these authors believed it had no place. Those voices had to be considered, especially those well acquainted with the complex issues involved in sexual assault, intimate partner violence, or any situation in which power-based crimes were involved. Then, too, some of the references here, are considered ‘classics’, such as the Sykes and Matza (1957) work on criminal ‘drift’, Fattah’s on early victimology, and the work of early feminists such as French (1985) and M. Kay Harris (1998, 1991). Hopefully, the dissertation will also reflect conversance with commentary written more recently which observes some of the shifts over the almost five decades of RJ’s development, in terms of its definitions, its approaches, its implementation and in the literatures which once ‘damned’ RJ but which now ‘sing its praises’ (Daly, 2002).

justice system (CJS): “[...] advocates of Restorative Justice want it expanded in the United States to help reduce recidivism, halt a so-called school-to-prison pipeline, reverse a trend toward mass incarceration, lower prison costs and eliminate racial disparities in the Justice System” (Lyons, 2016: 123) while critics, on the other hand, see all of that as highly naïve, Lyons commenting, further: “But critics are skeptical that Restorative Justice can do all that, and they say it won’t work for violent crimes such as assault.”

- **Are offender needs prioritized over victim needs, vice versa, or neither?**

RJ has long been suspected of prioritizing the needs of offenders over victims, the first Canadian Victim Offender Reconciliation Program (VORP) having been brought to birth in an Ontario, Canada probation department by young Mennonite Christian visionaries (David Worth and Mark Yantzi, himself a newly hired Probation Officer) who hoped that having two accused youth meet with their victims to negotiate repayment of vandalism losses would mitigate (or avoid) a jail sentence. Howard Zehr, widely touted as the ‘Grandfather of Restorative Justice’, confesses to having begun with an offender orientation and ‘discovering victims’ somewhere along the way. Because of this early history, RJ is still suspected by some victims’ advocates to be an ‘offender wolf in [victims’] sheep’s clothing’. As one victim respondent in the report on a USA project designed to hear victims’ views regarding RJ (*Taking Victims and Their Advocates Seriously: A Listening Project*) reported:

There are people in my field who when they hear the term ‘restorative justice’ they think of a very offender-based system that is not informed by knowledge of victim issues. And that is a lot of the fear about restorative justice (Mika et al., 2003: 5).

Another victim respondent, in the same setting, had the completely opposite view, saying:

I think this is one of the best tools we have had to get offenders to be accountable and to take a good hard look at themselves and their lives, and how crime affects their families, affects the victim and the community ... this is the important part of what restorative justice has to be (Mika et al., 2003: 5).

And yet another said what those who claim RJ is beneficial for both sides desire to hear:

Even though I was a victim I would not have liked a process that was not beneficial to both sides. I am not interested in a process that is strictly for one side, whoever it is. It would have been a waste of my time (Mika et al., 2003: 23).

While the sort of suspicion voiced by the victim advocate in the first quote, above, was recorded well over 15 years ago, victim advocates such as Jan van Dijk, writing in 2003, while a supporter of RJ now, reflects on his earlier views as chair of the Dutch Victim Support Organisation, as far back as the mid 1980s, saying:

I suspected those promoting RJ in the Netherlands of just paying lip service to the interests of victims and actually being more on the side of the offenders than of the victims. I was also suspicious of the situation in North America, where early RJ promoters advocated reconciliation and forgiveness as the aim of RJ rather than as one of its possible outcomes.... I regarded RJ as a distraction and, possibly, even a trap for victims (2003: 427, 428).

Having been well aware of the offender focused ‘cast’ from the earliest days of his work with VORPs in Indiana, the US RJ advocate Mark Umbreit (who is a mediation/dialogue practitioner as well as a researcher and prolific author on RJ issues) dubbed his own practice model ‘Victim Sensitive Offender Dialogue (VSOD)’ (Umbreit et al., 2001). To underscore his victim advocacy alliance (or being savvy enough to know that this was the only way forward in the light of much US correctional policy and heavily republican politics) Umbreit asserts the victim sensitivity of his VSOD model in a policy piece for the US Department of Justice, recommending that RJ in cases of serious crime *must be initiated by the victim* and never by the offender: “*Victim sensitive offender dialogue in crimes of severe violence should be victim initiated. When inmates initiate the process, their letter should be kept on file in case their victim(s) later request a mediation/dialogue session*” (Umbreit, 2001: 22). Most US programs (including Pennsylvania, one of the first states to use victim offender mediation in its prison system) adhere to this tenet, while recognizing that this policy could well deprive victims/survivors of the very thing they seek: responsibility taking by an offender now willing to meet and the benefits for both that might accrue. Given that Pennsylvania’s

Victim Service division is housed within the State Department of Corrections there is, apparently, no contesting this policy.

- **RJ is ‘soft on crime’ vs. RJ is no easy ride for offenders**

Some RJ advocates suggest that coming face-to-face with your victims, taking responsibility and making symbolic and fiscal amends requires significantly more of offenders than showing up in court to passively accept a ruling. Former federal prosecutor William G. Otis, now a Georgetown Law School Adjunct Professor, definitely does not side with folk who see RJ as requiring hard work for offenders, or a powerful way to hold offenders accountable. His is definitely a voice among many from the other side, calling Restorative Justice “a ‘soft on crime approach’ that amounts to merely ‘innovative dialogue’ to stop imprisonments” (Lyons, 2016: 123).

- **RJ is dangerous for the victim, especially in cases of intimate partner violence and sexual assault**

If, as Heather Strang (2002) claims, RJ aims to ‘restore’ damaged relationships between victims, offenders and communities, and encourages reconciliation between parties, one might understand why these goals could be seen as highly problematic in cases of intimate partner violence. The relationship prior to the intervention may not be one that the survivor wishes to ‘restore,’ while reconciliation of the parties may be dangerous (Stubbs, 2002). Angela Cameron (2005: 5) in her Restorative Justice: A Literature Review, quotes Donna Coker, an American legal scholar who writes “*Restorative justice theory under-theorizes criminal offending, generally, providing little foundation for a theory of male violence against women*” (Coker, 2002: 129). Coker (2002: 128) especially “*critiques the use of restorative justice in cases of intimate violence, pointing out theoretical weaknesses in its application . . . claim[ing] that restorative justice fails to offer any clear principles on how to deal with domestic violence in circumstances where the normative opposition to intimate violence is weak or compromised.*” Cameron, in the same meta-analysis, cites other Canadian authorities who, in the light of all of the controversy, have called for a moratorium on the use of RJ in any case involving domestic violence or sexual assault (Cameron, 2005: 28).

Contrariwise, however (while cautiously couching her own research conclusions, suggesting that only in the context of post-conviction RJ programmes can the “host of legitimate concerns” be sufficiently guarded against) Miller (2011) argues that the potential for the use of restorative justice in cases of ‘gendered violence’ is “vast”. McGlynn (2011: 826) presses the point, arguing that:

While Miller provides a necessary antidote to the long-held feminist resistance to the use of restorative justice for gendered violence, in view of the low conviction rates for such offences, a focus on post-conviction restorative justice *offers a constrained vision of justice* benefiting only a small number of victims. Furthermore, in her endorsement of post-conviction restorative justice only, Miller enhances the status of the conventional criminal justice system. This is problematic in light of its current punitive and retributive orientation and its systemic marginalization of the interests of victims of gendered violence (emphasis added).

McGlynn (2011: 826) then, in an article focused on forms of sexual violence including rape, writes:

[...] feminist strategy and activism must rethink its approach to what constitutes justice for rape victims. It must move beyond a predominant focus on punitive state outcomes, with its emphasis on convictions and high prison sentences, to encompass broader notions of justice, including an expansive approach to restorative justice.

Judith Lewis Herman, author of *Trauma and Recovery*, one of the most highly regarded works on trauma in all of that field’s literature, suggests that there is likely nothing quite so dangerous for victims/survivors of rape and assault as a court of law, saying: “*The wishes and needs of victims are often diametrically opposed to the requirements of legal proceedings*” (2005: 573). Listing the needs of victims for acknowledgement, support, empowerment and reestablishing of control, opportunities to tell their own stories in their own ways and in settings of their own choosing, understanding, regarding their fear of reminders of the trauma and of direct confrontation with their perpetrators, Herman points out that court and criminal justice processes are antithetical to every one of those victim needs, saying, “*Indeed, if one set out intentionally to design a system for provoking symptoms of traumatic stress, it might look very much like a court of law*” (Herman, 2005: 573, emphasis added). Herman suggests that rape and domestic violence victims might do much better in carefully conceived RJ

processes, and that, in any event, they need to be supported in the choices they make in seeking their own healing paths.

A victim of a violent rape, who tells her story in Howard Zehr's *Transcending, Reflections of Crime Victims*, speaks eloquently of her devastating experience of criminal court (which resulted in the acquittal of her rapist) and the astonishing healing she experienced through Victim Offender Mediation after suffering the aftermath of the crime for 22 years. In Diane's testimony of personal transcending, she makes clear (after her experience of both RJ and the trial process) if one set out intentionally to design a system to mitigate or ameliorate the trauma involved in the aftermath of rape and going to trial as a victim, *it might look very much like restorative justice* (Zehr, 2001: 130-133).

- **The place of forgiveness in RJ processes**

Is forgiveness an element of healing, perhaps even for both the giver and the receiver? Or is it (as some have quipped): The "F" word? Is forgiveness offered in RJ processes simply 'Coerced Compassion', as Acorn styles it, and the stories of repentance, confession, absolution and forgiveness all just "...sentimental story telling as an (unscrupulous) means of boosting the so-called magic of restorative justice" (Acorn, 2004: 70, 80, 176, 178)? Acorn is a long way from the thought of famous prosecutor Portia, in Merchant of Venice who instructs Shylock and the listening court, saying:

The quality of mercy is not strained. It droppeth as the gentle rain from heaven upon the place beneath. It is twice blessed: it blesseth him that gives and him that takes.... (Merchant of Venice, act 4, scene 1)

If mercy, compassion, and forgiveness are truly "coerced" by practitioners in RJ practices, as Acorn asserts, then those practitioners deserve her censure. But one reviewer suggests that Acorn's evidence is so scant, that she, herself is deserving of censure for predicating her position on research quite that thin (Northey, 2004: 2). Braithwaite, though giving Acorn credit for eloquence, challenges her "*cavalier failure to engage with the empirical evidence - which in many cases is considerable - on the claims she makes*" (Braithwaite, 2003: 443). Northey (2004: 2) clarifies: "*On this latter concern, the little empirical evidence Acorn adduces includes one study cited twice on*

the disaffection of victims with a community conferencing program . . . one study twice quoted does not a more compelling case make.”

There seems to be a good deal of evidence, however, on the other ‘balance pan’ regarding the place of forgiveness in RJ processes. The Forgiveness Project, a website begun by Marina Cantacuzino in 2004, which tells “the real stories of people whose response to being harmed was not a call for revenge but rather a quest for restoration and healing”, catalogues scores of stories attesting to the healing experienced by those who have given and received forgiveness.³

Martha Minow (1998: 116) notes that “Albert Speer, the only Nazi leader at Nuremberg to admit his guilt”, also wrote, “No apologies are possible”. While such an acknowledgement by an offender may seem to be an expression of remorse and a genuine acknowledgement of the enormity of his/her offence it can, unfortunately, short-circuit an important interaction, depriving the victim of the value of hearing apology at least attempted.

Canadian recording artist Shari Ulrich describes one more level of this dynamic. In court to witness the sentencing of the young man who had stabbed and raped her while jogging in the woods one day, she heard the young man say, as he stood to be sentenced, that he would like to be able to offer an apology to the victim. Ms. Ulrich acknowledges that the judge’s response may have been a well-intentioned attempt to keep the accused from surveying the gallery to identify her, but she was astonished to hear the judge stop him, saying, *“I fail to see how that could have value for the victim.”*

Ms. Ulrich says:

I wanted to cry out in the courtroom, ‘No, let him apologize!’ I was disappointed that my perpetrator was not allowed to express his apology in court. *In fact, it wasn’t for me - it was for him. I was keenly aware of the missed opportunity for his healing - for his redemption and rehabilitation. I remember that moment in court so well, feeling so disappointed that it was*

³ Many of these stories are stories of participants who engaged in RJ processes, a number of them participants in the VOMP program being studied here.

a potential turning point for that young man, squandered by a short sighted justice system. I worried that the denial of his request - and the shutting down of the vulnerability he was showing - would have the opposite effect. That moment is really what made me interested in restorative justice (personal correspondence, February 14, 2017).

The ‘jury’ may still be out on this score, i.e., issues surrounding the themes of apology, forgiveness, justice as mercy and, as always, “more research is required”. These themes will be further plumbed in the study to follow but even at this early stage, the evidence appears to suggest, “Portia wins.”

- **The use of the term ‘healing’, and all that it conveys**

Belgian criminologist Tom Daems (2009: 148) under the heading “*Strange Bedfellows? Restorative Justice and Capital Punishment*” writes a striking portrayal of the vast spectrum regarding the term ‘healing’ and how it has been recently been used in the U.S. finding what appears at first to be a bizarre connection between restorative justice and capital punishment:

[. . .] two distinct families of criminal justice intervention, which, when seen from a certain angle, seem to be diametrically opposed to each other. Restorative justice aims to provide a constructive answer to the problem of crime . . . the death penalty, on the other hand, is, by definition, the *summum* of a destructive response to transgressions of the criminal law.

Daems (2010: 387) argues that “both . . . are partly shaped as responses to a similar problem (how to provide an adequate response to the needs, desires and wishes of victims of crime) which is answered by having recourse to a similar vocabulary, a therapeutic vocabulary”. Daems then quotes Zimring (2003: 58) who argues that:

a kind of ‘personal service symbolism’ is at work in the American imagery of capital punishment. . . . The death penalty . . . is regarded as a policy intended to serve the interests of the victims of crime and those who love them, a personal rather than a political concern, an undertaking of government to serve the needs of individual citizens for justice and psychological healing.

Daems continues:

This emphasis on harm and victim psychology is a fairly recent phenomenon but has come to play a profound role in how capital punishment is nowadays pictured in the United States. Especially the term ‘closure’ has made impressive inroads in capital punishment talk. Prior to 1989 it did not appear in capital punishment stories, but in 2001 more than 500 stories combined ‘capital punishment’ with ‘closure’ (Daems, 2009: 154).

The effect of all of this is to transmute something abhorrent (at least to most people) i.e., execution by whatever means--lethal injection, cyanide gas or the electric chair--into something ‘healing’, as another form of victim service advertised as offering ‘closure’.

In most restorative justice circles, healing means something vastly different, drawn from the ‘constructive’ branch of the family of criminal justice interventions, rather than from what Daems described as the *summum* of a ‘destructive’ response, the death penalty as healing side.

We no longer have the death penalty in Canada, so, while the contradictions in the use of healing as a metaphor (and, perhaps, even in the literature of RJ) might be as disparate as those raised by Daems, there is, at least in Canada, substantial and growing support for the notion of “‘*healing*’ as a normative value” (Turpel-Lafond, 1999: 3) which finds its expression in a fairly recent and expanding body of law, including:

- the insertion of Sentencing Principles into the Criminal Code of Canada Section 718 which have clear import for and relation to restorative values and principles;
- an increasing list of case precedents with RJ references and, in practice, at least political support across the spectrum of RJ approaches and programs on the Canadian landscape.

While this subject is taken up in greater depth in the history and context sections of the dissertation, the following paragraph may illustrate this point. One of Canada’s most influential judges, Judge Mary Ellen Turpel-Lafond, wrote concerning the sentencing of Tanis Gladue, a Canadian Aboriginal woman, this:

The Gladue decision is an important watershed in Canadian criminal law. The interpretation of section 718.2(e) of the Criminal Code by the Supreme

Court of Canada clarified *that this provision is remedial in nature* and not merely a codification of existing law and practice. In so construing the provision, *the Court clearly endorsed the notion of restorative justice and a sentencing regime which is to pay fidelity to "healing" as a normative value* (Turpel- Lafond, 1999: 3, emphasis added).

Perhaps, as Daems suggests, the *metaphor* of RJ as healing needs to be allowed to die, especially if it has been so co-opted as to be used in the U.S. to describe the benefits of capital punishment to homicide survivors as a means of ‘healing and closure’, the metaphor having begun to utterly obfuscate the very thing it otherwise seeks to elucidate. But, in Canada, both the use of the *noun* to mean “The process of making or becoming sound or healthy again” and of the adjective “tending to heal; therapeutic as in ‘a healing experience’ or ‘the healing process’”⁴, or among indigenous peoples, to walk ‘a healing path’ those uses are very much alive and in the ascendant, as Judge Turpel-Lafond makes clear in her comments, above, on the intent of the Supreme Court and in Canadian jurisprudence more generally where fidelity is to be paid “to ‘healing’ as a normative value”. The point is emphasized here, early on, for two primary reasons: 1) because from the beginning healing has also been a ‘normative value’ for VOMP and 2) because the research represented here will test how VOMP program participants experience healing, not simply something alluded to metaphorically, but something *named*, and *described* as a very real thing.

- **Shattered lives, hope of healing. Where might the answers lie?**

While there exists an enormous body of literature on trauma and post-traumatic stress disorder (PTSD), with periodic ‘waves’ of expansion in that literature following each of the major wars since WWI, there appears to be very little understanding on the part of psychologists, psychiatrists and the medical world regarding the impact for victims suffering post-traumatic stress symptoms (PTSS), or PTSD as a result of violent criminal injury and how participation in a process with the perpetrator of those harms might prove therapeutic for those victims. This is a personal anecdote, rather than a finding in that literature, but it is a telling one. A few years ago, an opportunity to engage with the

⁴ <https://en.oxforddictionaries.com/definition/healing>

renowned trauma expert Dr. Bessel van der Kolk arose. Van der Kolk expressed curiosity about the work of VOMP staff in RJ with offenders and the highly traumatized survivors they had harmed. He acknowledged being astonished, saying, “I have never heard of such a thing, but it makes perfect sense to me, given safety and competent clinicians, why it would work.” The message to me was that, while I was very familiar (even intimately acquainted) with the work of many of the academics and clinicians presenting at that International Trauma Studies Society (ITSS) conference, none appeared to have ever imagined using facilitated victim offender dialogue for treating trauma survivors. Conversations at that conference simply underscored the degree to which we--practitioners and academics alike--so often work in ‘silos’, searching for solutions to the most difficult of problems in isolation from one another, missing what might create breakthroughs in one another’s’ realms if we were to work even somewhat more collaboratively.

2. Statement of the problem

The above background discussion demonstrates a clear gap in the knowledge as to the efficacy of a restorative justice approach for crimes of severe violence, perhaps best captured by RJ pioneer Harry Mika’s comment, referencing the encyclopedic Restorative Justice Handbook, that, even there, there exists: “[A] *paucity of empirical case study, despite the pedigree of the contributors...*” (Mika, 2006: 7). This study will investigate outcomes of the Victim Offender Mediation Program (VOMP), as first developed and implemented for use in the Correctional Service of Canada’s Pacific Region (British Columbia and Yukon Territory) to test claims being made for it in sharp contrast to the presenting problems listed above, i.e., claims that it is an effective intervention in criminal cases involving the most serious offences in the Canadian Criminal Code, that it results in extremely positive outcomes for both victims and offenders (including victims of sexual assault and intimate partner violence) and as two comprehensive studies have shown, enjoys “unanimous support” from the victim and offender participants who have experienced it (Roberts, 1992; 1995; Gustafson, 1997: 46).

This study will take a deeper look than any studies or evaluations into VOMP's efficacy have done to date, beginning with the question: What are the impacts of "Encountering 'The Other'" for the primary participants using an approach based in restorative justice values and principles in cases of serious crime? The study will address each of the above listed 'gaps', investigating the experience of VOMP participants through the use of a multiple case study methodological design regarding two primary foci: a) whether the VOMP process is, indeed, effective in impacting the perseverative symptoms of PTSD in both victim and offenders, facilitating recovery and resilience; and b) whether participation by offenders contributes to increase of empathy and resulting construction of new pro-social identities for offenders, thereby contributing to successful community reintegration and low rates of recidivism.

3. Purpose of the study

The primary purpose/objective of this study is to understand the VOMP model and its outcomes in the experience of its victim and offender participants. A representative sample of 25 cases will be examined using a qualitative multiple case study method to investigate, in depth, the experience and outcomes observed and reported by participants in each case. A 'case' for these purposes is defined as a victim and offender 'match' in which the participant parties proceeded to one or more face-to-face dialogues. Twenty of those cases will be chosen at random (from a pool of cases in which 79 victims met with 63 offenders in a total of 94 face-to-face dialogues which took place during the study period, 1990 to 2003) with 5 additional cases chosen purposively to address anomalies which surfaced in the random sample. These 25 cases will be drawn from the over 300 cases referred to CJI's VOMP from 1990-2003, in the Pacific Region in Canada.

The study will describe the inner workings of the model (sometimes described as 'facilitated therapeutic dialogue'), with as much reference as possible to the reports in the voices of the victims and offenders themselves, those who participated, encountering one another over an approximately 15-year duration of the program's almost 30-year history. This delimitation of the study period allows for the study of recidivism rates for offenders in this sample, since most will have been released from prison for a substantial

period of time. “Correctional Results” studies conducted by the Canadian Federal Government involving over 300 offender participants referred to this program during the study period (and including this same sample) will add a quantitative triangling against which the author will set his qualitative findings. Delimiting the study period will allow, as well, for sufficient time to have passed to test whether the initial degrees of trauma recovery reported for victims prove to endure over time.

4. Significance of the study

It seems critically important, given the degree to which many of the researchers are at odds with one another about the efficacy of restorative justice--especially in serious criminal matters--to attempt to settle some of the controversy. The hope is that additional light can be shed on the subject, at least in terms of additional “consideration of those measures of performance and outcomes that would/should modulate practice in service of social justice” (Mika, 2006). At a time when the move in many (if not most) western jurisdictions to get even tougher on crime, to increase punitiveness and retribution, to invoke another iteration of the ‘race to incarcerate’, an infusion of light on the controversies regarding where resources should be invested, might be welcomed by a populace feeling both overtaxed⁵, and disillusioned about what the budgets contributing to that tax burden are producing.

The following list of presenting problems in the Canadian criminal justice system (CJS), as outlined in the Government’s own reports, one after another, highlights the need for fundamentally different and innovative approaches:

- A rate of prison population growth that even corrections systems managers termed “an incarceration binge”, continues, at quite staggering fiscal and human cost, rendering the proper resourcing of other social systems difficult if not

⁵ “The total expenditure for the Canadian criminal justice system ... has been increasing both in nominal and real terms over the past 10 years. In nominal terms, total expenditure has increased 66% reaching \$20.3 billion in 2012. In real terms (2002 dollars), the increase has been 37%, starting at \$12.2 billion in 2002 and reaching \$16.7 billion in 2012, while, at the same time (from 2002 to 2011), the crime rate in Canada decreased from 7,516 incidents per 100,000 people to 5,757 (30.6% drop).” (“Expenditure Analysis of Criminal Justice in Canada”, Office of the Parliamentary Budget Officer Ottawa, Canada March 20, 2013, www.pbo-dpb.gc.ca. One might wonder how this expenditure might be rationalized: *66% increase in spending over a duration during which reported criminal incidents decreased by almost 31%*).

impossible. This is not a new problem, but one highlighted as far back as the mid-1990s. Then, in a report written by the Canadian heads of Corrections for both federal and provincial jurisdictions, entitled *Corrections Population Growth* and citing an “alarming percentage prison population growth”, the countries top ‘jailors’ recommended increased use of RJ as a means of addressing the rapid rate of increase occurring at the time (Solicitor General Canada, 1996). The Report of the Solicitor General Standing Committee on Justice and Corrections (Daubney, 1988) did the same but went further, recommending that each of those jurisdictions establish victim offender reconciliation programs (VORPs) modelled after the projects at CJI.

- Secondary victimization of victim/witnesses ranging from disregard or disrespect to significant subsequent trauma, through investigatory, court, crime victims’ assistance or compensation policies, corrections and parole processes.
- Wrongful convictions of innocent people resulting in lengthy prison terms (and, not infrequently in the U.S., executions of people later proven innocent). In Canada, at least two wrongfully convicted men sought face-to-face meetings with government officials in hopes of receiving apologies and vindication. In both of these cases the Government resolved the issue by ‘cutting checks’, one for \$6.5 Million⁶, the other for \$10 Million. One, Steven Truscott⁷, received a passing apology with his compensation, but the other, David Milgaard, got no meaningful apology from the Canadian Government, and an apology from the lawyer acting on behalf of the Saskatoon Police Services which would qualify as a ‘non-apology’: one proffered on the very last day of a costly and lengthy inquiry but in which no responsibility was taken or acknowledged⁸. Milgaard responded, “*All I ever really wanted was an apology*” (personal communication). What vindication Milgaard had sought came at the conclusion of a lengthy inquiry into his conviction on a murder charge 23 years earlier. It consisted of what David

⁶ <https://www.cbc.ca/news/canada/steven-truscott-to-get-6-5m-for-wrongful-conviction-1.742381>

⁷ Steven Truscott had originally been sentenced to hang at age 14, “...making him Canada’s youngest death row inmate” CBC News, posted July 7, 2008. <https://thestarphoenix.com/news/saskatchewan/where-are-they-now-david-milgaard>

⁸ CBC News, posted Dec 12, 2006. <https://www.cbc.ca/news/canada/saskatchewan/police-apologize-to-milgaard-as-hearings-end-1.614105>

already knew: "*The criminal justice system failed David Milgaard*" (Justice Edward MacCallum, the Alberta judge who headed the inquiry).⁹ David (and his mother, Joyce, whose tenacious advocacy for her son was largely responsible for winning his freedom) maintains that much of the chaos, turmoil and expense could have been resolved if Canadian authorities had only entered into a restorative dialogue with them at an earlier date (personal communication).

- Politicization of the crime ‘agenda’ resulting in cries for harsher punishment, abolition of parole, and (even in ostensibly gentile Canada) occasional calls for reinstatement of the death penalty. This problem flows from political ideologies which have little or no respect for evidence. In states where this phenomenon is wide-spread, the distance between that nation’s expert researchers and its politicians widens, and political planks founded upon what parties believe will get them elected or keep them in power have little or nothing to do with empirical evidence and are often antithetical to it. As Finland’s Patrick Törnudd (Church Council on Justice and Corrections, 1996: 178) concludes, “*Crime rates rise and fall according to laws and dynamics of their own and sanction policies develop and change according to dynamics of their own: these two systems have not very much to do with each other.*”
- Violation of basic human rights on many fronts, but especially involving violence perpetrated against prisoners by each other and too often by correctional officers, (or against them) creating victims in need of redress and accountability from those who harmed them (assuming they survive). Deaths in custody are not uncommon. More troubling still, ‘mysterious’ deaths in custody are not uncommon. (See the Reports of the Correctional Investigator and CSC’s responses to these).¹⁰
- Despite the proven overall efficacy of conditional release (parole), a continuing concern among the public that parole is a dismal failure, fed by dissatisfaction with many aspects of parole processes.

⁹ <http://www.cbc.ca/news2/background/milgaard>.

¹⁰ Response from the Correctional Service of Canada: Response to the 34th Annual Report of the Correctional Investigator. <http://www.csc-scc.gc.ca/publications/005007-2800-eng.shtml>

- Relatively high rates of re-offending; rates which call into question the efficacy of the whole ‘corrections’ enterprise.

Truly effective RJ processes could be used to address at least some elements of the presenting problems in the above list. However, even with a narrower focus restricted to the use of RJ at a post-plea or post-conviction stage with offenders and their victims, this study’s findings may have a part to play in challenging justice systems (both at home and abroad) whose capacities are badly strained, are producing little that actually passes as efficacious corrections and are largely ineffective in reducing recidivism, alleviating the suffering of victims, or contributing to the social weal (Braithwaite, 1993; Schonholtz, 1984; Ross, 2001; Stuart, 1996; Van Ness, 1986; Zehr, 1990).

5. Primary research questions

This dissertation will endeavour to study the VOMP model, its underlying values and principle premises and its functioning. In particular, it will study the following primary question:

What are the major impacts and outcomes of facilitating dialogue encounters between victims and offenders in crimes involving severe violence?

A subset of questions upon which the research focuses will address these:

1. What is the impact for the victim of encountering "the other" (the offender):
 - In terms of the victim overcoming a sense of disempowerment subsequent to the crime itself and the affects of secondary victimization through exposure to and engagement with the criminal justice system.
 - In terms of trauma recovery, especially in cases severe enough to result in diagnoses of post-traumatic stress disorder (PTSD) for the victim/survivor?
 - In terms of the impact of both the trauma and the recovery journey on survivors' subsequent work and vocational choices?
2. What is the impact for the offender of encountering "the other" (the victim):

- In terms of rehabilitative treatment for the offender. By "treatment" here, I mean:
 - a. Outcomes achieved through participation in VOMP in terms of attitudinal change, accepting and taking responsibility for the harms caused their victims, and the establishment or increase of empathy (specifically for the victim of the index offence, but also for others more generally).
 - b. In terms of what other authorities term "desistance" (Maruna, 2001): the commitment of offenders to "desist" from further criminality, which commitment is evidenced here by offender accounts of how participation in these encounters has motivated them to ensure that no one is ever harmed again at their hands and which is underscored by the data indicating no new charges following release.
 - In terms of the offender's own prior trauma and recovery journey. For many offenders the trauma they carry begins in early childhood with Adverse Childhood Experiences (ACE) and is often increased through elements of their experience in prison. Where appropriate, one or both of those circumstances will be investigated, with a view to gathering data regarding implications for mental and physical health, downstream risk assessment and decision making and for recidivism and ability to reintegrate successfully into the community.
3. And, finally, because questions regarding the place of apology and forgiveness in RJ processes are so frequently raised in the literature, several questions regarding apology are added:
- What is the impact of meaningful apology in these cases?
 - What are the elements of those apologies which make them meaningful?
 - Was forgiveness offered by the victim, and, if offered,
 - Was forgiveness received by the offender?

- And, finally, how do those elements, apology and forgiveness, ‘play out’ in victim offender mediation, in cases where they do, to provide meaning for victim and offender participants in VOMP?

6. Structure of the dissertation

The introductory chapter provides an overview of the controversies being expressed regarding the role of restorative justice with victims and offenders involved in cases of serious crime and the research questions are set out. As highlighted above, the purpose of this dissertation is to provide understanding of the VOMP model and its functioning, and, principally, to investigate the outcomes of this approach in the lived experience of both the victims and offenders who have been involved in face-to-face mediation.

Chapter 2 provides a theoretical framework for the dissertation. As the thesis deals with the effects of VOMP intervention, and the hypothesis that VOMP has a healing effect on the suffering of both victims and offenders, this chapter focuses on the consequences of violent crime experienced by victims and offenders, its aftermath and the effects of engagement in/with the contemporary criminal justice system. Experiences of victims are characterized by forms of disempowerment, trauma, posttraumatic stress symptoms (PTSS) and posttraumatic stress disorder (PTSD). The experiences of offenders involved in violent crime can be described in terms of guilt, shame, responsibility, regret, social impact of incarceration, and desistance (the degree to which participants desist from further criminal involvement or persist in it once they are released to return to the community, and what factors are likely to contribute to or mitigate against successful desistance). Finally, special attention is directed to offender trauma history as it is experienced in the life histories of the offenders (whether as Adverse Childhood Experience [ACE] or as victims of violence suffered while imprisoned).

Chapter 3 describes the VOMP model used in this study, its history and legal context; the ‘tributary streams’ of RJ which informed the development of VOMP; the values that underpin the work; the processes and ‘techniques’ used in VOMP, and the elements of humanization of one to the other, building ‘the bridge’, creating safety, and participant ‘accompaniment’.

In Chapter 4, the research methodology is explained. The research questions, set out in the introductory chapter, are reiterated, followed by the description of the methodology chosen to explore them. In ‘discerning the choice of method’ the process through which other methodologies were considered but rejected for this study is described and the sampling method explained. An ‘exemplar’ case study template used for all 25 case studies is added, together with a narrative describing how that referral (case study 1) proceeded, so as to familiarize the reader with the content and the form of the available information. A second part of this methodological chapter explains how the constructs used in our hypotheses (e.g. empowerment, trauma recovery, increase in empathy, attitudinal change and desistance) will be measured in order to answer our research questions.

Chapter 5 reports the results of all 25 case studies selected for this dissertation, including the results from case study 1 presented in Chapter 4 and the remaining 24 cases found in Appendix F, with a particular focus on answering the research questions identified in Chapter 1. The chapter is organized around (a) the effects experienced by victims of encountering the offender, in terms of victim empowerment, trauma recovery and traumatic growth; (b) the effects experienced by offenders of encountering the victim, in terms of resolution of childhood trauma (ACE), personal traumatic growth, attitudinal change, increase in victim empathy; and desistance. The roles of apology and forgiveness are explored. Finally, unanticipated results are highlighted.

Chapter 6 comments on those results, expanding on and interpreting them in light of the theoretical underpinnings from Chapter 2 and 3, concluding with reflections formulated upon on our own research.

Finally, Chapter 7 offers conclusions and a series of recommendations for the correctional system, the parole system, and victim support schemes. Further, reflections are provided regarding how research into cases of this degree of severity might be advanced.

Chapter 2: Theoretical framework

Introduction

... theory is not some kind of flight from reality. Properly pursued, theoretical *argument* enables us to think about that real world of practice with a clarity and a breadth of perspective often unavailable to the hard-pressed practitioner. It allows us a chance to escape the well-worn thought routines and ‘common- sense’ perceptions which penalty - like any other institution - builds up around itself like a protective shell. Theory enables us to develop analytical tools and ways of thinking which question these established habits of thoughts and action, and seek alternatives to them (Garland, 1990: 277).

This chapter provides a theoretical framework for the dissertation. Hopefully, it will enable this ‘hard-pressed practitioner’ to accomplish for this chapter - and for this dissertation - what Garland suggests are the strengths of theory “properly pursued.” This thesis deals with the effects upon victim and offender participants in Canada’s Victim Offender Mediation Program (VOMP) to investigate the degree to which their participation and encounters with one another through this RJ approach might have healing effects on the suffering of both victims and offenders. This chapter contains an introduction to each of the major concepts and constructs to be used in the remaining part of this thesis and presents the current state of scientific knowledge through a sampling of the relevant scholarly literature, regarding:

1. the consequences experienced for victims as the result of violent crime, its aftermath and the effects of engagement in and with the contemporary criminal justice system, beginning with a very brief overview of the current dichotomy in research on victimology;
2. trauma, as it is suffered, experienced and processed by victims of violent crime;
3. Posttraumatic stress symptoms (PTSS) and posttraumatic stress disorder (PTSD): the disorder which frequently results from experiencing violent criminal incidents, according to a certain set of diagnostic criteria;

4. the consequences experienced for offenders involved in violent crime in terms of guilt and shame and the social impacts of incarceration;
5. offender trauma history as it is experienced in the life histories of the offenders (whether as Adverse Childhood Experience [ACE] or as victims of violence suffered while imprisoned);
6. desistance: the degree to which participants desist from further criminal involvement or persist in it once they are released to return to the community, and what factors are likely to contribute to or mitigate against successful desistance;
7. the role of apology and forgiveness in cases of serious crime.

The chapter begins by defining violent crime and providing some data regarding its incidence.

Defining “Serious Crime”

The title of this dissertation declares its focus: “Serious Crime”. But that very notion requires further focus and refinement, given where definitions drawn from a variety of contexts (sources, times, places, cultures, triggering events, legal code violations vs. severity of harms inflicted, etc.) might lead. Is “serious crime” restricted to violent crime, or does it include non-violent white collar crime which could have *very serious* impacts on a vast number of victims given its possible reach and multiplicity of deleterious and devastating effects?¹¹ Is sanctioned and legitimated violence to be completely differentiated from unsanctioned and illegitimated violence, or are those more ‘of a piece’ than we are comfortable admitting? Is an illegal war declared by a superpower determined to punish a nation incapable of defending itself in any meaningful way a serious crime? Are crimes against humanity, genocide or internecine conflicts which spin yet another nation into the crucible of “transitional societies” to be included? Is the insatiable greed of some corporations which harms the environment and enslaves workers to be included? Is terrorism? Each of these, of course, is a rhetorical

¹¹ Think, for example of the ‘Sub-Prime’ mortgage meltdown in the USA, in which none of the ‘criminals’ at the top in the major financial institutions responsible were ever prosecuted, and of ‘the little guy’ left without a home and ‘financially disabled’, dealing with the fall-out, some for life, across the continent from the Wall Street epi-centre.

question and each--vital and instructive as pursuing it might be--would catapult us into a different research universe. A parallel one, perhaps, but a very *different* one, all the same.

Most social scientists would likely answer with a resounding “Yes, of course” to each of the rhetorical questions above. However, they might also differ widely across disciplines (or as individuals within them) in terms of how they would define violence some favouring the broader definitions suggested by a few of the rhetorical questions, above, and others insisting on more narrowly drawn definitions focusing on threats or actual physical harm. It will already be clear that this dissertation focuses on both single incidents and long term patterns of behavior which are serious “violations of criminal law that involve the intentional use of violence by one person against another” (Rosenfeld, 2009). Rosenfeld’s definition is a clear, cogent, and legal one, while a ‘harm-based’ definition more focused on the *infliction of harm* provided by an influential US National Research Council (NRC) study defined violence as “behaviors by individuals that intentionally threaten, attempt, or inflict physical harm on others” (Reiss & Roth 1993: 2). On reflection, the NRC definition could as easily encompass capital punishment (an abhorrent, violent ‘crime’ in the minds of many, but still legitimized in 31 US states and many other jurisdictions, world-wide), or, for that matter, the ‘sports’ of boxing or Ultimate Fighting Championship (UFC) ‘cage matches’, where inflicting physical harm is baldly, unapologetically, the name of the game.

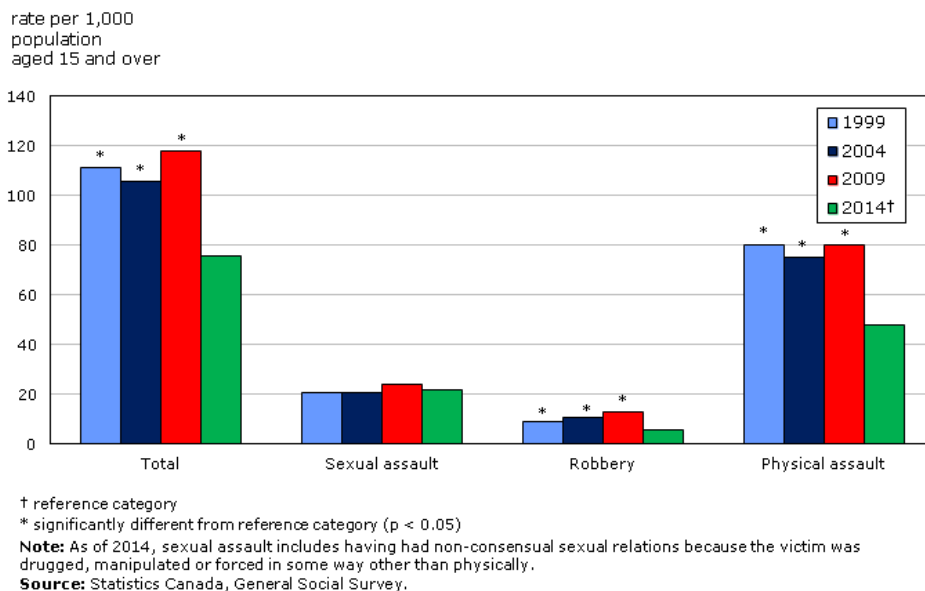
For the purposes of the present study, an amalgam of Rosenfeld’s definition and the NRC’s intentional infliction of harm on others will serve: the term serious crime here, then, is meant to convey: “violations of criminal law that involve the intentional use of violence by one person against another” and which ... “attempt to cause harm or actually *inflict physical harm* on others.” Since every case study here represents a violation of criminal law in which violence resulted in serious harm, this definition provides at least a starting place for this dissertation. It encompasses all of the violent indexed crime types found and discussed in the case studies here: assault causing bodily or grievous bodily harm, robbery (theft involving threat, force or use of weapons), all forms of sexual crimes from sexual interference, gross indecency, and bestiality, to ‘hands on’

sexual assault (incest and rape), arson, manslaughter, pre-meditated (‘first’) and ‘second’ degree murder. Each is clearly a violation of a section of criminal law: each one is clearly indexed in the Criminal Code of Canada (CCC), and each resulted in the infliction of serious harm upon one or more of the victims in this study.

Incidence of violent crime in Canada

Although a fraction of the rates per 100,000 of our nearest neighbour (U.S.), that comparison does little to ease the minds of Canadians: the incidence of violent crime in Canada is significant. Statistics Canada (2015) reported almost 381,000 police-reported violent incidents in 2015, an increase of more than 10,000 over the previous year. The following graph, however, on the basis of a national victimization survey in a Statistics Canada report “Criminal Victimization in Canada, 2014” (Perreault, 2014: 5) indicates *a decline* since 2009.

Figure 2.1. Violent victimization incidents reported by Canadians, by type of offense, 1999, 2004, 2009, and 2014

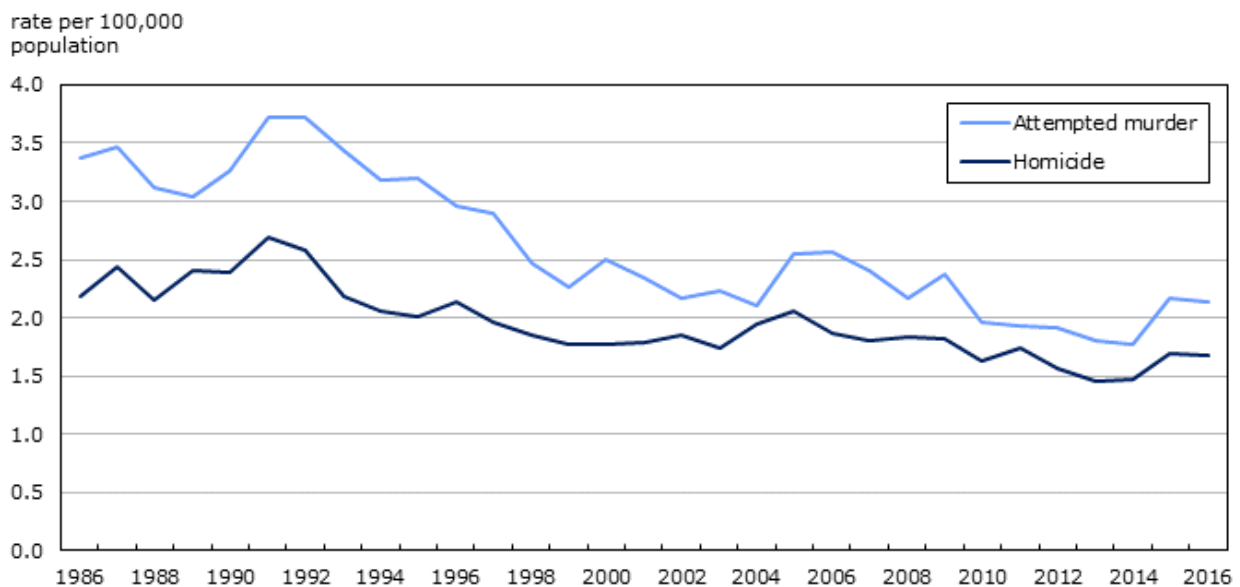


In this same report though Perrault notes the following:

Most incidents of victimization, both violent and non-violent, never came to the attention of the police in 2014. Just under one-third (31%) were reported to the police either by the victim directly (21%) or in some other way (10%) (2014: 5).

The following graph indicates a similar trend for attempted murder and homicide (Keighley, 2017: 15).

Figure 2.2. Attempted murder and homicide, police reported rates, Canada, 1986 to 2016



Note: Additional data are available on CANSIM (Table 252-0051). Populations are based upon July 1st estimates from Statistics Canada, Demography Division.

Source: Statistics Canada, Canadian Centre for Justice Statistics, Uniform Crime Reporting Survey.

1. Victimology, victims rights and impacts of serious crime on victims

Almost ten years ago, Prof Ezzat Fattah (2010: 46) wrote:

The study of crime victims has become an integral part of criminology. Not only this, but victimology also has the potential of reshaping the entire field of criminology. It may very well be the long awaited paradigm shift that criminology badly needs, given the failure of the traditional paradigms,

namely the search for the causes of crime, deterrence, rehabilitation, treatment just deserts, etc.

In his retrospective look at sixty years of victimology Fattah laments that this prophetic and “ambitious goal remains an unfulfilled promise” (2010: 46). As that may be, victimology has played a significant role in bringing about change in victims’ rights (albeit often from behind the scenes) aided, in North America at least, by the women’s movement and an increasingly active and, if not entirely organized, certainly political, victims’ rights movement. Some of the changes over time have not exactly been applauded unanimously by all of those watching from the ‘front row seats’. Some have been fraught with controversy, others welcomed as nothing less than a clarion call in the battle for victims’ rights. Three developments over the time frame Fattah surveys stand out and are particularly salient. The first of these is the 1985 United Nations Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power, a document which proved to be highly foundational for much of the legislation and developments in the field which followed and which, in retrospect, was astonishingly prescient in anticipating the developments that followed, many of them ultimately precipitated by the declaration itself. Given its import, I have reproduced the document in its entirety at Appendix H. Fattah (2000: 17) describes the “spectacular” developments which followed:

Following the adoption of the UN Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power by the General Assembly of the United Nations, Victims Bills of Rights were passed by the legislative bodies in several countries. The developments in the applied field were even more spectacular. Among those developments was the creation of state compensation to victims of violent crime, the re-emergence of restitution by offender, and the establishment and proliferation of victim-offender mediation programs. One sector that saw great expansion was that of victim services. Victim therapy became a popular and acceptable way of dealing with the traumatic effects of victimization.

Surveying these developments from his vantage point in 2000, Fattah prophesies that “[f]uture developments in victimology are seen as intimately linked to the acceptance and implementation of the restorative justice paradigm” (2000: 17).

Two others of the developments alluded to, above, are also highly salient: 1) the “advent of victimization surveys”, the brainchild of Finnish criminologist Inkeri Anttila, picked up and implemented three years later by the U.S. President’s Commission on Law Enforcement and Administration of Justice; which surveys since have provided an abundance of rich data on incidence, prevalence and the experience of crime by its victims; as well as 2) the “ideological transformation of victimology and the political, social, and legal challenges that followed...” (Fattah, 2010: 46).

Whereas criminology seeks to find the criminogenesis of offending in the traits, character and background of the victimizer, victimology sees that genesis “in a complex model of total interactions...situational factors...and the role all of them play in actualizing or triggering criminal behavior” (Fattah, 2010: 47). Theoretical victimology, in its origins, saw as its role:

to broaden the scope of criminology, to fill an obvious gap in criminological research and theory, and to transform criminology from a static, one-sided discipline into a dynamic, tri-dimensional science of criminal behaviour with a holistic approach encompassing the offender, the victim, and the situation (Fattah, 2010: 54).

But the ‘new victimology’, activist as it is, has little in common with criminology and less with the vision of the original victimologists. It has, in fact, undergone a transformation which makes it practically *antithetical* to the former vision. In its general stance, its advocacy, its penal philosophy, its politicization of the crime agenda, its lobbying for ever expanding views of what constitutes a victim, or victimization, the new victimology stands at an opposite, and increasingly opposing, pole. Cressey (1992: 57) clearly sees the growing divide, but makes an attempt to reconcile the sides, suggesting that what we have here is really two related proponents, the “scientists” and the “humanists”, who simply don’t sufficiently value one another’s’ work, and need to learn to ‘get along’:

Victimology is characterized by a clash between two equally desirable orientations to human suffering—the humanistic and the scientific...the humanists’ work tends to be deprecated because it is considered

propagandistic rather than scientific, and the scientists' work tends to be deprecated because it is not sufficiently oriented to social action.

That is no doubt all true. However it fails to discern and properly diagnose the deeper dilemma: the construction of a false dichotomy of rights which threatens to undo the work of the Hulsmans, Bianchis, Mattiesons, Christies and many others, by championing the move to increase victim rights and entitlements by stripping away hard-won legal safeguards and the rights of offenders as though this contest were a zero-sum game and those rights could only be piled on one of the balance pans of justice or the other, but not both. Karmen (1990: 331), one representative of this view, enjoins:

To restore some semblance of balance to the scales of justice, which have been tipped in favor of criminals, some of the "anti-victim" opportunities and privileges offenders have accumulated must be stripped away. According to this analysis, victims need rights to counterbalance, match or even "trump" the rights of criminals. In this context, reform means reversing previous court decisions and legal trends, shifting the balance of power away from wrongdoers and toward injured parties.

Victimology certainly has its 'up' side, and certainly both the humanists and the scientists have played a role in making remarkable and laudable strides in the fields of victim assistance and the establishment of rights for victims, with the humanists, for the most part, having done the majority of the 'heavy lifting'. But, as we shall see, there is still much work to be done to integrate victims into CJS processes, ensure that their rights to respect, a fair hearing, voice and agency are not only taken into consideration but enshrined in law and policy. Just so long as that does not involve stripping away the rights of offenders to be protected from the unbridled power of the state in order to accomplish the needed gains and ambitious goals of the new victimologists. Far better to return to the thought of some of the earlier theoretical victimologists in hopes that some of the prophetic optimism of a younger Ezzat Fattah can be realized: to broaden the scope of criminology. That tri-dimensional view of his has a great deal to offer. Let's test it.

1.1. The effects for victims/survivors of violent crime

Canada's Indigenous People remind us that we live and move in 'four domains': the spiritual, the physical, the emotional and the intellectual (Point, 2018; Bopp, 1984), and that deep wounding: physically, psychologically (Foa, Ehlers, Clark, Tolin & Orsillo, 1999; Roth, Newman, Pelcovitz, Van der Kolk & Mandel, 1997) emotionally and spiritually (Bopp, Bopp, Brown, & Lane, 1984; Gustafson 2008: 15) can occur across all four of those domains for both those who suffer this wounding and those who have caused it (often in one more intergenerational iteration (Ross, 2002; Gilligan, 1997) of the unhealed wounds they, themselves, bear).¹²

If that were not enough, the prevalence of secondary harms, *critogenic*¹³ harms, those suffered at the hands of agents of the criminal justice system, is increasingly surfaced in the literature of victimization (Holmstrom & Burgess, 1984), prisons (Jackson, 2002)

¹² While the question might be asked, "what of the relational, the social realm or domain, where does that fit"? For Canada's Indigenous people (and perhaps for most indigenous peoples, worldwide) this might elicit quizzical smiles since, for them, *everything* is predicated on the foundational teaching of the relational/social world and inter-relationships, not just between "the two legged ones" (we homo sapiens) but between every creature and all of creation, everything that walks or crawls upon the earth, every creature that swims or inhabits the watery world, every thing that inhabits or grows upon Mother Earth or flies above it. It is all sacred, all precious, all vital to the functioning of every other part and of the whole. What of the relational realm? It is *all* relational (Ross, 2002, 2006; Napoleon, 2004). Canadian First Nations peoples remind one another (and the rest of us) of this virtually every time they end a prayer, a circle or a gathering, by saying (often with hands lifted in gratitude) "*All my relations*." Note, however, that Indigenous leaders caution against any assumption that there is homogeneity among these peoples (Napoleon, 2004). There are 634 distinct First Nations in Canada (198 in BC alone) as well as the Inuit and Metis peoples. Among the First Nations groups there are 50 different language groups across Canada (30 in BC, with 60 different dialects). Each can be quite distinct from even neighbouring nations, so any assumption that teachings, beliefs, ceremonies or traditions are uniform among them are inevitably flawed, wrong-headed and seen as disrespectful. It may also be of interest that not one of those languages has a word for "crime."

¹³ From the Greek roots: *crites*, judge, and *genic*, sprung from. Gutheil, et al. (2000: 5) in their article entitled *Preventing "critogenic" harms: minimizing emotional injury from civil litigation* offer this:

When action by a physician results in illness or injury, those harms may be described by the familiar term "iatrogenic", meaning "physician caused" (iatros, physician; genic, sprung from, Greek). Thus, when a patient's pneumonia is treated with penicillin and the patient experiences an allergic reaction to the drug, the pneumonia is a bacterial illness with a particular medical origin, while the allergic reaction is an iatrogenic illness. Experience in the forensic realm reveals that there has been a need for a comparable term to describe emotional harms resulting from the legal process itself-harms that are widely recognized but are commonly treated as invisible to and by the law, as though the plaintiff's or defendant's progress through the legal system were an emotional nullity.

The Program in Psychiatry and the Law (PIPATL), founded in 1979/1980 at the Massachusetts Mental Health Centre, trains forensic psychiatrists in matters of the law which deal with psychiatry, particularly as regards ethical decision-making in situations of "uncertainty which are likely to have tragic outcomes" and which could be deemed *iatrogenic* harms. PIPATL uses the adjective "critogenic" (to convey "law-caused") and the corresponding noun "critogenesis". (see: <http://www.pipatl.org/>)

and of psychiatry and law (Gutheil, Bursztajn, Brodsky & Strasburger, 2000). (See note 12)

The impacts of crime on victims, particularly victims of violent crime, the subjects of this study, are significant and can have life-long, life altering effects upon them. Wasserman and Ellis assert that the specific impacts of crime upon victims are many, locating under a broad range of categories: “emotional and psychological, physical, financial, social and spiritual...” (2010: 6-1). Langton and Truman’s (2014: 1) report for the U.S. Department of Justice *Socio-Economic Impact of Violent Crime* describes “the relationship between violent victimization and the victim’s experience of socio-emotional problems, defined as high levels of emotional distress, increased relationship problems, or disruptions at school or work.” Based on data from the US National Crime Victimization Survey, Langton and Truman (2014: 1) found that:

...overall, 68% of victims of serious violence experienced socio-emotional problems as a result of their victimization....About three-quarters of victims of rape or sexual assault (75%), robbery (74%), violence involving a firearm (74%), and violence resulting in medical treatment for injuries (77%) experienced socio-emotional problems....

Johnson (1990) identifies three fundamental ‘pillars’ of human wellbeing: “safety, autonomy and relatedness”. In a report commissioned by Health Canada’s First Nations and Inuit Health Branch (FNIB), Gustafson borrows Johnson’s thought, commenting there:

[T]his is the great tragedy of criminal trauma: violence rends the fabric of our relationships, shatters our systems of meaning and leaves us isolated, desperate for validation, vindication, healing and recovery of wellbeing in the context of nurturant others. Practitioners who would truly assist in the healing task must first understand that, and second, must support the survivor in the rebuilding of the foundational pillars that trauma has shaken and shattered, the vital pillars which support human well-being (Johnson 1990), the structures of safety, autonomy and relatedness (Gustafson, 2008: 17).

Trauma and Recovery author Judith Lewis Herman concurs, writing:

Traumatic events shatter the integration of personal schemata, one's systems of self-preservation (safety), control (autonomy), connectedness (relatedness), meaning and belief....They usually involve threats to life or bodily integrity or a close personal encounter with violence and death...evoking feelings of “intense fear, helplessness, loss of control, and threat of annihilation” (Herman, 1992: 50, parenthetical additions added).

Victims of violence are vulnerable to a constellation of outcomes including dissociation, substance abuse, depression, and PTSD (Foa, Ehlers, Clark, Tolin & Orsillo, 1999; Roth, Newman, Pelcovitz, Van der Kolk & Mandel, 1997). The following table, part of a comprehensive course curriculum for American victim services practitioners, gives indication of just how all-encompassing these can be.

Table 2.1: Impacts of crime on victims (Exhibit 6-1 and 6-2 in Wasserman & Ellis, 2010).

Physical Impacts	Spiritual Impacts	Emotional/Psychological Impacts	Financial Impacts
Physiological anxiety (including rapid heart rate, hyperventilation, and stomach distress)	In an attempt to understand events that make no sense, people who do and do not engage in religious practice often turn to the spiritual beliefs with which they were raised. These spiritual insights are sometimes helpful; more often than not, however, victims express disappointment in the reactions of their faith communities	Shock/Terror	Medical bills (e.g., emergency transportation, hospital stays, inpatient and outpatient physical care, medical supplies)
Physical injuries (such as gunshot wounds, lacerations, broken bones, sprains, and burns)		Feelings of unreality	
Physical injuries that lead to other health conditions (such as heart attack, stroke, fractures from falling, and loss of dexterity)	All religions accept suffering as a component of the human experience but understand its role differently. Hindus and Buddhists understand the role of	Feelings of numbness	Medication and prescription drugs
Increased risk of cardiac distress, irritable bowel syndrome, and chronic pain		Confusion/Helplessness	
Permanent disability		Fear/Anger or rage	Replacement of eyeglasses, hearing aids, or other sensory aid items damaged, destroyed, or stolen
		Grief or intense sorrow	
		Enhancement of particular senses (e.g., hearing, smell, sight)	Rental and related costs for physical mobility restoration equipment (e.g., wheelchairs, ramps, crutches)
		Anxiety (including terror, helplessness, and feeling out of control)	
		Difficulty trusting self or others	
		Depression	
		Panic symptoms	

<p>Disfigurement</p> <p>Immune disorders that increase the potential for infectious diseases</p> <p>Substantial lifestyle changes, including restriction of activities once enjoyed</p> <p>Lethargy and body fatigue</p> <p>Sleep disorders</p> <p>Loss of appetite, excessive appetite, or eating disorders</p> <p>Decreased libido and sexual dysfunction</p> <p>Inability to work</p> <p>Increased risk of future victimization</p> <p>For sexual assault victims: possible exposure to sexually transmitted diseases, exposure to HIV, and unwanted pregnancy</p>	<p>karma in tragic events and seek to accept what has happened rather than seek justice. Jews believe that God expects human beings to act in kindness to one another; when they do not, justice is sought and forgiveness must be earned. The wide gamut of Christianity practiced in the United States includes all perspectives, from acceptance of suffering as “God’s will” and forgiveness of offenders to strong drives for justice in the secular arena. Muslims believe they have a special mission from God/Allah to create a just society. They typically condemn violence and willingly to participate in the justice system</p>	<p>Anxiety disorders (e.g., panic disorder, agoraphobia, obsessive-compulsive disorder)</p> <p>Inability to concentrate</p> <p>Guilt and self-blame Shame</p> <p>Preoccupation with the crime</p> <p>Concerns about personal safety</p> <p>Problems with important relationships</p> <p>Social withdrawal</p> <p>Concerns about being believed</p> <p>Concerns about being blamed</p> <p>Negative changes in belief system</p> <p>Increased feelings of vulnerability</p> <p>Increased risk of alcohol or other drug abuse</p> <p>Isolation</p> <p>Persistent avoidance of things associated with the traumatic incident(s)</p>	<p>Physical /Occupational therapy</p> <p>Job retraining</p> <p>Mental health counseling and therapy</p> <p>Loss of wages due to incapacitation, rehabilitation, or taking time off from work to repair damage from property crimes, participate in criminal or juvenile justice proceedings, or seek medical or mental health treatment</p> <p>Crime scene cleanup</p> <p>Loss of or damage to personal property</p> <p>Costs of replacing locks and changing security devices</p> <p>Child and elder care</p> <p>Fees incurred in changing banking or credit card accounts</p> <p>Higher insurance premiums</p> <p>Relocation expenses</p> <p>For families of homicide victims, funeral and burial expenses and loss of income</p>
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It is difficult to find a single term capable of describing such a multiplicity of impacts in the life-experience of a survivor of a highly traumatic criminal incident, a difficulty only increased by trying to find a fitting term for a layering of multiple traumatic

incidents suffered over time. If such a term can be found, it will need to encompass the impacts across the categories above, depicting *disempowerment* and *disabling*: physically, emotionally, psychologically, spiritually and financially, a catastrophic impairment of the survivor's former ability to love, to work, to hope. It is not uncommon for deeply traumatized survivors to be unable to maintain their former employment: "inability to work", and "loss of income due to incapacitation [or] rehabilitation", just two impacts from the above lists. Imagine, for example, the impact on a funeral director who has to leave work to fly to a distant city morgue to identify his own murdered son, and cannot thereafter look at another human corpse in his normal occupation of preparing them for burial. Or the diminutive psychiatric nurse 'ambushed' by a powerful and completely psychotic male patient, who shakes her like a little rag doll, rupturing fragile vital nerves (the cauda equina) running through the vertebrae in her neck, sexually assaults her and tries to throw her bodily over a railing on the third floor tier to the floor below, all of this over a time span of four to six minutes before the burly security officers can arrive to overpower him, pull her from his grasp and save her life, leaving her with permanent speech and mobility impairments. Or the nurse in charge of an emergency room operating theatre, desperately trying to save the life of a motorcycle crash victim, who while attempting to deal with serious skull fractures and a traumatic brain injury, realizes that the face the team is working on 'stat' is that of her 'baby brother' whose vital signs, the monitors bleat, indicate that he is dying before her eyes. What is the likelihood of any of those workers being able to return to that job? Each of these is a real circumstance, of just a few similar cases referred to me over the years, and, *none of them did*. Each had to go in search of another way to earn a living, to try to cope without remotely sufficient financial or social supports while casting about for a meaningful work of some kind: a new vocation. And this is just one of the impacts of the impairment of the ability to love and work caused by traumatic incidents. The post-trauma struggle can be vastly life-altering for even the strongest, most competent and independent; it can render them *none of those things*, in a trice, and last for the rest of their lives (Van der Kolk, 2015; McCann & Pearlman, 2015).

Traumatic incidents of that magnitude, not uncommonly - and certainly not uncommonly for the victims of serious, violent crime - issue in post-traumatic stress

disorders (PTSD) (Herman, 1992; Van der Kolk, 1989, 2015; Baldwin, 2013; Brewin, 2003). PTSD sequelae can be ‘crippling’, and range from acute (yet reasonably resolved over time) to permanent and chronic. Familiarity with research on PTSD makes it abundantly clear that “The Body Keeps the Score” (Van der Kolk, 1994). Whether relatively short-term or chronic, the symptoms common to this disorder manifest predominantly as depression, avoidance, anger and arousal, hypervigilance, and constant, perseverative ‘re-experiencing’ through day-time obsessive ideation, nightmares, ‘flashbacks’ or disassociation causing severe distress and impairment in social and psychological functioning (Resnick et al., 1993). As Wasserman and Ellis make clear, the victims of crime are not only those directly impacted but also everyone within their entire psycho-social system, close family members, loved ones at any distance, friends, workmates, colleagues, anyone, in fact, woven into the “*fabric of [their] relationships*” (Gustafson, 2008: 17). Both the direct victim and, in some cases, those closest to them within their networks of relationships, in hearing about or living through that criminal incident with the survivor, can experience the symptoms of PTSD, up to and including the life-time disorder (APA, 2000; 2013).

Studies with adult civilian trauma survivors indicate that Posttraumatic Stress Disorders frequently follow in the sequelae to violent crime. Resnick (1993) found lifetime prevalence rates among crime survivors of 25.8 percent, as opposed to 9.4 percent among victims who had suffered non-criminal traumatic events (e.g., motor vehicle accidents, workplace accidents, etc.). Just *how* one’s injury is sustained has a great deal to do with the depth of the trauma and its resistance to recovery. In situations in which the criminal incident resulted in physical injuries and victims/survivors believed that the perpetrator *intended* to harm, or even to kill them, the incidence of PTSD was much higher (45.2 percent compared to 19 percent).

Wasserman and Ellis (2010: 6-6) also report that “Rates of PTSD appear to be higher among victims who report crimes to the justice system than among non-reporting victims”, offering as a reason for this (apparently as an assumption) “probably because these crimes are more serious or more likely to result in injury”. In the same work, however, the authors write, “Research also indicates two key post-victimization factors

that can increase the likelihood of victims to develop mental health problems: a *lack of or poor social support systems* [and] the *degree of exposure to the justice system*” (2010: 6-2, emphasis added).

1.2. The effects for victims/survivors of engagement in the criminal justice system

Wasserman and Ellis, in constructing their catalogue of effects on victims of serious crime, Table 2.1, clearly had in mind criminal incidents of any sort that caused serious injury. The effects “of exposure to the justice system” (2010: 6-2) are particularly problematic, however, for sexual assault complainants/rape survivors, causing many victims of such crimes to bear the pain alone, unable to trust the justice system with their stories or to hold an expectation of respectful treatment and a just outcome.

Andrew-Gee (2017) in a feature for The Globe and Mail quotes Dr. Holly Johnson, a University of Ottawa Criminology Researcher, as saying that only 4 per cent of Canadian sexual assault claimants actually report to police. Even of those who did report, over a span of six years, 2009 through 2014, in which StatCan¹⁴:

...followed sexual assaults reported by police in a national crime survey all the way through the justice system, tracking their rate of ‘attrition’,...police dismissed 1 in 5 allegations as “unfounded--or baseless--[prompting] a wave of reform at the local and federal levels”. [Of the remainder] “just one in five sexual assault cases substantiated by Canadian police end up in court, with about one in ten resulting in a conviction.... Of the 93,501 police-reported sexual assaults covered by the study, 79 per cent did not end up in court, either because charges were never laid, or those charges were dropped before reaching court.”

Factors leading to this attrition rate include police “blaming of the victim”, “rape myths”, “pressure to testify at trial”, Johnson adds, concluding that:

Women get worn down by the process. . . We're starting with 4 per cent of all sexual assaults. The biggest attrition is when women don't report. So

¹⁴ *StatCan* is the official abbreviation for *Statistics Canada* (French: Statistique Canada), the Canadian government agency charged with producing statistics to help better understand Canada, its population, resources, economy, society, and culture.

encouraging women to report is fruitless unless we improve the system for them (Andrew-Gee, 2017).

The manner in which sexual assault victims are treated has led Judith Lewis Herman to practically excoriate the criminal justice system, asserting that there is likely nothing quite so dangerous for victims/survivors of rape and sexual assault as a court of law: “The wishes and needs of victims are often diametrically opposed to the requirements of legal proceedings.” Herman amplifies, listing the needs of victims: for acknowledgement, support, empowerment and re-establishing of control, opportunities to tell their own stories in their own ways and in settings of their own choosing, and understanding, regarding their fear of reminders of the trauma and of direct confrontation with their perpetrators, concluding that court and criminal justice processes are *antithetical to every one of those victim needs* (Herman, 2005: 573). If Herman is correct, in saying “...if one set out intentionally to design a system for provoking symptoms of traumatic stress, it might look very much like a court of law” (Herman, 2005: 573) and Wasserman and Ellis (2010: 6-2) see correlation between the development of mental health problems and “the degree of exposure to the justice system”, the question bears asking: “What, then, do victims of violent crime actually experience given their exposure to the justice system?” That is one of the concerns of the current study.

Immanuel Kant (2011: 31) in his classic work on punishment, *The Penal Law and the Law of Pardon*, writes, “If legal justice perishes, then it is no longer worthwhile for men to remain on this earth.” Braithwaite (1993: 33) suggests we may be approaching that point and that the American criminal justice system might be:

...more a cause for crime than a protection against it...it is time to recognize that it, like other Western criminal justice systems, is an abject failure. In fact, the criminal justice system stands out as the greatest failure of any of America’s institutions.

Numerous studies have documented victims’ sense of alienation from criminal justice processes in most Western jurisdictions, cataloguing their dissatisfaction on a number of fronts:

Complaints about delays, unnecessary continuances, uncomfortable waiting rooms, risk of intimidation by offenders and insensitive criminal justice practitioners are routinely associated with victims' experiences of the criminal justice system. But the most important grievance mentioned by victims is their lack of standing and voice in the proceedings. Feelings of alienation develop as victims realise that their opinions and concerns are ignored and their requests for involvement are consistently denied. Furthermore, in many cases, victims are never informed about the status of the case or its outcome (Raineri, 1995: 82).

Apparently, Canada's CJS (as one of those "Western criminal justice systems") is also deserving of censure. Our systems, too, despite attempts to redress the shortcomings, continue to be 'weighed and found wanting.'

The Canadian criminal justice system (CJS) is designed to apprehend, to try, if possible to convict and to imprison serious offenders, in order to punish and deter, but as RJ pioneer Harry Mika (2008) observes, "Justice appetites and passions, intended to wound offenders, also avert the gaze of justice from victims and survivors, in effect marginalizing their profound need to repair and restore the foundations of their assumptive world." So:

What do victims of crime want? Not only restitution, fair compensation, or even the just retributive punishment of their wrongdoers—though all of these may be important to them. Victims of crime also often have a desire to know all the relevant details of, and reasons behind, what happened. They frequently want their side of the story to be heard—by the offender as well as by the general public—and they may find satisfaction in visible signs of remorse elicited by their wrongdoers, especially in heartfelt and sincerely expressed apologies where such are due. *Most importantly, however—and quite compatibly with the foregoing—it is important for victims to have the legal right to a substantial say in how their cases are handled and resolved in the legal justice system* (Barton, 1999: xi, emphasis added).

Barton succinctly asserts what the research so frequently underscores, that victims want increased voice and agency: they want their views heard, acknowledged and taken into consideration. Two remedial steps toward taking the needs of victims more seriously over the past few years, while not without their detractors, tend in that direction: 1) the

provision in law for victims to submit Victim Impact Statements (VIS), at time of trial, sentencing and/or during offenders' parole hearings, and 2) (the fairly recently proclaimed) Canadian Victims Bill of Rights (CVBR).¹⁵

As "the battle for victims' rights" (Raineri, 1995: 81) began to make advances in terms of greater agency, empowerment and legal entitlements for victims (beginning with compensation schemes and restitution from the state and from offenders) especially in Australia, the UK, Canada, and the US, a new impetus came to the fore:

for victim integration through the use of a Victim Impact Statement (VIS), a statement made by the victim and addressed to the judge for consideration in sentencing. It usually includes a description of the harm done in terms of physical, social, psychological and financial consequences of the offence. In some jurisdictions, a VIS also includes a statement concerning the victim's feelings about the offence, the offender and a proposed sentence (Raineri, 1995: 82).

But VISs, even in ideal circumstances, cannot remedy all of the complaints in even the short 'catalogue', above. Barton is one authority who sees the introduction of Victim Impact Statements (VIS) with a degree of ambivalence. While applauding the development, suggesting that for some victims this has resulted in increased satisfaction with the criminal justice system, he also observes that victim impact statements are clearly not the "ultimate answer":

They do not, for example, compensate for the current lack of provisions for substantial victim input in the relevant decision making processes, such as bail, plea bargaining, sentencing, and parole, let alone the lack of direct victim representation in court by qualified legal counsel" (Barton, 1999: 118).

Barton, like Raineri, does feel that it is this lack of representation that is a key contributor to victims' experience of "marginalization and disempowerment" within the CJS. Victim disempowerment is particularly apparent -- and seriously problematic -- for victims of sexual assault (as noted above), however Barton comments that

¹⁵ laws-lois.justice.gc.ca/eng/acts/C-23.7/FullText.html

“disempowerment is not restricted to sexual assault victims, “*The phenomenon is virtually universal, and the problem is structural*” (1999: 118, emphasis added).

Ross London (2011: 1) after a 25 year career in the CJS “as a private attorney, public defender, prosecutor and culminating as a municipal court judge” described the experience of victims in the courts as follows: “Victims, who have suffered the trauma of a crime enter the portals of this system with high expectations of justice, only to find themselves wandering its halls feeling bewildered, unfulfilled and used.”

1.3. (Dis)empowerment

So if the problem of victim/survivor *disempowerment*, and the struggle for *empowerment* is “systemic”, “*virtually universal, and the problem is structural*”, it is probably important to briefly explore what the term “Empowerment” and its near relatives actually means. It can be highly instructive, when trying to describe something, to consider the etymology of the words being used to ascribe and communicate the meaning of that particular something or process or phenomenon. A sampling of authorities produced the following definitions:

A. English: empowerment (noun). The **empowerment** of a person or group of people is the process of giving them power and status in a particular situation (Oxford English Dictionary):

- i) The process of gaining freedom and power to do what you want or to control what happens to you: e.g. *female/youth/political/economic empowerment* (Lincoln et.al., 2002).
- ii) Enabling, equipping, emancipation e.g., *This government believes strongly in the empowerment of women.*¹⁶

B. Empower (verb): Make (someone) stronger and more confident, especially in controlling their life and claiming their rights.¹⁷

- i) To give power or authority to; authorize, especially by legal or official means "movements to empower the poor".

¹⁶ <https://www.collinsdictionary.com/dictionary/english-thesaurus/empowerment>

¹⁷ <https://en.oxforddictionaries.com/definition/empower>

synonyms: emancipate, unshackle, set free, liberate¹⁸.

- ii) Today, *empower* often refers to helping someone realize their abilities and potential, perhaps for the first time.¹⁹

Synonyms for empowerment and used to explore this concept in the case studies, include: acceptance, acknowledgement, approval, endorsement, recognition, allowance, freedom, heard, confident, tolerance, verification, promise and sanctification. It can be equally telling in understanding a concept to look at its antonym, in this case, disempowerment:

Disempower:

- A. [To] make (a person or group) less powerful or confident.
- B. *To take away someone's confidence and feeling of being in control of their life.*
- C. To reduce the amount of control that someone has over a situation or over their life.

As with empowerment, words used as synonyms for disempower help to shed light on the participants experience with disempowerment: words such as denial, demoralized, disapproval, opposition, helpless, rejection, imprisonment, incarceration, limitation, restriction and powerless.

What would it take, one wonders, to “exchange one for the other”: to empower victims sufficiently that their experience of disappointment and disillusionment would be replaced? For London (2011: 96) respectful treatment, information and inclusion are among the “antidotes” to victim disempowerment, reflecting what victims say again, and again:

the disempowerment, loss of control, and sense of isolation experienced by many victims can be ameliorated by greater involvement and more respectful treatment in the criminal justice system itself. Victims, they have argued, want to be fully informed of the progress of their case, to have their say and their feelings respected, and to participate in decision making.

¹⁸ <https://www.urbandictionary.com/define.php?term>

¹⁹ <https://www.vocabulary.com/dictionary/empower>.

Unfortunately, 'secondary victimizations' perpetrated by the CJS on victims of violent crime, by even the best intentioned helpers or otherwise well trained justice personnel who deny them autonomy, are all too common. Throughout the history of the VOMP program, staff have often had to work to overcome such secondary victimizations, and to build trust with participants on both sides of the victim-offender equation. Again, Judith Herman is helpful in understanding why this is such a necessary element in any healing approach:

Because traumatic life events invariably cause damage to relationships, people in the survivor's social world have the power to influence the eventual outcome of the trauma. A supportive response from other people may mitigate the impact of the event, while a hostile or negative response may compound the damage and aggravate the traumatic syndrome. In the aftermath of traumatic life events, survivors are highly vulnerable. Their sense of self has been shattered. That sense can be rebuilt only as it was built initially, in connection with others (Herman, 1992: 61).

Restoration of the breach between the traumatized person and the community depends, first, upon public acknowledgement of the traumatic event and, second, upon some form of community action. Once it is publicly recognized that a person has been harmed, the community must take action to assign responsibility for the harm and to repair the injury. These two responses--recognition and restitution--are necessary to rebuild the survivor's sense of order and justice (Herman, 1992: 70).

1.4. A view from the shadows

Victims who enter the CJS arena in North America soon discover that (although without them there is no case) the invitation to them to participate as victim/witnesses affords them very little power. Victims report crimes to police who may or may not substantiate the allegations and send the file to court, where a prosecutor (who it is soon clear, is not the victim's lawyer but lawyer for the state) will determine whether to proceed, stay the charges or dismiss the case altogether, based on what may be mysterious criteria not likely to be fully shared with the victim. Victims play no role in determining whether to charge or not to charge (whether they desire retribution or to show mercy will prove of no consequence). Prosecutors decisions in these regards are rarely challenged—the

courts being very reluctant to review the charge approval decisions of prosecutors. If the case proceeds, the victim may be entitled to present a VIS, but will have had no standing to contest prosecutors decisions to dismiss, reduce or inflate the charges, nor to contest a sentence, once imposed, nor any say in whether the conviction, once ‘won’ by one of professional antagonists, is taken to appeal by the other. A victim soon learns that their invitation to participate is only as ‘second fiddle’ to the concert master(s), an observer at least, a witness at best, for a limited time, and within tightly drawn parameters. Theirs is a view from the shadows (Rock, 1987), from the time of the crime through these processes, and on into the months and years to come. Perhaps it is no wonder that they attempt to organize, seek new degrees of recognition and mobilize others to join them to “kick at the darkness ‘til it bleeds daylight” (Cockburn, 1984).

While the above comments pertain to “[v]ictims who enter the CJS arena *in North America*” there are developments occurring in Europe which hold promise for addressing just the sorts of victim needs enumerated above. The Dutch victim advocate, van Dijk (2013: 428) notes that a “long-awaited new EU Victims Directive, (2012/29/EU). . . [emphasizes] due process for victims” and that a number of recent developments augur well for “empowerment of victims through victim support and better treatment within criminal procedure. . . [increasing their] agency and freedom to act effectively as a party in proceedings.” He adds that “In the Netherlands. . . victims of serious crimes can rely on support from a case manager of Victim Support Netherlands and from a legal counsel paid for by the state.” They also have their own seat in the courtroom, precluding them from having to try to find a seat in the public gallery, and given the adversarial nature of what is about to transpire, hopefully a seat not in the middle of the perpetrator’s support cohort. Additionally, in what van Dijk terms “a great breakthrough” victims throughout the EU since the directive should “have the right to appeal a decision not to prosecute”, noting further, that:

This may in fact prove to be the most revolutionary element of the Directive. However, I would also like to give victims the right to access an RJ programme in such cases as an option. In other words, if the prosecutor drops the case for reasons of expediency, the victim should have the right to request a RJ programme instead, besides having the right to appeal against

the dismissal. This is an important right in view of the increasing tendency of prosecutors in many European countries to enter into forms of plea bargaining with the suspect in order to speed up the proceedings.

Van Dijk (2013: 428, 429) sees this growing tendency of plea bargaining as having potential to “undermine the newly gained participatory rights of the victims”, asserting that “this negative effect could in part be counter-balanced by participation in RJ programmes.” In a comment concluding his article, van Dijk seeks a development for Europe which in Canada we saw implemented almost 30 years ago and in Belgium just a few years later:

Finally, I would also want to argue in favour of the right of victims of serious crimes to arrange a meeting with the offender after his/her conviction. To my knowledge such meetings are desired by a good many victims for a variety of reasons—certainly not always a desire for reconciliation but also to confront the offender with the consequences of his/her crime or to ask for an explanation. In my opinion, the satisfaction of this legitimate need of victims ought to be facilitated by the state.

In this latter regard, the EU Victims Directive (2012/29/EU) disappoints. It could have enshrined the right of access, as van Dijk asserts, “to victim- friendly RJ as a victim’s right at all relevant states of the proceedings” but, welcome as it is otherwise, in this regard it “falls short of expectations” (2013: 429).

It would appear that Canada and the EU may yet have a good deal to learn from each other, despite our collaboration on many fronts, not the least of which is the *UN Principles on the Use of RJ in Criminal Matters* and the on-going “UN Committee of Experts” meetings. However, while victims of serious crime in Canada now have what van Dijk wants to see in the countries of the EU member countries vis-à-vis the right to seek meetings with the offender following conviction, the EU is far ahead in ensuring victim rights in many regards, perhaps particularly in the Netherlands, as is evidenced by van Dijk, above. We continue in Canada to fail to address the needs of victims at the ‘front end’ of the CJS to the degree that European developments have done. As (London, 2011: 1) pointedly asserts, crime victims should never have to “enter the portals of this

system with high expectations of justice, only to find themselves wandering its halls feeling bewildered, unfulfilled and used.”

Sadly, however, when the CJS fails to adequately support and provide for the needs of victims (especially those who have suffered particularly traumatic injuries) they too often are forced to seek solace and salve for their wounds elsewhere, frequently from victim serving practitioners at an arm’s length from the state-centric ‘justice’ systems which failed them, hoping there to find a greater degree of respect afforded them and their narratives.

Mika (2010: 342) comments on the import of those narratives, saying:

The narrative itself, a core methodology and value of restorative justice, is the victim’s and the survivor’s witness to harm and testament to humanity. Its potential as an antidote for harming others, considering its source, should not be underestimated. Similarly, the concept of ‘harm’ itself deserves careful orchestration, *to include both the concentric spheres of the victim/survivor and offender – witnesses, family, advocates, community – who themselves face certain injustice when excluded from processes of truth, accountability, and reconciliation.* Lack of responsiveness to the harms created by punishment, as they are distributed to offenders and their families alike, seriously undermine restoration, rehabilitation, and change, with ominous present and future implications for the wider community.

As Mika makes clear, it is not the victims alone who seek justice, who need to be protected from critogenic harms, who desire to be treated with at least a modicum of dignity and respect, to be offered a truly just form of justice. The “concentric spheres” of which he speaks, must include “both. . . the victim/survivor and offender[s]. . . who themselves face certain injustice when excluded from processes of truth, accountability and reconciliation” (as we shall see below).

2. Trauma, as it is suffered, experienced and processed by victims of violent crime

Recognition of the role of trauma in individual behaviour has a long history. Some might say that history began as far back as Galen the θεραπευτής [Gk. *Therapeutes: therapist*] in ca. 150 C.E. (Solanto, 2017). But in somewhat more modern times interest found impetus beginning in the later 1800s with Jean Martin Charcot, a French neurologist and professor at the famed Salpêtrière Hospital in Paris where, in 1882, he established the first neurology clinic in Europe. Charcot, like Freud, was fascinated by hysteria, which he believed to have a genesis in earlier trauma, believing the symptoms to be – contrary to the highly prejudiced thought of his day – found among traumatized men as well as women. Freud built, in part, on Charcot's work, for a time convinced that hysteria among his female patients had its genesis in sexual abuse by their fathers, a position from which, despite the evidence, he felt forced to recant because of the ostracism of his colleagues and the abject denial of high society in Paris and Vienna (McOmber, 1996). Freud moved on to study dissociation (Yovil, 2000) and to develop his first theories of neurosis, believing that he had been misled by women reporting childhood sexual abuse, determining that their accounts must have been libidinous fantasies. Yet Freud was closer at the first than even he knew (McOmber, 1996; Yovil, 2000). Interest in trauma increased greatly toward the end of the First World War and through the second. The theories of Janet, and then Kardiner, and others were built on research and observation of the 'shell shocked' soldiers, sailors and airmen in or returning from combat missions and theatres of war. Interest was spurred again during the Vietnam war, when, once again, members of the armed forces were struggling with having witnessed, suffered or perpetrated horrendous things. Judith Herman (1992: 9) provides an account of this history, and comments:

The study of psychological trauma has a curious history – one of episodic amnesia. Periods of active investigation have alternated with periods of oblivion. Repeatedly in the past century, similar lines of inquiry have been taken up and abruptly abandoned only to be rediscovered much later. Classical documents of fifty or 100 years ago often read like contemporary works....The systematic study of psychological trauma. . . depends on the

support of a political movement. Indeed, whether such study can be pursued or discussed in public is itself a political question. . . . In the absence of strong political movements for human rights the active process of bearing witness gives way to the active process of forgetting. *Repression, dissociation and denial are phenomenon of social, as well as of individual, consciousness* (emphasis added).

Many theories of how trauma impacts individuals have been postulated. J.P. Wilson, in *Trauma, Transformation and Healing: An Integrated Approach to Theory* (1989: 5) states:

In the last decade, explicit interactional paradigms of stress and coping have been put forth by Lazarus and Folkman (1984) (see also Appley & Turmbull, 1986; Dohrenwend & ShROUT, 1984; Green, Wilson, & Lindy, 1985; and Raphael, 1987). In these models it is proposed that post-traumatic adaptation is determined by several classes of variables and include: (1) the nature and dimensions of the trauma; (2) personality attributes; (3) the nature of the recovery environment; and (4) the coping resources of the person. It is believed that these variables interact in influencing both pathological and nonpathological forms of adaptation to stressful life events.

Considering first the “nature and dimensions of the trauma” a guide developed on behalf of the BC Provincial Mental Health and Substance Use Planning Council (May, 2013: 10), summarizes much of the research into Trauma Informed Practice, and describes five distinct types of trauma:

Single incident trauma is related to an unexpected and overwhelming event such as an accident, natural disaster, a single episode of abuse or assault, sudden loss, or witnessing violence.

Complex or repetitive trauma is related to ongoing abuse, domestic violence, war, ongoing betrayal, often involving being trapped emotionally and/or physically.

Developmental trauma results from exposure to early ongoing or repetitive trauma (as infants, children and youth) involving neglect, abandonment, physical abuse or assault, sexual abuse or assault, emotional abuse, witnessing violence or death, and/or coercion or betrayal. This often occurs

within the child's care giving system and interferes with healthy attachment and development.

Intergenerational trauma describes the psychological or emotional effects that can be experienced by people who live with trauma survivors. Coping and adaptation patterns developed in response to trauma can be passed from one generation to the next.

Historical trauma is a cumulative emotional and psychological wounding over the lifespan and across generations emanating from massive group trauma. These collective traumas are inflicted by a subjugating, dominant population. Examples of historical trauma include genocide, colonialism (for example, Indian hospitals and residential schools), slavery and war. Intergenerational trauma is an aspect of historical trauma.

Research on the effects of "personality attributes" (Wilson, 1989, above) has evolved over the decades, especially from the time of the Second World War, as McCann & Pearlman (2015: 3) report:

Initially, theorists attempted to understand responses to trauma by focusing on the individual's pre-existing pathology, suggesting that those who were more psychologically vulnerable were most deeply affected. This view was widely held by psychodynamic theorists who studied war trauma among World War II veterans (e.g., Brill, 1967; Lidz, 1946). . .

Although earlier trauma theorists blamed the soldiers' symptoms on their poor moral character, Kardiner (1941) understood that any man could be affected by the atrocities of war and that the traumatic symptoms were "a normal response to an unbearable situation". . . [there were researchers even in the early days of trauma research who] "recognized that under certain conditions, all individuals were vulnerable to breakdown."

Trauma theory has come a long way in terms of assisting in an understanding of the impact of highly traumatic events on the young developing mind (Briere, 1992; Perry & Szalavitz, 2010; Finkelhor, 1984, 1990; Matthews, 1996) and upon the adult psyche alike (Herman, 1992, 1997, 2005; Brewin, 2003; Van der Kolk, 2015). Work on child development and Adverse Childhood Experience (ACE) (Felitti, 2002; Felitti et al., 1998) (see below) has been particularly extensive and significant, and, once again,

soldiers returning from combat theatres with grave wounds [Lat., *traumat*] in body, mind and spirit, are creating a renewed political movement, along with rape survivors, survivors of domestic abuse, and victims of every sort of violence questing for recognition, for assistance, for empowerment, for voice and agency within our nations' institutions. 'Wars' and rumours of wars on one's borders can create interesting alliances. Part of Herman's genius has been to forge what are now steeled links between the trauma of a shattered soldier, a macho trained killing machine, and the trauma of a child or adult sexual assault victim, too easily dismissed once upon a time, as a 'hysteric', the narratives -- once she or he dares disclose them -- deemed "fantasies." Trauma knows no gender, no demographic. It manifests in equally troubling and disabling ways for men and women, the recovery path a long and arduous one for those who have suffered the sort of traumatic events [which] involve threats to life or bodily integrity or a close personal encounter with violence and death (Herman, 1992: 50).

Janoff-Bulman (1992: 6) suggests that all of us have assumptions about our world, "the world is benevolent, the world is meaningful, the self is worthy" and that events of the order that result in trauma, shatter these fundamental assumptions and leave victims struggling to "integrate the traumatic event into their experience and render it somehow less threatening."

These are precisely the phenomenon experienced by the trauma survivors whose narratives are explored in this dissertation. Too often their personal attempts at adapting to the trauma they have suffered - "repression, dissociation and denial"- are mirrored in the response of those around them, their loved ones, society in general, or most problematically, the agents of the institutions charged with the responsibility of protecting them and, having failed at that, who then fail to listen, acknowledge them as truth-tellers, or ensure safe and respectful passage as they then look to those institutions to give them justice. We'll meet those trauma survivors, before too long: child victims, and women and men who live, at least for a time, on opposite sides of the razor wire. The one thing they will have in common, for a certainty, like the now shattered former macho marine and the rape victim or family survivor of homicide, is trauma.

The victim and offender participants whose narratives are explored in this study have been significantly impacted by either a single highly traumatic event or (more often) by a layering of multiple traumatic incidents. For this reason, it is essential that practitioners working with the participants in cases involving the degree of severity of trauma these people bear must be ‘trauma informed’; must have a thorough grounding in and understanding of trauma. In working with the children in this population, it was particularly helpful to have a grounding in child development and the impact of trauma on children, who, by virtue of dependency, their inability to govern their living situations or choose their parents and care-givers, and lack of life experience enabling them to put harmful incidents into a broader life context, are particularly vulnerable.²⁰ The youngest of the study sample were six year old twins, but a number of others were in the ten to fifteen year old range. The traumatic experience of those children, as well as of the adult perpetrators who had done them harm, is greatly informed by the Felitti and Anda Adverse Child Experience (ACE) studies, conducted with very large numbers of research respondents interviewed through Kaiser Permanente (one of the largest health care organizations in the U.S.) and the Center for Disease Control (CDC), which we will explore more fully below.

3. Post-traumatic stress symptoms (PTSS) and post-traumatic stress disorder (PTSD)

As noted above, PTSD is frequently seen in victims of highly traumatic violent criminal incidents. It can be both prolonged and debilitating. Unlike most of the diagnoses of “mental disorders” in the DSM IV (in use during the duration of the study period) which describe what is ‘wrong’ with the sufferer, a PTSD diagnosis normalizes the trauma survivor’s experience of these symptoms, suggesting that *any* normal person who had suffered a similar trauma would likely exhibit that same cluster of symptoms. A PTSD diagnosis is not so much about what is ‘wrong’ with the trauma survivor as it is about *what happened to them*, and what continues to happen to them as they attempt to adapt

²⁰ In fact, it could likely be argued that it was critical for staff to have such a grounding and experience in dealing with the trauma these youngsters were suffering, given the need to establish credibility with the professionals working with them who were faced with decisions to support or resist the idea of turning their young charges over to us for what could be a potentially very risky enterprise.

to highly traumatic experiences. Put another way, the trauma survivor's behaviors are not so much about their pathology as about their history.

3.1 Definition of PTSD

Symptoms commonly experienced by survivors of significant, life-threatening trauma are clustered under the headings that best characterize them: Intrusion, Withdrawal and Arousal. It is the experience of the constellation of these symptoms: the number, frequency and intensity of them, when measured against the accepted diagnostic instruments in the DSM²¹ (see Appendix A) and World Health Organization (WHO) PTSD criteria (Appendix B) which confirms or disconfirms a diagnosis of post-traumatic stress disorder (PTSD). According to DSM IV a PTSD diagnosis is determined by counting the number of symptoms endorsed (a rating of 1 or greater) per symptom category. To meet the criteria for a diagnosis of PTSD, one symptom is required from the category headed Intrusion (Re-experiencing); three symptoms are required from the Avoidance category, and two from the Arousal category. A PTSD diagnosis also requires symptom duration of more than one month (criterion E) and clinically significant distress or impairment (criterion F).

Together with these required symptoms, to be diagnosed with PTSD an individual must also have suffered a DSM IV criterion A trauma, defined as: exposure to a traumatic event in which both of the following were present: 1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others; and 2) the person's response involved intense fear, helplessness, or horror.

Directly experienced events include: combat, life threatening accident (e.g., plane crash, motor vehicle accident), violent physical/sexual assault (in childhood or adulthood), torture, incarceration as a prisoner of war or in a concentration camp, natural or manmade disaster (e.g., earthquake, fire, hurricane, flood), robbery, stabbing/shooting, being diagnosed with a life threatening illness. Examples of *witnessed traumatic events*

²¹ DSM version IV was current at this time and was the version used for the diagnoses of the trauma survivors in this sample. I have noted, below, however, that DSM 5, for all of its controversial issues, confirms and underscores the PTSD diagnoses found among the study sample participants.

include: observing death or injury of another person due to assault, war, or disaster, unexpectedly seeing a dead body or body parts. Examples of *traumatic events* “*confronted with or learned about*” include: learning of family member’s (or friend’s) sudden, unexpected death, or learning that one’s child had a life threatening disease”.

3.2 The perseverative nature of trauma

Herman describes such incidents as those which “. . . involve threats to life or bodily integrity or a close personal encounter with violence and death...evoking feelings of intense fear, helplessness, loss of control, and threat of annihilation” (Herman, 1997: 50) suggesting further that:

. . . the very ‘threat of annihilation’ that defined the traumatic moment may pursue the survivor long after the danger has passed. No wonder that Freud found, in the traumatic neurosis, signs of a ‘daemonic force at work.’ The terror, rage, and hatred of the traumatic moment live on in the dialectic of trauma.

A panoply of acknowledged experts in the trauma field, from the present back to the time of the First World War (Van der Kolk, 2015; Perry & Szalavitz, 2010; Brewin, 2003; Herman, 1997; Hendin & Haas 1991; Kardiner & Spiegel, 1947; Janet, 1919; Horowitz, 1986) see this phenomenon, i.e., the *perseveration of symptoms* in the aftermath of highly traumatic, life-threatening incidents, to be so common as to be almost axiomatic.

Research into the neurobiology of PTSD has made significant progress in our understanding of what is happening neurologically for PTSD sufferers. In the human brain the prefrontal cortex (PFC) has evolved to provide:

top-down regulation of behavior, thought and emotion, generating the mental representations needed for flexible, goal-directed behavior, including the ability to inhibit inappropriate impulses, regulation of attention, reality testing, and insight about one's own and others' actions (Amy et al., 2015: 89-90).

The amygdalae, part of the brain’s limbic system, are two almond sized nuclei located deep within the temporal lobes of the brain. These have “extensive connections through

much of the brain, and are positioned to initiate and coordinate an unconscious, primitive stress reaction throughout the brain and body at any indication of threat to the organism” (Arnsten et al., 2015: 89). Despite actually being two structures, these are usually referred to as simply “the amygdala”, however, there is nothing simple about its role or the complexity of its function and connections. The amygdala “is responsible for the perception of emotions such as anger, fear, and sadness, as well as the controlling of aggression...[it assists in sorting and storing] memories of events and emotions so that an individual may be able to recognize similar events in the future.”²²

For sufferers of PTSD the effects of the pre-frontal cortex are weakened and the actions of the amygdala are strengthened (Amy et al., 2015), so that under conditions of extreme stress, the ‘top-down’ regulation and executive functions of the PFC, are overpowered by the now highly activated amygdala which has, as its one urgent concern, the safety and survival of the mechanism which it so brilliantly protects. Van der Kolk (2015: 474) likens the amygdala to a “smoke detector”. That vivid metaphor suggests an overpoweringly loud, high pitched, piercing shriek alerting the residents to imminent danger, saying, “investigate quickly, then, if fire is detected, ‘Get out! Get out! Get out! Get out!’” The difference is that a threat signal travelling through any of our ‘sense gates’ to the amygdala travels by a ‘shorter’ path than that same signal takes to reach the PFC, and arrives milliseconds sooner, just enough to short-circuit the “investigate” phase in our smoke/fire detection description, above, and going straight from stimuli to instant reflexive action. At such times, it can be said that the PFC, the higher reasoning and command centres of the brain, are:

...held hostage by a volatile amygdala. Thinking is hijacked by emotion. People with PTSD are very sensitively tuned to even very minor stimuli as though their life was in danger. All there is, is your fear and the threat: my life has come to an end. You’re trapped (Van der Kolk, as quoted by Levine & Kline, 2006).²³

²² The Amygdala: Definition, Role and Function. <https://study.com/academy/lesson/the-amygdala-definition-role-function.html>

²³ Note that the last two sentences of this quote do not appear in the Levine / Kline book. They are taken verbatim from a video clip identical to the Levine quote, but which continues, to include the sentences above. Unfortunately, while I have the clip, I have been unable to find the source.

One of the reasons that the amygdala and PFC often come to miscommunicate in the aftermath of trauma is that they are responsible for vastly different kinds, different increments and different measurements of time. The brain's cerebral cortex (regions of the brain thought of as 'higher', or more highly developed) is capable of conceptualizing an expanse of time as *chronos*²⁴, (past, present, future) and recognizing how far back in one's history a traumatic incident occurred. The 'lower', or more 'primitive' regions of the brain which function from - or even considerably *before* - birth however, are responsible for our autonomic and survival functions: respiration, salinity, triggering hormone release, the next heart beat and the split-seconds involved in reflexive messaging. These 'deep brain' neural structures are too busy ensuring the survival of the organism to have time for mere chronological 'time'. In the aftermath of trauma, for them, THEN is NOW! (Van der Kolk, 2015). Anything read as threat needs to be responded to, and that instantly. Choice plays no part in this mechanism and there is little point in attempting to fight it. The survival reflex trumps.

Brewin (2003) in his provocatively titled, *Posttraumatic Stress Disorder: Malady or Myth*, suggests that trauma survivors actually develop 'dual feedback' mechanisms in which the messages from the 'deep' or 'survivor brain' (which for this purpose includes the amygdala, brain stem and diencephalons) and those from the cerebral cortex can bypass one another as though they were travelling on separate tracks. To get those messages to travel on the same track, using Brewin's metaphor, requires the charged trauma state to be re-invoked (hopefully gently, by a very competent and cautious therapist) in order to access the actual trauma content. The higher cognitive, reasoning and labelling functions of the cortex simply cannot - until those messages 'connect' - overrule the more powerful messages of the deep brain and limbic systems which, like the metaphorical smoke detector, scream "save yourself" at the slightest indication of threat or association to previously experienced trauma. Until the higher reasoning centers are convinced that there is no present danger, the amygdala and its related structures rule, defaulting to survival mode and triggering release of powerful hormones

²⁴ Chronos, is "linear, chronological time, contrasted with the other Greek word for time, kairos, meaning the indeterminate moment that is right for something to occur." Henry George Liddell, Robert Scott, *A Greek-English Lexicon*. Retrieved 2018-05-30.

(epinephrine/adrenaline) whose function is to prepare the body for ‘fight, flight, or freeze’ responses. In these states, heart rate and blood pressure increase, respiration becomes more rapid in order to charge the blood with oxygen, and the major muscle groups become coiled ‘springs’ tensed to spring into action. Virtually all of the bodily functions not needed in the moment for combat or escape, such as digestion, slow or shut down in order to shunt energy toward the systems essential for survival. Robert Sapolsky (2011) a Stanford University biologist and researcher in primate stress hormones, caps the list of functions being suppressed at such a time saying, dramatically, “This is no time to ovulate.”²⁵ One of the natural phenomena in this state is voiding of bowels, bladder or stomach contents (lightening ‘the load’ to enable the body to move without the encumbrance of even those amounts of extra mass). For many trauma survivors, having voided in these ways at the time of the traumatic incident is itself a source of tremendous shame. Having mastered control over bodily functions from the time they were toddlers, they often feel as though their bodies have betrayed and exposed them to shame that adds to the sense of victimization experienced in the criminal incident.

In a very early study of fear states and fear related anxiety Lang and associates posited that the experience of high anxiety:

involves three systems: physiological activity, subjective report, and overt behavior. Accordingly, fear activation will be reflected in physiological responses measurable at the periphery, in reports about experience of fear, and/or in overt acts such as avoidance or escape (Lang, 1968; Foa & Kozak, 1986: 22).

A number of acknowledged experts (Van der Kolk, 2015; Brewin, 2003; Foa & Kozak, 1986) suggest that, whatever the psychological ‘school’ from which therapists hail, they must borrow from the robust findings of studies on ‘exposure therapy’ such as Lang’s, above, and be prepared to *re-invoke the trauma state* in order to get access to the regions

²⁵ “Robert Sapolsky on Stress” at the 2:28 minute mark on the video found here: <https://www.youtube.com/watch?v=ncYMV4DXCMU>

of the brain where the survivors' traumatic 'memories' are actually stored. If the fear memory is not activated, i.e.,:

. . . if the fear structure remains in storage but unaccessed, it will not be available for modification. Next, information made available must include elements that are incompatible with some of those that exist in the fear structure, so that a new memory can be formed. This new information, which is at once cognitive and affective, has to be integrated into the evoked information structure for an emotional change to occur (Foa & Kozak, 1986: 22).

Psychologist Graham Davey has made a particular study of this phenomenon. Davey offers the example of a woman who is making a good recovery after being mugged in the street when she learns that her attacker has subsequently stabbed and killed another victim. This new information leads to an instant and dramatic upward revaluation of the threat and a consequent increase in fear (Davey, 1993). Davey's work is the source of our understanding of the phenomenon of "reevaluation", which figured theoretically and importantly in how we first conceptualized the trauma recovery mechanisms involved in VOMP, hypothesizing then that this could potentially be the shortest route to trauma recovery and resilience for the participants referred to us and trapped in unyielding traumatic histories, on both sides of the razor wire.

4. Serious crime and its consequences: impacts on offenders

Sections 1-3 of this chapter provided a brief overview of what the literature has to say about the impact of crime on victims. While there are constellations of effects upon offenders as well as upon their victims, the majority of the scholarly research and much of the movement for greater empowerment of those engaged in the CJS, is concerned with the impacts of criminal injuries upon the victims of those criminal incidents and their further integration into the CJS, rather than with the consequences for the offenders responsible for those injuries (Liebling & Maruna, 2005). To consider the consequences for offenders as well as the victims is not, for a moment, to diminish or minimize the impacts on victims, which as we have seen are significant. But what about the offender?

The paragraphs which follow deal with offenders' experience of serious crime, for now, as *the perpetrators* of it.

4.1 Shame and guilt

According to Braithwaite (1989) shame can be either stigmatizing or reintegrative. Stigmatizing shame – where the actor him/herself is denounced and punished through exclusion – is often recognizable within conventional criminal justice processes. Reintegrative shame, on the other hand, occurs when denunciation is expressed by victims or community towards the “bad deed” and the essentially “good person” is treated with respect and eventually welcomed back in the “effort to maintain bonds of love or respect”. Shame, for Braithwaite, is described as a *social process* of expressing disapproval where the intent is to invoke remorse in the person who has violated a norm in the hopes of changing their behaviour. Stigmatization, on the other, can actually result in making a criminal lifestyle more appealing by drawing the individual into a subcultures, which “reject the rejectors” (1989: 102).

When *Crime, Shame and Reintegration* was published in 1989, Braithwaite asserted that apart from Japan, “[c]rime rates have been increasing since World War II in most countries, developed and developing.” In his analysis of why the crime rate in Japan was significantly lower than the US he concluded:

Shaming as a feature of Japanese culture is well known to even the most casual observers of Japan. What is not so widely known is the reintegrative nature of this shaming. The fact that convicted American offenders are more than twenty times as likely to be incarcerated as convicted Japanese offenders says something about the respective commitments of these societies to outcasting versus reintegration (1989: 63).

Ritsuko Azami (2008: 49) in the Japanese Journal of Research on Emotions comments:

In previous studies, emotions of shame and guilt were considered to be similar; however, recent empirical studies show that they are clearly different. In other words, shame is maladaptive whereas guilt is adaptive.

Since Braithwaite's *Crime, Shame and Reintegration* was published, there have been a cluster of studies which distinguish between shame and guilt. At least one study

demonstrates that when offenders do experience guilt and shame, referred to as the ‘moral emotions’ (Hosser, Windzio & Greve 2007) because of the role these emotions are presumed to play “in promoting altruistic behavior and inhibiting antisocial behaviors”, these emotions can augur well for behavioral change, suggesting enthusiastically that “shame and guilt provide potentially exciting points of intervention with offenders [and] ...may represent a critical stepping stone in the rehabilitation process” (Tangney et al, 2011: 706). That study examines the difference between shame and guilt in psychologists’ conceptions of those, noting a parallel between psychologists’ conceptions of guilt and shame and criminologists’ conceptions of reintegrative and disintegrative shaming.

Brene Brown, the American social work research professor says of shame: “Shame is one of the most (if not the most) complex and multifaceted emotions that we experience...an emotion so powerful that the mere mention of the word shame triggers discomfort and avoidance in people.”²⁶

Brown, too, clearly differentiates guilt from shame and offers a succinct view:

The thing to understand about shame is it's not guilt. Shame is a focus on self, guilt is a focus on behavior. Shame is "I am bad." Guilt is "I did something bad." Guilt: I'm sorry. I made a mistake. Shame: I'm sorry. I *am* a mistake.

There's a huge difference between shame and guilt. And here's what you need to know. Shame is highly, highly correlated with addiction, depression, violence, aggression, bullying, suicide, eating disorders. And here's what you even need to know more. Guilt, [is] inversely correlated with those things. The ability to hold something we've done or failed to do up against who we want to be is incredibly adaptive. It's uncomfortable, but it's adaptive (Brown, 2012).

Despite the Ted Talk colloquial ‘tone’ Brown is noted for the thoughts she expresses here are very much in keeping with recent scholarly literature. Hosser, Windzio and Greve (2007) studied guilt and shame as predictors of recidivism with young prisoners.

²⁶ Retrieved from https://www.ted.com/talks/brene_brown_listening_to_shame.

They, too, begin by differentiating shame and guilt, suggesting that shame and guilt are the “moral emotions” which arise in response to one’s violation of or deviation from internal mores or standards. “Shame” they assert, “is associated with a loss of self-respect, social withdrawal, anger, and aggression” while guilt “supports prosocial behavior and motivates compensation for the inflicted loss. The study, involving a substantial sample (n=1243) of young offenders from six different youth custody centres, “examined to what extent feelings of shame and guilt experienced during a prison term influenced recidivism after release” and concluded that “feelings of guilt at the beginning of a prison term correlated with lower rates of recidivism, and feelings of shame correlated with higher rates.” Exploring the roots of violence, Gilligan (2006) goes so far as to claim that while multiple factors often combine in the causation of violence, “the basic psychological motive, or cause, of violent behavior is the wish to ward off or eliminate the feeling of shame and humiliation”. Gilligan’s work has primarily been conducted in prisons where, as he makes clear, he was the student and the prisoners his teachers. His teachers, once they had learned to trust him, transparently provided information about the roots of their criminality, information of considerable import to the fields of penology, psychology, criminology, victimology and desistance studies, especially in terms of distinguishing shame from guilt and how each of those manifest as motivators of vastly different kinds of human behaviours.

In a truly restorative justice process the purpose is not to *cause* an increase of shame by heaping it upon any participant. Where shame is a natural response to participants’ experience of a restorative process, competent facilitators will encourage its safe expression and gradual transformation into a felt experience of dignity wherever possible. Braithwaite (2000: 295) noted that “shaming people for no better reason than that they deserve it, in a way that increases the amount of oppression in the world, is morally wrong.” Chatterjee and Elliott (2003) have observed that one of the risks associated with the concept of shame in restorative justice discourse is the potential for practitioners to confuse the notion of ‘reintegrative shame’ with an imperative to actively ‘shame’ people and thus contribute to the further infliction of harm.

Much of the current research holds the belief that it is the development of empathy, not shame, which is most likely to result in pro-social behaviour in individuals. Although one might be tempted to contend with much in June Stephenson's book, *Men are Not Cost Effective* (1992), one of her statements is beyond contention: that *the critical element lacking in most criminal offenders is "empathy."*

In 2003, Hanson, writing as a spokesperson for the Department of the Solicitor General of Canada wrote, citing a number of studies, that:

Almost all treatment programmes for sexual offenders include some form of victim-empathy training (Knopp, Freeman-Longo & Stevenson, 1992; Wormith & Hanson, 1992). When asked to describe their offences, sexual offenders rarely integrate the victims' perspectives into their own accounts; instead, they typically provide a variety of cognitive distortions, such as their victims deserved it, they were not harmed by the offence, or even that the victims enjoyed it (Abel, Becker & Cunningham-Rathner, 1984; Snowden, 1984). Such accounts have inspired two basic assumptions underlying victim empathy training for sexual offenders: 1) sexual offenders are profoundly mistaken about their victims' experiences; and 2) increasing offenders' appreciation of victim suffering should decrease their motivation to re-offend (Hanson, 2003: 13).

In terms of treatment programs being offered in Canadian prisons (with clear connection, then, to Risk-Needs-Responsivity (RNR) regarding classification of offenders and development of their 'Correctional Plans') things have changed rather dramatically over the past two decades. While programs targeting family violence, substance abuse, and sexual offending continue to be offered, a number of high intensity sex offender programs (such as the specific Victim Empathy program) formerly offered have been either cut back or cut altogether, partly due to funding shortages and partly due to the belief that the more recently implemented Integrated Correctional Program Model (ICPM)²⁷ is sufficient and able to subsume some of the emphases of the earlier treatment programs. Study participants who have experienced both the current ICPM and the earlier intensive program targeting violent offending and sexual offending, report that current programming pales in comparison to the earlier programming which

²⁷ www.csc-scc.gc.ca/correctional-process/002001-2011-eng.shtml

assisted them in accomplishing treatment objectives (their own and CSC's), especially in terms of increase of victim empathy.

A short while after the Victim Offender Mediation Program (VOMP) was implemented in Canada's Pacific Region prisons, the victim empathy and relapse prevention elements of the program's restorative approach began to be observed, professionally evaluated and reported upon. In "The Empathy Imperative" a brief synopsis of what was taking place, Gustafson (1992: 15) wrote:

Six months after his face-to-face meeting with two of his victims, one offender [a prolific serial rapist] wrote: "I've taken every program available..., and while the development of victim empathy through my work in [those programs] was important and set a base for me to build on, the reality of hearing, from the victims of my own offenses, of the trauma I am responsible for was unmatched by anything I have previously done in therapy.

Another offender wrote, "I have never been so motivated in my life to deal with something." To assert something like this is one thing, but institutional staff have been impressed that these same men have demonstrated their commitments by almost two years of unrelenting personal work.

The sex offenders who agreed to meet with their victims shared a number of similar traits, yet one thing in particular seemed to stand out about this group: all had gained significant levels of empathy for their victims and had insight into how a process such as VOMP might assist recovery for their victims. Further, they understood how meeting with their victims, being held to account by them for the harm done, and listening to their stories would personalize and humanize their victims to them, creating still deeper levels of empathy that would act as a deterrent to committing future crimes. It would appear that *denial of responsibility and empathy for one's victim cannot coexist for long.*

Graham and Taylor in an intensive sex offender treatment program offered in Westmoreland Institution in Canada's Atlantic Region made victim empathy one of the primary components of the program. The program was extremely comprehensive in terms of targeting particular needs (as suggested by the RNR classifications conducted on prisoners referred to the program), but it also anticipated many of the elements of the

GLM model, in terms of its “strengths based” premises, rich therapeutic alliances, treatment of addiction as (mal)-adaptation, accountability for past harms and forward oriented relapse prevention. Effectiveness was measured in part according to participant progress in each of the following areas: defensiveness and denial vs transparency and acceptance of responsibility, differentiating and working with guilt and shame, overall insight, capacity for empathy, degree of bonding and alienation, forgiveness, assertiveness, expression of emotion and awareness of and challenging one’s own impaired thinking (Graham, 2014).

It was there, as part of building his own research base, that this author heard for the first time what is now perhaps a familiar story told by ‘Tom’, one of the young men in the program. He had turned himself in to police in his remote Nunavut community following a dream he had reported to a spiritual Elder. In that dream he had seen his home burning down, himself, his wife and his children trapped within its burning walls. The Elder correctly interpreted the dream, saying, “You set the fire, and only you can extinguish the flames; you have been sexually abusing your daughters, and you must get help. We will take care of your family, but you must report yourself and get into treatment.” The young man thanked the Elder, and acknowledged what he had said was true. “But what am I to do”, he asked, “I feel like I’m out of control: I have two dogs at war within me - one good and peaceable and pure, the other mangy, aggressive, ill-tempered and dangerous - and I never know which one is going to ultimately win.” He reported that the wise Elder had said in reply, “You yourself determine the outcome, depending on which one you feed.” This young man ultimately was one of the many ‘success stories’ registered over the years at Westmorland, which posted some of the lowest recidivism rates ever seen in Canadian treatment programs over the years of its operation (Graham, 1996; Taylor, 1994).

Despite the wide spread support for these ideas and the fact that most prison treatment programs include steps to promote or develop victim empathy, Hanson (2003: 13) had noted that “Neither of these assumptions has received convincing empirical support.” Nevertheless, after his own extensive review of the scholarly literature on empathy, Hanson concluded that development of offender empathy for their victims should be a

part of prison treatment programs. He does caution, however, that it cannot be offered without first assessing offenders, as some offenders are actually aroused by victim suffering. For others, Hanson argues that treatment programs should include three key components: “perspective taking,” “help[ing] offenders cope with the perceived distress of others (for example, teaching offenders to respond to their own transgressions with guilt rather than shame or victim blaming)” and “the development of caring relationships” (2003: 21).

Empathy vs callous disregard (or taking sadistic delight in another’s pain), guilt vs shame each of these is fraught with issues of definition, conceptualization and empirical measurement. Pepinsky (1998) for example, holds that empathy is central--and definitely trumps punishment—as the key to effective rehabilitation.

Recognizing the need for additional empirical evidence Tangney (1991: 599) explored relationships among:

. . . guilt-proneness, shame-proneness, and the empathetic response and found that negative empathy was significantly correlated with shame and positively correlated with guilt. These results support the argument that guilt (particularly constructive guilt) is more likely to develop an empathetic response which is considered necessary for the repairing and healing of both intrapersonal and interpersonal relationships. On the other hand, shame is more likely to lead to avoidance, thus impeding the necessary healing and repairing of such relationships.

Similar, and corroborating, results have been found in a number of more recent studies regarding the development of empathy in adult sex offender populations (McAlinden, 2005; Tierney & McCabe, 2001).

4.2 Research on the impact of imprisonment

Prisons can be caldrons and crucibles in which prisoners experience a variety of what can be deemed highly problematic harms. The first studies examining the effects of imprisonment date back to the 1950’s and 1960’s, and described the prison as a deteriorating environment with very negative effects on prisoners. These first descriptions came from sociologists, sometimes sociologists critical of institutions per

se. They described prisons as 'total institutions' in which work, living and leisure time as 'life spheres' are not separated; where all life events occur in the same place and under strict control, where no individual and private life is possible, and where life is strictly regulated and controlled by a group of officials according to a strict rational planning system (e.g. Goffman, 1961). Such 'mortifying practices', characteristic for every kind of total institution, result in the 'mortification of the self'. Prison sociologists described different deprivations and adaptation processes in prison (e.g. Morris, T. & Morris, P., 1962; Cohen & Taylor, 1972; Sykes, 1958). Sykes (1958) one of the leading early prison sociologists, described how 'the pains of imprisonment' (prison deprivations: loss of liberty, deprivation of goods and services, frustration of sexual desire, deprivation of autonomy and deprivation of security) threaten the prisoner's sense of worth and self-concept. These provoke inmates to act collectively, in order to mitigate their effects and cause prisoners to generate alternative methods of gaining self-esteem.

According to Galtung (1971) the strict prison routine leads to a focus on time: for prisoners time becomes so essential and so important that it is almost considered a thing, concrete and materialized. Time, and concern for it, becomes an almost constant, painful state of mind. Cohen and Taylor (1972) described prisons as dangerous and damaging, stressing the fear of breakdown and hopelessness about the future. West (1963) argued that prisons reinforce cycles of dependency, institutionalization and crime, at least when very long sentences are given to repeat offenders whose behaviours had marked them as people with serious difficulties in the first place. Parker (1963) argues that prisons condition their inhabitants, confirming labels and negative identities and so completely destroying prisoners' personalities that they are almost totally incapable of living outside prison environments.

Life in environments and with regimens such as these leads to forms of institutionalization, with detrimental effects on prisoners. These effects are summarized as psychological 'institutionalization' (Martin, 1955), 'institutionalism' (Wing, 1962) and 'institutional neurosis' (Barton, 1966). Wing (1962) defined 'institutionalism' as apathy, dependence, resignation, depersonalization and trust in fantasy. Martin (1955)

stressed submission, apathy and loss of individuality. Barton defined institutional neurosis as:

a disease characterised by apathy, lack of initiative, loss of interest more marked in things and events not immediately personal or present, submissiveness, and sometimes no expression of feelings of resentment at harsh or unfair orders. There is also a lack of interest in the future and an apparent inability to make practical plans for it, a deterioration in personal habits, toilet and standards generally, a loss of individuality, and a resigned acceptance that things will go on as they are - unchangingly, inevitably, and indefinitely (Barton, 1966: 14).

The conclusion that prisons as total institutions have negative effects on prisoners was famously underscored by the results of Stanley Milgram's obedience experiment (Milgram, 1974) and Zimbardo's prison experiment (Haney, Banks & Zimbardo, 1973; Haney & Zimbardo, 1998), in which the possible devastating effects of authority and power on subordinates were demonstrated. Participants in Milgram's learning experiment were encouraged to administer painful electric shocks to 'students' who gave wrong answers to a series of learning tests, ramping up the voltage, as instructed, to the point that, had both the current and the actors playing the part of students been real, the shocks would have been lethal. Zimbardo's experiments made clear that people can be pushed to commit atrocities when they are operating under an administrative authority, rather than within a moral frame and outlook. Haney and Zimbardo (1998) showed in their prison experiment how rapidly relationships in even a 'make-believe' prison can dichotomize and deteriorate, quickly turning into an adversarial battleground, eliciting unexpectedly intense, realistic and often pathological reactions from guards and inmates. Zimbardo's student-guards developed into persons prepared to inflict psychological damage on those in their charge. The students assigned to play the roles of prisoners experienced a loss of personal identity, and developed passivity, dependency, depression and helplessness.

Whereas the Milgram and Zimbardo studies were clear and convincing in asserting that (long term) imprisonment and institutionalization have devastating effects on prisoners, almost predictably, other researchers in a series of empirical psychological studies

carried out in the 1970's challenged these conclusions. Goethals (1980, 1981) analysed these empirical studies on the (psychological) effects of imprisonment: on cognitive impairment, on a series of personality traits linked with crime, on self-image, and on time perspective. These studies did not confirm the conclusions above. However, nor did most of these studies focus on 'long termers' and violent offenders.

Regarding the hypothesis that imprisonment leads to cognitive impairment, in only one study (Ministerio di Grazia e Giustizia, 1976) was cognitive deterioration found; all other studies (n=10) including the famous Durham study (Banister et al., 1973) found no evidence of serious deterioration. To the extent that a degree of effect was found, the effects never reached a level that is considered indicative of deterioration. Incarceration was found, however, to be associated with a decline in perceptual-motor speed, and with an increased verbal functioning. The latter finding suggests that the prison, because of its stress on verbal conflict solutions, may function as a training milieu for verbal skills (Goethals, 1981).

Other studies examined the impact of imprisonment on personality traits such as extraversion, neuroticism and hostility, traits linked with crime by the classic psychological theories. The available studies show that imprisonment does not result in higher extraversion but, on the contrary, leads to an increase in introversion (Banister et al., 1973; Sapsford, 1978) or to an increase in introversion only in case of violent offenders (Goethals, 1980). Further, neuroticism did not correlate with the length of prison terms (Banister et al., 1973) or decrease with longer prison terms (Deusinger, 1978). Findings with regard to hostility are varied, conflicted and inconclusive. Bolton et al. (1976) found in their cross-sectional design an increase in hostility scores (i.e., hostility of those prisoners with longer prison terms showing higher hostility) but this finding was not replicated in the longitudinal sample. Other researchers found an increase in hostility (e.g. McKissack & Simcock, 1975), others a decrease (e.g. Apfeldorf et al, 1971). Other research showed that the aggression potential is more introjected (e.g. Peizer, 1956; Bennet & Rudoff, 1960) (see further self-mutilation and suicide).

Likewise, the effects of imprisonment on the self-concept are ambiguous, with studies that describe positive effects on self-esteem (e.g. Gattschall, 1969; Gendreau et al., 1973), negative effects (e.g. Heskin et al., 1973), no effect (e.g. Stratton, 1963) or a U shape curve (Tittle, 1972). However, here the lack of clear conclusions is due, in part, to the variety in operationalization of the concept (self-esteem, self-concept, ideal self, self-acceptance, ideal versus actual self-concept, etc.), and the use of different measurement techniques. The same conclusions can be drawn with regard to the impact of prisoner's attitudes toward law and criminal justice. Some studies show that the attitude of prisoners become more negative (e.g. Heskin et al., 1973; Hulin & Maher, 1959), more positive (Rasch, 1976) or remain stable (e.g. Brown, 1970).

Finally, several studies focused on the impact of imprisonment on the time perspective of prisoners. Several classic sociological studies have described how inmates serving long sentences break the monotony and predictability of prison life (e.g. Galtung, 1961; Cohen & Taylor, 1972). Other studies focused on the length of this time perspective. They conclude that the time perspective of inmates shortens as it is strongly related to the release date (e.g. Landau, 1969, 1975, 1976; Sapsford, 1977). Further, it was found that inmates were largely inaccurate in their estimations of time and unrealistic in terms of forward thinking or planning for their futures (e.g. Landau, 1976).

In contrast with what prison sociologists concluded in the 1950's and 1960's, the conclusions of this psychological research led some to conclude that normal incarceration is akin to a 'behavioral deep freeze' (Zamble & Porporino, 1988) and that the adaptational styles and capacities of offenders are basically invariant and largely impervious to the effects of imprisonment. Some researchers concluded that prisoners seem to cope reasonably well with prison life, despite an initial period of disorientation, anxiety about family and friends, and restlessness upon release (Coker & Martin, 1983).

Walker (1987: 197) is more circumspect in his conclusions:

Research in British prisons – chiefly by psychologists – has done much to deflate the sweeping exaggerations – chiefly by sociologists – about the ill-effects of normal incarceration. Yet every exaggeration has, by definition, a small hard core of truth, which can be overlooked in the process of deflation.

There are live babies in the bathwater. I have tried to locate them before they are thrown away... (emphasis added).

Since the late 1980s a new series of psychological studies departed from the classic psychological approaches which consisted in testing undifferentiated groups of prisoners while looking for general patterns. In the former approach, test scores or other measures were correlated with sentence length or the mean scores of samples differing in sentence length were compared (cross-sectionally). Studies, too frequently, relied on very short follow-up periods. Looking for general patterns can result in the neglect of the particular experiences of particular groups and individuals. For this reason, a new series of prison studies focused, rather, on the coping behavior of inmates, with more attention for individual differences and environmental conditions. Coping, in these studies, refers to adaptation styles of inmates that lessen the stress of prison life. Liebling (1992) showed, for example, that the prison experience was far more difficult for those prisoners who were not able to find their way into jobs, activities and social networks in prison. Imprisonment is most distressing for vulnerable groups who were least able to cope with the demands made by an unresponsive and depriving environment (Liebling, 1999). This more recent research tradition contests most of the earlier findings of the 1970s and 1980s which were either ambiguous or found minimal harmful effects of imprisonment on prisoners, the more recent scholarship reconfirming that a multiplicity of risks and significant harms exist for incarcerated offenders, including deterioration of their mental health, suicidality, homicide, serious violence, assault and fear of assault (the latter leading many to affiliate with prison 'gangs' in hopes of some degree of protection only to find that affiliation with one gang can mark them for violence by members of each of the other rival gangs).

Beyond its impacts on mental health, imprisonment can also have negative effects on the *physical condition* of inmates, although it can be difficult to link the physical condition of inmates to their experience of imprisonment, since inmates can be in poor physical condition when first admitted--not infrequently through having abused alcohol and drugs--so that their poor condition and overall health are 'imported' (Paulus & Dzindolet, 1992). Further, statistics on physical health states can be impacted by the accessibility of medical services in prison or substantially increased by lack of such

services. Taking those factors into account, studies indicate that many prisoners suffer from hiv/aids, hepatitis, tuberculosis (TB), poor dental hygiene, diabetes and high blood pressure (Stewart, 2007; Gore et al., 1995; Crofts et al., 1995). Tuberculosis does not appear to have been on the rise in Canadian prisons over the past decade, although across the country there are approximately 170 prisoners being treated for TB at any one time, and it is clear that TB continues to be communicated in the close quarters of the prisons. HIV/Aids and hepatitis are definitely on the rise in Canadian prisons. Furthermore, infectious diseases can quickly spread through an entire prison, even if early diagnosis results in a unit being quarantined. It is difficult (if not virtually impossible) to separate the population completely to the degree that no transmission of disease could possibly occur. That would also require keeping staff separated so as not to risk them being the agents of the transmission of disease from the section of the prison quarantined to the section not quarantined. Deciding which correctional staff would serve where would be highly problematic in itself, potentially creating a staff/management nightmare.

Mental health problems are, of course, of serious concern in prison environments. Psychiatric morbidity of inmates has been measured in several countries, including: Canada, Ireland, Holland, New Zealand, and others. All of these studies indicate high incidence of psychiatric problems, addictions and serious substance abuse, personality disorders, anxiety disorders, and depression (e.g. Gunn et al., 1991; Motiuk & Porporino, 1991; Brinded et al., 1999; Singleton et al., 1997; Bland et al., 1998; Smith et al., 1996; Kerkhof et al., 2003). However, as with physical health conditions, it can be difficult to determine the degree to which inmates studied developed their psychiatric problems while in prison or imported them.

What *is* clear is that suicide rates are much higher in prison than in the general population (Backett, 1987; Fazel et al., 2005; Blauw et al., 2000), The British Medical Journal (BMJ, 2003) reported on a study carried out in a medium security prison in England designed to explore factors of incarceration that contribute to poor mental health outcomes for prisoners. The article found suicide rates in institutions six times higher than in the general population. The research study concludes that the following factors, especially, can negatively affect prisoners' mental health:

Long periods of isolation with little mental stimulus. . . led to intense feelings of anger, frustration, and anxiety. Prisoners said they misused drugs to relieve the long hours of tedium. Most focus groups identified negative relationships between staff and prisoners as an important issue affecting stress levels of staff and prisoners. . . staff shortages also affected prisoners, [causing them to be] locked up for longer periods of time, the ensuing frustration would then be released on staff, aggravating the situation” (BMJ 2003: 327 & 480).

As the article indicates, being “locked up for longer periods of time” leads to frustration even if “locked up” in that context means confined to your cell or your range. It is another thing altogether to be “locked up” in segregation. Browne, Cambier and Agha (2011) aptly call segregation a “prison within a prison.” Significant concerns have been raised lately in Canada, (driven by two deaths of young people in segregation -- one of which was ruled a homicide due to the guards’ neglect and mistreatment of the young female inmate, Ashley Smith) regarding the use of what is euphemistically called ‘administrative segregation’ otherwise known, absent the ‘gloss’, as solitary confinement. In January 2018, Justice Peter Leask of the BC Supreme Court ruled that the practice of prolonged and indefinite solitary confinement in Canadian prisons is unconstitutional.”²⁸ According to Browne et al, the results of segregation may include new or exacerbated mental health disturbances, assaultive and other antisocial behaviors, and chronic and acute health disorders. In fact, studies show that prisoners who are released from segregation directly to the community reoffend at higher rates than general-population prisoners.

Sexual violence within prisons also speaks to the risks and resultant harms prisoners may face while incarcerated. Sasha Gear, (2001) in a paper presented to an AIDS conference in South Africa in 2001, highlighted one of the challenges in investigating sexual violence within prisons, and reported that many correctional administrations have displayed extreme reluctance to acknowledge that sex takes place inside their prisons. Yet sex and sexual violence are generally understood to be common practice behind prison walls. Although some sexual activity within correctional institutions may be

²⁸ CBC, news article, *Indefinite solitary confinement in Canadian prisons ruled unconstitutional by B.C. court*, January 17, 2018).

consensual, as Gear notes, much is either “sexual violence” or “sexual coercion.” She states that it is not always easy to differentiate between the two and concludes:

This problem of delineation of the boundaries between consensual and coercive sex constitutes one of the methodological shortcomings that has plagued studies on prison sex (Donaldson, 1993, 1991; Saum et al, 1995). Donaldson (1993), struck by the inadequacy of the tendency for writers to divide sex in prison into either 'voluntary' acts or coercive/sexual assault coined the term 'survival- driven' as an interim category (Gear, 2001: 5).

Gear concurs:

In addition, both violent or coercive and non-coercive sexual experiences in prison may impact on the ability of prison inmates to reintegrate into society once released from prison. Donaldson (1993) for instance, has suggested that one potential response to the experience of having been a victim of rape in prison, is an intensification of violence on the part of the victim when he is released from jail (2001: 2).

Gear’s assertion, above, that “...sex and sexual violence are generally understood to be common practice behind prison walls”, is troubling, but in some jurisdictions, the problem is truly rife.

Coerced ‘survival sex’ and prison rape are uncomfortable topics for most prison administrators, but they are a reality, none the less, with younger, newly admitted prisoners, particularly, at risk of being forced to be some more seasoned and powerful inmate’s ‘kid’. One of the most disturbing indictments to surface in recent years involves what has come to be known as “America’s most ‘open’ secret”. In a New York Times op ed., Bozelko (2015) cites a Bureau of Justice Statistics (BJS) report indicating that approximately “80,000 women and men a year are sexually abused in American correctional facilities...[with that number almost certain to be underreported] through shame or a victim’s fear of retaliation.” In an attempt to address this issue, President George W. Bush in 2003 signed into law the Prison Rape Elimination Act, making “funding for correctional facilities conditional on states adoption of zero-tolerance policies toward sexual abuse of inmates....But only two states have fully complied, with 47 more promising to do so” in time (Bozelko, 2015).

The American Civil Liberties Union (ACLU) estimates that while these 47 states procrastinated, nearly two million prisoners were sexually assaulted. Nevertheless, six Republican governors have refused to comply, Rick Perry (then Governor of Texas) among them, citing “unacceptable cost” of implementing the Act, and preferring to forfeit the 5 per cent of the federal funding that his decision will cost. Texas will still continue to receive \$15.2 million in federal grants, even while its inmates continue to be sexually assaulted. It appears that Republican Texas Senator John Cornyn is prepared to collude with all of this, proposing an amendment in congress to have the financial penalty provision for noncompliance “removed altogether.”

The US Justice Department estimates that the total bill to society for prison rape and sexual assault is \$51.9 billion per year including the costs of victims’ compensation and increased recidivism. If states refuse to implement the law when the fiscal benefit is so obvious, something larger is at stake. According to Allen Beck, senior statistical advisor at the Bureau of Justice Statistics, “institutional culture and facility leadership may be key factors in determining the level of victimization.” Rape persists, in other words, because it’s the cultural wallpaper of American correctional facilities. We preserve the abuse because we’re down with perps getting punished in the worst ways (Bozelko, 2015).

Apparently so: again, according to the BJS, about half of prison sexual assault complaints in 2011 were filed against staff.

Gang structures within prisons also play into sexual violence as well as other forms of prisoner on prisoner violence. Kathleen Harris (2018), in a Canadian Broadcasting Corporation (CBC) news feature, reported that over 10% of the total inmate population in Canada (so 2300 to 2500 individuals) is known to be gang-affiliated, “but the numbers don’t tell the full story.” “The ‘security threat group population’ [gangs] has become increasingly fluid, which has made the identification of groups, members, associates, and the compatibilities of each, increasingly difficult to identify definitively.”

Unfortunately, the incidents of inmate on inmate violence is increasing. CSC, on its website²⁹ acknowledges the following:

A recent cross-jurisdictional analysis of prison violence found that specific forms of violence were significantly higher in Canadian federal prisons than in other North American corrections jurisdictions. While the study concluded that rates of violence in Canadian prisons were high, the extent of the violence was difficult to determine. To date, the bulk of knowledge on violence in Canadian prisons comes from official (reported) data, but victimization research in the community has shown that official data greatly underestimate the actual extent of illegal activity (Prison Victimization and the Informal Rules of Social Control: 2015).

A study conducted by CSC, which consisted of a random sample of 117 prisoners, spanning three security levels in one region, who completed a Victimization Screening Questionnaire, revealed that of the 117 respondents, 55 (47%) reported a total of 107 separate victimization incidents during the 12-month period. Of these 55 victims, 32 (58%) reported one victimization and 23 (42%) reported more than one. This includes six inmates who reported four or more victimizations.

Sadly, the violence within prisons is not simply inmate on inmate violence. According to Specter (2006) most people assume that prisons are dangerous because they house violent convicts. In California, for example, the union representing prison guards emphasizes the danger by calling the job “the toughest beat in the state.” Yet, in the last twenty years only one California prison guard has been killed by a prisoner, but hundreds of prisoners have died from medical neglect, suicide, or guard brutality (2006: 125). After reviewing correctional facilities including Abu Ghraib, Pelican Bay State Prison in California, Rikers Island in New York City and the entire prison system of Texas, Specter concludes by saying:

the lessons of the last few decades of court intervention and academic research have demonstrated that the amount of violence in a prison is a function of its culture, the effectiveness of its management, and, at times,

²⁹ <http://www.csc-scc.gc.ca/research/forum/e043/e0431-eng.shtml>

the political reality that excuses the mistreatment of prisoners (Specter, 2006: 134).

Although the article cited above addresses the state of things in U.S. correctional systems, the results from Canada are equally unsettling. A narrative review by medical researchers Kouyoumdjian, Schuler, Matheson and Hwang (2016) entitled *Health status of prisoners in Canada*, reveals that a large number of persons die in custody each year: 536 persons died in federal custody between 2003 and 2013, and 327 died in provincial or territorial custody between 2001 and 2010. Mortality rates are higher for persons in custody than for the general population: in Ontario between 1990 and 1998, the crude mortality rate for men in federal facilities was 420.1 per 100 000 and in provincial facilities it was 211.5 per 100 000, compared with a rate of 187.5 per 100 000 in men with a similar age distribution in the general population. This is remarkable, as persons in custody are protected from many types of unintentional injuries, which are the leading cause of death in the general population for persons aged 25 to 44. Rates of suicide and homicide are particularly high compared with the general population, with suicide rates of 70 per 100 000 in federal custody and 43 per 100 000 in provincial custody compared with the overall Canadian rate of 10.2 per 100 000, and homicide rates of 22 per 100 000 in federal custody and 2.3 per 100 000 in provincial custody compared with the overall Canadian rate of 1.6 per 100 000. Expanding on the data above the authors (Kouyoumdjian et al., 2016) state:

The recent tragic and preventable deaths of young persons in federal custody have brought international attention to the high rates of suicide and self-injury in persons in custody in Canada. Most studies have found that more than 1 in 5 persons in custody have attempted suicide.

With a suicide rate 7 times higher than the general population, a homicide rate almost 14 times higher, and a crude mortality rate over twice as high it is clear that the effect of institutionalization on offenders has the potential to be catastrophic and life limiting. Those who *do* manage to transit the narrow straits of long-term imprisonment are frequently those who find within themselves and within relationships with staff, therapists, mentors, family members and caring others committed to their wellbeing

reason for hope in a meaningful future. The ability to maintain hope and hopefulness is one aspect of the “therapeutic alliance” discussed in a later section.

5. Offender trauma history

Ardino (2012: 1) in a meta-analysis entitled “Offending behaviors: the role of trauma and PTSD” compiles research evidence that points to the trauma history in the lives of offenders in which he provides a comprehensive review of the affects of trauma and PTSD on offenders. According to Ardino:

Research indicates an interlink between traumatic experiences and criminal behaviour (Ardino, 2011; Foy, Furrow & McManus 2011; Weeks & Widom, 1998, 1989) revealing that offenders present a higher prevalence of post-traumatic stress disorder (PTSD; APA, 1994) and associated symptoms when compared with the general population (Wright, Borrill, Teers & Cassidy, 2006).

Likewise, Graham and Taylor, in their treatment programs at Westmoreland Institution (Prison) in New Brunswick found that well over 90% of all sex offenders in their long-running violent sex offender and relapse prevention programs had themselves suffered significant trauma as childhood sexual abuse victims (Graham, 1996; Taylor, 1994). Burke (1998) in her “Take It Like A Man: The Silencing Of Men’s Experiences Of Sexual Abuse During Childhood”, decries what she sees as a troublesome “myopia among social service professionals” when it comes to recognizing the impact of these offences against male children, citing Bolton (1989) and Finkelhor (1984) in support of her assertion that “Social service professionals have been faulted for their recurrent failure to look for and recognize signs of childhood sexual trauma in males”. As further evidence, Burke (1998) citing Holmes and Offen (1996) describes a “recent survey of clinical psychologists, in which they were asked to hypothetically diagnose a case summary of an adult client where only the sex of the client was manipulated...[the findings] revealed that males were significantly less likely to be suspected of having been sexually abused.” For many offenders (as with many victims) their experience of trauma was not simply a onetime event but rather represents an accretion, a layering of traumatic experience caused by long term exposure to repeated incidents of violence and

abuse, experience of the sort that caused Judith Lewis Herman (1992) to propose a new diagnosis for such trauma, “Complex PTSD” or “DESNOS (Disorders of Extreme Stress Not Otherwise Specified)” since it simply was not sufficiently accounted for by the diagnostic instruments of the day. Herman (1992: 377), elaborated:

The current diagnostic formulation of PTSD derives primarily from observations of survivors of relatively circumscribed traumatic events. This formulation fails to capture the protean sequelae of prolonged, repeated trauma. In contrast to a single traumatic event, prolonged, repeated trauma can occur only where the victim is in a state of captivity, under the control of the perpetrator. The psychological impact of subordination to coercive control has many common features, whether it occurs within the public sphere of politics or within the private sphere of sexual and domestic relations.

The *connection* between an experience of Complex PTSD or DESNOS and later violent acting out on the part of that trauma survivor is traced in a number of the studies in Ardino’s (2012: 1) metanalysis:

Chronic and prolonged exposure to violence may evolve into a dysfunctional routine perpetrated in both family and community contexts creating “a link between experiences of violence as victims and later experiences of violence as a perpetrator” (Garbarino, 2002) through which trauma consistently appears to be the connecting factor for multifaceted expressions of violence—endured or perpetrated (Ardino, 2011). A considerable body of literature has documented the relationship between trauma/child abuse and subsequent aggressive and criminal acts (Widom & Maxfield, 2001; Smith, Ireland & Thornberry, 2005; Showyra & Coccozza, 2006). Child abuse and neglect, poverty, sexual molestation, and witnessing violence are, among others, the most common risk factors for post-traumatic reactions, aggression, and antisocial behaviour (Dong et al., 2004; Finkelhor, 2008; Hussey, Chang, & Kotch, 2006; Dziuba-Leatherman & Finkelhor, 1994).

What is also of significant interest in Ardino’s review of the literature is the finding that offenders who have a history of both PTSD and substance use disorder are much more likely to continue to reoffend following incarceration:

A few studies have also investigated PTSD rates in co-morbidity with substance abuse demonstrating that incarcerated men with substance misuse problems and PTSD are more likely to have higher recidivism rates than those with only substance abuse disorders; and incarcerated women with both disorders are more likely to relapse than are those with only SUD (Kubiak, 2004). Thus, incarcerated individuals with co-morbid PTSD and SUD are at higher risk for remaining entrenched in the criminal justice system (Ouimette, Finney & Moos, 1999).

Kouyoumdjian, Schuler, Matheson and Hwang (2016: 215) state:

Most persons in custody have experienced substantial adverse events in childhood, such as witnessing family violence, having one or more parents absent, or being involved with the child welfare system. At least half report a history of childhood physical, sexual, or emotional abuse. About 15% to 20% of aboriginal persons in federal facilities have attended residential schools [about which experience documentation following the Canadian Truth and Reconciliation Commission continues to be collected, describing in a high percentage of cases, abuses over long duration of just the sort defined as DESNOS] (parenthesis added).

Felitti (2002: 44) in his rather ominously titled article, *The relationship between Adverse Childhood Experiences and adult health: turning gold into lead.*, describes the ACE study thus:

The Adverse Childhood Experiences (ACE) Study is a major research study that compares current adult health status to childhood experiences decades earlier. With the cooperation of 17,421 adult Health Plan members and with the ongoing collaboration of Dr Robert Anda at the Centers for Disease Control and Prevention (CDC), the study is being carried out in the Department of Preventive Medicine at Kaiser Permanente (KP) San Diego-where for many years we conducted detailed biomedical, psychological, and social (biopsychosocial) evaluations of more than 50,000 adult Kaiser Foundation Health Plan members per year.

The findings, Felitti continues:

...are important.... The ACE Study reveals a powerful relation between our emotional experiences as children and our adult emotional health, physical health, and major causes of mortality in the United States. Moreover, the

time factors in the study make it clear that time does not heal some of the adverse experiences we found so common in the childhoods of a large population of middle-aged, middle-class Americans. One doesn't "just get over" some things. . . . The question to ask is: How will these childhood experiences play out decades later. . . ? How does one perform reverse alchemy, going from a normal newborn with almost unlimited potential to a diseased, depressed adult? How does one turn gold into lead? (2002: 44-45).

At least a score of other scholarly retrospective and prospective research articles examine a number of significant associations between ACE and adult disease, co-morbidity, suicide and premature death. For the article quoted here, Felitti presents data illustrating the "graded, dose-response effect" relationships between ACE scores and three health related associations: the probability of current smoking, suicide and intravenous drug use.

With Intravenous drug use, the relationships were telling:

We found that IV drug use may properly be viewed as a personal solution to problems that are well concealed by social niceties and convention. For example, a male child with an ACE score of 6 has a 4600% increase in the likelihood of later using intravenous drugs. This relation to adverse childhood experiences is powerful and is graded at every step; it provides a perfect dose-response curve; and epidemiologically, these outcomes are nearly unique in magnitude. Because no one shoots heroin to get endocarditis or AIDS, might heroin then be used for relief of profound anguish dating back to childhood experiences? Might it be the best coping device a person can find? If so, is this phenomenon a public health problem or a personal solution? How often are public health problems personal solutions? Is drug abuse self-destructive, or is it a desperate attempt at self-healing, albeit at a significant future risk? This point is important because primary prevention is far more difficult than anticipated--possibly because incomplete understanding of the benefits of so-called health risk behaviors causes these behaviors to be viewed as irrational acts that have only negative consequences. Does this incomplete view of drug abuse leave us mouthing cautionary platitudes instead of understanding the cause of our intractable public health problems? (2002: 46, emphasis added).

While the relationships between ACE and adult health and wellbeing are at least as likely to be found in prisons as in Felitti and Anda's study settings, there are troublesome associations far more likely to be found there. An ACE study entitled *Violent Childhood Experiences and the Risk of Intimate Partner Violence in Adults*, explored the effects on 8,629 participants of childhood physical and/or sexual abuse and growing up with a battered mother. It found that exposure to any one of these three forms of violence in childhood increased the risk of either being victimized or becoming a perpetrator of IVP by approximately two-fold. For men and women who had experienced all three of those forms of violence as children, "the risk of victimization and perpetration was increased 3.5-fold for women and 3.8-fold for men" (Whitfield, Anda & Dube, 2003).

What Felitti and Anda found, once they began to ask questions of the 57,000 persons per year who pass through the doors of their preventive health centres concerning childhood sexual abuse was "that 22% of our Health Plan members were sexually abused as children." That finding astonished them, especially given the demographics of those they were seeing in these centres: predominantly white, men and women, well educated, fully employed, and with relatively high Socio-Economic Status. And their findings led to asking additional questions, like:

How does that (child sexual abuse) affect a person later in life? What does it mean that early sexual abuse is never spoken of? We find it useful routinely to ask all patients acknowledging this experience, "How did that affect you later in life?" (Felitti, 2002: 47).

The ACE Study findings cannot simply be superimposed on the current study's sample of VOMP prisoner participants, and certainly not with anything like the statistical significance they found, given their sheer sample size. But it is now impossible and would be foolish in the extreme to ignore that substantial body of research. Investigating how childhood trauma manifests in the lives of the adult offenders in the current study sample will be one of our concerns. But, as Felitti and Anda found, and as with much in criminological and victimological research, raising one question can quickly invoke the need to raise another: as the above studies demonstrate, there is substantial evidence that speaks to the offenders' pre-incarceration experience of trauma and its often-related

outcome, PTSD. But what about the experience of offenders once they've 'done their time'? Having survived their prison experience, how do these men and women fare once they 'hit the street', given all that might have mitigated against their healing and well-being, their ability to capitalize on what gains they have been able to make and, nevertheless, find 'traction' for desistance? To find their way out of the morass of risks and needs into good lives, for their duration.

6. Desistance

The expectation of prisons and the punishment they represent is that they function as deterrents (generally) and specifically deter individuals from committing crime as well as influencing them to desist from further criminality upon release. Scholars working on desistance theory are changing the very nature of the questions commonly asked in criminology from "Why do people commit crime?" to "Why do people cease to commit crime"? Why do some offenders persist in their criminal behavior while others determine (however they do) to be offenders no longer, to desist from further criminality, and to succeed at that?

6.1 Some varying views on desistance

Some of these scholars have begun to further parse desistance using a 'process overview', suggesting that distinguishing between 'primary' and 'secondary desistance' might yield information regarding how long term desisters form narratives for themselves, supported by relevant others in their social environments, which enable them to desist permanently. In this formulation, 'primary' desistance' would be marked by "any lull or gap in offending" and 'secondary' would be "the adoption of a non-criminal identity that sustains desistance over the long term" (Maruna, LeBel, Mitchell & Naples, 2004). Beyond seeing desistance, along the lines of this same 'process' view, i.e., as having two stages, two researchers (Loeber & Le Blanc, 1990) suggest that desistance might involve - not two dimensions - but four before 'termination': 1) lambda declines, 2) offenders specialize, 3) engaging in more offenses but offenses of a more minor nature, 4) offending ends, having reached a point of culmination.

Despite best efforts to define and measure desistance, Laub and Sampson (2001) argue that few studies in their extensive review of the literature offered an operational definition (see also Maruna, 2001 and Piquero et al., 2003). In order to arrive at a consensus decision, Kazemian (2007) suggests that it would seem to be imperative to agree upon answers to questions such as these:

“Can desistance occur after one act of crime?” (Laub & Sampson, 2001: 6).

“Is the desistance process characterized by a reduction in offending frequency or [in] seriousness of crime?” (Bushway, Piquero, Broidy, Cauffman, & Mazerolle, 2001).

“How many years of nonoffending are required to establish with certainty that desistance has occurred?” (Bushway et al., 2001; Laub & Sampson, 2001, 2003; Maruna, 2001; Piquero et al., 2003)?

Kazemian’s (2007) article contains a table listing no less than fourteen distinct definitions by various authorities, ranging from absence of arrest (“follow-up to age 70”) (Laub & Sampson, 2003) to “nonoffending throughout a period of less than a year” (Loeber, Stouthamer-Loeber, Van Kammen, & Farrington (1991). Also methodologies were widely disparate, as well, ranging from “officially recorded offenses or probation violations throughout a two year period” (Kruttschnitt, Uggen & Shelton, 2000) to self-reports: “individuals who reported having committed criminal offenses in the past but who did not report any criminal income in 1979” (Pezzin, 1995), and self-reports of “individuals who did not report having committed any offenses in the past year” (Warr, 1998; Kazemian, 2007: 9).

According to Maruna (2001), the definition of desistance needs to emphasize maintenance rather than termination, but Meisenhelder (1977: 319) goes further, defining desistance as the *exiting* of a former offender from a criminal life path, the “successful disengagement from a previously developed, and subjectively recognized, pattern of criminal behavior.” Bushway et al. (2001: 500) suggest that in order to meet the threshold for a definition of desistance, “maintenance”, needs to involve a “. . . process of reduction in the rate of offending (understood conceptually as an estimate of criminality) from a nonzero level to a stable rate empirically indistinguishable from

zero.” Which sounds a lot as though desisters’ reoffending rates need to become indistinguishable from those of nonoffenders. Because criminal events often are dependent on circumstantial factors and chance, the authors further argued that the desistance process should focus on changes occurring in the *propensity to offend* (i.e., criminality) *rather than on changes in crime* (Kazemian, 2007: 9).

Porporino (2010: 80) writes, “The desistance paradigm suggests that we might be better off if we allowed offenders to guide us instead, listened to what they think might be best for their individual struggles out of crime, rather than continue to insist that our solutions are their salvation.” That seems to be part of the enlightened thinking that what is required for offenders to become long-term desisters, involves two fundamental things: 1) their own agency; 2) social supports.

6.2 The role of therapeutic alliance

In a study involving successful desisters who had participated in restorative conferencing encounters with their victims under the auspices of the Youth Justice Agency in Northern Ireland, Marsh and Maruna (2016) found that a key element in successful desistance for their respondents was attributed to the “therapeutic alliance” (Cf. Horvath & Laborsky, 1993), “forged with the Youth Justice Agency staff”, suggesting that establishing “strong pro-social relationships” with caring others contributes to an alliance between that former offender and the staff person/relevant care giver, in which they together ‘co-produce desistance’ (Weaver, cited in Marsh & Maruna: 385). The evidence strongly supports the notion that desistance is sustained, as Giordano, Cernkovic and Rudolph, (2002) suggest, by a ‘cognitive transformation’ which the former offender undergoes, in which they are begin to see a new view of themselves shaped in large part by others who have come to believe in them and their potential to ‘make good’ (Maruna, 2001).

Marsh and Maruna (2016: 369) contend that “conferences which had the longest lasting impact [in terms of desistance] were those in which the individual was confronted by a direct victim of personal violence.”

The current study set out, in part, to determine whether that bold statement is, in fact, the case: whether confronting or “Encountering ‘The Other’” when the other is a direct victim of one’s own personal violence, produces the longest lasting impact. In this case, however, the study investigates that question not, as in the usual study with youth offenders referred to diversionary programs or even “as part of a sentence handed down by a court” (the two sources for respondents in the Marsh & Maruna study cited) but with adult offenders sentenced to lengthy terms of incarceration in Canadian prisons for very serious crimes of violence. In short, asking, “What might the outcome be if “the ‘cognitive transformation’ which the former offender undergoes, in which they begin to see a new view of themselves. . . “ (Maruna 2001) is shaped not by just ANY ordinary “others who have come to believe in them and their potential to ‘make good’”, *but the very victims of their violence?* Might that, if it produced a long-lasting impact, be part of the connective tissue between RJ and desistance? Could the outcome, if it proved healing for the victim, be seen as accomplishing what scholars such as Robinson and Shapland (2008) argue convincingly that RJ should have as its primary purpose: the support of victims (Maruna, 2016: 290)? And might it, if it actually also proved effective in reducing rates of subsequent recidivism, rather than being seen as “... a secondary consideration at best” be seen as also serving victims who have recidivism as *their* primary consideration (and who therefore frequently make this request of their former violent offenders): “Can you promise me that no one else will ever suffer at your hands?”

Maruna (2016: 290) picks up this theme in his editorial in an issue of *Restorative Justice: An International Journal*, entitled ‘Desistance and Restorative Justice: it’s now or never.’ Here he asserts that “in the criminological imagination, restorative justice and desistance are often seen as birds of the same feather.” At the very least, Maruna argues, “there are five, primary areas of overlap between the two bodies of work that have created the synergies we see. . . .

First, both topics subtly but powerfully challenge the traditional individualistic ‘lens’ of criminal justice and what Hagan (2012) calls the ‘Age of Reagan’ criminology that has dominated the field at least since the 1980s. Second, both perspectives challenge the ‘top down’ approach of traditional offender rehabilitation and instead locate the agency behind

change in communities, social networks and within the individual him or herself rather than in the work of professional ‘treatment’. Third, both bodies of research assign a central role to the power of narrative and self-identity (and to a lesser degree the rituals that sustain them). Fourth, both share an interest in what might be called ‘making good’ (cf. Wright, 1982; Maruna, 2001) or the benefits that come from helping others (as opposed to receiving help passively). Finally, both bodies of research are fundamentally premised on a belief in redeemability or the idea that human beings are not of fixed moral character and even the worst behaved among us have something positive to offer society (Maruna, 2016: 290).

The last of these commonalities, Maruna asserts, is both “the most important of them but also the most radical,” concluding with the challenge that:

the two areas of study have now had nearly three decades of development, and can no longer sustain the excitement inherent in being ‘new’ and ‘different’. They have come of age. As such, I argue that the time is now for both restorative justice and desistance theory to live up to their promise (some would say ‘hype’). If they are not up to the task of challenging mainstream criminal justice, they should step aside and make room for the next ‘big thing’. It is badly needed (Maruna, 2016: 290).

7. Apology and forgiveness

Apology and forgiveness, though neither are stated goals of VOMP, come up frequently as elements of the victim offender face-to-face meetings. When these surface, as needs of the participants, that is honoured, and time and space provided for them to be expressed and thoroughly explored. Some of the research which has been instructive for how these matters are dealt with within the program are touched on here. A brief scan of issues deemed most relevant by other commentators in situations where harms have been perpetrated and apology sought will be instructive in answering the question, “Just what are the elements deemed crucial to the making and receiving of a truly meaningful apology?” It appears that there are clear commonalities, whether the apology is attempted in an interpersonal sphere, a political sphere or as part of a victim-offender dialogue process in the heart of a prison.

7.1 Apology

As Schneider (2000: 265) asserts, “The act of apology represents one of the core reparative opportunities in damaged relations. But it’s not easy.” While apology may represent a tremendous opportunity, making apology in ways that are genuine, meaningful and seen to be so both by the injured party and by other witnesses, can be more complex than it first appears. It can be difficult for the harm-doer to seize the opportunity or to assess when the time to offer the apology is right or most auspicious. It can be difficult to avoid the all too common pitfalls that render apologies useless or, worse, make them new occasions of injury and insult. It can prove difficult to find an appropriate forum in which to attempt to convey an apology, no matter how heartfelt, or sincere.

So what is an apology, and what constitutes a meaningful one? Again, Schneider (2000: 265) is helpful. He gives us two examples, and asks us to compare them:

Rev. John Plummer was a pilot in Vietnam who called for an air strike on the village of Trang Bang. Twice, before acting, he was assured there were no civilians in the area. Later, he saw the Pulitzer prize-winning photo of nine-year-old Phan Thi Kim Phuc running from Trang Bang naked and horribly burned by napalm, and was tortured by “the realization that it was I who was responsible for her injuries.”

Years of torment ensued as he silently endured his guilt, finding no way to express his remorse. Then he saw a story that the girl was living in Toronto and would attend a Veterans Day observance at the Vietnam Veterans Memorial in Washington. He felt compelled to see her. Upon hearing what had happened to her family, he broke down saying over and over again: “I’m sorry....I’m so sorry.... I’m sorry” (Purdue, 1997: 2).

President Richard Nixon in his resignation speech said, “I regret deeply any injuries that may have been done in the course of events that have led to this decision. I would say only that if some of my judgments were wrong, and some were wrong, they were made in what I believed at the time to be in the best interest of the nation.”

Do each of the above examples represent an apology? Why? Why not? Is one more effective than the other? How can we tell? Just what exactly is an apology? What is an apology?

According to the Oxford English Dictionary (OED) “apology” (from the Greek *apologia* [απολογία], *originally meant a defence, a justification, or an excuse*. Plato’s *Apologia*, for example, is Socrates’ defense speech, the one he unsuccessfully offered at his trial in hopes of acquittal. The word *Apologists* is often used to describe those who hold certain beliefs, positions or views and write or speak in defence of them.³⁰

In modern usage “apology” has evolved to convey a quite different sense. In fact, the modern definition is almost antithetical to the earlier ones, particularly in regards to the element of offering a defence. The modern definition is: “to acknowledge and express regret for a fault *without* defence” (OED, emphasis mine). The modern definition also encapsulates what are often seen to be the core elements of apology: “a) acknowledgment, b) affect, and c) vulnerability” (Schneider, 2000: 266).

a) Acknowledgment

Acknowledgment has at least these components: acknowledgement that one’s behaviour, actions, words (or negligence where there was failure in fiduciary responsibility or duty of care) have created harm for another; and genuine responsibility taking for the harm suffered. This suggests that the perpetrator of the harm has *listened* to and understood the story of the offended person, has *acknowledged the hurt* the offended feels, and has *acknowledged and accepted his or her own responsibility* for causing harms that qualify as genuine injury. Tavuchis (1991: 13) names such injury “an act that cannot be undone, but cannot go unnoticed.”

³⁰ The Concise Oxford Dictionary of the Christian Church (2014) under the listing for “Apologists” offers this: “The name given to the Christian writers who (c. 120–220) first undertook the task of making a reasoned defence and recommendation of their faith to outsiders. They include Aristides, Justin Martyr, Athenagoras, Tatian , Theophilus, and Tertullian. They had to contend with both pagan philosophy and the general outlook which it influenced and specifically Jewish objections. Their method was to present Christianity as politically harmless and morally and culturally superior to [paganism].”

b) Affect

This section draws on the work of Donald Nathanson, who has made the study of affect a large part of his life's work, publishing widely on the topic and making accessible the monumental data and affect system schema of his predecessor, Silvan S. Tomkins. Nathanson's work helps account for much in attempting to unravel the complex behaviours in evidence in criminality, in trauma and recovery, and in the dynamics witnessed in facilitating victim offender dialogue. In his landmark book, *Shame and Pride: Affect, Sex and the Birth of the Self* (1992: 49) Nathanson uses the word "*affect*" to describe the strictly biological portion of emotion." He further elaborates there:

Affect is the root of such words as affection, our warm-toned feelings for those people who are particularly special in our lives. When we have been affected by something we have experienced an emotion because of it; when disaffected we are indifferent and have little emotional involvement.

When we say that an affect has been triggered, we mean expressly that some definable stimulus has activated a mechanism which then releases a known pattern of biological events. Each of the innate affects unfolds according to its own precisely written program. Each one lasts a strictly determined period of time, ranging from a few hundredths of a second to a couple of seconds.

If an offending party is to truly evidence taking of responsibility for harm caused another they must be visibly *affected* by what s/he has done. There will need to be congruence between the affect they demonstrate and the words they use to convey that they are *troubled* by the impacts of their behaviours on those they have harmed. Nathanson and others in describing this experience name such a sense as "shame" or "regret". Whatever that quintessential element is, Schneider (2000: 266) insists:

The feeling has to be there! Nothing more offended commentators about President Clinton's "apology" than its lack of felt regret. As Mary McGrory (1998: A3) said about Americans listening to it, "Lying and adultery they could handle, but not being sorry, especially after you're caught and cornered, is unacceptable."

c) *Vulnerability*

To be effective, an apology must be offered from a position of vulnerability, *without defence* (Schneider, 2000: 266). The offender renders him/herself vulnerable, knowing that forgiveness may be withheld, or their apology rejected. Even though the apology may contain all of the requisite elements, the one(s) offended may feel that the offence is simply “unforgivable.”

Martha Minow (1998: 116) notes that “Albert Speer, the only Nazi leader at Nuremberg to admit his guilt, also wrote, ‘No apologies are possible.’” While such an acknowledgement by an offender may seem to be an expression of remorse and a genuine acknowledgement of the enormity of his/her offence it can, unfortunately, short-circuit an important interaction, depriving the victim of the value of hearing apology at least attempted.

Canadian recording artist Shari Ulrich describes one more level of this dynamic. In court to witness the sentencing of the young man who had assaulted and raped her while jogging in the woods one day, she heard the young man say, as he stood to be sentenced, that he would like to be able to offer an apology to the victim. Ms. Ulrich acknowledges that the judge’s response may have been a well-intentioned attempt to keep the accused from surveying the gallery to identify her, but she was astonished to hear the judge stop him, saying “I fail to see how that could have value for the victim.” Ms. Ulrich says:

I wanted to cry out in the courtroom, “No, let him apologize!” I was disappointed that my perpetrator was not allowed to express his apology in court. *In fact, it wasn’t for me - it was for him. I was keenly aware of the missed opportunity for his healing - for his redemption and rehabilitation...*most victims would feel the need for an apology, but I was pretty clear, even while the assault was happening - that this was a scared screwed up kid (he was 16) and in fact did not feel anger and animosity towards him. I just wanted him to get help and not create more victims.

I remember that moment in court so well, feeling so disappointed that it was a potential turning point for that young man, squandered by a short sighted justice system. I worried that the denial of his request - and the shutting

down of the vulnerability he was showing - would have the opposite effect. That moment is really what made me interested in restorative justice....

I felt like he was the true victim – of whatever damage made him feel the need to do that to another human. Whereas I felt fortunate to have the ability to survive it by the psychological upper hand I had at the time, and the experience ultimately made me a stronger person.

I do, in my heart of hearts - feel that someday we might be able to sit down face-to-face and he will get that opportunity to apologize (personal correspondence, February 2017, on file).

In facilitating VOMP cases, where there have usually been grievous harms such as those experienced by Ms. Ulrich, the three elements listed by Schneider—alone—may not be enough: not for the offender trying to make the apology, nor for the victim trying to receive it. To these three elements, almost always, are added others. One is the discussion of amends. Because amends are difficult or impossible in most of these circumstances (how does one restore the life of a murder or other homicide victim, restore the sexual integrity of a rape victim or the years lost to shame and trauma in a prolonged sexual abuse case, for example?), the discussion often turns from practical amends such as restitution to exploration of symbolic amends that might have meaning for the participants. While in some of our cases significant financial restitution has been negotiated and paid, most offenders have no means to repair such losses, even where these are clear and quantifiable. They do, however, come to understand through their interaction with their victims, the importance of other amends which would have meaning to those they have harmed.

In criminal cases involving serious violent offences there are additional complexities, over and above what is listed above, that add to the challenge faced by offenders in offering a heartfelt apology. Imagine the difficulties facing a prisoner who might be motivated to make the attempt to apologize to a victim (or even more difficult, to the entire circle of those he or she may have harmed in the commission of a serious offence). It can be difficult to even begin to conceive of how one might make any useful form of restitution in such a situation or attempt to offer any kind of amend that might have meaning for one's victim(s). The greater the offence or atrocity, the more difficult

making meaningful apology becomes. The impediments to any such initiative are almost legion. Just a few are included here:

- The nature of the adversarial battle. Most defense counsel would likely not suggest to their clients that they make apologies to their victims prior to conviction. The sworn task and responsibility of defense counsel is to defend the accused against the powers of the state to do them enormous harm if convicted, beginning - in Common Law countries - from the presumption of innocence. In trying to win acquittal for the accused, defense might even employ strategies that include vigorous cross-examination attempting to discredit the victim/witness and the truthfulness of their testimony - not an auspicious time to have their clients, the accused, 'join the other side' by apologizing and thereby underscoring the *veracity* of the victim/witness's account. However, the same counsel often *do* suggest that their clients - once convicted - address the court (and sometimes, when the court allows it, the victims) to make apology at time of sentencing. Unfortunately, many victims see that as being a bit too utilitarian for their liking - a bald attempt to mitigate sentencing by appearing remorseful when a genuine apology would have more likely found expression in early responsibility taking, expression of remorse and an early guilty plea. For most victims, apologies that come at time of sentencing, especially following lengthy trials or appeals processes, fall into the category of "too little, too late" at best, and as horrendous, further victimizing affronts, at worst.
- Especially in civil cases, or criminal cases in which it is likely that a civil case may follow, the fear of litigation looms - the concern that apology and litigation are 'attached at the lip', although this is changing (largely as a result of the medical profession), liability insurers and some corporations discovering the truth, asserted above, that responsibility taking can go a long way to redressing injury (Sack, 2008). Sadly, this development may also usher in a new cynicism about whether such apologies are genuinely about taking responsibility (for malpractice, or for errors and omissions, for example) or about the hope of saving a little cash in the long run (Sack, 2008).

- Corrections, criminal justice and paroling officials who forbid the making of any such contact, unaware that mechanisms such as VOMP *do* exist - at least in Canada and many other jurisdictions they now do - to test legalities, motivations, desire for communication on the part of all impacted parties, and to arrange legal amendments to the original no-contact orders.
- “No contact” orders forbidding the offender to make “direct or indirect contact with the victim or any member of the victim’s family.” This issue has been discussed previously but it is raised again here within the context of apology and forgiveness since such orders – no matter how important or sought after they may be to the victims and offenders involved - so frequently prevent those communications from taking place.

Despite these types of barriers, the desire expressed by victims for meaningful apology is so common as to almost ubiquitous, and the desire on the part of offenders who are motivated to take responsibility and meet their victims at the point of their need, including that specific need - to hear from them a meaningful apology - can be profound, as well. There need to be ways for these healing exchanges to take place, and a counter provided to any legal or policy notion that insists that such communications must be precluded. There are ways to ensure purity of intent, and to insure against the likelihood of further harm occurring. To axiomatically preclude such exchanges between victims and offenders will ensure that opportunities for offenders to offer apology from a place of vulnerability, and opportunities for victims to ‘hear the words’ will be missed, not because good will is lacking, but because those opportunities were “*squandered by a short sighted justice system*” (Ulrich, 2017).

7.2 Forgiveness

Apology and forgiveness are very often ‘twinned’, hence their placement here. Though often ‘twinned’, one does not necessarily posit the other. Defining working terms is usually a productive exercise. A definition for forgiveness published by the APA (2006) reads:

Forgiveness is the intentional and voluntary process by which a victim undergoes a change in feelings and attitude regarding an offense, lets go of negative emotions such as vengefulness, with an increased ability to wish the offender well. Forgiveness is different from condoning (failing to see the action as wrong and in need of forgiveness), excusing (not holding the offender as responsible for the action), forgetting (removing awareness of the offense from consciousness), pardoning (granted for an acknowledged offense by a representative of society, such as a judge), and reconciliation (restoration of a relationship).

As Schneider (2000: 265) opined about the difficulty in offering an apology (above) and the even greater difficulty in offering a truly meaningful one: "...it's not easy", the same could be said about *offering* forgiveness, on the one hand, and for some, (certainly for some offenders who can't forgive themselves for what they have done) perhaps even in *receiving* it, on the other. It's complicated.

The following section will differ somewhat from other material in this dissertation, in that its treatment will be slightly more colloquial. Part of the reason that the matter of forgiveness is as complicated as it is, is that people approach it, view it, think about it, agonize about it for a multiplicity of reasons, based in large part upon personal mores and the expectations of their cultures, societies, religions, families, and a veritable barrage of messages received through pop culture. The topic is approached, here, with consideration of how victims and offenders often describe trying to find a way forward through the morass of those often conflicting messages and how they come to determine a course of action through wrestling with them, as either the giver or the recipient. Victims, in particular, have usually done a fair amount of thinking, philosophically, about the matter of forgiveness as they approach the scheduled face-to-face encounters with their offenders. Oftentimes, they approach the issue very theologically, from their quite different faith perspectives. Most of the victim participants in this study (and most of the prisoners, for that matter) in the region of the country where this research took place--if they identify with a faith community in any measure-- identify with one (or more) of these: Buddhism, Judaism, traditional Aboriginal spirituality, Sikhism, Hinduism, Daoism, Baha'i, or Christianity. Adherents from across that spectrum might have quite different understandings regarding how they 'ought' to act based on what

they have been taught as children, in their families of origin, their communities or discovered in their own struggle between the need to be avenged for injuries suffered or to be merciful and forgive. Exploring all of that would be fascinating, but, in that it would take a human life-time to even begin that task, it remains beyond the scope of this project.

Beyond messages received as part of one's up-bringing, modern print and electronic media is replete with self-help books, courses, blogs and pod-casts; in short, counsel on all sides regarding how to understand forgiveness, some of it quite doctrinaire and some of it simply ill-conceived and superficial. Restorative justice program participants planning to come face-to-face with their offenders also may have to come face-to-face with considerable controversy (perhaps even an inner skirmish between conflicting views and values) concerning the whole matter of forgiveness.

Louis B. Smedes was a highly respected professor at Fuller Theological Seminary in the US. While Smedes may not be all that well known as an academic scholar he is certainly widely known and read internationally for a series of more popular books. In his best-selling *The Art of Forgiving* (1996: xii & xiii). Smedes writes:

Forgiving when you come down to it, is an art, a practical art, maybe the most neglected of all the healing arts. It is the art of healing inner wounds inflicted by other peoples' wrongs. To do the healing well we need to know: what makes it work, why we do it, what to forgive and what not to forgive, how to know when the time is ripe, whether to resume a relationship after forgiving, whether to tell a person we forgive that we've done it, how to know that we've actually done it, and, above all, how to do it right..

Somewhere between the APA definition (which names in academic language a good deal of the specific matters to be sorted out) and Smedes' notions of discerning when, if, and how to get it right, participants in RJ usually find a path and pursue it. For some, the journey to forgiveness is simply not this cerebral. It can be a slowly percolating *process*, incubating over time (Burggraeve, 2018; Monbourquette, 2000) or happen in a moment in response to what they deem to be genuine apology on the part of an offender which has about it all (or most) of the elements described in the apology section, above.

But it is a rare individual (we'll stay with the parties who've suffered the harm, here) who doesn't 'second guess' that moment. For some that takes the form of wrestling with themselves over whether they were *too* forgiving, or were failing in some regard by not being able to forgive completely, unconditionally, and without any connection, necessarily to having received an apology. Some may question whether they were duped into forgiving, others whether to forgive was a sign of strength or of weakness. Most victims have significant concerns about how their willingness to grant forgiveness to an offender might be viewed by others, especially their intimate partners, siblings and others of their social sets, each of whom likely have very strong opinions on the matter. The matter of how victims discern these things will certainly be reflected in the findings, as we shall see.

7.3 Motives

There can be marked differences in the motives for forgiving. Some people, without necessarily 'twinning' forgiveness and apology, determine somewhere along the road to their own healing and attempts to resolve their criminal injuries, to forgive the other, without expectation of apology or behavioural change, along the lines of Sara Paddison's (1992) 'counsel':

Sincere forgiveness isn't colored with expectations that the other person apologize or change. Don't worry whether or not they finally understand you. Love them and release them. Life feeds back truth to people in its own way and time.³¹

Forgiving in this fashion can still, however, have two motivations: 1) to free oneself from the need to carry pain or resentment any longer, to 'let it go' as in the Italian Psychiatrist Robert Assagioli's (n.d.) oft quoted insight: "*Without forgiveness life is governed by... an endless cycle of resentment and retaliation*" or 2) with at least some hope that showing mercy in this way will have a transforming effect on the offender, who in the light of having received mercy, will thenceforth live and act mercifully. Popular aphorisms play a role in all of this, too, despite one's more formal education,

³¹ From her *Hidden Power of the Heart: Discovering an Unlimited Source of Intelligence*. https://www.goodreads.com/author/quotes/275836.sara_paddison.

catechization or socialization in these matters. Most people, for example, and certainly most victims of serious criminal offences would resist the notion that they must “Forgive and forget”. Yet there are scores of aphorisms suggesting that that is the good and noble thing to do, and a good deal of ‘common sense’ belief that to forgive is the path to physical, mental and spiritual health, inner peace and long life. Those correlations may, indeed, exist, there is a good deal of scholarly evidence to suggest them (and evidence for them can be found in a good deal of ‘fridge magnet magic’), but direct causality is a long way from being firmly established.

Yet some of these aphorisms (and, forgive me, fridge magnets) have about them a certain modicum of wisdom. Most people, having as the APA definition describes it “let go of negative emotions such as vengefulness” and thereby found “an increased ability to wish the offender well” could probably affirm the notions (respectively attributed to Paul Boese), that “*Forgiveness does not change the past, but it does enlarge the future*” (and to Sydney Harris) “*There's no point in burying a hatchet if you're going to put up a marker on the site.*”

In a slightly more serious vein, many also recognize that forgiveness comes at a cost, and would concur with the journalist, author and philosopher Mignon McLaughlin, who sagely suggests that to forgive too easily is not likely to have the effects desired, especially if the effect desired is that the offering of forgiveness and mercy might issue in the transformation of the offender: “*True remorse is never just a regret over consequence; it is a regret over motive....What we forgive too freely doesn't stay forgiven.*”³²

Some victims in RJ processes are motivated to forgive, but take McLaughlin’s counsel seriously. In one VOMP case a carpenter had had his hands smashed with a heavy club hammer by an offender who had been duped into believing that the carpenter was holding the proceeds of a robbery spree he and a cousin had committed. The offender went with two co-accused to collect and, believing that the carpenter was lying when he claimed no knowledge of that money, smashed his hands in an attempt to get him to

³² https://en.wikiquote.org/wiki/Mignon_McLaughlin

produce it. Years later the two met, through a prison RJ process. The young man, who now knew the truth about his cousin's lies and betrayal, had apologized and promised amends that had meaning to the carpenter. Quite emotionally, the carpenter said:

You can't possibly know about all that I have had to go through to save my hands, my skills, my business, my home. But I am grateful for this meeting; your apology has meaning for me. I want you to leave this meeting with a gift and a promise: the gift is that I forgive you, here and now, for half of the pain you brought into my life that night.

He reached across the table and took the younger man's hand in his now disfigured one, and continued:

And the promise is this: if you manage to stay out of trouble for five years from the time of your release, on that anniversary I will take you to a fine restaurant, buy you dinner, and offer you the other half of my forgiveness (case notes, on file).

In well managed RJ processes victims should never feel as though they have been put in a position of offering forgiveness while feeling as though they have been pressured, coerced or manipulated to do so. Some may never forgive and others may simply require more time, more information, more demonstration of the genuine remorse, regret and future intents of the offender before they can forgive. But they often do, sometimes through recognition that they themselves have been responsible for harms in the lives of others, and then recognize the truth penned by *Edward, Lord Herbert of Cherbury*, the brother of the devotional poet George Herbert, "He who cannot forgive breaks the bridge over which he himself must pass" (Lee, 1906: 34). But the victim who simply cannot forgive must be supported in that resolve. These persons are rare, but usually have sound reasons for their stands. One woman, whose mother had been raped and murdered, met with the offender and made clear that while she was prepared to meet with him and to work hard at the issues resulting from the murder:

I will never forgive you. Never. That is not for me to do. If you are ever granted forgiveness it will have to be given to you by my mother, when you next see her. Knowing her, she will forgive you, I have no doubt, but that is for her to do, not me (case notes, on file).

The mystic poet William Blake (1908) opens up a whole new line of investigation with his aphorism “It is easier to forgive an enemy than to forgive a friend.” Victims often find that forgiving a stranger is easier than forgiving a close friend, family member, business associate or one with whom they are acquainted by any means. Betrayal is one of the most potent themes in literature through the ages, and for a reason. Betrayal is devastating. It requires considerable processing if the effects and the breach of relationship are ever to be repaired. In most of the drama of betrayal the breach cannot *be* undone, and leads to tragedy. Betrayal by a parent or caregiver, especially in cases of historical physical, sexual or serious emotional abuse, takes a demonstration of sorrow, remorse and regret not just over “consequence”, but over “motive” recognizing that most of the harms they have caused cannot be undone. It may be that in certain circumstances the harms can be repaired, but the brokenness resulting from betrayal can be particularly bitter.

Perhaps a quick synopsis of the rubrics of forgiveness and of victim motivation to forgive will suffice, here, as a note on which to end this chapter. Victims, who chose not to forgive, must be acknowledged and supported in that stand. That may change, but there can be no expectation placed upon them that it will or should change by facilitators or by any aspect of an RJ process worthy of the name. Forgiveness is best offered—and received—as a freely given gift of grace.

Those who do choose to forgive, over time, or in a moment in time, after wrestling through all that they often have to contend with, usually do so having come to the decision to forgive in order: to free themselves, to free the other (sometimes, to their surprise, discovering that truly forgiving can truly free both).

Without suggesting that forgiveness is the ideal, or an expectation of RJ processes, or that victims who do manage to forgive are somehow more saintly or ideal themselves by virtue of being victims who ‘got to forgiveness’ as though it were some sort of Camelot or New Jerusalem on the restorative highway, giving the last word here to Dr. Martin Luther King, Jr., one who knows what it is to be victimized, vilified, and ultimately murdered for his stands, seems fitting as a way to close this discussion on

what forgiveness is and what it means:

. . . [F]orgiveness does not mean ignoring what has been done or putting a false label on an evil act. It means, rather, that the evil act no longer remains as a barrier to the relationship. Forgiveness is a catalyst creating the atmosphere necessary for a fresh start and a new beginning. . . . (Arnold, 2010: 30).

A lot of territory has been traversed in this chapter and yet the relevant literature, even that most salient and specific to the topics covered here, would far exceed the scope of this project. Appetites can be satisfied without being sated. The next task is to situate the sojourners, to describe the contexts of those who set out on this trek, who dreamed up and built a model that (far beyond this modest research project) is now a major service program for a nation, and how all of that came to be.

Chapter 3: Canadian context and development of the VOMP model

This chapter will set the context in which this research study took place, starting with a broad exploration of restorative justice (RJ) including some historical developments and a brief overview of its central construct - encounter - and its underlying values. From there we will explore the roots of RJ within Canada, including the emergence of victim offender mediation and RJ developments within the Canadian criminal justice system.

From this broad overview, we will narrow the focus to the development of Community Justice Initiatives (CJI), the agency that was the vehicle for this study. We will examine the history of the organization, including a number of early program developments and research projects undertaken. Following this we explore in greater depth the development of the Victim Offender Mediation Program, the results of which are under review in this dissertation. The objectives of VOMP and the process utilized will be described in detail.

1. Introducing restorative justice

No attempt is made to provide a very comprehensive treatment in this dissertation of views of *justice* and its evolution through time. To visit 'justice', even if our explorations were limited to Western thought, would involve something of a Herculean effort, an adventure in time travel that would take us to ancient Greece and Rome to Plato's Academy and Aristotle's Lyceum in Athens, then to Hippo, Naples and Paris to hear from Augustine and Aquinas. That might give us at least a grounding with which to return to early modern times to see how the thought of each of those philosophers had found later expression in the thought of Hobbes and Hume, Kant, and Mill, in the egalitarianism of either the Rawlsian version or the Dworkian, or libertarianism of either the Steiner-Vallentyne or Nozickian versions. We might soon discover the reason that the ancient Greek Callimachus uttered the aphorism: μέγα βιβλίον μέγα κακόν transliterated as: mega biblion, mega kakon (the bigger the book the bigger the

headache)³³. But then, in all of that journeying, we might have had someone wise and just point us to a teacher earlier than either Plato or Aristotle, who influenced both of them: Homer, who appears to have gotten the whole philosophical corpus started by his use of the word *dikaion*, used to describe “a just person”. From the notion of what might define a just person, the concept of *dikaiosune* emerged, i.e., justice as a virtue to which not only individuals but political societies might aspire, a sort of quest for ‘upward nobility’. And seeking out Thomas Aquinas might have exposed us to notions of justice in the scriptures of both old and new testaments, where the Hebrew word *tzedek*³⁴ “justice” is translated in the Septuagint as *dikaiosune* in 90% of its appearances. In the King James translation of 1611 the word was translated “righteousness” and many subsequent New Testament translations followed that precedent, translating *dikaiosune* as “righteousness” with that choice obscuring an important meaning of the text. The import of that, lest we drift too far from the mainline, here, is that there is good reason to translate the word *dikaiosune* as “justice” (rather than “righteousness”) *every time it appears*. So, Jesus, in the Sermon on the Mount, says: “Blessed are those who hunger and thirst after *justice*,” (Matthew 5:6). And who, in that far away ancient biblical world, are those who hunger and thirst for justice? The ‘others’, those who stand on the margins, excluded, on the edges of communities in need of care denied them because they are easy to overlook, deny and exclude. And how are they treated when justice reigns? A Canaanite woman, her predicament as a foreigner, as a female and with a daughter who appears to be deeply troubled - each of which things means she is not likely to receive justice in that world - cries out, using images of hunger, knowing that she cries out from where she stands at the margins of society challenging Jesus to grant her mercy, though she is an ‘other’, and not one of ‘the children of Israel’. “Woman, you have great faith”, Jesus responds, and heals her daughter. As he proclaims the good news of the justice to come, in the Synagogue in Nazareth, Jesus makes clear that it is not for the rich, the mighty, the powerful for whom he has come, but those on the

³³ It actually, more literally means, “the bigger the book, the bigger the evil.”

³⁴ Tzadik/Zadik/Sadiq [tsa'dik] (Hebrew: צדיק, "righteous one", pl. *tzadikim* [tsadi'kim] צדיקים *ṣādiqim*) is a title in Judaism given to people considered righteous, such as Biblical figures and later spiritual masters. The root of the word *ṣādiq*, is *ṣ-d-q* (צדק *tzedek*), which means "justice" or "righteousness". When applied to a righteous woman, the term is conjugated as *tzadeikes/tzaddeket*. (<https://en.wikipedia.org/wiki/Tzadik>, accessed May 4, 2018).

margins. Of justice his kingdom will know no end; the vision of Isaiah is about to be fulfilled, setting the prisoners free, giving sight to those who cannot see, and releasing all who are oppressed (Lk. 4:18-19).

Justice, then from Homer to Jesus and beyond, will gather up a number of justice manifestations distributive, commutative, egalitarian, procedural, social and a paradigm shift from retributive to restorative, from *dikaiosune* to *'heilende Gerechtigkeit'* (*'healing justice'*).

Clearly, the journey just described would require a lifetime of exploration and investigation, and probably not just one more dissertation, but many. To take further steps along that journey is beyond our scope. But we shall see a good many echoes of the thought of those we've mentioned, as we set out now, to explore justice in a form that looks very much like the ideals these earlier thinkers sought and attempted to define and describe, as we now situate RJ in the wider scheme of things. First, as Zehr (1985: 12) reminds us:

...we must remember that many of the problems in the way we do justice today are rooted in our understanding of justice, and that this particular understanding is only one possible way, one paradigm. Others are possible, others have been lived out, others have actually dominated most of our history. In the long sweep of things, our present paradigm is really quite recent.

Criminologist John Braithwaite adds: “[r]estorative justice has been the dominant model of criminal justice throughout most of human history for all the worlds’ people.” Llewellyn and Howse (1998: 9) in their “Restorative Justice: A Conceptual Framework” for the Law Commission of Canada opine:

Thus, a move towards a restorative model of justice is perhaps best understood as a return to the roots of justice, and not as some new-age “cure-all” for an ailing system and that “many historical accounts of justice and the administration of justice have served to obscure these restorative roots. Bianchi suggests that scholars, particularly those from the West, are so attached to the punitive model, which forms the backbone of our current justice system, they are unable to contemplate the success of other models in other times and places. According to Bianchi:

...[a]lthough punitive criminal law is a rather late development in Western history and, in its present form, is a construction of recent modern times, many learned scholars in this field believe in the shaky dogma and assume that our present punitive structure of crime control depends on some kind of eternal and natural law, having always existed, though in a cruder form, and having survived because it turned out to be more suitable.

Bianchi goes on to charge modern scholars with serious lapses into anachronism “the tendency to make a false reconstruction of history by attributing our own models of thought, customs, and social structures to a period of history to which they could not have belonged” such as the placement of the idea of criminal law into a context of ancient societies, claiming that:

“[t]he mere use of the terms criminal law and crime control in reference to ancient law and legislation is already an anachronism. After using the modern word crime in a historical study of ancient law, we then apply it to a culture which, like all ancient cultures, had no official public prosecutors and not special criminal trials, a culture in which criminal policy was not even a part of public law (quoted in Llewelyn and Howse, 1998: 9).

We leave it to the historians to battle this one out, with one last ‘volley’ courtesy of Bianchi (reminding us about our anachronistic tendencies) that “neither the Romans nor the Greeks had any word meaning crime or punishment” (Llewelyn & Howse, 1998: 6 *fn* 9), while we move on to the origins of the modern use of restorative justice and its definition.

Many authorities credit Albert Eglash with coining the term restorative justice. That may be; he certainly used the term in a 1977 conference presentation but, as Daly and Proietti Scifoni (2011: 221, 222, 243) observe, there are intimations and references to it in his earlier publications on “Creative Restitution” (Eglash, 1957-58a, 1957-58b, 1959-60). Further, Daly (2011: 243) suggests that “The story is more complicated” adding detail of more than passing interest for the purposes of my dissertation:

The story is more complicated. In Eglash (1957-58b: 20), he says ‘the relationship between offense and restitution is reparative, restorative’. In Eglash (1959-60: 116), the term ‘restorative justice’ appears, but it is indented in the text as ‘condensed’ from Schrey et al. (1955), which is an

English translation of a German text *The Biblical Doctrine of Justice and Law*. Skelton (2005: 84-89) discovered that one of the authors, the Reverend Whitehouse, carried out a translation and adaptation of the original German text, creating the term ‘restorative justice’ there from the German expression ‘*heilende Gerechtigkeit*’ (lit., ‘*healing justice*’). Restorative justice was viewed as adding a ‘fourth dimension’ to justice, differing from secular forms of retributive, commutative, and distributive justice in that it ‘can heal the ... wound of sin’ (Skelton, 2005: 88).

Weitekamp & Parmentier (2016: 141-147) conclude an editorial for *Restorative Justice: An International Journal* by clearly *advocating*:

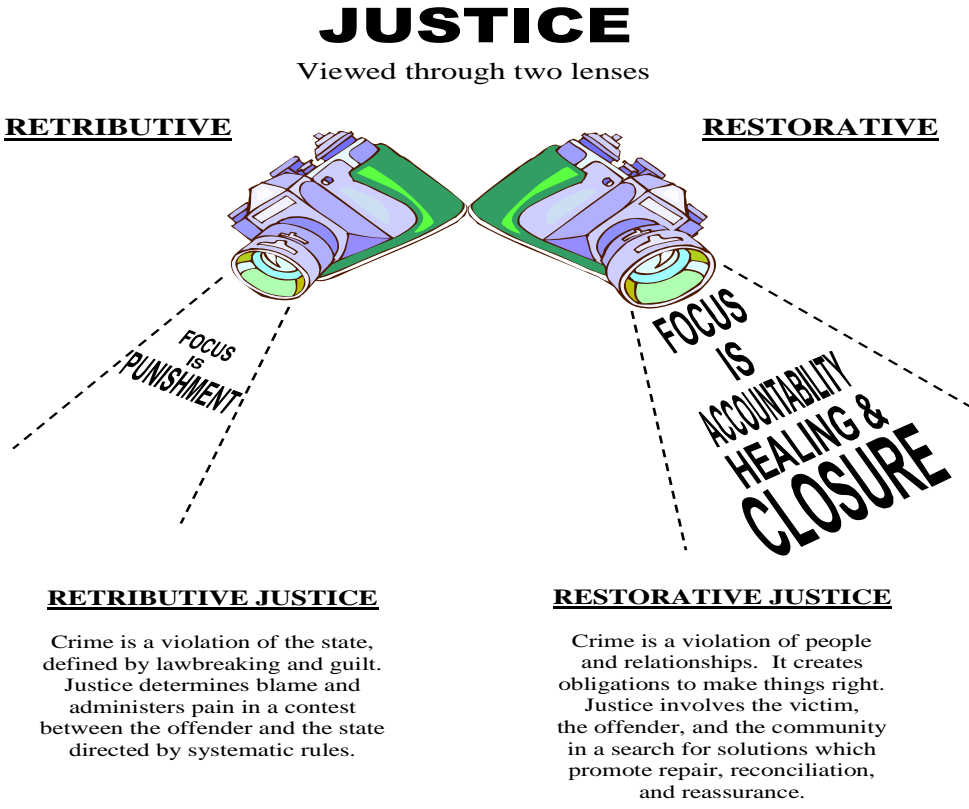
. . . for the *interpretation of restorative justice in terms of healing justice*. In our view, this terminological substitution would make utmost sense, not only for historical reasons . . . but also for conceptual ones as ‘healing justice’ explains in a more convincing and tangible way what its objectives and processes in the context of conflict resolution stand for. We are of course aware that the term ‘healing justice’ may generate substantive and substantial criticism from various sides. . . . In our view, however, healing justice cannot be limited to focusing on emotional harm and psychological redress, but is bound to address all types of harm (physical, material, emotional etc.) inflicted on all stakeholders involved (victims, offenders, community, society). Hence it is far broader concept than previously understood and it is likely to generate many new ways of thinking about dealing with these multiple dimensions. As a result, we submit that the future of healing justice approaches looks quite interesting and even promising.

Almost from the beginning of the history of developments in Canada now thought of as ‘Restorative’, a number of creative pioneer practitioners and theorists began to make clear that, if these new (and some would say simply *newly rediscovered*) alternative justice approaches were to accomplish what was hoped for them - and that, specifically, having to do with what was then a radical notion, i.e., *healing as a primary objective* - they would need to be guided by premises quite different from those upon which most Western contemporary justice systems were based. Whether or not these pioneers were familiar with Albert Einstein’s famous dictum: “No problem can be solved from the same level of consciousness that created it”, they (people like Howard Zehr and Harry Mika come immediately to mind) began to challenge their contemporaries to build

justice theory and practice alternatives on what they saw to be a more adequate, more encompassing, set of values and principles (Zehr, 2002: 64-69); new foundations that might posit the possibility of more satisfying and efficacious justice outcomes.

Howard Zehr, one of the earliest proponents and developers of restorative justice concepts, long before the notion had become almost cliché, was calling for a "paradigm shift" in criminal justice. In his book *Changing Lenses: A New Focus for Crime and Justice*, Zehr states that justice as viewed through different types of lenses presents vastly contrasting images (Zehr, 1990: 181). We've come a long way in the history of RJ from the time Zehr posited the notion of retributive and restorative justice as in a certain opposition to one another driven by a fundamentally different set of motives, intents and operational questions. But the history of that evolution is instructive, and to be true to it, we would need to begin at the beginning before moving on. To stay with Howard's (historic) metaphor for a moment, imagine justice viewed through two very different lenses: one with a narrow field of vision, and longer focal length but without much depth of field and therefore producing a blurred image both in front of and beyond the object it is critically focused upon at the moment; the other, with a wider angle lens, a greater field of vision, able to admit more light and more information edge to edge, producing a sharp focus on the object it is trained upon as well as in front and far beyond that object. That imaginary image might look something like this:

Figure 3.1: Justice viewed through two lenses



A few years after the publication of Zehr’s Changing Lenses, attempts were already being made to define RJ for a number of purposes and to test model projects in a number of fairly widespread places. Since there isn’t space here to name each of those developments and do justice to them all, a brief account must serve. In the South Pacific, the Children, Young Persons and Their Families Act of 1989, recently renamed the “Oranga Tamarika Act, 1989/Children’s and Young People’s Wellbeing Act” (Oranga Tamarika, 2017: 1), had established Family Group Conferencing in New Zealand communities, a model that was soon being emulated widely in many jurisdictions, including Australia and North America, with ‘conferencing’ considered by many to be a ‘superior’ RJ model for many kinds of applications, given its potential for inclusion of larger numbers of community members and stakeholders.

Meanwhile, developments in Europe were coming ‘apace’. In 2002 the UN Economic and Social Council “endorsed the use of restorative justice in criminal matters, encouraging member states to reform their domestic criminal justice systems” (Daly, 2011: 210) and the Committee of Experts on Mediation in Penal Matters within the

Council of Europe was strongly supporting the establishment of RJ programs across the continent, in all of its 47 member states. The Leuven, Belgium ‘school’ was particularly making its presence felt, and a team of respected lawyers and criminologists had drafted legislation (which was quickly enacted) establishing victim offender mediation programs as the ‘default’ mechanism for juvenile crime throughout Flanders (Walgrave, 1995). Moreover, in the early 1990s, having consulted with VOMP staff on the workings of the Canadian model, they had also established victim offender mediation programs for use in more serious crime (Aertsen & Peters, 1996; Peters & Aertsen, 1995; Aertsen, 2017).

Through even these relatively early years, RJ was becoming considerably more difficult to define by virtue of the number of models emerging, the divergent views--even among its major proponents--concerning what RJ is and what it does, the needs in a particular jurisdiction that its proponents were hoping to address, and “the burgeoning literature, discussion and critique [which] flew in many directions, unfettered by concepts that had fixed meaning or referents” (Daly & Prioretti-Scifoni, 2011: 211). By 1999, a number of projects had been piloted in England, and one of that country’s foremost proponents, Tony Marshall, had authored a comprehensive paper for the UK Home Office entitled *Restorative Justice: An Overview*, intended to act, in part, as a ‘how to’ guide for UK jurisdictions beginning RJ programming. In that guide, Marshall asserted that “A commonly accepted definition used internationally is: Restorative Justice is a process whereby parties with a stake in a specific offence collectively resolve how to deal with the aftermath of the offence and its implications for the future (Marshall, 1999: 5).

But despite Marshall’s attempt to define RJ in its most basic terms, so as to win at least something of an international consensus, definition of the concept continued to be elusive. James Dignan (2007: 309) suggested that a definition of RJ might actually be hard to come by, writing: “Restorative justice is a peculiarly imprecise and contested concept, which makes it difficult to define, analyze and evaluate.” According to Van Ness (2005: 4):

There is no single accepted definition of restorative justice. Typically, however, definitions fall into one of two categories (Johnstone and Van

Ness, 2005). The most restrictive category consists of *process-based definitions emphasizing the importance of encounters* between the stakeholders in the crime and its aftermath. The most expansive category consists of justice-based *definitions emphasizing the outcomes and/or values of restorative justice*. A definition that combines the two (and that in terms of expansiveness lies somewhere between the two categories) is the following:

Restorative justice is a theory of justice that emphasizes repairing the harm caused or revealed by criminal behaviour. It is best accomplished through inclusive and cooperative processes (Van Ness, 2004). A definition that includes attention to outcomes will allow for, and even require, not only restorative processes but also interventions such as victim support, offender reintegration services, victim participation in criminal court proceedings, and court-imposed restitution and community service orders, provided that those interventions incorporate restorative values to the extent possible.

It seems strange that what Dignan (2007: 309) and others see as such a “rapidly evolving international phenomenon” should prove so difficult to define. In fact, it seems to require almost as much ink to define RJ in terms of what it is *not* as it does to define what it actually *is*.³⁵ Authorities attempting to make contributions toward a consensus definition (program practitioners and academics alike) in disciplines such as social work, sociology, criminology, victimology, psychology, linguistics and law have formulated a body of thought that—whatever else it is—is, at least in part, a new or reconstructed (Gavrielides & Artinopolou, 2013), or rediscovered *philosophy of justice* (Robertson, 2016). Restorative justice may, indeed, be best understood as a philosophy; an approach to crime and conflict based in a certain set of values and principles which, in turn, can serve to govern and guide the processes used by practitioners in its various models. While the literature evidences a shift in thinking so that restorative justice is not as likely now to be set in complete opposition to “retributive justice” as was common earlier (see Zehr, 1990, quotation, above), it can still be helpful to make clear what restorative justice is *not*. I touch on this further, below.

³⁵ But Daly & Prioretti-Scifoni (2011) do a superb job of sorting all of this out, especially as concerns the distinctions between “reparation” and “restoration” and usage of the primary terms and concepts in domestic conventional criminal justice and international justice contexts. In this authors’ view, that article should form a ‘primer’ for anyone hoping to understand the distinctions.

2. Encounter: a central construct

Marshall seems to have clearly predicated his definition, above, on earlier victim offender mediation/reconciliation processes. Mediation, by definition, means two parties meeting together with a third party helper, a mediator. Few would assert any longer (if anyone ever actually did) that mediation is RJ or vice versa. But in the years since Marshall's definition appeared much has been studied and written which carefully parses the very idea of "coming together", of *encounter* between the parties. As Van Ness (2005: 4) suggests, of the two categories into which RJ definitions fall, one, "the most restrictive . . . consists of *process-based definitions emphasizing the importance of encounters* between the stakeholders in the crime and its aftermath."

The notion of face-to-face *encounters* proves to be one of the 'tipping points', one of the areas where RJ definitions and concepts are "contested" (Dignan, 2007: 309). We will see such tensions in the literature at the intersection of some of these controversial issues later in this chapter.

2.1 Encounter contested in some RJ literature

A few examples specifically in terms of the circumstances in which the notion of 'encounter' is contested follow:

- Some take issue with the idea that restorative justice is a process in which "the parties. . . come together": i.e., contesting the notion that the defining aspect of RJ is *encounter* between the parties. At least some commentators who resist the use of RJ do so on this very basis, suggesting that bringing the parties together is precisely what should NOT happen, going so far as to call for a "moratorium" on the use of RJ in intimate partner violence or sexual abuse cases, for example, or other situations in which violence, power and control are the real presenting (or underlying) issues (Cameron, 2005; Rubin, 2003). Oglov (1997) was adamant in her assertion that: "Under no circumstances should restorative justice and alternative measures be applied to offences involving violence against women and children", while Rubin's report on the use of RJ in Nova Scotia in crimes of intimate partner violence recommended continuing what was then an "existing

moratorium on intimate violence and sexual assault cases. . . noting that [her report] does not ‘reject restorative justice principles’ rather the program as it is currently configured in Nova Scotia is unacceptable” (Rubin, 2003: 9, in Cameron 2005: 34).

Stephanie Coward, another Canadian scholar, interviewed professionals and practitioners active in the women’s movement regarding their views of the use of RJ in cases of intimate violence and found “. . . women are not necessarily opposed to restorative justice per se. Rather they are opposed to these initiatives as they are presently developed and applied” (Coward, 2000: 10).

- Cameron (2005: 41) also notes that the issue of using RJ in cases of intimate partner violence comes to something of a head in the controversies between John Braithwaite and Kathleen Daly (1996) on the one hand, and Julie Stubbs (1995) on the other, with Braithwaite and Daly strongly advocating its use in such cases and providing:

. . . a detailed description of how a model program would be administered (1996). Daly (2003) has also completed a study of the impact of FGCs on juvenile sexual assault offences, concluding that they provide “a just outcome for survivors.” Stubbs (1995) however, responding “specifically to the model proposed by Daly and Braithwaite (1994) charged that while it is “. . .genuinely motivated by concerns for the victims of . . .violence” it “. . .fails to pay sufficient attention to other literatures which challenge the appropriateness of the model of intervention proposed for domestic violence” (Stubbs 1995: at 276). Stubbs notes that the model has several problems. These include the uncritical way in which Braithwaite and Daly assume the positive, consensus-based participation of community, given social norms about intimate violence. Stubbs criticizes the central role of the police, given some survivors’ aversion to contact with the police; and Daly and Braithwaite’s assumption that survivors will be able to openly express themselves in a conference with their abuser (Cameron, 2005: 41).

Stubbs, however, while normally highly critical of the use of RJ in cases involving sexual assault or intimate partner violence is a strong supporter of programs such as the Family Group Conferencing (FGC) project run in Newfoundland, primarily because of the way that program was developed, is

structured and operated, according to a ‘feminist ‘praxis’. Pennell and Burford (2002: 108) go so far as to claim that if operated in this fashion “(f)amily group conferencing can stop family violence.”

- Cameron (2000: 30) notes as follows regarding another of the controversial issues, “racialized groups”, that:

Commentators Hudson (1998, 2002), Snider (1990), and Coker (2002) view race and culture, and the effects of colonialism and oppression on racialized groups as the primary lens through which to evaluate restorative justice programs in these communities. Although such literature pays attention to gender and gendered violence, race and culture is prioritized, leading these commentators to conclude that restorative justice should be used in cases of intimate violence in racialised communities. In their view, restorative justice not only protects survivors from violence, it plays the very important role of protecting racialised offenders from the state.

Cameron (2000: 34) continues:

Donna Coker’s work focuses on the impact of restorative justice in ‘subordinated communities,’ particularly communities marginalized by race or ethnicity. Coker has written primarily about Navajo Peacemaking, a process that she describes as “similar to conferencing.” “Peacemakers use ...stories to instruct parties regarding their gendered responsibilities to each other, including a husband’s responsibility to treat his wife with respect” (Coker, 2002 at 146). Coker is quick to caution, however, that Navajo Peacemaking processes cannot simply be lifted from their contexts and applied in other places. They function because they are applied within their own historical, social and racial context (2000 at 13).

- Some would suggest that victim involvement and victim offender encounter may well be desirables, but that RJ conferences which proceed without victim involvement can still be considered to be restorative practices. Other commentators would critique those practices on precisely that basis: insufficient (or no) victim involvement in a high percentage of the cases is seen by them to be highly problematic, a situation in need of remedy (McCold & Wachtel, 2003).

2.2 Encounter and reconciliation in the *Illiad*: an exemplar in ‘ancient’ literature

In a relatively early work in the RJ field, two well-known authorities, Van Ness and Heetderks-Strong (1997: 68) suggested that encounter is the very essence of RJ, invoking the central story of *The Illiad* in the aftermath of a killing spree to illustrate their point. The epic ‘criminal fact pattern’ went like this:

Achilles, warrior champion of the Achaeans, loses his beloved friend, Patroclus when the latter’s excessive blood-lust brings down upon him the wrath of the gods. (Patroclus had slaughtered a host of Trojan forces in defiance of Achilles’ order). Apollo, greatly displeased, (and partial to Troy) stuns Patroclus, allowing him to be further wounded. Trojan warrior champion Hector, son of Priam, King of Troy, then administers the fatal blow, dispatching Patroclus. Achilles in turn, kills Hector. Not content to only avenge his friend’s death by killing Hector, Achilles disrespects his body, dragging it behind his chariot for three days around and around Hector’s funeral mound, in full view of the Trojans and King Priam, Hector’s agonizing father. Priam mourns his son and, coming by night to Achilles tent, beseeches Achilles to return his son’s body so that it can be honourably cremated and disposed of. Ancient Greek audiences, no doubt, would have waited with baited breath, anticipating that Achilles would certainly slay the aging King, as well, now that his enemy was in his power. Instead, now bound together in many profound ways: by their separate but similar experience of suffering and grief, the deaths of their dearest loved ones and by the awareness of their own impending deaths, the two dialogue together, weep together, and, in a scene utterly unique in all of Greek literature to this time, Priam takes the hands that murdered his son and kisses them. The Greeks in Homer’s day had no word for reconciliation (it later fell to the Apostle Paul, apparently, to coin one: “Katalasso”, “reconciliation” or “at-one-ment” to describe, as he understood it, the reconciliation between God’s estranged children and their Creator accomplished in the work of the cross of Christ (II Cor. 5: 18, 19). In Homer’s vocabulary, there would have been no similar word. But words, no matter the precision, can constitute a mere gloss when the picture speaks so eloquently.

Van Ness and Heetderks-Strong (1997: 68) pick up the story line, beginning with their premise about the centrality of encounter:

Encounter is one of the pillars of a restorative approach to crime. It is greatly restricted in conventional criminal justice proceedings by rules of evidence, practical considerations and the dominance of professional attorneys who speak on behalf of their clients. It is further restricted by the exclusion of persons with an interest in the crime, notably primary and secondary victims. Even defendants are silent pawns in the courtroom, often failing to even comprehend what is taking place because of the arcane language and procedures used.

The authors then use the Achilles-Priam 'victim-offender encounter', to demonstrate how the needs of the principals in this case were met *in their narratives and the dialogue between them* - the very needs that would likely go unmet in the court room setting they had just described:

Several aspects of the meeting between Achilles and Priam seem to have been particularly important to Homer. The first, of course, was that they actually met. This was not the story of shuttle diplomacy, nor of negotiation by proxies. Priam came to Achilles' tent for the meeting and the two men talked and ate together. The second is that they spoke personally; they told the story from their own perspective. This admittedly personalized approach has been called narrative. They did not attempt to generalize or universalize, but instead spoke with feeling about the particulars of the decade-long conflict that concerned them most. The third is related; they exhibited emotion in their communication. They wept as they considered their own losses; they wept as they identified with those of the other. They experienced not only sorrow but anger and fear. Emotion played a significant role in their interaction. A fourth element is understanding. They listened as they spoke, and they listened with understanding, and that helped them acquire a degree of empathy for the other. Fifth, they came to an agreement that was particular and achievable (1997: 76).

3. From definitions to underlying values constructs

Marshall has captured the core idea of restorative justice as most commentators see it, i.e., a collaborative process which creates opportunity for meaningful encounter between those most impacted by the offence regarding what is most relevant to them: the particular offense itself, its aftermath, and the implications of that offense for the future of all impacted. Still, we're a long way from being confident that effective restorative programs can be founded on the definition of the term or the expression of its core idea. As Zehr and Mika (1998: 53) point out “[a]ny definition of a concept contains the seeds of the values to which it subscribes.” Values and the principles through which values are actually worked out is where, as they say in America, “the rubber hits the road”. When two of those Americans, Zehr and Mika first proposed a set of values and principles for RJ, that list was fairly widely embraced. It has certainly proven to be quite robust, continuing to provide firm helmsmanship for the field to the present day. The list of those principles is well known and easily accessed. I reiterate only a few of them here for my purposes:

- Restorative justice models begin with a redefinition of crime: *crime is harm done to persons*. [Crime] is fundamentally a violation of people and interpersonal relationships which creates obligations and liabilities. It follows, therefore, that justice will seek to heal and put right the wrongs (Zehr & Mika, 1998: 51, 52).
- Restorative justice recognizes that there is both a public and a private dimension to crime, but rather than the state, its law codes, and rules of procedure at centre stage, restorative justice makes the principals central, focusing on the needs of those harmed and those responsible for the harms. This redefinition of crime drives the mission of restorative justice models and defines their clientele: the circle must be drawn, beyond offenders, to include all those who suffer harm (Gustafson & Bergen, 1998).
- What is and isn't a crime is largely a fluid and flexible construction. What once was a crime in most cultures, isn't necessarily considered a crime in most, today (homosexuality, for example). What is definitely a punishable crime in one

circumstance or culture (or quantity) is not in another (possession of a quantity of cannabis for personal use in downtown Washington, DC, for example, versus that same quantity in downtown Amsterdam). What once was, if not widely accepted, certainly not considered criminal at another time historically (pederasty, for example), will draw a pretty stiff criminal sanction today in most jurisdictions. As Finland's Patrik Törnudd observes:

Crime rates rise and fall according to laws and dynamics of their own and sanction policies develop and change according to dynamics of their own: these two systems have not very much to do with each other (Church Council on Justice and Corrections, 1996: 178).

- Beyond the fundamental principles, there would be significant accord, as well; on values constructs such as those which follow. If, as Mika and Zehr suggested in those early days, it is true that “[a]ny definition of a concept contains the seeds of the values to which it subscribes”, it is also true that values statements can elucidate definitions. The two can sometimes helpfully intertwine. Below, we attempt to weave them in such a way:

Restorative justice is a values-based approach to the resolution of crime and human conflict. Restorative Justice is not a particular program or a set of programs. Restorative Justice is not to be simplistically equated with diversion. Restorative justice is not about escape from responsibility, natural consequences or sanctions. While most community-based programs are limited to relatively minor and divertible offenses, restorative justice itself is not. In fact, many argue that restorative values make their greatest contribution toward “accountability, healing and closure” where the harms have been the greatest. Restorative justice is not ‘soft on crime’. (In fact, offenders frequently report that encounter with their victims through participation in our program is “the most useful, and yet the hardest thing I have ever done.” That is not to suggest that what is “hardest” about it is experienced as punitive. Not at all. But it is, almost axiomatically, emotionally tremendously demanding and difficult). Restorative justice is not a ‘technique’. In fact, restorative justice has very little to do with technique, and a great deal to do with human relationships (Gustafson & Bergen, 2001).

4. The ‘roots’ of restorative justice in Canada

In 1997, British Columbia’s Ministry of Attorney General published a Draft Restorative Justice Framework which saw restorative justice thought as having been informed by developments in both civil and criminal justice realms. It went on to add, about its sources:

In the criminal context, most modern versions of Restorative Justice in North America can be traced to one of two roots: Aboriginal healing traditions and the non-retributive responses to harm advocated by many faith communities (Ministry of Attorney General, British Columbia, 1997: 4).

4.1 Aboriginal teachings

In the teachings of most Canadian Aboriginal communities, *respect* would lead the list of cardinal virtues to which its members must aspire: respect for Mother Earth, for all the creatures who dwell upon her, for the Creator, for self, for others and for the ‘in between’ relationships which bind together the entire created order. The seasoned Canadian prosecutor, author and educator, Rupert Ross, speaks of being patiently taught by his First Nations guides to view crimes through a “relational lens” (Ross, 2001: 3). Ross acknowledges puzzling over much of what he was witnessing enroute to his own redefining of ‘crime’ as something beyond an act which constituted a violation of a criminal code. As with other RJ proponents, Ross’s new, and more adequate, definition encompassed an understanding of crime as harms suffered, harms which effect peoples’ relationships, not only to one another but to their surroundings and all of the ‘in-between’ relationships *within* those surroundings. In another compelling article entitled “*Exploring The Aboriginal Healing Paradigm*”, Ross (2002) provides a number of examples from his court-room and First Nations community experience that brought him along the road to this “way of seeing.” Ross sees the relational lens themes to be fundamental to restorative/transformational/relational or healing justice; because they so challenge how we see our ‘clients’, their presenting problems and *ourselves* as the professionals working with them. If restorative justice truly does *restore*, it restores relationships, the very sorts of relationships we’ve been describing above, beginning with a challenge to all involved to see caring, deeply respectful, healthy relationships as

fundamental to the wellbeing of individuals and their communities. That, for many First Nations leaders, connotes maturity, health and healing.

Dissatisfied with the criminal justice system's inability to produce a communal sense of harmony, many Aboriginal communities have begun to actively make known and re-engage their traditional practices. For example, the Kwanlin Dun First Nation in the Yukon Territory uses circle and peacemaking processes long part of their traditional teachings (Pranis, Stuart & Wedge, 2003). In one of his best-selling books, *Returning to the Teachings of the Elders*, Rupert Ross challenges the Canadian criminal justice system (CJS) to follow the lead of our First Nations as they attempt to recover from systemic abuses and recover those traditional ways, suggesting that their notions of 'healing' have a great deal to offer the contemporary CJS, and quite likely *more* to offer the dominant culture's justice making apparatus than it theirs.

Challenges such as those voiced by Ross and others did not go unheeded by the judiciary. In fact, a number of judges who were regularly working in or near remote First Nations communities, despairing along with the communities they were attempting to serve of ever finding 'healing' outcomes and ends through the means they were using, began to look to the wisdom of those communities for solutions. For example, in landmark cases in Canadian Jurisprudence such as *R v. Moses*, (1992)³⁶ Judge Barry Stuart, as Chief Judge of the Yukon Territorial Court, together with First Nations leaders there, helped pioneer sentencing circles, recognizing that the collected wisdom of the Elders and community members would enable the making of the most fitting sentencing decisions. A number of Judge Stuart's decisions are now enshrined in Canadian case law and continue to inform sentencing, especially in cases involving Aboriginal peoples. Other judges, especially those familiar with the challenges presented by life and work in the Northern Communities, made significant contributions as well as they began to share power, to honour and to invite the contributions of Aboriginal leaders as they sought to recover traditional healing and conflict resolution practices. One judge, Bria Huculak, serving in Saskatchewan, a province with a higher percentage of Aboriginal inhabitants, makes 'circle sentencing' the 'default' in her jurisdiction. These and other

³⁶ *R v. Moses*, (1992) 71 C.C.C (3d) 347 (Y.Terr.Ct.)

similar initiatives have informed the restorative justice movement and have challenged Canadians to re-think the way we respond to categorical notions of serious versus less-serious crime.

Another important example of an Aboriginal approach to serious crime can be found in the Community Holistic Circle Healing (CHCH) Process in Hollow Water First Nation in Manitoba, Canada, an initiative begun in the 1990s. This process addresses the issue of sexual abuse in a holistic manner and involves victims, perpetrators, several generations of their families, and the community members. The process, immediately following a disclosure of sexual abuse or assault moves quickly to ensure safety and support for the victim, then begins to convene a series of circles for different purposes: separate preparatory meetings with each party and their family, healing circles and cleansing ceremonies. The results of an evaluation of the CHCH process revealed that the participants credited the process with contributing to significant improvements in the health and well-being of their community as well as a lower rate of re-offending than is generally reported for sex offenders (Couture, Parker, Couture & Laboucane, 2001). While CHCH is, perhaps, one of the best known models, it is not necessarily the first. Women in Alkali Lake First Nation, British Columbia, saw the need and pioneered a similar model many years ago, inviting collaboration by the RCMP in their area. Following disclosure of sexual abuse or assault by complainants, supports are immediately put in place and accused are formally charged by police. If accused take responsibility for having committed those offences (and perhaps still others) and commit to fully cooperate with treatment programs, prosecutors 'stay' the charges. These decisions enable the community, with its own remarkable resources, to address the issues in meaningful ways, validating, and caring for victims and holding perpetrators to account without resorting to the need to send each man or woman charged to trial and out of the community to distant prisons. Even cases which proceed further along the line in the formal CJS can result in a 'conditional discharge' following successful completion by the accused of what can be challenging and lengthy healing processes in the community.

4.2 Faith communities (one Christian perspective)

While the term "Restorative Justice" may be a relatively new term, the concepts on which Restorative Justice is based are nothing like new. The basic tenets of the Restorative Justice Paradigm can be found rooted in the wisdom literature of the world's ancient civilizations. At the core of most of the world's cultures there are powerful community and peacemaking ethics similar to those from which Restorative Justice derives its substance. In the sacred writings of Jews, Christians, Muslims, Hindus, Buddhists, and in oral traditions among aboriginal peoples, the stories are told, eon upon eon, revering their wise: the healers and the peacemakers among them (Gustafson, 1995).

Works of note on the contribution of faith traditions to RJ include Michael Hadley (2001) *The Spiritual Roots of Restorative Justice* and Sullivan and Tifft (2001) *Restorative Justice: Healing the Foundations of Our Everyday Lives*, resources which provide at least an entry point for treatment of the basic teachings of each of the world's major faiths as they reflect restorative justice values and principles. What I offer here, from my own Christian tradition, I offer as briefly as I dare. The treatment of this specific contribution to RJ is far beyond the scope of this project and is already the subject of scores of books. I owe a good deal of my own thought to one of them: a uniquely challenging work by the American theologian John Howard Yoder. In his *Politics of Jesus*, Yoder traces the origins of 16th century Anabaptist pacifist thought back to the New Testament Scriptures and the radical reinterpretation of Old Testament Law in the teachings of Jesus, especially the Sermon on the Mount. According to Yoder, Jesus astonishes his hearers here with a radical demand: He reduces all of the Mosaic Law (ten commandments) and its accretions (over 600 additional 'commandments' or laws from the time of Moses until the time of Christ) to just two commandments, saying: "The first is this: Love God with heart, soul, mind and strength, and the second is like unto it, love your neighbour as yourself". The truly radical part is revealed when a hearer, trying to justify himself, asks: "And who is my neighbour?" Jesus responds with a story, making clear that the neighbour includes not simply the members of one's 'tribe', or kith and kin, *but the stranger* as well. According to Jonathan Sacks, chief rabbi of Great Britain, "the Hebrew Bible in one verse commands, 'You shall love your

neighbour as yourself,' but in no fewer than 36 places commands us to 'love the stranger'" (Sacks, 2002: 49).

Yet, again, Jesus ups the ante. "You have heard that it was said, 'Love your neighbour and hate your enemy'. But I tell you: Love your enemies and pray for those who persecute you, that you may be sons of your father in heaven" (Matthew 5:43-45a). "Be perfect", Jesus says, go beyond love of your own race and clan and kin... Go beyond even love for the stranger. "Be perfect". The Greek word "perfect" here is "τέλειοι" (teleioi), that is, "fully mature". Demonstrate that you are grown up into Godly maturity by loving even those who would make themselves your enemies. It seems not at all a stretch, given both the letter and the spirit of Christ's new commandment, the law of love, to suggest that what He enjoins here would also extend to the offender, the perpetrator of criminal harms, 'The Other', the one who—even intentionally—causes us criminal injury. For members of the historic 'Peace Church' traditions (including members of the Mennonite community, where Canada's first victim offender reconciliation programs were born) all of this is to be lived out in the daily life of every believer, rather than set aside, dismissed, or treated as a 'counsel of perfection' intended only for monks and saints.

One illustration helps underscore the point. In an oft-cited example from the 16th century, one Dirk Willems was tried, convicted and imprisoned for his Anabaptist convictions during the "later years of harsh Spanish Rule under the Duke of Alva in the Netherlands" (Oyer and Kreider, 1990: 36). Knowing that he would soon be burned at the stake as a heretic, Willems managed to escape, fleeing across the moat of the presidential palace where he had been imprisoned. One of the palace guards, who witnessed his escape, pursued him. The jailor was much heavier, and, where Willems had passed over safely, the jailor broke through the ice. Willems, hearing the cries of the drowning man, returned, rescued him and was again taken captive, knowing that to have rescued his 'enemy' meant certain death for himself. It did. Willems was burned at the stake shortly thereafter in 1569 (Oyer & Kreider, 1990: 37). Rather than withhold compassion, even for his enemy, Willems was faithful to the law of love, and prepared, if necessary, to die for his beliefs.

The modern day psychiatrist, Dr. M. Scott Peck (2003: 269) writes:

I cannot be any more specific about the methodology of love than to quote these words of an old priest who spent many years in the battle: “There are dozens of ways to deal with evil and several ways to conquer it. All of them are acts of the truth that the only ultimate way to conquer evil is to let it be smothered within a willing, living human being. When it is absorbed there like blood in a sponge or a spear into one’s heart, it loses its power and goes no further.”

The healing of evil—scientifically or otherwise—can be accomplished only by the love of individuals. A willing sacrifice is required.... I do not know how this occurs. But I know that it does... Whenever this happens there is a slight shift in the balance of power in the world.

Admittedly, there is a mighty ‘gulf’ fixed between the examples of enemy love demonstrated by a Willems, or enjoined by Peck, as they wrestle with and attempt to live out Christ’s teachings in the Sermon on the Mount in response to the evil of an ‘other’ willing to harm you – even to the point of causing your death – and the willingness of the victims in the early Canadian Victim Offender Reconciliation Programs (VORPs) to meet with the ‘others’, the offenders in their cases, to accept not only their apologies and attempts at amends, but to accept the offenders themselves as persons of worth. Those early cases, after all, involved relatively minor property crimes. Yet, the theological foundations just described were well known to the earliest VORP founders and practitioners, who had been raised in and had embraced these Christian teachings as part of their own Mennonite heritage. These values, these teachings, as Howard Zehr makes clear in his *Changing Lenses*, underlie a good deal of at least the Christian thought in this new paradigm. When we see an end to the enmity between victims and offenders, when the ‘othering’ ends, when participants in our present day Victim Offender Mediation Program—in which the harms committed by one human being toward another are not at all minor, but the greatest imaginable—when each of these individuals begin to take even tentative steps toward reconciliation with the other, we frequently witness what Peck describes as an overcoming of evil, “a healing of evil”, a transformation of their traumatic experience, perhaps even, as Peck would have it, “*a slight shift in the balance of power in the world*” (Peck, 2003: 269).

5. Emergence of victim offender mediation in Canada

While, as with every great idea, someone will always claim prior use—if not paternity—most authorities credit Canada as the birthplace of the Victim Offender Reconciliation Program (VORP) and related victim offender mediation/dialogue models now seen as the precursors of a number of restorative or transformative practices operating currently.³⁷ The first of these were utilized for less serious offences committed by youth or first time adult offenders. The “Kitchener Experiment” (Peachey, 1989) is often cited as the place where victim offender mediation began in Canada, being picked up quickly following that, by programs run by Zehr in Elkhart, Indiana and in the Canadian West by Gustafson in British Columbia (Scott, 2003).

5.1 The Elmira story: the early days

The details of the story that follows were kindly provided by Don Butler, senior writer with the Ottawa Citizen, who had gathered this information in preparation for an article he wrote in 2004 and through personal conversations with Ross Kelley, one of the individuals involved.

In 1974, two young Mennonite men, Mark Yantzi and Dave Worth, had signed on for volunteer stints with the Mennonite Central Committee (MCC) in Kitchener, Ontario. MCC Ontario had been looking into the possibility of doing something constructive in the area of probation with young offenders. Mark was assigned to the probation office, and, when one of the officers was fired, was hired as a probation officer and given a case load. One of the cases assigned to him involved two youth offenders who had been arrested for vandalism in the normally quiet, peaceful, rural community of Elmira, near Kitchener. Mark and Dave had been meeting with a few others, trying to come to terms with frustration about what they saw as inadequacies in the ‘business as usual’ criminal justice system proceedings, and wondered if there might not be a better way of handling matters such as the one they had just heard about. After a brainstorm about it, the two

³⁷ Pioneers Howard Zehr and Lorraine Stutzman Amstutz, describe that history in “*Brief History of the Victim-Offender and Restorative Justice Movements*” at Strasburg Mennonite Church, Strasburg, PA, February 27, 2012. <https://www.youtube.com/watch?v=rgTqTcJPILI>

decided to recommend to the presiding court that the two youth offenders responsible for the damage should meet with all 22 of their victims with the hope of quelling fears in the tiny community and of coming to some agreement about restitution. The judge, Gordon McConnell, was initially cool to the idea, having no precedents for such a thing, and not certain he could include such an order in a sentence. However, to their great astonishment, as Mark and Dave sat in the court room awaiting the sentencing outcome, the judge reversed his position and agreed. Over the course of three months, the two young men met their victims, apologized for their crimes, and established restitution agreements to try to "make things right".

There was a lot to 'make right'. One of the youth, Russ Kelly, describes the extent of the damage:

Between the two of us, we slashed 24 tires, smashed plate glass windows in houses and the front window of a local beer store, damaged a gazebo, smashed side windows and car windshields, punctured a boat, pulled it into the street and turned it over, threw a table into a fish pond, damaged a fence, broke a cross off the display case of a local church. And damaged a flashing light at a four way stop. . . .

Mark Yantzi describes the not-particularly-highly-sophisticated process involved at the time:

[Judge McConnell] ordered that they should go and meet each of their victims, find out what the damage was, what was covered by insurance and what the victim was out of pocket. Then he directed that they do that in the company of Dave Worth and I. . . . We kind of went unannounced up to the victim's doors. They knocked on the doors; I remember standing back with a clipboard to take notes. They said, "We're the two fellows who did the damage and the judge asked us to come here and find out what the damage was and what your losses were."

Russ explains what that was like:

We had to walk up 22 different sidewalks. We had no idea what to expect when we got up to this house. There was quite a mix of responses. We did sincerely apologize. We. . . knew that we messed up and it was only right to apologize and to assure them that it wouldn't happen again and that they

weren't targeted. It was random. That we were going to either repair or pay for the amount of out of pocket expenses. There were a variety of responses. This one middle-aged man wanted to take us out back and give us a good whipping. He was angry when he answered the door. He had good reason to be angry.

Another woman said if her grandson had done something like this, she would want him to own up to it, apologize and repair the damage that was done. On second visit, she invited us in for milk and cookies.

As a result of this experience, the offenders came to understand the impact of their actions and were able to take responsibility for reparation. The victims had an opportunity to voice their distress, to have questions answered and to have input on what should be done. The experience proved to be a "humanizing" one for each party and a helpful process through which each found needs met and could move towards healing and closure. But that's not all. There is a sequel to the story that is not widely known. Years later, Russ, working at manual labour suffered a lower back injury and decided to "retrain". He went back to school at Conestoga college to take a law and security course. While sitting in class one day, listening to a guest speaker, Julie Friesen from CJI in Kitchener as she described how the organization had gotten started, he heard her begin to describe the Elmira case:

And she goes on to say, there were two drunken teenagers who went on a vandalism spree in the town of Elmira. . . . Wait a minute. My heart just started pounding. I'm sure my face was red from all the blood rushing to it, my hands were sweating, I could hardly take notes. It was a two-hour class, it seemed to take forever. Then she mentioned that 1999, for the 25th anniversary, the agency tried to contact these two individuals, and they couldn't contact us. I thought, this is ironic. I had straightened out, just received a pardon from the government, because couldn't work in justice jobs with a criminal record. So I thought, sure, why not. So after class was dismissed, I talked to Julie and our teacher was there. She's a retired police officer from Peel region. So I said, I'm pretty nervous right now, but I was one of those guys. My teacher said, you were one of those victims? I said, no I was one of those offenders. And they both go, "what!?!" [Julie] says, "Wow, Mark would really like to talk to you."

Within a couple of weeks, Russ was sitting in Mark Yantzi's office, reconnected after 28 years. Russ describes his feelings at the time:

It just floored me. I had no idea how that first experiment had led to the worldwide practice of RJ. Julie had mentioned at that time there were 1,400 programs in over 44 countries. And I believe today from information I read for the book that's coming out, 3,000 programs in 50 countries. It's built into a lot, but it started from this one seed. After I had my visit with Mark, I joined the agency, took the mediation training course, and worked as the court liaison for the victim/offender reconciliation program (VORP) between semesters [where] I spent just over 250 hours in court advising Crown attorneys, defense lawyers and put a lot of time in there. . . . I've been a volunteer [mediator for CJI] ever since.

5.2 Program proliferation

Almost immediately following the Kitchener experiment in their 1974 genesis, 'VORP's' began to demonstrate a remarkable fecundity, with the number of programs growing rapidly throughout Canada and internationally (Umbreit, 2001; Scott, 2003). But, apart from a very small number of projects in Canada, some U.S. states and Belgium there were no state-sanctioned and funded programs in any Western countries designed specifically for use in cases involving the most serious crimes in those jurisdictions' criminal codes. Within a few years literally hundreds of victim offender mediation programs *aimed at the array of less serious crimes* had emerged. In 2000, a mere twenty five years after the 1974 Kitchener, Ontario case Umbreit conducted a survey of such programs operating at the time and identified "more than 1,200 programs . . . worldwide" (Umbreit, 2000) with approximately 300 of those in the USA, and over 100 in Canada. Just a few years later the numbers were closer to those Russ Kelley (above) was reporting having heard about (i.e., 3000 programs in 50 countries) (Butler, 2004). And, by 2012, there were - not the 100 programs identified in Canada that Umbreit (2000) had reported - but over 100 community programs built on restorative justice foundations *in British Columbia Communities, alone*, with hundreds more established across the country. It is now likely beyond the realm of possibility to conduct a survey that would yield even an approximate number of currently functioning RJ

programs worldwide. Even to account for the *number of countries* in which RJ programs or approaches have been established requires at least some degree of estimation.

Van Ness (2005: 1) reported that, by 2001, “the Centre for Justice and Reconciliation at Prison Fellowship International [had] identified 80 countries in which some form of restorative justice intervention was being used”, but went on to suggest that (four years later, in 2005) “the actual number could be closer to 100.”

Even to determine how many programs might be operative in Europe would now be difficult, but it would be at least feasible to determine the numbers of European Countries, or UN member states in which programs are operative. A number of Western European countries have proven to be virtual ‘seed beds’ for RJ, as reflected in the burgeoning numbers of programs described in the literature involving just England, Scotland, Northern Ireland, Austria, Finland, Norway, France, Germany and Belgium. By 2015, nearly all 28 EU member states had adopted formal legislation on RJ, supported by official recognition and a definition of RJ in EU legislation (Aertsen, 2017; Dünkel et al., 2015). Belgium is notable in that it is one of the few jurisdictions to date to successfully implement victim offender mediation programs for both youth offenders (where that is now the default in the entire country for juvenile offences) and for adults independently of the degree of seriousness of the crime and the phase of the criminal justice process (including the administration of a long prison sentence). As noted earlier in this chapter (in section 1) program developments in Australia and New Zealand took another form, initially known as Family Group Conferencing, beginning in earnest following the proclamation in New Zealand of the Children, Young Persons and Family’s Act of 1989. A considerable volume of research followed those developments, and is easily accessed, with John Braithwaite, Kathleen Daly, Gabrielle Maxwell, Allison Morris, Jim Consedine, Judge Fred McElrea and Juan Tauri being among the major contributors. But it is time to return from the foray into international contexts to the subject at hand: developments in Canada.

6. The Canadian criminal justice system context

At the same time that RJ theory and practices were starting to be developed the Canadian justice system was also going through a time of tremendous foment and controversy. The Canadian constitution had very recently been ‘repatriated’, following assent by the British Parliament and signing of the bill by Queen Elizabeth II. We were no longer a crown colony. The Canada Act (the Constitutional Act of 1982) made Canada a fully sovereign state. The Charter of Rights and Freedoms, contained in the act, guaranteed Canadians 34 rights including religious freedom, minority language education, and cultural tolerance. The times were ripe for asking significant questions about those Charter rights and freedoms: about racial demographics in Canadian prisons, about how it could be that offenders could be convicted of crimes they had not committed and--though innocent--imprisoned for more than a quarter century before being released; about victim rights; about discrimination against women and abuse of the vulnerable; about “Native” residential schools and the physical, sexual and emotional abuse the Aboriginal Children entrusted to them had endured by virtue of Canada’s ‘assimilation policies’; about systemic evils and injustices; about the place of apology and remorse for wrongdoing - not only on the part of individual perpetrators - but on the part of Governments and their agents. Perhaps most importantly, it was a time for examining what it meant to be Canadian - the values and principle commitments that make Canada’s citizens uniquely what they are - and the degree to which those values and principles were or were not being reflected in our major institutions. In a number of historic instances, the justice system, courts, prisons and correctional policies were ‘weighed and found wanting.’

The exposure by successive public inquiries and royal commissions of a number of individual and systemic injustices precipitated attempts to remedy a number of specific serious societal problems, especially in the sphere of corrections (Aboriginal Justice Inquiry, 1988; Hughes Inquiry, 1989; Kaufman Report, 1997; Royal Commission of Inquiry into Certain Activities of the RCMP (McDonald Commission), 1977; The Royal

Commission on the Toronto Jail and Custodial Services (The Shapiro Commission), 1974).

6.1 Corrections leaders sound the alarm

Canadian “Heads of Corrections”, the upper-level managers of the nation’s justice, corrections and parole systems, began to meet together to consider how to deal with a growing concern: the steady percentage growth averaging 4% *per year* over the previous decade in the number of men and women being funneled into Canada’s prisons. In *Corrections Population Growth* (Public Safety Canada published a series of four reports started in 1994), these managers sounded an urgent alarm to the effect that Canada was facing a crisis in the intermediate term and certainly in the long term if our carceral growth trends continued. An entire division of the Department of Justice had previously been established to consider and make recommendations for sentencing reform. The efforts of this department, for a good part of its history under the leadership of MP David Daubney, Chair (himself an outspoken restorative justice advocate since his own earlier researches into RJ process outcomes had convinced him of their value), resulted in a new category of “Conditional Sentences” in which convicted offenders could be sentenced to serve their time in the community under conditions tailored by the court to the circumstances, rather than in prisons.

6.2 Sentencing principles inserted into the Criminal Code of Canada

Individual criminal cases involving aboriginal offenders convicted of serious offences, notably *R v Morin*, *R v Wells*, and *R v Gladue*, led not only to new case law but to a new body of thought and interpretation of law. For the first time, Principles of Sentencing were inserted directly into the Canadian Criminal Code (CCC, Section 718)³⁸. A good

³⁸ **718.2** A court that imposes a sentence shall also take into consideration the following principles:

- (a) a sentence should be increased or reduced to account for any relevant aggravating or mitigating circumstances relating to the offence or the offender, and, without limiting the generality of the foregoing, shall be deemed to be aggravating circumstances;
 - (i) evidence that the offence was motivated by bias, prejudice or hate based on race, national or ethnic origin, language, colour, religion, sex, age, mental or physical disability, sexual orientation, or gender identity or expression, or on any other similar factor,

deal of restorative language was used to help enunciate those principles (Scott & Gustafson, 2004; Turpel-Lafond, 1999:3). The section of the Criminal Code of Canada (CCC) under discussion requires courts, in imposing sentences, to carefully consider all of the principles of sentencing, but in a move to reduce the over representation of Aboriginal offenders in the nation's prisons, instructs judges to employ:

(e) all available sanctions, other than imprisonment, that are reasonable in the circumstances and consistent with the harm done to victims or to the community should be considered for all offenders, with particular attention to the circumstances of Aboriginal offenders.

6.3 Remedial reading of the law: 'healing' as a "normative value" and the endorsement of RJ by the country's highest court.

In a move that had tremendous import the onus was now placed on judges to consider, as part of their reasons for sentencing, the disadvantaged backgrounds of Aboriginal offenders. The former default: the decades long trend of using carceral sanctions as a panacea, could no longer be brooked. Judge Mary-Ellen Turpel-Lafond comments, thus:

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- (ii) evidence that the offender, in committing the offence, abused the offender's spouse or common-law partner,
 - (ii.1) evidence that the offender, in committing the offence, abused a person under the age of eighteen years,
 - (iii) evidence that the offender, in committing the offence, abused a position of trust or authority in relation to the victim,
 - (iii.1) evidence that the offence had a significant impact on the victim, considering their age and other personal circumstances, including their health and financial situation,
 - (iv) evidence that the offence was committed for the benefit of, at the direction of or in association with a criminal organization,
 - (v) evidence that the offence was a terrorism offence, or
 - (vi) evidence that the offence was committed while the offender was subject to a conditional sentence order made under section 742.1 or released on parole, statutory release or unescorted temporary absence under the *Corrections and Conditional Release Act*
- (b) a sentence should be similar to sentences imposed on similar offenders for similar offences committed in similar circumstances;
- (c) where consecutive sentences are imposed, the combined sentence should not be unduly long or harsh;
- (d) an offender should not be deprived of liberty, if less restrictive sanctions may be appropriate in the circumstances; and
- (e) all available sanctions, other than imprisonment, that are reasonable in the circumstances and consistent with the harm done to victims or to the community

The Gladue decision is an important watershed in Canadian criminal law. The interpretation of section 718.2(e) of the Criminal Code by the Supreme Court of Canada clarified that *this provision is remedial in nature* and not merely a codification of existing law and practice. *In so construing the provision, the Court clearly endorsed the notion of restorative justice and a sentencing regime which is to pay fidelity to "healing" as a normative value* (Turpel-Lafond, 1999: 3, emphasis added).

While some recent scholarship has questioned the value of healing as a metaphor for justice (Daems, 2010), ‘healing’ is not only a metaphor but an operative tenet that is alive and well in Canada. Judge Turpel-Lafond seems to concur:

Healing is an Aboriginal justice principle which is slowly becoming merged into Canadian criminal law through the practice of circle sentencing and community-based diversion programs. The Gladue decision has brought the notion of healing into mainstream as a principle which a judge must weight in every case of an Aboriginal person, in order to build a bridge between their unique personal and community background experiences and criminal justice (Turpel-Lafond, 1999: 3).

Not only is healing alive and well as a metaphor in wider use in Canada, it is a central tenet in the teachings by which traditional Aboriginal people aspire to live through the course of their entire lives. Judge Turpel-Lafond, herself an Aboriginal woman of Cree heritage, makes clear that the implications of the “watershed” cases she names are not simply for Aboriginal people, but intended to have impact on the overuse of incarceration “for all citizens of Canada”. She then returns to the notions of restorative justice and “healing”, adding that other cases continue to add to the body of Canadian case law which have “confirmed the restorative approach”:

The Supreme Court of Canada has acknowledged that the legacy of discrimination faced by Aboriginal people in Canada is one of the reasons for over-representation in the system and consequently, the courts must address this in sentencing. Quite apart from the unique circumstances of Aboriginal peoples, the Supreme Court has criticized the over reliance on incarceration for all citizens in Canada.

The recognition of the disproportionate representation of Aboriginal people in the criminal justice system, builds on a number of recent decisions

relating to criminal justice and Aboriginal people, including *R. v. Williams* which opened a door for juror challenges based on cultural or racial bias where there was a demonstrated potential of partiality. Other decisions, at the Provincial appeal level, such as *R. v. Morin*, have confirmed the restorative approach in the context of sentencing or healing circles.

7. Fraser Region Community Justice Initiatives Association (FRCJIA) or (CJI)³⁹ — agency history and program developments

7.1 The agency and its organizational history

Community Justice Initiatives (CJI) is a community-based, non-profit society based in Langley, British Columbia, with over 30 years experience in providing conflict resolution services in such settings as the criminal justice and corrections systems, schools, organizations (both NGOs and for-profit businesses) communities, for families and for individuals. CJI is considered one of Canada's preeminent RJ training, program development and consultation centres. The organization's web site⁴⁰ describes its mission, its vision and its values:

Our Mission: To foster peacemaking and the resolution of conflict in the community through the development and application of Restorative Justice values, principles and processes.

Our Vision: We aspire to the achievement of a society where the natural response to conflict and harm is more restorative than punitive, more relational than isolating, and more healing than productive of further harm.

Our Values: In all of our relationships, our actions will be guided by an ethic of care characterized by safety and respect.

Though not officially incorporated as a non-profit society until 1985, CJI had its beginnings in 1981 with the implementation of the first of many programs that would be established throughout its history. In that year, under the sponsorship of a small

³⁹ I use the entire legal name here of the agency, however, it is usually identified as CJI, as it will be through most of this dissertation. Sometimes, CJIBC is used to differentiate the organization in British Columbia from the earlier CJI in Kitchener, Ontario, Canada, our sister organization from whom, in the early days we borrowed both name and Victim Offender Reconciliation (VORP) models.

⁴⁰ www.cjibc.org

community oriented congregation from within the historic Peace Church tradition, Langley Mennonite Fellowship, the Victim Offender Reconciliation Program (VORP) was begun in British Columbia, Canada. The program was intentionally modeled upon programs previously implemented in Kitchener, Ontario and Elkhart, Indiana just a few years earlier. The Langley VORP had one staff person (the author) as its quarter-time founding Program Director. In the early years, together with the community volunteers they handled the mediation of relatively minor criminal cases referred by the local probation and prosecutor's offices. The church funded the operation in this form for 3 years, until 1984, when CJI obtained provincial funding through the Ministry of the Attorney General for a case manager and operating expenses to administer the province's first VORP. This program received Alternate Measures referrals (diversions from court) through the offices of the local Crown Counsel and probation departments. In 1985, CJI formally incorporated as a non-profit society in British Columbia.

Over the next five years, CJI staff were extremely busy. VORP programs were implemented in a number of surrounding jurisdictions. Outcomes were auspicious and promising: victim participation was high (considerably higher than rates being reported in the literature on more recent U.K. and Australian models). Year after year, financial restitution and other contracted 'amends' were being fulfilled at rates of 85% and above. Victim and offender participant satisfaction rates were notably high as well (Umbreit, 2001). In the years following the Umbreit (2001) study, Langley/Surrey VORP program statistics kept for the BC Ministry of the Attorney General evidence that fulfillment rates of restitution agreements negotiated further increased, consistently evidencing a mediated agreement fulfillment rate of over 90%. This rate, according to then BC Provincial Court Justice Ron McKinnon, in a panel presentation he made with the author to the Canadian Bar Association's Defense Subsection, "exceeds by 70% the approximately 22% victim restitution payment rate when restitution is ordered by judges in the BC Provincial Courts. We [i.e., the judges] can make the order, but the fulfillment of its terms is another matter."⁴¹

⁴¹ Judge (now Justice) McKinnon made this statement as part of a presentation done with Dave Gustafson for the Canadian Bar Association, Criminal Justice Subsection, in Vancouver, BC. (Date not recorded).

Justice McKinnon was not alone in observing and commenting on these outcomes. These programs among others, had caught the attention of a Canadian parliamentary committee chaired by the Honourable David Daubney, MP. The committee members scanned the Canadian justice landscape, hearing submissions coast-to-coast on matters of import from citizens. This committee, The Standing Committee on Justice and the Solicitor General, had as its mandate to inform Canada's parliament regarding what it was hearing regarding satisfaction levels with policing, courts, corrections and conditional release. One section of the resulting report, *Taking Responsibility* (known as the Daubney Report), was devoted to alternatives to incarceration. The committee was so impressed with what it heard in relation to outcomes for participants in Victim Offender Reconciliation Programs, that it recommended to parliament that all Federal, Territorial and Provincial Governments:

. . . support the expansion and evaluation throughout Canada of Victim Offender Reconciliation Programs at all stages of the criminal justice process which:

- a) provide substantial support to victims through effective victim services;
- and b) encourage a high degree of community participation (Daubney, 1988: 188).

This opened the door, if not for the funding program operators had hoped would flow to communities, at least to signal to provincial and territorial jurisdictions that there would be Federal Government legal support for programs operating on these principles. Within a few years, a number of the recommendations of the Daubney report had been acted upon, including the recommendation made there that principles of sentencing be articulated and written into the criminal code of Canada. Developments were coming, if not rapidly, with regularity, and the changes being made were substantial ones. High ranking members of Government Departments began to be enthused about the prospects and potentials of RJ, which led a number of them to become involved in various ways, including advocating for greater entitlements for victims (Irwin Waller), leading research work and working with UN committees on establishing principles for the use of RJ in criminal matters (Robert Cormier, and others).

The Canadian government has taken a leadership role in efforts to establish United Nations' (U.N.) Basic Principles on the Use of Restorative Justice. Canada, along with Italy, first introduced a resolution on basic principles of restorative justice at the ninth session of the Commission on Crime Prevention and Criminal Justice in April 2000. The annex to the resolution contained a set of draft basic principles on the use of restorative justice programs in criminal matters which were later refined at a U.N. meeting of experts from all regions of the world hosted by Canada in the fall of 2001. A second resolution was tabled by Canada at the 11th Session of the Commission in April 2002 in order to bring forward the recommendations of the U.N. Experts' Group, including the establishment of U.N. basic principles of restorative justice. The basic principles are intended to serve as a guide to Member States so that restorative justice programs are developed and operated in a manner that safeguards the rights and interests of the parties (Cormier, 2002). Canada's Department of Justice, in a 'back to the future' move, has on its website under Restorative Principles, a version ". . . taken from an article written by Howard Zehr and Harry Mika, (1998) "Fundamental Concepts in Restorative Justice", in *Contemporary Justice Review*, Vol. 1"; one more indication that the principles articulated by Mika and Zehr have proven robust and continue to serve the entire field well.

7.2 CJI Program model 'Foundation Stones': the precursors to VOMP

Although the VOMP program is the focus of this study, the following figure locates a number of various RJ programs which are described in this chapter. The list is by no means absolutely definitive, but indicates where these programs fall (or at least did, historically) in terms of the level at which they were and are used in their contexts in various jurisdictions. Matters that can be resolved using community resources such as Restorative Action, a program begun by CJI staff and run since in partnership with all of the schools in the Langley School District, are depicted as being resolved through those means at the base of the pyramid. Once the call is made to police, and the CJS invoked, the arrows depict the potential progress of that referral. In the early days, for example, Langley area police (RCMP) could choose to divert a file quickly by sending it to CJI's Community Dispute Resolution Program (CDRP). If the file involved a

criminal matter that police chose to write up as a formal charge, that file could still be diverted to one of the Victim Offender Reconciliation Programs (VORP) CJI then ran throughout the Greater Vancouver Regional District (GVRD), and a mediation organized between that offender and his or her victim(s). If the accused chose to ‘have his or her day in court’ the file could still be referred to VORP upon a change of plea (to guilty) or upon conviction. Other possible options are indicated in terms of how referrals involving crimes of different levels of severity might still be referred out to processing through programs using RJ values and approaches; each of them adapted from:

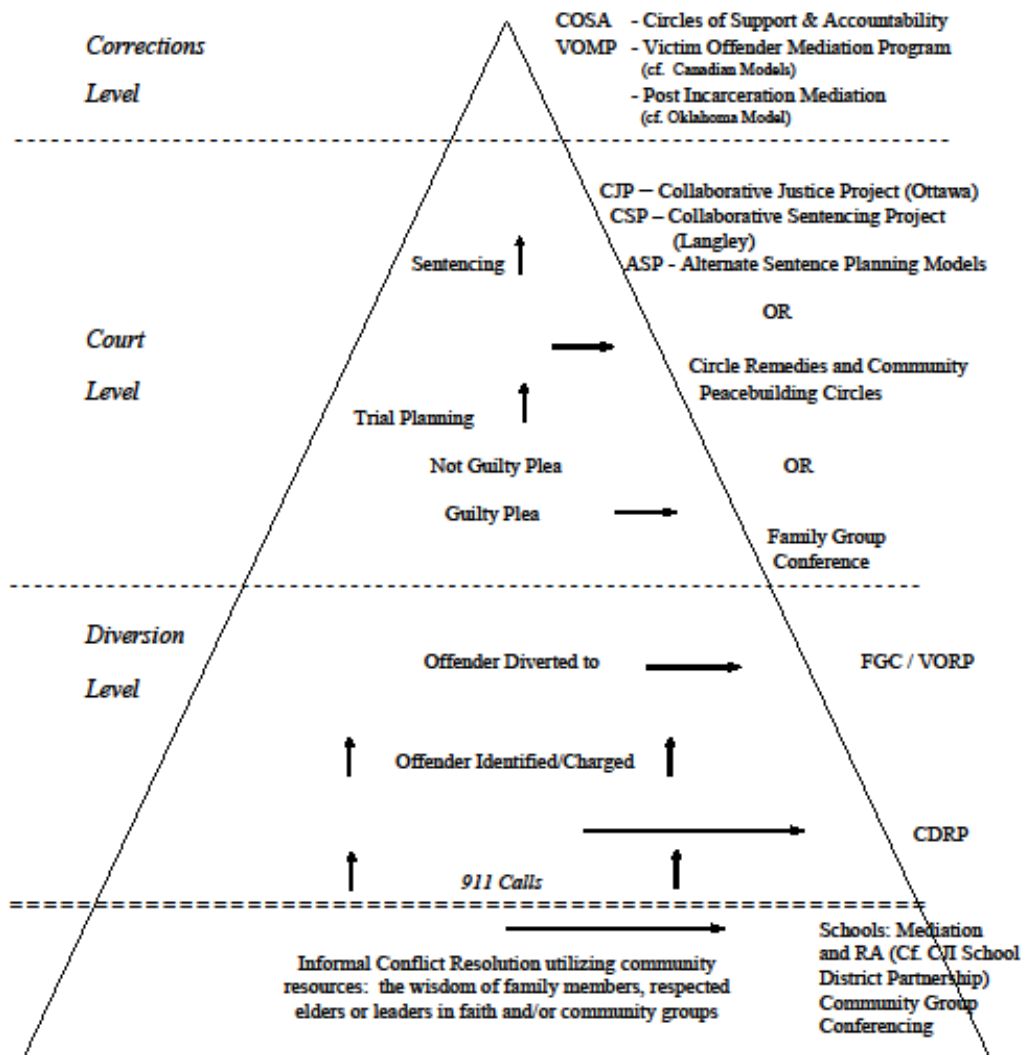
- the original victim offender mediation programs, or
- from Family Group Conferencing (FGC) models in New Zealand or Australia, or
- from talking, peacebuilding and healing circles operative in Canada’s First Nations’ Communities.

Based on learnings gained through the history of the operation of these programs, (especially VOMP) CJI has, since 2016, been developing additional new ‘purpose built’ models such as the Collaborative Sentencing Project (CSP) described in the Conclusion. (See Figure 3.2 for brief descriptions of the acronyms, where the programs *not* operated by CJI in British Columbia are identified as to where they are located and at which level they function). It should be noted that COSA was begun in Ontario and is now a nation-wide program for sex offenders, funded by the Canadian federal government.

Figure 3.2 : Restorative Models

RESTORATIVE MODELS

at various stages in criminal and community justice



- COSA: Circles of Support & Accountability - post release for Warrant Expiry Sex Offenders
- VOMP: Victim Offender Mediation Program for serious crime (Known as Restorative Opportunities in four Canadian Regions)
- FGC: Family Group Conferencing: Community-based New Zealand (Maori) model
- VORP: Victim Offender Reconciliation Program; The original Canadian, Kitchener, Ont. Model and counterparts, internationally
- CDRP: Community Dispute Resolution Program
- RA - Restorative Action

In addition to the replication of the Langley Victim Offender Reconciliation Program (VORP) model in almost all of the regional court jurisdictions neighbouring the Langley office, CJI staff, during this same time period, developed and implemented a number of ‘purpose-built’ peace making, mediation and treatment-based models, including:

- the Community Dispute Resolution Program (CDRP);
- the Stave Lake Victim Offender Awareness Project (a therapeutically informed and based program for sexual assault survivors and the perpetrators of like offences who were incarcerated in a provincial corrections facility); and, ultimately,
- the Victim Offender Mediation Program (VOMP), a model informed by trauma recovery and violent offender treatment programs for use in serious offences with the face-to-face meetings between victims and offenders occurring in the prisons.

It seems not unreasonable to suggest that these program developments, and the research project described below under the heading “Debunking the Myths: Research Into Victim And Offender Need For Safe Dialogue/Encounter”, all formed part of the sources for this dissertation, in that learnings from each informed the development of VOMP, increased the knowledge of the program’s practitioners, and raised further questions requiring the research that the dissertation represents. I treat each of these earlier program developments below, as briefly as I dare.

7.3 The Community Dispute Resolution Program (CDRP)

This program accepted referrals from police, By-Law officers and community members of disputes that were escalating and in need of third party intervention, but in which no criminal code charges had (yet) been laid. In some of these cases, chargeable offences had certainly been committed, but in the discretion of the investigating police or other referral agents (including some ‘victims’ who referred themselves), attempting to resolve these matters early and without formal process seemed to hold more promise than insisting that they proceed to either criminal or civil courts. This program proved to be highly cost effective. To some degree it became the ‘darling’ of the local police.

For example, in one memorable case, a frustrated Royal Canadian Mounted Police (RCMP) officer walked a case file into the author's office, saying:

We (i.e., police) have attended this complainant's address on 33 different occasions over the years. The dispute between these elderly neighbours is protracted, non-criminal--so far--but escalating. I'm concerned that we may soon have a criminal incident on our hands, (he laughed): *a double murder*. Actually, it's no laughing matter. They certainly *sound* like they want to kill each other. Is there anything you people can do? (personal communication).

There was. After an initial period of assessment and preparation CJI staff brought the parties together in mediation, where they were assisted in reviewing the history of their dispute and creating some new understandings about respecting one another's property. With only minor coaching from the mediators, they created a new mechanism for the discussion and negotiation between them of any future incidents. They agreed that if a dispute were to arise again which they could not resolve between them, given some new skills and a simple communication and clarification mechanism, they would call the CJI office and invite the CDRP staff to assist them, once again, rather than calling police unless harm was threatened or suffered. While the parties never became best friends, there was an alliance forged that held. The police were not only impressed, but (on the basis of many 'like' cases) their OIC (Officer in Charge) advocated for program funding to continue when the provincial government decided to end the funding that had been provided on a two year 'Pilot Project' basis. The police Superintendent's pleas went unheeded. Despite considerable evidence of cost-savings, police and community demand for the program and high satisfaction rates, the decision was made, in a distant government office, to cut funding. CJI staff continued to run the program 'on a shoe string' by raising funds in the community until that was no longer a viable option. The program had to be allowed to die an untimely death, leading CJI staff to coin the term, "Death by Pilot Project". This was the first of what would be many lessons in just how empirical evidence and politically based funding decisions can often have little or nothing to do with each other.

7.4 The Stave Lake Victim Offender Awareness Project

By the mid 1980's, CJI staff had begun to test its restorative processes with cases from the more serious end of the crime spectrum through a number of pilot projects. Due to the seriousness of the criminal behaviour involved in these sorts of cases, the restorative model was being applied not as a diversion from court but at the post-sentence and even post-incarceration stages of the criminal justice process. The Stave Lake Project is an example of the latter. This project was begun at the behest of the members of a group of adult female survivors of childhood and teenage sexual assault and abuse. These women had been meeting as a support group initially but soon began to challenge their leaders (two female therapists) to take the group deeper: to add therapeutic and educational elements and, to some extent, to make the group a focus group with a serious political agenda: they wanted to foment meaningful change, but as early assessment and intervention, rather than simply harsher punishments following an escalation of offending and serious harms being suffered.

One of the group's therapists was a professional colleague of mine who was aware that I had experience in treating both sexual assault survivors and imprisoned sex offenders. She invited me to meet with the group in hopes of assisting them "in understanding the roots of sex offenders' deviance." I agreed to attend one meeting in hopes that I could be of at least some help and perhaps suggest other resources for their future meetings. As I said my goodbyes following a light lunch with them at the end of that first meeting, my colleague said: "The women concur - they've asked me to tell you they want you to continue to meet with us for a time." One meeting became many. After a number of weeks they asked if I could arrange for them to tour a provincial sex offender treatment facility and meet with the offenders. (Considerable bravado concerning what they would like to do to the anatomies of these men once inside the gates masked the terror - which they later admitted they were feeling - at the prospect of an on-site visit to even a minimum security sex-offender treatment camp).

The Director of the Stave Lake Correctional facility had become familiar with CJI's work in his former post as a Regional Director overseeing the area's probation offices, the source of a high percentage of the referrals to CJI's earlier VORP programs. In his

new post as Director of the Stave Lake facility, he was willing to explore establishing a new victim empathy program component: a facilitated dialogue model which, following education and awareness phases, would bring our group of sexual assault survivors together with surrogate offenders (offenders who had committed 'like' offenses against others). Together with the women, I completed the project design and sent a proposal to the office of the Solicitor General Secretariat in Ottawa. The proposal was accepted and funded on a two year pilot project basis.

With equal parts trepidation and resolve, the women prepared for their first encounters with the offenders, continuing to help tailor the program structure in ways that they believed would best work for them. Simultaneously, preparation of a similarly-sized 'surrogate' group of men convicted of offences virtually identical to those committed against the survivor participants took place. The program design provided an eight week educational and awareness component, with the survivors meeting each week at the CJI offices in the community, and with CJI staff meeting separately with the offenders in the camp. This phase was to be followed by joint meetings of the two groups.

Videotaped footage was used to enable the women to see the Stave Lake camp and its surroundings. (They were astonished that there were no cells, no bars, no fences, and that the prisoners did not simply walk away into the surrounding forests). The male prisoner program participants were selected on the basis of criteria that included their responsibility taking, at least a degree of victim awareness and empathy (recognizing that one of the objectives of the program was to underscore and enhance these), and the ability to conduct themselves respectfully and within appropriate bounds. Each of the men then prepared a brief introductory video, responding to a set of basic questions posed by CJI staff. These were shown to the women, and they, in turn, provided a (much briefer) videotaped response, sharing just their first names (or pseudonyms chosen for the purpose) and their hopes in participating in the project. These video clips were then shown to the prisoners. The men were brought out by security officers from the camp to a facility in the community for the first meetings with the women. Once the women were comfortable with the idea, we took them by private bus into the camp for meetings with these same prisoners, alternating week by week: community, then prison camp. It

is beyond the scope of this chapter to describe all aspects of the project, but suffice it to say that from the initial high anxiety (on the part of both the men and the women) to the final graduation ceremony, a good deal of learning and even transformation took place. CJI staff learnings were considerable, as well. This is where they tested, and learned the value of using videotaped Victim Impact Statements and videotaped responses to them; of the necessity of both group and individual work for supporting participants in addition to their joint meetings; of using a buddy system for peer support; of having credentialed therapists literally ‘on call’ for the duration of the project, and of the necessity of taking care of the facilitators, as well, given the intensity of the work.

As the pilot-project period ended, an evaluation was conducted by Simon Fraser University’s School of Criminology Research Department (headed by Dr. William Glackman). This evaluation confirmed and underscored the anecdotal accounts of extremely positive outcomes from both participant groups as well as from a number of the Stave Lake staff, including psychologists, correctional officers and the Director. But, despite stellar reviews - including one by the manager of the federal government department who had provided the funding and who had strongly recommended its continuance, arguing that “. . . this project represents some of the best spent dollars in Canadian Criminal Justice over the last two years” (personal correspondence) - funding beyond the two years allowed for the pilot phase could not be found. The model was discontinued, making this the second of CJI’s ‘progeny’ to die a “Death by Pilot Project.”

In retrospect, perhaps that was for the best: CJI staff had learned a great deal. They had the benefit of having learned from both offender and survivor long-term focus groups (over eight months of continuous meeting); had a professional evaluation attesting to remarkably positive outcomes, to the caution that had been exercised and to the credibility of the program providers. Perhaps most importantly, they now had a renewed, more powerful resolve to continue to attempt to meet some of the needs they now knew for certain were going unmet in contemporary criminal justice system case processing and, most certainly, in the sorts of unreported but serious sexual assault offences suffered by the women in the survivors’ group. CJI staff determined to try to draw

encouragement from the outcomes of the project, especially the new degrees of healing and resolution expressed by the participants. As they had done previously and, no doubt, will again, staff drew from their experience as Pacific Coast sailors: rather than ‘buck the tides’ they ‘tacked’ to take advantage of new winds and currents, choosing to attempt to make headway on a new course: a new, and even more demanding, level of program development.

7.5 Debunking the myths: research into victim and offender need for safe dialogue/encounter

In 1989, CJI undertook a research project in which they interviewed Canadian prisoners convicted of the most serious federal crimes, and the survivors of those same offences, to determine how each might respond to the tenets of restorative justice and to the possibility of participating in a facilitated victim/offender dialogue in cases involving harms of this magnitude. Would a program that offered the opportunity for a facilitated face-to-face encounter be seen as desirable or useful in assisting them to deal with the impacts and needs arising from the crime? If so, what counsel might they offer in terms of how such a program should be shaped and delivered? At the conclusion of the study, the findings were reported to the Ministry of the Solicitor General, Canada (Gustafson & Smidstra, 1989). A brief description of the method and the findings follows.

First, the researchers reviewed the files of all the prisoners placed in British Columbia, Lower Mainland federal institutions during the last six months of 1988 and listed those prisoners who had been sentenced for serious crimes. Of the original 62 prisoners committed to Pacific region federal prisons⁴² during that period, 31 had committed violent personal crimes and, therefore, fit the criteria for the study. These individuals were available for interviewing and none refused to be interviewed.

The researchers then contacted the victims/survivors of these same crimes, beginning with a carefully worded cover letter describing the study and inviting participation. Also enclosed was a signed letter on official letterhead from the Ministry of the Solicitor

⁴² In Canada, anyone sentenced to a term of two years and more, serves that time in a Federal (as opposed to a Provincial) institution. In the U.S., Federal Prisons are reserved for those who have committed crimes against Federal, as opposed to State, law codes, including crimes such as mail fraud, treason, inter-state crime and the like.

General of Canada attesting to the fact that the study was authorized and genuine, and inviting the recipient's participation. Interested participants were asked to contact the researchers to arrange a personal interview. Child victims were not contacted, and two individuals were eliminated from the study because file information indicated that contact might cause undue stress. The response rate was remarkable: of the 30 victims/survivors contacted only two declined to be interviewed (Gustafson & Smidstra, 1989).

The primary goal of the study was to look at how crime trauma survivors, and those responsible for the harms they suffered, felt about the prospect of a face-to-face meeting convened by a skilled facilitator and conducted in a safe and secure setting such as a prison. If the subjects responded positively to the idea of such a meeting, they were invited to share the benefits they thought such a meeting would provide for the victim, the offender, the justice professionals working with them, and the wider community. If the subjects responded negatively they were also asked to expand upon their responses, sharing the specific concerns they felt would preclude their own involvement. While making clear that each of those concerns were being noted, researchers asked them then to list any additional concerns they would want to see addressed and to offer whatever counsel they might want to offer to assist in shaping such a program if it were ever to be developed.

Offender responses

Of the 31 prisoners interviewed, 27 indicated that they would choose to meet with the victims of their offences if such a program were available. Of the four who would refuse a meeting, three indicated that they would do so having despaired of ever salvaging the familial relationship involved. Only one was philosophically opposed to the notion and would not meet a victim under any circumstances.

Often, prisoner respondents expressed an unanticipated sensitivity regarding the potential benefits to the victim of a facilitated face-to-face encounter. A number of prisoners reported feeling that if they were the victim, they would find it extremely helpful to hear the offender say that he took responsibility for his offence, had no

intention of trying to seek them out to “punish” them for assisting in his conviction, and felt a need to work at “making it right” to the greatest possible degree.

Offenders indicated that, in the great majority of cases (27 out of 31, or 87 percent) they felt the need for a personal encounter with their victims. To be seen, by the victim, “as human rather than as the ravaging animal portrayed by the courts”, was a commonly expressed need. Others felt the need to express remorse, to apologize, and to ask the victim for forgiveness. One inmate had the insight to see that he could never pay the debt owed his victim if he simply and passively accepted his incarceration as “paying his debt to society” and that more was required of him. He recognized that there was no way he could have escaped incarceration but would have welcomed the opportunity to pay as much as possible of his debt to the one to whom it was due, by negotiating a consensual agreement, face-to-face, in the context of the prison, with his victim(s) and a facilitator trained for the purpose. A number of prisoners listed ways in which they felt they would derive benefit if the situation had been reversed, and they had been the victim of the crime they had committed. Many felt that such a meeting would help dispel fears about their intentions, especially towards the victim and the witnesses, upon release, and would provide greater hope of their successful community reintegration.

Victim responses

In addition to feeling a good deal of anger, a number of victims felt considerable frustration at having no place in the criminal justice process to personally express their hurt and anger to the offender or to ask questions that continued to plague them, in some cases, for a number of years following the offence. While many felt a need to express their feelings to the offender, the researchers were struck by how few of the victims continued to feel vengeful. Most felt that neither personal vengeance nor the state’s retribution would serve as a meaningful therapy for their grief or loss. The majority of victims (17 of 28), including those who had suffered severe personal trauma, indicated that they did, indeed, want to meet with their offenders and considered such a meeting to be helpful, if not crucial, to their personal recovery and ability to bring an additional

measure of “closure”⁴³ to the offence.

The other 11 victims indicated that they would choose not to meet their offenders, but their reasons for declining were instructive. Two of the victims qualified their responses by saying that they agreed with the *concept* of a face-to-face meeting between victim and offender but did not feel it necessary for themselves in the present circumstances. Four other victims who responded that they would decline to meet their perpetrators, indicated that they would feel a need to participate in a face-to-face dialogue with the offender “if the crime had been more serious” and their experience of personal trauma greater (two respondents), “if the offender was young and remorseful” (one respondent), or if they were given “more time to recover” (one respondent).

Of the 28 victims interviewed, five (18 percent) felt that they would derive no benefit from a facilitated face-to-face meeting with the offender in a crime as serious as the one recently committed against them and would be unwilling to meet the perpetrator under any circumstances.

The victim respondents, in the majority of cases (82 percent), felt that there would be substantial benefit in developing what was then described as a “Victim Offender Mediation Program” for addressing a victim’s needs in serious crimes.

The responses given by the participants in this study ran counter to the following tenaciously held beliefs:

- the great majority of serious criminal offences are committed against victims by complete strangers. This research showed that almost one third of the offender respondents (15 out of 48) were well known to their victims;⁴⁴

⁴³ Language can be particularly tricky at points such as this. The word “closure” here is in quotations because it was the word so often chosen by the respondents. Considerable controversy can be generated by such things, with strong opinions stated by victims/survivors, their advocates and helpers. Some, for instance, find it abhorrent that anyone could ever suggest that trauma survivors might find “closure” in regard to rape or the violent death of a loved one; others—usually the survivors themselves—can be as adamant that new degrees of closure are among the many things they need. Our conviction is that the participants we’re working with will choose language useful for them until it no longer serves them. They choose, we respectfully clarify, then try not to blunder once they have established the parameters of language meaningful to them.

⁴⁴ And this is a low ratio compared with many other studies.

- the belief that the great majority of victims of serious crime could not possibly want to see or interact with the perpetrator(s) of the crimes against them ever again except, perhaps, for the purposes of revenge;
- the belief that anyone who has committed a violent offense must therefore be a member of a category who are too addicted, too evil, or too lacking in empathy to be concerned about their victims or willing to be held to account for the harms suffered by them;
- the belief that the more serious the offence, the more essential it must be to ensure that victims and offenders are never provided an opportunity to interact in *any* forum;
- the belief that personal and public safety (as well as the safeguarding of prisoner rights and freedoms) *necessitates* the adversarial role of the state in the justice process, requiring that procedural and philosophical wedges be driven between victims and perpetrators (even if it means denying them both a voice and agency if they express a desire for any role other than those scripted and provided for them in an adversarial state-centric system);
- the belief that once the court processes have been concluded resulting in a finding of ‘guilt’, which in turn results in a sentence of incarceration, ‘justice has been done’; as though punishment (read imprisonment) actually redresses the harms, dresses the wounds and balances the scales of justice. In fact, a number of the victims in this study reported having experienced a high degree of secondary victimization at the hands of the justice system’s key actors, one naming it “The Criminal INJUSTICE System”. Others, having had a better experience of those processes, made clear that for them and their family members, public vindication and validation were meaningful, but that the real work of recovery, of making meaning of their victimizations, of coming to a place where they truly felt that justice had now been done, required something far beyond the exercise of state vengeance and sentencing tariffs. They were clear that the contemporary criminal justice system as they had experienced

it, necessary and useful as it might be was, nevertheless, attentive only to a point. Once having fulfilled their roles as victim/witnesses assisting the state to win a conviction, they were no longer required. A number felt that they had been abandoned almost “the moment the gavel fell. . .”, banished to the shadows, and “left to heal, as best we could, on our own.” Throughout the process, these respondents felt, the contemporary criminal justice system was failing to address many of the real needs of the parties most affected by the crime.

Given that the study found that 82% of victims interviewed and 87% of offenders saw value in such a program and would consider participating, it was concluded that, from the viewpoint of the people most impacted by these crimes – the actual victims and offenders – it would not only be *feasible* to create opportunities for therapeutic dialogue between trauma survivors and the offenders responsible for the harms but that this could prove to be, as respondents anticipated, “tremendously important,” “healing” and “useful in a high percentage of cases.”

7.6 Launch of the Victim Offender Mediation Program (VOMP) model

On the basis of these findings and the experience of the previous decade in developing restorative justice models, CJI staff developed and submitted a new program proposal to the Correctional Service of Canada (CSC), which, if accepted, would open the doors of federal prisons for the implementation and testing of a Victim Offender Mediation Program (VOMP) model constructed specifically for cases of violent personal crime. To the earlier program models was added - more intentionally than ever before - a therapeutic (Canadian Aboriginal people would say ‘healing’) component. This proposed model was to be informed by the best available trauma recovery and offender treatment literature and modalities. Perhaps more importantly, for participants, it was also a *praxis* model, with each case tailored specifically in keeping with the needs of the participants and respectfully considering their feedback in terms of any suggested improvements to the model. An initial program ‘Pilot Phase’ took place from 1990 to 1992.

An independent evaluation concluded:

. . . it is clear that the VOMP has had profound and positive impacts on the lives of both offenders and victims involved. It is an extraordinarily sensitive, complex and demanding process. . . [which] has been valued extremely highly by all of the participants (Roberts, 1992).

In 1995, the Department of the Solicitor General Canada conducted a formal evaluation of the Victim Offender Mediation Program (VOMP) operated by CJI. In the Executive Summary, the author of the evaluation, Tim Roberts, writes,

VOMP serves offenders and victims in cases of serious crime, such as aggravated sexual assault, serial rape, murder and armed robbery. Its primary goal is to promote the healing of both parties in these offences. The model includes a number of possible interventions which support communication between and mutual understanding of the parties. These interventions range from support, counselling, and transmission of information to both parties, to indirect communication by means of videos or letters, to direct communication through a face-to-face meeting (1995: i).

The evaluation found that:

There was unanimous support for the program from all victim and offender respondents interviewed in this study. 'Support' means that respondents found considerable specific and overall value in the program, felt it was ethically and professionally run, and would not hesitate to recommend it to others. This level of support is remarkable, considering that VOMP involves parties who are initially polarized, and who could be expected to hold divergent views about the value of the program (Roberts, 1995: v).

Roberts in both his 1992 and 1995 evaluations reported that Corrections Services of Canada (CSC) staff who had come into contact with the program also voiced strong support. In addition, a seasoned former CSC staff person who, over his 35 year career had held a variety of posts, including prison warden and parole supervisor for one of Canada's largest regions, wrote a three page letter to the program director enumerating what he saw to be the contributions of the program in the lives of offenders, prison staff persons and the victim participants with whom he had personally come into contact. There is space for only a brief excerpt here:

Everything I have heard about the impact of VOMP on offenders has been stated in positive terms. I have never once heard a negative story. My awareness of VOMP extends over 20 years. All of the stories I have heard are anecdotal.

Positive change is one of the key goals, if not THE key goal, in the Mission Statement of the Correctional Service of Canada. It is clear that the VOMP activity of which I am aware, is entirely consistent with, and contributes to the achievement of the Mission (personal correspondence, on file).

The support of victims and offenders who have participated in the program was based on their experience that the process addressed their real needs, that it was flexible and participant-driven, and that it was independent (i.e. community based rather than system based). The quality and competence of the staff were also seen as critical factors. In Roberts (1995) evaluation, respondents comments in there regards are explicated over a number of pages, but the categories were these:

The qualities that were identified by respondents as most important to them can be grouped in six clusters:

- caring/supportive/listened well/warm/down-to-earth/treated as human beings/empathic
- neutral/objective/honest/perceptive/professional/trustworthy/direct
- patient/lack of pressure/flexible/gave time
- experienced/knowledgeable
- dedicated
- spiritual perspective

Most of the descriptors in those categories are self-explanatory, however Roberts' comments in two of them have particular import for anyone desiring to replicate this model. Under the rubric of dedication, he reported:

Both victims and offenders frequently alluded to a range of VOMP actions that could come under the rubric of dedication. They appreciated that VOMP was "not just a job" for staff, that they were willing to take the risks, put in the hours, pull the strings, travel the miles and sit up all evening, if

necessary. Even when parties did not take VOMP up on what they were offering, it was critical that they knew the opportunity was there for them, and that the staff would do what they said they would do (1995: 83).

Under the rubric of spirituality, Roberts reported:

Six of 22 offenders specifically mentioned religion being of importance to them. A native participant expressed appreciation that one of the VOMP staff persons was aware of, informed about, and able to respond to native spiritual beliefs that were central to his own philosophy. He claimed that VOMP staff "helped the spirit in me - in more ways than they knew." A third offender had become "born again" and felt it was important that he convey to the victim how this was significant in his life and the changes he was going through. He stated that VOMP staff helped him understand that he (the offender) should not necessarily expect his change to have the same significance to the victim, and that he might try to gain more perspective on it. Another offender was struggling with the notion of forgiveness, and said that he had specifically asked VOMP staff if they could contribute anything to his exploration from a Christian perspective. Two other offenders mentioned spiritual phrasings used by VOMP on specific occasions that were appropriate to them and in keeping with their own faith.

Thus, approximately a quarter of the participants specifically mentioned that religion or spirituality were important, and they looked to VOMP staff for support in this area. While support in spiritual terms was not essential, it was certainly seen as an asset, and we would conclude similarly that, in looking at replication of the model, conversance with spiritual issues and responses is an asset in a program such as this (1995: 81-86).

In a report for the Executive Management Committee of the Correctional Service of Canada Rev. James Scott (2003), one of Canada's best-known RJ pioneers and facilitators and initial developer of the Collaborative Justice Project (CJP)⁴⁵ based in the Ottawa Court house, added his evaluation in support of the expansion of VOMP across Canada. The report, in part, read:

Based on Restorative Values and Principles and highly informed by stakeholder groups, the best available research in effective treatment and

⁴⁵ Jamie credits Lorraine Berzins for a good deal of the early impetus, saying the two of them more or less 'dreamed' the project up over tea at Lorraine's home one evening.

trauma recovery and participant focus groups, VOMP represents an approach which is seen to be responsive to the needs of victims and offenders impacted by the most serious crimes in the Canadian criminal code in ways that little else is (Scott, 2003).

Positive evaluations, and the support of both victim and offender advocates led, then, in 2004, to the VOMP program being expanded and under its new moniker “Restorative Opportunities (RO)” made available to Canadians from coast to coast. The initial two year pilot project did not die the dreaded “death by pilot project”, but became a national program, available to every prisoner in every prison, and to every victim of the offences they had committed, to the present day in 2018. It is this project, and the outcomes for its participants, which is the subject of this dissertation. But it should be understood that the dissertation deals with the VOMP program as it was in the first fifteen years, or so, of its existence. When reference is to the national RO program, that will be made clear.

8. Victim Offender Mediation Program (VOMP) in practice

8.1 Restorative justice in the serious crime context (a working definition)

Given that work with cases involving serious crime presents its own range of challenges, VOMP staff posited the following working definition for RJ in the context of the program, all the while recognizing that what we saw to be essential program caveats might make the definition a little more wordy than previous versions:

Restorative Justice in the context of serious crime is a not so much a program model as a pragmatic, needs-based approach to the addressing of harms inflicted and suffered in serious criminal incidents; a collaborative approach which (where this can be safely and practically done) involves, voluntarily, the people who have a stake in, and are most impacted by, a particular offence to dialogue about the offence, its aftermath and how it might best be addressed or brought to new degrees of resolution. Collectively, they and their facilitators:

- Identify the harms caused and suffered,
- Identify the need and obligations created by the offence,

- Support the impacted parties throughout the process of determining what can and should be done as they:
 - seek to heal and put right the wrongs to the greatest possible degree,
 - explore and negotiate meaningful symbolic and practical amends, and
 - meaningfully address implications for the future (Gustafson, 2010).

8.2 VOMP objectives

CJI's VOMP approach allows victims to safely gather information about the crime and about the perpetrator, to express the impact of the offence to the person responsible for the crime, and to gain a greater sense of closure. Victim and offender participation is entirely voluntary. Offenders who choose to participate feel it is just and right that they be held accountable for their actions by the victims of their offenses. They frequently provide information of importance to the victims, understand the importance of genuine apology for the harms they have committed and undertake to make symbolic and practical amends where possible.

VOMP aims to assist people affected by serious crimes by:

- empowering participants to address issues and concerns surrounding the crime and the complex and multiple layers of harms that most often result;
- providing the parties with a process which can lead to new insight and understanding, thereby reducing levels of fear and anxiety;
- providing experienced staff who are committed to being agents of healing and restoration for those who suffer crime's effects;
- addressing questions and concerns regarding the offender's eventual release into the community.

The VOMP model is explicitly flexible. It does not necessarily aim to involve parties in a face-to-face meeting. The pace and extent of progress is determined by the participants. Interventions can include:

- support, counselling, legal transmission of needed information to both parties (where that information is freely provided for such release);
- indirect communication by means of letters and/or videos;

- direct communication through one or more face-to-face meetings;
- aftercare: follow-up support, as desired and appropriate, for both parties.

8.3 The VOMP process

Referrals to VOMP may be initiated from either the victim or offender side. Referrals initiated by victims usually come directly by self-referral. In some cases referrals are initiated, at the request of the victim, by their therapists, through victim serving agencies or intermediaries such as family members, aboriginal elders or trusted faith community leaders. Victims have also been referred by Victim Liaison Coordinators in the institutions, or by Victim Information Officers at the National Parole Board (NPB) in cases where, through telephone contact or written correspondence, victims indicated need for services such as those provided by VOMP⁴⁶.

Prison inmates cannot self-refer directly to the program. Inmate referrals must come through the institutions and are typically submitted by CSC staff: Institutional Parole Officers (IPOs), chaplains, psychologists, social workers or other treatment team members who are most familiar with the inmate, understand the purposes of VOMP and support the inmate for participation in it.

The decision to proceed on a case past the point of referral, screening and assessment involves prior consultation with victims, offenders, CSC staff and (where relevant and then only with victim permission) a victim's therapist or counselor. The decision to accept a case is made by the program staff, as a team, at their regular staff meetings.

Making victim contacts

First, it must be stated that making initial victim contacts in cases initiated from the inmate side is an extremely fragile business. Victims frequently report profound “secondary victimizations” at the hands of other would-be helpers and key actors in

⁴⁶ All of these acronyms have changed over the years. The victim liaison function formerly provided by the Victim Liaison Coordinators (VLC's) in the institutions is now provided by the MAI (Manager, Assessment and Intervention). Since CSC established Victim Services offices in each of the country's regions, liaison with VOMP staff is more likely to be with the staff and managers of these offices, known as VSO's (Victim Services Officers). Only occasionally now do the former National Parole Board (now Parole Board Canada, or PBC) Victim Information Officers (now called Regional Communications Officers, RCOs) refer cases, although in some circumstances victims will call them and ask if a service exists that will enable them to speak directly to the prisoner(s) responsible for harming them. In such cases they are referred to us, so far as we can determine.

justice processes, and VOMP staff are careful not to be counted among them. Minimizing risk of revictimization is crucial. The success of the VOMP process is, to a large degree, predicated on establishing, from the very first contact, a safe environment based on trust, openness, honesty, responsiveness and respect.

For this reason, VOMP staff often attempt to make first victim contacts through a third party who already enjoys a trust relationship with the victim. These parties can include: Police-Based or Specialized Victim Service workers, therapists, detectives, advocates or other contacts named in the files. Here, VOMP staff have a great advantage, since they have been actively involved for over 25 years in front-line victim assistance and trauma recovery work with victims of serious crime, having sat as members of the coordinating committee for all the crime victims' assistance programs in the region and having frequently facilitated workshops, done presentations and keynote addresses (usually together with participants of the program who share the podium and speak to their own 'healing' involvement) at regional and national victims' conferences. Having become a known and trusted commodity certainly assists our enterprise in many cases. Where workers in victim serving agencies are not familiar with VOMP, it is an easy matter for them to check for references with their superiors or other justice professionals familiar with CJI, given two three decades of service delivery existence in this area.

Contacts with third party intermediaries usually explore whether it is appropriate to contact the victim at all, whether the timing for such a contact is appropriate and, if relevant, whether it would be feasible and appropriate for the intermediary to make an initial contact to introduce VOMP staff.

In cases where no such intermediary can be identified, VOMP writes a sensitively worded registered letter to the victim enclosing information about the program and inviting them to call VOMP (either directly or through an intermediary) to gather more information by phone or to set up an appointment to do so. For a number of reasons, VOMP staff prefer not to send letters in this manner and, therefore, use this contact method very sparingly.

Should an interview with the victim be arranged, usually two VOMP staff persons (a male/female team) will be in attendance. This provides an opportunity for staff to fully

explain the program and, as with the offender, to assess the victim's attitude and motivation towards participation. Only in the rarest of circumstances would a victim who wants to participate be screened out. Even where high levels of anger or vengeance motifs exist, VOMP staff will continue to work with the victims in subsequent meetings, listening, acknowledging and validating the need for lament. Ironically, in many cases, victims have previously experienced no such validation. Almost inevitably, given this sort of care, they come to understand that while the expression of their pain, anger, suffering and personal impacts is completely appropriate both for their and the offenders' growth and healing, a spirit of vengeance is likely to contribute to neither. One of the primary tenets of the program is, like the doctor's Hippocratic Oath: "First Do No Further Harm." The purpose of the process is that it contribute to the healing and wellbeing of both parties, and create new harms for neither.

Again, the mediators exercise discretion as each case is developed, exploring with the parties (and, where appropriate, with their therapists) whether the case is appropriate and the parties are ready to proceed to mediation. In some cases, especially those in which the victim or family survivor participant is in therapy, additional process steps may be put on hold until further gains are made in therapy. In some cases, therapists have recommended continuing, working with VOMP staff and with the client to make participation in the program part of the therapeutic process. Criminal trauma survivors appreciate that VOMP staff have had education and experience in psychology and trauma recovery. At least one of the staff (and sometimes two, working together) has had professional credentials as a trauma recovery therapist (or Registered Social Worker (RSW)).

Assessing offenders

Offenders are assessed for inclusion in the project in four ways:

1. Offender Assessment Point Scale - Together with the verbal contact with CSC staff, VOMP asks that these staff complete the "Offender Assessment Point Scale". This is usually how the inmate referral process begins. The assessment is used to alert VOMP early in the process to issues the institutional referral agent sees as potential

areas of difficulty, and to allow VOMP to do further assessment in order to make the decision to screen or proceed to the next step.

2. Case file reviews - VOMP staff are given permission to access files of potential offender participants through the office of the National Parole Board in Abbotsford, B.C. Depending on the size of the file, this review can require 3 - 6 hours to complete. Criminal histories provide insight concerning patterns of behaviours that staff may need to understand to work effectively with this inmate.

The psychological/psychiatric assessments on file often provide insights into the offender's response to treatment, development of victim empathy, presence of remorse for harms caused, and other factors helpful in determining readiness and ability of the offender to meaningfully participate in the VOMP process. The files are also helpful in indicating how the offender is managing in the institution (concerning the level of his volatility, for example). Finally, the file review gives staff information useful in determining which themes and questions to pursue at the first in-person preliminary interview with the inmate (see 4., below).

3. Contacts with CSC staff - Over and above any initial referral contact, VOMP staff have, on average, one to three contacts with CSC staff members who have worked with the offender or are knowledgeable about such issues as treatment programs in which he or she has been involved. Factors such as these are considered: the degree of the inmate's acceptance of responsibility for the offence and harms caused; the presence - and evidence of genuineness - of remorse and victim empathy; and his or her apparent ability to participate meaningfully to the benefit of both himself/herself and the victim.
4. Interview with the offender - In some cases, the first three processes lead VOMP staff to screen out a referral prior to any interview with the offender. When VOMP staff do schedule a preliminary interview with the inmate, it means they have a reasonable expectation that he or she will be an appropriate participant. In the initial meeting with the offender, VOMP staff seek to establish credibility and rapport, and to accomplish these tasks:

- to offer information and answer questions (especially about the philosophy of the program and the variety of its potential processes and outcomes);
- to assist the offender in considering the benefits of this process in contributing to healing gains for both himself/herself and the victims;
- to test the initial motivation of the offender for participating;
- to explore whether the offender would be willing and able to respond to the type of questions a victim would typically ask;
- to test need for future meetings with the inmate to further explore issues of remorse, degree of empathy for the victim(s), awareness of criminogenic factors, ability to trust and willingness to be appropriately forthcoming, etc.

VOMP staff do not commit to offenders at the end of this process, but rather explain that decisions to proceed on the case involve a number of factors. Chief among these, of course, is the willingness of the victim(s) to take additional VOMP process steps. In cases generated from within the institution, staff make clear that assessing if and how any victim contacts should be made can be a fragile and lengthy process. It is always made clear that the process can only proceed to next steps if both parties are willing. Even then, VOMP staff warn, caution must govern the entire process: there will ample opportunity to learn the virtue of patience.

Proceeding to mediation

In general, it is important to successful VOMP process outcomes that offenders take responsibility for the harms caused their victim(s)⁴⁷ and choose to participate of their

⁴⁷ This is phrased precisely as it is because we have seen, in numerous cases, offenders who do not take responsibility for having committed the crime exactly as charged, but who, nevertheless, take full responsibility for the harms they have caused their victims. The indictment or description of the criminal code charges may differ in these cases from the offender's own statement of responsibility. An offender may claim that they are 'not guilty precisely as charged', but are still guilty of and taking full responsibility for having committed *an* offence (and perhaps an even more serious one) which caused the harms described by the victim. Interestingly, in some of these cases, the victim *concur*s, aligning with the offender's thought about the crime committed and the resulting harms suffered. In other cases, of course, this is a contentious issue, with victims insisting that an offence resulting in a manslaughter conviction, should result in a life sentence for murder, or that a second degree murder conviction should have resulted in a first degree (premeditated) murder conviction. While VOMP participation usually assists,

own volition. If offenders were to participate involuntarily or even reluctantly in response to victim initiation of the process, the likelihood increases that victim(s) (or offenders, too) would experience the process as unsatisfactory or even harmful.

If VOMP staff have any doubts about moving ahead with the process by virtue of concerns regarding the inmate's appropriateness, they talk with the victim, explaining the situation, sharing information within legal and appropriate constraints, and explore the victim's desire to proceed in the light of that discussion. Victims often choose to proceed cautiously, even in this sort of circumstance, and even if the offender appears inarticulate or less than remorseful, simply because they feel need for the encounter and wish to be heard. While such cases are not, obviously, ideal, cases of this sort have still resulted in outcomes considered beneficial by the participants. Respecting victim autonomy is an essential tenet of the program. Therefore VOMP staff usually support victims in whatever they choose at this point, whether that choice is to proceed to take the next cautious step, to withdraw altogether, or to task staff to do some additional exploration of the concerns.

VOMP staff, obviously, have a duty of care to both victim and offender participants, and reserve the right to abort or delay a case in which safety concerns for either participant emerge. In those instances where VOMP staff have had prior contact with the offender or victim and are not able or willing to proceed with the case, they attempt to meet with the relevant party about this outcome.

Where proceeding does seem indicated, and after participants have made a decision to proceed to next steps, VOMP staff prepare them for what lies ahead. This is often done in a series of subsequent sessions, and can involve videotaped interviews, or the exchange of correspondence or video-taped questions or comments, all overseen by VOMP staff and handled by them. The face-to-face dialogue is not scheduled until both participants feel ready. Throughout the process, VOMP staff do everything possible to ensure safety in each of "the four dimensions": spiritual, physical, emotional, psychological.

even in some of these matters, we have also seen victims insist that a motor vehicle accident causing death was also "murder" of their loved one, and should have resulted in a sentence consistent with that.

Participants report that a sense of safety is often increased simply with the provision of needed information. Both victim and offender participants need to know about the program and about the program staff. They need detailed information about the process itself and its relationship to the justice system, about their rights, and about resources available to them.

Almost axiomatically, both victim and offender program participants have questions about the other. VOMP staff report very little information in response to these questions. Rather, the participants themselves are told about the questions, and make their own choices, with VOMP staff assistance, regarding what they are comfortable disclosing in the preparatory phases of their participation. Whatever information participants choose to share at this point, is usually done by them through videotaped or written means, rather than by VOMP staff.

Evaluative research highlights the importance of careful preparation. VOMP staff themselves liken this to the building of a bridge - "it must be sufficiently carefully engineered and constructed to safely carry tremendous freight." Continued preparation of both parties is essential to successful outcomes. Offender preparation involves opportunity to reflect on the crime and their feelings about it, to anticipate what sorts of things the victim will need and what they will likely say, and a chance to work through the kinds of things they may wish to say to the victim. Some offenders report that this is the hardest work they have ever done yet look forward to being able to keep their commitments to complete the process. VOMP staff support this type of reflection and provide encouragement to inmates to think about what symbolic and practical attempts at amends they might need if they were the victims of the same offense. Staff often ask offenders what they hope to accomplish in the dialogue for the victim as well as what they wish to accomplish for themselves.

Should the offender and victim ultimately participate in a face-to-face dialogue, the VOMP staff ensure that a safe atmosphere is provided, helping to manage the interactions and furthering the dialogue along the lines suggested by all of their interactions with the participants in the preparatory phase. Typically, the meetings average 3 to 5 hours, structured around a two-hour break. Each meeting is unique,

although some common themes have clearly emerged over the duration of the program's operation.

Following the face-to-face dialogue, VOMP staff conduct in-person follow-up meetings with both the victim and offender. Subsequent follow-up sessions are adapted to meet the needs of the participants. These may include, but are not limited to, further in-person contact, telephone follow-up, assistance with further resources, and in some cases, one or more additional victim offender mediation/dialogue encounters. Follow up sessions provide for accountability of VOMP staff to the participants themselves, enabling them to provide their own evaluations of the process and to report on outcomes as seen from their own points of view. This evaluation is useful as a feedback mechanism to VOMP staff, reinforcing good practices and identifying areas that could be improved upon.

Finally, it should be noted that reporting of the outcomes to NPB by VOMP following completion of the mediation process is minimal. Participants are aware of this and commit to keeping details of the process confidential. This helps to ensure as much independence as possible and to diminish the possibility that offenders might participate in the program primarily in hopes of impressing the parole board and winning early release.

9. Summary

We've looked, in this chapter, at some perspectives on justice through history, at the origins of restorative justice along that longer historical perspective, at definitions, values and principals at the core of RJ and, as briefly as we dared, at some of the tributary streams of RJ as a metaphorical 'healing river'. While not attempting an exhaustive overview, we've looked at a variety of models and approaches founded on RJ values and principals foundations, including those conceived, researched, developed and implemented at CJI in Canada which culminated in the agency's Victim Offender Mediation Program contracted to the country's national correctional service and which (since 2004) has been delivered coast to coast under its new name, Restorative Opportunities (RO). Because the themes of apology and forgiveness surface frequently—if only as themes with which the participants wrestle for a time—we

invested a number of pages in consideration of the impact of meaningful apology and its relation to the offering of forgiveness. Next, we consider how all of that history and the stepping stones which led to the creation of VOMP came together to suggest a methodology for a piece of research into the impacts and effects reported by VOMP victim and offender participants.

Chapter 4: Methodology

The introductory chapter described how the research questions had been nuanced and expanded from a very basic one suggested by my (then) doctoral supervisor, the late Prof. Dr. Tony Peters who, having visited our offices in Canada with his Belgian colleagues on a study tour in 1995, had been well acquainted with the complexities of the VOMP program almost since its birth: “What’s going on, and what accounts for it?” This question had been framed long after I had begun to facilitate cases and gather data, thus, what I wanted to investigate required a number of subset questions in addition to the primary one. These questions, set out in the introductory chapter, are reiterated here, followed by the methodology chosen to explore them. In ‘discerning the choice of method’ the choice of a multiple case study is motivated, and the sampling method explained. A description of a case study is added to familiarise the reader with the content and the form of the available information. A second part of this methodological chapter explains how the constructs used in our research questions (e.g. empowerment, trauma (for both victims and offenders) and recovery, empathy, attitudinal change and desistance) discussed in the chapters following were measured in order to answer our research questions.

1. Research questions

This dissertation will endeavour to answer the following primary question:

What are the major impacts and outcomes of facilitating dialogue encounters between victims and offenders in crimes involving severe violence?

A subset of questions upon which the research focuses will address these:

1. What is the impact for the victim of encountering "the other" (the offender):

- 1.1 In terms of the victim overcoming a sense of disempowerment subsequent to the crime itself and the affects of secondary victimization through exposure to and engagement with the criminal justice system.
 - 1.2 In terms of trauma recovery, especially in cases severe enough to result in diagnoses of post-traumatic stress disorder (PTSD) for the victim/survivor?
 - 1.3 In terms of impact of both the trauma and the recovery journey on survivors' subsequent work and vocational choices?
2. What is the impact for the offender of encountering "the other" (the victim):
 - 2.1 In terms of rehabilitative treatment for the offender. By "treatment" here, I mean:
 - a. outcomes achieved through participation in VOMP in terms of attitudinal change, accepting and taking responsibility for the harms caused their victims, and the establishment or increase of empathy (specifically for the victim of the index offence, but also for others more generally).
 - b. In terms of what other authorities term "desistance" (Maruna, 2001): the commitment of offenders to "desist" from further criminality, which commitment is evidenced here by offender accounts of how participation in these encounters has motivated them to ensure that no one is ever harmed again at their hands and which is underscored by the data indicating no new charges following release.
 - 2.2 In terms of the offender's own prior trauma and recovery journey? For many offenders the trauma they carry begins in early childhood with Adverse Childhood Experiences (ACE) and is often increased through elements of their experience in prison. Where appropriate, one or both of those circumstances will be investigated, with a view

to gathering data regarding implications for mental and physical health, downstream risk assessment and decision making, and for recidivism and ability to reintegrate successfully into the community.

And, finally, because questions regarding the place of apology and forgiveness in RJ processes are so frequently raised in the literature, several questions regarding apology and forgiveness are added:

- What is the impact of meaningful apology in these cases?
- What are the elements of those apologies which make them meaningful?
- Was forgiveness offered by the victim, and, if offered,
- Was forgiveness received by the offender?
- And, finally, how do those elements, apology and forgiveness, ‘play out’ in victim offender mediation, in cases where they do, to provide meaning for victim and offender participants in VOMP?

2. Discerning the choice of method: multiple case study

Stake (2006, 2010) and Yin (2012) proved to be particularly useful in determining the most adequate research method for our study. The work of these authorities strongly supported the use of a multiple case study approach as the most suited to this study, especially given that, while essentially a qualitative study, it has both qualitative and quantitative aspects. Yin strongly asserts that the old stereotypes claiming that case study method is “one of the strands of qualitative research—along with...narrative research, phenomenology, grounded theory and ethnography”, simply are unacceptable any longer. case study method is equally valid in and appropriate to quantitative and qualitative studies” (2012: 19).

While Yin suggests that quasi-experiments are particularly appropriate when researching “an initiative’s effectiveness in producing a particular outcome” (clearly my major research objective) he argues that “. . . case study research seems to be based on its own separate method, related to but not wholly part of the qualitative or quasi-

experimental domains” (2012: 5). Yin in this same work also asserts that “All case study research starts from the same compelling feature: the desire to derive an up-close...in-depth understanding of a single or a small number of ‘cases’ set in their real-world contexts” (2012: 4) suggesting that “[a]t least three situations create relevant opportunities for applying case study as a research method.” Of these three, the first two are most pertinent to my study: “case studies are pertinent when the research addresses either a *descriptive question* – ‘What is happening or has happened?’ – or an explanatory question – ‘How or why did something happen?’”⁴⁸

The writings of other respected methodologists also contributed to the selection of a qualitative, multiple case study approach. Perhaps the most cogent statements for this choice, from among many authorities, were the following:

- Qualitative case study methodology as with most (if not all) “Quasi-Experimental Design compromises some of the rigor of the controlled experiment, but maintains the argument and logic of experimental research” (Cook & Campbell, 1979).
- Given that my investigation into these cases studies is almost entirely retrospective, it falls into the category of what is often called “‘ex post facto research,’ a systematic empirical approach in which the investigator does not employ experimental manipulation nor random assignment of subjects to conditions because events have already occurred or they are inherently not manipulable” (Kerlinger, 1979).
- As Rudestam and Newton, (1992: 23) assert, “So-called causal statements become correlational statements in quasi-experimental research, although it is often possible to infer a sequence of events in causal form.”

The authorities cited above precisely name what this study aims to achieve, i.e., “to derive . . . an ‘in depth understanding’. . . of cases set in their real world contexts” in order to address “a descriptive question – ‘What is happening or has happened?’ – [and] “an explanatory question – ‘How or why did something happen?’” (Yin, 2012: 4), wherever possible utilizing the participants own narratives, and to analyze what had

⁴⁸ Yin lists “evaluation” as the third.

transpired so as to provide, if not causal explanations, then at least the persuasive relationships and plausible explanations for the phenomena observed (Maxwell, 2013; Strauss & Corbin, 1994; Rudestam & Newton, 1992).

- Stake sealed this methodology decision, appreciatively quoting Erickson (2008):

Quality of evidence in social and educational fields is a personal matter as much as a statistical matter. It should not be thought that evidence-based research depends mainly on measurement. Evidence-based research should enable people to attain a deeper conviction of how the thing works and what to do about it. As it has ever been, personal confidence will lay the foundation for professional practice and national policy (Stake, 2010: 123).

- Finally, Stake, in a section regarding *writing* as qualitative research says:

As a researcher you do not have the privilege to invent stories, but your perception of how something has been working can be told in story form, including the stories other people tell you. Storytelling is part of the craft of the qualitative researcher. Some qualitative study is fundamentally the capture of a story. Not only the story of a person or group, but also the story of an organization or social movement (2010: 170, emphasis added).

In the examination of the case studies, there has been a concerted attempt to capture and faithfully represent the stories of individual persons, each absolutely unique, despite the commonality of the themes that emerge from their stories; the story of a group: a tremendously courageous group of victims and offenders who – in almost every case – had to overcome all manner of impediments to their encountering one another in Canada’s prisons. The story captured here is also the story of two organizations: 1) a small non-profit community based organization (Community Justice Initiatives Association in Langley, BC) that dared to try to incarnate its founders’ dreams and visions in order to ‘speak to power’ and 2) at the opposite extreme in terms of size, a national prison system, the Correctional Service of Canada (CSC) as it came to grips with the need to change, to adapt and to accept that not only were prisoners its clients, but victims and the family members of those who had been harmed. That story was informed by many sources and at a number of points, as the national office began to explore how to inculcate RJ values and principles into at least some of its operations.

That exploration gave rise to a new division in the CSC Office (The Restorative Justice Division)⁴⁹, and to initiatives which included transforming a minimum security prison on a remote mountain into an aboriginal healing village (Kwìkwèxwelhp Healing Village)⁵⁰ where the Warden at the time, the late Ron Wiebe, led in the task, and establishing “an RJ Unit” in a medium security prison, Grande Cache, in Alberta. Local corrections officials, such as Wiebe, and national leaders alike, took risks to trust that CJI, (dubbed by Dr. Pierre Allard, CSC Assistant Commissioner, “. . . our little laboratory in the west”) would prove to be an agent of healing, rather than one responsible for new harms and embarrassment to those leaders and perhaps even to the federal government itself.

The story captured here is also, in part, the story of a movement, the restorative/transformati ve justice movement, as that movement grew, broadened, and developed depth in its theoretical understandings and processes; a movement that has created ‘sea-change’ over a good part of the world along a spectrum of restorative approaches to crime and conflict that extend from the school yard, through criminal justice and corrections systems to those aimed at attempting to find healing, restoration, redemption and reconciliation in the aftermath of horrible internecine combat, human rights violations, crimes against humanity and genocide. Restorative justice (RJ) is not the ‘be-all and end all’, but, where properly employed, it can be a force for healing and transformation that eclipses most others; one of the cracks in the walls we build between us where the light bleeds in. My hope is that the way in which this story has become my story, and I have been able to tell it from a privileged position, might be to even some small degree able to wedge that crack still wider, suggesting, together with authorities whom I most respect that RJ can be seen and embraced “as a way of life, an ethic of reciprocal dialogue and empathy, and a social framework” (Mika, 2010). But the stories

⁴⁹ This division has since been expanded to incorporate CSC Victim Services so is now the Restorative Justice and Victim Services Division.

⁵⁰ The Warden at the time, Ron Wiebe, was a visionary and RJ aficionado with a social work background. His story can be found in a CSC Publication, *Legacy of Ron Wiebe: An Unfinished Conversation* online at: http://publications.gc.ca/collections/collection_2016/scc-csc/JS82-92-2000-eng.pdf. There is an annual award given during Restorative Justice Week during the National Symposium which honours Ron’s contribution, it is simply and fittingly called The Ron Wiebe Restorative Justice Award.

need unpacking, and the following procedures, measurement methods, data presentation and analysis are where that must take place.

2.1 Data sources

Yin (2012: 10) suggests that one of the strengths of case study research, is that it “is not limited to a single source of data, as in the use of questionnaires for carrying out a survey. In fact, good case studies benefit from having multiple sources of evidence.” Yin then lists six common sources, illustrating a varieties of types of evidence often employed:

- Direct observations (e.g. human actions or a physical environment)
- Interviews (e.g. open-ended conversation with key participants)
- Archival records (e.g. student records)
- Documents (e.g. newspaper articles, letter and e-mails, reports)
- Participant observation (e.g. being identified as a researcher but also filling a real-life role in the scene being studied)
- Physical artifacts (e.g. computer downloads of employees’ work).

In this study the first five sources listed by Yin have been utilised as data sources in researching the body of case studies presented here, although not all five sources were available in every case. In all cases, we had had access, with their permission, to offenders’ official files (“archival records”). In virtually every case, these include excerpts from police reports, the official record or narrative of the offence, the offender’s account of the offence (which may differ, significantly), court proceedings, criminal code charges, the sentence and the judges’ “reasons for sentencing”, as well as records regarding the offender’s behaviour and progress in prison: the security level of the ‘parent’ institution (i.e., maximum, medium or minimum security), correctional plans, institutional infraction charges (if any), program performance reports and, eventually, reports concerning his or her preparation for parole. On the victim side, we have had: our program files containing correspondence with the victims; notes as the case progressed: of telephone calls, preliminary, preparatory meetings or face-to-face meetings, and in most of the sample cases, video tape of one or more of those. Wherever Victim Impact Statements were provided at time of trial or for the parole board to

consider prior to making release decisions, we have normally had those. In some cases, a variety of additional data sources (“documents”) from both victim and offender ‘sides’ are available, including: publicly broadcast documentaries (e.g. case studies 1, 13, 21, 23, & 24); presentations made by VOMP participants as part of conference proceedings (12 of the 25 cases); and numerous print, television news and human interest features. As further sources for triangling, comprehensive qualitative research reports done by other researchers (Roberts, 1992, 1995) are used, as well as quantitative studies done by Government of Canada researchers on re-offence rates which inform and underscore own findings. It will be clear that of the sources Yin lists (above), “direct observations”; “interviews”, “documents” and “participant observations” play a major part in the description and analysis of the case studies investigated.

2.2 Bounding the case

Stake proved helpful both in defining and bounding “the case” and in his concept of the “quintain”, the ‘complete set’ of cases to be studied:

cases are rather special. A case is a noun, a thing, an entity; it is seldom a verb, a participle, a functioning. [cases are]. . . real things that are easy to visualize, however hard they may be to understand (Stake, 2006). The case is. . . a functioning specific. . . . In the social sciences and human services, the case has working parts; it is purposive; it often has a self. It is an integrated system. . . . A case study is both a process of inquiry about the case and the product of that inquiry (Stake, 2000: 436).

While there is now a fairly wide repertoire of restorative practice models and case types encompassed by an expanding restorative justice ‘tent’ (such as is seen in the previous chapter), for the purposes of this dissertation, a case represents a victim-offender combination in which victim and offender actually met face-to-face in a facilitated dialogue. Each case is of interest, intrinsically, and is described as comprehensively as necessary to illustrate the phenomena at work in it, the outcomes observed and reported upon by participants and relevant witnesses. However, the findings in each case also contribute, as in other multiple case research studies, to the phenomenon seen across what Stake has dubbed the “twofold”, i.e., the broader collection of cases being studied (Stake, 2006). Stake, in fact, asserts that “Multicase research starts with the quintain. . .

we study. . . its single cases – its sites or manifestations. But it is the quintain we seek to understand” (Stake, 2006: 6).

2.3 Study period

The study period for this dissertation runs from April 1, 1992 through March 31, 2003. Although VOMP has been in existence since it was first funded in February 1991, the first year was a pilot project year, during which procedures and protocols were being established and referral relationships built with prisons and victim service communities. The twenty five cases referred to the program during that pilot project period were omitted from this study since, of those 25 cases – all of them from the offender side – only a few proceeded to a face-to-face dialogue and it is the impacts of the face-to-face dialogues which are the focus of this dissertation.⁵¹

From 1992 on, once referral mechanisms and program practitioner credibility with Correctional Service staff and with victim serving agencies were more fully established, referrals began to proceed through the various steps of the process to culminate in face-to-face dialogues at significantly higher rates.

While including in this study the cases referred during the initial ‘pilot project’ period might have yielded some interesting findings, most of those would have to do with the trials and tribulations experienced in attempting a program development of this magnitude. This dissertation has a sharper focus which, as the title suggests, is to examine the effects on victim and offender program participants who actually experienced “Encountering ‘The Other’” through participation in face-to-face facilitated dialogues with one another. Because many of the men and women imprisoned for these offences received lengthy sentences, many continued to be incarcerated for years following the dialogues with their victims. Ending the study period on March 31, 2003, allows time for all but a very few of the offender participants to have been placed on conditional release (parole), and for investigation of whether or not (or how soon after

⁵¹ Upon hearing that this program had actually begun, a Unit Manger in one of the prisons, convinced that VOMP was a wonderful idea, enthusiastically referred all of the inmates in his unit, believing that since they were all ‘lifers’ (the most easily managed of the prison population and far from eligibility for any form of release in most cases) that the victims might as well have the advantage of what information they might gain and what healing might accrue. As one might imagine, not all of the people he had referred were ideal candidates.

release) they reoffend or are returned to prison for parole violations. In these regards, findings are included of quantitative research reports: *VOMP Correctional Results (2003; 2006)*, prepared by the Correctional Service of Canada (CSC)'s National Headquarters researchers on recidivism in this same sample as one of the sources with which the data are triangulated. These, the *VOMP Correctional Results* studies, involved computer data base searches specifically on each of the offenders who had participated in VOMP and whose cases had progressed to facilitated face-to-face dialogues with their victims in order to determine – of those who had subsequently been released from prison – how many had later incurred: 1) parole suspensions or revocations; 2) new criminal charges; or 3) new sentences.⁵² These were matched with a control group of ‘like’ offenders: alike in number, index offences committed and reintegration potential (Petrellis, 2009).

While the concerns of this dissertation are much broader than the matter of offender recidivism, the commission of new offences by offenders upon release is clearly a matter of primary concern to correctional jurisdictions everywhere. It is certainly a highly political matter. Hence the treatment here of recidivism as one of the foci, although recidivism statistics are not the primary ‘driver’ in attempting to determine “what works?” That narrow focus can quickly become a slippery slope, morphing into a ‘correctional cost benefit analysis’ and leaving the victims out of the equation altogether.

Recidivism, of course, must be one of the measures of effectiveness of any correctional program intervention. Beyond that, of specific concern for the purposes of this study, is the impact upon victims when offenders with whom they have participated in dialogue processes commit new offences once they are released. For trauma survivors, this can precipitate a “revaluation” of their victimization, of the offender and of their dialogue experience. In extreme cases, it could conceivably precipitate a rekindling of even those post-traumatic stress symptoms previously diminished or extinguished (Brewin, 2003:

⁵² This same ‘scan’ was repeated in 2006 for the Correctional Results Report (2006) and this time included all of the VOMP participants studied for the 2003 report as well as those who had participated in VOMP face-to-face dialogues with their victims since then. When I received the 2006 Correctional Results Report, I reviewed my dissertation case study sample in light of the 2006 report’s more recent results in order to test what impact three more years might have had on those case outcomes in terms of the four measures listed above. The case study data in the Data Analysis section reflects those outcomes.

118). Of the impacts of recidivism on the offenders themselves, some are clear, and some much more subtle. For these and other reasons, we will need to return to the matter of recidivism specifically in relation to its import for VOMP and the program participant principals.

2.4 Sampling: case study selection methods and rationale

In an attempt to avoid the appearance of having ‘cherry picked’, i.e., having selectively chosen only those cases which support my own biases, a simple random sampling procedure was used, although random sampling is seldom used in qualitative research. Further, even if a random sample were to be chosen from as many as 500 cases, random sampling 20 of them could potentially produce a sampling error of “roughly plus or minus 25%” (Palys, 2010). However, on the basis of counsel both from members of my doctoral committee at KU Leuven, Belgium, and from Dr. Ted Palys, methodologist at Simon Fraser University, this sampling method was maintained:

. . . if your interests are. . . in the stories themselves and what you can wrench out of them theoretically, then the way you are sampling – mixing some randomly chosen with others purposively selected – is a great way to proceed. Diehard [quantitative folks] will always want bigger numbers than that, but the [qualitative] and mixed methods folks. . . will be impressed (personal correspondence).

2.5 Random sampling procedure

To the sample representing all of the cases referred to the program from April 1, 1992 (the first day of program operation following the end of the pilot project) through March 31, 2003 (the last day of fiscal year 2003) a further screen was applied. Any case in which the participants had *not* proceeded to a face-to-face meeting was omitted. The number remaining represented those cases in which participants had encountered each other at least once in a facilitated dialogue. From these a random sample was drawn. Equally-sized slips of paper, each containing nothing but one case number (e.g. 1992.001 – representing the first case referred in 1992 – through 2003.024 – representing the last case referred in 2003) – were placed into a container. The slips were vigorously mixed to begin, and mixed again each time one was drawn blindly from

the vessel by an assistant. Twenty slips, bearing nothing but the referral case number were drawn. The random sample $N = 20$.

Because each of the numbers chosen represents a case that *did* proceed to a facilitated dialogue, at least two participant parties (the victim and the offender) were ultimately involved in each of the VOMP encounters that took place as a part of the processing of these cases. In some cases there were not two, but multiple, participants. In one of the random sample cases, for example (case study 10) two co-accused were convicted of the same crime, a multiple homicide in which four people were murdered. These two co-accused were both referred to VOMP but, to date, only one has had a face-to-face meeting with a victim family member. He has met with the same family survivor of the homicides on two occasions. Further meetings are anticipated involving the co-accused and others of the family survivors. Both of those offenders were sentenced to ‘life 25’ terms (which means serving 25 years in prison before being *eligible* to apply for parole). At time of writing, one had recently been released and was successfully on parole in the community while the other is now eligible and being supported by his prison case management team for parole. In another of the random sample cases (case study 9) three co-accused men were convicted of the crimes (the murder of one’s mother and attempted murder of his father and sister). In this case, since the victim/family survivor ultimately participated in facilitated dialogues with all three offenders, data has been entered for all of them, even though the case numbers of only one of the three offenders was among those randomly selected.

In all VOMP cases where more than one victim or family survivor participates, alphanumeric file numbers are utilized for the victims/survivors. If five family survivors, for example, ultimately became participants in the program on the first file referred in 1992, each of those separate victim files would be numbered 92.001A through 92.001E. In the first ten cases randomly selected (case studies 1 – 10) there was only one case in which more than one victim met with the offender. This represents a sampling anomaly, however, since individual meetings involving more than one victim (or multiple meetings to accommodate each victim in turn) are more common in the overall VOMP database. The norm is actually more apparent in case studies 11 – 20. For example, in

two cases from among these ten, two family victims/survivors met with the offender who had harmed them. In another two cases, three family members – all of them direct victims or witnesses to the offences – met with the offender. In some of these cases, victim or family survivor participants met with the offender *together*; in other cases, participants expressed the need for separate meetings (instead, or in addition). Because outcomes for these participants can vary substantially in any case involving more than one victim-offender ‘combination’, the outcomes for each participant will be reported separately, rather than pooled.

2.6 Anonymizing the sample participants

All of the cases initially sampled at random have been included, i.e., no case, once chosen, was rejected. In order to protect identities for all parties, yet give each of these very real individuals a name (rather than a de-humanizing case number) pseudonyms for each participant (whether victim or offender) were chosen at random from a list of the names given to Atlantic storms (hurricanes) which occurred between 2001-2006. In the study’s sample the only connection to the participants’ real identities is that males have been given masculine names chosen from the list and females feminine names. In no case was a pseudonym (hurricane name) used if, at time of writing, there had ever been a VOMP participant by that name. This convention (the use of these pseudonyms) has been maintained throughout, except in cases already in the public domain by their own choice under their own names or under pseudonyms of their own choosing, including: ‘Anthony’ (case study 21, whose case was already in the public domain under this pseudonym; and Debbie (case study 24) who has been very public about the outcome of her case, and whose story was featured in a CBC Television documentary. Another case (case study 1) was the subject of a full-length CBC Radio documentary, where she was given the pseudonym ‘Lynn’. In public presentations at the conferences mentioned in this dissertation, however, she made clear that she is now proud to use her own full name, and invites other survivors to contact her for information about VOMP.

2.7 Sampling anomalies

It seems important to note here that it became apparent that sampling anomalies were evident early on as the random sample of twenty cases was examined. One hopes that

a ‘random’ selection will reflect the diversity in the entire data sample from which it is chosen. Yet, for example, while a significant number of female offenders were referred to the program during the study period, none of their cases were ‘picked’ through the initial random selection process: all of the prisoner participants initially selected were male. Similarly, while a significant number of Indigenous People had been referred to the program only one surfaced, case 13, where the victim was Indigenous. A greater breadth of inclusion was called for (and is addressed below).

While the attempt to derive a random sample resulted in these apparent omissions, there is also an anomaly in the *type* of cases which were included. A scan of the entire program data set of over 1000 total referrals (as of January 2017 and since 1990) reveals that of all 1000 cases referred, in only two of those did *a number of co-accused act together to murder or attempt to murder their own families*. Yet both of those cases were randomly selected among the first set of ten cases sampled, another striking anomaly: of our total referral base, this type of criminal incident has occurred in less than .2 % (i.e. point two) percent of cases, not 20% as might appear from the first set of ten cases randomly sampled.

2.8 Purposive selection to address anomalies

Thankfully, in a qualitative study, one need not be slavish about randomness in the selection of cases; in fact “purposeful” or “purposive selection” is an accepted case selection method and evident in many recent studies (Given, 2008; Stake, 1994, 1995, 2010; Palys & Atchison, 2008). Because there were significant outcomes in a number of VOMP dialogue cases involving both women offenders and Indigenous participants (both victims and offenders) examples of each are included to add diversity and include instructive cases, i.e., cases which ‘speak’ to the controversies in the literature and which capture through “purposive selection” what are important learnings: material specific to these cases. Additional cases then, involving 5 offenders and 6 victims, were added purposively. In each of these cases participants also met in face-to-face mediation meetings.

2.9 Synopsis of the sample

The sampling method described produced the following numbers:

- The total number of individual offenders included: $N = 28$.
- The total number of individual victims/survivors: $N = 34$ (since some offenders had more than one victim each).
- The total number of Victim Offender ‘Matches’ in which facilitated dialogues took place: 44 (since some victims met with more than one offender).
- Dialogues facilitated between those 28 offenders and 34 victims: $N = 60$ (since, in some cases, participants desired more than one meeting).

3. Case study exemplar

In this section, an example of a case study is presented in detail, demonstrating how the process works from referral to completion. The remaining case studies can be found in Appendix F.

3.1 The case study data template

Each of the sample case studies is numbered, and the data elements being presented are set out according to the following template:

- A. The prisoner participant’s (pseudo) name.
- B. The offence type. Where multiple offences were committed, courts usually seek to convict on the most serious of these, the offences which draw the longest prison terms. Here we indicate the offence(s) and the number of counts of each for which the offender was incarcerated when referred to VOMP.
- C. The victim participant’s (pseudo) name.
- D. Victim participant’s gender.
- E. Was the victim participant a direct victim of the offence? OR (see F, below).
- F. Was the victim participant a family survivor with legal victim status?

Note: There is now provision in Canadian Law for others who also suffered harm in the commission of that offence against a loved one to be considered victims of that offence for a number of legal purposes (Corrections and Conditional Release Act, Section I, (2) .1). This provision includes blood kin, common law partners, witnesses and, in some cases, others. It entitles these individuals to have access to certain kinds of information (otherwise considered confidential and ‘PROTECTED’) regarding the offender, to attend his or her parole hearings and to have travel costs from one’s residence to those parole hearings covered, no matter where in Canada these are held. Under certain criteria, these individuals may also have other entitlements, including Crime Victims Assistance, which may include a variety of forms of compensation and coverage for counselling. While some find the term ‘victim’ disparaging, especially if they feel they have left their victimhood behind and now see themselves as crime ‘survivors’ or ‘trauma survivors’, for legal and entitlement purposes this designation can still be an important one.

In a case where the actual victim died as a result of the offence, that victim’s loved ones are often termed ‘family survivors of homicide’. The term ‘family survivors’ not only denotes those who survive following the death of a loved one, but any close relation who suffers harm because of the crime committed against their loved one(s). Examples in the data set include: parents, spouses, siblings, or other close familial or common law relations, i.e., the “family survivors” who also experienced harm and were traumatically impacted in the commission of that offence against the direct victim.

G. The VOMP victim participant’s relationship to the actual victim (spouse, mother, father, sibling, etc.).

H. The relationship (if any) between VOMP Victim and Offender participants (indicating whether these were formerly acquainted or related by blood, etc.).

I. Had Victim participant been diagnosed with post-traumatic stress disorder (PTSD) or, absent that diagnosis, were they highly symptomatic at time of referral and prior to VOMP participation).

J. Indication (where known) of offender's Adverse Childhood Experience (ACE) score.

K. Source of referral to VOMP: Victim initiated? OR (See M, below).

L. Source of referral to VOMP: Institutionally initiated on the prisoner's request and behalf.

M. Preliminary options utilized. In addition to the one or more preliminary meetings with each participant (including any supporters or observers – which meetings are also axiomatic) preliminary options can include any or all of the following: correspondence exchanges between the participants (which are vetted and conveyed between them by VOMP staff); Videotaped Victim Impact Statements recorded to be shown to the prisoner; Video Interviews of offenders (usually answering questions provided to the facilitators by the victim(s); Video Exchanges (sequential exchange of videotaped statements or responses between the parties); therapy (provided at victim request, either as stand-alone process or as preparation for meetings to come). Where victims have therapists of their own, VOMP staff facilitators can/will meet together with the therapist and the would-be VOMP participant, usually in the therapist's clinical setting.

N. Number of face-to-face meetings

O. Dates of those meetings

P. Outcomes for victim participant

Q. Outcomes for offender participant

R. Warrant expiry date

S. Re-offence (if any) and indication of whether the recidivist offence was more or less serious than the index offence for which the offender was incarcerated at the time of his/her VOMP participation.

T. Number of days from time of release to new offence (if any).

The data presented in each of the case study templates and narratives, then, was 'mined' for outcomes specific to the research questions.

3.2 Case study 1 – an exemplar: Danny and Emily

Criminal fact pattern

‘Danny’, the prisoner participant in this case, was one of the last people anyone would ever have suspected of having what he now refers to as a dangerous ‘dark side’. Prior to his arrest Danny appeared quite pro-social, was a reliable friend, with steady employment, ironically, as a prison correctional officer. But Danny harboured a secret rage. Women within a certain age bracket and with a resemblance to a care-giver who had violently sexually assaulted him as a four-year-old, would trigger an association for him, he says, that made them potential targets for his need to have his own injury avenged. Unfortunately for Emily, the victim participant in this case, she fit that description. At the time she was attacked, Emily was a hospital employee nearing retirement and the last person in the world who would ever harm anyone, much less sexually harm a child. Tragically, however, she bore just enough resemblance to Danny’s own victimizer that he chose her as one of the targets of his rage.

Danny admitted that he had stalked up to 20 women and had planned and committed sexual assaults against five of them aged 35 to 73. He was at large in the community and evading police for some time while he continued to offend, taking considerable delight in his ability to escape detection or apprehension. On a number of occasions, he reports having escaped pursuit on a mountain bike and enjoying “the rush” of being able to outrun and elude the Royal Canadian Mounted Police (RCMP) officers, whom he, at the time, referred to as “the doughnut boys”. Police redoubled their efforts. Danny was finally captured and arrested. He pled guilty to all five counts and was sentenced to *consecutive*⁵³ prison terms which amounted to 18 years in prison. Apparently, according to Danny and his lawyer, even the Crown Prosecutor was surprised at the “consecutive” sentences imposed by the judge. Danny later emphasized in an interview with VOMP staff that, while acknowledging responsibility for terrifying and having sexually assaulted all five women and pleading guilty to all charges, he did not rape three of the

⁵³ It is more the norm for sentencing in Canadian criminal matters to be *concurrent* (i.e., served simultaneously) resulting in shorter terms of incarceration. In this case, the consecutive sentence resulted in an additional six years of time actually served, prior to Danny’s release.

five, but did actually rape the two oldest, aged 59 and 73. Emily was the younger of those two.

When we first meet with Danny he recalls for us the first years of his incarceration:

I remember being in [a maximum security penitentiary] looking up at the hill . . . hanging onto the bars and knowing that I was facing 18 years in prison. And I [remember] thinking, “What happened”? “What is this”? “What am I doing here”? “How could I have done what I did”?

Years were to pass. During that time Danny’s violation of Emily had thrown her into a hellish ‘prison’ of her own. Afraid to leave her home, and afraid to be in it, Emily was just existing, watching her world become smaller, her circle of friends and family abandoning her, as they were unable to understand her plight and unable to offer her any real help. Even after Danny was imprisoned Emily’s fear states and hyper vigilance improved only marginally.

A number of years into his incarceration, Danny began to recognize that without serious help and serious effort on his own part to answer the questions he had been posing earlier, he would never be free of the rage he felt related to his own childhood sexual victimization or of the deviance that had caused harm to so many and consumed the best years of his life. He recalls the questions changing. He began to ask:

How can I become the man I really want to be? I think it started from there. That led to a conversation with another prisoner who had participated in the VOMP program. He told me it had helped turn his life around; he was the one who suggested it to me.

Other than the prisoner Danny had alluded to, however, he had little support in his decision to seek to be referred to VOMP by staff of the institution where he was incarcerated. Danny, ultimately, did have the support of a number of institutional staff, but the beginning of his journey was a lonely and fearful one. Danny knew, all too well, what taking risks or drawing attention to himself could cost him. He had started his sentence in a Maximum-Security Prison where, as a violent sex offender and a former prison guard, he had been targeted for serious - and extremely violent - reprisal. In one

interview with him, Danny described the culture of violence there and the constant psychological ‘mind games’ being played. Even in so-called “Protective Custody” where the inmates most vulnerable to such reprisals are kept in units apart from the “General Population”, there is really no guarantee of protection. Danny describes that numbing chill, knowing *‘it’* was coming - it was just a matter of time - and having to resign himself to the fact that *what* was coming was serious injury and/or death...that much was certain:

DANNY: . . . it’s a gladiator school in there, you know? You gotta remember, I got thrown into jail - I used to be a prison guard - okay? Can you imagine what happened to me, I won’t get into it, but, I mean. . .

DAVE: You got your back broken, I know that. . . .

DANNY: Whoa, man, . . . that was in the first year (pause) and ah, I learned to scrap, trust me. . . . You know, I remember going to [a maximum security penitentiary] just being numb, just thinkin’ “I dunno, I’ll ‘get it’ any day now. . . .

Danny described the feeling of resignation that came over him, knowing that the violence would come, and the strange sense of relief and acceptance when it finally did:

DANNY: Suddenly, yeah, it was like, past fear, and I’m...‘okay’ with it. That was weird. . . *really* weird. . . (Interview, January 3, 2007).

Fortunately for Danny he did have an Institutional Parole Officer (IPO) who was prepared – not only to take a personal risk in referring him to VOMP – but to believe in him, to support him through the VOMP process and, ultimately, to support him for parole. The risks for the IPO were as real as the risk that Danny was taking. The possible consequences for a prison staff member supporting an inmate to this degree, especially a violent sex-offender, was equivalent to crossing ‘the blue line’, violating the unwritten code of prison security staff. Advocating for a prisoner like Danny was to risk being completely shunned from then on by prison staff, especially by uniformed security staff, for having ‘gone over to the other side.’ Nevertheless, Danny’s IPO took a stand, referred him and supported him through the entire process.

Referral

Danny's referral to VOMP originally came nine years after the sexual assault committed against Emily. The prisoner Danny referred to above (who was also a serial sex offender and who had participated in VOMP with the victims/survivors of his own offences) recommended the program to him, suggesting that if his own experience was any measure, there would be considerable benefit for both Danny's victims and himself in participating.

When VOMP staff first began to assess this referral we were reluctant to accept it since it seemed replete with what are commonly seen to be reasons *not* to proceed by other commentators. Chief among our concerns was anxiety concerning the possibility of re-traumatizing an elderly rape victim after a number of years had passed since the initial attack upon her. Our hope that the process would benefit Emily had to be balanced with ensuring that Danny was a good candidate for the process; a far better one than he appeared on paper. We, therefore, sought additional support for the referral from at least three members of Danny's prison treatment team before doing anything further about attempting to communicate with Emily. Finally, in the light of corroboration from a number of prison staff and treatment program facilitators regarding Danny's attitudes and demeanour, we chose to take the next cautious steps. That corroboration focused on a number of elements, including: Danny's current mental health, a growing awareness of the harm he had caused, his acceptance of responsibility, increase in victim empathy and demonstration of remorse.

Initial interview with Danny

Once the VOMP staff felt comfortable proceeding based on the information gathered, an initial interview was set up between VOMP staff and Danny. The objectives of this meeting were:

- to introduce the program and its objectives to Danny;
- to introduce the program facilitators and to begin to build relational bridges with him;

- to begin to probe Danny's hopes or personal objectives in participating;
- to get some sense of what, if any, treatment programs Danny had completed or was currently involved in;
- to begin to assess the degree of responsibility Danny took for the harms caused to Emily and his other victims; and
- to get permission from Danny (assuming he would be willing to trust us to this degree at this early stage) to access his correctional files. Danny was willing and agreed to sign a simple release of information form, which was basically a mutual covenant, signed by both Danny and the VOMP staff. Together we agreed to respect all of the terms of that agreement regarding how and over what duration that information (otherwise protected by law) could be accessed or used;
- to underscore that the contents of all communications between VOMP staff and participants are confidential until and unless permission is granted for release of specific parts of those communications, and that, even then, VOMP staff do not act as 'pipelines' of information between victim and offender participants but, rather, endeavour to construct safe mechanisms for participants to communicate directly to one another whatever they choose and mutually agree to share between them.

During the meeting Danny reported that he was glad to be started into the process, at last, but that he had some fears and concerns, not the least of which was the heightened emotional state in which he had found himself at the very prospect of meeting with his victim(s). He made clear that he would probably require some additional assistance in dealing with the depth of emotion that had begun "washing over [him] like waves" since he had begun to contemplate facing his victims.

We were able to spend about two hours with Danny on this first occasion and were impressed that he seemed quite insightful about the things his victim(s) would need to hear from him. Despite our earlier concerns about the appropriateness of this referral it seemed, even at this early juncture, to have considerable potential. There seemed no

question that Danny was deeply remorseful, in fact heavily burdened with guilt, and that he had done at least some significant work on the cognitive distortions and the criminogenic factors that had intersected to create, as he put it, “the monster I became.” Danny made clear that he would be willing to meet with any of the women that he had victimized but that his preference was to begin, if possible, with Emily. We parted, asking Danny to be patient with us while we attempted to find the most sensitive way possible to contact his victim(s) in order to assess the willingness and readiness of any of them to proceed. He replied that he understood this was “fragile business” and that it would take time.

“Fragile business”, contacting Emily

In institutionally referred cases, VOMP staff usually begin by attempting to discover whether victim serving persons or agencies known to us may have delivered services to that victim. If so, they are often prepared to pass on a letter containing information about the program from us or, even better, to provide third-party introductions, perhaps even facilitating an introductory meeting between us at their own offices. In Emily’s case, however, we were unable to use any of our existing relationships to initiate contact with her. There was no record in the files available to us of her having received any victim assistance from any agencies or persons known to us. If we were to proceed, we would have to make the dreaded ‘cold contact’.

On October 14, 1992, we sent a carefully worded registered letter to Emily to provide her with information about the program, inviting her to write or to call our office ‘collect’ if she desired more information or chose to respond in any way. Emily called a short time later. She asked a few questions then invited us to her home saying she wanted to meet us and explore the idea with us in hopes of making a more informed decision about whether or not she would choose to proceed further. We made clear to her that, if she chose to meet with us to gather information or to simply explore the idea of involvement in the program, we would do our best to serve her needs. There would be no obligation to continue, nor would we abandon her if we could prove helpful in other ways. If she ultimately chose to proceed, she would determine the pace, select the preliminary steps that she felt might work best for her, and determine how far along the

spectrum from initial interviews to facilitated dialogue with the offender she was prepared to journey.

The initial interview with the victim, Emily

A few weeks later, at a time convenient to Emily, we (female staff member, Christy, and I) travelled to Emily's home, a distance of about 500 kilometres, and spent the afternoon and early evening with her. In a moderated tone and in a way that seemed understated she shared her story with us, from the time she first began to be concerned that she was being watched to the night of the attack when she was pushed through the door of her home as she unlocked the door in the dark; then as she attempted, unsuccessfully, to summon help with the use of an air-horn and to negotiate with her assailant; to her further humiliation as she was led by police officers through the emergency entrance of the local hospital. She had worked at that hospital for many years and was well known to virtually everyone. Years later, following her participation in the VOMP program, she was invited to submit an article about her experience for a national resource published by the Government of Canada. The following is an excerpt from that publication, her "Testimonial for National Victims of Crime Awareness Week":

As a woman, nearing retirement and living alone, the entire episode of having a stranger come up behind me on a dark night as I attempted to unlock the door of my house, then force me inside and sexually assault me, was terrifying beyond words. But even worse than the attack, was being taken by police into the hospital emergency room, as they called out "We're going to need a 'rape kit' over here." The reason for my anguish was that I had worked at that hospital for 25 years and was well known by everyone there. The feeling of shame, being so exposed and treated like a criminal rather than a victim will never be forgotten. I will say, though, that once that terrifying night was over, the R.C.M.P. [Royal Canadian Mounted Police] did absolutely everything possible to help me recover, even to the point of installing a direct line security device in my home as well as patrolling the area where I lived to make sure I was all right (Canada, 2007).

The scene in the hospital emergency entrance was to be just one of a layering of humiliations and subsequent victimizations. She remembers feeling deeply ashamed

when she returned to work. None of her work mates mentioned the incident, but things seemed different:

Nobody cared. ‘You got raped, so what?’ I just felt totally abandoned....

I was frightened of the dark...frightened to have my television on very loud anymore because I was always listening.... About two months later, I heard my front screen door open, and there was a ‘tap, tap, tap’ on the door (Naylor, 1997).

Emily recounted for us what happened on that night, two months after her sexual assault. When she went to answer her door there, on her front porch, stood the man who had attacked her, bearing a bouquet of roses. He had returned, she recounts:

to apologize to me. He claimed he had attacked the wrong person and wanted to say he was sorry. I refused to open the door, told him to leave the flowers in the mail box if he must leave them, and ran to call the police again (Naylor, 1997).

When Emily reported this incident to her daughter, she reports that her daughter replied “*Of course, mother, every rapist comes back bearing roses for his victim – you are sick!*” It was a number of years before she heard from her daughter again. As soon as she was able to retire, Emily left her home and moved to another city.

At last, validation

When we met with Emily the first time, we already knew about the roses. In our preparatory meetings with Danny he had told us about his attempt to return and apologize. As Emily shared this part of her story, how she had not only been disbelieved but mocked and ridiculed, I responded to her, “It saddens me that you weren’t instantly believed; this is far too often the response to victims.” I added, “I know that this took place exactly as you describe it.” “How do you know that”, she asked? “Danny’s account was identical”, I replied. Her tears began to flow freely at this simple validation. “You have no idea”, Emily said, “how wonderful it is just to have someone treat you as a truth-teller.” She later informed us that this was the first time she had been able to shed “wet tears” since the night of the assault in 1983. Our first meeting – the one just described – took place in November, 1992. At this meeting Emily reported that she had:

. . . lived in abject terror for six years from the time of the rape until he was caught and put in prison. I wouldn't even open the windows the tiniest crack, for fear that would allow him, if he returned, to gain entry. That summer, it got up to 110 degrees F (44 Celsius) inside my trailer and I still couldn't open a window.

Emily indicated that even after Danny was imprisoned her fear states and hyper-vigilance improved only marginally. The quotation here is Emily's own description of our meeting at her home:

The two VOMP staff people who came to my home, David Gustafson and Christie Bowler, were only there a few minutes when I realized just how fortunate I was to have them there. They showed me love, understanding and kindness as they simply offered me a range of options in case I determined that I wanted to further explore some degree of participation in the VOMP program, steps which could lead – if I chose this option – to a face-to-face meeting with the prisoner which they would organize and facilitate (Emily, 2007).

Preliminary options utilized

When we met her, Emily was quite clear about long having had need for answers to her questions. She was anxious but intrigued about the possibility of being provided with a mechanism for attempting to get answers to the questions that had plagued her for years, the questions she would have posed earlier had there been any forum in which that could occur. One of the options we had offered Emily was the possibility of having her list any questions that she might like to have us pose to Danny. If he agreed, we would record his responses on video and return to share and discuss that video with her. Emily liked the idea, believing that would allow her to gain a better sense of his current state of mind and the degree to which he was taking responsibility for the offences. A few days later, Emily sent us the list of questions she wanted us to pose to Danny.

Danny responds on videotape to Emily's initial questions

For his part, Danny understood Emily's need for answers to questions that simply were deemed irrelevant in the court room or which were never posed. He agreed to allow us to videotape the interview, recognizing the value of this as a

preliminary step. After a few minutes of introduction and checking in with him to see how things were going generally, he indicated that he was ready for her questions.

Emily's first few questions, as I read them to Danny, were fairly straightforward and relatively easy to answer, but the questions having to do with motives were much harder. Though Danny found these emotionally very difficult (the sweat beading noticeably on his forehead as the interview proceeded, underscoring that) he indicated that he was also feeling significant support and wanted to carry on. The questions I asked Danny, just as Emily had sent them and as the video camera rolled on its tripod 15 feet away, were these:

1. How long had you been stalking me?
2. Where did you watch me from?
3. Did you look in my window?
4. How did you know I lived alone?
5. Why did you pick on me?
6. Did you want to kill me or harm me?
7. Why did you come back a second time?
8. Where had you been hiding when I drove into my driveway on the night of the assault?
9. Did you get pleasure out of terrifying me?
10. Did you put a saw horse under my bedroom window subsequent to the evening of the assault?
11. Did you put a ladder under my window on another occasion?
12. Are you suffering remorse?
13. When you asked for help (on your second visit) and I suggested the South Central Health Unit, why didn't you seek help?
14. Do you believe in God?

15. Would you consider turning your life over to the care of God in order to be forgiven?

Over the next hour, Danny answered each question and expanded beyond the simple “yes” – “no” answers where he seemed to know that that was required. There were only a few occasions on which I felt a need to probe or ask for further clarifications. This is an example of where the use of videotaped exchanges so frequently proves useful. The information Emily was seeking went far beyond the need for what might have been conveyed by written content, to Danny’s attitude and demeanour as he heard and responded to her questions – the things that would help Emily determine whether or not she would proceed further along the spectrum of possible communications we had proposed as options for her.⁵⁴ Some of what Emily found to be the most useful and salient responses were these:

DAVE: Her first question is “How long had you been stalking me?”

DANNY: I had seen her at a shop. . . and had followed her to where she lives. . . . Over a period of a couple of months I watched behaviours; went by to see if anyone was home, tried to look in the windows. . . .

DAVE: So her concern that she was being watched for a significant period of time is not unreasonable. . . it was happening. . . ?

DANNY: Yah. . . , o yah. . . if she felt anything like that, uh, she certainly, uhn you know, if people believe in getting ‘bad vibes’ or whatever, she had every reason in the world to feel something like that.

DAVE: She’s curious about why you came back a second time. “Why did you come back a second time?” is her question.

DANNY: Well, I knew I was wrong . . . that she wasn’t ‘this bitch’. . . that she was actually, seemed like, uh, quite a kind person, the way she talked to me and stuff. I knew I was wrong, that I’d picked the wrong person. The guilt I felt afterwards was, too much. I decided that, that I knew she’d be

⁵⁴ Some communication experts suggest that as little as 7% of any given communication is conveyed by the words, alone. The meaning of those words is underscored, and much more is conveyed by ‘body language’ and the ‘para-linguistic cues: pacing, tone, amplitude (meaning both volume and intensity). Perhaps most important are the facial expressions, the communication provided by the tensing and relaxation of the myriad little muscles around the mouth and eyes, particularly, which, within cultural contexts corroborate - or give the lie to - what the speaker ‘says’ and the listener ‘hears’.

very afraid, so I thought I'd let her see me, and I thought that – as pathetic as it seems – that I'd offer these flowers as some sort of, I dunno . . . some symbol or gesture, and, you know, I told her that I was sorry, I think I told her I was sorry, anyway. I did actually want to go back to the other people too, but, um, situations were such that she was more approachable: I could stand on her porch and knock on her door, and. . . actually I think I even wanted to come in and talk to her, and I . . . I *actually believed* that she would think that I wouldn't be a danger to her any further. I don't know if that answers her question or not.

DAVE: I believe it will. (Pause, refers to list of questions) She's asking 'Why did you pick on me?'

DANNY: Well, because she looked like somebody that I . . . all my, uh (pause) I've gotta get together here (deep breath and exhalation, pause). All my victims looked similar, to me at least. They were a mosaic of someone that victimized me. She was a mother figure, all my victims were mother figures, within a certain age bracket. I never, uh, even considered sexually offending against children or women my own age; in fact, I was very much, uh . . . you could trust me totally with your children, or . . . like a single woman that needed help, stranded somewhere, I would never even. . . . But when it came to older women, approximately 20, 30, 40 years older than me, oh, man, I would, uh, I would just 'snap'. If they looked like somebody that I remember, I'd lose it (field notes; preliminary interview transcript, December 15, 1992).

In a radio documentary for a two part series on "Apology" based on this case produced by Trisha Naylor for the Canadian Broadcasting Corporation (CBC) *Tapestry* program, the narrator adds about this interview tape (which she was allowed to access with the permission of both Emily and Danny)⁵⁵:

Narrator: Off camera, Dan recalls an incident from his childhood. He says he's never forgotten the face of a woman who lived next door. When he was about four, he says he was playing with her little girl and threw sand in her face. The girl's mother was enraged, dragged Dan into her bedroom, throttled him with a wooden spoon, then sodomized him with it. He says,

⁵⁵ In material already in the public domain this woman is variously known as Lynn (CBC Radio Tapestry Program "Apology"); Ellen (testimonial in Crime Victims Awareness Week Materials) and, here, as Emily (given available choices from the list of Hurricane names).

when he ran home his parents told him he got what he deserved. The video tape goes on for another 20 minutes. There are a lot more questions [Emily] wanted answered....eventually all [the questions she had listed for this interview] are answered (Naylor, 1997).⁵⁶

As I concluded the preliminary interview with Danny responding to Emily's questions, I asked Danny if he would feel comfortable actually turning to face the camera to make a statement directly to Emily regarding his hopes for the process and its outcomes. He turned toward the camera and began to address Emily directly. Danny is normally well-spoken, even very articulate, but here he stammered out:

DANNY: Yeah, I, I really hope that, that, that. . . uh, is this thing [the video camera] still rolling? . . . that, that, that, this helps you . . . Um. . . I discussed with Dave earlier, that I don't want to fall back into this situation where I, I think that I am in control here, by [suggesting that] 'well, I'm helping, I'm helping my victim', you know, like, like I'm some kind of Good Samaritan here or something. What I want to do is generally – not generally, very specifically, actually – offer you any kind of . . . uh, uh, help, I guess, to, to, to, to sort of put this behind you, and if this is, you know, if this [the video] is all you need, then, that's fine, that's good. . . but I would sure, I would sure like to see you . . . um, anything you want to know, anything that will help you, sort of get over this . . . uh, it'll, uh, it'll help me too, it'll help me 'cos, it'll, it'll allow me to forgive myself even more. So, I, I, uh, I want to make sure that you know that its . . . its in your hands, and, and, and whatever you want to do is, is, is, ok with me. So, with that. . .

DAVE: We're done.

DANNY: We're done.

DAVE: (Documenting permission to share the video) Permission to tape this interview and to show it to [EMILY] granted on the 15th of December, 1992.

While the video camera continued to roll, I documented understandings about the tape, its ownership, and the purposes to which it could be put. Danny and I then watched a

⁵⁶ Note: Anyone who has interest in the more complete story may want to obtain a copy of the program produced by Trish Naylor for CBC Radio's TAPESTRY Program entitled "Apology", broadcast June 15, 1997.

bit of the tape we had just recorded as we debriefed for a while. I assured him that I thought he had done a good job of answering Emily's questions, taking responsibility, recognizing and commenting in a fairly insightful way on her need for autonomy regarding what – if anything – might come next. He had provided needed information and context, demonstrated some vulnerability, and made his own hope that Emily might continue in the process clear but invitational. I left the prison with Danny aware that it might be a number of weeks before I had anything further to report, but that I would keep him informed and would update him as early as possible.

Preparatory meeting and next steps with Emily

As soon as we were able, VOMP staff returned to Emily's home, showed her the videotape and spent three hours debriefing it. Our narrative notes regarding the meeting include the following:

Emily felt that seeing the video had been very helpful for her, that it had given her 'insights into the criminal mind' and had been greatly relieving on a number of fronts, including (she felt somewhat ironically), the validation that she had been aware of something amiss in the days before the attack, "for some time prior to the attack I had been wondering if I was being watched." Danny's answers confirmed that he had, indeed been watching her, and that it was him who had set a saw horse, then a ladder, up against her trailer to enable him to peer in her windows. Emily felt that Danny's responses to her questions had been truthful and that he had been "willing to make himself extremely vulnerable as he responded to my need for answers beyond superficial ones". She was grateful that we were able to understand the range of ambivalent feelings she had as she worked through all of this, and that we simply acknowledged and helped her process things with no suggestion as to how she 'ought' to feel. A departure, apparently, from some of what she has heard from other quarters. E[mily] indicated that since our initial meeting she had been feeling considerable trust in us, and fairly optimistic about proceeding (co-facilitators' notes).

About that preliminary meeting with VOMP staff in Emily's home, the CBC documentary adds the following dialogue:

EMILY: For the villain to come and say he was deeply sorry [initially, via the videotape] was a wonderful healing process...someone believes me, at

last. He knows what he did; he knows, because he was there, and he's saying he's sorry. . . . The feeling of being 'unclean' . . . sort of – once he apologized – that seemed to go away, and I began to see myself as something good, and not something dirty, or promiscuous or wild, or all these different things that [society suggests a rape victim must be] . . . once he apologized, then I began to feel relief, that's when the real relief began to come (Naylor, 1997).

At the end of the meeting just described, Emily asked for some additional time to reflect on her choice of next steps. But, within just a few days she called to notify us that she had decided she needed to take the next courageous step: a facilitated dialogue with Danny. She recalls her decision-making process in an interview segment on the documentary:

EMILY: I think I reached out for something for me as much as anything . . . you know, and that this guy could give me what I needed, in some . . . I didn't know how, or why I was even thinking that. But . . . I wanted him to respond to my kindness by turning his life around and being a good person. And that's what he could give back, by turning his life around . . . that would make me happy (Naylor, 1997).

Emily decided that she would like to convey to Danny her decision to proceed through a letter addressed to him, a letter which also conveyed a message she had, astonishingly, decided she also needed to convey, even prior to their face-to-face dialogue:

DANNY: Then she sent me a letter [through VOMP staff] telling me that she was really impressed [with what she had seen on the videotape] and that, that, that she'd forgiven me, and. . . the *power* of it, it goes so deep. . . it almost makes your heart stop, when you're forgiven for something you didn't think you should be forgiven for (Naylor, 1997).

Additional preparatory meetings with Danny

We met again with Danny in the prison to give him Emily's letter of response to his preliminary videotape, and to inform him of her decision to proceed to a face-to-face dialogue. We discussed the format of the meeting, as we had with Emily (i.e., morning and afternoon sessions of approximately 2 to 3 hours each if they, as the participants, felt that amount of time was needed and proving productive), the facilitators' roles,

confidentiality and the very simple basic framework for the meeting: discussion of *the past, the present and the future*.

Dialogue regarding ‘the past’, I suggested, would almost certainly include further discussion of Emily’s initial list of questions as well as further details about the criminal incident and its aftermath for both of them. I informed Danny that it might also prove to be the case that Emily might want to hear some of the details of Danny’s upbringing, his childhood, his own victimization, how and when he had begun to act out against others criminally. Here Danny demonstrated considerable insight, intuiting that this could prove to be problematic – in *any* case – where a prisoner’s offering of information about his own prior victimization might be perceived to be somehow excusing his or her victimization of others. I assured Danny that I would help him get the balance right, probing only where I felt that Emily was needing or inviting more disclosure. More importantly, that I would help Danny to be transparent about his own concerns about getting to the ‘tipping point’ where it might appear that the discourse had turned from a focus on listening and acknowledging the harms he had caused Emily, to a focus on harms someone else had caused him in childhood. Emily, I assured him, was quite capable of making her own thoughts and feelings known. Nevertheless, I commented, I would ensure that there was plenty of opportunity to check comfort levels on this and any other potentially problematic matter throughout the dialogue. I added that finding balance at such a point wasn’t so much a matter of the facilitator’s being ‘psychic’ or able to discern the secret thoughts and reactions of the participants as it was simply being sufficiently attentive and responsive to the slightest cue that might signal need for further clarification, candid discussion or for a brief caucus to privately check those perceptions.

As the preparatory meeting with Danny continued under the topic rubric of ‘The Present’, I suggested to him that, while Emily would have her own questions, VOMP trauma survivor participants often desired to know about things their prisoner participant counterparts might consider mundane, such as: What is the daily prison routine like? How do you and others occupy your time on a day-to-day basis? Do you have visitors, supporters, family and friends who visit you? What programs are you in or have you completed? What benefit and insights – if any – have you gained as a result of programs?

What is the food like? Is it true what we hear, that you regularly get T-Bone steaks that we can't afford? Are you at risk of violence such as is often portrayed in the media? Are the stereotypical media pictures realistic? How do you cope with life 'on the inside'? I suggested to him that, one of the functions of this sort of discussion is simply to provide, for a time, needed relief from the intense discussions of the trauma and its aftermath; that if this dialogue followed the form of most, there would be a rhythm to it, a rise and fall of the cadences of their discussion, with plenty of room, once trust and safety were established, for the whole range of human emotion.

Discussion of 'The Future' as part of the dialogue, I suggested to Danny, often involved a desire to know things such as these: What steps are (and will be) taken to ensure successful reintegration into the community? What supports will likely be available to you, if any? What are the impacts on employment prospects, on marriage, family and extended family relationships of long-term incarceration? What is the likelihood, in your case, of being able to put all that back together? Where do you intend to locate and live following parole?

Danny indicated that he was prepared for all of this and asked us to help him get the boundaries right – 'the tipping points' "between saying too much and too little" on any of those subjects or at any given time. Danny was particularly concerned that we help him monitor his tendency to "babble on" when feeling nervous, vulnerable or exposed. I assured him that, while we intervene in our facilitator roles as little as possible as long as the dialogues are going well and the agenda the participants have for the meeting is being achieved, we would help to balance the amount of 'air-time' being consumed and would be quick to actively engage if either signaled – or we perceived – in the slightest way, a need for assistance or a need to caucus to determine where to turn next⁵⁷.

⁵⁷ While we always define and prepare participants for the possibility of using a caucus, we also explain that we seldom use them in VOMP dialogues. Part of the difficulty is that what has, until then, been a fairly open and transparent process, suddenly requires a separate, confidential (read 'secret') meeting. Even if the gist of (or all of) the discussion is ultimately disclosed, and even if only one of the co-mediators caucuses with the participant requesting it, while the other stays with the party remaining), the time away from the dialogue seems to stretch interminably (and, given prison regimes, time during which the prisoner can be available, may be limited). But the primary reason we avoid caucus unless it is vitally needed, is the difficulty they can cause if there is any sense (or suspicion) formed as a result, that the facilitators have been influenced by what was said in private, and have

A potential tipping point: disclosing criminogenic factors or dodging responsibility?

While I was able to assure Danny fairly quickly regarding the ‘tipping point’ he had raised, i.e., his tendency to say too much when nervous, his concern was an important one. In many – if not most – cases, victims *do* have a desire to know about the offender’s victimization history, finding that it helps them make meaningful connections, sometimes helping answer the question that is usually the first to form and the last to be answered: “Why?” Disclosure which provides context helpful to such understanding is usually appreciated. It becomes problematic only past the tipping point at which disclosure by a prisoner about their own prior victimization begins to eclipse the clear assertion of their own responsibility for the harms they have caused in the commission of their crimes. While empathy can be a two-way street, this process is not about asking victims to empathize with prisoners’ pain to the degree that they then let them “off the hook.” In fact, even though the victim might be feeling a good degree of empathy for the childhood victimization of the offender, such discussion often posits a further question for them, usually posed something like this:

If you so clearly knew the pain of being victimized, yourself, how could you then make clear choices to pull others into that cauldron of pain, victimizing them? Would not your own victimization create empathy rather than block it?

therefore formed an ‘unholy alliance’ with the other. In most cases, we prefer to risk open discussion as part of the dialogue where some mediators (certainly in other models) would be likely to caucus.

The answer frequently offered might be summarized as follows:

While that might be what one might expect (and perhaps it is how some people respond to their own victimization) that is not how this dynamic usually works. It is more likely that, without some sort of remedial or healing intervention, once another has victimized me, I, in turn, will need to find the next scapegoat, to cause someone else to feel the pain of shame and degradation that I am feeling.

Somehow, even that sort of exploration of the offender's former cognitive distortion – as long as it is truly not being offered as rationale for why the offender's responsibility for victimizing other innocents is diminished or why his culpability should be mitigated – victims almost inevitably find helpful. Though they may need considerable time to debrief and even to study this phenomenon with us and with others at a later date, it makes a certain twisted 'sense' to many victims. It certainly did to Emily, providing at least one tentative needed thread in her attempt to comprehend the convoluted braided strands of cause and effect relationships that are a part of violent sexual deviance.

Face-to-face meeting

The next step was to arrange and convene the face-to-face dialogue. Danny describes the mingled fear and anticipation he was feeling:

I was looking ever so forward to it, but I was also very afraid. . . . I knew this was one of the most serious and important events in my life. . . . I knew it was going to be a *turning point* in my life, and basically, you know, I was just trying to. . . keep from being a blithering idiot (Naylor, 1997).

We arranged transportation for Emily's 500 kilometre journey, picking her up on arrival, checking her into a very comfortable hotel and spending significant time with her the evening before the dialogue was to take place. Her testimonial continues, thus:

Once I was settled at my hotel, they came to meet with me through the evening, to further assure me that everything was going to be O.K. and that they would see me the next morning to take me to the prison.

We were cleared through the prison's principal entrance and escorted into a small board room in the Administration area. The prisoner was then escorted to the room to sit directly opposite me. This was the moment I had

been dreading. But I was surprised to see how ashamed and contrite he appeared. My two wonderful friends sat beside me (VOMP staff David Gustafson and Christie Bowler)⁵⁸ and their very presence was so comforting to me.

The questions began, awkwardly at first and then, in a more meaningful way, the prisoner and I began to talk freely while I questioned every detail of why he did this to me (Naylor, 1997).

In Danny's account of the first few moments of the meeting he recalls looking down and being concerned about making eye contact, for fear that Emily would be traumatized by that:

DANNY: So I kind of looked down a bit, and that, and, uh . . . I sat down, and nodded, and sort of weakly said 'Hi', I think, or something. She went first and basically said that she was quite satisfied with everything I said on the videotape and that a lot of her questions were answered, and that now, she was more interested in me as a person. Which was, you know, the whole thing was just unbelievable. . . . But I thought that she was being too kind, and I thought that she should have her day, where she could say, and tell me face-to-face what I did to her and how her life was turned upside down because of me, and I thought that I should listen to that, as uncomfortable as it made me feel (Naylor, 1997).

EMILY: And I didn't hold back on it. I let him know all the gory details about the terror. I made sure he knew. *And he listened.* I was able to let him know. . . to take those feelings of fear and put them on him. That's the feeling I was getting, as though it was coming out of me and going on to him, so that I could feel free again (Naylor, 1997).

EMILY: Much to the surprise of everyone in the room tears began to flow (tears of forgiveness, apology, repentance and relief). What began as a tense, frightening experience turned into a powerful encounter, one in which my truth – much of which had been denied by others – was validated and vindicated. I cannot begin to relate what a difference it has made in my life when David and Christie, then Sandi Bergen took the time to walk me through all the steps needed to put closure to such a traumatic event. Not

⁵⁸ It is perhaps a 'moot' point, but in fact, Christie, the female facilitator, sat beside Emily, while I sat at the table between Emily and Danny.

only have these people and all the others involved in this program helped me to accomplish what I had set out to do, which was to forgive and to overcome my fears, but they have kept in touch by phone, by visits to my home and with e-mails over the ensuing years. They have never abandoned me since the case was closed. Their care, client centred approach and understanding of complex psychology assisted me to the point that all of the post-trauma symptoms that had plagued me for years completely evaporated within months of meeting them (Canada, 2007).

DANNY: Both of us were carrying it [for over a decade] and then, by her letting it go, *I* was allowed to let it go. I wasn't allowed to let it go [prior to that] until she was . . . because I didn't have the authority or the power to do that. I didn't have the right to forgive myself until I was given permission to by her: not by the church or the state, or anybody else, but by *her*. The judge really had nothing on her [in terms of relative power] when he slammed the gavel down and said "You're getting eighteen years and I think you are an inhuman monster, and off you go, you rotten so-and-so . . .", right? Uh, he had *nothing* on this woman when she said "I forgive you, and, and (pause), and I want you to heal . . . and that, *that*, is power . . . (Naylor, 1997).

EMILY: It was nothing I was doing, or anyone was doing, it was just this feeling in the air of . . . (4 second pause) I dunno . . . just trust and love and something special, which isn't supposed to happen in a rape case, but *it did* (Naylor, 1997).

By the end of the afternoon, at the face-to-face meeting, we had seen the culmination of preparatory work done over a period of five months. After approximately five hours together broken into morning and afternoon sessions of about two and a half hours each (with a two hour break for lunch and debriefing with each party) it was clear that we were done for the day. It had gone well. The relief on both sides was palpable. The warden had asked me that morning if he might come in at the end of the dialogue to get a sense of how things had gone. Danny and Emily had been open to the idea but wanted to see how they were feeling about it when we were ready to adjourn. Emily, particularly, wanted to thank the warden for being supportive of VOMP and allowing this particular meeting to take place. I relayed the invitation to him:

The warden slips into the room to join us, to be introduced to Emily and to spend a few minutes hearing her and Danny describe their feelings about the day. They do so eloquently yet are clear that at some point language fails. The warden nods, understanding. He, too, has seen and sensed the outcomes at the close of [other dialogues]. Healing is ultimately a thing of heart and soul and spirit. Some things are best understood apart from words (Gustafson, 1993).

Because this case study is the first to be presented and, as indicated, is the ‘exemplar’ for the case studies to follow, I have chosen to include two assessment tools to demonstrate how these are used to underscore the outcomes experienced by victim and offender participants. The first is a set of three: 1) Emily’s Post-traumatic Stress Symptom Assessment scale (her experience of the listed symptoms *prior* to her face-to-face meeting with Danny, in terms of their number, frequency and intensity); 2) that same inventory, depicting the reduction in her experience of those same symptoms *following* her meeting with Danny, and 3) a self-assessment on that same instrument, done many months later.

Danny’s Adverse Childhood Experience (ACE) score is included here, since ACE figures highly in this case and in many of the cases to follow. The other inventories (Emily’s) are presented in that same vein, i.e., as significant ‘parts of the story’ for each of them, Emily and Danny, but also to prefigure the use of these same instruments in cases to come. I reserve commentary on them for Chapter 5, Results.

Post-traumatic stress assessment instrument

The following inventory is one which I adapted and have used for a number of years both in my private clinical practice and with VOMP participants. Symptoms commonly experienced by survivors of significant, life-threatening trauma are clustered under the headings that best characterize them: Intrusion, Withdrawal and Arousal. It is the experience of the constellation of these symptoms: the number, frequency and intensity of them, when measured against the accepted diagnostic instruments in the DSM (see Appendix A) and World Health Organization (WHO) PTSD criteria (Appendix B) which confirms or disconfirms a diagnosis of post-traumatic stress disorder (PTSD).

The following three post-traumatic stress assessment inventories illustrate the degree to which, over time, Emily experienced symptoms related to the trauma she had suffered.

The first of these inventories, *Emily's post-traumatic stress assessment (prior to VOMP)*, is Emily's self-report (validated by her own counsellor) of the symptoms she was still experiencing when we first met her, eight to nine years after the rape but prior to her face-to-face dialogue with the offender. The second inventory, *Emily's post-traumatic stress assessment (post-VOMP)* is Emily's assessment of her daily, weekly experience of those same symptoms within three weeks of her face-to-face dialogue with Danny in the spring of 1993. The third inventory, *Emily's post-traumatic stress assessment (current)* is Emily's assessment of her daily, weekly experience of those same symptoms as of March, 2010.

Form 4.1: Emily’s post-traumatic stress assessment (prior to VOMP)

Since the trauma, which of the following is being experienced and how frequently:

SYMPTOM	Frequent (3-5 x/wk)	Occasional (1-2 x/wk)	Seldom (1x/wk)	Never
INTRUSION				
Intrusive thoughts and images	X			
Recurring dreams – nightmares	X			
Flashbacks	X			
Anxiety attacks	X			
Crying spells and tearfulness				
Feeling of shame, embarrassment	X			
Guilt feelings ("If only...")	X			
WITHDRAWAL				
Withdrawal				
Depression-diminished interest				
Feeling of detachment or estrangement				
Inability to recall specific events of trauma				
Disorientation, confusion	X			
Restricted affect				
Avoidance of thoughts of trauma				
Fear	X			
Job Difficulties	X			
Sexual Dysfunction				
Numbness-emotional/physical	X			
Helplessness, loss of control	X			
AROUSAL				
Sleep disturbances	X			
Anger/Rage				
Difficulty in concentrating	X			
Hypervigilance	XXX			

High startle response	X			
Headaches				
Muscle tension				
Nausea				
Eating disturbances	X			
Difficulty in breathing				
Cold sweat				
Increased alcohol usage				
Increased drug usage				

Form 4.2: Emily’s post-traumatic stress assessment (after VOMP)

On this form please indicate how frequently you experience any of these symptoms since your (first) face-to-face VOMP dialogue with your offender:

SYMPTOM	Frequent (3-5 x/wk)	Occasional (1-2 x/wk)	Seldom (1x/wk)	Never
INTRUSION				
Intrusive thoughts and images			X	
Recurring dreams – nightmares			X	
Flashbacks		X		
Anxiety attacks				
Crying spells and tearfulness		X		
Feeling of shame, embarrassment				
Guilt feelings ("If only...")		X		
WITHDRAWAL				
Withdrawal			X	
Depression-diminished interest			X	
Feeling of detachment or estrangement				X
Inability to recall specific events of trauma		X		
Disorientation, confusion				X
Restricted affect				X
Avoidance of thoughts of trauma			X	
Fear				X
Job Difficulties				X
Sexual Dysfunction				
Numbness-emotional/physical			X	
Helplessness, loss of control			X	
AROUSAL				
Sleep disturbances			X	
Anger/Rage				X
Difficulty in concentrating		X		
Hypervigilance		X		

High startle response			X	
Headaches				X
Muscle tension				X
Nausea				X
Eating disturbances				X
Difficulty in breathing				X
Cold sweat				X
Increased alcohol usage				X
Increased drug usage				X

Form 4.3: Emily’s post-traumatic stress assessment (*current*)

On this form please indicate how frequently you experience any of these symptoms *Currently, as well as how long it has been* since your first face-to-face VOMP dialogue with your offender: 16 years and 10 months

SYMPTOM	Frequent (3-5 x/wk)	Occasional (1-2 x/wk)	Seldom (1x/wk)	Never
INTRUSION				
Intrusive thoughts and images				X
Recurring dreams – nightmares				X
Flashbacks				X
Anxiety attacks				X
Crying spells and tearfulness				X
Feeling of shame, embarrassment		X		
Guilt feelings ("If only...")				X
WITHDRAWAL				
Withdrawal				X
Depression-diminished interest				X
Feeling of detachment or estrangement				X
Inability to recall specific events of trauma		X		
Disorientation, confusion				X
Restricted affect				X
Avoidance of thoughts of trauma				X
Fear				X
Job Difficulties				X
Sexual Dysfunction				
Numbness-emotional/physical				X
Helplessness, loss of control				X
AROUSAL				
Sleep disturbances				X
Anger/Rage				X

Difficulty in concentrating				X
Hypervigilance				X
High startle response				X
Headaches				X
Muscle tension				X
Nausea				X
Eating disturbances				X
Difficulty in breathing				X
Cold sweat				X
Increased alcohol usage				X
Increased drug usage				X

Comparing the three preceding figures is instructive. Note that the far right hand column on each form is headed “Never”. Figure 1 (the *Pre-VOMP* assessment), taken together with accepted diagnostics for PTSD in DSM IV or World Health Organization (WHO) criteria would indicate that Emily, prior to her participation in VOMP, had suffered a “full-blown” post-traumatic stress disorder in which her symptoms had relentlessly persevered at intense and frequent levels for the nine years following the rape. Figure 2, an assessment of her symptoms *just weeks after* her facilitated dialogue with Danny, indicates that, without exception, those symptoms have substantially diminished in frequency and intensity and many of the most troublesome are now being reported in the “Never” column. Figure 3 indicating Emily’s (then) *Current* experience (as of March 2010) indicates that symptoms which often continue for trauma survivors unabated (see, especially: Van der Kolk, (2015); and Herman, (1997) are now virtually extinguished, and have remained so (for well over fifteen years, in fact). Once frequent, intense and unabating, Emily reported, during her presentation in 2007 to the Police Based Victim Services *Annual Training Symposium*, that these symptoms have “completely evaporated”; that she “never” experiences them now. “I am freer now”, Emily added “than at any time since the rape” (Emily, 2007).

Equally telling, Emily asserts in each of the presentations she has done, in the CBC Tapestry Program documentary and in her written testimonial for the annual National

Crime Victims Awareness Week, that she sees participation in VOMP to be extremely beneficial not only for victims/survivors but for the perpetrators, the prisoners responsible for those harms:

Beyond the work [VOMP staff] do for victims. . . I believe that this type of work is also highly beneficial to the rehabilitation of the prisoner, who very often has a pattern of offending rooted in having been abused himself in his past. I cannot speak too highly of this much needed organization. My hope is that they will be able to continue this type of work for many years to come and that the justice system will forever benefit from people who care enough for the victim (as well as the prisoner) to help both heal, transcend the most difficult times in their lives, and go on to more meaningful lives in the future (Canada, 2007).

Emily's appreciation for the possibility of VOMP participation proving to be not only of benefit to her but also "highly beneficial to the rehabilitation of the prisoner", and her recognition of an offender's patterns of offending often being "rooted in having been abused himself in his past" may be related to her own education in the medical field or to the sheer depth of her life experience, but she is certainly not unique in recognizing what frequently appears to be a clear criminogenic connection.

An essential caveat

It is imperative that nothing written here be interpreted as suggesting that the sexual assault or other aspects of the abuse Danny suffered in childhood are presented (either by the author or by Danny) as excusing his later perpetration of violence against others. There are no excuses, as Danny well knew and knows. But there is *a context* to Danny's offending; a theme which bears exploring in this case and in others like it, in hopes that at least partial explanations can be found into the cause of such behaviours. As Gilligan (1997: 54) asserts: "Explanations are not to be confused with exculpations or justifications; they serve an altogether different set of purposes, namely, causal understanding and primary prevention,"

As with Emily's Post-traumatic Stress Assessment inventories, I include Danny's ACE scores here, in part because Emily commented, above, on having come to an understanding of the likely criminogenic aspect of an offender's childhood trauma

experience, as part of her own story. Again, I reserve further comment on this assessment scale for Chapter 5, Results.

'Danny's' ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household *often or very often*...

Swear at you, insult you, put you down, or humiliate you? *or*

Act in a way that made you afraid that you might be physically hurt?

Yes_x_ No__.

2. Did a parent or other adult in the household *often or very often*...

Push, grab, slap, or throw something at you? *or*

Ever hit you so hard that you had marks or were injured?

Yes_x_ No__.

3. Did an adult or person at least 5 years older than you ever...

Touch or fondle you or have you touch their body in a sexual way? *or*

Attempt or actually have oral, anal, or vaginal intercourse with you?

Yes_x_ No__.

4. Did you *often or very often* feel that ...

No one in your family loved you or thought you were important or special? *or*

Your family didn't look out for each other, feel close to each other, or support each other?

Yes_x_ No__.

5. Did you *often or very often* feel that ...

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? **or**

Your parents were too drunk or high to take care of you or take you to a doctor if you needed it?

Yes_x_ No__.

6. Were your parents ever separated or divorced?

Yes__ No_x__.

7. Was your mother or stepmother:

Often or very often pushed, grabbed, slapped, or had something thrown at her? or
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something
 hard? or

Ever repeatedly hit for at least a few minutes or threatened with a gun or knife?

Yes ___ No_x__.

8. Did you live with anyone who was a problem drinker or alcoholic or who used street
 drugs?

Yes_x_ No___.

9. Was a household member depressed or mentally ill, or did a household member
 attempt suicide?

Yes_x_ No___.

10. Did a household member go to prison?

Yes___ No_x__.

Now add up your “Yes” answers: __7__ This is your ACE Score.

Follow up and after care

Ultimately, there were numerous exchanges of correspondence between these
 participants⁵⁹. Danny, an extremely gifted wood-worker, carver and painter, as one
 aspect of his symbolic amends to Emily had built for her a ‘story box’, a large, solid
 yellow cedar blanket chest lined with aromatic cedar. Carved on its heavy lid is the
 ornate and meticulously rendered ‘story’ depicting the transformational aspects of their
 mutual journey toward healing. We delivered the chest to Emily on one of our return
 visits to her home while visiting others in the area. To this day, when visitors who know

⁵⁹ At one point, in a rather remarkable turn, there was significant correspondence, as well, between Emily and
 Danny’s wife. The younger woman (Danny’s wife, we’ll call her Bonnie) had been deeply distressed as she learned
 about the impacts of what her husband had done to Emily and others during the period of his rages. Bonnie and
 Emily lived relatively near one another, grew close and, for a period of a time, experienced what they both
 described as considerable mutual support. The younger woman, Bonnie, was struggling to finish her education and
 to become established in her profession as a social worker without the support of her own family of origin. Emily,
 as indicated above, had become—through no fault of her own—estranged from her biological daughter, and much
 enjoyed the care and companionship Bonnie offered. While these women did not dwell on this, there was tacit
 understanding that both were, in fact, victims of Danny’s criminality. But that was not the substance of their bond.
 As both describe it, genuine care for the other’s wellbeing, was. The mutual support they experienced for a time
 was, in the minds of both of them, something that “just doesn’t happen in the normal course of criminal justice”
 processes (Emily, presenting at Kelowna Police Based Victim Services Conference, 2007).

nothing of her traumatic past ask about it (since it sits in the entrance of her apartment), she simply replies: “The gift of a friend, isn’t it incredible?”

Following her involvement with VOMP Emily’s PTSD symptoms are all but extinguished and she can give her life once again to the things that gave it meaning. She goes back to living in her valley, without fear (and for a time in another ‘mobile’ home). A short time later, she moves into a lovely home with a large artist’s studio and gallery area. She begins to paint again and to market her crafts which provide for her—in addition to her pension funds – a very decent living. She can hold her head up high. She returns to her church. The pastor and a few others know her story. She is welcomed, accepted, loved, and steadily vested with authority and responsibility. A few months later, Emily, now well into her eighties, calls to laughingly tell us that she is “working with old people.” She is helping to facilitate house groups of senior citizens as part of her own pastoral vocation. The daughter who declared her ‘sick’ (on being told that the rapist had returned to her home with flowers to apologize) and then distanced from her for years, returns, repentant, finally accepting her mother’s truth-telling and they are reconciled. Some things Emily has sought for much of her life, she now has. Years pass. And from time to time, we involve Emily in presenting with us at Victims Services Conferences, Correctional Chaplaincy Conferences, and the like. Following one of those presentations at a large Victim Services and Crime Prevention Conference, I wrote to Emily and sent on to her copies of the evaluations the conference attendees had left behind, adding:

“On 100% of your evaluations, you were given 5 out of 5. A standing ovation! Not bad! This is suitable for framing.”

The artist is an artist, indeed.

Danny returns to his community, and to his trade. And though, over the duration of his incarceration, he has lost much of what he prized: his marriage, his relationship with his son, a very lovely home and well-equipped shop, he is confident that he will, once again, have at least the comforts of a modest home and be able to rebuild his business. That, in fact, proves to be the case: Danny is a very skilled tradesman and, though he has

struggled, is once again making a good living, paying his taxes, employing and training others and making a contribution to society. He is at peace and content.

Danny and Emily have corresponded, from time to time, over the years, checking in with each other, each genuinely concerned for the other's flourishing and well-being. At one point they suggested that co-facilitator Sandi Bergen and I bring them together for one more meeting to update one another and revisit their experience together more formally (personal communications with each of them, dated May 11 and 12, 2010). Both are aware that that will likely be their last meeting. Emily is aging, and despite her vigour, aware of her mortality. She is at peace and "ready, though not terribly eager", she laughs, "to pass on to my reward."

4. Measurement methods and instruments

4.1 The measurement of trauma symptom experience: comparing post-traumatic stress symptoms (PTSS) assessments before and after the victim offender mediation meeting.

Where preliminary meetings or pre-encounter interviews with participants were of a nature that clearly made discussion of this topic appropriate, the Post-traumatic Stress Assessment inventory was administered to clients in my private clinical psychotherapeutic practice not necessarily for diagnostic but for assessment and discussion purposes (Figure 4.2). There are reasons to be sceptical of the Diagnostic & Statistical Manual of Mental Disorders (DSM)⁶⁰ diagnostics, and recent scholarship bears out that caution, suggesting, as one of a growing number of critiques, that the

⁶⁰ One of my main concerns, working with Indigenous people, is that the DSM is particularly culture bound, and far too closely connected, in my estimation, to the pharmaceutical industry. Serious critiques have recently surfaced regarding apparent conflicts of interest on the part of the American Psychological Association (APA), publishers of the various editions of the DSM (See Cosgrove, Krimsky, Vijayaraghavan & Schneider, 2006). The World Health Organization (WHO) publishes diagnostics as well for world-wide use. These are often used, rather than the DSM, in Europe and developing countries. While controversies about these diagnostic tools abound, they are beyond the scope of this study. I have always preferred to work from a strengths-based perspective, and in fact, while I am very cautious about diagnosing even those referred to me as a credentialed trauma therapist, I find the notion of post-traumatic stress symptoms (PTSS) to be useful in normalizing adaptive behaviours for the 'client' and in helping to gauge recovery. I use the inventory presented here (Figure 4.2 for those purposes).

diagnoses can be pathologizing and problematic in many ways (Francis, 2010⁶¹, Young, 1995).⁶²

If a referred victim, however, reported having been diagnosed with PTSD by another professional, (recall that the DSM IV, Diagnostic Criteria at figure 4.2, and DSM IV-TR were current at the time cases in this sample were proceeding) this was recorded on the data matrix and noted in that particular case study. In a number of cases, the participant's professional therapists became involved. In the case of minors, we actively sought the involvement and collaboration of those professionals and cooperated in any instance in which the victim/survivor participants wanted us to meet with their clinicians to explain and discuss the process. We frequently consulted, as well, (where this had been discussed and agreed upon by the prisoners) with members of their treatment teams: Institutional Parole Officers (IPOs), Psychologists, Psychiatrists and Social Workers, Program facilitators and CO2s (the designation at the time for Correctional Officers assigned to them and working closely with them). All of that took time and

⁶¹ Psychiatrist Allen Frances is one example of highly credible professionals also concerned about aspects of the DSM. Francis chaired the committee that produced the DSM IV, and even then expressed caution about its potential for harm if overused. Highly critical of the current DSM-5, Francis warned, in a 2012 *New York Times* editorial, that if [the DSM-5] is issued unamended by the APA, "it will medicalize normality and result in a glut of unnecessary and harmful drug prescription." He also reported there that the APA had stubbornly refused to submit the revisions for scientific review. Then, in a December 2, 2012 blog post in *Psychology Today*, Frances published a list of what he sees as "DSM 5's ten most potentially harmful changes". Then too, conflict of interest concerns have been raised, given the preponderance of DSM categories requiring expensive medications (schizophrenia, depression, paranoia) when 100% of the panel members who produced those sections in the current version have close links to the pharmaceutical industry. (See Cosgrove, L., et al, (2006) and note below).

⁶² Young (1995) a psychiatrist and ethnographer working with post combat survivors strongly asserted that while the suffering of trauma survivors experiencing PTSD is absolutely "real", the disorder and its diagnosis are not timeless nor universal phenomenon, but a "harmony of illusions." The following is taken from the synopsis of his book, *A Harmony of Illusions: Inventing PTSD*:

As far back as we know, there have been individuals incapacitated by memories that have filled them with sadness and remorse, fright and horror, or a sense of irreparable loss. Only recently, however, have people tormented with such recollections been diagnosed as suffering from "post-traumatic stress disorder." Here Allan Young traces this malady, particularly as it is suffered by Vietnam veterans, to its beginnings in the emergence of ideas about the unconscious mind and to earlier manifestations of traumatic memory like shell shock or traumatic hysteria. In Young's view, PTSD is not a timeless or universal phenomenon newly discovered. Rather, it is a "harmony of illusions," a cultural product gradually put together by the practices, technologies, and narratives with which it is diagnosed, studied, and treated and by the various interests, institutions, and moral arguments mobilizing these efforts (<https://www.questia.com/library/102871974/the-harmony-of-illusions-inventing-post-traumatic>, accessed June 30, 2018).

effort, but the investments inevitably paid dividends, and will be discussed further in the treatment of those case studies.

If the victim/survivor participant was exhibiting and reporting symptoms of a number, frequency, intensity and duration that clearly met the criteria for PTSD (according to the accepted diagnostic instruments current at the time) but that diagnosis had not yet been made by a another professional credentialed to make it, that was noted on the matrix as “Yes/Undiagnosed”. If the victim’s completed inventory indicated responses that fell short of meeting the criteria for a PTSD diagnosis *in even the slightest regard* (total duration of symptoms, for example) but was, nevertheless just below the threshold for it at the time of the interview, that was noted as “Highly Symptomatic”. For case studies in which this data was gathered and permissions granted for use in this dissertation, the inventories completed by the victim have been reproduced and included in Appendix F along with the case narrative, using the victim’s pseudonym, (e.g., as in case study 1: *Emily’s Post-traumatic stress assessment [Prior to VOMP]*). In other cases, the accounts of participants are used (and in some cases those of their professional therapists) as well as the field notes and observations of VOMP staff, according to usual qualitative conventions, as participants reflect on their experience of participation and its effects on their experience of the post-traumatic stressors. Wherever possible, their verbatims of those reflections are used. s

It has been our practice to debrief the face-to-face victim offender dialogues with participants as soon as they conclude and to follow up with them again within a few days of their encounters. Where victims had completed Post-traumatic Stress Assessment inventories prior to their dialogues, the same inventory was administered again within a few weeks. As with the ‘Pre-test’ inventory, these are also included in the relevant case study headed as, for e.g., case study 1: *Emily’s Post-traumatic stress assessment (after VOMP)*.

In many cases, contact with these individuals was maintained, some of whom reported experiencing profound relief from the symptoms that had plagued them, reporting - once again on the same inventory of stressors - their “Current” experience of those symptoms many months after their encounters, demonstrating what they reported as lasting

recovery gains. These are included, again, together with the inventories completed at the *Pre* and *Post VOMP* meeting stages. (The forms are identical for the *Pre*, *Post* and *Current* inventories, with only the titles and first line instructions changed to fit the timing of the inventories).

4.2 Scoring the PTSS Assessment Inventory and measurement of symptom severity

For Pre – Post victim offender meeting comparison purposes, a simple scoring system devised for use with the DSM IV was used (Hembree, Foa & Feeny, 2002: 2). This scale was “typically used to assess current symptoms of PTSD” in terms of the number, frequency, intensity and severity of those symptoms being experienced related to a target trauma (in this case, the criminal incident committed against them). In the case studies under examination, *all* of the victim participants had suffered a DSM IV Criterion A trauma, defined as:

A. Exposure to a traumatic event in which both of the following were present: 1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others. 2) the person’s response involved intense fear, helplessness, or horror (2002: 3).

Directly experienced events include: combat, life threatening accidents (e.g., plane crash, motor vehicle accident), violent physical/sexual assault (in childhood or adulthood), torture, incarceration as a prisoner of war or in a concentration camp, natural or manmade disaster (e.g., earthquake, fire, hurricane, flood), robbery, stabbing/shooting, being diagnosed with a life threatening illness (2002: 3). Examples of *witnessed traumatic events* include: observing death or injury of another person due to assault, war, or disaster, unexpectedly seeing a dead body or body parts (2002: 3). Examples of *traumatic events “confronted with or learned about”*, include: Learning of family member’s (or friend’s) sudden, unexpected death, or learning that one’s child had a life threatening disease” (2002: 3).

According to DSM – IV, (in use during the duration of the study period) a PTSD diagnosis is determined by counting the number of symptoms endorsed (a rating of 1 or greater) per symptom category. To meet the criteria for a diagnosis of PTSD, one

symptom is required from the category headed Intrusion (Re-experiencing); three symptoms are required from the Avoidance category, and two from the Arousal category. A PTSD diagnosis also requires symptom duration of more than one month (criterion E) and clinically significant distress or impairment (criterion F) (2002: 3). Given that criteria E and F were fulfilled, one could be diagnosed with PTSD having listed only five of the symptoms, assuming those fell into the other categories, exactly as described.

To arrive at a rating of severity of the symptoms, based on both frequency and intensity, symptom items noted as being experienced by the participant were rated on a five-point scale as follows: 0 = Never/Not at all; 1 = Seldom/Once per week or less; 2 = Occasional/1 or 2 times per week; 3 = Frequent/3 to 5 times per week. In cases where participants indicated more frequent or more severe experience of that symptom item than the heading indicated, I rated it as 4 = 6 or more times a week and severe.

The scale, then, (32 items x 3) could result in a score of 96 if every item were endorsed as occurring 3 to 5 times per week. However, as indicated just above, if only the lowest threshold for the criteria were endorsed by the participant (i.e. five symptoms from the three categories as described, rated as “frequent”, that could still result in a severity score of 15. ALL of the VOMP participants whose inventories appear here scored at levels much, much higher than that on their Pre-mediation meeting assessments.

Form 4.4: Pre-victim offender dialogue symptom assessment**Posttraumatic Stress Assessment**

Since the trauma, which of the following is being experienced and how frequently:

SYMPTOM	Frequent (3-5 x/wk)	Occasional (1-2 x/wk)	Seldom (1x/wk)	Never
RE-EXPERIENCING (1)				
Intrusive thoughts and images				
Recurring dreams – nightmares				
Flashbacks				
Anxiety attacks				
Crying spells and tearfulness				
Feeling of shame, embarrassment				
Guilt feelings ("If only...")				
AVOIDANCE (3)				
Withdrawal				
Depression-diminished interest				
Feeling of detachment or estrangement				
Inability to recall specific events of trauma				
Disorientation, confusion				
Restricted affect				
Avoidance of thoughts of trauma				
Fear				
Job Difficulties				
Sexual Dysfunction				
Numbness-emotional/physical				
Helplessness, loss of control				
AROUSAL (2)				
Sleep disturbances				
Anger/Rage				
Difficulty in concentrating				

Hypervigilance				
High startle response				
Headaches				
Muscle tension				
Nausea				
Eating disturbances				
Difficulty in breathing				
Cold sweat				
Increased alcohol usage				
Increased drug usage				

Figure 4.2. Diagnostic criteria for post-traumatic stress disorder (DSM-IV)

- A. The person has been exposed to a traumatic event in which both of the following were present:
1. the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others; the person’s response involved intense fear, helplessness or horror.
- B. The traumatic event is persistently re-experienced in one or more of the following ways:
1. recurrent and intrusive distressing recollections of the event, including images, thoughts or perceptions.
 2. recurrent distressing dreams of the event.
 3. acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated).
 4. intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
 5. physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
- C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three or more of the following:

1. efforts to avoid thoughts, feelings or conversations associated with the trauma.
2. efforts to avoid activities, places or people that arouse recollections of the trauma.
3. inability to recall an important aspect of the trauma.
4. markedly diminished interest or participation in significant activities.
5. feeling of detachment or estrangement from others.
6. restricted range of affect (e.g. unable to have loving feelings).
7. sense of a foreshortened future (e.g. does not expect to have a career, marriage, children or a normal life span).

D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two or more of the following:

1. difficulty falling or staying asleep
2. irritability or outbursts of anger
3. difficulty concentrating
4. hyper vigilance
5. exaggerated startle response

E. Duration of the disturbance (symptoms B, C and D) is more than one month.

F. The disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning.

4.3 Measurement of adverse childhood experiences

Adverse Childhood Experiences (ACE) refer to some of the most intensive and frequently occurring sources of stress that children may suffer early in life. Such experiences include multiple types of abuse; neglect; violence between parents or caregivers; other kinds of serious household dysfunction such as alcohol and substance abuse; and peer, community and collective violence. It has been shown that considerable and prolonged stress in childhood has life-long consequences for a person's health and well-being. It can disrupt early brain development and compromise functioning of the nervous and immune systems. In addition because of the behaviours adopted by some

people who have faced ACEs, such stress can lead to serious problems such as alcoholism, depression, eating disorders, unsafe sex, HIV/AIDS, heart disease, cancer, and other chronic diseases (Felitti, et. al., 1998, Felitti, 2002; WHO, 2018).

Adverse childhood experiences for the purposes of this study were measured with Felitti's ACE scale. The ACE scale consists of 10 items. In case of a positive answer a score of 1 is entered. The maximum score is 10.

Figure 4.3 Finding Your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household *often or very often*...

Swear at you, insult you, put you down, or humiliate you? *or*

Act in a way that made you afraid that you might be physically hurt?

Yes__ No__.

2. Did a parent or other adult in the household *often or very often*...

Push, grab, slap, or throw something at you? *or*

Ever hit you so hard that you had marks or were injured?

Yes__ No__.

3. Did an adult or person at least 5 years older than you **ever**...

Touch or fondle you or have you touch their body in a sexual way? **or**

Attempt or actually have oral, anal, or vaginal intercourse with you?

Yes__ No__.

4. Did you *often or very often* feel that ...

No one in your family loved you or thought you were important or special? **or**

Your family didn't look out for each other, feel close to each other, or support each other?

Yes__ No__.

5. Did you *often or very often* feel that ...

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? **or**

Your parents were too drunk or high to take care of you or take you to a doctor if you needed it?

Yes__ No__.

6. Were your parents ever separated or divorced?

Yes__ No__.

7. Was your mother or stepmother:

Often or very often pushed, grabbed, slapped, or had something thrown at her?
or

Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or

Ever repeatedly hit for at least a few minutes or threatened with a gun or knife?

Yes __ No__.

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

Yes__ No__.

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

Yes__ No__.

10. Did a household member go to prison?

Yes__ No__.

Now add up your "Yes" answers: ____ *This is your ACE Score.*

4.4 Measurement of emotions and attitudinal changes

Our research questions deal further with constructs of apology and forgiveness, guilt and shame, empowerment and empathy, each of them complex aspects of the experience of victims and offenders from the time of the criminal incident (or as part of the build-up to it) through the criminal justice system's processes (and its criminogenic, secondary victimizations) and then through the narrow 'strait' of participation in the Victim Offender Mediation Program (VOMP).

Apology

Although apologies are not stated goals of VOMP this study will explore how frequently and how they come up as core elements in face-to-face VOMP meetings. Apologies are defined as acknowledgments and expressions for a fault without defence (OED), and suppose acknowledgement, affect and vulnerability (Schneider, 2000). Also, practical and symbolic amends that have meaning for the victim are seen as core elements of apologies (see Chapter 2).

However, emotions are difficult to measure; the effect of an offender's apology on the emotions of a victim/survivor, more difficult still. Even with sophisticated neuroimaging tools, such as positron emission tomography (PET) scanning, or functional Magnetic Resonance Imaging f(MRI), (extremely useful in diagnosis and understanding of brain abnormalities) researchers concur that their contributions to psychological theory are, so far, limited. The use of these technologies so far have simply confirmed that "emotions don't map neatly....but stem from a complicated network of interconnected brain regions (Lindquist et al., 2012). Most researchers measure emotions of people based on their affective display, that is, their emotional expressions. Affective display includes facial expressions, bodily postures and vocal expressions. To measure affective display, researchers generally use observation techniques and self-report via questionnaires (Sincero, 2017).

In this study affect and emotion surfaced frequently and figured highly both in preparatory meetings and in the face-to-face dialogues studied. Where we comment on "the power", "effect" or "impact" of apologies given and received through the VOMP

process it is because that was a theme highlighted by the participant in that case study. In those cases a *verbatim* of the participant's comment is provided or other evidence sources quoted (e.g., print or public broadcast and documentaries) in which participants reported their experience of giving or receiving an apology in terms of its meaning and impact for them (and/or their sense of its meaning for the other).

In some cases, VOMP staff members own observations were used, i.e., their recorded observations of what transpired when facilitating the victim offender dialogue at the moment an apology was given or received. Even here, however, it is usually a matter of reporting what the participants themselves responded when a change in affect was observed (for example, immediately after the offender had offered an apology), observing the victim's change in affect or evident emotional expression and asking a 'reflective listening' type of questions such as: "What happened for you, just now, when the tears flooded up and began to flow?" Recording responses at such times, it was anticipated, could give researchers access to information that could prove highly instructive.

Forgiveness

As with apologies, it did not prove difficult to record the instances in which forgiveness was offered by victims to their offenders. That was a simple matter of 'tallying' a verbal exchange. However, to measure the degree to which offenders accepted the victims' offerings of forgiveness and internalized those so as to have an impact on their thinking, feelings, emotions, and subsequent behaviours is another matter, altogether. Here, offender self-reports and verbatims played the largest part, however, staff observations and later retrospective reflections by both participants in terms of how the granting of forgiveness had or had not produced a hoped for correlating impact on keeping of amends commitments and desistance were also taken into account.

The APA (2016) defined forgiveness as an:

intentional and voluntary process by which a victim undergoes a change in feelings and attitude regarding an offense, lets go of negative emotions such as vengefulness, with an increased ability to wish the offender well. Forgiveness is different from condoning (failing to see the action as wrong

and in need of forgiveness), excusing (not holding the offender as responsible for the action), forgetting (removing awareness of the offense from consciousness), pardoning (granted for an acknowledged offense by a representative of society, such as a judge), and reconciliation (restoration of a relationship).⁶³

As prefigured in Chapter 2, other writers stress other aspects of forgiveness. The late Lewis B. Smedes (1996), for example, wrote popularized ‘best sellers’ (albeit from his perspective as a theology professor at Fuller, an American evangelical Christian Seminary). Roger Burggraeve (2018), on the other hand writes, from the perspective of a moral philosopher and theologian, a sophisticated anthropological-phenomenological reflection and discussion of Christian concepts. The late John Monbourquette, OMI, Professor at the Pastoral Institute at St. Paul University in Ottawa, helpfully and clearly differentiates between forgiveness and reconciliation, making clear that forgiveness can occur without positing reconciliation as an imperative which must follow. Monbourquette also cautions against being taken in by “caricatures of forgiveness” or “the mirage of false forgiveness”, reminding the reader that forgiveness is a very complex thing; the journey to it (and certainly writing about it) a potentially “risky thing. . . a hazardous journey” which presents a host of paradoxes:

The Great Paradoxes of Forgiveness:

Easy but often inaccessible
Available but often forgotten
Liberating for the other and even more so for ourselves
On everyone’s lips and yet misunderstood
Innate to the human heart and yet illusory
Vital for humans but so often feared
Bestowed upon the soul and yet menacing
Mysterious and yet an everyday occurrence
Utterly divine and utterly human (2000: 193, 43, 44)

Forgiveness, clearly, can take different forms and be motivated by different systems of meaning and belief. What is reflected in the narratives of the participants in this study will likely involve myriad differences, as well, in terms of how the words of forgiveness

⁶³ <https://dictionary.apa.org/forgiveness>

are expressed, how they are heard and received and whether the ‘gift’ of forgiveness has an impact for the receiver and for the giver.

The case studies, therefore, will be examined to see if the victims make mention of forgiveness, their attitude towards forgiving their perpetrators and what they report in terms of forgiveness process: what elements or ingredients needed to be present in order for them to even consider offering forgiveness, much less actually grant it in the face of injury considered by most to be ‘unforgiveable’. And, in situations where victims were able to transit the involved psychological and emotional ‘journey to forgiveness’, what did they report in terms of how that ‘felt’ for them? What impact did they observe that act having on their offenders? What did offenders report about being forgiven, i.e., both the impact in the moment and whether receiving the forgiveness proffered had impacts over time? Where those impacts were felt, how did they manifest?

Finally, in circumstances where forgiveness was not discussed or in which victims refused to grant it, what was the impact of that upon offenders, and how, if they commented, did *that* play out over time.

Shame and guilt

The case studies are further scanned for indications of shame and guilt. In Chapter 2, we included shame theory posited by Braithwaite (1989) and his definition of shame as either stigmatizing or reintegrative. Stigmatizing shame – where the actor him/herself is denounced and punished through exclusion – is almost ubiquitous as the dominant mode within conventional criminal justice processes. Reintegrative shame, on the other hand, occurs when denunciation is expressed by victims or community towards the “bad deed” and the essentially “good person” is treated with respect and eventually welcomed back in the “effort to maintain bonds of love or respect”. He defines shame as a *social process* of expressing disapproval where the intent is to invoke remorse in the person who has violated a norm in the hopes of changing their behaviour. Stigmatization, on the other, can actually result in making a criminal lifestyle more appealing by drawing the individual into subcultures, which “reject the rejectors”.

Further, one should distinguish shame from guilt. According to Hosser et al. (2007) shame is a negative emotion, associated with a loss of self-respect, social withdrawal, anger, and aggression while guilt is a positive emotion that supports prosocial behavior and motivates compensation for the inflicted loss. Also Brown (2012) differentiated shame and guilt:

Shame is a focus on self, guilt is a focus on behavior. Shame is highly correlated with addiction, depression, violence, aggression, bullying, suicide, eating disorders. Guilt, [is] inversely correlated with those things.” Guilt is, “I did something bad, I made a mistake.” Shame is, “I *am* bad, I *am* a mistake.”

The views of Hosser and Brown (above) however, seem to need further parsing: Is shame always a ‘bad’ thing? Axiomatically and necessarily “a negative emotion”? Does one who feels shame necessarily assume therefore “I am bad, I am a mistake”? Or can shame function helpfully, as Nathanson sees it, “as a spotlight”, an affect state illuminating one’s thinking or behaviour, so as to suggest need to draw back from acting out in ways that could deepen shame and precipitate guilt for having transgressed one’s own or society’s values and mores? A child, (or an adult, for that matter) with no sense of shame, is someone quite likely without an internal locus of control, someone run amok.

And, is guilt necessarily a good or at least *a better* thing, one “inversely correlated” with things Brown sees as “highly correlated” with shame: addiction, depression, violence, aggression, bullying, suicide, eating disorders” and the like? Or is it entirely possible that guilt can, rather than acting as Hosser would have it, as “a positive emotion that supports prosocial behavior and motivates compensation for the inflicted loss”, also prove in some circumstance to be a crippling *de*-motivator, a potentially pathological obsession? The psychologically astute Shakespeare might have light to shed on the matter. What might Macbeth say in answer:

How is't with me, when every noise appals me? What hands are here? ha! they pluck out mine eyes. Will all great Neptune's ocean wash this blood clean from my hand? No, this my hand will rather the multitudinous seas incarnadine, making the green one red (Act II, Scene 3).

While difficult to measure, at least scanning the case studies for expressions of shame and guilt will include whether or not the participants themselves distinguish between the two and, if so, how they see those differences manifesting or playing out differently, if they do, in terms of downstream outcomes. Further, in the majority of case studies where participants comment on it, while guilt and shame are usually observed to manifest as Hosser and Brown suggest (above) there are also examples of guilt which continued to be problematic (and not only for offenders but also for victims suffering on-going and profound and obsessive survivor guilt).

Empathy

One authority after another published over the past 20 years comments on the fact that no common definition for empathy exists, and that that very fact is one of the unique features of this field (e.g., Batson, 2009; Gerdes, Segal, & Lietz, 2010). Another feature, common to much in human psychological and emotional processes, is that empathy is

the action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either in the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner; *also* : the capacity for this⁶⁴

In the ‘parameter-setting disclosure’ in the Introduction we made clear that this study is primarily, even fundamentally, based in the *practice* of victim-offender mediation and how that practice developed in one particular program (although ultimately across the country) in Canada. Had we begun with the awareness that an academic research study might emerge from that practice, we would have proceeded very differently and at least attempted to more scientifically measure empathy both pre and post the meetings we facilitated between the participants. If we had prescience about empathy measurement as it exists in the present day, we would have used a number of instruments, recognizing, as scholarship now quite critically reveals, that each of the instruments in current use has flaws of its own, so that using just one of them is almost certain to draw criticism

⁶⁴ <http://www.merriam-webster.com/dictionary/empathy>, accessed June 12, 2010.

from scholars who prefer (or who have investment in having personally developed) what might be seen as instruments having greater relative validity (Miller et al., 2011).

Over the years, investigation of the scholarship on empathy has made us aware of the breadth and depth of the field and the variety of instruments used in its measurement, from simple observation of facial expression to neuroimaging in the most sophisticated of labs. The field as it exists today, with a multiplicity of definitions for empathy, and an almost corresponding number of measurement instruments and techniques, has undergone almost three decades of advance from the time when we, in the early days covered by this study, observed and noted the *initial lack* of empathy in many of the study's offender subjects and, over the duration of their participation in VOMP with their victims, observed its growth and increase. Our measurements were not then 'scientific' by today's standards; in fact, even in the most sophisticated psychological reports in the files of offenders through the study period, there is no mention of empathy 'measurement' instruments having been relied upon to come to conclusions about empathy or its increase in offenders. The exceptions would be the occasional reference to Dr. Robert Hare's Psychopathy check list, (PCL) (Hare, 1991). Hare's PCL was not published until 1991 – one year following the 'launch' of VOMP - and was not really 'in vogue' until the publication of its revision, the PCL-R (Hare, 2003) the year of the final face-to-face mediations covered by this study. Concern and controversies concerning the PCL, however, began to surface early, including this one most salient for the current section's discussion, i.e., that the scores of offenders on whom the scale is used, may or may not identify them as psychopaths, *depending upon whether or not the rater him or herself rates as high or low in empathy* (Miller, et al., 2011).

Even if the PCL and PCL-R had regularly been used to determine whether offenders were able to be empathic, as opposed to demonstrating, for example, "callous disregard" or "callousness and lack of empathy", we likely would have been very cautious about incorporating those findings in our own work for two main reasons: 1) because of Hare's own concern about its great potential for harm if used in correctional settings (Hare & Neuman, 2006); and 2) because among some of the more enlightened psychologists and

institutional parole officers working with the offenders in our region (and therefore this sample) there was grave concern about:

- the labelling impact of being identified as a psychopath⁶⁵ (what that would mean for future release decisions (the far greater likelihood of being denied temporary absences, work releases or parole);
- the lack of recognition or ‘room’ in the PCL-R itself for ‘dynamic’ factors, changes brought about, however those occurred, in the personality, attitudes, intents and commitment to ‘repentance’ (or something akin to it) which made using the PCL-R as ‘a predictor’ not only unreliable but potentially devastating and dangerous to offenders;
- the quite common ‘confusion’ especially in the earlier days, between psychopathy and anti-social personality disorder and, more recently, between true psychopathy and a number of other disorders among the 265 (plus modifiers) in the current DSM 5.

However, empathy is much broader than its controversy as one factor on a contested checklist. Batson, for example, identifies no less than eight different concepts to which the term empathy is applied (Koudouli & Tollenaar, 2016: 101). These are: 1) “knowing the other’s internal state. . . thoughts and feelings”; 2) “the process of imitating or mimicking another’s postures or neural responses and expressions; 3) “the adoption of the emotional state, the feelings, of the other; 4) “imagining oneself in the . . . situation of another”; 5) imagining what another is thinking or feeling, followed by 6) being able to imagine what it would be like to be in exactly that position or situation, oneself; 7)

⁶⁵ The possibility of misdiagnosis, led Hare, himself, in 2003, to signal concern, insisting that “Because an individual’s scores may have important consequences for his or her future, the potential for harm if the test is used or administered incorrectly is considerable. The test can only be considered valid if administered by a suitably qualified and experienced clinician under controlled conditions”. This concern was raised again three years later in an article Hare co-authored (Hare & Neuman, 2006) and in 2006, in his presentation as a guest lecturer in one of the author’s senior seminar classes at the School of Criminology at Simon Fraser University, Hare acknowledged deep concern about the harm that could ensue if PCL-R, an instrument developed for research purposes but never intended to be used as a tool for prediction of future behaviour, was used for prognostic and predictive purposes, further acknowledging that that is exactly how it was being used in many correctional settings, including the Correctional Service of Canada.

experiencing distress at seeing another in pain; and 8) mirroring in oneself the feelings of the other whom one observes to be in pain.

Those concepts and constructs, those ‘feelings’ and how they are manifested can be fairly readily observed. In fact, after all this discussion of measurement instruments, two methods of measurement continue to surface as commonly used, and, especially if confirming and corroborating one another, as proving both valid and highly reliable: the observations of the researcher and self-reports from the research respondents. In our case, these i.e., the self-reports we are looking for will be: 1) the reports of the participants in terms of what they themselves were feeling or experiencing, internally; and 2) the reports of each participant in terms of what they observed and experienced as empathic response in the other. After all is said and done, apparently, it is possible to observe and report on what transpires as one enters into the feelings of another, no matter how difficult that experience might be to describe or how complex the messaging might be neurologically as each sees, feels and mirrors the feelings, posture, gestures, facial expressions and all of the linguistic and paralinguistic cues that escape any attempt to fully measure them, but which can certainly be mirrored, felt, experienced in truly encountering ‘the other’. Participant self-reports, their reports of their observations of the other play a significant role here. Their verbatim comments are used wherever possible.

Empowerment

In Chapter 2, we described different aspects raised in the scholarly literature concerning victim’s experiences of disempowerment and disappointment with the criminal justice system. For instance Herman (2005) mentioned the need for acknowledgement, support, empowerment and re-establishing of control, opportunities to tell their own stories in their own ways and in settings of their own choosing, and understanding, regarding their fear of reminders of the trauma and of direct confrontation with their perpetrators. Then concluded that the experience of the court room is almost axiomatically antithetical to the meeting of those needs. Ranieri (1995) refers to complaints about delays, unnecessary continuances, uncomfortable waiting rooms, risk of intimidation by offenders and insensitive criminal justice practitioners as routinely associated with victims’

experiences of the criminal justice system, with the greatest—and most likely—grievance being the lack of standing and voice in the proceedings. Feelings of alienation develop as victims realise that their opinions and concerns are ignored and their requests for involvement are consistently denied. Furthermore, in many cases, victims are never informed about the status of the case or its outcome. Barton (1999) describes the desire to know all the relevant details of, and reasons behind, what happened. Victims want their side of the story to be heard—by the offender as well as by the general public—and they may find satisfaction in visible signs of remorse elicited by their wrongdoers, especially in heartfelt and sincerely expressed apologies where such are due. The most important however is to have the legal right to a substantial say in how their cases are handled and resolved in the legal justice system. All these feelings and experiences refer to disempowerment.

Disempowerment can also be defined as denial, being demoralized, disapproval, opposition, helplessness, rejection, imprisonment, incarceration, limitation, restriction and powerlessness.

Empowerment refers then to the process by which a person or group of persons is given power and status in a particular situation, the process of gaining freedom and power to do what you want or to control what happens to you. It can involve support, advocacy, and deeding power or legal entitlements to another, making them stronger and more confident in controlling their life and claiming their rights. It refers to helping another realize their abilities and potential, perhaps for the first time. Synonyms include: acceptance, acknowledgement, approval, endorsement, recognition, allowance, freedom, heard, confident, tolerance, promise and verification.

The case studies and the other data sources listed were thoroughly scanned for indications that victims and offenders were referring to these kinds of emotions and attitudes. The synonyms for these constructs (as discussed in the theoretical chapters) were extremely helpful in the search for this information.

4.5 Desistance and recidivism

Recidivism is defined as the Correctional Service of Canada (CSC) normally does, to mean the commission of new criminal offences resulting in new sentences. Most ex-prisoners in this sample are serving life terms, which in Canada means that while they may ultimately be paroled, supervision will continue for natural life. They will have to report to a parole supervisor and keep all of the conditions of their parole until the day they die. Violation of a condition of parole almost inevitably results in a suspension and placement in a Temporary Detention (TD) unit in a prison, while investigation takes place to determine whether they will be released again, or their parole “revoked”, in which case they will be reincarcerated to await another opportunity to make a bid for another parole. The Correctional Results report done by CSC researchers will be included here as an indication of how many in this sample managed to ‘make good’, desisting over time versus those who reoffended or violated parole and were returned to prison.

Desistance is defined as “the long-term abstinence from crime among individuals who had previously engaged in persistent patterns of criminal offending...the maintenance of crime-free behaviour in the face of life’s obstacles and frustrations” (Maruna, 2001: 26).

The case studies will be examined to see if the offenders make mention of their own experience of that process, making clear that they had reached turning points in their own lives, having come to an understanding of their past behaviours and committing to desist from committing further crimes, committing to make the changes required to ensure that no one will ever again suffer harm at their hands, understanding that “making good”, or “going straight”, are not one time conversion events. Where offenders in this sample have shared with me their own “redemption scripts” (Ward & Maruna, 2007, 86), i.e., their own accounts for how they came to these realizations and determined to make changes, to turn *from* one manner of life, *to* another, I have tried to faithfully report those accounts, using their own language.

While the offenders in the case studies which follow would likely concur that those forces might help account for an offender’s desistance, a number of them also speak

clearly of the force of the encounters with their victims as having eclipsed each of those other forces, possessing a power all of their own to bring about lasting commitment to change. Some speak of the birth and growth of victim empathy as a result of the VOMP process. Where this is the case, I quote them.

Where offenders have made commitments to their victims to desist and to demonstrate those commitments thorough specific practical and symbolic—though tangible—amends, they were included, as well as an indication of whether those commitments were kept over time (especially in the view of the victims to whom those commitments were made).

Where offenders in the sample have committed new offences upon release I list the number of days between release and the subsequent offence. I provide statistics on this sample in that section of the analysis and include the CSC Correctional Results report to triangulate the data there.

Recidivism is defined as the Correctional Service of Canada (CSC) normally defines it, i.e., to mean the commission of new criminal offences resulting in new sentences. Most ex-prisoners in this sample are serving life terms, which in Canada means that while they may ultimately be paroled, supervision will continue for natural life. They will have to report to a parole supervisor and keep all of the conditions of their parole until the day they die. Violation of a condition of parole almost inevitably results in a suspension and placement in a Temporary Detention (TD) unit in a prison while investigation takes place to determine whether they will be released again or their parole “revoked”. In the case of revocation, the parolee will be reincarcerated to await another opportunity to make a bid for another parole. The Correctional Results report done by CSC researchers will be included here as an indication of how many in this sample managed to ‘make good’, desisting over time versus those who reoffended or violated parole and were returned to prison.

Desistance for our purposes is defined as “the long-term abstinence from crime among individuals who had previously engaged in persistent patterns of criminal

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While the offenders in the sample which follows would likely concur that the forces enumerated in the desistance literature cited as conducive to success might, indeed, help account for an offender's desistance, a number of them also speak clearly of the force of the encounters with their victims as having eclipsed each of those other forces, possessing a power all of their own to bring about lasting commitment to change. Some speak of the birth and growth of victim empathy as a result of the VOMP process. Where this is the case, I quote them.

Where offenders have made commitments to their victims to desist and to demonstrate those commitments through specific practical and symbolic—though tangible—amends, they were included, as well as an indication of whether those commitments were kept over time (especially in the view of the victims to whom those commitments were made).

Where offenders in the sample have committed new offences upon release I list the number of days between release and the subsequent offence. I provide statistics on this sample in that section of the analysis and include the CSC Correctional Results report to triangulate and underscore the data in this study's findings.

Chapter 5: Study results

This chapter is devoted to reporting the results of all 25 case studies selected for this dissertation, including the results from case study 1 presented in Chapter 4 and the remaining 24 cases found in Appendix F, with a particular focus on answering the research questions identified in Chapter 1, the Introduction. In the simplest terms, this chapter is organized around the following themes arising from those questions:

- 1 Effects experienced by victims of encountering the offender, namely:
 - 1.1 Victim empowerment
 - 1.2 Trauma recovery
 - 1.3 Traumatic growth that issues in new vocation
- 2 Effects experienced by offenders of encountering the victim, namely:
 - 2.1 Resolution of childhood trauma (ACE) and personal Ttaumatic growth;
 - 2.2 Attitudinal change, and increase in victim empathy
 - 2.3 Desistance
- 3 The roles of apology and forgiveness
- 4 Completely unanticipated outcomes

Preliminary to presenting the data that addresses the above research questions, the information presented in Table 5.1 will help situate the study participants so as to help connect them to the findings which follow. This Table, an overview of all 25 cases, includes: the offenders' and victims' pseudonym names, the index offence, whether or not the victim participant was a direct victim or a family survivor (in the cases of murder), and whether or not there was a prior relationship between the offender and the victim participant.

Table 5.1 Overview of cases

Case	Offender(s)	Victim(s)	Index Offence	Direct victim or family survivor	Prior relationship of offender to victim participant
1	Danny	Emily	Rape-multiple counts	Direct victim	None
2	Sam	Allison	2 nd degree murder, sexual assault	Daughter of victim	Former boyfriend
3	Richard	Chantal Fay Maria	Incest Sec 155 (2)	Direct victim Direct victim Mother of victims	Father of both victims and husband of Maria
4	Arthur	Sally	Sexual Assault	Direct Victim	Father
5	Pablo	Joyce	Sexual Assault	Direct Victim	Stepfather
6	Tomas	Rebekah	Sexual Assault	Direct Victim	Stepfather and spiritual elder to victim
7	Kyle	Mindy	Manslaughter	Mother of the victim	Common-law partner
8	Barry	Valerie	Murder x 4	Family survivor – sister of victim	Acquainted
9	Marco Don Jerry	Josephine	Murder and attempted murder x2	Daughter of murder victim and direct victim of attempted murder	Acquainted with Marco and Don and sister to Jerry

10	Bret Ernesto	Teddy	1 st Degree Murder x4	Family survivor – brother and uncle of victims	Foster nephews
11	Sebastien	Wilfred	Robbery	Direct Victim	None
12	Lorenzo	Wendy	Sexual Assault	Direct Victim	Former boyfriend of victim's mother; victim babysat his daughters in his home.
13	Raphael	Isaac	Sexual Assault	Direct Victim	Priest, Scout Leader, Mentor
14	Dennis	Cindy Nicholas Nate	Aggravat ed Assault	Direct Victim Witness/son of victim Witness/son of victim	Husband to Cindy Father to Nicholas & Nate
15	Henri	Beryl Bonnie	Sexual Assault Assault causing bodily harm	Direct Victim Direct Victim	Father to Beryl Husband to Bonnie
16	Felix	Ike	Indecent Assault; Gross indecent y	Direct Victim	Acquaintance
17	Harvey	Ophelia Paloma Stan	Sexual Assault	Direct victim Direct victim Brother of victims	Father to Ophelia, Paloma & Lorenzo
18	Rene	Karen	Forcible confinem ent, Sexual Assault	Direct victim	None
19	Vince	Walter	Robbery	Direct victim	None

20	Juan	Charley Alberto	Murder x2	Son of the victim Brother of the victim	'Stepfather' to Charley Acquainted with Alberto
21	Kirk	Anthony	Sexual Assault multiple counts	Direct victim	Guardian/trusted employee
22	Gaston	Arlene Victor	Sexual Assault- many victims and counts	Direct victim	Acquainted/respected plumber and community member
23	Colleen	Lorraine	2 nd Degree Murder	Sister of the victim	None
24	Colin	Debbie	2 nd Degree Murder x2 & attempte d murder	Victim of attempted murder and mother of 2 murder victims	Stepson
25	Oscar	Claudette	Murder 2nd Degree & Manslau ghter x1	Daughter and sister of victims	None

Table 5.2 provides background information on all 25 cases, including the referral source, the preliminary process options chosen and utilized as part of the preparation process for participants and the number of face-to-face meetings held between the victim(s) and their offender(s). This information is provided to demonstrate how the VOMP process helps to empower victims through providing a variety of process options from which they can choose, as well as a high degree of decision making power and control over how the process unfolds.

In the Table, the terms "Advocacy" and "Therapy" are used. Advocacy signifies work done by VOMP staff on behalf of victims, usually with one or more 'gate-keepers' in

the prisons or social workers in child protection agencies (and in a number of cases in both) to negotiate passage through ‘road blocks’; passage which would enable victims being stymied by agents of those systems and prevented by protocols, policies or resistance (sometimes based on nothing more than personal opinion and possession, by that agent, of the power to exercise it) from having the needs met which had brought them to seek assistance from VOMP staff.

By “Therapy” is meant assistance with the psychological, emotional and spiritual struggles these victims were experiencing as they entered the VOMP process and had signalled need for such assistance. In a number of cases, therapy took the form of assisting the participants to understand their symptomatology: why they were responding to the trauma as they were, helping to reframe what research demonstrates are normative reactions and adaptations to trauma, especially life-threatening incidents or other DSM Criteria A traumatic injury. In such cases, assessment tools (as described in the methodology) were used to provide education and awareness for those trauma survivor participants, and counselling and resilience building modalities were utilized to assist them in coping and making informed decisions regarding whether they were ready to proceed to next steps, and ultimately, in each of the case in which such therapy was provided, to face-to-face dialogue encounters with their offender counterparts. Where assessments were made *pre-* VOMP, i.e., prior to their VOM dialogues, *post-* VOMP assessments were also made. In order to determine whether or not the gains trauma survivors were reporting following those encounters were proving to be lasting gains, follow-up assessments were also done at a later date. In each case where those ‘*current*’ symptom assessments were also done, there was a further decrease in their experience of problematic symptom presentation, as demonstrated by the reduction in their symptom severity scores (as measured by the Hembree (2002) et. al., Post-traumatic Stress Assessment severity scale, also to be found in Chapter 4 Methodology).

Table 5.2: Referral source, options utilized, # face to face meetings

Case	Offender(s)	Victim(s)	Referral Source	Preliminary Options Chosen by parties	# of Face to Face meetings
1	Danny	Emily	Institution	Video of offender answering the victims questions	2
2	Sam	Allison	Victim	Therapy	1
3	Richard	Chantal	Victim	Therapy; Advocacy	2
		Fay	Victim	Therapy; Advocacy	2
		Maria	Victim	Therapy; Advocacy	2
4	Arthur	Sally	Victim	Therapy; Advocacy	1
5	Pablo	Joyce	Victim	Therapy, Advocacy & 'shuttle diplomacy'	2
6	Tomas	Rebekah	Victim	Therapy, Correspondence Victim to offender	1
7	Kyle	Mindy	Victim	Therapy	2
8	Barry	Valerie	Victim	Correspondence offender to victim	1
9	Marco	Josephine	Victim	Therapy for Josephine and tailoring separate approaches to each of the offenders.	1
	Don		Victim		2
	Jerry		Victim		2
10	Bret	Teddy	Victim	Therapy, advocacy with Director of Treatment Centre, correspondence exchanges, video interview and video exchange	2
	Ernesto		Victim		0
11	Sebastien	Wilfred	Offender	Went straight to face-to-face meeting	1
12	Lorenzo	Wendy	Victim	Therapy & advocacy with Crime Victims Assistance Program	1

13	Raphael	Isaac	Victim	Therapy; correspondence	2
14	Dennis	Cindy Nicholas Nate	Victim Victim Victim	Therapy; Advocacy with prison authorities re: admitting the children for this purpose. Preparation/discernment of young childrens' readiness	2 1 1
15	Henri	Beryl Bonnie	Victim Victim	Considerable correspondence and long distance phone calls, preparation meetings just prior to face-to-face	1 0
16	Felix	Ike	Victim	Preparation meetings bordering on therapy (normalization of victim experience, symptoms, fears)	1
17	Harvey	Ophelia Paloma Stan	Offender Victim Victim	Short period of preparation. Victims were mature adults who knew what they wanted, moved quickly to face-to-face meeting	2 2 1
18	Rene	Karen	Offender	Brief Therapy, shuttle diplomacy, providing information, then straight to face-to-face	1
19	Vince	Walter	Victim	Numerous preparation meetings, video statement from offender to victim	3
20	Juan	Charley Alberto	Victim Victim	Given travel distance, few but lengthy preparation meetings with Charlie, his father and his brother. Lengthy preparation meetings with entire family, then with Alberto prior to face-to-face	2 2
21	Kirk	Anthony	Offender	Preparation meetings with all parties, including	2

				meetings with victim's psychologist and offender's treatment program facilitator and therapist. Videotaped interview with offender responding to a selected list of victim's questions, which video was then shown to the victim. On the basis of the apparent genuineness of the offender's shift in attitude toward one of taking full responsibility —especially in light of his earlier 'Not Guilty' plea at trial, Anthony decided to proceed to the face-to-face meeting	
22	Gaston	Arlene	Victim	Correspondence, brief therapy, preparation by phone, due to distance victim had to travel from her remote home community.	1
		Victor	Victim	In another case (not in this sample) Victor had been through an entire previous VOMP process in prison as the Offender, yet, in this circumstance (as the childhood victim) still needed the assurances provided by the preparatory processes: a number of meetings with VOMP staff and 'shuttle diplomacy' conveying Gaston's attitude and willingness to meet	1
23	Colleen	Lorraine	Offender	Significant counselling and preparation time, use of First Nations protocols for confession, apology and	1 formal and 1 informal

				requests for forgiveness. Numerous meetings with both sides (in presence of Aboriginal Elders and therapist to ensure adherence to protocols and sacred ceremony)	
24	Colin	Debbie	Offender	Therapy, numerous preparation meetings with each side	4
25	Oscar	Claudette	Victim	Numerous therapy sessions, meetings to discern wisdom of proceeding, correspondence exchange and video from offender for victim	4 plus presentations given together

1. Effects experienced by victims of encountering the offender

1.1 Victim empowerment

From the earliest days of VOMP's development, in part because earlier research and experience showed that both victims and offenders frequently experience *disempowerment* and *alienation* as their cases progress along the long journey through investigation, courts, corrections and parole, VOMP staff have sought to do what can be done to ameliorate these aspects of their experience and come alongside to assist them in exercising power, voice and agency, all in keeping with Restorative Justice values, principles and the programme's clear healing intents. For that reason, one of the research sub-set questions was: "What are the effects experienced by victims of encountering the offender, in terms of 'Empowerment'?" In the section which follows we 'mine' the case studies for content that speaks to this particular research question, with a view to where it surfaced and how participants describe experiencing it.

Table 5.3, below, illustrates how frequently reference to empowerment and its antithesis, *disempowerment*, appear prior to the victims involvement with VOMP, across what Stake (2000: 436), calls ‘the quintain’, i.e., the whole data set in multiple case study research. Here I provide some of that description, highlighting cases in which the most relevant thematic content surfaced.. Table 5.4 illustrates the outcomes for the victims, in terms of how their sense of empowerment was experienced through their participation in VOMP.

As set out more fully in Chapter 2, the definitions used to explore the concepts of empowerment and its antithesis, disempowerment are defined as follows: “to make (someone) stronger and more confident, especially in controlling their life and claiming their rights” (Oxford Dictionary), and disempowerment “to take away someone's confidence and feeling of being in control of their life: to reduce the amount of control that someone has over a situation or over their life”.

Victims’ sense of disempowerment prior to VOMP

In exploring the case studies and mining them for the words and concepts explicit in these definitions, a consistent pattern emerges; namely, that the vast majority of victims felt disempowered in the aftermath of the violent criminal offenses they had suffered, either as direct victims or as family survivors. As will be demonstrated below through the use of the participants own descriptions, this disempowerment starts at the time of the criminal event and often continues through to the criminal investigation, court proceedings and, eventually (perhaps) multiple parole hearings. The sense of being disempowered can often continue unabated despite the victims’ involvement in counseling and accessing other supports available to them. This pattern is in keeping with much of the research available regarding victims of serious crime within the criminal justice system, as discussed more fully in Chapter 6.

For direct victims the experience of disempowerment is often clearly ‘front and center’ in the criminal event itself and the aftermath of its impact on their lives. Fourteen of the 34 victim participants in this study experienced sexual assault or rape. It would be difficult to imagine a more disrespectful and disempowering form of crime. Sexual assault denies and robs a victim of autonomy, control and choice/self-determination over

their own physical bodies. For some victims in this sample, rape was a violent one-time event (cases 1 and 18); for others, the victims of incest or long-term sexual abuse (in which violent rape also figured, e.g., cases 12 and 15), it was more insidious and prolonged, which further added to the victims' feelings of shame and guilt (cases 3, 4, 5, 6, 12, 13, 17, 18, 21 and 22). Here we include salient verbatims from a few of the victims then summarize the experience of all 34 in Table 5.3, below.

Emily, the rape victim in case 1:

The entire episode of having a stranger come up behind me on a dark night as I attempted to unlock the door of my house, then force me inside and sexually assault me, was terrifying beyond words. But even worse than the attack, was being taken by police into the hospital emergency room, as they called out "We're going to need a 'rape kit' over here. . . ." [I] lived in abject terror for six years from the time of the rape until he was caught and put in prison. I wouldn't even open the windows the tiniest crack, for fear that would allow him, if he returned, to gain entry. That summer, it got up to 110 degrees F (44 Celsius) inside my trailer and I still couldn't open a window.

Fay, one of the two incest victims in case 3, describes why she engaged in cutting and self-harming behaviours:

. . . just trying to get it [the pain] out. It felt good to watch myself bleed. Crazy, I know. And getting high, well, that beat feeling low. . . . And risky, promiscuous sex, well, I figured if I was going to be daddy's little slut, I might as well be anybody's little slut.

Isaac, the victim of prolonged sexual abuse by his priest from case 13, in a letter he wrote to the offender:

My dreams were shattered and my world was destroyed at the early age because of your choices. . . . The years that I was involved with you and your activities led to things that were not in my control. The man whom I trusted sexually abused me. . . . I remember being so scared, confused and ashamed.

These are the voices of direct victims but the voices of family survivors demonstrate a similar pattern of disempowerment. For the family members who had a loved one

murdered, or sexually assaulted and abused, their own sense of safety and control was deeply impacted, even “shattered” and a number also experienced tremendous guilt, wondering if they were to blame, or replaying the scenario, searching for how they might have prevented it.

Allison, the daughter whose mother was murdered in case 2 is one such:

I knew it had to be Sam, from the moment I heard. And my next thought was, ‘Oh, my God! I brought this man into our family; this is all my fault’. . . . One of the things I need to know is whether he did this to punish me for breaking up with him.

Mindy, the mother of an infant daughter murdered in case 7, said:

Ever since she has been gone, I feel like there is a part of me missing; there is a hole in me. Nothing has meaning any more. . . now I’m always and forever alone. . . . I rarely eat. . . . My stomach hurts all the time. I get terrible headaches, especially when I have to do things for this court case. I have to have the TV on if I want to get any sleep - I literally watch until I pass out because I am scared of the dark, it’s hard to be alone and I don’t want to lay there thinking about things. . . . I used to be always so full of life and now I have no stamina. . . . Sometimes it feels like I’m slowly dying inside. I did, at one point, check into the psych ward of the hospital, because I wasn’t sure I was going to make it. I am still not sure.

Teddy, the family survivor in case 10, whose sister, brother in law, niece and nephew were “slaughtered” by two of their foster children, was “*deeply traumatized*” by what he saw when he crossed through the ‘crime scene’ tape, witnessing the utter carnage. He described a “*downward spiral*” of losses: two or three businesses, a fiscal nightmare, and significant heroin addiction. In this latter regard Teddy said: “*By the time I hit bottom I had shot at least a quarter of a million dollars’ worth of heroin into my arm*” (preliminary interview).

But the sense of disempowerment experienced by the victims was rarely situated in the criminal event alone. Many of the victim participants in this study’s cases indicated that their interactions with the criminal justice system also left them feeling disempowered, all of its messaging making clear that the needs of victims play “second seat” to the

needs of the CJS processes, to quote Valerie, the victim participant in case 8. Wendy (case 12) reports having experienced numerous deeply felt ‘secondary victimizations’ (despite good police work), through inadequacies in the criminal justice system, the system to which she had looked, believing it would protect her and provide for her the public vindication she needed as an innocent victim as well as validation of her truth. Instead, despite her being affirmed by the judge in her case saying:

You have been a very helpful, courageous and competent witness. However, because the Crown has failed to prove your age at the time of the alleged sexual assault, I am obligated to acquit the accused.

The acquittal of her offender left her feeling that the system had ultimately failed her in virtually every regard. Years later, I asked her if she could recall how she had felt about that at the time: “Stunned”, she replied:

Disappointed would not begin to describe it, just stunned, utterly abandoned, terrified that the man I had just testified against would be released from pre-trial custody that same day, to go back to his house, *next door to my house!* I fled and went to live with a boyfriend in another city, still fearful that he would somehow find me and carry out the threats he had made to kill me if I ever disclosed.

Similar disappointments and secondary victimizations stemming from their interactions with the criminal justice system itself which were experienced by the victims in these study cases took many forms. Just a few of the more significant ones are listed here:

- Withholding of information from the victim or simply not sharing information the victim has need to hear, as in cases 7, 8, and 25, where correspondence intended by the writer (either the victim or offender) to be shared with the other was withheld from the intended recipient by an authority, creating a continuing harm for the victim (or for both victim and offender).
- Controlling the victims’ ability to share their experience freely and completely, for example during cross examination or in the content or presentation of a victim impact statement, as in numerous case examples, but especially tellingly in case 6, where Rebekah spoke of this as a

“strategy” used by defence counsel: “*Objection*”, she said, “Is the most objectionable word in the court’s limited vocabulary.” Victims also reported having experienced this sort of controlling in cases 7, 8, 16, 19, 23, and 25.

- ‘Gaslighting’⁶⁶ victims of rape or sexual assault (shaming, contradicting, denying or manipulating their testimony or accounts of the offences). This phenomenon (sometimes identified as *DARVO for Deny, Attack, Reverse Victim and Offender*) is almost axiomatically seen in sexual assault cases; victims saw this vigorously applied in cases 6, 15, and 17.
- Victim blaming by the media (such as the frequently appearing speculation about whether the victim was “known to police”, implying they were probably criminally involved themselves, rather than ‘ideal’ victims). Valerie’s family (case 8) was deeply troubled by this, and Lorraine (case 23) felt that the media coverage of her brother’s murder portrayed him as “just another drunken Indian” and, therefore, “of little value.”
- “No Contact, Direct or Indirect” Orders. This can be called a “Catch 22” scenario, which at the time (i.e., through most of the duration of the study period) forced victims to have to choose whether to identify either as a victim OR as one of that offender’s ‘visitors’ (each exclusive, then, of the other). This was troublesome in many of the sample cases, but especially so in the cases of incest : cases 3, 4, 5 14, 22 and 23.

⁶⁶ The term “gaslighting” originates in the systematic psychological manipulation of a victim by her husband in the 1938 stage play *Gas Light* by Patrick Hamilton (<https://en.m.wikipedia.org/wiki/Gaslighting>, accessed May 5, 2018). Gaslighting is a form of manipulation that seeks to sow seeds of doubt in a targeted individual or in members of a targeted group, hoping to make them question their own memory, perception, and sanity. Using persistent denial, misdirection, contradiction, and lying, it attempts to destabilize the target and delegitimize the target’s belief (Oxford Dictionary). The term is found in clinical research literature (Dorpat, 1996; Jacobson & Gottman, 1998), and in political commentary (Yagoda, 2017; Welch, 2008).

Table 5.3: Victims' sense of empowerment/disempowerment prior to VOMP

Case	Victim(s)	Victims' Felt Experience at VOMP Intake Stage
1	Emily	Having been <i>overpowered</i> in a violent rape, Emily experienced: being 'gaslighted', disbelieved, shunted aside and ignored; intensely shamed, the suggestion that she was mentally ill; helplessness, loss of control; "feeling 'dirty'"; trapped in post-incident trauma over many years; loss of responsible administrative position at regional hospital.
2	Allison	Guilt, shame, tremendous fear; being disempowered by system authorities by being denied information she badly needed to organize her life, making her "a prisoner in my own home"; young mother deeply concerned that she was proving to be unable to healthfully tend to / parent her daughter.
3	Chantal Fay Maria	Self-blame, shame, near lethal self-harm; being denied access to offender, her father; rage at being controlled by various professional "gatekeepers", being treated like an infant. Fay's experience was almost identical to Chantal's, anesthetizing pain through drinking, risky drug use (crystal meth), acting out sexually, left home and school at 14. Maria experienced being betrayed, denied access to her husband (offender) despite need for conversation /decision making re: separation, deportation. Catch 22 re: legal victim status All three victims impacted by the "No-Contact Order" prevented them from having any access / contact or communication of any kind with the offender. The incest victim daughters, and their mother, experienced feeling disempowered, blocked, controlled, along with the shame and guilt so common in incest cases.
4	Sally	As in cases 3, the "No-Contact Order" prevented the victim and her sister from having any access / contact or communication of any kind with the offender, which left them feeling disempowered, blocked, controlled, along with the shame and guilt for both the sexual assaults and for "putting him (the offender) in prison."
5	Joyce	As in cases 3 and 4, the "No-Contact Order" prevented Joyce from having any contact with the offender but was desperate to talk with him to resolve much; felt isolated, shame, guilt, ambiguity & considerable anger at system protocols and authorities who were imposing them.
6	Rebekah	Disbelieved, shamed, labelled, shunned, 'gaslighted', estranged from her mother who chose to believe offender (step-father) over her; resulting in her being "'excommunicated', from a protestant church!"
7	Mindy	Experienced: Guilt, shame, helplessness and loss of control, hopelessness & potentially lethal suicidality, isolation & abandonment. Badly needed understanding of what had happened, responsibility

		taking from offender, and apology, but had heard nothing from him since the night of the crime. Not knowing <i>why</i> there had been no word from him, she was left alone to deal with what she termed “the deafening silence.”
8	Valerie	Experienced disempowerment, relegated to ‘second seat’ in court processes, important information withheld by authorities, family members pressured to “forgive.”
9	Josephine	Restricted access to important information; unsupported in what others saw as her naïve desire to meet with offenders, a notion viewed as motivated by “Stockholm Syndrome” and likely to ‘set her back years’, therapeutically. Lacking mechanism to accomplish her goal to forgive all three offenders for her own sake (and, secondarily, for theirs).
10	Teddy	Betrayed by the crime itself since his family members had taken in the offenders; languished for years with complicated grief and bereavement (sister, brother in law, niece and nephew murdered); desperate for answers, heavily addicted in response to acute trauma (after witnessing the crime scene carnage), needing a particular kind of drug treatment program but unable to be admitted to the one he wanted/needed.
11	Wilfred	Victim of B & E, theft. Almost nonplussed about it. Had worked with violent offenders for years and saw this as “no-big deal”, met more for the offender’s benefit than for his own
12	Wendy	Guilt, shame, loss of trust in family/institutions/males, disempowered by a lack of conviction in her case due to a bizarre legal technicality. Needed validation as a truth teller but had no way to address any of the above, apart from “endless expensive counseling” Denied counseling coverage by Criminal Injuries Compensation scheme after 24 sessions. Dropped out of school and fled when offender released from pre-trial custody to return home (“...next door to <i>my</i> house!”)
13	Isaac	Deep shame, distrust, spiraled into alcoholism, self-harm, self-sabotage, homicidal ideation toward the offender as well as potentially lethal suicidality, relational dysfunction, isolation (by choice) and abandonment by others. Offender had never been charged for offences against Isaac.
14	Cindy Nicholas Nate	Cindy recognized that, while offender had attempted to murder her in an offense that seemed to come out of nowhere (shot her 5 times) he had always been a marvelous father to their twin boys. Twins longed to see their father, but, at six years of age, there was no way to admit them to the prison, unless their mother rescinded her legal victim status in favour of visitation rights with offender (a “Catch 22” which was problematic in a number of other sample cases, as well. Cindy needed a way through the legal hurdles and support with her fears and anxieties for her own first approach to the offender.

15	Beryl Bonnie	<p>Beryl experienced the usual ‘constellation’ of symptoms of a rape/incest/PTSD survivor. The gist of her need was to attempt to discover what she could not by any other means: what was the likelihood of her father continuing to represent a potentially lethal danger toward her and her mother? What sort of progress had he made in prison treatment programs, if any? Did he have a psychological diagnosis that had figured in his offending against her, her mother, and other members of the remote community in which they lived (and in which there were numerous rumours and allegations of physical and sexual assault against his former students).</p> <p>Bonnie needed some of the same, but had come to the decision that she could never again live with this man; needed to know what his current state / presentation might look like, but needed help to discern whether: to initiate divorce proceedings and move somewhere where he would be less likely to find her. She had reason to believe that the threats he had made toward her and Beryl were real, indeed.</p>
16	Ike	<p>Needed validation / vindication as a victim / survivor of former friend’s sexual abuse / assault of him, especially given that there had been no public vindication at law, since the prosecutor had decided NOT to pursue his charges, despite telling him his allegations met the threshold for a charge likely to end in a conviction. Sought financial compensation for counseling / medical costs, but there was no way for him to negotiate such things with the offender in prison. Experienced the shame, guilt, self-sabotage and failure to thrive common to many adult male (and female) survivors of sexual abuse. Needed “respite and release” from those things.</p>
17	Ophelia Paloma Stan	<p>Another case of ‘Gaslighting’. Father, long-term incest offender, had been a Crown Prosecutor, was skilled at avoiding conviction, had denied any involvement with his children and had separated them from one another. All three of his victims (his biological children) needed to hear him take responsibility: something which he had managed NOT to do prior to arrest, in court, or since.</p> <p>Son, Stan, still enraged at his father, felt he just wanted to kill him. Needed some peacemaking and conflict resolution, at the very least.</p>
18	Karen	<p>Agoraphobia, found it very difficult to leave her home, even for short periods; college marks plummeted, full of self-blame, was quite certain she had seen the offender on a street in the downtown core of her city then realized she was “seeing him everywhere”, and began to think she was literally losing her mind.</p>
19	Walter	<p>Frustration at not being able to just walk into the prison to confront the offender among his peers for “sucker punching an amputee” and stealing his wallet; denied a restitution order as judge believed the</p>

		offender to be unemployed and indigent; Attempts to appeal to his Member of Parliament (MP) who raised the issue in the Canadian House of Commons which ultimately resulted in him being admitted to the prison in order to take part in a 'mediation' conducted by a prison staff member who had been deployed to facilitate despite having neither training nor experience in mediation. This attempt "went horribly wrong" (by that same facilitator's admission) leaving Walter more angry and distraught than at the first.
20	Charley Alberto	<p>Unable to 'find his feet', following the murder of his mother; very fearful of the offender; longed to question him about information revealed (or lied about) at trial; wanted to explain impact of crime and trial on him and his brother; but there was no mechanism existing to admit a victim to the prison for these purpose(s).</p> <p>Victim and his family struggled with unsolved, 'cold case' murder of his sister; frustrated at unwillingness of police to reopen investigation despite family's belief in the offender's guilt; full of rage at the offender and the investigatory and CJS processes, believing police to be lax, sloppy, and in a worst case scenario, protecting one of their own. (Offender had been a police officer in that city).</p>
21	Anthony	Deep shame, embarrassment, confusion about his sexual identity and whether he had, at some level, been complicit in the abuse; self-harm, suicidal ideation, isolation and distancing from his peers and nuclear family members, failure to thrive or achieve in school; "gaslighting" by offender among his sisters, creating disbelief and conflict with them. Mixed feelings re: investigation and court processes (some sense of vindication, but his wishes regarding a fitting punitive sentence were disregarded, dismissed).
22	Arlene Victor	<p>This case was done quickly, and not a great deal is known (or on file) about Arlene's needs prior to her VOMP experience. However, there was, in this case as in others, the generic "No Contact" order prohibiting the offender from communicating with her in any manner, and she needed assistance with getting through the hurdles. Shy, and retiring, (and, having been assaulted by him at a much younger age, recalled the offender as "huge"). She reported being "terrified" to see him face-to face.</p> <p>Disempowered by the crime (sexual interference, then rape) and inability to disclose to anyone, especially his parents. Later, in prison, disempowered by staff and treatment professionals who kept reminding him he was "a perp", not a victim." So distraught at all of this, he planned to execute his own 'rough justice' and "top" (kill) the offender at first opportunity.</p>

23	Lorraine	Complicated grieving; faced cultural imperative to ‘forgive’, but could not; desire to meet / communicate with offender but no mechanism existed to enable that or deal with the “no contact” order placed on offender.
24	Debbie	Guilt, helpless, loss of control, survivor guilt, deep depression; hopelessness; relational difficulties and inability to ‘cope’ with demands of daily life.
25	Claudette	Rage, vengeance, lived with misinformation from Crown Prosecutor’s initial charges, for 7 years. Barred from Courtroom during part of the proceedings. Wrote enraged letter to offender which was, initially kept from him. Needed information, apology, opportunity to confront offender with losses heaped upon her in the death of her mother and sister in the house fire set by the offender.

SUMMARY

As Table 5.3 indicates, all but one of the victims represented in these 25 cases, involving 34 victims, felt some form of disempowerment or alienation prior to their involvement with VOMP (33/34). Wilfred is the only exception. The victim of a Break and Entry and Robbery in case 11, Wilfred had worked with violent offenders for years prior to this event and saw it as “no-big deal”, taking it all ‘in stride’. Of the 34 victims represented in these 25 cases, 33 felt that they had been disempowered, disrespected, or had experienced secondary victimization through their involvements as victim/witnesses in the ‘justice’ processes they had encountered.

Victims’ empowerment through VOMP

Victims who find themselves disappointed by ostensible justice making processes often simply give up, having become resigned to the fact that ‘that’s just the way things are.’ Some keep looking or, through communication with one of the agents of the other divisions of the system, are referred to VOMP. They often arrive at our doors (or, more likely, we at *theirs*) as indicated above: disenchanted, perhaps even skeptical; but once through preliminary meetings with VOMP staff to share those things and explore whether it might be possible to refocus and more closely attain their goals, they usually determine that this process has potential benefits for them, and ‘sign on’ to at least begin to test that premise. In this sample 7/25 of the referrals came from the prisons rather than from the victim. To avoid any potential revictimization in cases where the referral is

initiated by the offender the VOMP team ensures that victims are well aware that the decision as to whether or not they will proceed rests entirely with them and that they can decide at any point to discontinue the process should they chose to.

VOMP staff have long known that the face-to-face encounter is not the ‘be-all-and-end all’ in participants’ experience of VOMP but, rather, the relationship building/trust building phases are where a good deal of the care and responsiveness to participants’ needs is experienced. Table 5.2, above, illustrates what can and does transpire at this stage. While these processes are often given ‘short-shrift’ in research on victim offender mediation, where cases involve highly traumatic victimization the preparatory phases and processes are frequently what makes it all ‘come together’. Absent these, there well *could* be a short-circuiting of the entire process, and certainly of what may appear to be the ‘zenith’ of participants’ experience: the victim - offender encounter. When staff are exploring which preliminary options will be utilized, again, this decision rests almost entirely with the participants, (although staff may recommend one or more particular preparatory steps, given that we usually know a good deal about the file early in the process). As Table 5.2 above indicates, various participants chose different options based on their own needs prior to the facilitated face-to-face meeting. Following the initial face-to-face meeting the participants are also given the option to have subsequent meetings if they feel that their needs have not yet been met or, if for any reason, they feel that meeting again will be beneficial for them. As Table 5.2 indicates, there is considerable variation in what the participants decided to do. Because the process is designed to consider and to honour the needs of the both the victim and the offender, reaching agreement on these sorts of decisions often took a fair amount of shuttle diplomacy by the VOMP staff.

As demonstrated above in Table 5.3, the victims often experienced disempowerment, over and above the effect of the crime itself, throughout the criminal justice process due to a withholding of information or controls placed on their messaging, as well as ‘gaslighting’, victim blaming, and problematic ‘no contact’ orders which can cause these processes to grind to a halt. In the paragraphs which follow, we highlight, using the victims’ own reports, their experience of the VOMP process as it related to these same

issues. Although there is sufficient evidence to draw quotes from all of the victims, we have selected some that are particularly instructive. Table 5.4 lists the effects of the VOMP process on the victims' sense of empowerment for the full data set.

Case 1: Emily during her first encounter with VOMP staff, when she was able to shed 'wet' tears for the first time since the rape, said: "You have no idea how wonderful it is just to have someone treat you as a truth-teller."

Case 3: Chantal, a victim of incest at the hands of her father, had been furious when we first met her, reporting, in her own words, that she felt like the "gatekeepers" who had control over her and her sister treated them like, "infants, ... telling us what is good for us, when we *know* what is good for us..." In contrast to Chantal's *pre-VOMP* experience by the time she got to the face-to-face meeting she had gained a sufficient sense of control that she determined, prior to her father even entering the room, where she would sit and how they would proceed. "*I want to claim the space first and I think I want to set the tone and speak first, too.*" She later indicated that the process, "*probably saved my life*". She had revealed to VOMP staff that she had "a suicide plan" (which on assessment proved to be a potentially lethal one, indeed) had been actively engaging in self-harm and illegal drug use prior to the face-to-face meeting and then, as the process concluded, committed to the following, "*I'll never do street drugs again.*"

Case 8: Valerie, the sister of one of four murder victims, who was significantly impacted by victim blaming, since the local (then the provincial and national) press reported that the victims had been all been 'partying and doing drugs for a week' prior to the murders, describes her experience of the VOMP process:

[I felt] included, safe, able to ask questions and to freely respond to Barry's questions, given his demonstration of respect and observation of boundaries, and, most importantly, able to dialogue and to emote freely without the sense that my emotion was being judged as interfering with the objectivity of the process, [as experienced by her in the parole board hearing] (personal correspondence, on file).

Case 25: Claudette, the young survivor of the death of her mother and younger sister in a house fire, had been barred from the courtroom for a portion of the proceedings and,

as a result of that (and no further communication from prosecutors regarding the fact that they had been proceeding on assumed evidence) lived for 7 years following the offender's conviction, believing the fire to have been a 'hate crime': an arson intended by a 'skin-head' to burn out her family because of their Chinese ethnicity. None of that proved true, but was not resolved until she met the offender and got the real story from him, including that forensic fire experts had testified disproving the prosecution's theory about the fire being set intentionally. VOMP staff were able to obtain information confirming all of this. During their face-to-face meeting, when this aspect of the agenda came up, Oscar spoke to it, citing the testimony of the forensic fire expert hired by his lawyer, saying:

The only fuel he found at the site was 'diesel fuel which had leaked from the tractor storage tank beside the garage once the gravity feed hoses had burned through'; I brought no 'liquid accelerant' onto the property. . . that was completely bogus. There is no question that my actions that night took the life of your mother and sister, but not because I am a hate-filled, neo-Nazi who intentionally set the fire.

Claudette sat quietly for a minute processing that information. "Unbelievable", she said:

I don't mean I don't believe you, I mean it's *unbelievable* that I should have had to wait until now to hear this. All this time, I thought you set the fire in the middle of the night intending to burn my family in our beds because we were Chinese. If somebody in authority had given me this information seven years ago, it would have saved a lot of grief. I'm glad to have it now. Obviously, that makes a pretty huge difference. . . .Unbelievable. . . (face-to-face meeting record, Oct 02, 1999).

Table 5.4: Victims' sense of empowerment through VOMP participation

Case	Victim(s)	Victims' Felt Experience, Post-VOMP
1	Emily	Her truths and her beliefs were validated; She received answers to her questions, her voice was heard, the impacts of the crime upon her acknowledged, freed from shame and humiliation, Confidence restored. Moved on to new vocation, despite having lost her former position.
2	Allison	Information she needed to increase her sense of safety regarding offender's temporary absences from prison was negotiated and received from him through VOMP staff from then on; empowered to confidently ask questions she was too afraid to ask outside of a facilitated discussion; empowered to return to school, qualify for meaningful employment, marry and choose to have another child.
3	Chantal Fay Maria	Validated, believed, empowered to meet with and communicate with her father; able to set boundaries on relationship; suicidal ideation and self-harm ended; guilt and shame greatly diminished; confident to take on school challenges and prepare for university Validated, believed, empowered to meet with and communicate with her father; able to set boundaries on relationship; guilt and shame greatly diminished. Information received; confident to "move on," felt "emancipated"; empowered to negotiate a separation agreement, to choose to remain in her community and not follow her husband when he was deported.
4	Sally	Impressed her therapist with her ability to express her truth and exercise power and agency during f2f meeting; finally able to hear and to internalize that she bore no responsibility, not for the abuse, not for the chaos that ensued in their family structures nor for 'putting dad in prison'.
5	Joyce	Empowered to meet with offender (stepfather); negotiated ongoing relationship free from problematic enmeshment; Joyce able to lay down her unrealistic expectations of continuing relationship.
6	Rebekah	Able to speak her truth without interruption; enabled to have a voice and to exercise agency; found vindication and validation from those who had formerly sided with the offender; gaslighting ended; reduction of shame, guilt. Ancillary process (see case study for details) freed her to differentiate from what she saw as a 'cultic' religious group, and move on to a healthier Christian faith community.

7	Mindy	Began to believe in her own capacity again; developed resilience building strategies; decided to enter back into a common-in-law relationship with offender and they were moving on
8	Valerie	Felt included, safe, able to ask questions and to freely respond to offender's questions, given his demonstration of respect and observation of boundaries; enabled to emote freely without the sense that her emotion was being judged as interfering with the objectivity of the process (an experience antithetical to the parole hearings she had attended); able to assist parents with her new knowledge; able to move on
9	Josephine	Information received; perception of offenders transformed, now saw them, " <i>as people, as opposed to criminals.... They have a conscience, a heart, the ability to love</i> "; fear ended, empowered to make presentation before an entire prisoner population with one of the offenders and in support of VOMP.
10	Teddy	Gained knowledge and understanding that his addiction was an adaptation to trauma; Reported his participation to be: "Freeing...[resulting in] "growth and balancing." Successful in addiction treatment. maintaining sobriety, completed post-secondary education; became certified as drug and alcohol addictions counsellor
11	Wilfred	Did not feel disempowered prior to involvement, however, expressed gratitude for the process, feeling that it empowered him (provided him opportunity) to have an impact on the offender's thinking and opportunity to offer him further assistance with his drug addiction.
12	Wendy	Validation despite the court's acquittal of her rapist through a failure on the part of the prosecutor. She described her eventual VOMP encounter with the offender as "an exchange of guilt, shame and power. . . he took the guilt and shame upon himself, and I felt it drop away from me;" She returned to school, earning first class grades in a number of her courses, and began to dream about one day becoming a chaplain who worked both with prisoners and (especially their young, female) victims.
13	Isaac	Able to read his letter to offender, as requested, without interruption; the offender validated his allegations despite there having been no charges and (thus) no conviction in the case; sense of freedom; completed his education to become a certified counsellor, found meaning helping other sexual abuse victims, began to run retreats for them; fulfilled his dream of becoming a Christian minister; makes frequent presentations about healing from sexual abuse,

14	Cindy Nicholas Nate	Barriers removed, enabling her 6 year old twins to meet with the offender, their father, with Cindy present. Following their encounter, the twins often spoke of how happy they were to have been allowed to see him. Their therapist reported that the boys were sleeping better and doing well in school. Cindy was enabled by the process to begin to negotiate a separation agreement. Following the offender's release they parted amicably, co-parenting the twins, sharing custody and access.
15	Beryl Bonnie	<p>Despite a lack of meaningful apology, both victims were content to have been able to say their piece and powerfully catalogue the impacts of his violent criminality and deviance on their lives. Beryl and her mother wrote letters to Justice Ministers in Provincial and Federal Governments, and to the National Commissioner of Corrections expressing gratitude for their support of the program, saying that neither of them had “experienced anything like the respect and care they experienced from [VOMP Staff], from anyone else in the Criminal Justice System” (letters on file).</p> <p>Released from shame; grateful to have been provided a mechanism through which to test offender's current state, and empowered to challenge him, asking ‘the hard questions’; got confirmation that what little regret he expressed had more to do with being caught, “than it did with sorrow for what he'd done to us.” “Forewarned is forearmed: we know what we have to do.” Both decided they would need to move prior to the offender being released, and, with new solidarity between mother and daughter, put those plans into action.</p>
16	Ike	Vindication, responsibility taken by offender despite never being convicted of the crime; reduction of fear and shame; Also empowered to engage the Crown Prosecutor regarding his decision not to prosecute the case, which resulted in a meaningful reply from the Regional Crown (Chief Prosecutor). Received a letter of encouragement (bordering upon apology) from the Prosecutor responsible for one of Ike's secondary victimizations. Empowered through the process to table documented costs for counselling, etc., and receive meaningful apology as well as both fiscal and symbolic restitution from the offender.
17	Ophelia Paloma Stan	Two sisters experienced being empowered to confront their father at last. Alexithymia for them ended. Validation by virtue of full responsibility taking by offender; Stan, the brother, had residual rage as he learned that father had abused sisters as well, but reported that he was very grateful for the process and for what to him were the obvious gains for his sisters.

18	Karen	Relief, release, validation of perpetrator; finally able to talk about the offence (for the first time in 7 years); Returned to school and completed college degree course she had abandoned. Decided she could “bring a child into the world, after all”, and bore a healthy son within the year.
19	Walter	Empowered, after many attempts, including appeal to Canadian Government, and an aborted ‘mediation’ attempt to finally meet with the offender in a beneficial way. Received long sought financial / symbolic restitution, reconciled with offender.
20	Charley Alberto	Answers to questions, long sought, were provided; offender took responsibility for crime and build up to it. Following Charley’s pressing for info regarding another murder, the offender agreed to meet with that family (Alberto, the family rep), as well. Despite the offender having denied involvement in the murder of the victim’s sister (from the outset, and continuing through their first face-to-face meeting), a few days after that meeting he called VOMP staff to make another appointment. A second meeting with Alberto was convened during which he confessed to the murder and was subsequently charged in this ‘cold case’. Family members were grateful for the ‘closure’ finally received, but remained disappointed that the victim’s body was never found and rejected offender’s apology at his sentencing for this crime: “too little, <i>far</i> too late.”
21	Anthony	Able to tell his story without interruption, including impact of crime on him; “ <i>got the closure . . . that was very important to me.</i> ” VOMP process provided “healing for my family” and enabled discussion of his abuse with his wife-to-be which was vitally important to him. He reported being: “no longer defined by the sexual abuse”...“no longer a victim but a survivor.”

SUMMARY

As Table 5.3 indicates, victim/survivor participants at intake had, almost to a person, experienced being disempowered, not only by the criminal incident itself, but by criminal justice system Processes and professionals related to it whom they felt had dealt them additional insult and injury. Of the 34 victims represented in these 25 cases, 33 (97%) felt that they had been disempowered, disrespected, or had experienced even profound secondary victimization through their involvements as victim/witnesses in the ‘justice’ processes they had encountered.

As Table 5.4 indicates, 34 of the 34 victims represented in those 25 cases (including Wilfred, case 11, who at intake had not felt *disempowered*), through their VOMP participation, reported feeling: empowered, enabled, provided with opportunity to “say their piece” or to “impact the offender’s thinking”; provided information or legal status, recognition or entitlement previously denied them, acknowledged, vindicated and/or validated. Some used synonyms of the terms “empowerment” or “empowered” in speaking of their ability to exercise power and volition, voice and agency with confidence, given the support of staff and the nature of the process, itself. Others indicated having found a new degree of peace, of freedom. There were numerous references to having found “healing.” Across the data set, victims were unanimous in saying they had been provided what they had hoped to experience, an experience very different from what they had been previously afforded: “respect” and a reversal of the earlier disempowerment. One woman described the experience poetically: “Beauty for Ashes.”

1.2 Trauma recovery

The expression of post-traumatic stress symptoms by participants at VOMP ‘intake’

Not only did the victims in this sample report having experienced significant disempowerment and secondary victimization from CJS sources, prior to participating in VOMP, but many also struggled with ‘full blown’ Posttraumatic Stress Disorder. Of the 34 victims represented in the 25 cases in this study *all but two* of the victims/survivors (‘Wilfred’ case 11, and ‘Maria in case 3 c) had suffered as a result of

a criminal incident what the DSM V describes as a *criteria A*⁶⁷ traumatic stressor, i.e. “The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence”, in [at least one of] the following way(s):

- Direct exposure
- Witnessing the trauma
- Learning that a relative or close friend was exposed to a trauma
- Indirect exposure to aversive details of the trauma, usually in the course of professional duties (e.g., first responders, medics).

Absent a *Criteria A Stressor*, a diagnosis of PTSD cannot be made. However 32 of 34 survivors represented in this sample *did* meet this criteria, having suffered as:

- a direct victim of violence (attempted murder or life-threatening assault), or
- as a family survivor of homicide, or
- as a direct victim of actual sexual violence.

Of these 32, then, 21/32 or 66% met *all* of the criteria for PTSD, and 11 others were just below the thresholds for the actual diagnosis but, nevertheless, were highly symptomatic in ways that had manifested in significant, long-term, “distress or functional impairment (e.g., social, occupational)”, just as in criteria F and G of the DSM V.

One does not have to have PTSD to feel disempowered, of course, but PTSD sufferers almost inevitably *feel* disempowered, and are. The expression of that theme runs through the case studies in this sample along with a number of others. For example, Alison (case 2) reported a level of fear that had her terrified of venturing out, “*feeling completely trapped in my own home.*” This theme was also expressed by the victims in cases 1, 7, 12, 15, and 18. Even more frequently and in a variety of ways, victims indicated feeling trapped in an unyielding present, with little or no hope, and a foreshortened view of the future: a virtual ‘prison of the mind’ (cases 4, 6, 7, 10, 12, 13, 16, 18, 20, 21, 23, 24, and

⁶⁷ “Changes to the diagnostic criteria from the *DSM-IV* to *DSM-5* include: the relocation of PTSD from the anxiety disorders category to [its own new and separate] diagnostic category named “Trauma and Stressor-related Disorders” (Pai, A., Suris, A. M., & North, C. S.. 2017).

25). Claudette (case 25) described it as “*a crippling powerlessness.*” and Debbie (case 24) as, “*falling into a nightmarish ‘hell,’*” only to quickly discover that it was no nightmare from which she might awaken, but her new reality: she had been “*fighting all night long for dead children.*” Mindy recognized that her “new normal” consisted of “*trying to keep from drowning, treading water.*” Allison (case 2) reported that life after the crime, for her, consisted of: “*simply trying to survive day to day, while hoping to hold it together enough to fulfill the roles that others expect of you.*” These sorts of descriptions were most common in cases where catastrophic losses were experienced suddenly: the murder cases, kidnapping and rape, and sudden recovery of long buried traumatic memory (case examples include: 1, 2, 6, 7, 8, 9, 10, 12, 18, 20a, 20b, 24, and 25).

One of the most troublesome elements of PTSD (even for those who do not suffer the symptoms precisely so as to meet the diagnostic criteria but who, nevertheless, are highly symptomatic) is the prevalence of suicidality. Victims in this sample spoke of their symptoms having become so “crippling”, (to use one expression), that they simply did not want to go on living. Table 5.5 notes whether the victim had reported suicidal ideation (cases 3 a, 3 b, 7, 10, 12, 13, 16, 21 and 22 b), and in addition--and more importantly--whether they also had a potentially lethal suicide plan, as assessed on another of our inventories (cases 3 a, 10, and 13).

The following table presents the data in the above named regards: the sense of - ironically - being ‘imprisoned’: trapped, hopeless, unable to exercise control over their own lives, inability to envision a meaningful future, (or to plan for the future at all). These and other themes depicting utter loss of hope and leading, in extreme cases, to a desire to ‘end it all’ by suicide, are prevalent in the experience of PTSD and are certainly reflected in this sample⁶⁸.

⁶⁸ Examples oft cited involve the experience of combat veterans. For example, in the USA, The Vietnam Memorial wall has the names of 58, 315 Americans inscribed upon it; young men and women who died in combat in Vietnam, but an “estimated 150, 000 to 200, 000 Vietnam veterans, [almost axiomatically PTSD sufferers], ... have committed suicide since returning home from the war” (Ketwig, 2017). The suicide estimates, unlike the fairly precise counts of the war dead, may be off by many thousands (it is suggested that many deaths of former soldiers are attributed to causes other than suicide, when they may well have been self-inflicted deaths). War may be Hell, but PTSD is, apparently even ‘Heller’.

Table 5.5: Victims' PTSS/PTSD experience pre-VOMP

Note that the “+” signs in the following table(s) indicate symptoms which the victims checked multiple times, indicating that their experience of that symptom was far in excess of the table heading “three to five times per week”.

Case	Victim(s)	PTSD diagnosis	PTSS/PTSD Symptoms
1	Emily	Yes	PTSD Severity scale 48 -Experienced all of the following 3-5 times/week - Intrusive thoughts and images, recurring dreams; flashbacks; anxiety attacks; confusion, fear, job difficulties, numbness, sleep disturbances, difficulty, +++ hypervigilance (too fearful to open windows despite 44 degree desert heat), high startle response, eating disturbances
2	Allison	Yes	PTSD Severity Scale 61 -Experienced all of the following 3-5 times/week – intrusive thoughts, recurring dreams, crying spells, fear, sleep disturbances, anger/rage, difficulty concentrating, high startle response, increased alcohol and drug use
3	Chantal Fay Maria	Highly symptomatic Highly symptomatic No Despite being deeply distressed	Confused, deeply suspicious, anger/rage, increased alcohol and drug use (crystal meth and marijuana), admitted to hospital with alcohol poisoning; potentially lethal suicide plan Confused, deeply suspicious, anger/rage, increased alcohol and drug use, self-harm (obsessive cutting, cigarette burns to arms, suicidal at times, not caring “whether I live or die”); dangerously sexually promiscuous. Less cautious clinicians might have suggested that Maria’s distress was sufficiently great that they may have seen her as suffering from PTSD, but she did not meet the diagnostic criteria, in my view, despite reporting that she was going “Out of [her] mind with anxiety and grief about the girls’ ‘out of control’ behaviours” and the deterioration of her relationship with them, putting them, certainly, beyond <i>her</i> control.”
4	Sally	Highly symptomatic	Across the categories, Sally was experiencing a plethora of symptoms: Intrusion: recurring dreams, crying spells, shame, guilt: Withdrawal: withdrawal, depression, confusion, restricted affect, fear,

			helplessness: Arousal: sleep disturbances, anger/rage, headaches, eating disturbances
5	Joyce	Highly symptomatic	Intrusive thoughts, increased drug and alcohol use, depression and low self-esteem, resorted to survival sex trade work, shame and guilt, anger/rage (due to uncontrolled anger had repeatedly violently assaulted offender's biological children, left in her care upon his arrest).
6	Rebekah	Highly symptomatic	In the relevant measures (number, frequency and intensity of symptoms) Rebekah was highly symptomatic, reporting especially: intense fear states, restricted affect, fear, helplessness, sleep disturbances, anger/rage, inability to trust, (especially men) and a failed marriage, due in large part, she believed, to her highly conflicted feelings about sexual intimacy.
7	Mindy	Yes	PTSD Severity Scale 96 / 96 (the maximum score on the scale and highest of all sample cases) - Experienced all of the following 3-5 times/week – intrusive thoughts, recurring dreams, ++anxiety attacks, ++crying spells, ++shame, +++guilt, ++withdrawal, depression, feeling of detachment, ++inability to recall, confusion, restricted affect, fear, ++job difficulties, ++numbness, ++helplessness, ++sleep disturbances, ++anger/rage. ++difficulty concentrating, ++headaches, ++muscle tension, ++nausea, +++eating disturbances, ++breathing difficulties, ++increased drug usage, suicidal ideation
8	Valerie	Yes/ undiagnosed	Valerie certainly qualified for a PTSD diagnosis: <i>All</i> of the criteria were met. <i>All</i> of the symptoms in the Intrusion category were present and pronounced, including <i>profound survivor guilt</i> . Items in the other two categories, were less represented, but still intensely experienced and troublesome. Withdrawal: depression-diminished interest, feeling of detachment or estrangement, restricted affect, avoidance of thoughts of trauma, fear, job difficulties, helplessness, Arousal: sleep disturbances, difficulty in concentrating, hypervigilance, high startle response, headaches, muscle tension, nausea, eating disturbances.
9	Josephine	Yes	Diagnosed with PTSD and treated for a number of years for the disorder. Found their treatment helpful, but was still experiencing substantial distress when referred, particularly brutal flashbacks and re-experiencing the

			night of the crime: the terror of being beaten, doused with gasoline and (nearly) being burned alive.
10	Teddy	Yes/ undiagnosed	Intrusive thoughts, recurring dreams, flashbacks, increased drug use (highly addicted to heroin), anger/rage. Had a potentially lethal suicide plan.
11	Wilfred	No	While Wilfred experienced some of the symptoms not uncommon following robbery and invasion of one's 'sanctuary', they were more of the irritation, annoyance and frustration, variety than true post-trauma symptoms. He anticipated no on-going difficulties.
12	Wendy	Yes	PTSD Severity scale: 48. Wendy had the <i>entire plethora</i> of symptoms. Harms perpetrated against her had gone on for over 2 years, had included psychological terror and death threats if she disclosed, and precipitated this cluster of symptoms: Intrusion: Intrusive thoughts and images, nightmares, flashbacks , anxiety attacks, crying spells and tearfulness, shame , embarrassment; Withdrawal: depression, detachment or estrangement, inability to recall specific events of trauma, disorientation, confusion, restricted affect, avoidance of thoughts of trauma, fear, numbness, helplessness, loss of control; Arousal: sleep disturbances, difficulty in concentrating, hypervigilance, high startle response, headaches, muscle tension, nausea, eating disturbances, difficulty in breathing, cold sweat. Also suffered with painful fibromyalgia for years and excruciating pain points directly correlated with injuries suffered in the physical and sexual assaults. Suicidal ideation, with potentially lethal plan in place.
13	Isaac	Yes	Experienced, for years, all of the following 3-5 times/week - Anxiety attacks, shame, significant self-harm, (planned to kill himself at one point), guilt, depression, disorientation, avoidance of thoughts of the trauma, job difficulties, numbness, helplessness, anger/rage (homicidal thoughts about offender) hypervigilance, high startle response, eating disturbances, and serious alcohol abuse.
14	Cindy	Yes	Cindy had 'taken' five bullets in an attempt on her life and had been diagnosed with PTSD, with these symptoms most prevalent: Intrusion: Intrusive thoughts and images, recurring dreams – nightmares, flashbacks, anxiety attacks, crying spells and

	Nicholas Nate	Highly symptomatic Highly symptomatic	<p>tearfulness, guilt feelings ("If only..."); Withdrawal: depression-diminished interest, feelings of detachment or estrangement, confusion, restricted affect, avoidance of thoughts of trauma, fear, job difficulties, numbness-emotional/physical, Arousal: sleep disturbances, anger/rage, difficulty in concentrating, hypervigilance, high startle response, headaches, muscle tension, nausea, eating disturbances, increased alcohol usage.</p> <p>Nicholas and Nate were exhibiting virtually identical symptoms, having witnessed their mother's shooting: Intrusion: Intrusive thoughts and images, recurring dreams, nightmares, anxiety attacks, crying spells and tearfulness, guilt feelings ("If only..."); Withdrawal: withdrawal, depression-diminished interest, disorientation, confusion, restricted affect, avoidance of thoughts of trauma, fear; Arousal: sleep disturbances, hypervigilance, high startle response, headaches</p>
15	Beryl Bonnie	Yes Yes	<p>Beryl: Intrusion: Intrusive thoughts and images, recurring dreams – nightmares, flashbacks, crying spells and tearfulness, feelings of shame, embarrassment, guilt feelings ("If only..." rumination); Withdrawal: withdrawal, depression-diminished interest, feelings of detachment or estrangement, inability to recall specific events of trauma, disorientation, confusion, restricted affect, avoidance of thoughts of trauma, fear, job difficulties, sexual dysfunction, numbness-emotional/physical; Arousal: sleep disturbances, anger/rage, hypervigilance, high startle response, headaches, muscle tension, nausea, eating disturbances, difficulty in breathing, increased alcohol usage.</p> <p>Bonnie's symptoms were fewer, but severe, nevertheless: Intrusion: Intrusive thoughts and images, nightmares, flashbacks, anxiety attacks, crying spells and tearfulness, guilt feelings ("If only..."); Withdrawal: withdrawal, depression-diminished interest, feelings of detachment or estrangement, avoidance of thoughts of trauma, fear, job difficulties, Arousal: sleep disturbances, anger/rage, difficulty in concentrating, hypervigilance, high startle response, headaches, muscle tension, nausea</p>

16	Ike	Highly symptomatic	While Ike had never been professionally diagnosed with PTSD, he had suffered many of the disorder's symptoms for many years (especially a debilitating sense of shame): Intrusion: Intrusive thoughts and images, recurring dreams – nightmares, anxiety attacks, feelings of shame, embarrassment, guilt feelings ("If only..."); Withdrawal: withdrawal, depression-diminished interest, feelings of detachment or estrangement, restricted affect, avoidance of thoughts of trauma, job difficulties, numbness-emotional/physical, helplessness, loss of control; Arousal: sleep disturbances, anger/rage, difficulty in concentrating, hypervigilance, high startle response, headaches, muscle tension, nausea, eating disturbances, increased alcohol usage, increased drug usage. Suicidal ideation.
17	Ophelia Paloma Stan	Yes/undiagnosed Yes/undiagnosed Highly symptomatic	The two sister's suffered virtually identical PTSD symptoms: Intrusion: Intrusive thoughts and images, recurring dreams – nightmares, flashbacks, crying spells and tearfulness, feelings of shame, embarrassment, guilt feelings ("If only..."); Withdrawal: depression-diminished interest, feelings of detachment or estrangement, disorientation, confusion, restricted affect, avoidance of thoughts of trauma, fear, job difficulties, sexual dysfunction, numbness-emotional/physical, helplessness, loss of control; Arousal: sleep disturbances, anger/rage, difficulty in concentrating, hypervigilance, high startle response, headaches, muscle tension, nausea, eating disturbances. Stan's symptoms 'orbited' primarily around rage and anger. They were numerous and had caused him significant distress, but did not meet the threshold for PTSD.
18	Karen	Highly symptomatic	<i>Just barely</i> below the threshold for a diagnosis of PTSD, Karen had been unable to shake her trauma symptoms from the time of the crime: Intrusion: Intrusive thoughts and images, recurring dreams – nightmares, flashbacks, anxiety attacks, crying spells and tearfulness, feelings of shame, embarrassment, guilt feelings ("If only..."); Withdrawal: withdrawal, depression-diminished interest, feelings of detachment or estrangement, avoidance of thoughts of trauma, fear,

			job difficulties, numbness-emotional/physical, helplessness, loss of control; Arousal: sleep disturbances, anger/rage, difficulty in concentrating, hypervigilance, high startle response, headaches, nausea, eating disturbances, difficulty in breathing, cold sweat, increased alcohol usage, increased drug usage
19	Walter	Highly Symptomatic	William's symptoms 'orbited' around rage and indignation: Intrusion: Intrusive thoughts and images, guilt feelings ("If only..."); Withdrawal: withdrawal, depression-diminished interest, avoidance of thoughts of trauma, fear, job difficulties, loss of control; Arousal: sleep disturbances, anger/rage, hypervigilance, high startle response, headaches, muscle tension.
20	Charley Alberto	Yes Yes/undiagnosed	<p>Complicated grieving was added to Charlie's expression of PTSD symptoms, in addition to his PTSD diagnosis. Intrusion: Intrusive thoughts and images, recurring dreams – nightmares, guilt feelings ("If only..."); Withdrawal: depression-diminished interest, feelings of detachment or estrangement, disorientation, confusion, restricted affect, avoidance of thoughts of trauma, fear, loss of control; Arousal: sleep disturbances, anger/rage, difficulty in concentrating, hypervigilance, high startle response, headaches, muscle tension, nausea, eating disturbances, increased alcohol usage.</p> <p>Alberto qualified for a "full-blown" PTSD diagnosis. Twelve years from the time of the crime, there was still little abatement. Intrusion: Intrusive thoughts and images, recurring dreams – nightmares, feelings of shame, guilt feelings ("If only..."); Withdrawal: depression-diminished interest, feelings of detachment or estrangement, <i>avoidance of thoughts of trauma</i>, job difficulties, Arousal: sleep disturbances, <i>anger/rage</i>, increased alcohol usage.</p>
21	Anthony	Yes	PTSD Severity Score 61 - Experienced all of the following 3-5 times/week-++shame, embarrassment, withdrawal, depression, feeling of detachment/estrangement, disorientation, restricted affect, avoidance of thoughts of the trauma, numbness, sleep disturbances, anger/rage, difficult in concentrating. Had contemplated suicide a number of

			times, but “ <i>could not bring myself to leave that legacy to my sisters, although I’d have been happy to be able to just evaporate, disappear...</i> ”
22	Arlene Victor	Yes Symptomatic, but diagnosis not certain.	<p>Diagnosed by another professional in her remote community, she exhibited most (almost all) of the symptoms across the 3 categories, but found these especially troubling: Intrusion: Intrusive thoughts and images, recurring dreams – nightmares, flashbacks, anxiety attacks, feelings of shame, embarrassment, guilt feelings (“If only...”); Withdrawal: inability to recall specific events of trauma, restricted affect, avoidance of thoughts of trauma, fear, job difficulties, loss of control; Arousal: sleep disturbances, anger/rage, hypervigilance, high startle response, headaches, muscle tension, nausea.</p> <p>We did not assess Victor for PTSD, however, due to an almost life-long ‘layering’ of harms, Victor may well have had PTSD. His symptomology was particularly complicated because, in addition to his ACE and layering of trauma through his childhood and adolescence, he had been ‘set upon’ and beaten mercilessly (despite being rated a so-called “Protective Custody” Inmate), a number of times by other prisoners, especially in transit between institutions for assessments or transfers, etc. For sex offenders, Victor offered, “<i>hypervigilance</i>” is a survival skill. You are always waiting to be shanked by somebody looking for ‘juice’ increased status”. (In his younger days, Victor had “<i>wanted to die, would have been happy to die...thought about hanging myself in the tree fort, but didn’t have the guts to do it myself.</i>”</p>
23	Lorraine	Highly symptomatic	<p>In treatment for complicated grieving, was exhibiting PTS symptoms which had resisted diminishment: Intrusion: Intrusive thoughts and images, recurring dreams – nightmares, crying spells and tearfulness, feelings of shame, embarrassment, guilt feelings (“If only...”); Withdrawal: depression-diminished interest, feelings of detachment or estrangement, disorientation, confusion, restricted affect, avoidance of thoughts of trauma, fear, job difficulties, numbness-emotional/physical, helplessness, loss of control; Arousal: sleep disturbances, anger/rage, difficulty in</p>

			concentrating, hypervigilance, high startle response, headaches, muscle tension, nausea, eating disturbances, difficulty in breathing, cold sweat.
24	Debbie	Yes	PTSD Severity Scale 65 - Experienced all of the following 3-5 times/week: Intrusion: intrusive thoughts, recurring dreams, flashbacks, guilt; Withdrawal: feelings of detachment, fear; Arousal: anger/rage, difficulty in concentrating, hypervigilance, high startle response, headaches, muscle tension,
25	Claudette	Yes	Claudette's PTSD Severity Score was 89 – she experienced all of the following 3-5 times per week: Intrusion: Intrusive thoughts and images, crying spells and tearfulness, feelings of shame, embarrassment, guilt feelings ("If only..."); Withdrawal: withdrawal, depression-diminished interest, feelings of detachment or estrangement, inability to recall specific events of trauma, restricted affect, avoidance of thoughts of trauma, fear, job difficulties, helplessness, loss of control; Arousal: sleep disturbances, anger/rage, hypervigilance, high startle response, headaches, muscle tension.

SUMMARY

Table 5.5 depicts the degree to which each of the victim / survivor participants upon intake to VOMP was experiencing an entire array of Posttraumatic Stress Symptoms (PTSS), including those who suffered those symptoms to a degree that would meet the criteria for the disorder (PTSD). Reference to the participants' case study narratives in Appendix F, which expand on the almost 'telegraphic' entries here, will illustrate their experience both before and after their face-to-face meetings in greater detail than the tables will allow.

The expression of post-traumatic stress symptoms by victims following VOMP

In Table 5.6, below, are listed the Trauma Recovery outcomes experienced by the victim participants which they report as a result of their encounters with 'The Other', the perpetrators of the harms they suffered which had relegated them to the realms of those who suffer PTSD, as one family survivor of homicide described it ("A club which no one wants to join, but which you can never leave"). While the trauma survivors represented here would agree that membership was foisted upon them and that they had

no choice in the matter, they would suggest that, at least in large measure, *it is possible to leave*. Participants report that, as they had hoped it might when they chose to be involved, VOMP proved to be an ‘exit strategy’ for them, in terms of how it enabled them to leave the most debilitating posttraumatic stressors behind.

Isaac (case 13), voiced this (in a loud and powerful baritone voice) in an airport concourse within hours of completing his face-to-face meeting with Raphael, the priest who had abused him as a child, “*Free at last, free at last, Great God, Almighty, free at last*”. Others chose perhaps slightly less dramatic ways (and a few chose no less public ways) to express relief and release from the ‘chains’ that had bound them (in some cases for 20 years, or more), as we shall see.

Emily (case 1) went public: in a CBC Radio documentary, she told the narrator:

The feeling of being ‘unclean’...sort of--once he apologized--that seemed to go away, and I began to see myself as something good, and not something dirty, or promiscuous or wild, or all these different things that [society suggests a rape victim must be] . . . once he apologized, then I began to feel relief, that’s when the real relief began to come (Naylor, 1997).

And, in a document prepared as a resource for National Restorative Justice Week, published and disseminated by the Canadian Government, Emily offered these thoughts about the process and its impact on her PTSD:

Their care, client centered approach and understanding of complex psychology assisted me to the point that all of the post-trauma symptoms that had plagued me for years completely evaporated within months of meeting them (Canada, 2007).

Allison (case 2), who had described herself as the “*confused, terrified, angry and pretty much shattered 15-year-old at the time my mom was taken from us*”, said the following during a Police Victim Services Conference Presentation (May 13, 2011);

. . . over the fourteen years since my face-to-face meetings, most of them [i.e. the symptoms] began to disappear immediately after the face-to-face. I left the prison that day with so many answers, answers to all the big questions: Why? Was I responsible? Do I need to continue to fear that you will harm me or other members of our family? . . . I left knowing ‘why’, that

it had all to do with [Sam's] inner demons, and nothing to do with me, or with my mom. There was much more, but that was the heart of it. I left the prison feeling like I had left an enormous weight behind, and that he had been willing to shoulder all of it.

Mindy's (case 7), sense of healing was particularly remarkable as she had starting into VOMP with a PTSD score of 96, the highest of any of the study participants. She also had an extremely high ACE inventory of nine out of ten, as she had grown up being passed from foster home to foster home, where she was abused, she said *'in as many ways as there are ways – it does no good to name them – I've dealt with it.'* Yet in her Post-VOMP PTSD inventory, just over nine months after the initial one and following a facilitated dialogue with Kyle, Mindy's score has dropped to 32 and she is experiencing what she describes as, *"a whole new capacity to cope with the pain."*

Debbie (case 24) in a letter to the parole board advocating for Colin's release, described her VOMP meeting as a motorway 'off-ramp', the end of a 12 year struggle for healing:

That meeting put me within sight of the off ramp of that healing highway I had gotten on some 12 years earlier. The [Colin] I met that day was nervous of course. But he wanted to help me complete my healing journey and was willing to be honest with me. A hard day for both of us, I'm sure, ended on a positive note. He, with the gift of a Mars bar [highly symbolic of their mother – son relationship through his childhood, and telegraphing the same message in this moment] in hand and tears in his eyes, and me with information that would return a pair of diamond earrings given to me upon the birth of Stuart, my first born, taken from my ears that fateful night; and a fearsome headache. I had a lot to think about, as I'm sure he did too. It was a day I wouldn't trade for anything

And during an interview on CBC, The National, April 4, 2010, Debbie said the following:

My puzzle was always partially completed. And once we started the dialogue, even though the puzzle pieces weren't technically about what happened that night, the little pieces of my life started falling back together. It put me back together.

Interviewer: “Closure? Not exactly; but to understand and embrace a killer, that was the glue that Debbie needed to mend her damaged soul.” Duncan McCue, CBC, Vancouver (CBC, The National, April 4, 2010).

Table 5.6: Victims' post-VOMP PTSS/PTSD outcomes

Case	Victim(s)	PTSS/PTSD Outcomes/Trauma Recovery
1	Emily	PTSD Severity scale decreased from 48 to 21, then down to 4; Symptoms virtually extinguished. Reporting on PTSD symptoms immediately following f2f meeting, <i>“all of the post-trauma symptoms that had plagued me for years completely evaporated...I am freer now than at any time since the rape”</i> (Emily, 2007).
2	Allison	PTSD Severity scale decreased from 61 to 25, then down to 7 Symptoms virtually extinguished; <i>...over the fourteen years since my face-to-face meetings, most of them [i.e. the symptoms] began to disappear immediately after the face-to-face. . . I left the prison feeling like I had left an enormous weight behind”</i> (Allison, Police Victim Services Conference Presentation, May 13, 2011)
3	Chantal Fay Maria	Rage & self-blame extinguished; Self harm ended; suicidal ideation ended; stated, <i>“I will never to street drugs again”</i> ; began to apply herself to schooling and preparing for a profession. Rage & self-blame extinguished; Self harm ended; VOMP staff report that Fay did not appear to have, in the same measure, her older sister's 'drive' to succeed. Relational with daughters greatly improved; overwhelming fear for their wellbeing greatly diminished; emotionally able to prepare for separation & divorce.
4	Sally	Self-blame, guilt ended; Significant Empowerment; Boundary setting & (within those new boundaries) reconciliation with her father. Achieved what she had set out to do, against prodigious odds, and was proud of herself in that vindication; self-esteem rose, and sense of competence and confidence with it.
5	Joyce	Symptoms of self-blame and guilt greatly diminished; Boundary setting (both for herself and for the offender) was achieved, along with reconciliation within those new boundaries.
6	Rebekah	Anger/rage diminished; Shame transfer: hers diminished as outcome of validation of her truth among faith community members, and they expressed shame and sorrow in not having believed her; 'Face' restored to great degree. Rebekah also took joy in having been the leader in confronting their step-dad since her sister was also able to reap some of the benefits of her courage (at least re: the church membership).
7	Mindy	PTSD: Severity Scale decreased from 96-32; Symptoms greatly diminished, previously the vast majority of symptoms were experienced frequently, post f2f they were either occasionally or

		seldom and others were; extinguished all together; All categories downgraded from healing and reconciliation
8	Valerie	All symptoms greatly diminished; Guilt & sense of personal responsibility ended, shifted to Offender at his urging and taking of full responsibility
9	Josephine	Process greatly 'sped up' her own counseling progress; Fear (terror) of offenders extinguished; Took joy in the powerful impact she had had on offenders; Reconciliation with all 3 offenders, she reported, had contributed to her own Posttraumatic Growth and ability to leave at least the trauma, and former fear of them, far behind.
10	Teddy	Symptoms greatly diminished; ended long term drug abuse; in Teddy's own words, <i>"The rage and most of the dysfunction that went with it has dissipated greatly. I feel I am well on my way to normalizing my life and getting a healthy perspective on a very traumatic event."</i>
11	Wilfred	Nonplussed by the crime itself, nevertheless reported "relief", gratitude for opportunity to have an impact on the offender's thinking and awareness of victim impact, and to offer to assist him into (and through) drug treatment, since Wilfred had connections with drug treatment providers; "no fear re: further victimization".
12	Wendy	PTSD: Severity Scale decreased from 72 to 11. Symptoms greatly diminished; Release from deep shame & "trapped" PTSD state, to pride & freedom; Growth. Improvements continued for many years and then, as a host of additional violent memory content surfaced, her former successful coping strategies began to fail her. For a time, Wendy was struggling greatly, trying to cope with the information that was surfacing, which was especially difficult given that these memories were blurred and confused given the hallucinogenic drugs (LSD?) she had been administered by the perpetrator. She worked equally hard at the more recently surfaced memories and, while she still struggles from time to time, recently reports having "reclaimed" her earlier therapeutic gains. Now attends the Trauma Survivors' Group (all VOMP alumni) which VOMP staff convene every few months or so, and is a true asset in its leadership. Reports there that she is thriving, once again. In personal correspondence with Wendy in May 2018, in which she granted permission for use of all of her VOMP file material, she reported being "completely free of PTSD" symptoms....
13	Isaac	PTSD Severity Scale decreased from 64-13-5. Symptoms greatly diminished, with the vast majority of categories either extinguished or seldom occurring. Reports that all of his gains have continued Post VOMP
14	Cindy	Symptoms greatly diminished. Overcame fear that her husband would "return to finish the job" upon release. Freed to move on with her new relationship by VOMP process which enabled effective conversation

	Nicholas	between her and Dennis, resulting in informal understandings and agreement re: separation & divorce, child custody and access, many of the “things that had held me hostage to anxiety, fears of many kinds...a very uncertain future.” Credits VOMP for both her ability and Dennis’s to ‘move on’ healthfully.
	Nate	Symptoms greatly diminished; sleep patterns improved; mom reported school counsellor “amazed” at his progress, and Nate’s. Symptoms greatly diminished; sleep patterns improved, as with his twin, Nicholas.
15	Beryl Bonnie	Symptoms greatly diminished; able to differentiate and put relationship with her father (offender) on hold, pending his treatment outcomes and keeping of commitments following full parole. Symptoms diminished; Able to differentiate from her husband and prep for what she now saw would mean separation & divorce if she were ever to be free from fear of him, and “find a degree of peace and happiness.”
16	Ike	Validation; Vindication even though prosecution chose not to pursue legitimate charges; High satisfaction. Glad to be able to “ <i>finish a course of counseling for male survivors</i> ” given financial restitution paid by offender for that purpose.
17	Ophelia (eldest) Paloma Stan	Symptoms diminished; new freedom to ‘disengage’ from dysfunctional family system if she chose to. “ <i>To see how things go, and determine whether there is enough growth and change to enable on-going reconciliation</i> ” Symptoms diminished; and, as with Ophelia, felt new freedom to engage or disengage with father and rest of family system, “ <i>I have a new relationship with my brother and sister, thanks to this [VOMP].</i> ” Symptoms diminished. Stan’s symptoms, with Arousal category symptoms (rage states most prevalent), had quieted down. He now saw his father as a “ <i>pathetic old man, damaged himself by too many years ‘under’ a brutal headmaster or any number of Prefects</i> ”, and was grateful for the transformation of his rage to pity.” <i>I hope he manages to live through his sentence. I now am aware that he gets a pretty rough ride in there, being both a former Crown Counsel [Prosecutor] and a skinner [sex offender] too.</i> “ <i>I previously would have said, ‘Fine: Karma, baby’, ‘looks good on you,’ but I’m not ‘there’ anymore.</i> ” “ <i>This process has set me free from needing be vengeful, on my sisters’ behalf, or my own.</i> ” “ <i>That was eating me up, corroding me from the inside.</i> ” “ <i>It feels good to be rid of it, pretty much.</i> ”

18	Karen	Symptoms greatly diminished, especially fear states. Isolation ended, felt renewed in her ability to learn, love, work, and trust most men; <i>“they’re not all rapists, and this one had his own abuse to contend with.” “I’m through it, and on my way.”</i>
19	William	Symptoms greatly diminished; Ended self-blame; Obtained commitment from offender to pay restitution for the amount stolen (agreement fulfilled); Pride and self-esteem enhanced. Grateful that the offender was no longer an unknown stranger, which alleviated much of the anxiety his wife and children had been feeling following the robbery.
20	Charley Alberto	<p>Symptoms greatly diminished. Charlie experienced a newfound sense of himself: <i>“no longer the child bound by the intimidation of a violent step-father, pictures of my mother being strangled, then dismembered,” I was able to choose, as I not been able before, to move beyond all that, and develop a future orientation as a [developmentally delayed man] who needed to grow up rather than remain a child, caught back there and unable to develop at all.” “As a result of this I’ve grown and found career opportunities I never could have believed.” “Now I have a platform [from which] to serve others as wounded as I was.”</i></p> <p>Symptoms greatly diminished. Tremendous relief in having accomplished what he set out to do: confront the offender he believed responsible for the murder of his sister <i>“to do the right thing: own up”</i>; most of Alberto’s symptoms began to diminish soon after their f2f meeting, the arousal symptoms, (and particularly his anger / rage states) diminished further once the offender confessed to the crime. His greatest <i>‘take away’</i> as he put it, from the process, was being able to assist his family in getting at least a degree of closure; closure they had sought, previously, for twelve years, to no avail.</p>
21	Anthony	PTSD Severity Scale decreased from 61-10; symptoms that were listed by Anthony in the first assessment as symptoms that he experienced frequently (to such a degree that he had entered <i>two</i> “X”s, in some of the boxes), and which had plagued him for years he describes, within three weeks of his meeting with Kirk, as simply not presenting any longer. Anthony’s previous constant experience of shame and embarrassment, he reported, had been extinguished. All other symptoms have either greatly diminished, or have also been extinguished. All of these outcomes were validated by Anthony’s independent (and initially highly skeptical) psychologist.
22	Arlene	Symptoms greatly diminished, especially her fear states, and the shame she had been unable to shake, having believed that she and the offender

	Victor	<p>had “shared a secret” in which (as a young teen she had come to believe) she had been complicit.</p> <p>As indicated in the previous table, we had not assessed Victor for Post Traumatic Stress symptomology, however, following first Victor’s meeting with his own victim, and then with the man who had offended against him in childhood, Victor expressed a whole new-found freedom. <i>“It’s hard to explain, I just feel lighter, happy, actually, and I have not felt anything like that in a very long time.” I’m really glad I did this, both with AD</i>” (his own young, 17 year old, female victim), <i>“and with [Gaston]”,</i> (his own offender). <i>“I don’t know if you remember this, but I wanted to ‘top’ [kill] him, and I intended to, first chance I got, when we were both at [the same institution]. All of that is gone, just gone.... I feel like I can move on, now. I’ve applied for parole and a drug treatment program, and it looks like it is coming together.”</i></p>
23	Lorraine	<p>Symptoms greatly diminished following the Aboriginal Healing Circle we facilitated for the participants and their wider family and community members; Complicated grieving ended; Reconciled with Offender, presented together with her at a Regional Aboriginal Justice conference to the astonishment of attendees, powerfully cataloguing her previous post trauma symptom states and their <i>“disappearance”</i>.</p>
24	Debbie	<p>PTSD Severity Scale decreased from 65-18. Most symptoms extinguished; claims VOMP process, over the duration of her participation, <i>“put me back together again.”</i></p>
25	Claudette	<p>PTSD Severity Score 89 – 26; Symptoms almost extinguished, Fear and rage states, entirely so. Claudette very clear that the process had ended years (seven at least) of serious distress for her. Her need to withdraw from others (especially anyone who didn’t understand her continuing hurt and anger, <i>“The ‘pull up your socks, get over it’ crowd”</i> as she called them, ended, particularly as she felt freedom to renew her training, sought and found meaningful employment in agencies such as Victim Services, where practitioners largely DID understand.</p>

SUMMARY

Although 21/32 or 65.6% of the victims met *all* of the criteria for PTSD, and 11 others (a further 34.3%) were just below the threshold for the actual diagnosis following their face-to-face meeting, Table 5.6 demonstrates that 32 of the 32 victims or 100% - including those most highly traumatized and highly suicidal - reported that VOMP had proven to be a psychological and emotional ‘exit strategy’ for them, an escape from the “daily, nightly” perseverative re-experiencing of the trauma.

Claudette (case 25) wrote a number of poems as reflections in her diary throughout (and often about) her progress through VOMP, some of which she read to the offender during their face-to-face meeting. The poem below was written for the VOMP staff and particularly the two who had journeyed alongside her most consistently. There is, perhaps, no better way to describe the difference in her PTS Symptom presentation at intake versus a few months following the process than to quote her '*Pre-VOMP-Post VOMP*' poem:

Untitled

I want to cry,
But my fury has dried all my tears.

I want to scream,
But I have forgotten how to speak.

I want to run,
But my fear has paralyzed me.

I want to hide,
But fear I will be found.
I want to cry,
But the tears will not stop.

I want to scream,
But fear I cannot be silenced.

I want to run,
But fear I will not stop.

I want to hide
But fear there is no safe place.

I cry,
But the pain does not go away.

I scream,
But no one is there to hear me.

I run,
But do not know where to go.

I hide,
But do not feel any safer.

I cry,
My tears run freely.
I scream,
My voice is heard.

I run,
My mind is free.

I hide,
Allowing my fears to pass.

I cried,
My pain is washed away.

I screamed,
My anger is blown away.

I ran,
Into the arms of safety.

I come out of hiding,
My fears no longer haunt me

1.3 Traumatic growth that issues in new vocation

At time of writing, it has been as many as 15 years since *the last* face-to-face meeting was conducted for the participants represented in this sample and 25 years since the first. However, perhaps owing in part to the intensity of the experience and the corresponding intensity of the relationships between the participants and the VOMP staff who ‘bore witness’, cared for them, facilitated their cases and ‘companied them’ throughout, many lasting relationships were formed, enabling us to remain in contact. In a number of cases that also made it possible to reflect with participants about their post-traumatic

growth and to assess it, once again, using the PTSSymptom Assessment form. In every such case, the gains they had reported in the intervals following their face-to-face meetings had proved lasting. In fact, and also in every case, the third assessment inventory (Current Experience of Post-traumatic Stress Assessment) showed marked improvement over the second. While part of this improvement, respondents agreed, was due to the passage of time, it was passage of time in which they felt “*safe*” and, as time went on with no further great harms or set-backs and with offender commitments being kept so as to continue to underscore their sincerity, each of the symptoms (“*the remaining toxicity*”- as our, now, medical expert describes it -) – “*just titrated out*” (case 9).

A number of the participants (including the one just quoted) experienced what they described as a degree of healing and self-discovery that set them on a path to new vocation, having made meaning of their trauma, finding something redemptive in it then searching out meaningful opportunities to serve others, often others similarly impacted by traumatic losses. At least a third of the survivors in this study who were referred to VOMP at a time when they had little – hope – and no reason to hope that they would ever manage to redeem their trauma by “making it a gift to others”- have gone on to do exactly that: making meaning of their own suffering by seeing in it the source of a survivor mission and going on to serve others in ways that they could never have dreamed of, initially. The following examples highlight this further growth:

Emily (case 1) spent the final years of her life working as a volunteer teacher, pastor and mentor at both ends of the age spectrum, teaching needle craft and painting to young women in her community and working, as she said, with a laugh (at 80 herself) “with ‘old’ people”, leading bible studies, pastoring the sick and infirm as a respected volunteer staff person at a large and thriving church in her community.

Allison (case 2) returned to school to complete diplomas to qualify as a nurse’s aide, and has worked in elder care facilities since, “*in love with my work and the people there that I’ve ‘adopted’.*”

Josephine (case 9) having survived an attack with a baseball bat intended to kill her, being doused with gasoline and set on fire, after a long period of recovery and multiplied surgeries (complicated dental work and facial reconstruction) went back to school, graduated from University and became (you guessed it) a Registered Nurse, working in emergency operating rooms, assisting in saving the lives of people with life-threatening injuries.

Teddy (case10) one of the family survivors of the “*slaughter of my sister, brother-in-law, niece and nephew*”. . . “*and having shot a quarter of a million dollars worth of heroin up my arm in the aftermath to dull the pain*”, sought help from VOMP staff in getting into an effective drug rehab program, graduated from that and from diploma courses that equipped him for his own new vocation: working with youth as troubled as the offenders in his case, and as addicted as he himself had been, as a drug and alcohol counsellor.

Wendy (case 12) set out to “*take back everything ‘Lorenzo’ ever stole from me, including my high school graduation, dreams of university and working with prisoners and trauma survivors.*” She went on to work for many years with prisoners in the Alternatives to Violence Program (AVP) and now regularly assists in convening, hosting and facilitating a “family survivors of homicide group” established specifically as a ‘self-help’ group for VOMP victim participant alumni. She is clear that she is thriving (as of correspondence with her in May 2018) happily engaged in her duties as mother, grandmother, homemaker and business partner with her husband who runs a successful business catering to ‘Hollywood North’, the movie and film-making industry in British Columbia. She reports that her PTSD symptoms (particularly brutal and problematic at VOMP intake) are now “all gone”.

Isaac (case 13), a child victim of sexual abuse at the hands of a “Minister”, went back to school and qualified as a counsellor working, primarily, with adult male victims of sexual abuse and assault. Isaac felt called to become a Christian Minister as his own vocation, hoping to demonstrate that Ministers could live lives of devoted service in integrity. As part of his ministry, Isaac is doing what he can to reverse the ravages of historic child sexual abuse by clergy in his First Nations community, making

presentations, running retreats for survivors, writing educational and informational pieces for a northern electronic publication and posting articles in the local press. Isaac humbly describes himself, borrowing from the title of a book by Henri Nouwen, as a “Wounded Healer”, encouraging the wounded men he gathers up, to become healers in their turn. Isaac and his wife, over the years, have also taken in a number of special needs foster children, ultimately adopting them and nurturing them to become as able as they can possibly become.

Charlie (case 20), founded a non-profit organization, assisting family survivors of homicide (like himself), and has been an outspoken spokesperson for VOMP in media, in university settings, and in the public media.

Anthony (case 21) has committed to assist with conference presentations about his VOMP experience and trauma recovery “*anytime an opportunity to present presents*” (with his characteristic wit). Anthony’s wife and son are his primary “vocation”, but he has become a very successful businessman in the fast-paced extreme sports industry where, he says, “*a lot of broken boys end up, compensating, trying to become supermen.*” Anthony has assisted a number of his clients, and others, in dealing with historic sexual abuse, in gracious, competent fashion, the shame that he once bore no longer remotely in evidence.

Lorraine (case 23) like Allison (case 2) returned to school to gain additional credentials, and now works in an elder care facility. In addition, Lorraine is very involved in the spiritual leadership of her community, assisting with traditional ceremonies and supporting others on their own healing paths.

Debbie (case 24) through her VOMP participation transcended her trauma (the attempt on her life and murder of two of her children) reconciled with the step-son responsible and, once his schizophrenia was being managed, supported him for parole and into new vocation of his own (as a landscape designer and landscaper). Debbie went back to school and qualified as a Certified Accountant. She now has a busy professional practice and employs yet others. Debbie, like a number of other VOMP alumni, continues to assist in making presentations to conferences wherever those might have impact for victims/survivors, victim service personnel, corrections staff or folks in the medical and

counselling professions. This culminated in a special Easter presentation on “The National”, a CBC TV program, featuring her story.

And, finally, in just this sample (while others come to mind) Claudette (case 25) having worked long and hard to transcend the trauma of witnessing the deaths of her mother and younger sister in a house fire (Oscar was convicted of manslaughter and murder, respectively in those deaths) went to work (simultaneously, at two jobs) for victim services and crime prevention organizations, becoming a leading light in each of those as well as an outspoken spokesperson for VOMP. She is currently Chair of a victim advocacy organization specifically founded to consult on law and policy with Corrections Canada and the parole board. Claudette also helps convene and host the family survivors of homicide (VOMP participant alumni) group mentioned above.

In case studies numbered 3, 4, 5, 18 and 22, the VOMP victim/survivor participants were too young (two of them at six years of age) or still in school or University to have found their vocations just yet, and VOMP staff have not managed to ‘keep track’ of each of them. But 11 of the remaining 24 - following the encounters with their offenders, and crediting VOMP participation for a large part of their gains - have transcended their own personal traumas and found their way into meaningful vocation. Table 5.7 presents those results.

Table 5.7: Victim trauma recovery that issues in new vocation

Case	Victim(s)	Trauma Recovery & New Vocation
1	Emily	From a terrified, agoraphobic victim of rape to fear ended; accepted amends & 'friendship'; spent the final years of her life working as a volunteer teacher, pastor and mentor at both ends of the age spectrum, teaching needle craft and painting to young women in her community, and working as she said, with a laugh (at 80 herself) "with 'old' people", leading bible studies, pastoring the sick and infirm as a respected volunteer staff person at a large and growing church in her community. Having been unable to return following the rape to her responsible position in her regional hospital, she had been enabled to 'hear' a calling to an entirely new vocation, one she loved far better than the first.
2	Allison	Fears that had gripped her from the moment she heard her mother had been raped and murdered greatly diminished; accepted offender's amends & info updates; returned to school to complete diplomas to qualify as a nurse's aide; has worked in elder care facilities since, " <i>in love with my work and the people there that I've 'adopted'</i> "; married and had another child.
3	Chantal Fay Maria	Ambivalence, rooted in incest, about the nature of her relationship with her father, was cleared up; parental relationship established within new boundaries; Finished high school with good marks and prof aspirations (to become a counsellor, working with sexual abuse clients and trauma survivors). Ambivalence, (mirroring her sister, Fay's), was cleared up; parental relationship reconstituted within new boundaries; Returned and re-engaged in school; no certainties re: final outcomes No significant change in vocation / occupation reported here - underemployed at last report.
4	Sally	Ambivalence (as in CS #3) that was rooted in the incestuous relationship was resolved, resulting in a parental relationship within new boundaries; Continued on in high school successfully - no other recent information.

5	Joyce	Enmeshed desire to continue relationship with sexual abuser ended with boundary setting; Took some upgrading diploma courses and obtained fulltime employment, " <i>doing well</i> " at last contact.
6	Rebekah	Marital relationship which had nearly ended earlier, due to the aftermath of her sexual abuse improved; no further recent information.
7	Mindy	As the common-in-law wife of the offender who had shaken her infant daughter to death, her former perception of the offender as uncaring / unresponsive changed substantially during and following her VOMP participation, to a view of him as engaged and fully responsible. Despite a long, cautious, and, at times, arduous process the couple reconciled; healing of relationship for both.
8	Valerie	Had known offender previously as fun-loving, pro-social close friend to her brother and welcome in her family home / then, suddenly as the murderer of 4, including her brother. Following f2f meeting she saw him as responsible, trustworthy and very responsive to her needs. She was able to greatly assist her parents with her new knowledge. 'Moved on'
9	Josephine	Marital & parenting relationships improved; returned to nursing, additional schooling and career advancement, working in a hospital Emergency Room assisting with triage of the trauma victims / survivors being admitted. Has moved on (up) into management.
10	Teddy	After a long struggle as a family survivor of homicide, " <i>the 'slaughter' of 4 of my family members</i> " and having " <i>shot a quarter of a million dollars' worth of heroin up my arm in the aftermath to dull the pain</i> ", Teddy sought help from VOMP staff in getting into an effective drug rehab program, graduated from that program then completed diploma courses that equipped him for his own new vocation: working with youth as troubled as the offenders in his case, as a drug and alcohol counsellor.
11	Wilfred	Having worked as a 'justice professional', Wilfred completed a further degree at UBC, hoping to move into management. No further info.
12	Wendy	Set out to " <i>take back everything 'Lorenzo' ever stole from me, including my high school graduation, dreams of university and working with prisoners and trauma survivors.</i> " She went on to work for many years with prisoners in the Alternatives to Violence Program (AVP), and now regularly assists me, along with 'Claudette (CS #25), in convening, hosting and facilitating a "family survivors of homicide group" established specifically as a 'self-help' group for VOMP victim participant alumni.

13	Isaac	A child victim of sexual abuse at the hands of his priest, Isaac went back to school and qualified as a counsellor working, primarily, with adult male victims of sexual abuse and assault. Isaac felt called to become a Minister, as his own vocation, hoping to demonstrate that Ministers could live lives of devoted service in integrity, doing what he could to reverse the ravages of historic child sexual abuse by clergy (or anyone) in his First Nations community. In a 2018 email 'update' to the author, Isaac reports continuing in all of those pursuits, together with his wife fostering a number of formerly badly abused children, and experiencing joy in seeing his efforts come to fruition in the lives of others.
14	Cindy Nicholas & Nate	Despite her ex-husband's attempt to murder her, Cindy recovered, returned to her employment and meaningful life / work, having established a shared custody co-parenting arrangement with her ex-husband which came into effect upon the offender's release, and at last contact reported herself to be "thriving." The boys were six years of age when last seen, too young, perhaps, to seriously consider (or enter into) new vocation, but all indications were, that they, along with their mother and father (Dennis) were thriving, too.
15	Beryl Bonnie	No info following grateful debrief with her. Process assisted her to see she needed to end relationship & build a new life. Wrote letters to Ministers in Provincial and Federal Governments, and the National Commissioner of Corrections expressing gratitude for their support of the VOMP program.
16	Ike	View of offender turned from seeing him as a manipulative predator, to a humbled, remorseful elderly gentleman, taking full responsibility, empathetic and committed to have no more victims. Ike reports that the process set him free from negative views of self, assisted him in receiving a further validating letter from the Regional Crown Counsel, (almost) apologizing for the decision not to prosecute 'Felix' for offences against him (Ike) since Felix was already in prison; enabled Ike, he reports, to heal, move forward and begin to thrive.
17	Ophelia Paloma Stan	No further info after grateful debrief with her. No further info after grateful debrief with her. No further info after grateful debrief with him.
18	Karen	Karen overcame her fear driven agoraphobia, returned to classes at the University she had been enrolled in, and began to prepare for, and explore, entering into a human services profession.

19	Walter	No info after post-VOMP debrief with him and his family.
20	Charley Alberto	Began to thrive; started new organization working with grieving families. "Moved on", completed grief work, married, interviewed for and obtained a demanding new job, successful in sales, advancing in his career at last report (lunch in 2016).
21	Anthony	Has committed to assist with conference presentations about his VOMP experience and trauma recovery " <i>anytime an opportunity to present presents</i> " (with his characteristic wit). Anthony's wife and son are his primary "vocation", but he has become a very successful businessman in the fast-paced extreme sports industry, where he says, " <i>a lot of broken boys end up, trying to become supermen.</i> " Anthony has assisted a number of his clients, and others, in dealing with historic sexual abuse, in gracious, competent fashion, the shame that he once bore no longer remotely in evidence.
22	Arlene Victor	Insufficient information to conclude. Victor completed a community drug treatment program while on parole; at the end of his sentence he returned to his home province and obtained work in construction, " <i>My first real job, making good money, happy and healthy; drug free.</i> "
23	Lorraine	Returned to school to gain additional credentials, and now works in an elder care facility. In addition, Lorraine is very involved in the spiritual leadership of her community, assisting with traditional ceremonies and supporting others on their healing paths.
24	Debbie	Through her VOMP participation transcended her trauma, (the attempt on her life and murder of two of her children), reconciled with the step-son responsible and, once his schizophrenia was being managed, supported him for parole and into new vocation of his own (as a landscape designer and landscaper). Debbie went back to school and qualified as a Certified Accountant who now has a busy practice and employs yet others. Debbie, like a number of the others, continues to assist me in making presentations to conferences wherever those might have impact for victims / survivors, victim service, corrections staff or folks in the medical professions. This culminated in a special Easter presentation on "The National", a CBC TV program, featuring her story (April 12, 2010).
25	Claudette	Worked long and hard to transcend the trauma of witnessing the deaths of her mother and younger sister in a house fire, went to work

		(simultaneously, at two jobs) for victim services and crime prevention organizations, becoming a leading light and outspoken spokesperson for VOMP. She is currently Chair of a victim advocacy organization, specifically founded to consult on law and policy with Corrections Canada. Claudette also helps me host the family survivors of homicide group mentioned above, either in my home, hers, or the homes of the various group members.
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SUMMARY

Data revealed, in answer to the research questions regarding the impacts experienced by victims through encountering their offenders, that *regarding empowerment*: from a place at the intake stage of their VOMP participation, when (97%) (33 or 34) felt that they had been disempowered, disrespected, or had experienced significant secondary victimization through their involvements as victim / witnesses in the ‘justice’ processes they had encountered, the victims were unanimous across the entire data set, in saying their VOMP experience had completely turned their previous disempowerment and disappointment around, providing them, instead, with an experience of “respect” and a reversal of the earlier disempowerment 34 of 34 (100%).

In terms of victims’ trauma and recovery, from the time, at intake, in which 32 victims were experiencing trauma symptoms in which 21/32 (65.6%) met *all* of the criteria for PTSD, and 11 others (a further 34.3%), were just below the thresholds for the actual diagnosis, but highly symptomatic in ways that had manifested in significant, long-term, social and occupational “distress or functional impairment” (criteria F and G of the DSM V), victims reported substantial diminishing of their symptomatology, post-VOMP. Thirty two of the 32 trauma survivors described their VOMP experience as having enabled significant trauma recovery for them, even setting them “Free at last” enabling them to move from a view of themselves as “victims” to “survivors” or “thrivers”, having left a good deal of the most of the debilitating of their posttraumatic stressors behind. Some (11 of the 24 adults, or 46%) went on from this new ‘base’ to enter into new vocations, enabling them to transform their previous trauma into a source of “survivor mission” assisting others in a variety of meaningful ways.

2. Effects experienced by offenders of encountering the victim

Here, the data found in the case studies reveals three primary findings reported on by the offender participants in this study:

- 2.1 Resolution of childhood trauma (ACE) and personal traumatic growth;
- 2.2 Attitudinal change and growth of victim empathy; and
- 2.3 Desistance.

2.1 Resolution of childhood trauma (ACE) and personal traumatic growth

One of the core values imbedded in VOMP is that it is designed to address the needs of both victim and offender. As the previous section illustrates, victims report that outcomes for them are significant. What is, perhaps, more surprising (it certainly is to offender participants) is that offenders needs, too, are respected, acknowledged and addressed. As with victims, but perhaps to an even greater degree, offenders' needs are often ignored or provided no safe context in contemporary criminal justice and corrections systems in which they might be meaningfully addressed. Participants understand and appreciate that VOMP staff are committed to the healing and wellbeing of both victim and offender participants and that our role as 'trustworthy brokers' demands that we be committed to try and ensure that the program benefits both in a climate of care, support and respect. For offenders, this means that the process, in the great majority of cases leads to new insight and understanding which, in turn, reduces levels of fear and anxiety, assists in the formation of victim empathy, contributes to their taking of responsibility and enables them to "make things right" to the greatest possible degree.

In the methodology chapter, Adverse Childhood Experience (ACE) is described as it is defined by medical researchers studying the impacts of ACE and trauma suffered during childhood by adults being treated at the Centers for Disease Control and Prevention in the USA. The ACE scale was never intended to be highly sophisticated, or finely nuanced. That is both its strength and weakness. The factors on the scale are not 'weighted' in terms of their likely impact on the child. Based on file materials in these

25 cases, we noted that Adverse Childhood Experience (ACE) had surfaced in many of the offenders' programming reports, interviews, psychiatric assessments, etc. In a number of cases we were invited to consider with them how this might impact their participation in VOMP with their victims. Some victims clearly wanted to know and to understand the degree to which ACE (especially child sexual abuse) might have played a part in shaping an offender's character or be considered a criminogenic factor in the crimes they later committed. In a number of cases, we were called upon to assist offenders in "getting the balance right", between taking full responsibility for the harms they had caused and - through providing some of that history to their victims - being seen to make excuses or suggest that there might be mitigating factors in the harms they had suffered as children. Case study 1 is one of those examples. Emily *did* want to know about Danny's childhood abuse, and Danny was willing to share it with her. However, he also wanted to be very cautious about the possibility of that disclosure being interpreted as suggesting that anything about his childhood trauma excused his adult offending behavior. With an ACE Score of 7/10, Danny's case is one of the most striking examples of childhood trauma, but high ACE scores were evidenced and played a significant role in other cases, as well, including: cases 2, 3, 4, 5, 8, 9 c, 10 a, 10 b, 13, 16, 17, 18, 19, and 22, a total of 14/28 or 50% of the sample cases, at a minimum.

Below, details are provided of just two of the sample cases, in terms of the childhood trauma these two offenders had suffered, how their awareness of that trauma and what it might mean increased, and how they began to work at resolution of that childhood trauma through the duration of their participation in VOMP. The remainder of these themes are incorporated into Tables 5.8 (Offenders' Trauma History) and 5.9 (Offenders Trauma Healing).

As noted in the comprehensive version of case 1 in Chapter 4, Danny's day-care provider, at his age 4, had sodomized him with a wooden spoon, then spanked him with it, as punishment for having thrown a handful of sand at her daughter while playing in the sandbox on the playground. That violation was further compounded by the response of his parents who, when he reported what had happened, beat him again, taking him

back the next day and delivering instructions to this same caregiver to “just spank him again if he misbehaves.”

As noted, above, the ACE scale does not ‘weight’ any of the responses against others in terms of their likely greater impact upon the child. Even without such weighting for the experience of sexual abuse, Danny’s ACE scores are high: seven factors of a possible ten. In a biographical journal entry written by Danny he described emerging from childhood with:

a low self-image, and self-worth, with anger boiling deep within. I was a tormented time bomb. Never taking out my anger on the ones I loved (the ones who actually hurt me) but victimizing strangers, people I could more easily feel nothing for, enabling me to hurt them and do the horrendous acts of violence that I did. Mother figures were the focus of my revenge, a very sad cycle indeed.

Arthur, the incest offender in case 4, demonstrates a pattern similar to Danny’s. Arthur’s ACE score was only 2/10, however, along with others in this sample whose ACE inventories indicated sexual abuse or assault, and whose scores may have been relatively low, the fact that sexual abuse factored in their Adverse Childhood Experience begins to underscore my assertion: i.e., that this item should be ‘weighted’ more heavily than others on the ACE scoring sheet, given the retrospective view, in terms of how many of the offenders imprisoned for sexual abuse or assault, had themselves been victims of the same. Arthur stated that he had been abused as a child (beginning at his age 8-10 and continuing until he was 16) by his two older brothers, who were, respectively, four and ten years older than he. Arthur described this abuse almost flatly and with little emotion, adding “*whatever they could think to do to me, they did.*” At about age 15 he told “a lay-minister” about the abuse he had suffered through those years at the hands of his brothers, hoping this man would intervene. Instead, Arthur reports, the minister took advantage of his vulnerability, becoming yet another of Arthur’s regular abusers. Arthur was abused by that minister for some time (and in a number of ways, including anal intercourse) and on one occasion by one of the minister’s friends who had somehow managed to get an invitation to spend the night in Arthur’s family home. Arthur states that he:

. . . woke with this man trying to perform oral sex on me. . . . I froze, the man stopped and quickly left my room and that was the last time anyone ever had [abusive] sex with me. . . .

Part of what is troubling about Arthur's account is his enduring belief that, given how often he was sexually abused and assaulted, as well as the number of perpetrators there were (at least four) "*I must have been asking for it.*" By the time Arthur's participation in VOMP was concluded and we were debriefing for the final time, he had come to a new conclusion concerning whether, as the youngest, smallest, least powerful of all of his perpetrators, he could actually have been initiating these sexual assaults, i.e., "asking for it", or, rather, whether every one of his perpetrators had had an obligation to protect him from their ravages rather than prey upon a vulnerable child/teen. He concluded that each of them was as culpable in offending against him as he had been in offending against his own daughters: intergenerational child sexual abuse might provide something of an explanation for offending behavior, but it could never justify nor excuse it, in his own case or in theirs. He determined that, even at this late date, it was time to hold his brothers to account: either they would agree to meet him through VOMP, voluntarily, as his perpetrators, or he would have them charged and, if possible, sentenced in a court of law. They did not agree to meet with him, however Arthur decided not to wreak havoc in their family's lives by initiating criminal proceedings at this point. Arthur felt strongly, however that he had gained in self-esteem, just by confronting his abusers with the harms they had caused, naming the offenses and ensuring that they were aware that he remembered! This very action is often a source of healing for incest survivors⁶⁹ and it proved to be so for Arthur. He made 'early release', and set about working together with his children in a program designed for incestuous families. He was able to see them, under supervision, and under the terms of the separation and divorce agreement he and his (now, ex) wife had negotiated. "Without the gains we made through VOMP", Arthur stated, "any healing of our relationships would have been highly unlikely."

⁶⁹ See the remarkable work by Marie Marshall Fortune (2010) *Making Justice: Sources of Healing for Incest Survivors*.

Table 5.8, below gives more concise accounts of the trauma history in the lives of the offenders. Note, again, that we did not canvas offenders for childhood trauma according to the ACE scoring questionnaire in all cases. At the time, we were gathering that information, not as researchers but, rather, as practitioners and only for program purposes, i.e., if the victim had expressed interest in knowing about the offender's childhood trauma (and the offender agreed to share it) or, in preparatory conversations with the offenders it had become clear that they had interest in having their ACE assessed. Some had interest in knowing what their scores might prove to be so that they could use their scores as 'goalposts' or marking the milestones toward their own trauma resolution and healing.

Table 5.8: Offenders' trauma history

Case	Offender(s)	Offenders' trauma history
1	Danny	Significant Adverse Childhood Experience (ACE), score: 7 /10. Betrayal Trauma (violent sexual assault at hands of his caregiver, neglect and physical abuse by parents).
2	Sam	ACE Score: 4 / 10. Early childhood sexual molestation by a relative was reported. Sam's mother had a history of seizures for which she was prescribed, while pregnant with Sam, medication now known to cause neurological abnormalities in unborn infants. Mother drank heavily, was mentally ill and physically and verbally / emotionally abusive toward Sam until he had grown in stature and could 'back her off'. He was ill for a time with an extremely high fever at age 9 or 10 during which he suffered convulsions. From this time on until his mid-twenties, Sam stuttered. He reported that when his mother was angry with him, she would ridicule him for his stuttering, and had mocked him about "very personal things" in front of his friends and girlfriends.
3	Richard	ACE Score: Unknown: But Richard reported having been an object of sexual play and "practice" involving numerous older boys and girls at a very early age: " <i>Long before I would have been physically capable of fulfilling a sexual response</i> " (orgasm). Admits having been a willing participant, but that these experiences left him with questions regarding his own sexuality. Ambivalent as to whether this qualifies as 'childhood sex play' or 'abuse'. However, professional members of his treatment team saw this early experience to be at least part of the genesis of his sexual deviance.
4	Arthur	ACE Score: 2 / 10. Arthur reported having been sexually abused as a child (beginning at his age 8-10 and continuing until he was 16) by his two older brothers, who were, respectively, four and ten years older than he. Arthur described this abuse almost flatly and with little emotion, adding " <i>whatever they could think to do to me, they did.</i> " At about age 15 he disclosed this abuse to a "lay-minister", hoping this man would intervene. Instead, Arthur reports, the minister took advantage of his vulnerability, becoming yet another of Arthur's regular abusers. Arthur was abused by this minister for some time (and in a number of ways, including anal intercourse). Part of what was troubling about Arthur's account, initially, was his enduring belief that, given how often he was sexually abused and assaulted, as well as the number of perpetrators there were (at least four), " <i>I must have been asking for it</i> ".
5	Pablo	ACE Score: 9 / 10. In Pablo's case, the childhood and adolescent trauma was extensive, including physical, sexual, emotional abuse

		and neglect, alcoholic parents (one with mental health issues), and poverty all having played a significant part. Again, sexual abuse and assault appear to be criminogenic factors in his later sexual offending.
6	Tomas	ACE Score: Unknown. In fact, little is known about Thomas and whether or not he also had experience of abuse in his history. By his own admission, he simply did not participate to any meaningful extent in prison treatment programs, chose to see himself as less in need of treatment than the others in the group and felt no need to disclose his own issues to those he saw as his intellectual inferiors and far “sicker” than himself.
7	Kyle	ACE Score: Unknown. Kyle, <i>appeared</i> to have everything going for him: Professional, upper middle class, parents, life as a somewhat spoiled “only child”, and no apparent abuse. However, in Kyle’s prison programs, it began to emerge that Kyle’s parents’ separation and divorce at his age 13 had affected him profoundly, leaving him without an anchor, being parented by a father with whom he began to be in regular conflict and from whom he grew increasingly distant. Kyle drifted into an “ <i>irresponsible life style: heavy alcohol abuser and heavy soft drug user.</i> ” Dropped out of high school and as he describes it, “ <i>spent a number of years, completely ‘adrift’, a big ‘kid’, needing to grow up</i> ”.
8	Barry	ACE Score: 5 / 10. Barry’s ACE score offers the barest clues to the major themes in the childhood he knew. The family lived a “ <i>hard life</i> ”, with a fair degree of poverty in a rural area. They had no indoor plumbing, which was a problem only because Barry was afraid of the dark and the possibility of running into wild animals enroute to the outhouse or back (not a complete impossibility in that area). As a result he frequently wet the bed, until age 10, and was punished and ridiculed for it by his father. At age 10 his mother and father separated and divorced, something that Barry reflected on as brutally hard for him. His father was a stern disciplinarian, administering “spankings” for any infraction. Given that Barry began to be disobedient, defiant, at an early age, the spankings were frequent and increasingly harsh, to no real avail: his defiance grew. Barry’s autobiography contains a good deal of reflection on why / how it was that he would inevitably do whatever he was told NOT to do. Death figured highly in his early childhood, as well: his mother had lost a child prior to Barry’s birth, an event he was aware of but about which he had no knowledge or understanding, a family taboo. Also at a young age his older sister’s boyfriend died in a car crash, and two people drowned (a father and daughter) in a boating accident not far from the shore of the lake on which their home was situated. Of all the things one would know NOT to do, breaking into a private

		residence would be one. And if it happened to be a policeman's home? The challenge just made it more likely. Barry had no other motive when he broke and entered that home, unfortunately, however, there was a weapon in plain view, a high powered handgun, a policeman's cap and badge. He took them all. That handgun was used, hours later, as the murder weapon that took the lives of 4 teens at the home where Barry had been offered a room, the home of one of his close friends who died in the fusillade.
9	Marco Don Jerry	ACE Score: Unknown. All three of these offenders met with the survivor in this case (Josephine), however there is insufficient information to conclude much about their ACE scores or trauma histories, other than the Victim's recent report, in which she states that she was aware that her brother had had a history of "... <i>difficulty at school, telling teachers to 'fuck off', being repeatedly suspended</i> ", and, he had told her, " <i>being harshly beaten by their father for these and other infractions</i> ". Josephine added that, " <i>It could have happened. I don't know. There were a number of years between us and we did not 'relate together' all that much.</i> " Jerry reported (as recently as 2017) that he still has vivid flashbacks to brutal beatings by his father during late childhood and early to mid-adolescence. Apart from that, we did not discuss his ACE, or have him do an interview, partly because his victim was quite well aware of his childhood, had no particular curiosity about it, and Jerry was working at those same issues with other skilled professionals.
10	Bret Ernesto	ACE Score: 4 /10. While the Adverse Childhood Experience inventory in Bret's case shows four factors of a possible ten, each of those factors was, in itself, significant. Bret idolized his father but was placed in foster care after his father's ability to care for him had diminished greatly, following a stroke. Marital discord between his parents, the loss of his father's parental nurture due to the stroke and its complications, as well as the ensuing significant poverty, all took their toll. Bret, it appears, had learned early that he could not afford attachments. Those he loved most were those most likely to 'abandon' him. He was " <i>bounced from one foster home to another</i> ", and finally ended up, together with Ernesto (because of reports of abuse in the previous foster home placement) being placed in the home of the foster family they later murdered. The nature of the abuse, in his previous foster placements, I have not probed with him. He intimated, but did not share details, that it had been abusive in every regard, including being given very small amounts of very poor food so that that foster family's net revenues (government payments for fostering them) stayed high.

		ACE Score: unknown, although Ernesto's childhood history is almost a mirror image of Bret's. In fact, they had both been removed from the same previous foster home for the same reasons.
11	Sebastien	ACE: Unknown. This case progressed rapidly, following the briefest of preliminaries, and went straight to a face-to-face meeting.
12	Lorenzo	ACE Score: Unknown. Given that there had been no conviction in the case involving 'Wendy' information staff would normally have in a case involving conviction or guilty plea was not available.
13	Raphael	ACE Score: Unknown. However, child sexual abuse was part of his history.
14	Dennis	ACE Score: Unknown. We did not probe this aspect of Dennis' autobiography, given that it was a victim imitated referral which progressed rather quickly because of the sense of urgency regarding the needs of his wife and the couple's young twins.
15	Henri	ACE Score: Unknown. While Henri was willing to meet with his victims (his daughter and his wife) he was not particularly forthcoming. Little was known by any of these participants concerning the specifics of Henri's childhood history, but, his wife speculated: " <i>violence like that had to come from somewhere.</i> "
16	Felix	ACE Score: Unknown, however, child sexual abuse was part of his history.
17	Harvey	ACE Score: 4. Harvey's trauma history began when his Upper Class family dropped him off at a British Boarding School. There he experienced what he reports was treatment " <i>not all that unusual in those settings</i> ", and which his son ('Stan') had characterized, intending the <i>double entendre</i> , as: " <i>too many years 'under' a brutal headmaster or any number of Prefects.</i> " He was small of stature throughout his schooling and was bullied badly by older and bigger boys. But the sense of being abandoned to it all by his parents, and the merciless punishments, " <i>caning or paddling on the bare backside</i> ", along with the " <i>pederasty</i> " were part of what became a " <i>sort of 'normalcy'you just had to buck up and bear it.</i> "
18	Rene	ACE Score: 6. Rene's childhood was punctuated with physical and sexual abuse, neglect, and alcoholism that led to the divorce of his parents and becoming the 'scapegoat' for the parent who remained. He had no bitterness about it, suggesting " <i>you can whine about your lot in life and wallow, or become an 'overcomer' despite it all.</i> "
19	Vince	ACE Score: Unknown.
20	Juan	ACE Score: Unknown. Once again, given the urgency of victim desire to meet with the offender (in both Charlie and Alberto's cases) and the willingness of the offender to meet each of them, there was little time (and no pressing need at that point) to do a complete work-up on the offender.

21	Kirk	ACE Score: Unknown.
22	Gaston	ACE Score: Unknown.
23	Colleen	ACE Score: Unknown. No ACE inventory done, but reports by her, (corroborated by her psychologist and Elder, with her permission), indicate significant childhood physical and sexual abuse and neglect, and many losses suffered due to deaths in her immediate and extended families. While she was in prison her two children were killed in a house fire, accidentally set by her father, their guardian, who also died in that fire. There are additional details regarding how those losses figured in the VOMP work with the sister of the man she murdered, in the case study narrative.
24	Colin	ACE Score: 1. The only factor noted on Colin's ACE inventory is Number 6: A parental divorce. His case Study indicates how that figured (given the mid-teens onset of schizophrenia, and psychotic ideation) in the murders and attempt murder he committed.
25	Oscar	ACE Score: 5. Oscar experienced brutal physical punishment, neglect, alcoholism and witnessing extreme and frequent violence against his mother. At age 6, he tried to " <i>circle the top bar on a playground swing and crashed to the concrete</i> " under it. He was sent home from school so disoriented, dizzy and sight impaired from what turned out to be a serious skull fracture, that he was barely able to find his own house. The fracture was never treated. At 15 his mother suddenly died. A year later, he nearly died from a brain aneurism and had to have emergency surgery to open his skull and relieve the "bleed." The resulting scar was a source of ridicule (to which the now powerfully built brick layer did not take kindly).

SUMMARY

While, for the reasons stated, we did not do Adverse Childhood Trauma (ACE) assessments for each of the offenders, the cases in which we do have these scores confirm that sexual abuse figured in the childhood trauma of the prisoners in cases: 1, 2, 3, 4, 5, 10 a), 13, 17, 18, and 23, for a total of 10/28 offenders (and possibly others, given offending fact patterns). Further, significant physical abuse, assault or emotional and psychological abuse was reported in at least three additional cases: 9 c, 10 b, and 25, for a total of 13/28 offenders with a known history of serious childhood abuse.

As was seen above in Table 5.6, the vast majority of the victims saw significant healing gains through their involvement with VOMP. What is equally remarkable is that the

offender data shows similar results. Of the 28 offenders in this study 24 reported that having met with their victims was a profoundly powerful experience. They reported, some to their astonishment, that while they had wanted to participate in VOMP in hopes of healing accruing for their victims, they, themselves, had benefitted beyond their hopes or expectations. A number reported that the process had also enabled them to come to peace with much in their own pasts; that the process had precipitated significant trauma healing for them, (which as the ACE scores - and comments for those without scores - indicate had factored for many in childhood, carried on through adolescence for some, and for some had continued on into prisons where they were viciously assaulted and the trauma multiplied). (Danny's back was broken by other inmates, for e.g., in case1, and others experienced similar reprisals). Most of that, one might think, would mitigate against any degree of healing and make the likelihood of positive experience coming from meeting with their victims scant at best. But that has not proven to be the case; on the contrary, offenders frequently found participation in VOMP to be as beneficial for themselves as for their victims. The following comment by Danny captures the impact of his face-to-face meeting with his victim:

. . . there was probably more healing [through the VOMP process] for both of us than there was for any number of years of programming that I could have gone through doing [role play] scenarios and all this other, (chuckles) you know, stuff that they do: Rational Emotive Therapy and cognitive restructuring. . . . blah, right? Ahh, just having her say to me, you know, (pause) "I forgive you" umm, (pause), to this day it, umm, hmh, (pause, continues quite emotionally:) is very powerful (pause). . .

Barry, case 8, described his meeting with Valerie as "*nothing short of miraculous. The fact that, in one intense day, we could come as far as we did, was astonishing.*" Barry described the phenomenon we had seen in other cases: "*It is almost as though both of us languish until we can begin to heal together; and then it is as though as each of us heals a degree or two, the other's healing ratchets up a notch.*"

In Table 5.9, below, we catalogue offender participants' experience of resolving, overcoming and 'healing' from the trauma experience listed in the previous table (Table 5.8).

Table 5.9: Offenders' trauma healing

Case	Offender(s)	Offenders' Stated Trauma Healing
1	Danny	Recall that Danny's ACE Score was 7/10, unusually high even in this population. Through institutional treatment programs, Danny had begun to discover the depth of his own childhood trauma, and through the duration of his work with VOMP, recognized connection between his Adverse Childhood Experience (ACE) and his offending pattern (criminogenesis), all while taking responsibility for the harms he had caused. It seems clear that Danny's healing had a lot to do with his earlier work with professionals at the Regional Health Centre (a federal prison with specialized programs for prisoners like Danny), where he broke through the barriers to expressing affect other than rage or sadness. Danny is clear, however, that without what he experienced through VOMP, and his work with Emily, he " <i>never would have come this far.</i> " His success in the community over the many years since his release is testimony to how far he'd come, how healthy he became.
2	Sam	The effects of Sam's childhood trauma were already apparent by his mid-teens, he was out of control, and he and his mother were completely at odds. While in prison he was designated a psychopath (at the 96 th percentile). Through his anticipation of his meeting with Allison, knowing she would raise the issue he had shared with her years before: that of having had rape and murder fantasies as a pre-teen, Sam determined he would disclose all of that to his treatment team leader. Following his face to face encounter with Allison, Sam began to exhibit very different behaviours, causing his psychiatrist to be curious enough to assess him again for psychopathy, only to discover that now, measured on the same scale as previously, his score was in the 51 st percentile. The psychiatrist had no answer for how that might be, but posited that one of the possibilities had to do with the new commitment to truth telling and transparency precipitated by the VOMP process and anticipation of Sam's meeting with Allison. For Sam, a good deal of healing had transpired, through the many months of his VOMP involvements, both with Allison and personally, for himself, but there was much that remained. Following his face to face meeting, Sam also began to experience a new degree of healing of relationships with his family members (who had met with VOMP staff during the process). His mother owned her abuse of him, taking responsibility for harms she had caused him. In response to her apology, Sam forgave her. The entire family credited Sam with courage in having met with Alison and for attempting to make whatever amends might be possible. One of the symbolic amends he had made to Allison was to end the harbouring of destructive secrets,

		<p>to ‘dig deep’ into his pathology and work hard at healing himself. Sam did that, and the psychotherapy that had accomplished little prior to the time he met with Allison, began to pay dividends. Over time, in addition to healing from childhood wounds, Sam began to conceive of himself (and to be affirmed as) healthy, quite intelligent and capable, and having significant potential to achieve whatever he set his mind to. From that base, he began to commit to the creation of his own ‘redemption script’ i.e., to turn away from his former criminal life style and work toward a new vision of himself: as a skilled tradesman, a law abiding, non-violent and contributing citizen, never to harm another by any means: to desist.</p>
3	Richard	<p>Whether Richard ever managed to heal from his own childhood sexual abuse is unknown. What <i>is</i> known is that Richard became acutely and profoundly aware of the fact that he was the connective link in the trauma chain: responsible for perpetrating another iteration of intergenerational trauma, and that the retrospective view, looking back from the pain and utter chaos of his victim daughters (when he finally became aware of its magnitude) took him back to its roots in his own very early childhood abuse and sexualization. There seems to be no question in the minds of the prison treatment personnel, that Richard emerged from the VOMP process having learned a great deal. They saw his VOMP participation as not only having complemented their treatment regime but to have eclipsed it, in terms of what Richard had not only learned, superficially, but had deeply internalized.</p>
4	Arthur	<p>Like Richard, Arthur became acutely aware of the harm he had caused his daughters through his many months of incestuous behaviour. With the help of professionals he began to explore the degree to which his own sexual abuse might have played a role in his later criminal offending. Arthur’s experience included all the elements that I have learned to be alert to as aggravating factors in child sexual abuse: early onset, high degree of frequency, betrayal of trust by caregivers or others with responsibility for the well-being of that child victim, violence or coercion of any kind, multiple abusers each perpetrating multiple incidents and/or long duration of the abuse. Arthur had all of these. Arthur had hoped that an invitation to his brothers to participate in VOMP with them as his offenders might be efficacious in helping him recover from their ravages. They spurned him, and Arthur was left to heal, as best he might, without the validation or vindication of his brothers, to try to put what was left of his life back together. Arthur did report that he had experienced healing through having met with his daughters and witnessing their healing in their subsequent supervised visits, feeling that he had come a long way from time of his arrest (timid, shamed, defensive and denying, “<i>with terminally low self-</i></p>

		<i>esteem</i> ”), to where he was now: “ <i>still hurting</i> [through the impending ending of his marriage] <i>but stronger, more confident, feeling like I can finally hold my head up, and looking forward to continuing to work on my relationships with my children</i> [through family therapy and supervised visits]”
5	Pablo	Pablo’s childhood trauma was certainly extreme: <i>ACE Score = 9/10</i> , highest of all the participants assessed for ACE, (other than one victim, Mindy, CS #7). Pablo claimed that the VOMP process had been very helpful for him, enabling him to take responsibility for harms he had caused Joyce, and “ <i>beginning to get my head around how I got here, became so sexually addicted? What happened to me as a child?</i> ” Given Pablo’s history, it was clear to him and to us that he would likely need some intensive and long term work to overcome it; much more than we could offer him within the terms of our ‘remit’. We encouraged him to get involved with an organization founded by one of our former staff, a combined individual and group therapy approach that had worked well for scores of male survivors of sexual assault and abuse. Pablo travelled some distance toward his healing goals, but tried to make it on his own. He reoffended 480 days after his release.
6	Tomas	Insufficient information (both about childhood trauma—if any—or personal growth), to enable meaningful comment.
7	Kyle	Kyle’s healing had primarily to do with being able to overcome the constantly recurring vivid images, memories and on-going self-blame for having so catastrophically injured a toddler that she had insufficient brain activity to keep her alive and had to be taken off life support within 24 hours of the time that he shook her, desperately trying to make her stop crying. He made no progress with any of that, until having met with Mindy, he began to make marginal gains. Some of that self-blame and the trauma of watching himself, in his mind’s eye, “ <i>...kill a child, over and over and over</i> ” diminished when Mindy, after many months of hard work together, offered him forgiveness.... Still, Kyle anticipates that there will be numerous, and frequent, associations to those images for the rest of his life. Further work with Kyle and Mindy enabled them both to heal sufficiently that they could begin to explore, in depth, what putting their relationship back together might mean. Kyle ‘grew up’ and once released obtained well paid, full time employment in the construction industry. At last report, Kyle, was taking very good care of his family and living healthfully, far from the irresponsible youth he had been when we met him a year after the crime. To his great surprise, both parents proved supportive of him, respecting who he had become, enabling Kyle to take at least some joy in the healing of his relationships with them, as well.

8	Barry	<p>Like Kyle in CS #7, Barry was highly traumatized by what he had done and aware that, as with one of the Post Traumatic Stressor items, he was spending a lot of energy on avoiding thoughts of the trauma, to little or no avail. Barry did what he could to distract himself in beneficial ways. He began to devour books on computer technologies and, at the urging of his psychologist, wrote an extensive autobiography. He had longed to reach out to his victims, but had been dissuaded (or blocked from doing so) at every turn. Meeting with Valerie, when she referred herself and the case went ahead, Barry described as “nothing short of miraculous.” Given the nature of Barry’s crime (the murder of 4 ‘friends’), it is something of an anomaly that he was able to win the respect of prison treatment team members, be ready (and recommended) for parole, and to be granted release as quickly as he was. His victims supported his release and communicated that support to the parole board, saying that were convinced that Barry’s crime, though desperately costly for everyone, was a ‘one – time event’, fuelled by drugs and alcohol; problems he had long since addressed and overcome, that Barry was healthy enough to rejoin the community, and use his IT expertise to benefit society. The parole board thought so, too and released him with stringent conditions and lifetime supervision constraints. When I last spoke with Barry he was a high level IT manager, married, the father of two, and living healthfully.</p>
9	Marco Don Jerry	<p>All three offenders in this case report that the grace, mercy and compassion they were shown by Josephine through their participation in VOMP proved to be, not just a catalyst, but a major ingredient in their healing. All three completed their Correctional Plans early, (i.e., the list of programs and treatment regimens selected for them, and at least two, Marco and Don, claimed that Josephine’s meetings with them had been a major motivator to take seriously everything they were asked to do toward their own preparedness for one day rejoining the community. Don was released first, Marco next, and Jerry, as the ring leader, in the minds of successive parole boards, apparently, just hadn’t spent enough time in prison until the others had been released. To his credit, Jerry has been responsive to Josephine’s needs, and has continued to communicate with her in ways that both have found helpful. All three have turned into mature men, healthfully living in the community, with responsible positions, making their contributions to society.</p>
10	Bret	<p>Having spent over 30 years in custody, Bret has spent all but the first 15 years of his life there. <i>“It took me a long while to get started,”</i> Bret acknowledges, <i>“I was not exactly your ‘Happy Camper’ model inmate. But I’ve grown up. They say you ‘age out’ at 28 or so, and grow out of</i></p>

	Ernesto	<p><i>your criminality about then. I'll likely be almost 50 by the time I am out...I think I'll be okay on the street, but it will be quite an adjustment.</i>" As far as his childhood trauma goes, he has forgiven his father for being sick and unable to care for him, needing to turn him over to the foster care system, where his nightmares began. The last words he spoke to me when I last saw him, in 2017, were these: <i>"I'm still grateful for what you guys did for me; I think it spun my head around about victims, my stereotypical view of them, and got me started down a different path.... If you get a chance, please let them know (the others of his victims) that I'd be glad to sit down with any of them, like I did with 'Teddy'; I'd like them to see who I've become and that they have nothing more to fear from me, not ever."</i></p> <p>A good deal of the 'healing' reported by Ernesto, had to do with the hope of reconciliation with two of his foster family members, one his foster grandparent, the other a foster uncle. VOMP staff arranged telephone conference calls with them (one from Scandinavia) in order to enable Ernesto to talk to them. Ernesto hoped, that with these respected patriarchs forgiving, accepting and initiating reconciliation with him, there might be other family members who would receive him, similarly, over time. Ernesto has done some work on his childhood trauma with a number of Psychologists, Psychiatrists and counsellors over the course of his incarceration. As indicated, his experience echoed that of Bret, having had to be removed from the same abusive foster home, and placed elsewhere. He has resigned himself to all of that, quoting one of the professionals who had worked closely with him: <i>"You can raise a very fine rose on a dunghill..."</i> Ernesto is considered healthy enough, in all regards, currently, to be able to live, with supports, in the community.</p>
11	Sebastien	<p>Although very little was known about Sebastien's ACE it was clear that the reason for his offending was an expensive drug habit. Through his meeting with Wilfred, Sebastien acknowledged that he had been badly addicted, had 'burned' many people close to him and had a lot of work to do to heal those relationships, and himself. As part of the amends requested by Wilfred, Sebastien committed to seek and enter into drug treatment as soon as he could find a placement. Due to Wilfred's advocacy, was able to get into drug treatment within a very short time. Whether he managed to overcome his addiction, we do not know, but he has not come to the attention of the Criminal Justice System since.</p>
12	Lorenzo	<p>While in prison Lorenzo sought admission to a sex offender treatment program and appears to have begun to take responsibility for harms caused his victims during that program, which, in part, motivated him</p>

		to admit his culpability in Wendy's case (though he had been acquitted at trial for charges involving her, due to a bizarre technicality). He met with Wendy twice, at her request, once while still in prison and again once he was released and living in the community. His acknowledgement of harms caused her enabled him to find some satisfaction in at least acting honorably in that regard. Whether Lorenzo ever managed to resolve his major issues satisfactorily is unknown. He has, however, managed to live in the community without new charges.
13	Raphael	Like many offenders, Raphael did not want to focus to any great degree on his own woundedness or victimization, out of concern that that might be construed as "playing the victim", and a shifting of responsibility for his offending to another. But, Raphael had long since left behind any denial or minimization of the impacts of his offending. Part of Raphael's pain was spiritual: a deep running awareness of failure as a priest, of broken vows, and broken hearts and minds among his victims, as many of them acted out in self-harm, or in sexual offending in the intergenerational cycle that too often plays out this way, ending up in prison themselves, or taking their own lives, as a number had. Raphael knew that his own healing would require the rest of his life, and turning his heart toward making amends to those he had harmed became one of the 'roads' back; a way to at least try to ameliorate some of the ravages he had left in his wake while he was offending. Raphael is, these days, a deeply humbled man, aging, repentant and slowly healing, trying to find his way back into authentic Christian faith and to put what remain of his own demons to rout, as best he can.
14	Dennis	The healing Dennis sought had, in large part, to do with healing of the relationships he had so badly damaged. Taking full responsibility, telling the truth (for the first time, regarding his alcohol abuse, during the mediation in answer to his six year old son's questions) was a good start. That responsibility taking, confession and apology led to a sufficient degree of reconciliation in a shattered marital relationship, that his wife could, though planning to divorce him, begin to consider a Co-Parenting Agreement. The hoped for healing of relationships with their twins was well underway by the end of their four hour mediation. His visits with his sons (with Cindy supervising), recommenced, giving him hope of salvaging something from the wreckage. To that degree, his hopes and aspirations for those healing goals began to be reality. The rest? We may never know.
15	Henri	Insufficient information (both about childhood trauma—if any—or personal growth), to enable meaningful comment.

16	Felix	<p>As indicated in the previous table, Felix had a history of child sexual abuse and early sexualization. Work on all of that was underway in his prison programs when we approached him about meeting with Ike, enabling Ike to meet with an increasingly enlightened and aware offender, whose healing gains to that point, accrued, as well, toward Ike's. If 'healing' for a sex offender with multiple victims is, in large part, a matter of coming to terms with their deviance and working to defeat it, Felix's experience of how a good deal of that actually took place in the context of their meeting, is instructive:</p> <p><i>From our meeting, I have learned more graphically and pointedly than I could have in any other way, how tangibly a victim feels the pain involved. I could see that pain in your face and feel it in your reactions. The invaluable lesson which you have taught me and for which I thank you has reinforced in me the overriding imperative never to inflict such painful experience on anyone again. Your coming here has given me the emotional impetus I need never to reoffend.</i></p>
17	Harvey	<p>Harvey's psychologist had almost given up on him, frustrated with how facile he was, and apparently thick headed about the harms he had caused his daughter. Harvey, like many, had work to do on a number of fronts: his own healing (coming to terms with the abuse he had suffered through school and which had become normative), and the healing of each of his children, for whom, while incest had become normative for them in their generation as well, it had left a tremendous legacy of pain. Harvey applied himself in treatment programs and, to his credit, stuck it out with that psychologist. He initiated a meeting with his eldest daughter, and the other children followed suit. He learned in those meetings what he had not, earlier: and wept as each of his three children finally managed to impress upon him the devastation he had wrought. Working with that, Harvey got to work on other fronts, including the dawning recognition that childhood sexual abuse had left that same legacy of pain in him, including the punishment of a fairly long sentence which would see him well into his dotage. He made gains that, ultimately impressed even the psychologist who had given him up, taking full responsibility for the harms he had caused his children, and, simultaneously, healing in himself. Harvey healed to the degree that he was supported for early release, and granted parole, which enabled him to devote time to the wife who had stood by him, and the children who had now, at least to some degree, reconciled with him.</p>
18	Rene	<p>For Rene, constructing an autobiographical 'time line' and a rudimentary autobiography, (having been informed that his victim intended to ask him questions about such things), had put him in far</p>

		<p>greater touch with the degree of childhood trauma he had suffered. As that awareness grew, so did his commitment to overcome the trauma and his abuse of drugs and alcohol. Meeting with Karen, coming to terms with and internalizing awareness of the trauma he had cause her, caused him to recognize, <i>“I’ve got to back this ‘bus’ up, and get to work on what caused me to be so bent that I could pour all my pain out on someone else. Never again! I’ve got to get to the bottom of it.”</i> He recognized that the primary and deeper question was not “Why the drugs?”, but “Why the pain?” He came to the realization that he had needed the drugs, not because he enjoyed the effect, but to assuage the pain. That, and Karen (his victim’s) challenge to him to <i>“Get into treatment for all of it, drugs, alcohol, your childhood trauma, all of it; you can’t heal one without the other,”</i> was wiser than she knew. Her challenge, and his promise to her never to harm another woman (or man, for that matter), put him on the road to recovery. His motivation to take his treatment seriously was clear: Karen expected regular updates, sent by him to her through the VOMP office. He committed to her (and to us) to make good, and has.</p>
19	Vince	<p>Vince jokingly referred to himself as <i>“a deeply troubled child.”</i> The constant comedic treatment of almost everything (and he was incredibly funny) was thin, however, and I asked him gently, (while being clear that I got a ‘kick’ out of the comedy), what it might take to have him take anything seriously? With no small amount of insight he said:</p> <p style="padding-left: 40px;"><i>“It’s compensation. I could always make my old man laugh, and that spared me and my brother some serious beatings. I guess I’m one of the biggest guys in here, with a reputation as a ‘street scrapper’ so every young ‘goof’ in here wants to take me on, but I rarely have to fight. I have ‘em all rollin’ in the aisles. You’ll have to help me ‘park it’ when I meet with Walter [his victim] again. I suspect he isn’t coming in to hear my latest ‘stand up’ comedy routine.”</i></p> <p>Indeed, Walter was not coming for that purpose. He was coming to do serious business concerning the fact that Vince had aborted their last meeting after just a few minutes, leaving Walter livid and more intensely focused than ever on getting every penny of the money Vince had robbed from him. Ultimately, the two had four meetings. In each, Vince grew more relaxed, without needing to constantly revert to being the superficial clown. On the contrary. I had never seen him so focused, respectful and serious. As their relationship grew over the duration of their four meetings, Vince began to occasionally spice their conversation with humour, but it seemed appropriate now, (certainly more appropriate than the usual ‘jail-house humour’) and was gently self-deprecating. The fact that Walter clearly enjoyed Vince’s use of</p>

		<p>humour, and affirmed it, was indication of how far their relationship had come. Vince grew, over the years that we worked together, but the joker could still be easily and quickly summoned. He eventually healed sufficiently (and got serious long enough) to impress the parole board with the progress he had made. He was granted early release and committed to himself and others to stay crime free, sober and serious, in the community <i>for at least one year</i>. He exceeded that, and managed 18 months, the ‘troubled child’ and his childhood trauma, in evidence once again.</p>
20	Juan	<p>If Juan were to point to anything in his experience of VOMP participation that might qualify as “healing”, it would likely be, strange as it may sound, facing the brother of one of the two women he had murdered, and finally confessing to her murder; finding within himself some strand of virtue, that enabled him to tell the truth and take responsibility even though to do so would be costly for him (ten more years in prison). He spoke with me soon after going to court to make his ‘Guilty’ plea, and returning to prison with ten additional years added to the time he would have to serve before parole eligibility. Juan had no expectation of ever being forgiven, but having had this murder on his conscience for 12 years, knowing that the family longed for any ‘scrap’ of information that might lead to closure, he knew he must rise to the challenge Alberto had given him: <i>“Just do the right thing; confess, give us some respite from the agony that just goes on. “I’m glad I did it”</i>, Juan reflected. <i>“I feel tremendous relief...one of the only good things I’ve done in my life.”</i> Does that qualify as healing? I probably wouldn’t count it as such, but it as close as Juan can get, just now, and he definitely counts that decision as part of <i>his</i>.</p>
21	Kirk	<p>Kirk had worked hard at his sex offender treatment program in prison, before long, leaving most of his rationalizations far behind. He slipped up, however, in his face-to-face meeting with Anthony, suggesting that he had taken advantage of Anthony because he had been ‘gay’, all along, and had no outlet in their right wing, macho, cowboy community, for his homosexuality; no other way to get his needs met. That was challenged vigorously, to say the least. Thankfully, it happened relatively early in the morning meeting, and much transpired that was considerably more auspicious. However, on the basis of what he had heard, Anthony said, <i>“I’d have flunked you out of your program for that ridiculous rationalization. Maybe the first thing you need to do is cut all of your ties with [your former, macho community], come out as a gay man and find an age appropriate, faithful life partner.”</i> Kirk did exactly that. Whether or not that might represent “healing” in the minds of most, it did for Anthony, and ultimately for Kirk. The fantasies of acting out with younger men / children, dissipated. Two</p>

		<p>years later, at their second meeting, Kirk was able to say, he had been unable to entertain any such fantasy from the time of their first meeting, saying, <i>“I never intended to cause you harm, but hearing what I did from you in our first meeting, caused me to realize that I had, enormously, and I could never take pleasure in anything even approaching that again.”</i> Kirk and his committed life partner began a new life in a new community; one a little more tolerant and inclusive, where they do effective social service work and are leaders in the gay community. Anthony is clear that his encounters with Kirk were deeply healing for him, and he is convinced, he had a part to play in Kirk’s healing, as well.</p>
22	Gaston	<p>Gaston, motivated by what he had experienced as powerful meetings with both Arlene and Victor, both his childhood victims, got to work on understanding the roots of his deviance, and like others in this sample, became aware of the devastation he had caused them, vowing to heal himself, so that there could never be a reoccurrence. Sex Offenders with Gaston’s profile, along with ‘Lifers’ are closely monitored, by their community parole officers, for any sign that they are, once again, slipping, or becoming a risk to public safety. Despite that scrutiny, there has never been a suggestion that Gaston has slipped or wavered from his vow.</p>
23	Colleen	<p>Healed, to a great degree, from multiple childhood traumas, to as great a degree as anyone ever can, from a litany of devastating hurts: the deaths of her two children who died in a house fire while being cared for by her father while she was in prison; the death of her father, who perished in that same fire. Colleen was a warrior, battling breast cancer, surviving it, and addressing all of the things that her prison regimen was demanding of her. She managed to heal and find a measure of peace, after meeting with Lorraine, her victim, powerfully reconciling with her, and ultimately with the members of her home community, who had banished her years before. Colleen now is aging, and is now battling dementia, but she has accomplished a great deal, and become a healer, in turn, in the lives of many of the women she served as a spiritual leader, assisting the Elders in conducting the ceremonies that helped others heal.</p>
24	Colin	<p>Colin’s ‘healing’ needed to begin with a Mental Health diagnosis, with Colin accepting that diagnosis (Schizophrenia), becoming aware of all of the implications of the illness, and ensuring that, once the appropriate medication to manage it was found, that he committed to take it (or another, as prescribed), quite likely for the rest of his life. Once that was accomplished, Colin could begin to work on healing the deep wounds in hearts: his own, and that of his step-mother, for starters. He reached out through our office to Debbie, his ‘mom’, and</p>

		she responded, meeting with him, making clear that “ <i>while I’m not alright with what happened, I’ve accepted it</i> ”, and by the second of a number of meetings, weeping together with Colin while the two embraced, her having forgiven him, and he, beyond anything he had dared hope, accepting of her forgiveness and committing to do all in his power to ensure that he would never create harms for anyone again. Debbie said, “ <i>It [the VOMP process], put me back together. It put Colin back together, too.</i> ” They see each other for supper (at first, always with me present), at Colin’s favourite restaurant in the community, every now and again, each having healed, and assisted the other to heal, in heart and mind, for certain, and both would likely say, and soul, as well.
25	Oscar	Oscar may well have been fighting an acquired brain injury, then multiplied traumas for most of his life. He accomplished much, through his VOMP participation, in terms of his victim’s healing and his own. But, whether he will ultimately heal and manage to resolve the trauma he has suffered and endured over his life time, remains to be seen.

SUMMARY

The findings indicate that 20/28 offenders (cases: 1, 2, 3, 4, 7, 8, 9 a, b & c, 10 a & b, 11, 13, 16, 17, 18, 21, 22, 23, and 24) reported having experienced significant resolution and healing of trauma over the course of their participation in VOMP, and specifically in relation to the healing which they experienced having taken place through the dialogues with their victims. For 4 more of the 28 offenders (cases: 12, 14, 19, and 25) there was at least some evidence (and their own perceptions) that some degree of healing or growth had occurred. For 4 of 28 offenders (cases: 5, 6, 15, and 20) there was insufficient evidence, either observed or reported, to indicate that healing or growth had occurred.

2.2 Attitudinal change and increase in victim empathy

In reviewing the findings and numerous tables here and the effect that VOMP has had on both the victims and offenders (with at least some depiction of the offenders as ‘pretty good guys and gals’, after all) it is conceivable that one might lose track of just how violent and disturbing the crimes committed by these offenders actually were. Of the 25 cases included in this study there were 28 offenders, of which 13/28 were involved in some form of sexual assault (including rape, incest, multiple counts of sexual assault,

and, in some cases with multiple victims); 12/28 were convicted of murder, including one offender convicted of the murder of one victim and the manslaughter of another in the same incident (case 25); two offenders convicted of murdering two victims each (case 20 and 24); three offenders (case 9) convicted of murdering one victim, while fully intending to murder 2 more (who only barely survived, physically scarred for life); and two offenders who each murdered 4 victims (case 8, and 10). In this sample then, twelve offenders were responsible for the violent deaths of eighteen innocent victims, four of them children, four more in their teens. Although all of the crimes were violent and traumatic for those involved the following were particularly heinous:

- Danny (case 1), stalked and sexually assaulted five elderly women, raping two of them.
- Sam (case 2), raped and killed Allison's mother (and there is no certainty as to the order).
- Barry (case 8) – following a week of drug and alcohol fueled 'partying' shot and killed 4 teens, one of them his closest friend.
- Marco, Don and Jerry (case 9) – bludgeoned Jerry's mother to death with a tire iron, severely beat his sister and father and then poured gasoline on them and set them and the house on fire.
- Bret and Ernesto (case 10) – violently axe-murdered four of their foster family members, including the mother, father, and little brother and sister
- Juan (case 11) – a police officer sworn to uphold the law, violently murdered two women with whom he had been in relationship, dismembering them and disposing of their bodies. The remains of one have never been found.
- Colleen (case 23) – fatally stabbed her common law partner 35 times and cut off his penis.
- Colin (case 24) – in a psychotic state murdered his infant step-sister and step-brother and attempted to murder his step-mother, viciously beating her with a hammer, shooting her with a pellet gun, stabbing her with a barbeque rotisserie rod and leaving her for dead.

One might be forgiven for believing this entire cohort was beyond redemption. Many RJ advocates would certainly contend that these offences, and these offenders, were not suitable candidates for any sort of RJ process. But the findings argue otherwise, in both regards.

Table 5.10 indicates the attitudes with which these 28 offenders met VOMP staff when they were referred, or when we first met them to gauge their response to their victims having referred themselves, signaling desire to at least communicate with them from a distance, if not to meet with them as soon as possible.

Table 5.10: Offenders' attitude at intake to VOMP

Case	Offender(s)	Demonstrated attitude pre-VOMP
1	Danny	Danny had moved on from the time of his arrest as an angry young man on a self-described “ <i>suicide run</i> ”, “ <i>completely out of control</i> ”, “ <i>getting a ‘rush’ out of eluding the doughnut boys [police]</i> ”, having committed five sexual assaults on older women. When we met him, he was feeling tremendous guilt, having as he said, “ <i>attacked ‘the wrong person’</i> ”, i.e., one incapable of harming a child (as his perpetrator had him). He wanted to reach out to her, had heard about VOMP from his psychologist / sex offender treatment program provider, and hoped that we might be able to reach out to Emily on his behalf.
2	Sam	When we first met Sam, he was guarded, testing whether we were ‘straight up’, and being completely honest about our reasons for approaching him. He, on the other hand, had not been completely honest with his treatment team about the roots of his pathology or the fantasies of rape and murder he had had since pre-pubescence. He was considered a “Psychopath”, having been assessed at the 96 th percentile on the PCL(R) scale. While he kept a low profile in terms of his behavior in that prison (one wing of which functioned as a psychiatric hospital) he was keeping secrets.
3	Richard	Richard was gracious and cooperative when we met him, engaging positively in his sex offender treatment program. Nevertheless, there appeared to be a certain superficiality in his presentation, (prison staff might call it “Impression Management”). He seemed naïve and while claiming to be taking full responsibility, was not remotely aware of how his offending had really impacted his daughters, nor the degree to which they were now dangerously ‘acting out’.
4	Arthur	Arthur had moved from his earlier denial of responsibility, and ‘playing the victim’, by the time we met him, to a more authentic place of responsibility taking. Like virtually all of the offenders in this sample, however, he had a lot to learn from his victims about the harms he had caused them. He initially seemed fixated on saving his marriage and his family. Within the first few meetings with him, though, he accepted our counsel, suggesting that he would do well to make the needs of his victim daughters his first priority, and “ <i>let the rest of the ‘chips’, fall where they may.</i> ”
5	Pablo	When we first met Pablo, he had been granted parole, and was living in the community, but was very concerned to discover that his victim step-daughter had rented an apartment in the same block where his wife lived and to which he had planned to return. Anxiety about his victim’s intents, and the possibility of having his parole revoked if

		she attempted to contact him or resume their sexual relationship (and that was her admitted intent), had Pablo “ <i>absolutely freaked out</i> ” (his term). He wanted to engage with her to “ <i>renegotiate</i> ” the terms of any future contact / relationship but faced being sent back to prison for violation of his “No Contact” order if he made any effort to communicate with her. To say that Pablo was “somewhat panicked, but ready to cooperate with anything we had to suggest”, would not be to overstate the case.
6	Tomas	Thomas, when we first met with him, was guarded, disclosing nothing voluntarily. His concern seemed to be to know what his step-daughter was saying about him, perhaps within the church community he had led, as pastor, and perhaps suspecting that we were there to gather information in order to prosecute him on additional charges. While he gave us no sense that he was motivated to meet with Rebekah to right wrongs or validate her truth, he did agree to meet her on her terms as we had outlined them: to read the letter she had prepared, without interruption, and respond, if he chose to, only when she had had opportunity to fully say her ‘piece.’
7	Kyle	When we first met Kyle, he seemed a ‘broken’ man; guilty, fearful of reprisal from other inmates as someone who had harmed a child severely, resulting in that child’s death. “ <i>That makes me the lowest of the low in the ‘con-code’</i> ”, he explained, “ <i>other prisoners increase their status in here by stabbing up people like me.</i> ” He was extremely cooperative and hopeful that we could reach out to Mindy and at least open a line of communication between them, which had been forbidden following his conviction by his ‘No Contact’ Order.
8	Barry	Barry had a high degree of empathy from the time he sobered up (within hours of the shootings) and the magnitude of what he had done dawned upon him. That degree of empathy was present when we first met him, just in imagining what each of the victims’ families were going through, and particularly Valerie’s, given how close they had been as a family and how betrayed they must feel, given how generous they had been to him through the years. Trying to picture all of that had Barry ‘torn up’; but to picture it was one thing; given that we were meeting him with Valerie’s referral in hand, it was clear to him that the reality, the whole of it, was yet to come.
9	Marco Don Jerry	All three offenders were willing (though’ Jerry less eager, initially) to engage in exploration of what their participation might mean, both for them, and for Josephine. At this early stage, it was still unclear whether her father would also participate, and that was an even more anxiety producing prospect. All three were clear they would need to maintain a ‘low profile’, be on best behavior and keep their heads down, given the likelihood of reprisal by other offenders, having

		harmed a woman in the way they had. They were certainly anxious to get started, in every sense of that word.
10	Bret Ernesto	Bret, early on in his sentence was deemed a psychopath, and incapable of empathy. He was anti-authority and, while a 'loner', lived the con-code, hating everything to do with 'The Man', especially uniformed guards. In a follow-up meeting shortly after their face-to-face meeting, Bret reported that he had long held a stereotypic view of victims as shrill, strident, raging adversaries, and was anticipating that that is how Teddy would present when they met, accepting that <i>"if he needs to come in here and lacerate me, well, let him come. I can take it. I've had worse"</i> .
11	Sebastien	Empathy was a motivator, Sebastien says, for why, being acquainted with me and with VOMP outcomes for other prisoners, he pulled me aside one day walking through the prison where he was 'doing time' for the offence to say, <i>"Can you find my victim, and see if he will meet with me?" "I feel terrible for what I did to him and his family."</i> Wilfred, the victim of Sebastien's B & E, and robbery of him, agreed, hoping to get Sebastien to take his need for drug treatment seriously.
12	Lorenzo	The moment Lorenzo heard that his victim had been referred to VOMP, and we had contacted the institution to make an appointment to see him about it, he went to one of his friends, another member of his sex offender treatment cohort, to see if he had ever heard of this thing called VOMP. He had, in fact he had participated with the victim of his offences (the ones for which he was then serving time) and strongly encouraged Lorenzo to 'go for it'. Nevertheless, Lorenzo was incredibly guarded when we first met him. He had been acquitted on the charges involving Wendy, the victim who had just referred herself, and suspected that there might be a plot afoot, to get around the 'double jeopardy' laws, (which make it impossible to be retried on an offence for which one has been acquitted), by getting him to confess to anything that might be considered to be another offence, for which he had not been charged and acquitted. We managed to assure him that our hopes (and the victim's) were that healing, rather than more punishment, would ensue. He signed on but managed to maintain denial about having committed some of the offenses the victim had alleged, including administering drugs to her, involving other men, and weapons offenses.
13	Raphael	Raphael, from the first, was cooperative. He was on parole when Isaac was referred to us by his psychologist. He remembered abusing <i>"a boy by that name"</i> , but said, <i>"I abused a lot of boys through those years...I'll meet with anyone who surfaces. I'll do anything I can to help them heal, including pleading guilty to new charges and returning to prison, if that's what they need."</i>

14	Dennis	At the time of the crime, empathy was the furthest thing from Dennis' mind. He intended to ensure that his wayward wife, clearly involved with another man, even though she might leave, would never leave WITH their boys, never be able to take their twins from him, and to another country with the new man. He was still rationalizing those actions, to some degree when we first met him. <i>"My boys, are everything to me."</i>
15	Henri	Henri was willing to meet with us to explore what his participation might mean, and having (as he said) <i>"scoped you out with other inmates"</i> , was willing to meet with his victims, now aware that they had referred themselves to VOMP. However, (while this term had yet to be coined) at least to some degree he still presented as an offender well acquainted with it: "DARVO: to Deny, Attack, and Reverse Victim and Offender. In engaging with him at first, we had to remind ourselves of one of our 'mantras': This [process] is not about you, it's about the participants and their needs. Judgement has been passed: yours may be required along the way, but this moment is not the time or place.
16	Felix	Felix had never been charged for offences against Ike, yet he had sufficient empathy for him, that when he was informed that Ike had met with us, wanted to participate in VOMP and hoped that he, Felix would agree, he immediately responded "Yes, of course, whatever he needs."
17	Harvey	Harvey was cooperative with VOMP staff from the beginning. He had been challenged by his sex offender group facilitator (also his one-on-one psychologist), <i>"to invite your victims in here to get through your thick skull what I, apparently, cannot"</i> . Harvey, when we met with him, felt that he was fairly aware of how his victim progeny were faring, and assumed that they, as he had had to do, would learn to cope with what had not been <i>"an absolutely ideal upbringing."</i> He had no idea. Reality was waiting at the gate.
18	Rene	Rene had progressed a long way during his imprisonment, was on parole in a Northern City when we first met him, and more than willing to participate in VOMP. <i>"I really hurt her"</i> , he admitted, <i>"I have a lot to atone for, I hope that she will go through with it [ultimately meet with me]."</i>
19	Vince	When we first met Vince, it was in hopes of salvaging an earlier attempt at mediation that had gone badly wrong, facilitated by a dear chaplain who had been tasked by the Warden with bringing the two together, given [political] "pressure from 'on high'". Vince was feeling somewhat embarrassed about how he had conducted himself in that meeting, and embarrassed at having left the Chaplain, for whom he cared and had respect, 'holding the bag'. Vince wasn't

		exactly eager to meet with Walter again, <i>“the last one was a ‘shit show, man”</i> , but agreed he needed to <i>“‘cowboy up’ and take it on the chin”</i> . <i>“You probably know, eh, that to hit on a ‘crip’ [pejorative, cripple, ‘joint-speak’] doesn’t exactly make a guy a hero, in here.”</i> <i>“Tell him I’ll meet with him, and consider trying to get him his cash.”</i>
20	Juan	When we met Juan, he presented as he had been portrayed: <i>“cool, confident, rational, somewhat arrogant, no emotion. One of the ‘I did the crime, I’ll do the time’, crowd.”</i> He agreed to meet with Charlie, saying, <i>“Yah, he’s probably a pretty fucked up kid... I’ll do what I can for him. Tell him to come on in.”</i> Six years later, we met with Juan again, to inform him that one of the survivors of homicide in another murder case, believed he was responsible for that murder too, and wanted to meet with him about it. <i>“Well, I know who this will be”</i> , he said, <i>“but they know there wasn’t enough evidence to charge, let alone convict me, of that murder. I’m not their guy, but if they want me to tell them that, one more time, I can do that.”</i>
21	Kirk	When we first met Kirk, he was at pains to impress upon us what he had learned in his prison sex offender treatment program. While he was clear about wanting to take responsibility, and having learned a good deal about the harms he had caused in a Victim Empathy treatment module, his speech was peppered with rote learning and phrases from the treatment program. It occurred to me very early on that he would likely be challenged by Anthony if / when they met, to drop the <i>“Psycho-babble”</i> , (which is exactly what happened). All the same, given Kirk’s responsibility taking, no matter how awkwardly expressed, it was clear that his willingness to be held to account by Anthony for what he had done, would go a long way toward meeting the felt needs Anthony had expressed.
22	Gaston	Gaston presented as somewhat ineffectual, aware, as he shared with us, that <i>“I wear my shame like a cloak.”</i> He responded well to the notion that one of his (many) victims had made contact with us, and was <i>“actually glad, for an opportunity to meet with her.”</i> <i>“I hope I can give her what she is seeking.”</i> Months later, we approached Gaston again, sharing with him that another of his child victims – now a man –had asked to be referred. He happened to be in the prison next door, doing time for sexual assault. Gaston was somewhat stricken at this news, instantly named him, and said, <i>“Yes of course. I’m probably responsible for the fact that he is now in prison, too.”</i>
23	Colleen	From the first, Colleen was taking responsibility. By the time we met, she had been in prison for many years, had worked with a number of respected Spiritual Elders, and had become an assistant to one of

		them, working with women in the evening programs and, as “a Traditional Woman” familiar with songs and ceremonies, helping to lead in those ceremonial observances. She had long desired to reach out to her victim and her family, but had had no mechanism for that, and, a No Contact Order prohibiting contact, even if there had been a way to make it. She was eager to get started, though very apprehensive about how it all might turn out.
24	Colin	When we first met Colin, he presented as (and admitted to being) ‘zoned out’ on a new anti-psychotic medication. “ <i>Maybe they overprescribe in here</i> ”, he said, “ <i>still, better a bunch of zombies than unpredictable psychotics.</i> ” Despite the drug haze, Colin clearly communicated his hopes and intents: “ <i>I’ve been telling my social worker and treatment team members that I feel a need to reach out to my mom, well, to Debbie, my Step-mom, to at least try to make an apology for what I did. They say that is what you guys do, and if I make any such attempt, I should work through you. I don’t want to screw it up.</i> ” We assured him that, yes, this is exactly what we do in appropriate circumstances; we’ll look into it and see how she responds.
25	Oscar	Oscar, aware of VOMP through another prisoner’s recommendation, wrote us a letter, asking us to come and interview him “ <i>for the program.</i> ” When we first met him, Oscar tabled Claudette’s ‘angry letter’, claiming that he had read and ruminated on its content so often, that he felt something had to be done to at least reach out in hopes of some form of communication with her. He owned his responsibility for having created the circumstances that had this young woman, Claudette, so enraged, and communicated his willingness to be held to account by the surviving family members for the losses he had caused them.

SUMMARY

Table 5.10 shows considerable variation among the offenders in the sample as to their sense of victim empathy and their (related) ability to accept responsibility for the impact their crimes had had on their victims. Although a number (n=20) had made significant progress in prison treatment programs, for others (n=8) there was entrenched denial, at worst, and rationalization and minimizing at best.

Although as Table 5.10 indicates, over half of the offenders had made progress prior to their involvement in VOMP, nevertheless, the vast majority (26/28) spoke of being deeply impacted by their face-to-face meeting with their victim (s). Table 5.11

demonstrates change in offenders' attitudes for the data set (25 cases, 28 offenders). I introduce this section using just a few of the comments made by offenders following their encounters with the 'Other', their victim(s).

Danny (case 1) describes the impact nine years after his face-to-face meeting with Emily:

What happened during the interview [the face-to-face VOMP dialogue] was phenomenal because ummm, within a five minute period, umm there was probably more healing for both of us than there was for any number of years of programming that I could have gone through, uhh, doing [role play] scenarios and all this other, (chuckles) you know, stuff that they do: Rational Emotive Therapy and ahh you know this psychoanalytical therapy and behaviour, you know, cognitive re-structuring. . . . blah, right? Ahh, just having her say to me, you know, (pause) " I forgive you" umm, (pause), to this day it, umm, hmh, (pause, continues quite emotionally:) is very powerful (pause). . .

Bret (case 10): the young man most had completely 'written off', the young man in whom no one working with him had yet witnessed remorse or any depth of victim empathy, who had, early on, been described a psychopath, credited his meetings with Teddy, with having opened a window for him into the possibility of feeling, understanding and expressing empathy, in fact: ". . . *with pulling me back from the brink; tugging me back toward humanness. . . .*"

Felix (case 16), in a letter he wrote to his victim:

From our meeting, I have learned more graphically and pointedly than I could have in any other way, how tangibly a victim feels the pain involved. I could see that pain in your face and feel it in your reactions. The invaluable lesson which you have taught me and for which I thank you has reinforced in me the overriding imperative never to inflict such painful experience on anyone again. Your coming here has given me the emotional impetus I need never to reoffend (letter on file).

Table 5.11: Change in attitude and growth in victim empathy following VOMP

Case	Offender(s)	Attitudinal change, and increase in victim empathy
1	Danny	Danny's 'turn around' was seen and reported by Prison staff to be remarkable, his growth in victim empathy being manifested in many ways. Concerned that his use of the word would be misunderstood, Danny used it anyway, saying, <i>"There is a bond, now, a covenant, to do no further harm to anyone, ever... Unconditional love has changed my life"</i> .
2	Sam	Positive growth; victim empathy led to a change in attitude, truthfulness and new degree of cooperation with psychologists, treatment team members and meaningful amends to Allison.
3	Richard	Prior prison treatment groups had enabled change in Richard's thinking from "incest is normative", and minimization of harms caused his daughters to "incest is taboo and deeply destructive to the victims". He met them with that attitude and high degree of empathy, taking full responsibility. He was deeply saddened by the inescapability of his deportation, but motivated, now, through his meetings to continue to make amends, to demonstrate his care for them by sending the greatest proportion possible of his salary back home to enable Maria to continue to live in the family home, along with her girls, as long as she chose to do that, and the girls were in school and resident with her.
4	Arthur	Moved from denying responsibility at first, to recognizing that he owed his family, and especially his victim daughters, the whole truth. From denial to full responsibility, demonstration of regret & remorse, and apology meaningful to his victim(s).
5	Pablo	Pled guilty to sexual offense charges, but suggested that his older teen step-daughter had been, and still was in love with him, and that their sexual relationship had been entirely consensual, to understanding that within the parental relationship (not diminished by the 'step' part of that equation), the possibility of consensus simply did not, does not, can never exist. Took full responsibility, apologized and through VOMP aegis, set new boundaries for the relationship.
6	Tomas	Very little (apparent) growth in empathy; only demonstration was to allow a video in which he accepted his conviction and validated Rebekah as a truth teller to be shown to members of the church who had sided with him but disbelieved, shunned and shamed her. A good illustration of the DARVO phenomenon (Deny, Attack and Reverse Victim and Offender).

7	Kyle	Kyle certainly ‘grew up’ over the duration of his Imprisonment, with VOMP and with Mindy, his maturity being evidenced in many ways, but certainly in the way he took responsibility, apologized, listening first, then acknowledging the harm he had caused, letting Mindy lead in their interactions, and despite his naiveté about male / female relationships, sensitively addressing her needs.
8	Barry	Despite a depth of empathy evidenced early, along with full responsibility taking, Barry spoke eloquently of how his empathy had grown through his meetings with Valerie. He provided information far beyond what was legally required of him and promised to make the only amends he could in the circumstance: to honour Valerie’s plea: <i>“No more victims... no harm to anyone at your hands, ever.”</i>
9	Marco Don Jerry	All three offenders grew in empathy, (although) Jerry brought up ‘the rear’ in that regard at the beginning. Josephine’s compassion, grace and ability to offer each of them forgiveness for what they had done was as one said, <i>“beyond comprehension, but an incredible gift.”</i> Josephine had hoped her gift would pay dividends in changed lives, had made that clear to each of the offenders, and all three responded by promising never to diminish that gift, take it for granted, or strip it of meaning through reoffending. In Josephine’s view, considerable growth in empathy for / toward her was evidenced by all three offenders.
10	Bret Ernesto	Bret proved to be neither a psychopath (as earlier labelled), nor incapable of empathy. He reported having been <i>“pretty deeply impacted by our meeting, by Teddy’s concern for me and his expression of compassion towards me.”</i> His imagined (and negative) view of his victims had been replaced through the very real experience of having met with Teddy, a compassionate – and vastly different – human being from the stereotyped victim he had anticipated encountering. Ultimately, Brett reported having a much deeper and real sense of empathy for all of the family survivors in the case as a result of his having met with Teddy. Bret accepts that, for Teddy, his (i.e., Bret’s) participation was needed, meaningful and productive of a number of healing gains. In a number of the follow-up meetings with Bret over the 17 years since their encounter, Bret has commented on how important those meetings were for him, as well.
11	Sebastien	The grace and compassion Sebastien experienced in his meeting with Wilfred, he says, <i>“Blew my mind and expanded my heart. I can’t believe I hurt a man that lovely, and his wife and kids, too.”</i> Sebastien abstained in a prison environment where drugs are easily obtained, joined the AA group there, and before he was released, had secured a place in a well-respected drug treatment program, with Wilfred’s help.

12	Lorenzo	From the not-guilty plea, and his initial expressions of denial, attacking the victim, suggesting that she was deranged, then suggesting she had been consenting and “ <i>a lot of fun</i> ” as a sexual partner, he at least came this far: “ <i>I know that when this began you were just a little girl, and I shouldn’t have been messing with you.</i> ” He <i>did</i> , quite visibly, demonstrate sufficient sorrowful affect and shame, especially in his second meeting with the victim, that she was satisfied: he finally understood what his deviance had cost her.
13	Raphael	Raphael had rationalized his offending against a number of boys, and especially Isaac, on the basis of the fact that he truly loved them, and desired their best good. All of that changed, over time, in no small part because the repeated convictions for offences against those boys, made quite clear that, whatever he had believed, no one else was buying it. His empathy increased through the duration of his work with VOMP and -- though he had never been charged for offences against him -- his eventual meeting with Isaac, as the priest now humbly accepted ministry: absolution, grace and forgiveness, and the ‘breaking of bread’ from his former altar boy.
14	Dennis	Dennis’ awareness of how deeply he had wounded his boys, emotionally and psychologically, through their witnessing of their mother’s shooting and very near death, moved him to a new place in terms of empathy toward her and responsibility for what he had done. Having lied about this earlier, he told the truth for the first time in answer to his son’s question during the face-to-face meeting: “ <i>Daddy, you taught us that telling the truth is always important: had you been drinking before you came home and shot mommy</i> ”? “ <i>Yes, son, I had.</i> ” He apologized for having been untruthful, for having so badly harmed Cindy, and for having terrified and so badly hurt the boys. He was aware that there was no possibility of marital reconciliation, but through the process of doing his part to salvage what could be salvaged from the wreckage he had wrought, grew in empathy toward Cindy, and <i>greatly</i> , toward the boys.
15	Henri	If I were to give my own sense of whether Henri really grew in empathy, through his incarceration, his treatment, or through the VOMP dialogues with his victims, I would have to say, “Not enough evidence to establish that; the jury is still out”. His victims, definitely, registered agreement.
16	Felix	Though the Prosecutor had never proceeded on the allegations Ike had made (despite acknowledging that they met ‘charge approval thresholds’), Felix, nevertheless, took responsibility for having sexually abused him many years earlier, made what was a meaningful apology to the younger man, and paid financial restitution for Ike’s documented losses and a course of counseling to come. His letter to Ike

		following their meeting evidences the growth in empathy he experienced. In that letter Felix says, in part: <i>“From our meeting, I have learned more graphically and pointedly than I could have in any other way, how tangibly a victim feels the pain involved. I could see that pain in your face and feel it in your reactions.”</i>
17	Harvey	Over the course of our work with him, Harvey moved from a place of minimizing the harm he had done through incestuous relationships with his children, (I was never violent, etc.), to weeping following a full day of meeting with his older daughter when he understood the full impact of his offending in her life. He later met with this daughter again, and following that, with the younger daughter, who had been encouraged to participate by the older sister’s report of Dad as having “wept with remorse” in their first meeting. The son, within days of the younger daughter’s meeting, met with Harvey as well, and, again, in his ability to hear, stay with, and respond to his son’s initial expression of anger and disgust, Harvey’s growth in empathy and responsibility taking was in evidence.
18	Rene	Rene had come a long way from the night he picked up a young hitchhiker, took her to his camp site, unlawfully confining her, threatening her with a weapon and violently raping her repeatedly through the night, to the day when he (trembling with emotion, entered the Board Room in the Prison where she was already seated, and waiting) to take responsibility and offer a meaningful apology. Earlier in the process, he had written a letter of apology to her, on the basis of which she had determined it might provide some release for her to meet with him and hear these things in person. The empathy Rene had gained, he claimed, following release, had generalized to others, and particularly to other women. <i>“I could never harm anyone like that again”,</i> he said, <i>“never coerce someone to be sexually involved with me. It pains me to even think about it; I can’t.”</i>
19	Vince	From the time he angrily rose to his feet, turned toward the door and aborted the ‘mediation’ (in a process attempted by CSC staff) as he departed telling the victim who had just bitterly excoriated him, to <i>“Pound sand, Buddy. I came down here in good faith. But I don’t need this shit...You’re not getting a dime out of me”,</i> to the time we brought him together with Walter for the fourth time, Vince had turned all that around, completely, each time meeting with Walter respectfully and in ways they both reported were meaningful and healing for them. In their second meeting, Rene had learned that Walter was a double amputee, hardly a match for him, on two prosthetic legs. <i>“I was a thug, Walter... that is all there is to it.”</i> <i>“A useless, drunken, thug, strong arming people and shaking them down.”</i> <i>“I am so sorry, I can’t believe I caused you all that pain and...everything I’ve put you through. I’m</i>

		<i>really sorry.</i> ” Vince returned to the “good faith” attitude which he had claimed had brought him to their first—and aborted—meeting: over time (and on his \$6 / per day ‘inmate pay’), Vince completed his restitution, paying out the amount he had stolen from a barely conscious Walter in that violent theft.
20	Juan	Juan prided himself in being a cold, cool, rational being; a martial arts expert with a high degree of discipline and control as a dojo master. Empathy wasn’t really Juan’s ‘thing’. However, he did manage to empathize with Charlie, in the loss of his mother to a murder Juan had committed, and a few months later, to empathize with Alberto’s need for closure to the unresolved murder of his sister – “a cold case file” – for which no one had ever been held to account, by confessing, <i>“I am the man. As you suspected, I am responsible for taking your sister’s life.”</i> He was returned to court to finally face charges for that murder, as well, and returned to prison with ten years added to his existing ‘life’ sentence. Saying, <i>“I’m glad I did it. It weighed heavily on my conscience for years, and the meeting with Alberto was the tipping point.”</i>
21	Kirk	Kirk grew in empathy, in large part, through participation in a prison sex offender treatment program. He had heard Anthony’s Victim Impact Statement read in court, but in the context of that adversarial process, had managed to minimize his role in harming Anthony. For months following his arrest, Kirk had continued to hold himself out as sacrificial savior of the ranch and of the family, and a mentor to Antony. In fact, two years later in the prison treatment program the expression of his new level of empathy and responsibility taking, caused the program facilitator to call our office to refer him. A few months later, he was face to face with Anthony, listening as he had not in court, acknowledging what he heard, taking responsibility and making an apology with such a depth of feeling, vulnerability and empathy, that Anthony accepted his apology, and in the last minutes of the five hour meeting, forgave Kirk.
22	Gaston	Gaston had grown, initially through taking a Victim Empathy program in prison, but claimed that it had not prepared him for what he came to feel through the VOMP process. In fact, Gaston was so moved by his meeting with Arlene, and the healing that transpired on that day, that he took responsibility for another historic sexual assaults committed against a little boy (who was now a man) incarcerated in the higher security prison next door, for, of course, sexual assault. The empathy Gaston had leaned, he claimed was now a powerful motivator for taking responsibility and helping young Alex to heal, as well.

23	Colleen	Colleen, for many years in prison, had longed to apologize to Lorraine, and did not lack empathy. Nevertheless, she remarked that the empathy she had felt was multiplied as she wrote letters of apology, prepared with us, and with her Elder, for the time when she would meet with Lorraine. Empathy grew, too, she made clear, through the hours of her meeting with Lorraine, as what the community members and Elders described as a “Deeply healing circle,” did its work. The whole ceremonial process is described in the expansive case Study.
24	Colin	Colin was desperately mentally ill when he murdered his step sister and brother, and nearly murdered his step mother. But as he emerged from his schizophrenia, and his psychiatrists found effective medications to manage his condition, he was devastated to discover and come to terms with what he had done. His treatment team members were familiar with VOMP, referred him, suggesting that he was now sufficiently healthy, balanced and empathic that it would likely be beneficial for his step-mother to meet with him to witness all of that, and to hear the apology he had been preparing for months. He met with her twice over the next few months, then twice more near the time for his parole appearance. If em pathos literally means to enter into the feelings of another, Colin lived out that definition, to a greater degree with each of their meetings.
25	Oscar	In response to the excoriatingly angry letter given to him as he entered into the VOMP process, Oscar wrote a poem to Claudette, the woman whose mother and little sister had died in the house fire he had – accidentally – set. <i>“I’ve tried to stand in your footsteps, and look through your frightened eyes, I’ve tried, but I haven’t come near to it yet, and I couldn’t in a million tries...”</i> . Ending with, <i>“I’m sorry, Claudette, for the pain in your heart, and if I could I would take it away.”</i> With each of their meetings, greater understanding, responsibility taking as well as growth and demonstration of empathy took place. Ultimately Claudette had moved out of her place of hurt and anger, and in response to the empathy and responsibility she had seen, forgave Oscar.

SUMMARY

Table 5.11 illustrates the degree to which offenders’ victim empathy saw significant increase following their face-to-face meeting with their victim(s). The two cases where attitudinal change and increase in victim empathy were not observed were both cases of incest; case 6, where Tomas (while accepting his conviction) still appeared to be attempting to protect himself and his reputation in the church community, minimizing the harms he had caused his two step-daughters and denying responsibility for sexually

abusing them; and case 15, in which Henri was still not able to accept full responsibility for the harms he had caused either his daughter (in his long-term sexual abuse of her) or his wife in the assault causing bodily harm that had sent her to the hospital. All of the others, 26/28, reported and demonstrated increase in victim empathy. In a number of cases (reflected in the earlier reports of victims' accounts of these same meetings) offenders' empathy was observed and commented on by their victims as a deeply meaningful aspect of those meetings. Offender accounts of what transpired in those meetings, and the empathy they felt for their victims (if not coming into the meetings, then certainly by the end of them) they reported, had caused them to make commitments *to eschew violence* whether their victims had requested this of them or not - stated as promises in phrases such as these: "I promise to never harm another in the way I did you", "I give you my word: there will be no more victims, ever!" While vastly different in scale and scope, these promises have at least some kinship with one of the categories of reparations for victims of human rights violations and international crimes as articulated in a UN resolution, the requirement that the former perpetrators of violence in transitional societies make a "Guarantee of non-repetition", GNR⁷⁰, a promise never again to inflict harm upon another. (But please see footnote 72 for rationale used here).

⁷⁰ GNR = *Guarantees of non-repetition (sometimes seen as "Guarantees of non-recurrence")*. This term appears in a resolution adopted by the UN General Assembly on 16 December 2005. According to KU Leuven Prof. Stephan Parmentier, an active researcher in transitional societies, that document "spells it [i.e., GNR] out as a fifth category of reparations for victims of serious human rights violations and international crimes", adding his opinion that it could "*make sense to link it to individual RJ issues as well*" (personal correspondence, May 8, 2018). While the concept is very much the same: a promise to eschew violence and never to repeat the perpetration of violent harms, neither Prof. Parmentier or myself would, for a moment, suggest that the scope of harms suffered by victims in this study is even remotely that of nations who have seen the murders of millions in genocide or violent internecine conflicts. Both of us are far too intimately and directly acquainted with situations of that sort to make such an equation. Also, such guarantees might be sought and offered, ideally, but the guarantee would remain just that: an ideal. One perpetrator (or an entire cohort of them) in making reparations commitments as part of the peacebuilding work in transitional societies, could not credibly make an iron-clad guarantee on the part of all others for all time that there would *never* be a recurrence or an incident of repeated violence.

For the purposes of this study, then, another acronym might serve and actually be more fitting. The plea of a number of victims to their offenders in this study was for *an amend more important to them than any other* that could be made: "No More Victims" (NMV). That acronym will serve, here, at least in the findings tables, as a short hand means of indicating where promises were made by offenders to their victims to create no similar future harms for others: to *desist* completely from the use of violence. A good example of how this sort of "Guarantee" or promise of 'no more victims' might be elicited is found in CS 8, toward the end of their face-to-face meeting, when Valerie assured Barry, the offender in the murder of her brother, that the most important amend he could ever make to her and to her family was this: "...hurt no one else, ever." The verbatim was this: "Please, promise me this: that there will be no more victims, ever, that you will hurt no one else, ever, and that from here on you will make a contribution to society and in the lives of others." Barry responded with considerable emotion, committing to make the amend Valerie sought, as close as one might come to a guarantee, but certainly his own

2.3 Desistance

It has always been the hope for VOMP that the impacts of offenders' participation would result, among other measures, in increased victim empathy which, in turn, would issue in changed behaviours (perhaps even while they were still incarcerated) and in reduced recidivism upon release. While cause-effect relationships, especially in recidivism studies, are difficult to establish or to control for in research (Porporino, 2014) research conducted by the Correctional Service of Canada (CSC) 1992 through 2003, with the same offenders as in the research sample⁷¹ and, conveniently, over the same duration as the study period for this sample managed to control for 'like offence types' - 'like offenders' - 'like needs' - 'like risks'. The CSC study revealed substantial reduction in re-offending for the offenders who had participated in meetings with their victims facilitated by VOMP, despite the fact that the offenders in the VOMP sample had begun with lower reintegration potential scores than the members of the control group.

Table 5.12 indicates the degree to which offender participants in this sample have desisted, upon release, some having been successfully in the community for as many as 25 years, and the majority for more than 10 years.

solemn promise, "There will be no more victims; I promise you, Valarie, no one else will ever suffer violence at my hands." NMV, a commitment Barry, as one of the long-term desisters, has kept ever since.

⁷¹ The total sample numbers differ slightly. This is owing to the fact that the offenders (as we've noted) who took responsibility for crimes for which they had never been charged or convicted would be captured in *our* statistics, as a completed victim-offender mediation, but not, necessarily in CSC's. It could also, perhaps, be that owing to CSC's data capture being considerably more remote and dealing with ca 15, 000 offenders nationally, their researchers faced a more daunting data management task than we did, with far fewer numbers.

Table 5.12:Desistance

Case	Offender(s)	Desistance (and amends commitments made / kept)
1	Danny	<p>NMV. “No More Victims.” Danny describes his commitment to create no future victims this way:</p> <p><i>“I gave her my word, (and anyone who knows me, in or out of prison, will tell you that my word is my bond) that I would never harm her, or anyone again; that I would never use violence toward anyone, ever again”No one, absolutely no one: not the judge, not the cops, not the prison system, no one, has more power than my victim to suggest I change my ways or to require things of me...and yet what motivates me is not some additional kind of coercion, but the gift of her grace and forgiveness. I can never repay her for that, never. But I’m going to work at it.... Unconditional love has changed my life</i> (Interview Jan 03, 2007).</p> <p>The meeting Danny describes here was his first with Emily in 1993. A second occurred in 1996.</p> <p>Danny was charged with committing another offence while on parole: growing marijuana⁷² which he claimed was a “survival move”, given that his bank accounts had been frozen due to a divorce proceeding initiated by his ex-wife, and which would take months to resolve. Danny’s parole was, therefore, revoked. He was re-incarcerated for a further seven months, then released again at his statutory release date.⁷³ Apart from that charge, there have been no others, of any kind. Danny has been successfully in the community, now, for over twenty years.</p>
2	Sam	NMV. “No More Victims.” Desisting. Sam has been successfully in the community for well over 15 years
3	Richard	NMV. There are no known re-offences. However, it must be stated that, while the terms of Richard’s deportation included an order to disclose his Canadian criminal history and offences upon his arrival, <i>reciprocal reporting</i> is not a certainty, and he may not be as closely monitored in the country of his citizenship as he might have been had he remained in Canada.
4	Arthur	NMV. Desisting. Arthur has been successfully in the community for almost 20 years

⁷² Danny claimed that growing marijuana was a survival tactic occasioned by the freezing of his contracting business bank accounts over a number of months. While he had thousands of dollars’ worth of legitimate business checks from the sub-trade contracts he had completed, he could not deposit or cash them while those accounts remained frozen as part of legal (civil divorce) proceedings. His survival tactic, however, cost him many additional months in prison, following his parole revocation. “Next time I choose a survival tactic”, he quipped, “it will be busking on the streets, but that isn’t likely to feed me; I can’t sing.”

⁷³ In Canada, offenders can be released at their statutory release date (calculated as 2/3 of the total time to which they have been sentenced), barring a formal decision to ‘gate’ them, i.e., hold them for the entire term of their sentence until their Warrant Expiry Date (WED).

5	Pablo	Reoffended. Parole revoked. 480 days from release to rearrest on new sexual molestation charges.
6	Tomas	Desisting. No new charges following release. Has been in the community for over 15 years.
7	Kyle	Desisting. No new charges following release. Has been in the community for over 15 years.
8	Barry	Barry reported continuing to feel terribly guilty, but that the degree of forgiveness and release offered him by Valerie had gone a long way toward enabling him to move forward and to attempt to make the amends she had asked him to make: "...hurt no one else, ever, and make a contribution to society and in the lives of others." NMV. Desisting. No new charges following release. Has been in the community for over 15 years.
9	Marco Felix Jerry	NMV No new charges following release. Has been in the community for almost 8 years. NMV No new charges, following release. Has been in the community for almost 8 years. NMV No new charges following release. Has been in the community for almost 10 years.
10	Bret Ernesto	NMV. Given his 'Life 25' sentence (25 years' imprisonment, before eligibility for parole), and, given the heinousness of his crime, was likely to be granted parole close to his eligibility date. Bret is still incarcerated, though in a minimum security prison, doing well, and anticipating release at his next parole hearing. NMV. As with Bret, served a long sentence, but has been successfully in the community now for almost five years.
11	Sebastien	NMV. No new charges following release. Has been in the community for over 15 years.
12	Lorenzo	No new charges following release. Has been in the community for over 15 years.
13	Raphael	NMV. Reincarcerated, after a number of successful years in the community, but not on new offences. He continues to be returned to court, plead guilty on another historic charge dating from the 1980s and 1990s, and thus be returned to prison for another term. In terms of any future harms, Raphael is committed to desisting.
14	Dennis	NMV. No new charges following release. Has been in the community for over 10 years.
15	Henri	No new charges following release. Has been in the community for over 15 years.
16	Felix	NMV. No new charges following release. Has been in the community for over 15 years.
17	Harvey	No new charges following release. Has been in the community for over 15 years.

18	Rene	NMV. No new charges following release. Has been in the community for over 15 years.
19	Vince	Vince had promised himself and others that, once released, he'd stay out of prison for "at least a year." Given his history, his impulsiveness, and the length of his record, he simply could not bring himself to believe that he could 'desist' for longer. He wasn't far wrong. Within approximately 18 months he was back 'inside' for a car-jacking.
20	Juan	NMV. Still incarcerated, given that he is serving "consecutive sentences" for murder x2, the second charge having come following VOMP participation and confessing to a murder he had committed but for which he had not been charged.
21	Kirk	NMV. No new charges following release. Has been in the community for over 15 years.
22	Gaston	NMV No new charges following release. Has been in the community for over 15 years.
23	Colleen	No new charges following release. Has been in the community for over 15 years.
24	Colin	(No problems of any kind, including Mental Health issues, post-release). Has desisted for over 13 years.
25	Oscar	Oscar spent many years on parole in the community, but reoffended a few years ago and was incarcerated briefly in Provincial Jail for an assault offence. Oscar won't initiate violence, but seems incapable of walking away from a challenge or an incident in which he feels 'dissed' (disrespected). Following that brief term of incarceration was again released, and has not reoffended since.

SUMMARY

Of the 28 offenders represented in these 25 case studies, then, 23 of the 28 have been successfully in the community for a minimum of five years, following their VOMP participation, 12/28 for over 15 years and 2/28 for over 20 years. Two of the 28 are still incarcerated (have not been released following their VOMP participation) and three reoffended and were returned to prison. Total desisting then, of the 26 of 28 who had been released, is 23, or 88.46%. Total reoffending and being returned to prison (or provincial custody) is 11.53%. (Percentages do not total exactly 100% due to rounding).

3. The roles of apology and forgiveness

Forgiveness of offenders by their victims is not one of the explicit program goals or objectives of VOMP. Healing, transformation and change, rather, are paramount. In fact, VOMP staff raise the issue of forgiveness only when program participants, themselves, do. And, paradoxically, the more RJ conferencing or victim offender dialogue facilitators ‘push’ or even initiate discussion of forgiveness, the less likely it is to happen:

As discussed in Chapter 2 for an apology to have any significance for a victim it usually has to contain at least these four basic elements: acknowledgement, affect, vulnerability and amends. Because full amends are difficult or impossible in most of these cases, (how does one restore the life of a murder or other homicide victim, restore the sexual integrity of a rape victim or the years lost to shame and trauma in a prolonged sexual abuse case, for example?) the discussion during the face-to-face meetings often turned from *practical, tangible amends* (such as financial restitution) to exploration of *symbolic amends* that might have meaning for the participants. While in some of our cases financial restitution has been negotiated and paid (cases 5, 11, 14, 16, 18, and 19), and on-going family support payments commitments made in the context of VOMP participation, (cases 3, 4, 7 and 14), most offenders have no means to repair such losses, even where these are clear and quantifiable. The evidence would suggest, however, that they do come to understand, through their interaction with their victims, the importance of other amends which would have meaning to those they have harmed. Below are listed some of the more frequent amends that were seen during the VOMP process in these cases. Many of the commitments made by offenders were made during the face-to-face meeting and others, as the case evolved, through subsequent communications. For each example is included a list of the study cases in which that amend played a part:

- Commitments to sobriety and to specialized addictions treatment—especially if drugs or alcohol were part of the commission of the ‘index’ offence--through the remainder of one’s incarceration and following release and reintegration into the community, as demonstrated in cases: 8, 14, 18, and 23.

- Commitments to take particular programs or seek specialized treatment (on a few occasions this involved seeking specific treatment for problems not previously disclosed by the prisoner to his treatment team), but more commonly for childhood trauma and sexual abuse or other potentially ‘criminogenic factors’ as demonstrated in cases 2, 3, 4, 5, 7, 10, 12, 14, 17, 23, and 25.
- Specific undertakings or commitments in response to the victims’ pleas, to “take whatever steps might prove necessary to ensure that “you never again hurt someone in the way you hurt me.” This specific amend was requested by the victims in all but four of the study cases. The only exceptions were cases 6, 7, 10, and 24. Even when this amend was not specifically requested by victims, their offenders tended to make the commitment in any case. In the tables, (echoing the UN General Assembly term used as one of the categories of reparations to victims in the aftermath of human rights violations, GNR (Guarantee of non-repetition, or non-recurrence) here the choice has been made to use, instead the acronym “*NMV*”: *No More Victims* to signify the promises by offenders to harm no one again, or the requests (or demands) of them by their victims, to do no further violence (See footnote 72).
- Commitments to further education (to the degree possible while in prison) and upon release, as demonstrated in cases 2, 8, 9, and 24.
- Commitments to make a positive contribution in the lives of others. In a number of cases, this has involved making presentations (to students in university classes, to youth in other custody centres, to justice related conferences for judges⁷⁴, prosecutors, police, victim service workers and prison volunteers). This finding surfaced in cases 1, 9, 10, 23, and 25.
- In other cases where prisoners were not yet eligible for any form of temporary release, amends have included working with other prisoners as tutors, mentors,

⁷⁴ In one case (CS 26), Oscar made a presentation, together with Claudette, to a Provincial Judges Association Conference, standing at a podium on a platform directly in front of the judge who had sentenced him, years earlier. She wasn’t buying it, and glowered through his presentation, until Claudette took the podium and told the story of the healing power for her, for him, of their encounter, melting that judge’s icy demeanour. Later that evening the three of them, (Oscar, Claudette, and the judge) spent an hour huddled in the corner at a reception being held in the spacious home of another of the judges. The judge who had sentenced Oscar, claiming that her visit with him and Claudette had made her ‘a convert’ later assisted in getting referrals to VOMP, through Crown and Defense council.

peer counselors, AA or NA sponsors and—in ways that would astonish many—as hospice workers with dying inmates in the prison hospital. In cases 1, 2, 10, 20, 23, and 25 this sort of action was committed to by the offenders as amends.

- In many cases, once offenders had ‘cascaded down’ from higher to minimum security and were eligible for Escorted Temporary Absences (ETAs) or Unescorted Temporary Absences (UTAs), offenders volunteered to arrange and spend that release time working with ‘at risk’ youth in alternate schools. Such volunteer contributions have proven to have considerable value: 1) for the offenders (some of whom are discovering meaning in making such contributions in the lives of others); 2) for the at-risk youth who are often challenged through these relationships to build new competencies and realize their potential); and 3) for the victims, who see such programs as both: a) a genuine deterrent to what might otherwise be inexorable ‘drift’ of these ‘at-risk youth’ into criminal lifestyles, and b) evidence that their offenders are keeping commitments to in very practical ways, ‘make good.’ The offenders in cases 1, 23, and 25 were all involved in these types of activities.
- Commitments to assist the victim(s) in achieving some dream, aspiration or community work goal of their own. In the study cases similar amends have been made in cases 1, 5, 13, and 25

As we have seen in the section on desistance above, once offender participants make commitments to their victims, they keep them to a degree most sceptics would never believe. Danny (case 1) explains how that might come to be:

No one, absolutely no one: not the judge, not the cops, not the prison system, no one, has more power than my victim to suggest I change my ways or to require things of me. . . and yet what motivates me is not some additional kind of coercion, but the gift of her grace and forgiveness. I can never repay her for that, never. But I’m going to work at it. . . . (interview transcript, January 03, 2007).

In Table 5.13 all 25 cases are presented, this time to find examples and provide details regarding:

- whether or not an apology was offered by the offender, and
- received by the victim;
- whether forgiveness was offered by the victim, and
- received by the offender, and finally,
- which specific amends the offender committed to make, if any.

Table 5.13: Apology, forgiveness and amends

Case	Offender(s)	Victim(s)	Apology given/received	Forgiveness given/received	Amends commitments made as part of process
1	Danny	Emily	Yes/Yes	Yes/yes	'Guarantee of non-recurrence' (NMV). Made for Emily a gift of a very valuable carved cedar chest, provided personal service to her, positive contribution to lives of others, volunteer with at-risk youth, no more victims, desistance.
2	Sam	Allison	Yes/Yes	No/no - not Allison's to give	NMV. No more victims, complete counseling & treatment, take trades courses and seek meaningful employment. Desistance.
3	Richard	Chantal Fay Maria	Yes/Yes Yes/Yes Yes/Yes	Yes/Yes Yes/Yes Yes/Yes	NMV. Amends the same for all 3 victims; Commitment to ongoing financial support, no more victims, complete counseling & treatment.
4	Arthur	Sally	Yes/Yes	Yes/Yes	NMV. Commitment to family context therapy and on-going personal counseling; cooperation with supervision protocols.
5	Pablo	Joyce	Yes/Yes	Yes/Yes	NMV implied in context. Also, through their communication, Pablo committed to assist Joyce with upgrading her education in hopes of gaining better employment; complete counseling & treatment.
6	Tomas	Rebekah	No	No	Only amend was to sign release enabling VOMP

					staff to show video of the face to face meeting to members of his church congregation, in which he accepts his conviction as 'just', vindicating & validating victims' truth. Amend valued by victim.
7	Kyle	Mindy	Yes/Yes	Yes/Yes	NMV. Finish (and graduate) high school while still in prison, complete counseling/treatment, Maintain ongoing financial support for victim, engage in couples' counseling upon release; no more victims, desistance.
8	Barry	Valerie	Yes/Yes	Yes/Yes	NMV. Sobriety / commit to abstinence from drugs or alcohol in and out of prison; Complete courses / schooling to enable meaningful employment on release. No more victims, desistance.
9	Marco Don Jerry	Josephine	Yes/Yes Yes/Yes Yes/Yes	Yes/not known Yes/ not known Yes/ not known	Same for all 3 offenders: NMV, complete counseling/treatment, finish high school (all three cases); no more victims, commit to desistance. Marco agreed to participate together with Josephine in presentations at the prison (RJ Day) for all staff, inmates and community attendees about the value of VOMP, and its "power to restore justice", a deeply meaningful amend for Josephine.

10	Bret Ernesto	Teddy	Yes/Yes	Yes/Yes	<p>Same for both offenders: NMV, No more victims, complete counseling & treatment, commit to making positive contributions in the lives of others, commit to desistance.</p> <p>In addition, in a higher security prison, prior to his transfer to the prison where Bret was also housed, Ernesto Chaired the Restorative Justice Committee, and was instrumental in helping establish an entire Restorative Justice Unit at that prison.</p>
11	Sebastien	Wilfred	Yes/Yes	Yes	Financial Restitution negotiated and paid, committed to drug treatment, no more victims.
12	Lorenzo	Wendy	Yes/Yes	Yes/Yes	NMV, commit to completing prison sex offender treatment programs and continue in 'Maintenance Program' at community parole office, once released.
13	Raphael	Isaac	Yes/Yes	Yes/Yes	NMV. No more victims, commit to desistance. Affirmation, encouragement, offer of financial help, as possible, to support Isaac's new Ministry.
14	Dennis	Cindy Nicholas Nate	Yes/Yes Yes/Yes Not spoken	Yes/Yes Yes/Yes Not spoken/yes	Same for all three victims Ongoing financial support, no more victims, desistance, complete

					alcohol assessment / treatment.
15	Henri	Beryl Bonnie	No Yes/ not known	Yes/ not known Yes/not known	None offered, none expected or anticipated.
16	Felix	Ike	Yes/Yes	Yes/Yes	NMV. Significant financial restitution, complete treatment, desistance.
17	Harvey	Ophelia Paloma Lorenzo	Yes/Yes Yes/Yes Not known	Yes/Yes Yes/Yes not known /yes	NMV. Same for all 3 victims, complete counseling/treatment, no more victims, desistance.
18	Rene	Karen	Yes/Yes	Yes/Yes	NMV. Offered to reimburse Karen's counseling costs. Promise of completing trauma treatment, drug and alcohol treatment and continuing sobriety.
19	Vince	Walter	Yes/Yes	Yes/Yes	Financial Restitution made in full.
20	Juan	Charley Alberto	Yes/Yes Yes/Yes	Yes/Yes No	No specific amends expected nor made. Confessed to unsolved murder as requested by victim which added 10 years to his sentence.
21	Kirk	Anthony	Yes/Yes	Yes/Yes	NMV. No more victims, complete counseling & treatment,, positive contribution to lives of others, desistance.
22	Gaston	Arlene Victor	Yes/Yes	Yes/Yes	NMV. No more victims, complete counseling & treatment, desistance.
23	Colleen	Lorraine	Yes/Yes	Yes/Yes	NMV. No more victims, sobriety, complete counseling & treatment, desistance, offer to participate in future community healing circles if those could be arranged,

					particularly with at risk youth.
24	Colin	Debbie	Yes/Yes	Yes/Yes	NMV. Commitments to: take medication as prescribed; see psychiatrist regularly; to finish school; desistance.
25	Oscar	Claudette	Yes/Yes	Yes/Yes	NMV. No more victims, complete counseling & drug treatment, make positive contribution to lives of others, volunteer with at-risk youth, desistance.

SUMMARY

Table 5.13 demonstrates that in 23/25 cases an apology was offered and in each of those 23 cases, that apology was accepted by the victim. The table also illustrates that in cases where the apology was made by offenders and received by the victims, forgiveness usually followed, i.e., forgiveness was offered by the victim and received by the offender in 22/25 cases. Further, in 22/25 cases offenders offered amends that had value and importance for their victims, even if there were no amends possible in the circumstance other than the one which appears to be almost ubiquitously desired by victims of violence: “No more victims; no more violence”: “make me a promise” . . . that “no one else will ever be harmed at your hands as I have been.”

4. Unanticipated outcomes

4.1 Offenders taking responsibility without legal onus or obligation

It is one thing to take full responsibility for criminal wrong doing and harm caused in the aftermath of conviction for an offence, another (having escaped detection or conviction) to take responsibility having come to the conviction that it is simply the right and moral thing to do. One unanticipated outcome of this study was that offenders acquitted at trial (or never charged) nevertheless agreed to meet the victims they had

harmed.⁷⁵ When VOMP first implemented in the early 1990s at CJI, it seems unlikely that anyone would have hypothesized that we might be creating a model through which prisoners who had committed other violent crimes but had never been charged for them or, if charged, prosecuted and then acquitted at trial, might agree (or *offer*) to meet with the victims of those offences, take full responsibility for them, apologize and make amends that had meaning for their victims. The CJI staff and Board members had always had high hopes for VOMP, but it is unlikely that the day could have ever been foreseen when an offender convicted of murdering his common law wife would agree to meet the brother of a second murdered woman in a ‘cold case’ file then, following their face-to-face meeting, rise to the challenge put to him to take responsibility for the murder of that man’s sister, confess it to the Integrated Homicide Investigation Team (IHIT) detectives he had managed to elude earlier, then go back to court to face charges, plead “guilty” and be returned to prison with ten years added to his sentence. But investigating the cases in just this small sample revealed a pattern: in *seven separate cases* offenders took responsibility despite either 1) never having been charged in the first place for crimes they had committed or 2) being acquitted at trial on those charges. In the first scenario, offenders in cases 13, 17, 20b and 22b had never been charged for offences against victims survivors they had harmed, yet agreed - despite no legal responsibility having been imposed or asserted - to meet with the victims of those offences and take full responsibility for the harms caused them, motivated by what they described as a ‘moral responsibility’, “*because it is the right thing to do*”, “*because if the shoe were on the other foot, I’d want him to own up and apologize to me.*” In the second scenario (i.e., acquittal) Lorenzo had been found ‘not guilty’ despite the judge telling Wendy, following her testimony of multiplied counts of sexual abuse and rape, that he believed her testimony but could not find the offender legally guilty because of a flaw in the Crown’s arguments. Nevertheless, when Wendy asked VOMP staff to approach Lorenzo about the possibility of meeting with her, he agreed and took sufficient

⁷⁵ This pattern has also played out in cases not included in this sample, for example Diane’s story, in Howard Zehr’s *Transcending*, at page 130 and following.

responsibility that her PTSD began to rapidly diminish. See the narrative in case 12 for those details.

4.2 The Ripple Effect

The metaphor of dropping a pebble in a pond and watching the successive resulting waves gently spread across the pond toward the shore is a familiar one. But it can signify two very different sorts of continuing effects. One participant in this study used that metaphor to describe the experience of violent crime and its aftermath, saying:

It has a 'ripple effect', but it is more like '*a tsunami effect*', with wave after towering wave overwhelming you and everyone near to you. You can't believe the destructive power of it, and for years afterward the flotsam and jetsam of that horrible event keep showing up on your shores, rotting, and fetid, the stench reminding you yet again of the stunning shock of the first event and making you sick to your stomach. It just goes on and on and on. . . .

But 'the ripple effect' was also seen in this study to be manifesting in another way, one antithetical to the destruction just described. In another anticipated outcome - and a welcome one - *the ripple effect* caused waves of healing, rather than of destruction, to flow out from the centre.

Table 5.14 depicts how this 'ripple effect' played out in a number of ways, for both victims and offenders, with the successive ripples touching many beyond the participants in the sample. In a number of cases, offenders who had a meaningful face-to-face encounter with one of their victims were then motivated to go further. Examples would include these:

- In case 3, Chantal's successful meeting with her father, Richard, led to her younger sister's referring herself to VOMP and their combined reports of their father's responsibility taking, led Maria, their mother and Richard's wife to refer herself to see if Richard would agree to meet with her, as well
- In case 9, Josephine's successful meeting with Marco led to her seek meetings with Don and Jerry, as well. Marco's positive report of that meeting to Don and Jerry provided the encouragement they needed to believe that their meetings

would also go well, resulting in their immediate agreement to meet with Josephine when VOMP staff approached them.

- Charlie, in case 20, set a ripple effect in motion after his meeting with Juan, the man who had murdered his mother, by seeking out the family survivors of another homicide (a ‘cold case’ not solved prior to this process) having come to believe that Juan, his stepfather, was responsible for the murder of *their* loved one as well. In his visit with the extended family in the parents’ home, Charlie suggested that Alberto, the brother of the murdered woman and representative for the rest of the family survivors, get in touch with VOMP staff to refer his family’s case. (See case 20 narrative in Appendix F for the details).
- In case 22, Victor (listed as one of Gaston’s child victims) was *also an offender*, serving a significant sentence in a prison in the same region as Gaston for having sexually assaulted a ten year old girl when he was in his late teens. He, Victor, had met with his own victim (then 17) earlier. That meeting had gone so well for both of them that at its conclusion she challenged Victor to try to meet his own abuser, saying, “If that meeting does for you what this one has for me, it will do you wonders.” Meanwhile, Gaston’s meeting with Arlene had gone so well that he instantly agreed to meet with Victor when we approached him, acknowledging Victor as one of his historic child sexual abuse victims (again, despite never having been charged for those offences) hoping that the same sorts of benefits Arlene had experienced would be Victor’s experience, as well. (See the references to Victor in case 22 in a number of the tables in Chapter 5). It is not beyond the realm of possibility that the VOMP process may have actually prevented the murder of the older man by the younger. Whether or not that is the case, *the ripple effect*, positively touched at least these four lives, enabling a degree of healing that would not have occurred without it

But what was even more surprising was what emerged while analyzing the cases for the other explicit research questions, i.e., the degree to which this ‘ripple effect’ spread out to touch and to serve others beyond the initially identified victim participants, and how, following their own healing experience of VOMP, those victims, in turn, reached out to

touch and to serve an astonishing number of others, many of them also trauma survivors, or persons with particular needs that required the attention of healthy caregivers, caregivers now able to be powerfully 'other directed' and devoted to them.

Table 5.14: Numbers of individuals served directly by VOMP staff and indirectly through participants' contribution to others and the social weal

Case	Offenders	Others served directly	Victims	Others served directly by VOMP staff	Others served indirectly as a result of participants involvements and serving others, in turn
1	Danny	+ 2 (IPO + VLC) plus an unknown number of inmates influenced through witnessing his progress and hearing about it in programs taken with him.	Emily	+ 1 (Emily's daughter)	Emily, after the rape and prior to VOMP a terrified recluse, emerged healthy and empowered, ultimately serving scores of her community members (young women in arts and crafts classes; seniors in her church as a staff person there. Also had influence (resulting in referrals to VOMP) through numerous presentations to police & police based victim services personnel and influence on untold numbers of the public through print materials for National RJ Symposium and a popular CBC Radio Documentary "Tapestry" Conservative Estimate of number: 100
2	Sam	+ 6 (3 family mbrs: sister, mother and father; + Sam's young daughter).	Allison	+ 4 (Allison's sister, her husband & their 2 children)	Allison had significant influence on victim serving personnel (resulting in referrals to VOMP) through numerous presentations to police & police based victim services personnel; as well as a training specifically for 10 parole board personnel).

		<p>Would also include at least 2 CSC staff (a Social Worker and a psychologist who refused to 'write him off, consulted frequently with VOMP staff and were ultimately vindicated in their support of Sam)</p>			<p>Scores of clients served in care home through her healing, ability to return to school, and finding of new vocation working with the elderly in extended care</p> <p>Conservative Estimate of number: 100</p>
3	Richard	<p>+ 2 (program facilitator; and psychologist, through consultation with them about Richard's needs. (This, with his awareness & invitation)</p>	Chantal Fay Maria	+ 4 Social Workers and other Professionals whose helping roles were formerly completely resisted by the girls.	<p>Final outcomes of Chantal's commitment to become a helping professional are unknown, but at last conversation, she was headed for university entrance and at least an undergraduate degree in counselling.</p>

4	Arthur	+ 3 (prison staff educated and one prison psychologist 'converted')	Sally	+ 5 (2 siblings; mom; Social Worker and Sally's psychologist (who was ultimately vindicated in her support for 12 year old Sally's participation).	No additional information.
5	Pablo		Joyce	(unknown, if any)	Unknown. No additional information.
6	Tomas		Rebekah	+ 9 (Rebekah's sister; + 8 church reps / leaders)	An unknown number of members of Rebekah's (former) church congregation were educated, informed, challenged to rethink their former judgements of her (and hopefully of others). Conservative Estimate of number: 30
7	Kyle	+2 (Kyle's parents)	Mindy		
8	Barry	+ 5 (4 prison staff + Barry's new wife)	Valerie	+3 (her husband, mother and father)	There were a number of the other family survivors of 4 homicides served by Valerie and her parents due to their empathy and compassion for the others. Exact numbers or influence is unknown, therefore this number is not included.
9	Marco	(+ other prisoners	Josephine	+5 (father, husband,	+ 2 (Marco's parents)

	<p>Don</p> <p>Jerry</p>	<p>at same insitution, through Marco's presentation together with Josephine about their healing experience of VOMP, made to the prisoner population, staff and community members as part of Annual RJ Day observance, which presentation resulted in additional referrals to VOMP). The auditorium holds 150 and it was full to standing room only.</p> <p>+ Jerry's wife</p>		<p>their 2 children & her/their psychologist).</p>	<p>+2 (Don's parents)</p> <p>Untold numbers of others influenced or served directly by virtue of Josephine's own healing, including: public presentations, RJ Day Prison presentation, newspaper features and public service in health care system</p> <p>Conservative Estimate of number: 300</p>
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		(Only 1 added to tally)			
10	Bret Ernesto		Teddy	+ 6 (3 of Teddy's siblings and each of their partners) + 2 uncles (also family survivors of the homicides)	+ Public informed through Teddy's presentations; + Public served through Teddy's early finding of new vocation (Drug and Alcohol Treatment provider) Conservative Estimate of number: 75
11	Sebastien		Wilfred	+ 3 (Wilfred's wife and 2 children)	+ unknown number of other offenders with whom Wilfred worked in community programs, difficult to estimate, therefore no number included.
12	Lorenzo		Wendy	+ 9 (her father, mother, grandmother, husband & 2 children, 'surrogate mom', 2 close friends/men tees -- both of whom were also rape survivors, referred to VOMP)	+ scores of people served through Wendy's work with AVP, public RJ Conference presentations for Police Based Victim Services, victim serving organizations, university guest lectures and written work, collaborating with VOMP staff in her story and poetry in a respected academic publication. Conservative Estimate of number: 200
13	Raphael	+ 1 (his brother). Others	Isaac	+ 6 (wife and three children)	+ scores of First Nations survivors of child sexual abuse reached through his

		would include Crown Counsel & police, given Raphael's commitment to plead guilty to any newly surfaced allegations / charges re: historic abuse, thereby avoiding trial costs and burden on court system. However, since numbers are uncertain, these are not counted)		they fostered and have adopted; + 1 (suicide of one community member averted for certain). (See CS #13 for narrative); + 1 Isaac's counsellor (reports his work sped up / enhanced / completed through Isaac's VOMP participation).	print and local public broadcasts, as well as his outspoken victim advocacy work as minister of a local church and convening of retreats for the healing of others (men especially) who have suffered child sexual abuse. Conservative Estimate of number: 100
14	Dennis	+ 2 (at least 2 prison staff, their work with him affirmed and thoroughly vindicated)	Cindy Nicholas Nate	+ 2 (their 2 children)	Cindy's new husband, 2 professionals working with them and the boys' public school teacher.

15	Henri		Beryl Bonnie		Influenced Commissioner of Corrections (Chief of national prison service), her local Member of Parliament and other members of parliament through her letters to each of them.
16	Felix	Other prisoners, through Felix's openness about the power of the process in his own life in prison programs. Number unknown, therefore not included.	Ike	+ 2 (Crown & Regional Crown)	
17	Harvey		Ophelia Paloma Lorenzo	+ 1 (program facilitator)	
18	Rene		Karen	+ 1 (Karen's partner)	
19	Vince	+ 2 (Warden & CSC Chaplain)	Walter	+ 3 (Walter's family members)	Case learnings actually assisted in the establishment of VOMP in CSC's Pacific Region prisons. (See narrative)
20	Juan	+ 6 (Integrated Homicide Investigation Team (IHIT)), solved 12	Charley Alberto	+ 2 (Charlies' brother & father)	Untold numbers of others: students through his presentations at local universities; and scores of members of the public through founding of new organization for the bereaved.

		year old, formerly unsolved, murder case; Crown Counsel (prosecution); IPSO (Top 'cop' in the prison).		+ 7 (family survivors of homicide, including their marriage partners)	Conservative Estimate of number: 100
21	Kirk	+ 2 (his partner + his psychologist / program facilitator who having witnessed the benefits of the process for Anthony and for Kirk, became a referral source for VOMP – then Chair of CJI Board of Directors!	Anthony	+ 4 (his 3 sisters & his wife);	Impressed and influenced significant number of lawyers through presentation to International lawyers association conference, and scores of victim service workers through a number of presentations over the years. (Also book chapters and video training materials produced with CJI). Conservative Estimate of number: 100 (And for Kirk, ultimately, other men in the gay community)
22	Gaston		Arlene Victor	+ 1 (Arlene's sister)	

				+ 1 (Victor's own victim)	
23	Colleen	+ 1 (her Elder & many other women at the institution where she was serving 'Life'. Resulted in referral of other cases by that Elder and prison staff -- 4 of whom had witnessed her face-to-face meeting). Only 1 added to the tally.	Lorraine	+ 16 minimum (her family members; her counsellor; two Elders of her community and 8 community members who participated in the healing circle (See CS #23 for narrative)	The 'Healing Circle' Colleen and Lorraine participated in, led to the referral of 2 other prisoners (the Elders' grandsons, also serving time for murder). Conservative Estimate of number: 50
24	Colin	+ 1 (his biological father)	Debbie	+ 4 (Debbie's husband, surviving son and her parents).	Untold numbers of others through Debbie's Conference presentations, In-Service training days for professional social workers, doctors and psychotherapists, her CBC National documentary, book chapters, etc. Conservative Estimate of number: 200

					(although influence of powerful television media is impossible to estimate)
25	Oscar		Claudette	+ 2 (her father and – minimally-- her brother)	+ 4 CSC staff working with Oscar; and untold numbers of victims and victim serving agencies and individuals through Claudette’s presentations, educational documentaries produced by Heartspeak Productions, Chairing of Committees, and leadership in field of victim services (her vocation). Conservative Estimate of number: 300
TOTAL	28	36 (Conservative count)	34	105 (Conservative count)	1655 (Conservative count)

One of the great advantages in having been able to follow these individuals over a number of years has been the ability to see how they found new vocation, felt called to helping professions or served others as volunteers. Table 5.7 lists the outcomes for the victims in terms of new vocation. For the offenders, information available as recently as 2017 indicates that of the 26 offenders now in the community: seven are now retired (cases: 12, 13, 15, 16, 17, 22, and 23); information regarding employment or occupation is unavailable for six (cases 3, 4, 5, 18, 19, and 25); eleven are gainfully employed (cases: 6, 7, 8, 9 a, b & c, 10b, 11, 14, 21, and 24); and two own and operate successful businesses in the trades, employing still others. The offenders, too, are making their contributions, making amends and attempting to reverse the negative ripple effects of their former offending. At this juncture, determining the number of individuals influenced by their efforts would require some additional investigation but, given that the numbers of offenders desisting is confirmed, that number could also be researched and determined; it would just require another very specific inquiry.

5. Conclusions to chapter 5

In this chapter, we examined, across the entire research sample (20 randomly chosen cases, five purposively chosen cases) what the data reveals in answer to the research questions.

5.1 Victim empowerment

Pre-VOMP

Data revealed, in answer to this research question for victims at the intake stage of their VOMP participation: of 34 victims represented in these 25 cases, 33 (97%) felt that they had been disempowered, disrespected, or had experienced significant secondary victimization through their involvements as victim/witnesses in the ‘justice’ processes they had encountered.

Post-VOMP

Under this same heading, Victim Empowerment, victims who at intake had felt *disempowered*, were unanimous following their VOMP participation in reporting having felt that through the program’s processes, they had been, variously: empowered, enabled, provided opportunity to “say their piece” or to “impact the offender’s thinking”; provided information or legal status, recognition or entitlement previously denied them; acknowledged, vindicated and/or validated. Some used synonyms of the terms “empowerment” or “empowered” in speaking of their ability to exercise power and volition, voice and agency with confidence, given the support of staff and the nature of the process, itself. Others indicated having found a new degree of peace, of “vindication”, “validation” and of “freedom”. There were numerous references to having found “healing.” In all, 34 of 34 victims registered this sense of *having been empowered, given power, or finding power* to accomplish what they had set out to do, through the process. Across the data set, the victims were unanimous in saying they had been provided, in terms of empowerment, what they had hoped to find: an experience very different from what they had been previously afforded, “respect” and a reversal of the earlier disempowerment. One woman described the experience poetically, saying she had been given: “Beauty for Ashes.”

5.2 Victim trauma recovery

Of the 34 victims/survivors represented in the 25 cases in this study 32, (94.1%) had been exposed to what the DSM V describes as a *Criteria A*⁷⁶ traumatic stressor, (See 5.1.2, above), having suffered traumatic injury as:

- a direct victim of violence (attempted murder or life-threatening assault), or
- as a family survivor of homicide, or
- as a direct victim of actual sexual violence.

Of these 32, then, 21/32 or 65.6% met *all* of the criteria for PTSD, and 11 others (a further 34.3%) were just below the thresholds for the actual diagnosis but, nevertheless, were highly symptomatic in ways that had manifested in significant, long-term, “distress or functional impairment (e.g., social, occupational)” just as in the DSM criteria (criteria F and G of the current DSM V).

Following their VOMP participation, however, and in particular, following the meetings with their offenders, even those victims with PTSD diagnoses and the highest PTSD severity scores, were reporting a marked decrease in experience of what had prior to those meetings, been described as: “crippling” trauma; a constant and continuing revisitation by the “demon of my nightmares”; “a living Hell” from which a number had seriously contemplated escaping through suicide (9 of 32, in fact, with 3 more having almost certainly lethal means to carry out those plans). Yet, 32 of the 32 victims, including those most highly traumatized and highly suicidal, reported that VOMP had proven to be an ‘exit strategy’ for them, an escape from the “daily, nightly” re-experiencing of the trauma, one woman (Claudette in case 25) writing poetically that it was as though she had “run into the arms of safety”, another calling VOMP, “the off ramp of that healing highway I had gotten on some 12 years earlier” saying, emphatically, “it put me back together. . .” Thirty two of the 32 trauma survivors described their VOMP experience as having enabled trauma recovery for

⁷⁶ “Changes to the diagnostic criteria from the *DSM-IV* to *DSM-5* include: the relocation of PTSD from the anxiety disorders category to [its own new and separate] diagnostic category named “Trauma and Stressor-related Disorders”, (Pai, A., Suris, A. M., & North, C. S.. (2017).

them, even setting them “Free at last”, ushering them into a trust worthy reality in which they could leave the most debilitating posttraumatic stressors behind.

5.3 Victim new vocation

Some of the survivors found themselves not only recovering from the traumas they had suffered, but making of that very suffering “the source of a survivor mission”, transforming what had been ‘death-dealing’ for them into what was ‘life-giving’ for them and for others as they found themselves, through what they had experienced, “called” to new vocation. Subtracting for those too young yet to be seriously considering vocation, eleven survivors of the remaining 24, did precisely this. These searched out, qualified for, and entered into occupations (they would say “vocations”) in which they could now serve others and, in some of those circumstances, others wounded as badly as they had been in the aftermath of their own traumatic experiences.

5.4 Effects for offenders: resolution of childhood trauma (ACE), and personal traumatic growth

The offenders, in many cases to their great surprise (having chosen to participate in VOMP entirely for the benefit of their victims, expecting nothing for themselves), found that participation had been fruitful in their own healing, trauma recovery and motivation toward desistance. VOMP, unlike most ‘Correctional Programs’, enables (and encourages) exploration of offenders’ childhood trauma. Not, - as is so often the concern of many prison treatment providers - as a means of enabling offenders to excuse or minimize the harms they have perpetrated upon others, given how wounded they themselves were – but because that reservoir of pain, of trauma, is so often criminogenic that it seems imperative to us that offenders come to an awareness of it, recognize the part it played in their own violent acting out, and find the needed therapeutic support in dealing with it, lest, unresolved, it spill its banks and break out again. Of 28 offenders in this sample 13 had committed sexual violence against their victims, either rape or incest. Of those 13, it is known that at least 11 had been sexually abused, themselves. Best put the metaphorical ‘axe’ to the root of that tree, and resolve anything remotely criminogenic, early! Offenders commented that the respectful way in which VOMP staff treated them, cared for them, supported them in their own healing and assisted them in

making peace with their victims, with themselves, and with what they had done, while still stressing full accountability, was very different from the ‘norm’, and was healing in itself.

Of the 28 offenders in this study, 24 reported that having met with their victims was a profoundly powerful experience: that they had benefitted beyond their hopes or expectations that, beyond what had been accomplished for their victims, the process had also enabled them to come to peace with much in their own pasts and had precipitated significant healing for them. All of that *might* be, as one offender said, “Words, words, words: the expression of remorse just ‘crocodile tears’: the proof is in whether or not you straighten up or keep on offending.”

5.5 Increase in victim empathy

Despite significant variation in the degree of victim empathy the offenders demonstrated at intake, 26/28, reported and demonstrated increase in victim empathy following their face-to-face meeting with their victim. Offender empathy was observed and commented on by their victims as a deeply meaningful aspect of those meetings. Offender accounts of what transpired in those meetings, and the empathy they felt for their victims (if not coming into the meetings, certainly by the end of them) they reported, had caused them to commit, whether their victims had requested this of them or not, to promises to “never harm another in the way I did you”, “no more victims” (NMV).

5.6 Desistance

If it is true that “Without vision. . . people perish”, the 28 offenders in this sample were clear that they had, at least, been given opportunity to form a vision for themselves in which they might beat the odds, prove successful in remaining crime free, and like the victims they had ‘helped’, come to actually thrive. If the sample data is correct and trustworthy (and triangulation with CSC’s own research *does* support the findings) the number of these violent “high risk, high needs, high stakes” offenders who were released and returned to custody for new offences is three of 26, or 11.53%; the remainder 26 of 28 who have been released are desisting: 88.46%.

5.7 Apology and forgiveness

Both victims and offenders spoke of the power and impact of apology, of giving and receiving forgiveness, of making apology ‘real’ through commitments to make amends (and keep them) and of how all of those, ultimately, are intertwined. In 23/25 cases an apology was offered by the offender and in each of those 23 cases that apology was accepted by the victim. Where apology was made by offenders and received by their victims, forgiveness usually followed (offered by the victim and received by the offender in 22/25 cases). Further, in 22/25 cases offenders offered amends that had value and importance for their victims, ranging from substantial fiscal restitution (counseling costs, assistance with tuition costs, restitution of what was stolen, etc.), to symbolic amends, and the almost ubiquitous promise to eschew violence, a Guarantee of Non-Recurrence.

In the next Chapter, I range a little more freely (as the participant observer, the principal mediator in all of the sample cases) to explore and comment on aspects of almost 30 years of witnessing victims and offenders “Encountering ‘The Other’” in Canadian prisons, sharing from my own (admittedly, privileged ‘insider’) point of view, some of the things that cause me to be quite concerned about the way we ‘do’ corrections in most western jurisdictions, the ugly ‘underbelly’ of it all, as well as some of the ‘agony and the ecstasy’ the joys and sorrows of attempting to take the findings from this study (and others) into a whole new realm of program developments that might just augur well for producing the same sorts of results as we have seen here, yet with less investment in the things that caused such distress for the victims and offenders in this sample, “pre-VOMP.” The lodestar might be stated in terms of something akin to the new “tag line” just adopted by the agency: *“CJIBC Responsive; Transformative; Preventative: A more Just form of Justice.”*

Chapter 6: Discussion

In Chapter 5, the results of scans across the sample data set were presented vis-à-vis what the data revealed in terms of answers to each of the research questions. Here, we will comment on those results, expanding on and interpreting them in light of theoretical underpinnings from Chapter 2. We will conclude with some reflections on the research. The content of this chapter, then, will proceed as follows:

What were the effects experienced by victims/offenders of encountering the other, in terms of:

1. Victim empowerment
2. Trauma recovery
3. Traumatic growth that issues in new vocation
4. Resolution of childhood trauma (ACE) and personal traumatic growth
5. Attitudinal change, and increase in victim empathy
6. Desistance
7. What part does apology and forgiveness play in cases of serious crime?
8. In retrospect: some reflections on the research

1. Victim empowerment

As Table 5.3 indicates, all but one of the victims (33/34) represented in these 25 cases felt some form of disempowerment or alienation prior to their involvement with VOMP, the only exception being a victim who had worked with violent offenders for years and, in that context, saw the crime against him as “no-big deal.” The remaining 33 victims felt that they had been disempowered, disrespected, or had experienced secondary victimization through their involvements as victim/witnesses in the ‘justice’ processes they had encountered. In comparing these findings with the scholarly research in the theoretical chapter (Chapter 2), these victims were clearly evidencing the full constellation of impacts found there, especially in the comprehensive list of those catalogued in Table 2.1 (Wasserman & Ellis, 2010) including physical, spiritual,

emotional/psychological, social and financial impacts. Fear, guilt and shame, and symptomatic sequelae indicative of high degrees of severity in the manifestation of those symptoms was almost ubiquitous. But, to add insult to injury, the secondary victimizations experienced by the victims in the sample was so common as to almost be axiomatic across the sample. Acquittal of offenders on an absurd technicality and prosecutor error (case 12); a prosecutor's decision not to proceed to trial, despite acknowledging that the victim complainant's testimony met charge approval thresholds (case 13); police clumsiness 'outing' a rape victim among her colleagues and employers so as to make it impossible for her to return to that workplace, having been so thoroughly shamed (case 1), these are just three of the most vivid examples of profound secondary victimizations at the hands of the agents of the system most visibly charged with its good conduct and protection of victims from those very things. But the findings make clear that the list of secondary victimizations goes on: 'gaslighting', lack of information generally and, more specifically, having to deal with roadblocks and other impediments (such as the "no contact orders" which figure highly in cases here—protections provided in law to enhance victim safety but in the cases here having a *completely antithetical effect*) making it impossible for these victims to gather information they felt was vitally needed. And yet, the list in just this sample continues to further include: lack of voice or agency in the criminal proceedings, generally; a *voir-dire* proceeding which inhibited one victim from being allowed in the court room for a critical part of the offender's trial (which then resulted in her having to live with terrifying "mis-information" for a further seven years, believing what she *had* heard from the opening submissions that a neo-Nazi 'skinhead' had burned her family home intending to kill her entire family in a hate crime (case 25). No one had thought to inform her that one of the original charges (arson causing the deaths of two victims committed as a hate crime) had been predicated on conjecture and false assumptions. Lack of information, information withheld, unanswered questions and ongoing frustration was seen--almost ubiquitously--across the sample. These are among the issues which contributed to the victims' sense of disempowerment. In other words, as one victim opined, "These very things are what make us 'typical' victims of serious crime; this sort of treatment is 'typical'". She may have a point: there is nothing to indicate that this pool of 34 victims started into their

VOMP experience any worse or any better off in those regards than the average victim of serious crime. They simply reported treatment that, from their points of view, is ‘typical.’

But, what is also clear in these regards is a finding that emerged without exception (34/34 cases) and which has been heard from VOMP victim participants through the decades, namely, that they appreciate the way in which they experienced an empowering responsiveness by VOMP staff through the entire process in regard to their felt needs. This, often, in diametric opposition to what they often report having experienced as disempowerment or disappointment with the ability of the usual criminal justice system’s, corrections system’s and parole system’s processes to treat their needs seriously and respectfully. These results clearly reflect what Roberts reported in his comprehensive Evaluation Of The Victim Offender Mediation Project, Langley, BC, for the Solicitor General Canada (1995). In that report he states that the victim and offender program participants served by VOMP greatly valued the ways in which the program staff listened, acknowledged, responded to their needs and empowered them, not just at the face-to-face meeting, but throughout the duration of the process:

It is tempting to focus on the drama of a face-to-face meeting, and to assume that the success or non-success of the meeting has much to do with the on-the-spot skills and techniques of the mediator(s). While there is certainly some truth to this assumption, it is likely more true that the skills and sensitivity of the mediators are more fully utilized in numerous one-on-one sessions with victims and offenders long before any mediated meeting.

Central to this process for VOMP staff is the building of a relationship of trust between the mediators and the participants. This is done both through information sharing, answering questions, and modelling over a series of meetings. The meetings focus, for example, on:

- completion (or elaboration) of victim impact statements
- interviewing the victim and offender for personal histories
- skill building and reflective listening practice (as needed)

- preparation of face-to-face meeting agenda (if applicable) and issues that each participant feels to be crucial to the discussion
- debriefing and support of participants in preparation for next step (if applicable)
- familiarizing victim with institutional policies and procedures
- simply listening to them; hearing out their frustration, hurt, anger and confusion
- exploring, sharing information in regard to the criminal justice system, victim/offender rights, etc. (Roberts, 1995: 43).

Roberts further expands on how staff commitment to building trust with participants sets a base for empowerment and provision of information the participants can trust:

Each of these processes is important in and of itself, but VOMP staff are conscious that building a relationship of trust is as important as the process itself. Although many reasons could be advanced for this view, two would seem paramount:

- both victims and offenders have experienced processes within the court, treatment, parole and/or corrections system *which they find totally alienating and disempowering*
- both victims and offenders feel considerable fear in contemplating face-to-face encounters or other forms of communication, even when they are convinced it is what they want to do (Roberts, 1995: 43, emphasis added).

Processes reported by respondents to Roberts to be “totally alienating and disempowering” frequently had to do with the provision of information they sought but, for a variety of reasons, could not access. This element is reflected, certainly and with frequency, in 33/34 of this study’s sample cases. In some cases, it involved information which some authority held but could not, or would not, or simply *did* not, provide to the victim(s). If the aphorism “Knowledge is power” was not created for this precise circumstance, it certainly applies: victims - and offenders, as well - feeling devalued, disrespected, powerless and even hopeless in the face of arbitrary decisions made, ‘business as usual’ processes invoked and absence of information sought, described

being “empowered” and tremendously relieved when through VOMP information was found and legally provided to them which met that particular need.

One of the significant driving forces motivating victims to reach out to VOMP (or agree to meet their offender if the referral is initiated at the request of the offender) is their ongoing need for information. By that, victims mean real (not speculative) specific and particular information. This includes information about the offender and the offense: (the details concerning *exactly* what happened, *why* the offense happened, and - even if apparently random, opportunistic and spontaneous - *what was ‘the build up’* to the commission of that crime?) As Zehr makes clear, most information of the kinds victims seek is not to be found in the information and arguments constructed by the legal proxies and served up by them in the court room. In fact, “[s]ecuring real information usually requires direct or indirect access to the one who caused the harm and holds this information” (Zehr, 2015: 22). The very thing that victims most prized about VOMP.

As noted in Chapter 2, the Canadian Victims Bill of Rights, (CVBR)⁷⁷ is one attempt made by government toward taking the needs of victims more seriously. The Act was intended to be remedial, i.e., to make the sorts of information formerly sought by victims more accessible to them. This Act, proclaimed as law in 2015 was, obviously, not in effect during the period covered by this study. However, questions remain: given the level of need demonstrated in these cases for information of the specific kinds just named, and the continuing imbalance, in terms of resources committed toward budgets to enable the staff of various government departments to actually fulfill the expectations raised by all of the political ‘hype’ which surrounded its proclamation, it appears that the terms of that Act still fall short, and the issues it was enacted to remedy are not likely to be redressed in ways satisfactory to the majority of victims anytime soon, at least not to the satisfaction of the most ‘active’ of those victims.

In the experience of the participants in these case studies, not only are victims seldom provided with the answers they want or need from ‘system’ sources - despite gains since victim rights began to move at least by measurable increments toward ‘centre stage’ in

⁷⁷ laws-lois.justice.gc.ca/eng/acts/C-23.7/FullText.html

the early 1980s (Rock, 1986; Daubney, 1988) - but victims continue to be subjected to unconscionable levels of secondary victimization. The findings here indicated that the secondary victimizations experienced by victims in this study ranged from unfeeling disregard to profound disrespect. Most of the victims reported significant subsequent re-traumatization through investigatory, court, crime victims' assistance or compensation policies, corrections and parole processes. This was especially true for the sexual assault victims in this study: their experience so often reflecting in reality what Herman (2005: 573) so aptly describes, "The wishes and needs of victims are often diametrically opposed to the requirements of legal proceedings." Almost as though she had interviewed the survivors whose thoughts appear in this study's cases, Herman lists the needs of victims for acknowledgement, support, empowerment and re-establishing of control, opportunities to tell their own stories in their own ways and in settings of their own choosing, as well as understanding regarding their fear of reminders of the trauma and of direct confrontation with their perpetrators (2005).

The concept of "gaslighting" as described by American victim advocate Marie Marshall Fortune⁷⁸, the neutralizing strategy⁷⁹ often used by offenders to discredit victims' accounts of their abuse, was reflected in several of these cases⁸⁰. All of the victims of

⁷⁸ Fortune (2017) suggests that, in such cases, (and for centuries) victims have been "gas-lighted" when they disclose, accuse their abusers or simply tell their stories. She suggests ways in which some of these dismissals and further betrayals can be addressed and ameliorated in her *Sources of Healing for Incest Survivors*. This, and others of Fortune's works, have been highly instructive from the beginning in helping us to formulate our own approach.

⁷⁹ The American Psychologist Jennifer Freyd, herself an incest survivor, demonstrates how these same phenomena (the perpetrator and societal denial of sexual assault victim accounts) led to the founding of the so-called False Memory Syndrome Foundation in the USA. "There is no such thing as an officially recognized 'False Memory Syndrome'", Freyd asserts, yet, in a few short years, this notion was being given a currency it never deserved and never should have had, so badly do societies need to deny the reality of the incidence of sexual abuse and assault (personal correspondence with the author). In her recent work, Freyd and her associates at Stanford have published work on a phenomenon they describe as DARVO (Deny, Attack and Reverse Victim and Offender).

⁸⁰ This phenomenon recalls what happened in polite Viennese society, when Freud suggested that the diagnosis of "hysteria" in his female patients, was not linked to 'wandering wombs' [*hysteria*, Lit.], but was post-traumatic behaviour which had its genesis in the sexual abuse and assault those women and girls had suffered (there wasn't a lot of consideration then about the possibility that males were often also victims of sexual predation). Freud's theory was met with outrage and he rather quickly recanted. His:

Discovery of the Etiological Significance of Childhood Sexual Traumas, Freud's earliest notion of the aetiology of hysterical symptoms, was based on his hypothesis on the importance of trauma dissociation, upon which he began to construct his first theory of neurosis. Soon, his conception of trauma narrowed to apply only to sexual trauma, and later only to childhood experiences of sexual abuse by the father. He substituted these earliest variations on a theory of neurosis with the libido theory due to his discovery of infantile sexuality, the poor treatment results he had with hysteric patients, the frequency of hysteria symptoms, the difficulties he had in distinguishing between his patients' internal and external realities and the ambiguous nature of the reasons behind the patients' problems, presumably due to repression. Recent trauma research, however, has rediscovered trauma dissociation, which is separate from repression. This has

rape, sexual assault and incest in these cases reported being seriously mistreated: shunned, shamed, dismissed and ignored. Six of these cases involved incest. Two more cases involved sexual assault by a parent or other person in authority, crimes that occurred when the victims were minor children. It is difficult to overestimate the impacts of this particular kind of trauma, given its deeply shaming components and betrayal of trust. The destruction that can be wrought by both the experience of child sexual abuse and its disclosure is enormous. It is only exceeded by cases in which the disclosures do not come until the victim *acts out* upon another in what is often unrestrained shame-based rage, or *acts in* upon themselves to create enormous (and often lethal) self-harm, as was very clearly the case in case studies 3a, 3b, 7, 12, 21 and 22b.

But mistreatment in these cases by those in authority did not only affect the direct victims. Several of the family survivors reported how distressing it was to have comments made in the media that reflected badly on their loved ones, comments such as “the victim was known to police” (case 8), the implication that the victim was “just another drunken Indian” (case 24), or that “all of the victims had been partying, drinking and drugging for a solid week” (case 8), somehow insidiously suggesting that this information diminished the ‘value’ of the victims and made the loss of their lives less tragic. This victim blaming phenomenon is often observed. It is almost as though a subplot runs through such cases in which a device is created, and invitation extended, to any average citizen who feels vulnerable in the face of the news of a deeply traumatizing criminal incident to refashion it for his or her own use: to ensure themselves that they could never be similarly at risk because they are not similarly stupid, evil, disordered, abusing substances or associated with ‘unsavoury elements’, and the like. However common this phenomenon, it is deeply disturbing to the survivors to hear their lost loved ones characterized in these ways.

The data in Chapter 5 on victim disempowerment certainly reinforces and supports one of the most striking of the Wasserman and Ellis (2010: 6-2) findings: namely that there is a correlation between the exacerbation of victims’ post-traumatic symptomatology

led to a new theoretical understanding of trauma-originated dynamics and the development of corresponding treatment interventions (Huopainen, 2013).

and the “degree of exposure to the justice system.” Victims and family survivors in this sample made clear that, however they experienced that deleterious effect, it was subsequently ameliorated and even remedied to a high degree by their VOMP participation. Victim participants (34 of 34) in this study reported: feeling empowered, enabled, provided with opportunity to “say their piece” or to “impact the offender’s thinking”; having been provided information or legal status, recognition or entitlement previously denied them, acknowledged, vindicated and/or validated. Some used synonyms of the terms “empowerment” or “empowered” in speaking of their ability to exercise power and volition, voice and agency with confidence, given the support of staff and the nature of the process, itself. Others indicated having found a new degree of peace, of freedom, of “healing.” The findings here support the view that disempowerment and alienation of even the most wounded of crime victims/survivors can be overcome if they are treated with care, concern, skill, trauma informed and well-conceived processes designed to provide them with the very things ‘stolen’ from them by the crime and its aftermath.

2. Trauma recovery

The majority of the victim participants in this study, 32/34, either suffered from PTSD or were highly symptomatic. In fact, 21/34 or 62% met *all of the criteria* for PTSD. Eleven others (11/34) were just below the threshold for the actual diagnosis; as such these individuals were highly symptomatic in ways that had manifested in significant, long-term, “distress or functional impairment” (APA, 2013). Yet, of the 32 victims who either met the criteria for PTSD or were just below the threshold, including those most highly traumatized and highly suicidal, reported that VOMP had proven to be an ‘exit strategy’ for them, an escape from the “daily, nightly” re-experiencing of the trauma. In each of these cases, VOMP’s trauma informed praxis proved helpful: as victims worked with staff to understand how the program might function to meet their needs, these particular needs came to the fore. Almost always, we began with a premise learned from one of our own favourite RJ ‘gurus’, trauma therapist Dr. Joe Solanto: “...treatment begins with education.” Dr. Solanto’s work on understanding post-traumatic symptomatology as ‘adaptation to the trauma’ incorporates a wealth of PTSD research.

With Dr. Solanto's permission, Gustafson (2008) adapted some of that material to make it available as a one page information 'hand-out' synopsis which assists trauma survivors in reframing their symptoms and the behaviours associated with them for each of the categories in which those symptoms cluster (see Appendix D). That 'treatment as education' provides a level of awareness that enables survivors to understand why they continue to re-experience the trauma in what seems like relentlessly perseverative ways, long after the initial danger is past. Scholarly work cited in Chapter 2, (Van der Kolk, 2015; Brewin, 2003; Finkelhor, 1990; Herman, 1997; Perry & Szalavitz, 2010) plays a part in how VOMP staff have come to understand these phenomena, as well as how we assist trauma survivors in understanding them for themselves. This relatively simple and even relatively short-term work can set the stage for further conversations, in some cases conversations with survivors' therapists (for those fortunate enough to have them) enabling collaborations between VOMP staff, their personal therapists or psychiatrists and the survivor themselves in ways that enhance the possibility of the VOMP process proving healing for them.

Not to belabor this, but engage for a moment in an act of imagination. Imagine what it might mean to you, if you had suffered a severe trauma, just to have a relevant listener create sufficient safety to enable you to tell your story perhaps over and over again, understanding that you literally need to tell the story until you no longer need to tell the story. Imagine what it might mean to you to have a facilitator provide sufficient safety, choice and relational support to enable you to share even your secret anxieties concerning whether your symptoms indicate that you may be going insane; to have them respectfully listen, then demonstrate for you that your behaviours are normative for a trauma survivor on the basis of accepted scientific instruments which assist you to see that not only are you not crazy⁸¹, but that your symptoms are indicative of health and normalcy. That alone would have significance, but on the trauma recovery journey, it is only the beginning. Every process invoked, every intervention, must support the

⁸¹ Cathy Caruth (1995: 5) asserts something similar: "If PTSD must be understood as a pathological symptom, then it is not so much a symptom of the unconscious, as it is a symptom of history. The traumatized, we might say, carry an impossible history within them, or they become themselves the symptom of a history that they cannot entirely possess."

necessary recovery work of the survivor: “establishing safety, reconstructing the trauma story and restoring the connection between survivors and their community” (Herman, 1997: 3)

This describes what actually takes place, from the beginning, for those survivors who choose to engage with us in these ways as they journey through the VOMP process. As a result, the trauma survivors whom staff accompany, at a depth and at a pace they, themselves, control, empowering them through caring, validation, listening and acknowledgement, creating options for their participation which enable them to choose those avenues which they believe will produce the greatest gains for them and issue in greater recovery and resilience, those survivors report the outcomes in the findings tables in Chapter 5. But let us travel a little further along the marriage of theory and practice to discover ‘what’s going on’, not only the what, but the why and how the outcomes for survivors are what they report to be the case for them.

We begin by discussing the case included in Chapter 4, the methodology chapter provided there as an ‘exemplar’ illustrating participant outcomes of a number of kinds as described below. This case (case 1) is highlighted as an exemplar because the patterns demonstrated in it were reflected in virtually all of the cases in this study. Figure 4. 1. “Emily’s Post-traumatic Stress Assessment (*Prior to VOMP*)” is illustrative of the symptoms Emily the rape survivor was experiencing when we first met her. This assessment, taken together with accepted diagnostic instruments for PTSD in DSM IV (R) or the World Health Organization (WHO) criteria in use at the time would indicate that Emily, in the late Fall of 1992, prior to her participation in VOMP, was suffering a “full-blown” Posttraumatic Stress Disorder. Emily’s symptoms, in terms of their number, frequency and intensity, had relentlessly persevered for the nine years following her rape. Form 4.2, an assessment of her symptoms just weeks after her facilitated dialogue with Danny in February 1996, indicates that, without exception, those symptoms have substantially diminished in frequency and intensity and many of those most troublesome to her previously are now being reported in the “Never” column. Form 4.3, indicating Emily’s experience as of March 2010 demonstrates that symptoms which often continue for trauma survivors unabated (see, especially: Van der Kolk

(2015) and Herman (1997)), are now virtually extinguished and have remained so for many years (for over fourteen years, in fact). Once frequent, intense and unabating, Emily reported, during her plenary presentation in 2007 to the Police Based Victim Services Annual Training Symposium in British Columbia, that “*these symptoms have completely evaporated*”; that she “*never*” experiences them any longer. “*I am freer now*”, Emily added “*than at any time since the rape*” (Emily, 2007).

This phenomenon, the diminishing, extinguishing or “evaporation” of post-trauma symptoms --which can plague survivors of severe violence unrelentingly from the time of the crime for the rest of their lives--is of considerable interest to some trauma recovery clinicians and researchers upon first hearing about it. Many of those clinicians and researchers have done considerable theoretical work that helps to explain this phenomenon and to underscore how and why - in theory - such an approach might work (Van der Kolk, 2015; Brewin, 2003; Foa & Kozak, 1986, Lang, 1968; Caruth, 1995: 5). But few, if the existing literature is any indication, have actually developed mechanisms for testing and making practical therapeutic use of the phenomenon as we have done for close to three decades and which use is confirmed by the study’s victim participants (Table 5.6) as having been highly efficacious for them.

The VOMP process incorporates an expansive body of trauma recovery theory, but we coupled here with Robert A. Johnson’s notions of the “pillars of wellbeing” that “traumatic events shatter the integration of personal schemata: one’s systems of self-preservation (safety), control (autonomy), connectedness (relatedness), meaning and belief” (Johnson, 1998; Herman, 1992: 50, parenthetical additions mine). The road to recovery, therefore, must involve rebuilding and reintegrating those systems, rebuilding the shaken and shattered pillars which are essential to human “wellbeing.” Whatever supports that work is experienced as healing and supportive; and whatever frustrates it is experienced as contributing to further victimization. Unfortunately, ‘secondary victimizations’ of trauma survivors, by even the best intentioned helpers or otherwise well-trained justice personnel, are very common as was clearly demonstrated in Table 5.3, where almost half of the study’s cases reveal experience of secondary victimization for this sample, the most severe of those are highlighted here: cases 1, 2, 3, 4, 5, 7, 8,

12, 16, 20b, 21, and 25. Safety, autonomy and ability to trust and engage in relatedness, these pillars can prove fragile, as is evidenced in the histories of our victim participants. In the cases presented, and throughout the history of VOMP, staff have frequently had additional work to do in order to overcome such secondary victimizations and to build trust with participants on both sides of the victim-offender equation. We see our work as involving well-conceived theoretical and process foundations but ultimately (as we have become convinced and the findings here underscore) having far more to do with relationship than with technique.

In Chapter 2, Theoretical Framework, the work of a number of researchers was highlighted (Van der Kolk, 2015; Brewin, 2003; Foa & Kozak, 1986, Lang, 1968) which recommends the use of ‘exposure therapy’ and the need to re-invoke the trauma state in order to get access to the regions of the brain where the survivors’ traumatic ‘memories’ are actually stored. The contexts make clear that these researchers and practitioners cited intend this ‘exposure’ to be understood metaphorically: they utilize symbols, role play, inanimate objects, flash cards, visualization, or audio visual cues which associate to the traumatic memory to activate the structures where the memory is stored. Lang and his associates, for example, trained research respondents to visualize “a green snake on a rock” within striking distance and to note the increase in their heart rate as they did so. They then tested respondents’ fear reactions and heart rates upon subsequent exposure to that same imagined stimulus, finding the responses they had hypothesized, including elevated heart rates (Lang, 1977).

It is in keeping with a body of early but established work that we dare to go so far as to suggest that, when they are ready, work with trauma survivors is best done not simply metaphorically or through tangential association, but literally in real time with the object of that fear, the perpetrator, in the room. It is essential, however, that this is understood in its context, with the underlying mantra, like that of the physician’s Hippocratic oath: “First, do no further harm.” The intent is not to traumatize the survivor further, but to reduce and to heal traumatic memory. There are no surprises: we engage the survivor in planning their participation at every step, including how we will go about cautiously invoking the trauma state so as to create new memory which is able to eclipse those

traumatic memories formerly firmly stored and fixed in the ‘survivor brain’. Thus, VOMP provides support, information, assessment, education, needed psychotherapy, ‘companioning’ the trauma survivor on a journey which includes gradual exposure to ‘the other’ through mechanisms which, in discussion with the survivor, they choose as options for their preparation (such as correspondence and videotaped exchanges), preparatory to a time - barring contra-indicators - when the *actual perpetrator* is in the room. As we hypothesized in the earliest days participants and their therapists comment that it is “the reality” of the process that makes it so impactful (Roberts, 1995).

As referenced in Chapter 2, Brewen (2003) published a book with the provocative title: *Posttraumatic Stress Disorder: Malady or Myth* in which he posited the existence of a “dual feed-back loop” almost as though there were two tracks along which messaging travels in the traumatized brain, making it possible that verbal reasoning ‘inputs’ insisting that the trauma is over, no threat now exists, could entirely bypass the traumatic messaging ‘outputs’ driving behavior, so that the two would not ‘connect.’ Calming, reasoned, true, ‘present tense’ messages are simply overwhelmed by the traumatic, irrational, past tense messages from the deep brain and limbic system⁸², which virtually scream: ‘save yourself’; then is NOW’; ‘the danger is real’; either ‘fight or flee⁸³.’ This hypervigilant, reactionary response was demonstrated profoundly in many of the cases in this study, as demonstrated in Table 5.5: Victims’ PTSS/PTSD Experience pre-VOMP, but was particularly poignant in case 18, where Karen, a victim of forced confinement and sexual assault, was so traumatized that she developed agoraphobia and became virtually “trapped” in her own home, unable to leave it believing that the last time she had ventured out she had seen the offender on a street in the downtown core of

⁸² These physiological responses are responsible for many of the PTSD symptoms that the victim survives in our study sample struggled with (see Table 5.4).

⁸³ Until the higher reasoning centers are convinced that there is no present danger, the amygdala and its related structures rule, defaulting to survival mode and triggering release of powerful hormones (epinephrine or adrenaline) whose function is to prepare the body for ‘fight, flight, or freeze’ states in which heart rate and blood pressure increase, respiration becomes more rapid in order to charge the blood with oxygen, and the major muscle groups become coiled ‘springs’ tensed to spring into action. Virtually all of the bodily functions not needed for combat or escape, such as digestion, slow or shut down in order to shunt energy toward the systems essential for survival. Stanford University researcher Robert Sapolsky, an expert in stress hormones makes that point vividly, suggesting “This is no time to ovulate” (Robert Sapolsky on Stress, 2011).
<https://www.youtube.com/watch?v=ncYMV4DXCMU>, accessed February 1, 2016.
<https://www.youtube.com/watch?v=ncYMV4DXCMU>

her city. She soon realized she was “seeing him everywhere” and began to think she was literally losing her mind. Karen’s case is simply one example of the ‘reevaluation’ phenomenon described by Davey (1993). Below we describe how we used an understanding of the psychological mechanisms at work in triggering traumatic memory as posited by Davey, but coupled with the exposure therapy ideas of others (Lang, 1968, 1977; Foa & Kozak, 1968; Van der Kolk, 2017) in order to create new memory structures in reverse, causing - not an upward reevaluation of the threat and corresponding fear state - but a downward and decreased one. Of the study participants, 32/32 either met the criteria for PTSD or were just below the threshold, making all of them prime candidates for the sort of hypervigilance and triggering response experienced by Karen in the example just above.

In the cases involved in this study (and for almost three decades now in hundreds of others) we have seen victims begin a ‘reevaluation’ process, but one carefully conceived and working in reverse, leading to a downward reevaluation of the threat and consequent decrease in fear as the survivor becomes convinced, on the basis of criteria meaningful to her or to him, that the threat *truly* has diminished. Again, let us be clear: this is not about trying to convince a trauma survivor that there is nothing to fear from an aggressor who does, indeed, have both intent and the potential to do them further harm. That could hardly be qualified as useful service. In many circumstances, in fact, the trauma survivor’s knowledge of the perpetrator and assessment of his or her dangerousness, is likely to be more accurate and informed than that of any would-be helper without identical exposure. But assisting survivors to balance their fears with well-thought-through safety and support strategies, even in a situation involving possible future violence (as in case 15) can assist. While the underlying psychological theory behind what seems to make these facilitated dialogue and circle processes work may have been primarily posited by Western researchers, there seems to be no controversy regarding the fact that new, reliable information about the perpetrator can vastly increase or decrease fear states for trauma survivors across all borders of race, clan, gender, language and culture. These are human processes, part of the survival and discernment mechanisms with which we as sentient beings have been gifted. The results found in Table 5.6: Post-VOMP PTSS/PTSD Outcomes demonstrates that for all 32 of the

victims in this study who were struggling with PTSS or PTSD, this downward reevaluation occurred, leading to a marked decrease their PTSS/PTSD symptoms.

Once this new learning is experienced, trauma survivors are unlikely to return to the same levels of fear--even given associations that once would have immediately triggered the trauma. This new 'map', the higher reasoning centres of their brains persuasively insist, is more 'true' than the earlier, terrifying edition. When triggering associations increase amygdala activity (a brain centre for mediation of affect states, especially the range from fear through terror) instantly messaging the survivor brain to assume 'full alert', the higher centres can provide assurance: "Shhhhh", they now whisper, "thanks for your efforts, but we have things under control." "This is NOT that". "Now is NOT then!" "Good sentry! Well done! Now go back to your post."

Examining case 1 and the outcomes for Emily of her VOMP participation, illustrates findings seen across this sample for the trauma survivors. Emily's 'pre' and 'post' VOMP trauma symptom assessments appear, as she described it to a ballroom full of police and police-based victim service workers, to have been "extinguished...completely evaporated" in a way which seems to onlookers akin to magic. But this is no miracle elixir, nor the work of some medieval magus. The phenomenon, rather, is based in solid psychological theory and trauma recovery treatment methodology, as noted above and in the theoretical chapter. Emily no longer fears the 'snapshot': the image she has carried of the violent young man who had stalked and so terrorized her because the snapshot has come alive; the living being before her, the former enemy 'other' bears only the slightest resemblance to the demonic snapshot in her memory. Her own higher cognitive functions go to work assessing the degree of remaining threat being signaled by those areas of the brain in which the traumatic memory associations (sights, sounds, scent, taste, touch) trigger fear and flight responses. It is not that the neuro hormonal transmitting substances (NHTSs) in the brain cease to be secreted and to flow in response to those associations, as it is that the higher reasoning centers have made an overriding determination (reevaluation) of the degree of continuing threat, quieting the amygdala, assuring the organism that it is not under threat, and can, at least for the time being, relax.

The perseverative nature of Emily's trauma ends. The "daemonic force" (Freud, 1920a: 35) is stripped of its power. The chains are broken and Emily is free to flourish and to thrive once more. She is a truth teller. She is innocent. She is none of the things that are so often suggested to rape victims that they must be: by a cruel public; by print and electronic media reporters who, in rushing to meet deadlines, insinuate, speculate and often wrongly conclude; by cruel family members; by criminal justice processes that would repeatedly revictimize her with such suggestions. None of them are true. The truth is she is an innocent, righteous woman, living on her own, minding her own business and bizarrely chosen for the shame and denigration of sexual violence by a young man whose need was to attempt to rid himself of those same things through acting out this cycle of violence against her, thereby, in his twisted cognition, avenging his own injury.

In an unanticipated finding, VOMP participation also resulted in decreased PTSD symptoms for the 3 victims in cases where the offenders demonstrated little empathy, maintained a level of denial for the level of harms caused their victims, and showed no observable remorse for their crimes (cases 6 and 15). The results in case 6, which involved the sexual assault of Rebekah by her step-father and spiritual leader, Tomas, were successful in large part due to an ancillary process that occurred a few weeks after the victim/offender face-to-face meeting. This case demonstrates what was presented as theory in Chapter 2, that the impacts of crime are far-reaching (Wasserman & Ellis, 2010) with the damage caused almost axiomatically extending to the survivor's entire psycho-social system. The response of others in those systems has power to influence how the trauma is experienced: support from others in the survivors' social system can help to mitigate the impact of the trauma, while abandonment, disbelief, 'gaslighting' and blaming, negative responses can both compound the damage of the criminal injury suffered and greatly exacerbate the traumatic syndrome (Cf Herman, 1992: 61). In case 6, Tomas failed to offer to Rebekah the apology she had hoped for but which - she recognized, on the basis of his past behavior - would not likely be forthcoming. Nevertheless, and to her great astonishment, Rebekah came away from that meeting with something vitally important to her: Tomas's acknowledgement, as VOMP staff videotaped this exchange, that she had been truthful in her courtroom testimony, as well

as Tomas's written permission to show that tape to others who had so added to her victimization. The members of the church Tomas had pastored and which Rebekah had attended, had disbelieved her account of sexual abuse at Tomas's hands. In fact, they accused Rebekah of being "*the adulteress who had caused the fall of this godly man*": another clear example of 'gaslighting' (Marshal, 2017) and of DARVO: Deny, Attack and Reverse Victim and Offender (Freyd, 2013). Table 5.4 indicates that through the VOMP process Rebekah was able to find vindication and validation from those who had formerly sided with the offender. This outcome was achieved when VOMP staff convened and facilitated an ancillary group conferencing process involving the church leadership (the church in which she had grown up and where some of these same leaders had been her childhood Sunday School teachers) and a number of those who had believed Tomas's denials rather than Rebekah's truth. Rebekah showed the videotape of Tomas's acknowledgement of her as a truth teller, and with remarkable restraint in terms of what might have been reasonable recrimination in the circumstances, expressed her disappointment in the response of the congregation to her disclosure. The conference ended any question about the validity of Rebekah's disclosure and subsequent testimony at trial (testimony which many of them had witnessed at the time). To a person, the attendees at that group conference expressed gratitude for all that VOMP staff had been able to do for Tomas and Rebekah. But it was too little, too late: Rebekah determined to go in search of a healthier faith community and to take her at least somewhat newly "healed heart" there.

The decreased PTSS/PTSD symptoms in case 15 were derived not from the offender participant's increased victim empathy and apology but by the increased information the victim participants were able to obtain. In this case, the victims, Beryl (who had suffered long term incest and violent sexual assault at the hands of her father, Henri) and Bonnie (Beryl's mother and wife of the offender, who had suffered increasing intimate partner violence through the last years of their marriage) referred themselves to VOMP in hopes of having a safe and professionally facilitated means of evaluating the degree of risk they likely still faced from the offender, given his multiplied threats to kill them in the years prior to his arrest. In a case that normally would not have met the threshold for requisite responsibility taking, had the referral been initiated by offender or on his

behalf, we proceeded, convinced by Beryl and Bonnie that they would be safer for the experience of having had opportunity through their face-to-face meeting with Henri, to assess whether he was “remotely repentant and committed to dealing with his inner ‘demons’” or still entirely capable of perpetrating (and perhaps still intending) further violent injury. Beryl met with him, as she said:

to confront him with all of the downstream consequences of his violent deviance in my life. I don’t need his acknowledgement, and I’m unlikely to get it, however his response to my having challenged him will tell me everything I need to know (case narrative notes).

As we debriefed with Beryl and Bonnie following the meeting and in a number of visits with them in the months that followed, the two made clear that they were deeply grateful for the discernment opportunity they had had and were taking steps to ensure their safety against the time that Henri would be released from prison. In letters to the Minister of Justice and the Commissioner of Corrections, Bonnie expressed gratitude for government support of the program which had served them so well. To have accepted this case as one suitable for processing in an RJ program it seems clear, would have caused alarm bells to be sounded by a number of the scholarly contributors cited in Chapter 2, and which will be discussed more fully in Chapter 7, controversial issues in RJ. But the evidence is clear, and the ancient aphorisms may be where the theory is best seen: “If the fruit is good, it is likely that the tree is good.” “Wisdom is vindicated by her children”. Beryl and Bonnie were not looking for reconciliation, or re-storation of their “status quo ante” (Llewlyn & Howse, 1998) previous relationships with Henri, the offender. They are clear that they got, in this situation of long-term sexual assault and intimate partner violence, exactly what they came for, an opportunity to discern whether they might still be at risk for violence from Henri, and to take steps to ensure their future safety, if necessary.

These results, namely that 32 of 32 victims who had manifested high degrees of severity of PTSS/PTSD symptoms, demonstrated that the face-to-face meeting with their offenders, combined with other aspects of the VOMP process, touch victims’ need for validation of their experience, both by the specific offender and, in more abstract but important symbolic ways, by members of their communities. From a therapeutic

standpoint, this too assists recovery. At risk of leaning too heavily on the work of Dr. Herman, we quote her once more, since no one else seems to say these things quite so well:

The response of the community has a powerful influence on the ultimate resolution of the trauma. Restoration of the breach between the traumatized person and the community depends, first, upon public acknowledgement of the traumatic event and, second, upon some form of community action. Once it is publicly recognized that a person has been harmed, the community must take action to assign responsibility for the harm and to repair the injury. These two responses--recognition and restitution--are necessary to rebuild the survivor's sense of order and justice (Herman, 1992: 70).

3. Traumatic growth that issues in new vocation

Another unanticipated outcome seen in the study data was that 11 of the 24 adult victim participants, or 46%, experienced what they describe as a degree of healing and self-discovery that set them on a path to new vocation, having made meaning of their trauma, finding something redemptive in it and finding meaningful opportunities to serve others, often others similarly impacted by traumatic losses. In her oft quoted book, *Trauma and Recovery*, Herman speaks of this phenomenon as “Finding a Survivor Mission”, saying, of trauma survivors who manage to “transform the meaning of their personal tragedy by making it the basis for social action [that w]hile there is no way to compensate for an atrocity, there is a way to transcend it, by making it a gift to others. The trauma is redeemed only when it becomes the source of a survivor mission” (1997: 207). That nicely describes the experience of 46% of the adult survivors who were referred to VOMP at a time when they had little hope, or reason to hope that they would ever manage to redeem their trauma by “making it a gift to others...”, making meaning of their own suffering but seeing in it the source of a survivor mission, and going on to serve others in ways that they could never have dreamed, initially.

In 5 of the sample case studies the VOMP victim/survivor participants were too young (two of them at six years of age) or still in school or University to have found their vocations. But of the remaining 24, 11 victim participants, following the encounters with

their offenders, and crediting VOMP participation for a large part of their gains (Roberts 1992, 1995) have transcended their own personal traumas and found their way into meaningful vocation in just the way Herman describes.

Many victims (and a number of their counterpart offenders) have actively participated in professional conferences, public awareness sessions, documentaries, or other media events regarding their VOMP experience (cases 1, 2, 7, 9, 10, 12, 13, 20a, 20b, 21, 23, 24, and 25). Eleven victims were able to transform their trauma and transcend the pain of it to the degree that they were able to pursue new career paths that lead them to work with individuals with similar needs and life experiences, making their own trauma recovery a gift to others. This information is presented in detail in their case studies in Appendix F, but would include cases: 1, 2, 9, 10, 12, 13, 19, 20a, 21, 23, 24, and 25, with at least nine of these crediting their VOMP experience for enabling that to happen. Even from among this limited sample, two of the survivors, as just one more way in which they continue to make their redeemed pain a gift to others, assist VOMP staff to convene, host and facilitate regular pot-luck dinner meetings of a trauma survivors' support group (in this case, all of the regular attendees are VOMP participant alumni). The number attending, together with their spouses ranges from about 10 to 22 at an average gathering. Quite the cadre, and a continuing joy for VOMP staff, who no longer think of these folks as 'clients', but as colleagues, collaborators, friends and, yes, as 'family'.

Herman finishes her thought on Finding a Survivor Mission with these words, closely applicable, once again, to the experience of the trauma survivors in this sample, and in as eloquent a way to conclude this section as I can possibly imagine:

Social action offers the survivor a source of power that draws upon her own initiative, energy, and resourcefulness but that magnifies these qualities far beyond her own capacities. It offers her an alliance with others based on cooperation and shared purpose. Participation in organized demanding social efforts calls upon the survivor's most mature and adaptive coping strategies of patience, anticipation altruism, and humor. It brings out the best in her; in return, the survivor gains the sense of connection with the best in other people. In this sense of reciprocal connection, the survivor can

transcend the boundaries of her particular time and place. At times the survivor may even attain a feeling of participation in an order of creation that transcends ordinary reality (Herman, 1997: 207).

4. Resolution of childhood trauma (ACE) and personal traumatic growth

As indicated in Chapter 5, VOMP staff do not routinely do Adverse Childhood Trauma (ACE) assessments for all offenders but do so where the issue of trauma has arisen in discussion with either the offender or the victim (who may be exploring the meaning or motivation behind their offender's criminal behaviour). In these 25 cases there were ACE scores produced for 11/28 offender participants. In addition to these cases where the ACE score was assessed, there is sufficient information in another 4 cases to indicate that there was a history of early childhood trauma. For a total of 15/28 offenders, then, over 50%, had experienced childhood trauma, in one form or another and at levels significant enough to be defined as traumatic. Sexual abuse figured in the childhood trauma for 11/28 of the offenders and significant physical abuse, assault or emotional/psychological abuse was reported in at least four other cases. The actual number may be slightly greater, since there were others who, based on their crime patterns, had both VOMP staff and prison psychology staff wondering whether sexual abuse had been part of their histories as well.

As the data in Chapter 5, Table 5.9, demonstrates, the majority of offenders (21/28) reported having experienced a significant level of healing, expressly related, variously, to their own trauma histories, to the reservoir of guilt and shame they had previously borne, and in terms of having experienced the release of much of that guilt and shame through the forgiveness, grace and mercy granted them by their victims, and feeling that they had grown in maturity, in confidence, in courage and in character through having faced into the challenge of encounter with 'the other'. Four others, though they had not experienced what they might describe as 'healing' to the same degree, registered having experienced at least a degree of change and personal growth which they believed would stand them in good stead as they rebuilt restorative foundations for their everyday lives, on 'the outside.' This level of improvement, as subjectively described by the offenders

and observed by the VOMP staff begs the question, how does this healing occur and what is it in the VOMP process that continues to these outcomes.

Often it is during the VOMP intake process that the facilitators see far too many of these child sexual abuse trauma survivors for the first time, in a Federal Prison, having acted out violently - whether sexually or not - against others, and the cases in this sample clearly demonstrate this. To fail to treat these individuals - as with all trauma survivors - is utterly unconscionable. To fail to treat them because they are also convicted offenders, is beyond unconscionable: it is also stupidly short-sighted. Does not cutting the links in the chains of intergenerational trauma make significantly more sense, for the trauma survivor himself or herself, as well as for everyone who lives, or will live, 'downstream?' Gustafson (2005).

Trauma is a fundamental concern for criminology and victimology. To fail to understand that is to stumble in the dark, searching for elusive answers to the questions framed around the theme: "What accounts for criminogenics?" while tripping over the very evidence in the experience of offenders that would end the quest, or at the least, shape the questions in more helpful ways. The connection between former experience of trauma and subsequent offending is a problematic one. Corrections folk (even some of the enlightened treatment providers) often resist any such cause-effect connection, believing that to suggest that one might exist is to support offenders in maintaining the denial systems that enabled them to offend in the first place and to continue the self-deceptions that make it possible for them to maintain innocence when guilty, blame the victim, or minimize their culpability when forensic guilt has been clearly established. This notion: "Get it straight buddy: you are the inmate, the convict, the 'perp'. You are NOT the victim; we don't want to hear about how you've been victimized", is a common one. Many Corrections folk dogmatically maintain this view as a tenet of the doctrine. In many correctional settings it has become a faith construct; the rule. But who made this rule? Is it, in fact, impossible to simultaneously treat both the victim and the offender, the child and the man?

Sadly, not only do our correctional institutions often fail to acknowledge or address the prior victimization of offenders, and in fact so often as to be practically normative, but in far too many cases traumatic victimization continues or becomes more intense while offenders are incarcerated. The research presented in Chapter 2 highlights the atrocities, including; sexual and physical assault, “administrative segregation” (read: solitary confinement), medical neglect, suicide and homicide. More disturbing is the literature that suggests that high levels of abuse are perpetrated by prison staff (Specter, 2006: 125). With prisoner suicide rates 7 times higher than the general population in Canada, homicide rates almost 14 times higher and a crude mortality rate over twice as high it seems clear that something needs to be done (CSC, 2015).

As stated previously, one of the VOMP’s core values is that staff are committed to work with the needs of both victim and offender. That commitment, that ‘dual partiality’, (Nagy, 1993) sets a particular course for the program. When offenders’ histories reveal that they are both responsible for the trauma in the lives of their victims but also bearing the trauma of their own wounds, we commit, within the constraints of time and invitation to assist with both. For offenders this means that the process often leads to new levels of awareness, insight, and understanding. Victims who come to understand this aspect of the program see how that sort of commitment might just issue in offenders deciding to deal with their own woundedness, as many in this study did, with the hoped for impact on reduction in future offending. As the data in Chapter 5 Table 5.9 demonstrates, the majority of offenders (21/28) indicated that their participation had led to new insight and understanding. Danny’s story (case 1) which appears in Chapter 4 as an exemplary case, provides an illustration of how the VOMP process can lead to offender ‘healing’.

In similar fashion, and with similar dynamics in the patterns of exchange of shame and power, predicated, in a number of cases, upon the dawning awareness of their own ACE and how it played out in criminogenesis - not as an excuse for their wrongdoing and the harms they had caused others but, rather - as an internally experienced motivation to get to work on their own healing and to commit to do all that could be done to ameliorate the pain in the lives of those whom they had traumatized, the majority of offenders in this sample committed to personal transformation. This dynamic played out as a robust

finding in all but three of the cases involved in this study (5, 6 and 15). For the remainder, VOMP participation was seen to be a contributor to the commitment of offenders to: 1) complete their 'correctional plans' and 2) to engage more fully in treatment programs.

In summary, over 50% of the offender participants in this study (15/28) reported some level of early childhood trauma. Yet, 21/28 offenders reported having experienced a significant level of healing, expressly related, variously, to their own trauma histories, to the reservoir of guilt and shame they had previously borne, and in terms of having experienced the release of much of that guilt and shame through the forgiveness, grace and mercy granted them by their victims. Four others, though they had not experienced what they might describe as 'healing' to the same degree, registered having experienced at least a degree of change and personal growth. The remaining three are the three noted in the paragraph just above (cases 5, 6 and 15)

5. Attitudinal change, and increase in victim empathy

Although offender trauma recovery and increase in victim empathy are treated as separate topics, in reality they are braided strands of the same 'cord' and often happen simultaneously, as demonstrated in Danny's story (case 1) above. After many years of working with criminal offenders in five countries and a variety of circumstances, June Stephenson's (1992) conviction that empathy is a watershed issue appears highly salient. Working with prisoners in sex offender programs and relapse prevention programs led to the observation that those who have developed a degree of empathy--who have genuine remorse for the harm they have caused and for the consequences of their criminality in the lives of their victims - seem, almost axiomatically, to be most committed to digging deep, to doing the hard work of therapy. If it is true that denial of responsibility and empathy for one's victim(s) cannot coexist for long, then investigating this particular research question comes to the fore as perhaps the most important of them all.

As demonstrated in Chapter 5, Table 5.10, there was considerable variation among the offenders in the sample when they are first referred to VOMP as to their sense of victim empathy and their (related) ability to accept responsibility for the impact their crimes had had on their victims. Although a number ($n = 20$) had made significant progress in prison treatment programs for others ($n = 8$) there was entrenched denial, at worst, and rationalization and minimizing at best. After their participation in VOMP and their face-to-face meeting with their victim those numbers shift. Many of the 28 study participants, in fact 26/28 offenders, as demonstrated in Table 5.11, who had expressed little or no remorse or empathy for their victims from the time of the commission of their offences, through their trials, and often well into the first years of their prison terms, found engagement with their victims through the VOMP processes to be a ‘watershed experience’. For offender study participants, the death of denial and the growth of victim empathy became the norm rather than the rare exception.

As noted in Chapter 2, it was the case during the study period for this sample, that at least one ‘treatment centre’ in each region (and often a number of other prisons in that region as well) offered treatment programs for violent offenders and violent sex offenders. Offenders participating in these programs would progress through a number of treatment modules focused upon specific objectives, but with a particular focus on the development of victim empathy (Hanson, 2003). In the context of their treatment, offenders would write letters to their victims (which were never sent), and letters to themselves as though those letters were from their victims. Further along in these programs, the offenders would go through what were often grueling role plays in which they assumed the part of their victims, attempting to approximate the feelings and experiences of their victims as they, their fellow group members and their treatment group leaders catalogued the horror and the harms suffered in the criminal incident and its aftermath.

Such treatment modalities are predicated on what was, at least at that time, the accepted notion that offender treatment must be done with the victim metaphorically ‘in the room.’ As useful as all of that might be, it is far more efficacious from a treatment point of view to have neither a metaphorical nor an imaginary victim ‘in the room’ but *the*

real one, just as, in the section of victim trauma recovery and treatment of PTSD, we noted that research in exposure therapies, proves efficacious beyond most other treatment interventions. Once again, Danny's comments contrasting treatment programs and the power of this encounter not with an imaginary or metaphorical victim, but with Emily, his very real, flesh and blood one, speaks to how powerfully the difference between the two can be experienced. This is not to devalue other psychotherapies or treatment interventions. In fact, victim/offender dialogue almost always seems to work best when accompanied by other treatment modalities. But the power of properly prepared and facilitated victim/offender dialogue can, and often does, as these findings show for 26 of 28 offenders, transcend anything that can be experienced by either party in role play or other therapies.

In cases where video interviews with victims are used during the preparatory period, a shift toward increased victim empathy can be observed even at that early stage. As offenders view the victim's videotaped 'victim impact statement' empathy can develop simply through hearing from the victim about the harms suffered - perhaps for the first time in uninterrupted narrative fashion - and they will often need a moment to compose themselves. While VOMP staff want to be respectful, and not attempt to trick anyone into revealing what they are not yet ready to reveal, those moments, if captured on video, are also tremendously useful in enabling victims to see that there is significant empathic emotional response, and to begin to determine whether or not they believe it to be genuine. Whatever the offender participant says in response to the victim's video statement, facilitators usually engage briefly with them, while the camera is still running, about what they have seen in the victim's video and how it impacted them. In many cases, what they have seen is deeply impactful and requires a lengthy debrief. It is likely difficult for the average person to comprehend how difficult it can be for a prisoner to have to return to the loneliness and isolation of his or her cell or living unit while 'torn up' emotionally. Emotional vulnerability is something most prisoners carefully guard and defence against, since vulnerability is often seen by others as a sign of weakness and may invite unwanted curiosity, intrusion or even predation by others (prisoners or, sadly, staff in some cases) looking for opportunity to increase their relative power over the vulnerable one. Therefore, borrowing from good trauma informed clinical practice,

VOMP facilitators conduct these sessions along a ‘bell curve’, i.e., the most intense part of the interaction in the ‘middle’ of the session (the apex of the curve) is followed by a time of winding down prior to his or her returning to their cells (and, quite possibly, to inquisitive others in the population).

Although many offenders express fear and anxiety about their victims confronting them in an attitude of rage or coming with the express purpose of ‘tearing a strip off them’, this certainly did not happen in the 25 cases under review and from my own experience as a VOMP facilitator for what is now almost 30 years it has never happened. By the time the dialogues occur, the victims have usually identified their rage as having a deeper genesis: hurt, pain, suffering. It is the clear and candid expression of these feelings that seems to impact offenders. If they were simply angrily attacked, it is conceivable that they would react to defend themselves against the expression of anger or rage, and either chose to end the session and leave the room, or stay and simply ‘leave’ emotionally.

Empathy may well be the critical ingredient in the transformation or healing of broken relationships. True empaths do not harm one another in the first place. Those who are able to do harm to another, lack - at least in that moment - the empathy required to restrain that impulse. This particular restorative approach provides opportunity for the transmutation of that dynamic - from one where no empathy was evidenced, to one in which profound empathy is felt and most often, shared. Each participant encounters ‘the other’ in their humanness, with the veneers that once enabled the ‘othering’ to occur dissolving before their eyes. Offenders - those who formerly lacked (or suppressed and ignored) empathic feelings for their victim - are almost axiomatically moved to enter into the feelings and emotions of their victims in these dialogues. In turn, trauma survivors meeting these offenders face-to-face and witnessing the evident empathic response of the ‘other’, the offender, are often astonished at the power of this process to humanize and personalize them to one another. Both experience the dissolution of the stereotypes they’ve held (which are often concretized through court appearances and media treatment of these) and frequently report that, by contrast, participation in VOMP humanizes their justice-seeking and peace-building processes in profound ways. Katy

Hutchison, a VOMP participant described just this process in a public presentation for my students at Simon Fraser University, naming the day of her facilitated dialogue with the young men responsible for killing her husband at a New Year's party run amok, "the most human day of my life, apart from the birth of my twins" (Hutchison, 2006).

As demonstrated in Table 5.11, offender empathy for their victims increased following their face-to-face meeting in 26/28 cases. The two cases where this increase was not observed were both cases of incest; cases 6 and 15, where both offenders refused to accept responsibility for their crimes and the subsequent impact on their victims (despite this fact, and as noted above in section 6.2, the victims in these 2 cases, 3 victims in total, still found the process to be healing). It could prove to be the case that reluctance or refusal to engage in treatment programs of any variety, however, suggests a stance that is at least something of an indicator bearing further exploration.⁸⁴ All of the others, 26/28 offenders, reported and demonstrated increase in victim empathy. In a number of cases offender empathy was observed and commented on by their victims as a deeply meaningful aspect of those meetings. Offender accounts of what transpired in those meetings, and the empathy they felt for their victims (if not at the outset then by the end of them) had caused them to commit, whether their victims had requested this of them or not, to promises to "never again harm someone in the way I did you", "no more victims"; to make 'guarantees of non-recurrence' (NMV). Which serves as a segue to our next section, desistance.

⁸⁴ There may, of course, be good reasons why offenders would refuse treatment. Offenders (none of whom were part of this sample, but who were incarcerated alongside a number of these) dropped out in *en masse* and refused to attend further sex offender 'treatment' sessions, claiming "cruel and unusual punishment" when one Skinnerian behaviourist psychotherapist / psychologist in the mid 1990s was found to be attempting to 'extinguish inappropriate sexual arousal to pornographic videos' by administering a 'shot' of highly concentrated ammonia up the nostrils of her offender 'subjects' (objects?) when the mercury in the penile plethysmograph gauge reached what she deemed to be indicative of arousal to the stimuli. Investigators looked in on her 'laboratory', fired her and dismantled her 'lab.' Thankfully, that lab has never been reassembled, although penile plethysmography is still used.

6. Desistance

Table 5.12 on desistance indicates that 2/28 offender participants in this study are still in prison at time of writing (June 2018). The 26 remaining have been released over the years with desistance outcomes as follows: 23/26 (88.46%) offenders have been successfully in the community for a minimum of five years following their VOMP participation, 12/26 for over 15 years and 2/26 for over 20 years. The two offenders who are still in prison are Bret (case 10), although he is now eligible for parole and being supported by his case management team, and Juan (case 20) because - after 12 years of denying any involvement - he took responsibility for a second murder, an unsolved 'cold case' and was sentenced to a second (and consecutive) 'life' sentence.

That is the good news. Now for the bad:

As discussed in Chapter 5 two offenders violated conditions of their parole (cases 1 and 2). In both cases the violation involved drugs. The question might be asked: given that there was a parole condition violation (which certainly raised questions about whether both offenders could be safely supervised in the community) but no new criminal offense leading to charges and no new convictions returning them to prison, are they desisters? Or, after a decade of successful desistance 'maintenance', have they failed that grade? Claes and Shapland (2016: 307-308) would contend that:

many of the relapses are due to structural obstacles to desistance (such as failure to find a legitimate job), but even relapse does not necessarily bring the would-be desister back to square one, but to a point where he or she may, if still having the desire to desist, start off again along this journey (2016: 308).

They add, once again underscoring the import of the 'therapeutic alliance', this:

Along the route to a crime-free identity and a prosocial life, these ex-offenders will find reinforcers to desistance, such as partners or new friends or work, which encourage the maintenance of desistance (2016: 308).

That describes exactly what transpired for both Danny and Sam. Both were experiencing struggles, relationally and financially. When Sam realized he was in trouble he reported his drug use to his IPO and then called VOMP. Sam confessed that he had been ashamed to call but was aware that he probably didn't have a more committed supporter. The importance of the 'therapeutic alliance' (Marsh and Maruna, 2016) comes to the fore, here and is underscored by Sam's next words:

Given all you've been through with me and 'Allison', I managed to convince myself that you wouldn't likely abandon me now. But I feel really shitty about this Dave. I feel like I've failed you and Sandi [the co-facilitator whose constancy was also apparent], 'Allison' for sure, and all the other people who've believed in me. I guess I've failed myself, and my daughter, too, maybe big time. I don't know how much extra time I'll do now, because of this, but it isn't going to be none!" (File verbatim of meeting).

Both Danny and Sam were returned to prison for a short period of time and then re-released. There have been no further 'relapses', scrapes or 'slip-ups' since. On these bases, I put both Danny and Sam back in my 'desisters' column, as individuals who are fulfilling the criteria offered by most authorities, despite the earlier parole suspensions.

Three others who reoffended, Vince (case 19), Oscar (case 25) and Pablo (case 5) are a slightly different story. All three of these cases are described in Chapter 5 but for ease of recollection we'll reiterate: Vince was re-arrested 18 months after release and convicted of car-jacking. Oscar spent many years on parole in the community but reoffended a few years ago and was incarcerated briefly in Provincial Jail for an assault offence. Pablo's parole was "revoked *with offense*" 480 days from release on new sexual molestation charges. Among the 18 definitions for desistance Rocque (2017) provides (14 listed by Kazemian, 2007, and four of his own) we could probably qualify even these three as desisters of some stripe. However I have them firmly in the persisting column. The synopsis then, in the desistance/persistence columns for the participants in the study sample, looks like this: 2 of 28 remain in prison at time of writing (2018). Three of the remaining 26 reoffended and were either returned to federal prison (2) or to a short term in provincial jail (1). Total desisting then, of the 26 of 28 who had been released, is 23, or 88.46%.

Porporino (2014) makes very clear that determining an overall recidivism rate is a complex and quite uncertain task, complicated by many factors. However, when the focus is not on all of the issues which might complicate arriving at a number, so that what is being reported is returns to custody for new offences, the task is made considerably more simple. Even so, Porporino (2014) reports that the offenders in his study were returned to custody at different rates depending on what form of release they had been on at time of readmission: 41.6% of offenders who were on day parole were readmitted; 25.1% while on full parole; 46.5% while on mandatory supervision and 23.1%, on other forms of release, for a total recidivism/readmission rate of 37.1%. In the US, just for the purposes of comparison:

According to an April 2011 report by the Pew Center on the States, the average national recidivism rate for released prisoners is 43%.

According to the [US] National Institute of Justice, about 68 percent of 405,000 prisoners released in 30 states in 2005 were arrested for a new crime within three years of their release from prison, and 77 percent were arrested within five years.

Another Canadian recidivism study (Stewart, Sapers & Wilton, 2013) which also involved victim-offender mediation participants within CSC, studied readmission rates for new offenses committed within one year of release, with results as shown in the table below:

Table 6.1: Offenders’ first return to custody with an offence

	Restorative justice %(n)1	Comparison % (n)
Return within 3 months (n= 97)	0.0 (0)	2.1 (2)
Return within 6 months (n=92)	2.2 (2)	4.4 (4)
Return within 1 year (n=76)	2.6 (2)	9.2 (7)

[...]the trend suggests that after one year of release, offenders involved in face-to-face victim-offender mediation had fewer returns to custody with an offence than a matched comparison group, despite having lower Reintegration Potential and lower Motivation ratings.

The researchers concluded, therefore that victim-offender mediation. . . “shows some promise in reducing recidivism on release for participating offenders. A longer follow-up period would be required to allow for stronger conclusions.”

The rates provided in Chapter 5 as findings for VOMP offender participants in the present study, are for considerably longer periods of time, as the results show (*up to 25 years* of follow up, in fact). Findings here indicated total rates of reoffending and being returned to prison (or provincial custody) at 11.54%, these numbers according to the desistance definitions on the more conservative side of the house, i.e., desistance as ‘exiting’ criminal career paths. Less conservative definitions might alter the equation, making the results appear even more auspicious. The most salient findings for this study’s sample are as follows:

- 1) the duration of the observation period far exceeds those of the other relevant studies, yet indicates that the great majority of VOMP participant ex-offenders are desisters and have been successful in rejoining the community;
- 2) given the seriousness of the initial index offences, any parole violation, or conviction on new charges would almost certainly be registered and become known to us as part of this research (as is underscored by the CSC’s recidivism research on this same sample), meaning that it is highly unlikely that VOMP participant ex-offenders were readmitted to custody without that being known and factored into the results, here.
- 3) the desisters who reported feeling guilt, as opposed to shame, demonstrate a correlation between guilt and increased empathy, and thence between increase in empathy and keeping their commitments to their victims, especially the NMV, “no more victims” commitments;

4) the findings here, given that every offender participant met with his or her ‘direct victim’, support (and are supported by) Maruna’s (2016: 369) findings “conferences which had the longest lasting impact [in terms of desistance] were those in which the individual was confronted by a direct victim of personal violence”; as well as

5) the Marsh and Maruna (2016) findings which assert that “strong pro-social relationships with caring others contributes to an alliance between that former offender and the staff person/relevant care giver, in which they together ‘co-produce desistance’ (Weaver, cited in Marsh & Maruna (2016: 385)).

Roberts’ (1995) report of victim and offender respondent’s descriptions of VOMP staff qualities, commitments and personal devotion to them strongly underscores this finding as well. Another powerfully confirmed finding in this study is that ex-offenders’ ‘redemption scripts’ can be powerfully shaped and informed by the views of others who “show that they believe in them”. . . “the informal human engagement of one person reaching out to another” (Marsh & Maruna, 2016: 385). What is most unique about this study is that beyond the “alliance with the staff person/relevant care giver”, *those* people (i.e., the ones who came to believe in the offenders and assisted in the transformation of former condemnation scripts into redemption scripts which they, together ‘co-created’) were the ‘*direct victims*’ of the violence perpetrated by those offenders.

One more factor which seems to be very much in evidence, and salient here, is the power of forgiveness granted in the face of meaningful apology. That forgiveness, received by the offenders as nothing less than a “miracle”, a “gift of grace” (the participants words) binds them in the most freeing of all imaginable ways, to live in the light of that grace, to accomplish what the law alone never could, never can.

7. What part do apology and forgiveness play in cases of serious crime?

In Chapter 1 it is noted that one critic of RJ sees the process (and, apparently, the forgiveness offered by victims to their offenders) as nothing more than ‘Coerced Compassion’ (Acorn, 2004). Both Northey and Braithwaite challenge Acorn’s scholarship, suggesting that she reaches this conclusion on scant evidence: “One study, twice adduced, does not a convincing argument make” (Northey, 2008: 1), while the evidence on the other side of the equation mounts up impressively. Examples such as *The Forgiveness Project*, which highlights scores of stories attesting to the healing experiences of those who have given and received forgiveness, might be ‘called’ as evidence. In the present study the results clearly fall in line with stories included as part of *The Forgiveness Project* (in fact, a number of VOMP participants’ stories are included in it).

Table 5.13 demonstrates the ways in which both victims and offenders spoke of the power and impact of apology, of giving and receiving forgiveness, of making apology ‘real’ through commitments to make amends (and to keep them), and of how those, ultimately, are all intertwined. In 23/25 cases an apology was offered by the offender, and in each of those 23 cases, that apology was accepted by the victim. Where apology was made by offenders and received by their victims, forgiveness usually followed (offered by the victim and received by the offender in 22/25 cases). Further, in 22/25 cases offenders offered amends that had value and importance for their victims, ranging from substantial fiscal restitution (counselling costs, assistance with tuition costs, restitution of what was stolen, etc.), to symbolic amends, and the almost ubiquitous promise to eschew violence, a promise that there will be No More Victims (NMV).

Another issue of concern raised in Chapter 2 in the discussion on apology and forgiveness, involves the added element of harm inflicted when the betrayal (in our cases, the crime) was committed by a friend or family member. In Chapter 2 we quoted the mystic poet William Blake (1908), suggesting that Blake opens up a whole new line of investigation with his aphorism “It is easier to forgive an enemy than to forgive a

friend.” Table 5.13 underscores the fact that, in serious crime, victims are often known by their assailants: in nineteen of 25 cases (76%) the victims knew at least one of the offenders prior to the crime being committed. In twelve of 25 cases (48%) they were related in some way; father, step-father, husband, common-in-law partner, sister, foster nephew and “much-loved step son”. Despite the added element of betrayal in those twelve cases an apology was offered, and deemed sufficiently meaningful to the victims that they responded with forgiveness in all but 2 of those cases, both cases, once again, where the offenders refused to fully acknowledge their guilt. While Blake may be correct in asserting that it is more difficult to forgive an erring friend than an enemy, it also appears to be the case that it is easier to acknowledge wrongdoing to a stranger (or an enemy) than to a close acquaintance: in these two cases, both involving sexual offending, one a biological father, the other a step-father/and pastor, that certainly proved to be the case.

What stands out as remarkable in the other seventeen cases where people were acquainted (or closely related) is that following their face-to-face meetings several of these family members, given new boundaries commitments, (and, in a few cases, additional safety and supervision supports) were able to carry on in relationships with their offenders. This was particularly poignant in the case of Mindy and Kyle (case 7), who, with the assistance of considerable couples counselling and support, determined that their relationship had sufficient substance to enable them to live together again following Kyle’s release, and Cindy and Dennis (case 14), who began to negotiate a separation and shared custody agreement within the context of their VOMP participation which enabled them to amicably co-parent their children following Dennis’s release. These cases in particular recall the words of Martin Luther King, Jr.:

[F]orgiveness does not mean ignoring what has been done or putting a false label on an evil act. It means, rather, that the evil act no longer remains as a barrier to the relationship. Forgiveness is a catalyst creating the atmosphere necessary for a fresh start . . . (Arnold, 2010: 30).

However, it is also important to note that forgiveness does not necessarily result in reconciliation. It is entirely possible to forgive and yet to determine not to reconcile (as in cases 6 and 15, where the victim participants decided

it was in their best interests to forgive, in some measure, but to walk away from the relationship. (Cf. Monbourquette 2000: 179) who enjoins “Don’t confuse forgiveness with reconciliation”. One does not, of necessity, posit the other.

8. In retrospect: some reflections on the research

It is hard to imagine how survey instruments might have elicited the same rich information ‘thick description’ and narrative materials as being the participant observer and facilitator journeying -- in some cases over a number of years—together with these ‘clients’ did. The time the process takes, as conceived here, requires a researcher to be ‘on task’ for a long while, in every circumstance or new situation and literally devoted to each participant in order to ensure their safe passage over long duration, then to be sufficiently close to each and sufficiently trusted by each (whether victim or offender) that they could make their needs or even slightest anxieties known, in order that once surfaced we could co-create ways in which to manage those things. All things considered, I would proceed again in the same way, i.e., qualitative, multiple case study, with some alterations, which I will list, below.

There are points at which the method (and my multiple roles in it) could cause the conclusions to be questioned or critiqued. For example, even though, in retrospect, I see my multiple roles as having been a strength, critics may see that as problematic. Others could well question whether – in my closeness to the cases and (in almost every case) closeness to the participants themselves – I may have seen the process outcomes through ‘rose coloured glasses’ and thus proved less capable of objectivity than is required for scientific rigour. It is also possible that people will see my role at CJI (first as co-director for Program Development then as Executive Director) as likely to issue in a certain pride and protectiveness about ‘my baby’, and therefore unlikely to expose it to the elements of more harsh academic ‘winds’ or criticism. Then, too, I am aware that in my role as psychotherapist I may have brought my ‘clinician’ self to the work to too great a degree, with my personal need to see the ‘healing arts’ prove efficacious in the lives of the participants *as my own particular art* and each of them a masterpiece. Then, too, on the offender side, having spent *a lot* of time in prisons in one country or

another, having been exposed to the penal abolitionism of the likes of Ruth Morris, Wayne Northey, Elizabeth Elliott, Louk Hulsman, Herman Bianchi, Thomas Mathiesen, Patrick Törnudd, Michael Jackson and others, and having been keenly alerted through all of that to just how destructive prison regimes can be, my empathy for the prisoners could well be seen as tintured with a distinct strain of advocacy, raising questions about whether the findings would have been identical if I had approached the work, instead, as an unmoved, unmoving, strictly objective academic researcher. As indicated in the methodology chapter, I saw these possible problematic elements early on, and took steps to ensure that I could sufficiently and credibly do this research very aware of the potential pitfalls so as to guard against falling into them. For example, there were no circumstances involving the participants in this study, in which I acted alone as facilitator: there was always a co-facilitator, a VOMP staff person with me. Most of the time, that person was recording what became the file notes, then ‘the field notes’; then, too, in every case, there was also a competent co-facilitator at each of the face-to-face meetings and debriefing sessions ‘keeping me honest’ and able to corroborate or disconfirm my account of what had transpired.

The evaluations done by Tim Roberts (Roberts, 1992, 1995) one of Canada’s most respected researchers, testified to the way in which the staff and I conducted ourselves. Roberts’ reports are certainly a source of triangulation which, if anything, present an objective view of participant outcomes as “unanimously supportive” that exceeds anything that I have ever personally claimed. The recidivism research done by CSC, again, verifies my findings and provides another source of triangulation. Finally, wherever possible, I have used participant verbatims in narratives and results sections, preferring to have them give account of their progress through VOMPs narrow straits and to ‘damn or sing its praises’ as they will and without impediment, rather than taking it upon myself to interpret their experience *apart* from their own views, their own opinions, their own words.

However, all of that said, if I were to conduct this research again, I would certainly make changes, these would include:

- A considerably larger sample, but again, as this one was, randomly selected and measured against control groups with similar (if not identical) degrees of needs, risks, reintegration potential, etc.
- The use of additional measurement instruments and, for certain, one specifically designed to measure increase or decrease in empathy (and likely more than one—given the controversy about reliability of these used alone).
- The use of PTSD symptomatology assessments with every participant, victim *or* offender.
- The use of ACE assessments in every case, with every participant, victim *or* offender.
- Semi-structured interviews at a number of points through the duration of the participants' passage through the program;
- Qualitative research software specifically designed to select for the themes and coding in the interviews.
- Quite likely, a second, separate study focusing on Indigenous participants, given the unique circumstances of both Indigenous offenders and Indigenous victims and the fact that there are so few psychological test or instruments 'normed' on these populations (DSM 5 being particularly problematic and culture bound, here, and the APA somewhat cavalier about that challenge).
- Time devoted strictly to the research, without the distractions of simultaneously having to wear the other 'hats' of this past study.

A research design with those amendments and additions would almost certainly make this research stronger. Hopefully, however, even with a greater scientific rigour, a follow-up, improved study would underscore the findings of this one: that Encountering 'The Other', especially in crimes of severe violence, has great power in its effects, and a great deal to recommend it.

Chapter 7: Conclusion

In this concluding chapter, the research questions are briefly reiterated, the main findings of the study are highlighted, the significance of the study stated concerning how it advances past research about the use of restorative justice in serious crime, and recommendations made regarding how the findings might impact policy and practice in a number of areas, including in the criminal justice system generally and, more specifically in corrections, parole, victim services, and therapeutic contexts. Some of these recommendations are pragmatic and immanently doable, given supportive contexts, others of them will require vision, imagination, creative leadership and, quite likely, a shifting of emphases in penal policy and either significant new monies found for them or a redistribution of resources in order to see them realized, if ever. Finally, I make some recommendations regarding additional research that could enhance the value of this study and enable some of the personal and programmatic investments made in this project to date to return what could be dividends for many.

1. Brief reiteration of the research findings

As indicated in Chapter 1, the purpose of this study was to investigate the impacts and outcomes in the experience of victim and offender participants who had engaged with and encountered one another in victim offender dialogues facilitated by staff of Canada's Victim Offender Mediation Program (VOMP, as it was then known⁸⁵) in order to answer a primary research question: ***“What are the major impacts and outcomes for program participants of facilitating dialogue encounters between victims and offenders in crimes involving severe violence”?*** That primary question gave rise to other, sub-set questions, which succinctly stated where these: What were the effects

⁸⁵ Operated under contract to the Correctional Service of Canada (CSC) by staff of Fraser Region Community Justice Initiatives Association (FRCJIA) from its birth, there, in 1990 through 2004. In 2004 victim offender mediation services began to be 'rolled out' and expanded from coast to coast in Canada and at that time, VOMP was renamed "Restorative Opportunities (RO)." For a helpful description of RO, see: <http://www.csc-scc.gc.ca/restorative-justice/003005-1000-eng.shtml>

experienced by victims of encountering the offender, in terms of victim empowerment, trauma recovery and traumatic growth? What were the effects experienced by the offenders of encountering the victim, in terms of offender healing, growth in victim empathy and subsequent desistance? And finally, what role did apology and forgiveness play for the victim and offenders in these cases?

Data presented in Chapter 5 demonstrate that outcomes for both victim and offender program participants were positive and deemed by them to be highly beneficial in regard to each of the study's research questions: i.e., in terms of empowerment and healing for victims and trauma healing, growth in victim empathy and commitment to desistance on the part of offenders.

On the victim side, data revealed that of 34 victims represented in the 25 cases, 33 (97%) felt that they had been disempowered, disrespected, or had experienced significant secondary victimization through their involvements as victim/witnesses in the 'justice' processes they had encountered. Following their VOMP participation, however, they were unanimous in reporting having felt that through the program's processes, they had been, variously: empowered, enabled, provided opportunity to "say their piece" or to "impact the offender's thinking"; provided information or legal status, recognition or entitlement previously denied to them; acknowledged, vindicated and/or validated. In all, 34 of 34 victims registered this sense of *having been empowered, given power, or finding power* to accomplish what they had set out to do, through the process.

As well 32/34 victims/survivors represented in the 25 cases (94.1%) had been exposed to what the DSM 5 describes as a *Criteria A*⁸⁶ traumatic stressor. Of these 32, then, 21 or 65.6% met *all* of the criteria for PTSD, and 11 others (a further 34.3%) were just below the threshold for the actual diagnosis but, nevertheless, were highly symptomatic. Following their VOMP participation, however, and in particular, following the meetings with their offenders, even those victims with PTSD diagnoses and the highest PTSD severity scores were reporting an almost immediate marked decrease

⁸⁶ "Changes to the diagnostic criteria from the *DSM-IV* to *DSM-5* include: the relocation of PTSD from the anxiety disorders category to [its own new and separate] diagnostic category named "Trauma and Stressor-related Disorders" (Pai, A., Suris, A. M., & North, C. S.. (2017).

in experience of what had prior to those meetings been “crippling” trauma, a constant and continuing revisitation by the “demon of my nightmares”, “a living Hell”, from which a number had contemplated escaping through suicide (9 of 32, with 3 more having almost certainly lethal means to carry out those plans). All 32 of the victims suffering from PTSS or PTSD reported that VOMP had proven to be an ‘exit strategy’ for them, an escape from the “daily, nightly” re-experiencing of the trauma. Some of the survivors found themselves not only recovering from the traumas they had suffered, but making of that very suffering “the source of a survivor mission”, transforming what had been ‘death-dealing’ for them, into what was ‘life-giving’ for them and for others, as they found themselves, through what they had experienced, “called” to new vocation. Eleven survivors (11/24 old enough to have a vocation) did precisely this, moving purposefully into occupations (they would say “vocations”) in which they could then serve others and, in some of those circumstances, others as badly wounded as they had been in the aftermath of their own traumatic experiences.

The offenders, similarly, found that participation had been fruitful in their own healing, trauma recovery and motivation toward desistance. VOMP enables (even encourages) exploration of offenders’ childhood trauma, not as a means of enabling offenders to excuse or minimize the harms they have perpetrated upon others but because that reservoir of pain, of trauma, is so often criminogenic that it seems imperative that offenders come to an awareness of it, seriously consider the degree to which their own trauma may have played at part, and get to work on healing those wounds, lest some vestige remains of needing those wounds avenged through some sense of ‘destructive entitlement’ to violently act out against another. Of 28 offenders, in this sample, 13 had committed sexual violence, either rape or incest against their victims. Of those 13, it is known that at least 11 had been sexually abused themselves. Of the 28 offenders in this study, 24 reported that having met with their victims was a profoundly powerful experience, the process had enabled them to come to peace with much in their own pasts and had precipitated significant healing for them.

Offenders spoke of how VOMP had assisted them in the creation of a new life script, “a redemption script”, in which they were able to see themselves, not just as others had

labelled them, branded them or diagnosed them according to their former ‘condemnation scripts’, but as people capable of healthfully living out the hopes and positive expectations that *their victims now had for them*. The 28 offenders in this sample were clear that they had, at least, been given opportunity to form a vision for themselves in which they might beat the odds, prove successful in remaining crime free, and like the victims they had ‘helped’, come to actually thrive. If the sample data is correct and trustworthy, as supportive triangulation helps to confirm, the number of these violent “high risk, high needs, high stakes” offenders who were released and returned to custody for new offences is three out of 26. The remainder, 23 of 26 who have been released, are desisting: 88.46%, with 11.53% having been returned to custody for new offenses.

In terms of how this compares with the national average, Porporino (2014) reports that offenders were returned to custody at different rates depending on what form of release they had been on at time of readmission: 41.6% of offenders who were on day parole were readmitted; 25.1% while on full parole; 46.5% while on mandatory supervision and 23.1% on other forms of release, for a total recidivism/readmission rate of 37.1%. As is always the case with recidivism/desistance stats, caution is enjoined. For that reason I have attempted to err on the conservative side with desistance stats for this sample. Nevertheless, if Porporino’s overall recidivism rate is correct (and he was Director General for CSC’s research division at the time) and VOMP findings are correct, our offender participants are being returned to custody on new offences at *less than one third* of the national average.

In 23/25 cases an apology was offered by the offender, and in each of those 23 cases, that apology was accepted by the victim. Where apology was made by offenders and received by their victims, forgiveness usually followed (offered by the victim and received by the offender in 22/25 cases). Further, in 22/25 cases offenders offered amends that had value and importance for their victims, ranging from substantial fiscal restitution (counselling costs, assistance with tuition costs, restitution of what was stolen, etc.), to symbolic amends, and the almost ubiquitous promise to eschew violence, a commitment to ensure that there will be *no more victims* (NMV).

Both the victims and offenders reported experiencing the power and impact of genuine apology, of giving and receiving forgiveness, of making apology ‘real’ through meaningful commitments to make amends. It is one thing to make commitments, another to keep them. However the findings bear out that where there were commitments made to make fiscal restitution (even by a prisoner who had very little means, but who wanted the dignity of making small payments until the debt was paid) those commitments were kept, even though it might take time to fulfill the agreed upon restitution amount. In other cases, commitments to pay for schooling that had been interrupted by the crime(s), or for trauma recovery counselling costs, or for child and spousal support payments - where separation agreement terms began to be negotiated during their dialogues - in each of these cases, reparation and restitution promises were fulfilled. In cases where commitments were made to create no more victims (NMV), a promise of non-repetition of the offending behavior, the study confirms that these were born out through long-term desistance. Each of these elements seems to be intertwined although a very sophisticated research design would be required to parse exactly *how*. But there definitely appear to be correlations between full responsibility taking and growth of empathy issuing in genuine apology, with genuine apology resulting, in turn, in the granting by the victim to the offender of forgiveness. And, in turn, the mercy experienced by the offenders in that “miracle”, that “gift of grace” represents a covenant of sorts, what Danny case 1 called “a bond” which, as bonds do, *binds them*, but in the most freeing of all imaginable ways, to live in the light of that grace, to accomplish what the law alone never could, never can: to keep the vows they have made to their victims, never to harm another, to ‘make good’.

Finally, the data revealed a number of unanticipated outcomes in these cases, outcomes that included one offender confessing to an unsolved murder and six other cases where offenders, who were never convicted of crimes committed against their victims (and, indeed, acquitted and ‘absolved’) chose to become involved with VOMP to meet with their victims in hopes of doing whatever might be done at that late stage: to take responsibility for what they had done, to apologize and attempt to make whatever amends would have meaning for their victims and which might prove possible in the circumstances.

2. Response to controversial issues related to the use of restorative justice with victims of serious crime

In Chapter 1, a number of the controversial issues arising in the scholarly research regarding the use of RJ in cases involving serious crime were posited. We turn now to review those same issues in light of the findings of this study in response to Kathleen Daly's comment, "Much has been written in recent years that damns and sings the praises of restorative justice. In contrast to the voluminous critical and advocacy literatures, there is a thin empirical record of what is happening on the ground." (2002: 2). I concur with Daly, that that does, indeed, appear to be the case, especially with a view to the use of RJ in serious crime, and certainly in prison contexts, as Petrich (2016: 389) makes clear. In this next section, we offer this study's findings to at least add to the 'empirical record' to help demonstrate "what is happening on the ground."

RJ as utopian panacea, or hopelessly naïve?

According to Lyons, critics in the USA are skeptical of the use of RJ and go so far as to say "it won't work for violent crimes such as assault" (Lyons, 2016: 123). As this study of 20 randomly selected cases and five purposively chosen cases demonstrates, cases involving the most serious crimes within the Criminal Code of Canada, ranging from robbery, assault, sexual assault, incest, rape, attempted murder, murder and including 2 cases of multiple murder, the victim participants, 34 in total, were highly satisfied that this process definitely *did* "work for crimes such as assault." In fact, assault, in this sample, would be a low level criminal offence, barely registering on the severity 'Richter' scale. As noted the results for the victims and offenders were positive and significant, had demonstrable and dramatic positive impacts on trauma recovery, diminishing or extinguishing of fear states and related trauma symptomatology, produced what both victims and offenders described as "healing"; and empowered victims to accomplish what they could not on their own, including finding confidence to strike out (and obtain) meaningful employment. Eleven of the victims not only obtained meaningful employment, but found 'new vocation' in assisting others (some

of whom had been similarly devastated by criminal trauma, in groups for family survivors of homicide, or bereavement groups for families who had lost loved ones to intentional suicide or accidental drug overdose). We would have no desire, of course, to have these findings qualify VOMP on the one hand, as a “Utopian panacea”, but the findings demonstrate that this expression of RJ is by no means “hopelessly naïve.”

Are offender needs prioritized over victim needs, vice versa, or neither?

RJ has been criticized, especially given its offender oriented origins, as prioritizing the needs of offenders over victims, with some going so far as to say that cases, especially those involving prison inmates and serious crime, must be initiated by the victim and should never be initiated from the offender’s side. Umbreit, Bradshaw and Coates (1999: 29) in their “Victim Sensitive Victim Offender Mediation & Dialogue In Crimes of Severe Violence” a document prepared for the U.S. Department of Justice Office for Victims of Crime, make a number of rather sweeping recommendations, one of which is:

Victim sensitive offender dialogue in crimes of severe violence should be victim initiated. When inmates initiate the process, their letter should be kept on file in case their victim(s) later request a mediation/dialogue session.

Because of the significant import of this argument, with most USA programs (including Pennsylvania, one of the first states to use victim offender mediation in its prison system) adhering to this tenet, this controversy calls for greater response and for more evidenced based debate.

In Chapter 5, Table 5.2 demonstrates that 7/25 of the referrals in this sample were “institutionally initiated”, i.e., by designated referral agents within the prisons on behalf of offenders who had asked to be referred. As noted, some authorities, including some well-respected in victim offender mediation and restorative justice spheres, have asserted that *when and if* victim offender mediation is to take place it should never be at the offender’s initiative; only victims can legitimately initiate the process. I am, by no means, dismissive of the *intents* underlying this position: to protect the vulnerable, to ensure safety and to protect the rights of all; all of this is, surely, laudable. And, there are, without doubt, examples of cases having been handled poorly by restorative justice

proponents which have given rise to these very concerns. Nevertheless, it is my contention that it is possible to avoid the pitfalls that await the incautious practitioner, that restorative approaches have much to offer in even the most difficult of cases, assuming that process facilitators are competent and the necessary safeguards are unfailingly ensured, throughout. As the 7 offender-initiated referrals in this study suggest, the most apparently problematic cases may also hold sufficient potential for positive, even transformative, outcomes, so that the use of victim offender mediation models based in a restorative approach should not be precluded, out of hand, if a prisoner is motivated to initiate the process. In our view, having accepted referrals from both sides of the equation for almost 30 years, victims (rather than being retraumatized by news of an offender's having initiated a file) feel victimized when condescended to by some authority who, without so much as a minor effort to check, makes an arbitrary decision *for them*: "no go". Instead, each case should be considered on its own merits and the case facilitated as long as the requisite essential elements are in place. Those essential elements go beyond the following list but the elements which the data demonstrate made VOMP 'work' for its participants to the degree they reported it did, would situate the following as nearly absolute imperatives:

- availability of practitioners with the requisite competencies to deal with the nature of the cases being referred. The brevity with which this is stated here could be taken to suggest that this criterion is simply one listed among others, but VOMP staff see it to be of vital import. In training of new victim offender dialogue facilitators we treat the matter of requisite competencies, especially in terms of trauma informed practice, cross-cultural competencies, gendered violence, domestic, sexual and other power-based crimes, as fundamental, and at length;
- victim and offender participants who both desire to and *voluntarily choose* to participate at least to the point of exploring separately what it might mean to begin to proceed along a spectrum of interventions that could lead to a face-to-face dialogue and who give informed consent to proceeding at each successive decision point;
- availability of support for both participants, as they deem it necessary, throughout

the process. In any case where participants choose to have support persons present for the facilitated dialogue, it will also be imperative that facilitators meet with *them* ahead of time to discuss the parameters of their roles and participation. These dialogues are not to be seen as an occasion for advocates, on either side of the equation, to be working their own agenda. The focus, rather, for the great majority of the time in the session, needs to be on the principal participants. Supporters may be asked to share observations toward the end of the meeting, or even to provide information (assuming permissions have been granted by the principals for this) but their primary role is that of supportive observers;

- sufficient *time* to do all of the preparatory, face-to-face facilitated dialogue/mediation work and aftercare involved in producing the most beneficial outcomes. In fact, systems which impose time-frames for the accomplishment of objectives in the realm of offender treatment and victim trauma recovery, which is almost axiomatically complex and fragile work, set up hurdles that make the accomplishment of such goals unlikely (at best) or, perhaps, even impossible. In fact there is tremendous potential for creating additional significant harms;
- space considered ‘safe’ by both participants and facilitators in which to conduct the dialogue. This will mean:
 - iron-clad understandings concerning confidentiality (and any potential limits to it);
 - iron-clad (and written) agreements regarding ownership of programme materials: records, correspondence and especially any videotaped recordings of interviews or face-to-face meetings. It needs to be fully understood that the program ‘owns’ these materials, and will vouchsafe to keep them protected and under ‘lock and key’. Participants may request copies of any materials they, themselves have submitted as part of the process, but need to understand, from the outset, that no other legal use can be made of any of the materials provided or created as a part of this process;
 - commitment to and demonstration of “dual partiality” on the part of facilitators (i.e., equal, unbiased, concern for the wellbeing of *all* involved

participants, whether ‘victims’ or ‘offenders’ and genuine caring demonstrated toward each);

- preparing parties to dialogue in constructive ways, helping them to understand that the climate most likely to prove productive for them will be one of mutual respect coupled with non-intrusive curiosity.

From the outset, the VOMP approach was a ‘dually partial’ one: seeking to provide a mechanism which could profit both ‘sides’, victims and offenders, contributing to therapeutic gains that would benefit both in each individual case. Beyond that, our hope was that transformative outcomes (or even modest beneficial gains) for participants would also have beneficial impacts in their families, extended kin and social networks and, ideally, would extend to the wider society as well. Perhaps somewhat ironically, part of what contributes to the increase of victim interest and ‘buy in’, to the program over time, is this “dual partiality”, the commitment to and caution exercised by VOMP in working with the parties. In any case initiated by a prisoner and from within the institution, victims appreciate that a good deal of care has gone into even making the referral, and that highly experienced facilitators do their own interviews, file reviews and preparation of the parties (throughout which assessment of the referral and the risks/benefits of proceeding continues).

Regarding the statement in the Umbreit, et al. document (1999: 29) that: “When inmates initiate the process, their letter should be kept on file in case their victim(s) later request a mediation/dialogue session”, our experience would, again, argue for a different conclusion. To follow this counsel would mean, in far too many cases, that victims would never be made aware of the very services that might benefit them most.

We respect the rights of victims to be left alone. But we are faced with another dilemma: in other roles as victim assistance providers and trauma recovery clinicians, we hear from victims on a regular basis that they want to be made aware of services or program options that are available for them so that they can exercise their own volition in choosing to participate or not. Psychologist Robert Johnson (1998) asserts that personal *autonomy* is a primary ‘pillar’ of meaning and belief; one that is almost axiomatically impacted (and sometimes shattered, at least for a time) for those who suffer severe

trauma. To withhold information from trauma survivors about services which could prove helpful to them is to deny them the very autonomy they seek, an all-too-familiar experience for most survivors, one which we saw repeatedly in these 25 cases, and one that some have described to us as "crazy making". The victim participants in this study expressed a fair degree of anger at system policies or processes that withhold such information from them. We follow their lead, and the invitation of other victims and their advocates who say, in effect:

Use common sense in how and when you provide information to us but, by all means, provide for us the information we require to make our own best choices. We were harmed, yes, but please don't assume that we were all rendered complete idiots by virtue of our victimizations. Part of what is taken away from us in criminal incidents is voice and agency. If you want to serve us meaningfully, you'll work to support us in getting both back.⁸⁷

The simple reality is that *when victims initiate* the VOMP process, things tend to go more smoothly, a higher percentage of referred cases proceed to face-to-face facilitated dialogues and get there more quickly. VOMP staff would prefer not to have to cope with the very real anxieties about the "fragile business" of contacting victims, but are faced with another reality, as well: cases which began as institutionally initiated referrals have produced some of the most profoundly healing outcomes (Gustafson, 2005). Danny and Emily's case, by many of the measures most important to VOMP staff, is a good example of one of those. Despite all of the contra-indicators we were dealing with (including the source of the referral, i.e., from the prisoner's side, rather than the victim's) the participants reported outcomes which they deemed to be highly beneficial. In reviewing the other six 'institutionally referred' cases in this study, i.e. case 11 (break and entry & robbery), case 17 (incest), case 18 (forceable confinement and sexual assault), case 21 (multiple counts of sexual assault), case 23 (2nd degree murder) and case 24 (2nd degree murder x2, and attempted murder) all had similarly positive outcomes.

⁸⁷ This was just one of the clearest consensus statements provided by victims to all of the gathered justice 'stakeholders' at the Vancouver, BC Palaver on Praxis convened and facilitated by myself and Howard Zehr (as described in Chapter 3).

RJ is 'soft on crime' vs. RJ is 'no easy ride' for offenders

The discussion and outcomes from this study, allude at times to how emotionally challenging it was for some, if not all, of the offenders to face their victims, acknowledge their guilt and take full responsibility for their crimes. It likely goes without saying that for VOMP offender participants the consequences of their crimes are not 'softened' through their participation. All of the offenders in this study had been tried, convicted and sentenced; eleven of the 28 offenders were serving life sentences; the full weight of a retributive justice system had been brought to bear upon them. Offenders' participation in VOMP was entirely voluntary, with no external reward to be had. A standard part of the VOMP process is to inform both victims and offenders that the outcomes from their participation cannot be shared with the Parole Board. This tenet is to ensure that offenders are not entering into the process with ulterior motives, which might have the potential of colouring the victims' perception of how genuine the offenders are. RJ, as modeled in this study, is used - not to soften the consequences nor to add to the weight of guilt and shame the offenders feel - but used because it is what both parties indicated they wanted and needed in order to heal, move on, transcend their trauma and (for the offenders) find the motivation to desist. Offenders frequently report that the entire VOMP process from beginning to end, requires a great deal from them:

In fact, offenders frequently report that encounter with their victims through participation in our program is "the most useful, and yet the *hardest* thing I have ever done." That is not to suggest that what is "hardest" about it is experienced as punitive. Not at all. But it is, almost axiomatically, emotionally tremendously demanding and difficult (Gustafson & Bergen, 2001).

Although the answer to the above question may require further (and different) studies, in the prison (rather than the diversionary context) the question is almost irrelevant. The outcomes demonstrated in this study indicate that regardless of whether soft or hard on crime VOM is effective for both victims and offenders. The desistance findings argue that this process is beneficial, as well, for the community at large over the long-term, reducing the likelihood of further offending. I would also add that the outcomes in case 20, where one of the offenders voluntarily confessed to an unsolved murder,

cooperated with the Integrated Homicide Investigation Team (IHIT), pled guilty at first opportunity in court and knowing (as a former policing professional himself what the likely outcome would be) ended up with ten additional years tacked on to his sentence. That could hardly be construed as evidence that RJ is an escape from responsibility or, otherwise, 'soft on crime.'

RJ is dangerous for the victim, especially in cases of intimate partner violence and sexual assault

As mentioned above, under the question on institutional initiated referrals, I have no doubt that the motivations of those who raise the alarm concerning the use of RJ in cases of intimate partner violence and sexual assault are well intended, focused on protecting the vulnerable and ensuring victims remain safe and free from the harmful effects of manipulation - or worse - by offenders. From the beginning, I have shared all of those commitments (and given my experience in providing treatment programs with violent offenders and violent sex offenders, I likely approach these issues with a considerable awareness of what could/might/does go wrong and with 'radar' on full alert).

Even the sharpest of critics appear to be more open to the possibilities of RJ proving beneficial to victims when those programs are operated with the care and caution of a VOMP (Cameron, 2005: 53) or as in the Burford and Pennel program expressly for cases of domestic violence in Nova Scotia (Stubbs, 1995) founded in a 'feminist praxis'. Even though the offender participants in VOMP are in prison, (which should preclude any notion that the crimes against their intimate partners or vulnerable children have been decriminalized) there is clearly need for caution about the potential for continuing abuses rooted in power imbalances and the like. But there are ways, at least in this model, of carefully guarding against such things and monitoring interactions at every step of the process in order to provide safe contexts and reasonable assurance of safe passage. Eleven cases in this study (so approaching half of them) involved sexual assault, rape or incest. The findings in all of these demonstrate that the victims had acted with knowledge and considerable opportunity to test whether proceeding was in their best interest. Once the requisite exploration and preparatory work had been done, they

clearly were exercising their own volition in proceeding. The notion of vulnerable, naïve and passive women (or children) at the mercy of sadistic monsters would quickly be put to rout by anyone interviewing the victim participants in this sample. They either arrived (at program intake) with clear understanding of what they hoped, wanted and needed to achieve, or attained such knowledge before they chose to proceed to the next step (and ultimately here, in every case, that meant to one or more face-to-face meetings). The findings tables in Chapter 5 make clear that, not only did they proceed with knowledge and forethought, having a good idea of what they hoped to achieve, but they achieved their objectives, and in a good percentage of cases, beyond what they had hoped.

Beyond the eleven cases of sexual assault there were also two cases of extreme intimate partner violence: case 14, in which Dennis had shot his wife Cindy 5 times in front of their young twin sons, and case 15 in which Henri had been convicted of incest involving his daughter Beryl, and of repeatedly threatening and seriously assaulting his wife, Bonnie. In both of these cases the outcomes for the victim participants indicate that although caution was needed and applied, the results were worth the effort. Following her face-to-face meeting with Dennis, Cindy was able to move on, divorcing him but also agreeing that following Dennis's release, the two of them would share custody and co-parenting of their sons, a likely unusual outcome for this level of intimate partner violence. Bonnie chose not to meet with Henri herself having become convinced, through his having demonstrated a high degree of denial and defensiveness in his meeting with his daughter, that nothing had changed. At the same time though, she was very grateful for having had the opportunity to determine whether - and to what degree - she and her daughter were still at risk for possible violence at Henri's hands. Following her experience she wrote a letter to then Commissioner of Corrections, John Edwards, replete with high praise for the program and its staff, concluding her letter by writing, "They [the VOMP staff] gave to me the feeling of having a warm blanket around me on a very cold day."

The use of the term 'healing'

There has actually been very little controversy on this issue in Canada. Even the country's highest court has "clearly endorsed the notion of restorative justice and a sentencing regime which is to pay fidelity to 'healing' as a normative value (Turpel-Lafond, 1999: 3). While cases brought before the court will continue to be argued, 'healing' as a "normative value", thanks, in large part, to the teachings and way of life of Canada's Indigenous People (First Nations, Métis and Inuit) is widely accepted.

The use of the term 'healing' and what it conveys metaphorically and more literally as VOMP victim and offender participants strive to describe their personal experience, might be elusive, but it is not controversial. But as Daems (2010) points out 'Healing as a Metaphor' has taken some rather bizarre turns among our American friends, where even the death penalty can be advertised as being good for victims, bringing them 'closure' and thus 'restoring justice.' That is not a controversy many Canadians feel any need to wade into; political swings inevitably bring with them corresponding swings in criminal and penal policy but for the present at least there appears to be no danger in Canada of returning to the days of the gallows.

Beyond the political and theoretical arguments and controversies, it has been instructive to see how many participants characterize their VOMP experience as having been 'healing' for them. This is heavily underscored, as well, by the victim/survivor respondents interviewed by Tim Roberts in his evaluations of the program. Further, if desistance is a measure of healing, then it has played out in the lives of offender participants beyond what we dared hope when we first launched VOMP. Finding ways to more precisely measure and parse this and related notions, especially in terms of what healing might mean therapeutically, in relation to victim offender mediation in serious crime, would be a challenge, but one worth pursuing for future research, program evaluation and implementation.

However, on the basis of the findings of this study we will, together with Schrey et al. (1955), with Skelton (2005: 84-89), and with Weitekamp & Parmentier (2016: 141-147) henceforth be "*advocating ...for the interpretation of restorative justice in terms of healing justice.*"

3. Recommendations

The first set of recommendations has to do with how these research findings might be applied in terms of future program development or expansion in a number of CJS, corrections, parole and victim service contexts. The second set of recommendations posits potential policy changes that would help to facilitate and support victim offender mediation based in the RJ values and principles that have guided the development, operation and expansion of VOMP. And, finally, the third set of recommendations suggests opportunities for future research.

1.0 Recommendations for future development and expansion of the use of the program model studied

There are currently very few countries in which victims have the *right* to meet with their offenders post-incarceration in a process similar to what has been described in this research. Canada, some U.S. states and Belgium being the only jurisdictions at present where this is a right embedded in law and policy and actively occurring in their prisons. Although similar VOM services are also offered and being delivered in South Africa and Kenya under the auspices of an organization known as Khulisa (Lai Thom, 2017, personal correspondence). As indicated in Chapter 2, the right for victims of serious crime to participate in meetings with their offenders is a right the former Dutch Victim Support Organization chair and current Tilburg University and Intervict scholar van Dijk wants to see granted to all victims of serious crime, making clear that having been a skeptic earlier, regarding RJ's ability to truly be "victim-friendly" rather than primarily offender focused, he would now "...argue in favour of the right of victims of serious crimes to arrange a meeting with the offender after his/her conviction" providing as his rationale that such meetings are desired by victims:

To my knowledge such meetings are desired by a good many victims for a variety of reasons—certainly not always a desire for reconciliation but also to confront the offender with the consequences of his/her crime or to ask for an explanation. In my opinion, the satisfaction of this legitimate need of victims ought to be facilitated by the state (van Dijk, 2013: 429).

- 1.1 The first recommendation then, flowing from the research here (both in the literature and in the study's findings) is:

It is recommended that all *UN member nations move to make it a right and entitlement for victims to meet their offenders post-conviction/post-incarceration* with the caveat that those nations move quickly to develop the required capacity for expert facilitation of those meetings so as to ensure to the greatest possible degree that they prove healing for all participants. CJI staff have written curriculum and provided training for facilitators in all three of the countries named; Belgian representatives of 'The Leuven School' have presented fairly widely and consulted with a number of other jurisdictions, as well. And still, while interest has been expressed, there have been few if any 'takers'. It is time for countries without such programs to seriously consider the benefits for the victims of serious crime among their citizenries in terms of the healing it can provide them, and for the offenders, as well. If offender increase in empathy issues in taking responsibility (not just "retrospective" but "prospective responsibility"⁸⁸) thus greatly increasing the likelihood of successful desistance, *that factor alone has very real potential for returning multiplied dividends in public safety.*

- 1.2 It is recommended that programming such as the early 'Stave Lake surrogate victim and offender' program described in Chapter 3, as one of the 'foundation stones' that led to the development of VOMP, be implemented in correctional settings. As was the case with the Stave Lake program, this model provided a powerful 'impacts of crime class' for offenders and opportunity for victims whose offenders were not available for VOMP/RO type processes to be involved

⁸⁸ Belgian moral philosopher and theologian, Roger Burggraeve, in his *From Retrospective To Prospective Responsibility* comments on the work of Hans Jonas (1984) *The Imperative of Responsibility. In search of an Ethics for the Technological Age*, differentiating between *retrospective responsibility* (the backward looking view that can keep one mired in guilt and shame) and *prospective responsibility* (the forward looking view which, far beyond what the contemporary justice system might require as a punishment, e.g., the number of days the convicted can now 'look forward' to serving in prison, or even restitution to the victim) to the acceptance of *prospective responsibility*: how must I live my life *henceforth*, not only as I make practical and symbolic amends important to the victim but in terms of taking responsibility for my future behavior, not only ensuring that no-one is harmed again in the way I harmed others in the past, but in terms of living now for the wellbeing of others and as a contributor to the social weal.

in beneficial ways (Cf. Petrich, (2016: 397-406) for a ‘snapshot’ of what is already going on in British Columbia prisons, such as the Alternatives to Violence Program (AVP) and RJ ‘circles’). Similar projects could be implemented in prisons at most security levels, recognizing that--especially at the higher security levels--getting members of the inmate population together takes considerable thinking through, given gang affiliations, incompatibles, staffing schedules and ‘buy in’, etc. Yet, once again, some of the most auspicious outcomes have occurred where the harms have been the greatest, and with offenders responsible for having committed the most serious crimes.

1.3 It is recommended that VOMP/RO programming be promoted to staff and inmates within correctional institutions and also to victims, to ensure that both victims and offenders are aware of this programming and can readily access the service. Within this study some of the referrals to VOMP came about through victims and offenders making presentations *together* sharing the stories and the outcomes of their own VOMP participation. This, in turn, encouraged a number of other prisoners in the audience to investigate the processes thoroughly and to discern whether such a process might be useful for them and their victims. With very little additional resourcing or financing, this simple awareness raising strategy could increase referral rates both from the prisoners’ side and, through use of similar presentations at victims and victim serving agency conferences, could provide the same sort of entre for victims, as it has done in Canada. It is recommended that opportunities such as these be sought, increased and promoted.

1.4 It is recommended that prison staff be orientated to VOMP/RO programming and be given opportunity to participate and learn from the process. Staff orientation could occur during initial training of correctional officers and/or during the preparatory phases of the VOM process, during meetings with victims as they are oriented to the prisons, and/or with offenders as they consider their own participation. Such exposure can prove to be ‘golden opportunities’ to increase staff awareness, buy in, and commitment to assist and promote VOMP/RO. This has proven to be extremely valuable in a number of Canadian prisons and has

resulted in new levels of support for offenders by members of their Case Management Teams (CMTs), who have reported seeing prisoners making changes before their eyes, as well as having provided a form of ‘in-service training’ for those staff, enabling them to watch out for other potentially appropriate referrals among prisoners on their caseloads. Perhaps even more importantly, victims claim that respectful, responsive treatment by agents of CJI, corrections and parole systems, can help preclude revictimization and any sense that they are disempowered or alienated.

- 1.5 It is recommended that all correctional service staff be provided with appropriate education on Adverse Childhood Experience (ACE) and the linkages between high ACE scores and criminogenic factors that can bind offenders’ childhood trauma to their later violent offending. In British Columbia, the Doctors of BC, through their professional association, are rapidly ‘coming on board’ with the ACE studies. Perhaps researchers, curriculum writers and physicians in BC and elsewhere could be recruited to help write curriculum complete with DVDs for prisoners, prison staff and management and/or online courses for the public. (Prisoners in Canada—it likely goes without saying—do not have access to computers able to access the internet, and would need such information provided in the suggested formats in the context of prison programs). It is recommended that these possibilities be further investigated and pursued.
- 1.6 It is recommended that VOMP victim participants, or any victims of crime inclined to become involved in such a way, be given opportunity to volunteer to support offenders on release from prison by forming reentry circles built on the successful Circles of Support and Accountability (COSAs). Currently in Canada warrant expiry sex offenders—are targeted for this type of support but this type of support would be invaluable for any offender. Circles could assist with readying ex-prisoners for employment, through trade schools, skill building, additional education and with life skills and housing issues. The findings of this study make clear that there are victims who would be prepared to assist their offenders in endeavours such as these, given the appropriate attention to safety concerns, once the prisoners were released. Perhaps still others could be

recruited, if there were a formalized mechanism, to act as mentors to be matched with offenders willing to buy in to *Good Lives* type desistance models, and to begin to work with prisoners toward those ends well before release. Within Canada there would be significant support from agencies such as CJI, the Church Council on Justice and Corrections (CCJC), and likely offender advocacy organizations such as John Howard and Elizabeth Fry Societies for the development and sustaining of such endeavours.

- 1.7 It is recommended that Corrections Services recognize and support the need of offenders for a ‘therapeutic alliance’ in contributing to their healing and desistance. Given that psychologists and psychiatric services in Canada (and likely in most prisons) are stretched to the limit, Corrections Services may need to explore other opportunities to promote volunteer or pro bono counsellors/social workers/spiritual care providers to provide this support to offenders. This support could include education and assessment of ACE.
- 1.8 It is recommended that correctional institutions explore the possibility of establishing units or even separate campuses for prisoners willing to embrace RJ as a way of life. There is already interest being expressed by upper level managers in British Columbia’s provincial jails and federal institutions in establishing such a unit that would mean, in part, related programming, but would also entail preparation for meeting with their own victims if/when that was a practicable possibility and perhaps with surrogate victims or victim groups, as suggested above.

2.0 Recommendations for relevant policy changes (and strategy)

2.1 *It is recommended that Correctional Services adequately resource best practice programs.* As the research findings demonstrated, well-conceived and operated programs are supported by even those who have been most critical of RJ, more generally. Such programs require the recruitment, training and *retention* of competent staff with a certain constellation of educational, experiential and personal qualities in addition to flexibility in work hours and high levels of devotion to participants. Resource rich service delivery requires that the programs themselves be properly

resourced. This will almost certainly require (even in a relatively wealthy country such as Canada) a *redeployment of finances* from the usual conventional justice and corrections systems' 'apparatus' to programs with proven evidenced-based track records. Llewelyn and Howse (n.d.: 110) set out this challenge unmistakably:

We must not lose sight of the connection between the challenge of restorative justice and distribution of resources more generally in society, equality of opportunity, and to some extent equality of social outcomes. It must be more fully appreciated and documented just how much of the current, and threatened, social safety net is connected to the opportunities for restoration. There is an interconnection between the decision on the one hand to spend more money on prisons ... and to reduce social assistance, publicly funded educational opportunities, and access to crisis shelters. The need for empowerment, not punishment, implicit in the restorative ideal entails a basic challenge to the re-orientation of public policy in many jurisdictions in recent years, including Canadian jurisdictions. By choking off the support mechanisms needed for restoration, its enemies could guarantee failure, all the while saying "I told you so". Thus, the resource implications of restorative justice need to be studied with precision, and identified clearly in any policy initiatives; the notion that a significant reorientation of the social envelope may be needed should be entertained in any such studies.

- 2.2 It is recommended that criminal justice systems develop programs for earlier intervention in cases referred for prosecution, including relatively serious offences. This study's findings demonstrate that in a significant percentage of cases, victims languished, sometimes for many years (22 years in one case) with little or no respite in their trauma symptomatology. That is tragic and unconscionable, especially in resource rich nations. It was also clear from the findings, that some of the sample participants would have been ready for participation in a program employing staff who were highly trauma informed, to get started on their own healing journeys long before they did. CJI has been testing a model, based in RJ values and principles for use in serious crime, but much closer to 'the front end.' Research and development are on-going, but there is reason to believe that the outcomes produced for the participants in this study, could accrue much earlier, perhaps attending to victims and beginning to work

with offenders prior to the time when the secondary victimizations reported by the participants here, begin to be experienced. The objective would be, following an intense period of victim assistance and case development with all parties (including defence counsel and prosecutors), to involve the principal parties in negotiating sentencing recommendations that fit the case and fall within established sentencing parameters. It can be done. It has been done by CJI in highly instructive pilot cases in 2017 and 2018.

One of the primary impediments would be that sentencing might be delayed beyond the current (and recently) established limits for delays, but that impediment can be cleared away if offenders waive their right to ‘speedy trial’, especially likely if it could mean (with victims joining the consens) the possibility of any mitigation of what would otherwise be the anticipated punitive sentence. The same elements which make VOMP as efficacious as participants (and evaluators) report it to be, could be put to work to accomplish the same effects, considerably earlier, in the right circumstances.

But this development cannot continue on the basis of *ad hoc* referrals. *Policy changes will be required* to enable prosecutors to feel that they will be supported by their superiors in making such referrals (even though they are not diverting these cases out of the court system, since they will be brought back for sentencing by a court of competent jurisdiction). Nevertheless, a curious ‘system jealousy’ exists manifesting in a reluctance for even those prosecutors overwhelmed with cases to part with any, (even to an organization such as CJI, with a proven 30 year-long track record in dealing with the most serious criminal cases) and even though, in recent past, serious criminal cases have been ‘stayed’ by the Crown, because of inordinate delays in getting the accused to trial, resulting in changes in the law in Canada. In *R v Jordan*, 1 S.C.R. 631 (SCC 2016) the Supreme Court set new parameters, requiring Crown to ‘drop’ cases delayed beyond a certain point (“18 months for cases tried in provincial courts without preliminary inquiry, and 30 months for cases tried in provincial courts after a preliminary inquiry or in superior courts”). Jordan’s case took “49.5 months to get to trial, 44 of which

were attributed to the Crown or to systemic delays.” Jordan ‘won’ on appeal and a ‘stay of proceedings’ was entered.⁸⁹ Policy developments could go a long way to ameliorating at least some of these systemic problems, although, realistically, the number of cases a small non-profit organization could ‘handle’ would be likely be relatively few, unless there was both will and financing to establish a virtual parallel system to test the two against one another. On second thought, *perhaps that is precisely what should happen*

- 2.3 It is recommended that victims be provided with support throughout the progress of their cases. Victim participants in this study reported significant experience of disempowerment, disrespect, disillusionment and secondary victimization by agents of the criminal justice, corrections and parole systems. There are frequent references in Canadian parlance (and in the Canadian Charter of Rights and Freedoms) to circumstances which “bring the administration of justice into disrepute” with both implicit and clearly explicit warnings to avoid any such circumstance. Yet, the experience of the victims in this study is replete with examples of the sort of mistreatment by those charged with responsibility for the administration of justice and the conduct of its processes that, in the experience of the study’s victim participants, would give them serious pause about ever invoking any of those systems a second time. This simply must be addressed. If anything brings the administration of justice into disrepute, the experience of victim participants in this study could stand as evidence of that very thing.

Canada’s Canadian Victims Bill of Rights (CVBR) was proclaimed and welcomed by victims and their advocates alike. The more ‘active victims among those in this sample, however, are convinced that the CVBR is insufficiently strong as a piece of legislation to address the issues of disrespect and disempowerment raised by them in the study. In fact, the EU Victims Directive (2012/29/EU), while it may “fall short of expectations” (van Dijk, 2013: 429) in terms of entitling victims of serious crime to meet and dialogue with their offenders post-conviction, *does* empower victims at the front-end of the system

⁸⁹ [https://en.wikipedia.org/wiki/R_v_Jordan_\(2016\)](https://en.wikipedia.org/wiki/R_v_Jordan_(2016)).

and through their trial processes in ways that could inform Canadian legislation and a revised edition of the CVBR, which, in its own way “falls short of expectations.” Canadian and EU jurisdictions could benefit from studying legislation and policy in each other’s jurisdictions to see what can be borrowed and how their own versions might be improved.

3.0 Recommendations for future research

- 3.1 Given the fact that victim offender mediation programs have been delivered now since 1990 in Canada, and with the expansion across the country as Restorative Opportunities (RO) in 2004, and continue to receive and to process substantial numbers of files, replicating the present study (or adapting it) using much larger sample sizes, randomized controls, and (possibly) mixed methods studies could prove extremely valuable in a number of regards. This could include investigating victim involvement in the CJS from start to finish and how that might be made less traumatic or victimizing in and of itself, but also in terms of deeper understandings of the interrelationships between victim offender mediation, trauma recovery and desistance. While the qualitative studies (Roberts 1992 and 1995) were comprehensive and highly instructive, they are now dated. Especially since the 2004 ‘roll-out’ of RO, changes have been made to referral and service delivery protocols, suggesting that cases referred since 2004 should themselves be researched and compared to the results of the earlier evaluations.
- 3.2 Part of what this study revealed was the almost axiomatic presence of Adverse Childhood Experience (ACE) in the lives of the prisoner participants (and in the lives of a number of the victims, as well, which, as research shows, can also predispose victims to further victimization). The findings in a number of the case studies demonstrate that ACE began early and was clearly correlated with later offending behavior to the degree, for instance, that in a number of cases sexual offending against others was almost a *mirror image* of the kinds of victimization that offender had suffered. The gruesome murders and attempt murders of family members was also largely understood to have had criminogenesis in ACE. All of which argues for a far greater public and professional awareness of ACE, and

new strategies for intervening to provide safety, protection, and multi-disciplinary treatment for these wounded children. We *must* find better means of efficacious intervention at first indication of criminal ‘drift’, even in early adolescence to see if *intergenerational cycles of violence and “destructive entitlements”* might be discovered early and completely short-circuited.

If it is literally true, as Victor Hugo asserted, that “There is nothing more powerful than an idea whose time has come”, we may be on the cusp of developments which will test just how widely restorative justice approaches might be adapted and how creative can be the programs which spring from this apparently fertile ground. Adaptations of the current VOMP/Restorative Opportunities models in Canada could prove a fecund testing ground. But far beyond those more local program establishment implications, one wonders if the healing outcomes reported here might have considerably wider application. Ground-breaking work with transitional societies is being done in many places, including by scholars and practitioners at this author’s university in Belgium. But, in the past few years, together with other CJI staff and Board members, I have had opportunities to meet with foreign nationals in a number of conflict zones and from a number of war-torn and wounded communities. Some of these, such as Northern Ireland, have achieved relative peace, but there is need to continue to address the legacies of nations with long histories of internecine combat such as Columbia, Nicaragua, El Salvador, the Balkans, Rwanda, Liberia, Kenya, Sudan, South Africa (among a number of African Countries). Israel and Palestine are other areas in which we at CJI have formed collaborative relationships with nationals wrestling with how to slow and to end the trauma producing incidents that are the daily bread of so many of their citizens. While they try to stem the tide of new wounds and woundedness, many of these individuals are also working desperately to deal with the post-combat, post-traumatic experience of enormous numbers of people from among their populations. Most of the internationals with whom we have had the privilege of forming these collaborative relationships are community, government, academic and religious leaders. Some are admittedly desperate for some ray of hope: for proven peacemaking, trauma recovery and conflict resolution skills and processes which might prove amenable to creative adaptations for their own contexts. They inevitably come with new learnings for us and

with challenges beyond any we have yet seen. And, in what has become a true joy for us, they usually take away from their visits - especially meetings with past victim and offender VOMP participants - a measure of hope that overcoming trauma, that moving through and beyond the pain of the past, that forgiving historic insult and injury, that transformation of need to avenge and guarantees of non-repetition, that transcending even the most bitter losses, can be realized, can become a reality. The victims and offenders whose stories and whose testimonies of having experienced restorative, transformative, and, yes, that untranslatable 'heilende Gerechtigkeit', "healing justice" through 'Encountering 'The Other', testify to the fact that not only are these things possible in some future utopian vision, they can be realized now.

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Appendices

Appendix A: Diagnostic criteria for post-traumatic stress disorder (DSM-IV)⁹⁰

- A. The person has been exposed to a traumatic event in which **both** of the following were present:
1. the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others;
 2. the person's response involved intense fear, helplessness or horror.
- B. The traumatic event is persistently re-experienced in **one or more** of the following ways:
1. recurrent and intrusive distressing recollections of the event, including images, thoughts or perceptions.
 2. recurrent distressing dreams of the event.
 3. acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated).
 4. intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
 5. physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

⁹⁰ As was noted earlier in the text, version IV of the DSM (DSM-IV) was in use during the period in which the sample cases were referred and participants assessed and reassessed. To use DSM 5 in a retrospective way would be to invite criticism for failing to see the clear anachronism. However, the DSM 5 established a separate diagnostic category for PTSD (having taken it out of the Anxiety Disorders section of the earlier editions). Using the DSM 5 diagnostic criteria simply underscores and more strongly confirms the PTSD diagnoses found among the study participants using the earlier diagnostic instruments.

- C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by **three or more** of the following:
1. efforts to avoid thoughts, feelings or conversations associated with the trauma.
 2. efforts to avoid activities, places or people that arouse recollections of the trauma.
 3. inability to recall an important aspect of the trauma.
 4. markedly diminished interest or participation in significant activities.
 5. feeling of detachment or estrangement from others.
 6. restricted range of affect (e.g. unable to have loving feelings).
 7. sense of a foreshortened future (e.g. does not expect to have a career, marriage, children or a normal life span).
- D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two or more of the following:
1. difficulty falling or staying asleep
 2. irritability or outbursts of anger
 3. difficulty concentrating
 4. hyper vigilance
 5. exaggerated startle response
- E. Duration of the disturbance (symptoms B, C and D) is more than one month.
- F. The disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning.

Appendix B: Post-traumatic stress Disorder WHO Criteria: World Health Organization ICD-10

F43.1 Post-traumatic stress disorder arises as a delayed or protracted response to a stressful event or situation (of either brief or long duration) of an exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost anyone. Predisposing factors, such as personality traits (e.g. compulsive, asthenic) or previous history of neurotic illness, may lower the threshold for the development of the syndrome or aggravate its course, but they are neither necessary nor sufficient to explain its occurrence. Typical features include episodes of repeated reliving of the trauma in intrusive memories ("flashbacks"), dreams or nightmares, occurring against the persisting background of a sense of "numbness" and emotional blunting, detachment from other people, unresponsiveness to surroundings, anhedonia, and avoidance of activities and situations reminiscent of the trauma. There is usually a state of autonomic hyperarousal with hypervigilance, an enhanced startle reaction, and insomnia. Anxiety and depression are commonly associated with the above symptoms and signs, and suicidal ideation is not infrequent. The onset follows the trauma with a latency period that may range from a few weeks to months. The course is fluctuating but recovery can be expected in the majority of cases. In a small proportion of cases the condition may follow a chronic course over many years, with eventual transition to an enduring personality change (F62.0).

- <http://apps.who.int/classifications/apps/icd/icd10online/?gf40.htm+f431>.

Appendix C: DSM V Diagnostic criteria for post-traumatic stress disorder⁹¹

All of the criteria A – H listed below are required for the diagnosis of PTSD. The following text summarizes the diagnostic criteria:

A. Stressor (one required)

The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, in the following way(s):

- Direct exposure
- Witnessing the trauma
- Learning that a relative or close friend was exposed to a trauma
- Indirect exposure to aversive details of the trauma, usually in the course of professional duties (e.g., first responders, medics)

B. Intrusion symptoms (one required)

The traumatic event is persistently re-experienced in the following way(s):

- Unwanted upsetting memories
- Nightmares
- Flashbacks
- Emotional distress after exposure to traumatic reminders
- Physical reactivity after exposure to traumatic reminders

C. Avoidance (one required)

Avoidance of trauma-related stimuli after the trauma, in the following way(s):

- Trauma-related thoughts or feelings
- Trauma-related external reminders

⁹¹ American Psychiatric Association. (2013) Diagnostic and statistical manual of mental disorders, (5th ed.). Washington, DC: Author. See also the previous footnote, under DSM-IV.

D. Negative alterations in cognitions and mood (two required)

Negative thoughts or feelings that began or worsened after the trauma, in the following way(s):

- Inability to recall key features of the trauma
- Overly negative thoughts and assumptions about oneself or the world
- Exaggerated blame of self or others for causing the trauma
- Negative affect
- Decreased interest in activities
- Feeling isolated
- Difficulty experiencing positive affect

E. Alterations in arousal and reactivity

Trauma-related arousal and reactivity that began or worsened after the trauma, in the following way(s):

- Irritability or aggression
- Risky or destructive behavior
- Hypervigilance
- Heightened startle reaction
- Difficulty concentrating
- Difficulty sleeping

F. Duration (required)

Symptoms last for more than 1 month.

G. Functional significance (required)

Symptoms create distress or functional impairment (e.g., social, occupational).

H. Exclusion (required)

Symptoms are not due to medication, substance use, or other illness.

Two specifications:

- **Dissociative Specification:** In addition to meeting criteria for diagnosis, an individual experiences high levels of either of the following in reaction to trauma-related stimuli:
 - **Depersonalization.** Experience of being an outside observer of or detached from oneself (e.g., feeling as if "this is not happening to me" or one were in a dream).
 - **Derealization.** Experience of unreality, distance, or distortion (e.g., "things are not real").
- **Delayed Specification.** Full diagnostic criteria are not met until at least six months after the trauma(s), although onset of symptoms may occur immediately.

Appendix D: Treatment begins with education

It greatly assists recovery processes for both clinician and client to understand the origin of the symptoms as an *adaptation to trauma*. Seeing the symptoms this way helps trauma survivors “make sense” of their experience. *The symptoms are simply a normal response to an abnormal event.*

The symptoms are generally seen by most authorities to fall into three categories or clusters: (1) intrusion, (2) withdrawal/avoidance and (3) arousal. Most trauma survivors experience the recurrence of symptoms as “crazy-making”, especially if they persevere over a significant period of time. As crazy-making as this may seem to someone experiencing it, that perseveration is also normative in severe post traumatic circumstances.

Define and reframe the symptom categories in ways such as these:

A. Intrusion

A flooding of thoughts, images, bodily sensations, feelings which seem to be beyond the control of the person. E.g. Dreams, nightmares, flashbacks, anxiety, reactions, crying, shame, guilt.

Reframed: The mind/body system is attempting to bring repressed material to the surface of the person's awareness in order to remember, understand, integrate and achieve mastery.

B. Withdrawal/avoidance

A pulling back of one's energy and investment in the outer world manifested in restricted thoughts, feelings, actions, and relationships, resulting in fear and feelings of helplessness.

Reframed: A turning away from the outer world, conserving one's energy and turning inward for a period of needed rest and inner renewal as in hibernation.

C. Arousal

The organism is on “full alert” as though imminent danger exists and one needs to be ready to defend self or others.

Reframed: The mind/body system is increasing its vigilance in order to avoid being taken by surprise again by another traumatic event. The person is attempting to determine the appropriate level of attention to possible dangers and to restore balance in self-protective functions.

- Adapted from the work of Dr. Joseph Solanto, Justice Institute of BC.

Appendix E: Suicide risk assessment tool

LEVEL OF RISK	LOW	MODERATE	HIGH
SUICIDAL IDEATION FREQUENCY (How Often)	Occasional	Intermittent	Continuous
INTENSITY (How Strong)	Mild	Strong	Overwhelming
LETHALITY OF METHOD	Not High	Possibly Lethal	Very Lethal
AVAILABILITY OF MEANS	Doesn't Have Access	Can Get Access	Has Immediate Access
SPECIFICITY OF PLAN (How, What, Where, When)	Not Considered	Considered Details	Details Worked Out

Appendix F: Case Studies

Case Study #1

Note: the narrative for this first case study appears in its entirety in Chapter 4, Methodology.

- A. The prisoner participant's (pseudo) name: Danny
- B. The offence type: Four counts of B & E and Sexual Assault, 2 of them Causing Bodily Harm and 1 of B & E and Sexual Assault with a weapon.
- C. The victim participant's (pseudo) name: Emily
- D. Victim participant's gender: Female
- E. Was the victim participant a direct victim of the offence: Yes
- F. Was the victim participant a family survivor with legal victim status: No
- G. The VOMP victim participant's relationship to the actual victim: N/A
- H. The relationship (if any) between VOMP Victim and Offender participants: None
- I. Had Victim VOMP participant been diagnosed with Post Traumatic Stress Disorder: Yes. See Chapter #3
- J. Where known, what was the offender's Aversive Childhood Experience (ACE) score: 7 / 10
- K. Source of referral to VOMP: Victim initiated: No.
- L. Source of referral to VOMP: Institutionally initiated: Yes.
- M. Preliminary options utilized: See Chapter #4
- N. Number of face-to-face meetings: 2
- O. Dates of those meetings: 93/02/10; 96/07/11
- P. Outcomes for Victim Participant: See Chapter #4
- Q. Outcomes for Offender Participant: See Chapter #4
- R. Warrant expiry date: June 22, 2007
- S. Re-offence (if any): Danny was charged with committing another offence while on parole: growing marijuana⁹² which he claimed was a "survival move", given that his

⁹² Danny claimed that growing marijuana was a survival tactic occasioned by the freezing of his contracting business bank accounts over a number of months. While he had thousands of dollars' worth of legitimate business checks

bank accounts had been frozen due to a divorce proceeding initiated by his ex-wife, and which would take months to resolve. Danny's parole was, therefore, revoked. He was re-incarcerated for a further seven months, then released again at his statutory release date.⁹³ Apart from that charge, there have been no others, of any kind.

T. Number of days from time of release to new offence: No additional new charges

Case Study #2

- A. The prisoner participant's (pseudo) name: Sam
- B. The offence type: Murder
- C. The victim participant's (pseudo) name: Allison
- D. Victim participant's gender: Female
- E. Was the victim participant a direct victim of the offence: No.
- F. Was the victim participant a family survivor with legal victim status: Yes.
- G. The VOMP victim participant's relationship to the actual victim: Allison was the older of the two daughters of the murder victim.
- H. What was the relationship (if any) between VOMP Victim and Offender participants: Allison, at one time, had been Sam's girlfriend.
- I. Had Victim VOMP participant been diagnosed with Post Traumatic Stress Disorder: Yes. PTSD Severity Scale 61 -Experienced all of the following 3-5 times/week – intrusive thoughts, recurring dreams, crying spells, fear, sleep disturbances, anger/rage, difficulty concentrating, high startle response, increased alcohol and drug use. Three and half years after her mother's murder Allison was receiving professional therapy to help her cope with the aftermath of the event. In the view of her clinician at the time, she met all criteria for a PTSD diagnosis. In this case, CJI staff helped to normalise the symptoms Allison was experiencing. She reported finding it very helpful to hear that she was not alone and that post-traumatic stressors were not so much an indicator of what *is wrong* with her, as they were an indicator

from the sub-trade contracts he had completed, he could not deposit or cash them while those accounts remained frozen as part of legal (civil divorce) proceedings).

⁹³ In Canada, offenders can be released at their statutory release date (calculated as 2/3 of the total time to which they have been sentenced), barring a formal decision to 'gate' them, i.e., hold them for the entire term of their sentence until their Warrant Expiry Date (WED).

of what *happened* to her, and that some of her behaviours, which had her wondering if she was losing her mind, were normative adaptations to the trauma, and would only become problematic over time if they persisted to the point of becoming *maladaptive*. Allison described and listed her symptoms, in terms of the kind, the number, the frequency and intensity she was experiencing constantly (see PTSD scale below).

J. Where known, what was the offender's Aversive Childhood Experience (ACE) score:

Sam's Aversive Childhood Experience (ACE) score: was 4/10. Given the violent sexual component of Sam's offence, prison treatment team members had attempted to determine whether or not there was something of this nature (i.e., sexual abuse) in Sam's childhood or adolescent history that may have been criminogenic. Sam, himself, has no recollection of ever having been sexually abused, but was more recently made aware of an incident reported by his mother which apparently happened at about his age 3 in which she had surprised an adult female relative who was fondling Sam's genitals. The incident was dismissed as "just horsing around" and a one-time event. Whether or not this constitutes sexual abuse (or whether there were other incidents) Sam certainly did have some serious difficulties to overcome. Sam's mother had had a history of seizures for which she was prescribed, while pregnant with Sam, medication with side effects now known to cause neurological abnormalities in unborn infants. Sam is reported as having been enuretic from age 4 to 13 and for most of that time was a shy, withdrawn child. He was ill for a time with a high fever at age 9 or 10 during which he suffered convulsions. From that time on he began to stutter, a difficulty that continued to manifest until Sam's mid-twenties. Sam also reported that his mother, when she was angry with him would put him down, ridicule him for his stuttering, and that she had mocked him about some very personal things in front of his friends and girlfriends. Once again, the inter-generational aspect of abuse surfaces: Sam's maternal grandfather is described as an abusive alcoholic, whose excesses had required Sam's mother, herself, to be placed in numerous foster homes. At about age 16 Sam began to experience acute onset headaches. No cause-effect link was ever firmly established, although family of

origin issues were considered. Sam's father was, ostensibly, the family disciplinarian, but Sam recalls no excessively harsh punishments at his father's hands. Rather, he remembers lots of good times, jogging, hunting and playing hockey with his father. On the other hand, Sam reports that his mother frequently spanked him with a wooden spoon and slapped his hands. Mother was mentally ill and physically and verbally / emotionally abusive toward Sam. That ended, he says, when he had grown physically and she became fearful of him. Sam reports that his mother "had a drinking problem" about which he challenged her frequently in his teens. His relationship with his mother has been ambivalent, at best, through most of his life (see ACE scale tool below).

K. Source of referral to VOMP: Victim initiated: Yes Allison had originally asked her therapist to assist her in finding a way to speak to Sam face-to-face, as she had for years sought detail surrounding the build-up to the offence and the murder itself, details that had been denied to her through other means. The therapist replied that she had no experience in organizing such things and could not assist in it, but would work with Allison to see if there might be a way. When Allison called the prison to inquire about the possibility of victim offender mediation, she was directed to the Victim Liaison Officer (who was also the Chief of Social Work). He, while initially sceptical of VOMP, by then had witnessed a number of its outcomes for participants and had become highly supportive of it. He referred Allison to VOMP. Allison's therapist was supportive of her participation and agreed to attend the facilitated dialogue when the time came, if Allison desired that. By that time, however, Allison had come to deeply trust VOMP staff, and chose not to have an additional supporter present.

L. Source of referral to VOMP: Institutionally initiated: No

The lead social workers at the prison where Sam was incarcerated had become acquainted with our Victim Offender Mediation Program (VOMP) over the previous ten year period and was impressed with the outcomes he had witnessed. He was completely supportive of our involvement in this case, especially since it had been initiated by the victim. He believed that Sam's participation might present some helpful therapeutic challenges ("reality checks") for him, and readily agreed to see

if Sam would meet with us so that we could introduce the program to him, explore with him what his participation might mean, and test his willingness to meet with Allison. Sam presented as a quiet, very humbled, young man. Once we had made him aware that Allison had initiated the process, he said, “The prospect scares the hell out of me, but if she is brave enough to face me, I guess I’ll have to summon the courage to meet her.” He committed to answering Allison’s questions as truthfully as he could. We walked together down the corridor to the social worker’s office and set a date for the meeting to take place in one of the smaller board rooms nearer the entrance to the prison. Sam expressed gratitude that the meeting date was close at hand since, he said, “I won’t likely get much sleep between now and then.”

M. Preliminary options utilized: Other than the preliminary meetings and interviews (which in this model are axiomatic), none of the range of other preliminary options was utilized in this case. The preliminary meeting with Allison, however, is forever etched on my brain. Allison had invited my co-facilitator and I to meet her in her home, admitting that from the time of her mother’s murder, she had become extremely anxious about venturing out for any reason. The three of us met in Allison’s living room where the television news was on, at high volume. “Sorry about the tv”, Allison offered, “but I seem to need to have it on, night and day; it seems like I need the chaos.” Allison began to relate aspects of the chaos that had slammed into her life and engulfed her from the first news of her mother’s murder. “I knew it had to be Sam, from the moment I heard,” she said. “And my next thought was, ‘Oh, my God! I brought this man into our family; this is all my fault.’” Thoughts tumbled out, as she continued to describe her needs and motivation for seeking to arrange a facilitated meeting with Sam. “One of the things I need to know is whether he did this to punish me for breaking up with him.” “I need to know if my sister and I are safe, or if we are next?” Over the space of a couple of hours, Allison listed the questions she would ask, if Sam agreed to meet with her. We did our best to explain how the process usually played out. We described the various process options we normally offered as part of the preparation process, including: letter exchanges, videotaped interviews and / or exchanges, etc. Allison declined any of

those options⁹⁴. She made clear that she had sought us out in hopes that we might be able to assist with her need to meet with Sam and to ask her questions with no opportunity on his part to formulate answers ahead of time. She made clear that she was prepared to trust us on the strength of our first meeting, and wanted to go straight to the face-to-face facilitated dialogue as soon as it could be arranged. We parted with an invitation to call us at any time, if additional questions occurred to her, or if she had need of further meetings just to talk about whatever might have ‘stirred up’ in the aftermath of this preliminary meeting. We met three more times in the next few weeks, as we waited for the scheduled preliminary appointment with Sam. In each of these, Allison disclosed more of her experience of the symptoms that are so much a part of the life of a survivor in the aftermath of trauma this acute. She shared with us that she had been concerned, at first, to tell us “about the whole of it, for fear that you’d think I was absolutely crazy, too crazy to participate in victim offender mediation without coming completely unglued.”

N. Number of face-to-face meetings: 1

O. Date(s) of the meeting(s): 97/02/18

P. Outcomes for Victim Participant: See below

Q. Outcomes for Offender Participant: See below

R. Warrant Expiry Date: Life sentence, out on parole

S. Re-offence (if any): None.

T. Number of days from time of release to new offence. No further offenses.

Key Elements

- Sam’s criminal activity began at about age 11. He successfully hid most of his criminal activity from his parents, including the theft of over 200 cars. His disregard for authority caused him significant difficulty, causing him to be

⁹⁴ A video interview *was* utilized a number of years later, however, when, prior to Sam’s parole hearings, a number of questions had surfaced for Allison which she wanted to pose to Sam about his release plans. When VOMP staff approached Sam about Allison’s desire for answers to those questions, he agreed to have us record an interview in which he would respond to Allison’s questions on videotape for the purpose of having us convey his responses to her. Both parties saw this as helpful and a useful way for them to communicate, given the circumstances. Further, once this mechanism had been established, Sam continued to meet Allison’s need for information well beyond the time of his release on parole (see below).

suspended from school on a number of occasions. He reported that this, ironically, provided him increased opportunity to be out and about, unsupervised, and to perfect his car theft craft and skills during those school suspensions. At one point, Sam was stealing up to ten cars per day, joy-riding, enjoying having a variety of late model cars to drive, running them out of gas then simply stealing another.

- Sam was charged with armed robbery and released on bail. It was while he was on bail for this offence that he committed the murder of Allison's mother. He was 17 at the time. Prior to the crime occurring, Sam had been introduced to Allison's mother who initially approved of him, as Allison later related in ironic retrospect, as "The most gentlemanly guy you've ever dated". In fact, because Sam was well known to Allison's mother, she admitted him to her home, although Allison was out, on the night of the murder when he stopped there and asked to make some telephone calls. As they talked between his attempts to make those calls she confronted Sam, telling him that, despite her first impressions of him, she believed him to have proven to be a bad influence on her daughter. She further challenged him regarding what she suspected to be his involvement in the break-in and theft from her home that had occurred a few weeks earlier. Sam reports that her challenge and accusation precipitated his assault of her, an assault which then escalated to the point of sexual assault and murder.
- Psychiatrists and psychologists who assessed him once he had entered the youth justice system diagnosed him with a severe conduct disorder. Because he was not yet 18, he was not subject to assessment inventories normed on and used with adults, but the professionals anticipated that as soon as he entered and was assessed in the adult prison system he would meet the criteria for an anti-social personality disorder. One professional added, "There is no treatment for this disorder." Sam reports that once in the adult system he was diagnosed a psychopath, rating very highly (96th percentile) on a psychopathy assessment instrument known as the Psychopathy Check List PCL(R), devised by Canada's Dr. Robert Hare.

- During their face to face meeting, Allison asked Sam to provide factual information which, “no matter how graphic or brutal”, she felt a need to hear regarding the details of her mother’s murder, including Sam’s thinking and his actions at the time. For example, Allison desperately needed to know that Sam had not killed her mother in retaliation for Allison’s having broken up with him earlier. As the day wore on and Allison became increasingly comfortable, she posed, in turn, the questions she had formulated prior to the dialogue. They included these:
 - 1) “How long did you think about my mother as your victim before you attacked her?”
 - 2) “How could you possibly rape someone in the state my mom was in?” [She had been unconscious, due to his violent physical assault of her. Allison feared something even darker: that her mother had actually been dead when Sam sexually assaulted her].
 - 3) “How do I get you out of my head?” “Do I have to live with you there for the rest of my life?”
 - 4) “Do you know how much work you’ve given me to do? You have time on your hands to get the help that is available. I have to dig for every bit of help, and pay for whatever I can find out of a meager salary, while yours is free. In fact, as a tax payer, *I pay for yours!*”
 - 5) “Why should your past actions control my future?” Part of the consideration, here, was that Allison was aware that there would come a time for Sam to be released back into the community. She feared chance encounters with him on the street, and was concerned that she would end up being the prisoner, “a prisoner in my own home, unable to leave it even to do normal tasks, picking my kids up from school, shopping, going out for dinner...without constantly being afraid I’ll come around a corner and you’ll be standing there.” Allison was clear that she needed some way to address (and diminish) any possibility of future chance encounter between them. If there was to be encounter, it would have to be intentional, carefully planned and facilitated, and by mutual agreement. The very possibility of chance encounter was deeply disturbing

to Allison (and, ironically, as she was to discover in her facilitated dialogue with Sam, that prospect was equally troubling to him).

- Sam shared with Allison that simply in anticipation of having to face her, he had felt a need to come ‘completely clean’, i.e., to withhold nothing from his treatment team. In this case, it meant Sam disclosing that he had, even in his pre-pubescent years, been having rape and murder fantasies; something he had intimated to Allison while they were dating, but had not disclosed to anyone else prior to the preparation for their dialogue. Secrecy, for any sex offender, is a very significant risk factor, a true ‘Pandora’s box’. Deciding to open that box in anticipation of his meeting with Allison proved to be a major ‘tipping point’ in Sam’s treatment. From this point on, Sam committed to tell the truth about whatever was going on; a decision that his treatment team reported issued in a new period of openness, cooperation, growth and treatment gains for Sam.
- Regarding Allison’s concern that she might accidentally run into Sam during one of his temporary absences she wanted to know not only when Sam might be out in the community, but exactly where he was intending to actually go. Allison’s need for this information stemmed from the fact that Sam was being granted temporary absences to places (such as the homes of his family members, for example) very near where she herself lived, shopped, etc. Her concern was that a possible accidental meeting could occur and prove problematic for them both. Sam replied that Allison’s need to ensure that there be no chance encounters was a perfectly reasonable one. In fact, he shared that he was equally fearful that an encounter might occur inadvertently while he was in the community on a temporary release. At the time, victims had no right in law to be provided such information, in fact, such information was closely guarded to protect offenders from possible vengeance or retaliation. Nevertheless, Sam agreed to volunteer information beyond what was required by law or policy, committing to honour Allison’s request that he “Inform Dave and Sandi [VOMP staff persons] of your applications for temporary absences with reasonable time for me to take steps to avoid those areas, including exactly where you plan to go, and how long you’ll be at that location.”

- In the years that followed, VOMP staff stayed in touch with Allison, and on two occasions, Allison made presentations with them about her experience, one to the Parole Board of Canada staff and another to the Annual Police Based Victim Services conference, attended by most of the victim serving practitioners in the province. In each case, she was astonished at the response, never before having experienced a standing ovation.
- Allison continued to recover and to grow: she returned to school, qualified as a Nurse's Aide and went to work in an elder care facility where she reported loving the work, loving the residents and clearly having found her calling. A short time later, she married her boyfriend. VOMP staff were invited to the wedding, where she introduced them as her family 'angels', (and when the ceremony had concluded, asked that they stand beside her in the reception line as her "adopted mom and dad"). Her parenting style had also changed from "obsessively smothering," as she described it, out of sheer fear that her daughter would be murdered, or worse, that she, herself, would be murdered and taken from her, to parenting her daughter far more healthfully, and for the first time, beginning to contemplate having a second child. Since then, she has had another, a son, and continues to live happily with her husband, her two children, and all "the other extended family I've adopted at the care home where I work."
- As for Sam, his PCL(R) score, in an assessment done a few months after his victim offender dialogue with Allison, had fallen to 51%, from his previous assessment of 97%, something which seemed to have no clear explanation. As a result of the reassessment (by a psychiatrist internationally renowned for expertise in this area of specialization) Sam was found not to qualify for the 'psychopath' diagnosis. Since the 'static factors' in a psychopathy assessment do not change and the dynamic factors are seen as unlikely to do so, treating clinicians ascribed the results of this new assessment to one of three things: 1) either the first assessment had been in error, or 2) the second assessment had been in error (which was highly unlikely, given the competency of the assessor or 3) something had shifted by virtue of the commitment Sam had made in anticipation of his dialogue with Allison to end the lies and cooperate with his treatment

regimen, creating a context for profound shifts in Sam's cognition and behaviours. "This is simply one of those things we'll never know, for sure, and requiring 'further research'" smiled a senior treatment team member at that prison in discussing this phenomenon with me in this particular case (private communication).

- Sam continued to do well, although he was very open about his struggles 'on the outside'. During the years Sam served time in a minimum security institution, he had taken numerous courses in the construction trades, and had excelled at them. Following his release on full parole, Sam quickly found work as a framing carpenter in the construction industry, and within a few years had begun his own business, making good money and employing sub-trades in a competitive commercial renovation market. Sam has never been charged with, or suspected of, another criminal offense. He did, however, have a scrape with personal recreational drugs. As a 'lifer' Sam will be under supervision and, thus, under strict parole conditions, for natural life. While drugs were never part of the index offense (the murder of Allison's mother), the use of any intoxicant was prohibited as one of the conditions of his full parole. To his credit, Sam reported this lapse voluntarily to his community parole officer, knowing that he would be suspended and re-incarcerated to await his next opportunity to apply again for parole. One of Sam's first calls was to the VOMP staff, asking them to come to see him at the temporary detention unit. "I know I should have called you when I started to slip, Dave", he said, "I'm sure that Allison has been notified that I am back in over this, and she is probably concerned that I am back in my crime cycle." "She is probably terrified that this could happen, I'd be grateful if you'd take a letter to her that I've written about it; it is no excuse but in it I take responsibility and provide at least some explanation of the circumstances." "She may want to hold me to account for this latest screw up, and I'll take it on the chin, if so." "I'm also concerned that I've broken your and Sandi's trust [VOMP staff] and, after all you've invested in me, I had a hard time making the call to tell you about it." "I'd understand if you felt a need to end your support for me. I feel pretty shitty about it all."

- This resulted in almost a year of additional incarceration for Sam, although at a minimum security institution where he could give attention to the reasons for his foray into drug use. During that time VOMP staff occasionally visited Sam and he reported deeply prizing the continued contact, having been concerned that they would abandon him for having “screwed up” in the matter of the drug use.

ALLISON’S Post-traumatic stress assessment (*prior to VOMP*)

Since the trauma, which of the following is being experienced and how frequently:

SYMPTOM	Frequent (3-5 x/wk)	Occasional (1-2 x/wk)	Seldom (1x/wk)	Never
INTRUSION				
Intrusive thoughts and images	X			
Recurring dreams – nightmares	X			
Flashbacks		X		
Anxiety attacks		X		
Crying spells and tearfulness	X			
Feeling of shame, embarrassment		X		
Guilt feelings (“If only...”)	X			
WITHDRAWAL				
Withdrawal		X		
Depression-diminished interest		X		
Feeling of detachment or estrangement		X		
Inability to recall specific events of trauma				X
Disorientation, confusion				X
Restricted affect			X	
Avoidance of thoughts of trauma		X		
Fear	X			
Job Difficulties				X
Sexual Dysfunction		X		
Numbness-emotional/physical		X		
Helplessness, loss of control			X	
AROUSAL				
Sleep disturbances	X			
Anger/Rage	X			
Difficulty in concentrating	X			
Hypervigilance				
High startle response	X			
Headaches		X		
Muscle tension		X		
Nausea			X	
Eating disturbances			X	
Difficulty in breathing				X

Cold sweat				X
Increased alcohol usage	X			
Increased drug usage	X			

ALLISON'S Post-traumatic stress assessment (after VOMP)

On this form, please indicate how frequently you experience any of these symptoms since the (first) face-to-face VOMP dialogue with your offender:

SYMPTOM	Frequent (3-5 x/wk)	Occasiona l (1-2 x/wk)	Seldom (1x/wk)	Neve r
INTRUSION				
Intrusive thoughts and images		X		
Recurring dreams – nightmares		X		
Flashbacks			X	
Anxiety attacks			X	
Crying spells and tearfulness		X		
Feeling of shame, embarrassment			X	
Guilt feelings (“If only...”)			X	
WITHDRAWAL				
Withdrawal				X
Depression-diminished interest				X
Feeling of detachment or estrangement				X
Inability to recall specific events of trauma				X
Disorientation, confusion				X
Restricted affect				X
Avoidance of thoughts of trauma			X	
Fear			X	
Job Difficulties				
Sexual Dysfunction			X	
Numbness-emotional/physical			X	
Helplessness, loss of control			X	
AROUSAL				
Sleep disturbances			X	
Anger/Rage			X	
Difficulty in concentrating			X	
Hypervigilance				
High startle response		X		
Headaches				X
Muscle tension				X
Nausea				X
Eating disturbances				X
Difficulty in breathing				X
Cold sweat				X
Increased alcohol usage				X
Increased drug usage				X

ALLISON'S Post-traumatic stress assessment (Current)

On this form, please indicate how frequently you experience any of these symptoms Currently. Please also indicate approximately how long (years and months) it has been since your first face-to-face dialogue with you offender: 11 years and 7 months.

SYMPTOM	Frequent (3-5 x/wk)	Occasional (1-2 x/wk)	Seldom (1x/wk)	Never
INTRUSION				
Intrusive thoughts and images				X
Recurring dreams – nightmares			X	
Flashbacks				X
Anxiety attacks				X
Crying spells and tearfulness			X	
Feeling of shame, embarrassment				X
Guilt feelings (“If only...”)				X
WITHDRAWAL				
Withdrawal				X
Depression-diminished interest				X
Feeling of detachment or estrangement				X
Inability to recall specific events of trauma				X
Disorientation, confusion				X
Restricted affect				X
Avoidance of thoughts of trauma			X	
Fear			X	
Job Difficulties				X
Sexual Dysfunction				X
Numbness-emotional/physical				X
Helplessness, loss of control				X
AROUSAL				
Sleep disturbances			X	
Anger/Rage			X	
Difficulty in concentrating				X
Hypervigilance				
High startle response			X	
Headaches				X
Muscle tension				X
Nausea				X
Eating disturbances				X
Difficulty in breathing				X
Cold sweat				X
Increased alcohol usage				X
Increased drug usage				X

'Sam's' ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household *often or very often*...
Swear at you, insult you, put you down, or humiliate you? *or*
Act in a way that made you afraid that you might be physically hurt?
Yes__ No_x__.
2. Did a parent or other adult in the household *often or very often*...
Push, grab, slap, or throw something at you? *or*
Ever hit you so hard that you had marks or were injured?
Yes_x_ No__.
3. Did an adult or person at least 5 years older than you ever...
Touch or fondle you or have you touch their body in a sexual way? *or*
Attempt or actually have oral, anal, or vaginal intercourse with you?
Yes_x_ No__.
4. Did you *often or very often* feel that ...
No one in your family loved you or thought you were important or special? *or*
Your family didn't look out for each other, feel close to each other, or support each other?
Yes__ No_x__.
5. Did you *often or very often* feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? *or*
Your parents were too drunk or high to take care of you or take you to a doctor if you needed it?
Yes__ No_x__.
6. Were your parents ever separated or divorced?
Yes__ No_x__.
7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her? *or*
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? *or*
Ever repeatedly hit for at least a few minutes or threatened with a gun or knife?
Yes __ No_x__.
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes_x_ No__.

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

Yes_x_ No___.

10. Did a household member go to prison?

Yes__ No_x__.

Now add up your "Yes" answers: _4___ This is your ACE Score.

Case Study #3

- A. The prisoner participant's (pseudo) name: Richard
- B. The offence type: Incest.
- C. The victim participants' (pseudo) name(s): Chantal (3a), Fay (3b) and Maria (3c)
- D. Victim participants' genders: All female
- E. Were the victim participants direct victims of the offence? Chantal and Fay were both direct victims of the incest.
- F. Was the victim participant a family survivor with legal victim status? Maria, (3 c), as the mother of daughters victimized by their father, (her husband), and given the chaos created in the family, definitely saw herself to have been harmed by these offences. As mother to the girls, she did have legal victim status. This, however, was useful only to a point. I comment on some of the more serious complications below.
- G. The VOMP victim participant's relationship to the actual victim: as described in F.
- H. The relationship (if any) between VOMP Victim and Offender participants: Chantal and Fay were Richard's natural daughters. Maria was Richard's wife.
- I. Had Victim VOMP participant(s) been diagnosed with Post Traumatic Stress Disorder: If the girls had been so diagnosed officially, that is unknown. Both, however, were observed by a number of professionals working with them, (including VOMP staff) to be highly symptomatic, confused, and deeply suspicious of counsellors or anything smacking of 'therapy'. For VOMP staff, assessment was of secondary concern to dealing with what presented in the moment, and with simply keeping them alive. Both girls freely admitted to

VOMP staff that they were acting out frequently in dangerous and self-destructive ways. Fay had scars on her arms from self-inflicted burns, Chantal had been hospitalized on one occasion with alcohol poisoning and on another had herself admitted to the hospital psych ward, fearing that she might do herself serious or lethal harm if not monitored. During the entire period when VOMP staff were working at all of the legal (and institutional) impediments to any of them (including Maria) meeting with Richard as VOMP participants, both girls' destructive behaviours escalated dramatically (self-reports by the girls, by their mother, by their social workers, and by VOMP staff observations). Both Chantal and Fay were highly critical of their social workers (since those workers were resisting the idea of the girls meeting with Richard) and their counsellors, judging them all to be "useless." The younger (at age 15), began staying out overnight with her boyfriend; drug and alcohol use for both girls escalated to very dangerous levels, and methamphetamines were added to the usual weekly quota of 'pot'. Their anger toward their mother became unconstrained. Where once both girls had been close to their mother, compliant and respectful, they were now emotionally and physically abusive toward her. They were furious at 'the system' and its agents (i.e., the Criminal Justice System, Corrections and the Ministry for Children and Families), for refusing to give them what they wanted and felt they needed: the opportunity to see and to dialogue with their father, in person. Thankfully, they saw the VOMP staff facilitators as attempting to at least explore the possibilities, testing and negotiating with other professionals, even if ultimately they were to decide that these meetings might not be in the girls' best interest and could not be supported. The girls were cooperative with VOMP staff, and reached out in significant ways, giving access to things they were keeping secret from other professionals. That level of trust enabled VOMP staff to intervene on a number of occasions, therapeutically, yet not be dismissed as more "f...ing useless shrinks".

- J. Where known, what was the offender's Aversive Childhood Experience (ACE) score: Unknown. Concerning his early sexualization, however, Richard was very open. He claimed to have been an object of sexual play and practice involving

older boys and girls at a very early age, as he described it “Long before I would have been physically capable of fulfilling a sexual response”. He claims that, while this was not sexually fulfilling, it was pleasurable and did satisfy his curiosity. He admits having been a willing participant, but that these experiences left him with questions regarding his own sexuality. He reports having discovered that even unfulfilling sexual acts (by which, he explained, he meant those which do not lead to orgasm) could still be exciting. While some professional clinicians might qualify these incidents as sexual abuse or even as criminal sexual assaults, others would argue there was no sexual contact by anyone more than five years Richard’s senior nor with fiduciary responsibility toward him, and therefore, no crime was committed. Some apply criteria such as these to distinguish between ‘childhood sex play’ and ‘abuse’. Others, however, including those among the prison treatment team working with Richard, saw this early experience to be at least part of the genesis of his sexual deviance. Richard now concurs and, while taking full responsibility for his own deviant adult choices, now sees these early incidents to have factored as criminogenic for him in later life.

- K. Source of referral to VOMP: Victim initiated: Yes. The referral came from a coordinator of Police Victim Services upon the request of the older daughter. The younger daughter then decided that she wanted to be referred as well.
- L. Source of referral to VOMP: Institutionally initiated: No
- M. Preliminary options utilized: There were a number of preliminary meetings with each of the girls, beginning with them both in the presence of their mother. Later VOMP staff met with them individually or in any combinations they felt would be helpful. Staff also were in touch with their therapists about the process at a number of points. One of those therapists (Chantal’s) determined that he wanted to observe her face-to-face meeting with her father. Richard agreed. On a number of occasions VOMP staff were called by the girls’ distraught mother ‘Maria’, asking staff intervene in another of her daughters’ crises. Where it seemed wise and appropriate, they did so. The girls, and their mother, have frequently stated that they believe VOMP staff got the balance right.

- N. Number of face-to-face meetings: Chantal: 2; Fay: 2; Maria: 2
- O. Dates of those meetings: With Richard and Chantal: 04/02/05; 04/11/22; With Richard and Fay: 04/02/11; 04/11/24; With Richard and Maria (Richard's wife and mother to Chantal and Fay): 04/11/20; 04/11/29
- P. Outcomes for Victim Participant(s).
- a. For Chantal: For both Chantal and Fay, Richard's full acceptance of responsibility; his direct apology to the girls during their dialogues for ever having begun to groom and initiate sexual activity with them, for offending against them in what he, by the time of the dialogues, saw as "sick and selfish" ways, "completely absorbed in the fulfillment of my own needs", was a very useful beginning to the dialogues with them and, ultimately, to their own view of themselves as innocent children at the time the abuse began. Chantal also believed it to be imperative that she have opportunity to dialogue with her father, Richard, about many things prior to his deportation (see below). She needed to know that there would be no further sexual abuse or intrusion of any kind, but also wanted him to know that she cared for him and loved him within the bounds of an appropriate family love. She needed to know that mechanisms might be put in place to allow them to continue to communicate as family members following his deportation, with at least the hope that they might see each other again, in the country of Richard's citizenship, in the future. "While I hate what you did to me, I do not hate you", she offered. "You gave me life, and were a wonderful dad until we began to mature and things got so crazy." "Even then, it was always mixed—you were such a great dad in so many ways—that's part of what makes all this so crazy." "I need to know that you really did love us and that the care and gentleness weren't just a lie to get you what you wanted, sexually" (facilitated dialogue, 04/02/05).

Chantal was deeply grateful that we had managed to overcome all of the impediments—and they were many—to her being able to have these facilitated dialogues with her father. I do not mean to suggest, here, that Chantal's participation was entirely healing, or that it 'undid' the effects of

years of incestuous abuse. Only time will tell whether she can overcome and recover from those. However, the self-destructive behaviours did decrease, her rage against the professional helpers evidenced earlier diminished, and she began to apply herself to schooling and preparing for a profession. Finally, Chantal came to terms with the fact that the father she loved had also been a damaged human being and sexually deviant. While she saw him as responsible for much of what was good and beneficial in her early nurture and socialization, she also saw him as responsible for much harm and what would be for her, ongoing struggles. Further, she reported being grateful that the VOMP process had empowered her to say these things directly to him while holding them in what she saw to be a helpful, and sensible, tension. She could now love her father for what things of meaning he had contributed in her life, while recognizing that the relationship had been deeply enmeshed and damaging. Ultimately, she claims this process enabled her to be free to let him go, to pursue what meaning he might find in his country of origin, without feeling a need, any longer to see him on a regular basis.

- b. Fay reported that virtually all of these same gains (i.e., those reported for Chantal, above), were also hers. That would be the observation of the VOMP staff, as well, except that Fay did not appear to have, in the same measure, her older sister's 'drive' to succeed. While VOMP staff were involved with this family intensely, then periodically, for at least three years, we have now had no contact with either girl or with Maria for the past four years (at time of writing) and do not know whether Fay even managed to graduate high school. Like her sister, however, as the VOMP process itself came to a close, Fay reported being deeply grateful for what we were able to do for her, for Chantal, for Maria and for Richard.
- c. For Maria: Opportunity to have her own face-to-face dialogues with Richard, in which she was able to ask questions of him, freely share her own hurt and inform him about the nightmare she was living; a nightmare that had its genesis in his betrayals of her and their daughters. Maria needed to begin the work that would need to be continued: to determine whether she had any

desire to work at healing and reconciliation, or whether she would divorce Richard (as many suggested she must), and attempt to make a ‘go’ of it on her own. (She subsequently chose not to follow him to the country of his origins, staying in her own community where the girls had chosen to stay), yet maintaining occasional contact with him as she and the girls had need and within the boundaries set by them.

- Q. Outcomes for Offender Participant: Richard was able to complete work he had come to believe he needed to do, i.e. having ended the former minimization of his offending, to take responsibility for his deviance and the damaging effects of it on his children and his wife. He wanted to convey that he knew that he alone was responsible for the destruction of his family. He needed to ensure that the girls knew that he saw himself as entirely responsible, freeing them from any sense (which they had told him they felt) that they were complicit or had possessed the power—at any point—to choose to be involved in these incestuous relationships. He also needed to convey to them his awareness that “I put myself in here [in prison], you aren’t responsible for my incarceration.” (Both girls had expressed guilt and grief for having reported him to police, saying, “...we just wanted the abuse to stop”, and stating that they had no idea Richard would be sentenced to a federal prison for so long a time). Richard hoped for some mechanism through which he could “come clean” about all of his offences against the girls, and through which he might make a genuine apology. He knew that he could not, legitimately, have any expectation of on-going or future relationship with either of the girls. That would be entirely up to them. Yet, as part of the empowerment the girls experienced through their dialogues, each of them made clear that while there could never be another incident of abuse of any kind, and boundaries and safe-guards would have to be in place, Richard was still their father. Within the terms of a new and respectful understanding, they could choose to continue to relate to him—or not—on their own terms.
- R. Warrant Expiry Date: Released in Feb, 2005 and deported
- S. Re-offence (if any): There are no known re-offences. However, it must be stated that, while the terms of Richard’s deportation included disclosure of his criminal

history and offences, he may not be as closely monitored in the country of his citizenship as he might have been had he remained in Canada.

T. Number of days from time of release to new offence. (N/A), but see T, above.

Key Elements:

- Richard, who was not a Canadian citizen, though he had lived legally in Canada as a landed immigrant for many years, was deportable. The girls had heard that it was likely that Richard would be deported immediately upon his release from prison and were deeply distressed at the news. In fact, proceedings to have Richard deported were, indeed, underway as we began to prepare for these dialogues, creating one more tension between ensuring that we did not inordinately ‘push’ the process, and attempting to complete the needed work before Richard was escorted to a waiting plane and sent out of the country. Maria, the girls’ mother, was understandably, deeply distraught through much of this.
- “Catch 22” problematic institutional policies. One example of what Maria (and VOMP staff) had to face involved policies in place (at that time) which would not allow anyone to both have official ‘victim’ status and, at the same time, to be approved to be on a prisoner’s visiting and correspondence list. For Maria this meant a forced choice: If she chose to communicate with or to visit her husband (which required applying and being accepted to be on his visiting and correspondence list) she would not be allowed victim status. That meant she would be denied what rights and benefits are accorded to victims with legal status, such as: 1) the usual victim notification regarding the offender’s parole dates, transfers, potential release dates and the like; and 2) any form of Crime Victim Assistance (counselling coverage, etc.).

On the other hand, if Maria chose to register as a victim of her husband’s offences against their children, she would be forbidden to visit him in prison or to correspond with him. In short, she would be forbidden to have the communication with her husband that she needed to have in order to gather the information required to process major decisions. Would she divorce him? How deep was his deviance? How long had he struggled with it, and who else, within the extended family system, might

have been harmed? Had he molested or sexually assaulted others (neighbours or friends of his daughters) who had yet to disclose? Was there any hope for his rehabilitation? Any hope for the marriage? Was there any hope that he might accept full responsibility and participate in VOMP and in family therapy to provide the acknowledgement and validation needed by the girls?⁹⁵

At the time, official “registration” with CSC and National Parole Board (NPB) as a victim of crime would give her no access to any of the information on Richard’s correctional files. All of that information was not only “Protected” under Canadian privacy laws, but, she felt “hermetically sealed against me...”. Maria might have been able to gather the information she needed to make her own best decisions through direct communication with Richard, but that, she felt, would have required an ideal context for their communication, one she felt had been grievously compromised. Maria saw VOMP participation to be her best avenue for the needed communication. Her access to VOMP, however, was also being resisted by a number of gatekeepers, and needed to be negotiated by VOMP staff.

- Information about “No Contact” orders often proves to be contradictory and ambiguous, depending upon where, in the criminal justice, sentencing, corrections or parole process, the offender currently finds him or herself. This has been the case through the duration of the VOMP program; it continues to be problematic. VOMP staff have frequently had to get legal counsel about whether an order made (at time of an offender’s release on bail, for example, or upon sentencing) continues to be in effect once the offender is incarcerated and under the authority and supervision of the Correctional Service of Canada (CSC). In Richard’s case, prison authorities were taking the view that the “No Contact Order” imposed by the judge continued into his incarceration, meaning that any VOMP process involving even the most indirect

⁹⁵ Maria was only one of a number of VOMP victims who were caught in this same “Catch 22”. VOMP staff were up against this same policy, of course, but managed to work within it to allow participants to have both legal victim status and ability to meet with the prisoners through our auspices without having to apply to be on the prisoner’s visiting and correspondence list. Still, that was an uphill battle for VOMP staff, as well. In this case, certainly, and in many others, we found tremendous resistance on the part of corrections officials to the idea of having victims meet with those who had offended against them or against their family members. Ultimately—and we have no way to know of the precise degree to which VOMP case successes played a part in this—the policies were changed. It is now possible for direct victims and family members impacted to have both legal victim status and to be able to visit and to correspond with the responsible inmate, if they so choose.

contact or communication between Richard and his family would have been precluded. We had seen other cases in which this was not the case; cases in which contact was or was not allowed, once the offender was incarcerated, at the discretion of his Institutional Parole Officer (IPO) on a case-by-case basis. VOMP staff, therefore, set out to seek legal opinion regarding whether the “No Contact” order forbidding Richard to have any contact with his daughters continued in force. We contacted the sentencing judge, with whom we were acquainted, and put the matter before him. Given the circumstances, the daughters’ need and desire for what would be a very carefully supervised process and his familiarity with VOMP, the judge agreed to vary the original order, so as to clear up any ambiguity. He altered the order to read: “You shall have no contact, direct or indirect, with the victims of your offences ‘Chantal’ and ‘Fay,’ except for the purposes of involvement in the Victim Offender Mediation Program (VOMP) at the initiative of the victims”. This judge has since used this or similar wording regularly in similar cases, setting a very helpful, important and empowering legal precedent.

- In this case, as in many like it, the victims needed to see their dad. However, virtually everything in the Criminal Justice System’s and correctional system’s policies and practices mitigated against any such thing. Richard’s daughters, Chantal and Fay, were furious at the professional “gate-keepers” whom they saw to be condescending to them, bound by doctrines that made no sense to the girls, treating them “like infants, and telling us what is good for us, when we know what is good for us...” Chantal offered that she and her sister likely possessed “...more ‘street smarts’ than *any*” of the professionals assigned to their case, but they certainly saw this to be true of their young social worker who had recently graduated from university and “...never experienced anything like what we have gone through, and yet they are the ‘experts’ who control our lives”.
- Mom had needs re: her own sense of having been betrayed by Richard, first in his incestuous offending against their daughters, and through her having supported him (believing him to be innocent at the time of the first allegations). Her inability to believe the things first alleged by the girls quickly turned to complete validation of and support for her daughters, but significant damage to her relationships with them

had already been done. Maria asserted that she, too, would need facilitated dialogue(s) in which to process these things, first with Richard, then with her daughters. As Maria saw it, wading into these waters without competent facilitator assistance would not likely prove productive, and might, in fact, do irreparable harm. Maria reports that these issues were all ultimately addressed, and extremely helpfully, in the dialogues we facilitated (six formally in the prison involving Richard, and three or more less formally between Maria and the girls).

- The VOMP process required multiple meetings between Richard and the girls, in order to complete all of the agenda we had determined together with each of them in preliminary meetings would need to be addressed. The girls were clear that they had need:
 - to hear their father take full responsibility for his crimes against them;
 - to be freed from their own sense of shame and guilt regarding what they saw (as many young sexual abuse victims do, not recognizing the power dynamics involved which virtually preclude their ability to make choices): 1) their long-term ‘complicity’ in the incest; 2) responsibility for “putting him in prison”; 3) setting in motion a series of events that were almost certain to—and did—result in his deportation to a country where it would be difficult, and perhaps impossible, for them to see him in the foreseeable future, given his age and deteriorating health.
 - of their father’s parental counsel. Much as it might be difficult for most people to grasp—at least those unfamiliar with the psychodynamics of these matters in incestuous families—both girls still looked to Richard as father. And, while any advice given by him to them in these circumstances needed to be (and *was*) monitored and ‘vetted’, his counsel to the girls regarding: schooling, work, friendships, relationships with boyfriends, respect for their mother, how to keep peace between them in the household, staying motivated in their sexual abuse counselling, etc., was wise, needed, and to at least some degree heeded. Mother recognized that the girls—despite their father’s sexual deviance—still respected his counsel on these other matters. She (Maria) reported being at her ‘wits end’ in attempting to parent the girls alone, given

how they were acting out. However ironically, she was grateful that Richard still had positive influence and was able to some degree to contribute to the co-parenting of the girls—through the aegis of the facilitated dialogues—in ways that made Maria’s life at least somewhat more bearable.

- All parties, Richard, Maria, Chantal and Fay, had need to be able to plan for the future, with particular urgency regarding the transitions that would rapidly be upon them if Richard was actually deported (and deportation was beginning to look like a certainty in this case). The family needed to be able to have the difficult discussions and to plan for the future prior to his deportation. Once deported on these charges it was virtually impossible to imagine that Richard would ever be readmitted to Canada. The future nature of their relationships, communication and correspondence, all these were of import to each of them. Another concern was a more mundane but critical fiscal one: what would be the impact of the loss to this female household, of Richard’s monthly income? From the time of his arrest, Richard had signed over his disability pension checks to the family as well as his prison inmate pay throughout his incarceration. His deportation could well mean the loss of the family home, and a substantial reduction in standard of living for Maria and the girls (which prior to this had been meagre enough). Through the facilitated dialogues, Richard was able to communicate to them that he was committed to live as modestly as possible in order to continue to send the greatest percentage of his income to support them. At last report, this commitment was being kept consistently.
- As indicated above, there have been no new charges in the almost seven years since release (at time of writing) As an incest offender, Richard was not a highly likely candidate for re-offending in this same fashion. Many experts in sex offending patterns would support the view that incest offenders in Richard’s particular category are not highly likely to re-offend, partly because once the victims disclose and access to them is lost or diminished, the ‘opportunistic’ element is also greatly diminished or lost (Graham, 1996; Taylor, 1994). Nevertheless this view would be a ‘hard sell’ to most of the

public. It is not uncommon for holders of ‘common-sense’ views of sex offending to lump all offenders into broad categories and to see them as ‘untreatable’, forever dangerous to everyone and incapable of ever managing their deviant impulses.

Case Study #4

- A. The prisoner participant’s (pseudo) name: Arthur
- B. The offence type: 2 counts each of Sexual Interference and Invitation To Sexual Touching.
- C. The victim participant’s (pseudo) name: Sally
- D. Victim participant’s gender: Female
- E. Was the victim participant a direct victim of the offence: Yes.
- F. Was the victim participant a family survivor with legal victim status: No
- G. The VOMP victim participant’s relationship to the actual victim: N/A
- H. The relationship (if any) between VOMP Victim and Offender participants: Sally was Arthur’s biological daughter.
- I. Had Victim VOMP participant been diagnosed with Post Traumatic Stress Disorder: Sally was reported to be, and was observed by VOMP staff to be highly symptomatic. Across the categories, Sally was experiencing a plethora of symptoms: *Intrusion*: recurring dreams, crying spells, shame, guilt, *Withdrawal*: withdrawal, depression, confusion, restricted affect, fear, helplessness, *Arousal*: sleep disturbances, anger/rage, headaches, eating disturbances
- J. Where known, what was the offender’s Aversive Childhood Experience (ACE) score: ACE Score: 2 / 10. Arthur reported having been sexually abused as a child (beginning at his age 8-10 and continuing until he was 16) by his two older brothers, who were, respectively, four and ten years older than he. Arthur described this abuse almost flatly and with little emotion, adding “whatever they could think to do to me, they did.” At about age 15 he disclosed this abuse to a lay-‘Minister’, hoping this man would intervene. Instead, Arthur reports, the Minister took advantage of his vulnerability, becoming yet another of Arthur’s regular abusers. Arthur was abused

by this Minister for some time (and in a number of ways, including anal intercourse). Part of what is troubling about Arthur's account is his enduring belief that, given how often he was sexually abused and assaulted, as well as the number of perpetrators there were (at least four), "I must have been asking for it." Arthur's sexual abuse experience included all of the most damaging elements: early onset, high degree of frequency, betrayal of trust by caregivers or others with responsibility for his well-being, violence and coercion, multiple abusers each perpetrating multiple incidents and/or long duration of the abuse. Arthur had all of these (see ACE scale tool below).

- K. Source of referral to VOMP: Victim initiated: Yes. In this case the referral came via a sexual abuse trauma clinician working with Sally.
- L. Source of referral to VOMP: Institutionally initiated: No.
- M. Preliminary options utilized: Preliminary meetings with all parties; Because Sally was still a minor, meetings with child victims took place, apart from a few instances, in the presence of their therapist.
- N. Number of face-to-face meetings: One
- O. Dates of those meetings: November 22, 1995
- P. Outcomes for Victim Participant: Impressed her therapist with her able to express her truth and exercise power and agency during f2f meeting, finally was able to hear and to internalize that she bore no responsibility, not for the abuse, not for the chaos that ensued in their family structures nor for 'putting dad in prison'; Ambivalence cleared up, parental relationship within new boundaries, continued on in high school successfully.
- Q. Outcomes for Offender Participant: Moved from denying responsibility at first, to recognizing that he owed his family, and especially his victim daughters, the whole truth. From denial to full responsibility, demonstration of regret & remorse, and apology meaningful to his daughter. Arthur became acutely aware of the harm he had caused his daughters through his many months of incestuous behaviour. With the help of professionals he began to explore the degree to which his own sexual abuse might have played a role in his later criminal offending. Arthur had hoped that an invitation to his brothers to participate in VOMP with them as his offenders might

be efficacious in helping him recover from their ravages. They spurned him, and Arthur was left to heal, as best he might, without the validation or vindication of his brothers, to try to put what was left of his life back together. Arthur did report that he had experienced healing through having met with his daughters and witnessing their healing in their subsequent supervised visits, feeling that he had come a long way from time of his arrest (timid, shamed, defensive and denying, “with terminally low self-esteem”), to where he was now: “still hurting [through the impending ending of his marriage], but stronger, more confident, feeling like I can finally hold my head up, and looking forward to continuing to work on my relationships with my children [through family therapy and supervised visits]”

R. Warrant expiry date: Feb, 1998

S. Re-offence (if any): None

T. Number of days from time of release to new offence: N/A

Key Elements:

- These offences involved two of Arthur’s natural children (both girls). The sexual abuse of the older daughter had gone on for 6 years (beginning at her age 6) and for three years with the youngest child (beginning at her age 2 or 3). While VOMP staff met with each of the child victims (and their mother), only the older of the two was involved as a VOMP participant.
- Arthur’s sexual abuse of his daughters came to light with Sally’s disclosure. She had given her mother a hand-written note that said “Daddy hurt me. I’m sorry he has to go to jail.” Her mother ignored the first note. A month later, Sally gave her mother a second, similar note. This time mother confronted Arthur with it. He denied any involvement but immediately left the house. That night he attempted suicide by taking an overdose of prescription drugs. However, before the drugs could take effect, he drove himself to the hospital, reported his suicide attempt and had his stomach pumped. He admits that he had no real desire or intent to take his life, but *was* hopeful that attempting to demonstrate remorse, taking responsibility, pleading guilty and getting individual and family counselling might pave the way to healing and reconciliation. In time, he hoped,

he might be able to be able to move back into the family home under whatever new boundary constraints might need to be imposed. Arthur's wife, while she was all for getting the children whatever help they needed (including their need to have the facilitated dialogue they were requesting with their father about what had happened), was adamant that there would be no marital reconciliation. She divorced him and remarried a few years later.

- This was the first VOMP case done with children this young. 'Grace', the sexual abuse therapist working with these child/adolescent victims, was involved throughout the duration of the VOMP process. Grace concurred with the wisdom of allowing the older of the two victim daughters to participate in a facilitated dialogue with her father. A few 'gatekeepers' in both child protection services and correctional systems were adamant (and vocal) in believing that any such involvement was 'absolutely nuts', but Grace's support of Sally's need to participate in VOMP was vindicated by the outcomes. Nevertheless, despite this therapist's belief that Sally would be able to handle herself and would feel sufficiently safe, given that both she and the VOMP facilitators would be present, she was still somewhat astonished at the ability of her young charge to participate in the highly mature fashion demonstrated throughout the entire dialogue process.
- As in case study 3, above, and many others, once more, these incest victim(s) needed to see their dad. As is also common, Sally had not seen her father since his arrest many months earlier. Sally had said, very emotionally, "People say they want to help me...so why don't they let me have what I want when I tell them? *I want to see my dad!*" Sally reported that well-meaning social workers kept trying to impress upon her that her need to see her dad, even in the context of a facilitated victim-offender dialogue with him, represented the degree of her unhealthy enmeshment with him; that the very fact that she continued to have any feelings of affection for him was evidence enough for them to resist her participation in VOMP. Grace, Sally's therapist, reports that Sally countered to this effect: "You need me to hate my dad—I hate what he did to me, but I still love him as my father, and you people can't seem to understand that both those things can be true at the same time..." (private communication with therapist).

- Arthur's boys (2) could not understand why *they* weren't allowed to see their father either along with their mother in her regular visits to the institution (or through VOMP), since the offences had involved only the girls.
- Mom had needs as well that she wanted to confront him and dialogue with him about, including a sense of betrayal and having supported him despite her concerns at the time of the first disclosure and allegations.
- Sally and her sister had need to hear Arthur take complete responsibility for his offending and to free them from their own sense of shame and guilt. Until this actually happened they continued to feel complicit to some degree in the sexual behaviours and responsible for 'putting him in prison'. No amount of persuasion by others (social workers, counsellors) about their innocence seemed to assuage that guilt and shame. Both were finally, and deeply, impacted, however, by their father's assertion of their innocence and his own responsibility for having offended against them. In this case, as in many others, once the guilty one declared the innocent "innocent" the message got through; the children finally were able to hear and to internalize it: they bore no responsibility, not for the abuse, not for the chaos that ensued in their family structures nor for 'putting dad in prison'. Responsibility could finally be lodged where it belonged and where dad situated it: squarely on his own shoulders.

'Arthur's' ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household *often or very often*...
Swear at you, insult you, put you down, or humiliate you? *or*
Act in a way that made you afraid that you might be physically hurt?
Yes__ No_x__.
2. Did a parent or other adult in the household *often or very often*...
Push, grab, slap, or throw something at you? *or*
Ever hit you so hard that you had marks or were injured?
Yes_x_ No__.
3. Did an adult or person at least 5 years older than you ever...
Touch or fondle you or have you touch their body in a sexual way? *or*
Attempt or actually have oral, anal, or vaginal intercourse with you?

Yes_x_ No__.

4. Did you *often or very often* feel that ...

No one in your family loved you or thought you were important or special? or
Your family didn't look out for each other, feel close to each other, or support each other?

Yes__ No_x__.

5. Did you *often or very often* feel that ...

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or

Your parents were too drunk or high to take care of you or take you to a doctor if you needed it?

Yes__ No_x__.

6. Were your parents ever separated or divorced?

Yes__ No_x__.

7. Was your mother or stepmother:

Often or very often pushed, grabbed, slapped, or had something thrown at her? or
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or

Ever repeatedly hit for at least a few minutes or threatened with a gun or knife?

Yes __ No_x__.

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

Yes__ No_x__.

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

Yes__ No_x__.

10. Did a household member go to prison?

Yes__ No_x__.

Now add up your "Yes" answers: 2 This is your ACE Score.

Case Study #5

A. The prisoner participant's (pseudo) name: Pablo

B. The offence type and Canadian Criminal Code index number: Sexual Assault

C. The victim participant's (pseudo) name: Joyce

- D. Victim participant's gender: Female
- E. Was the victim participant a direct victim of the offence: Yes
- F. Was the victim participant a family survivor with legal victim status: N/A
- G. The VOMP victim participant's relationship to the actual victim: N/A
- H. The relationship (if any) between VOMP Victim and Offender participants: The victim was the offender's step-daughter.
- I. Had Victim VOMP participant been diagnosed with Post Traumatic Stress Disorder: No, not formally. She was, however, highly symptomatic at the time we first met her: Intrusive thoughts, increased drug and alcohol use, depression and low self-esteem, resorted to survival sex trade work, shame and guilt, anger/rage (due to uncontrolled anger had violently assaulted offender's biological children, left in her care upon his arrest).
- J. Where known, what was the offender's Aversive Childhood Experience (ACE) score: ACE Score: 9 / 10 (see assessment below), highest of all the offender participants assessed for ACE. Pablo's childhood and adolescent trauma was extensive, including physical, sexual, emotional abuse and neglect, alcoholic parents (one with mental health issues), and poverty all played a significant part. Again, sexual abuse and assault appear to be criminogenic factors in his later sexual offending (see ACE scale tool below).
- K. Source of referral to VOMP: Victim initiated: Yes. Joyce had attempted to begin this process on her own. Pablo, having heard about VOMP two years previously from a guest speaker (herself a sexual assault survivor and VOMP alumni participant) in a prison sex offender treatment group, had received a message through a third party from 'Joyce', asking him to meet with her, as he understood the request "in hopes that I might help her heal from all sorts of things in her past". Pablo, very concerned that any contact with Joyce might constitute a violation that would return him to prison, suggested that the third party messenger ask Joyce not to attempt to reach him by any means, again, and that she call VOMP directly. A short time later, Joyce did just that, requesting an appointment to explore whether the program might meet her needs.
- L. Source of referral to VOMP: Institutionally initiated: No.

- M. Preliminary options utilized: Two lengthy preliminary meetings with each of the participants. In this case, Pablo, the offender, was concerned about what might prove to be the ‘hidden agenda’ of the victim, Joyce, so asked VOMP staff to have her put in writing her hopes for the process, as well as at least the general questions she had for him and hoped he would be willing to address. VOMP staff then met with Joyce, since she had asked for assistance in listing her hopes and questions. Staff then met with Pablo to share with him what Joyce had highlighted and given permission to disclose to him, prior to the actual face-to-face meeting. Pablo decided to proceed to the face-to-face meeting on the basis of what Joyce had written, believing it to be his moral obligation to take responsibility and to answer any questions she might have. He also believed that any communication with her needed to be formal, professionally facilitated and carefully monitored, both to ensure that Joyce’s expectations concerning future relationship (even of an appropriate step-father, step-daughter variety) were realistic. Beyond that, Pablo was concerned that the process be witnessed start to finish in case parole officers or others were concerned that he was attempting to become enmeshed, once again, with his victim.
- N. Number of face-to-face meetings: 2
- O. Dates of those meetings: 00/02/06; 01/05/10
- P. Outcomes for Victim Participant: Empowered to meet with offender, negotiated ongoing relationship free from problematic enmeshment, Joyce able to lay down her unrealistic expectations of relationship, symptoms of self-blame and guilt greatly diminished; obtained fulltime employment, doing well at last contact.
- Q. Outcomes for Offender Participant: Pablo claimed that the VOMP process had been very helpful for him, enabling him to take responsibility for harms he had caused Joyce, and “beginning to get my head around how I got here, became so sexually addicted? What happened to me as a child?” Given Pablo’s history, it was clear to him and to VOMP staff that he would likely need some intensive and long term work to overcome it; much more than they could offer him within the terms of their ‘remit’. Staff encouraged him to get involved with an organization founded by a former CJI staff member, a combined individual and group therapy approach that

had worked well for scores of male survivors of sexual assault and abuse. Pablo travelled some distance toward his healing goals, but tried to make it on his own. He subsequently pled guilty to sexual offense charges.

R. Warrant Expiry Date: Day parole 1998, reincarcerated following new charges

S. Re-offence (if any): Sexual Assault

T. Number of days from time of release to new offence: 480 days.

Key Elements:

- Given that this case was initiated by the victim and the offender was on parole at the time VOMP staff did not have the amount of offender file material usually available to them. The referral and interview processes were thorough, however, and together with the consultation that occurred with Pablo's parole officer, caused staff to conclude that proceeding was in the interests of both parties, and likely to prove beneficial to both.
- Although Pablo was already on parole the VOMP contract with CSC enables staff to work with federally sentenced offenders up until their Warrant Expiry Dates (i.e., through the last day of their sentences, whether they are serving those sentences in custodial settings or on parole, in the community).
- Once more, the victim reported desperately needing to see her "dad" Pablo. In fact, so zealous was she to get this done, that she had secretly moved to the same apartment where Pablo's wife lived and where Pablo visited when allowed to leave the half-way house in which he was residing while on day parole. She had given little thought to the fact that a chance encounter (which she reported having hoped to orchestrate) could conceivably have sent Pablo back to prison for violating the terms and conditions of his parole. VOMP staff became concerned in their preliminary meetings with Joyce that her 'father search' and need to stay connected with him could well cause her to fail to see and pursue things crucial to her own well-being. However, ultimately, Joyce's involvement in this approach enabled all parties (as appropriate) to become aware of potential harmful dynamics and to deal with them helpfully. She was clear that had she continued to be kept isolated and apart from her 'dad' by authoritarian

‘gatekeepers’, she would only have come to resent them, to demonize them, and to project blame upon them for causing her the loss of the relationship with her ‘dad’, Pablo. If she had continued to be isolated from Pablo by no-contact orders and the dictates of involved professionals she would—she is quite clear about this—have poured inordinate energies into attempting to find ways to circumvent those authorities in order to pursue relationship with him. She would easily have rationalized her own law breaking, certain, as she is, that, in these matters, “the law is an ass”. As it was, appropriate boundaries were set in place--not arbitrarily, but by consensus--between Joyce, VOMP staff and Pablo. Proceeding with the meetings, staff made clear, would only be enabled on the understanding that they agree to close supervision for the sake and safety of everyone, including VOMP staff.

- Joyce indicated that she needed to hear her step dad take responsibility and to free her from her own sense of shame and guilt regarding: 1) what she described as her complicity, her “willing involvement” in the sexual behaviours over a relatively long period of time; 2) “putting him in prison”; 3) her drug and alcohol abuse; and 4) her involvement in survival sex trade work and to finally confess to Pablo what she had needed to own years earlier: that she had violently assaulted his natural children, her step-siblings, with whom she also lived for a time and for whom she often babysat. She hoped that some further counselling and mediation work with those step-siblings (with her in the role of perpetrator of the harms this time) might possibly result in a greater degree of family reconciliation.
- Pablo was equally clear that he had need of assistance in helping his step-daughter to see that their relationship needed significant structure and personal boundaries; that, while she could continue to look to him for some degree of parental support, their relationship would, -henceforth, be changed. Ironically, given his treatment programs and the insights gained, he could see how their relationship (if it were to prove possible to maintain one) needed to mature into a healthy relationship between adults; that there could no longer be room in their relationship for the former dependencies or even commonly accepted familial

physical intimacies. He understood that boundaries guarding against any type of involvement that might lead to sexual intimacies would have to be firmly established (and monitored by other adults). But, beyond that, Pablo felt it was time for his step-daughter to outgrow her need for a “daddy”-“daughter” relationship with him. Though, in the experience of both Pablo and Joyce the possibility existed that the relationship could heal to a degree and perhaps even cease to be a threat to Pablo’s new wife. Pablo and his sex offender program treatment facilitators held that it was time for the relationship to outgrow its problematic enmeshments, and for the victim to lay down her unrealistic expectations for it. VOMP staff concurred. *All of that* needed to be negotiated and ultimately was, in a series of facilitated dialogues.

- There was ambiguity about whether or not the ‘no contact’ order imposed by the court continued in force during his incarceration might create a situation in which Pablo was in violation of that court order, thereby potentially incurring new charges as a result (contempt of court, at the least). He was further concerned that any contact with the victim of the offences for which he was currently incarcerated—even if she initiated that contact—would be seen in a very dim light by his Institutional Parole Officer (IPO), other prison officials and, when the time came to appear before the Parole Board, possibly triggering a negative release decision. As a result of these concerns, Pablo approached his IPO directly and told him about his anxieties. While this might have turned out very differently in other circumstances, (in other jurisdictions, or even in this one, with a less enlightened IPO) Pablo’s IPO, Tim, had been aware of VOMP for a number of years and believed this case to be the very sort that lends itself to greater degrees of resolution through VOMP participation. Tim agreed with Pablo that any contact whatsoever between him and Joyce would need to be facilitated through VOMP. Tim then sent VOMP the form referring Pablo, and the process began.

•

'Pablo's' ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household *often or very often*...
Swear at you, insult you, put you down, or humiliate you? *or*
Act in a way that made you afraid that you might be physically hurt?
Yes__ No_x__.
2. Did a parent or other adult in the household *often or very often*...
Push, grab, slap, or throw something at you? *or*
Ever hit you so hard that you had marks or were injured?
Yes_x_ No___.
3. Did an adult or person at least 5 years older than you ever...
Touch or fondle you or have you touch their body in a sexual way? *or*
Attempt or actually have oral, anal, or vaginal intercourse with you?
Yes_x_ No___.
4. Did you *often or very often* feel that ...
No one in your family loved you or thought you were important or special? *or*
Your family didn't look out for each other, feel close to each other, or support each other?
Yes_x_ No___.
5. Did you *often or very often* feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? *or*
Your parents were too drunk or high to take care of you or take you to a doctor if you needed it?
Yes_x_ No___.
6. Were your parents ever separated or divorced?
Yes_x_ No___.
7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her? *or*
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? *or*
Ever repeatedly hit for at least a few minutes or threatened with a gun or knife?
Yes _x_ No___.

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

Yes_x_ No___.

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

Yes_x_ No___.

10. Did a household member go to prison?

Yes_x_ No___.

Now add up your "Yes" answers: 9 This is your ACE Score.

Case Study #6

- A. The prisoner participant's (pseudo) name: Tomas
- B. The offence type: Indecent Assault on Female x 2, Rape, Sexual Assault
- C. The victim participant's (pseudo) name: Rebekah
- D. Victim participant's gender: Female
- E. Was the victim participant a direct victim of the offence? Yes
- F. Was the victim participant a family survivor with legal victim status? No
- G. The VOMP victim participant's relationship to the actual victim: N/A
- H. The relationship (if any) between VOMP Victim and Offender participants: Step-Daughter
- I. Had Victim VOMP participant been diagnosed with Post Traumatic Stress Disorder: No, but in court submissions and in interviews with VOMP staff Rebekah reported continuing to experience--frequently, intensely and in significant numbers—many post traumatic stress symptoms, reporting especially: intense fear states, restricted affect, fear, helplessness, sleep disturbances, anger/rage, inability to trust, (especially men) and a failed marriage, due in large part, she believed, to her highly conflicted feelings about sexual intimacy
- J. Where known, what was the offender's Aversive Childhood Experience (ACE) score: Unknown. In fact, little is known about Thomas and whether or not he also had experience of abuse in his history. By his own admission, he simply did not

participate to any meaningful extent in prison treatment programs, chose to see himself as less in need of treatment than the others in the group, and felt no need to disclose his own issues to those he saw as his intellectual inferiors and far “sicker” than himself.

- K. Source of referral to VOMP: Victim initiated: Yes.
- L. Source of referral to VOMP: Institutionally initiated: No.
- M. Preliminary options utilized: Preliminary meetings with all parties, as well as therapy for the victim, correspondence victim to offender.
- N. Number of face-to-face meetings: 1
- O. Dates of those meetings: July 22, 1997
- P. Outcomes for Victim Participant: Able to speak her truth without interruption, enabled to have a voice and to exercise agency, vindication and validation from those who had sided with the offender (faith community members), gaslighting ended, reduction of shame, guilt, anger/rage dimensioned; 'Face' restored v shame; marital relationship improved, no further recent info
- Q. Outcomes for Offender Participant: Very little (apparent) growth in empathy; only demonstration was to allow a video in which he accepted his conviction and validated Rebekah as a truth teller to be shown to members of the church who had sided with him but disbelieved, shunned and shamed her. A good illustration of the DARVO phenomenon (Deny, Attack and Reverse Victim and Offender). It appears that Tomas's gains through VOMP may have exceeded his gains through prison program treatment, which were reported as “minimal”.
- R. Warrant Expiry Date: Dec 10, 1999 (day parole Aug 10 1998)
- S. Re-offence (if any): None known
- T. Number of days from time of release to new offence: N/A

Key Elements:

- As is almost axiomatic in cases involving sexual assault offences by a step-father against his step-daughters, this case was marked by fragmentation of relationships in the entire psycho-social systems of the victims and offenders. Not only was Tomas step-father to both Joyce and her sister (both were abused

but only Joyce proceeded to a f2f meeting), he was a ‘lay pastor/elder’ of a church, which they all attended. He, therefore, had both fiduciary responsibility as a parent and responsibility as an ostensible spiritual leader to lead these girls in paths that would contribute to their spiritual, physical, emotional and mental wellbeing, rather than into paths that would mitigate against each and all of those. It is not unusual, in such cases, for victims to report experiencing a profoundly negative impact upon their relationship with God as well as upon their ability to trust anyone in leadership roles in their own (or any) faith community thereafter. That was reported by both victim step-daughters in this case.

- Rebekah described her mother’s betrayal as particularly ‘cruel’. Her mother sided with Tomas against her daughters, believing his accounts of how they came to be making allegations against him of serious impropriety and criminal sexual offences against them. Rebekah reports that her mother maintained her support of Tomas—as well as the emotional cut-offs of her daughters—from the time charges were first laid. Whether this continued beyond our contact with them, we do not know. It certainly did continue through the trial process; a source of significant pain for both daughters who were called to testify and needed to do so without the support of a parent.
- Rebekah and her sister reported being seen by church and community members as the “Scarlet Letter ‘A’ adulterers,” the scheming young seductresses who had “led this scion of the community—a church leader and elder—into sin”. Once criminal charges were laid and the investigation began, considerable support emerged in their faith community’s circles for the offender. The members of that community believed his denial of responsibility for any and all of the allegations being made by his victim step-daughters. As is too often the case in these matters, there was sparse support from those same people (or from anyone, in fact) for the victims. Instead, the victims reported what they experienced as “demonization, triangling and emotional ‘cut-offs’” by the members of their faith community; people who had known and loved them in earlier years. Now, the victims, and any who would dare to assist and support them in their allegations against Tomas, were equally shunned, demonized and cut off.

- Multiple victims. It is frequently the case that an opportunistic offender, such as Tomas, will have more than one victim. Often, an opportunistic offender will have as many victims as opportunity affords. In this case, for some time, neither of these teenaged sisters knew that the other had been offended against by Tomas. Each had done what she could to protect her sibling, even to the point of protecting the other from the pain of knowing about the abuse. In an ironic twist, when the offences finally came to light and charges were laid, the sisters were accused of colluding against him to ‘bring him down’ from the beginning. Their victim impact statements include these secondary and continuing victimizations, and are replete with painful harms each suffered in the aftermath of Tomas’s offences against them. This includes: fear states, inability to trust, especially men, failed marriages in both cases, due, in large part to highly conflicted feelings about sexual intimacy, even with their devoted marital partners, and in some ways the most bitter of all: fragmentation of kinship relationships, including that with their mother, as she chose to believe Tomas over her daughters and thus became estranged from them.
- When Rebekah first made her inquiries about whether there might be a mechanism which would allow her to confront Tomas with the impacts of his criminality upon her young life—which impacts had continued to manifest almost unabated for many years—it was through a letter to a senior staff member of the National Parole Board. That staff member immediately contacted the author. Within days, VOMP staff had arranged and had held a preliminary meeting with Rebekah regarding what program participation might offer her. Given her sense of the offender’s minimization of responsibility for harms caused her, (beginning with his “Not Guilty” plea during court proceedings, which put Rebekah and her sister through arduous and difficult court processes that could have been avoided by an early “Guilty” plea), VOMP staff felt a need to ensure that Rebekah understood the possible limitations and potential ‘down-sides’ of participation. They asked her to reflect upon a number of possible scenarios, exploring these together with her, including what the impact might be upon her of the offender’s failing to take complete responsibility, perhaps even to the point

of his continuing to suggest that she was complicit and had exaggerated the harms during the police investigation and subsequent court case.

- Rebekah was adamant that the nature of Tomas’s response was less important to her than was the opportunity for her to say her piece, to speak her own truth, to lay before him (without interruption, and without the objections of his proxies or the other aspects of the court room which make this sort of narrative impossible in that context) all of the downstream harms and details for which she held him responsible.
- Rebekah had written a comprehensive victim impact statement and asked that VOMP staff meet with Tomas to ask him, as a condition of her participation in a facilitated dialogue with him, that he commit to listening as she read that entire statement without interruption. “Whether I have any dialogue with him beyond that (during that meeting or in a subsequent facilitated encounter at some future point) will depend entirely on his response to my written statement”, she said. “This meeting with [Tomas] *is for me*”, she emphasized.
- Despite reports by sex offender program facilitators that Tomas’s growth in victim empathy and progress in programs had been somewhat dismal, in the face-to-face facilitated dialogue with Rebekah, he did take at least some responsibility during their encounter. As she had requested, without interruption Thomas carefully and respectfully listened as Rebekah read her prepared statement, an account of the harms she had suffered over years and their continuing powerfully negative impact upon her sense of self, her ability to trust, her relationships, her view of men, generally and, finally, upon her marriage--which had failed after nine years—largely due, she felt, to on-going problems with sexuality and any type of sexual expression that associated to the abuse she had suffered at Tomas’s hands.
- Perhaps Rebekah’s greatest need (beyond complete responsibility taking on Tomas’s part) was for vindication and validation by those who had sided with him, the perpetrator. This, she felt, was accomplished to a large degree by an ancillary process. This process consisted of gathering significant representatives from the group (church members, including others in leadership) who had

supported Tomas and, with his permission, in Rebekah's presence, with VOMP staff having prepared each of the participants for this meeting, then convening and facilitating it, playing the videotape of their face-to-face facilitated dialogue. Following that showing, VOMP staff facilitated a dialogue 'circle' with those representatives. In this circle, Rebekah was able, in very mature fashion and without blame statements that might have simply caused defensive reaction, to speak of her own hurt and sense of betrayal in being abandoned and characterized as "the adulterer who had caused the fall of this godly man". Hers were "I" messages, spoken without raged voice or rage, but with a powerful intensity. While it was clear that the intention of these representatives was to continue to care for Tomas through his incarceration and (hoped for) rehabilitation process, it was also clear that they had an entirely new perspective on Rebekah and on the validity of her claims. To a person, the representatives expressed gratitude for all that VOMP staff had been able to do for Tomas and for Rebekah.

- Rebekah, for her part, reported feeling that the process had enabled her to have a voice and to exercise agency she, otherwise, would not have had. While Rebekah was very clear in her assessment after these processes had finally been concluded, that her experience had not been an ideal one for her, in that Tomas never did completely validate her as a truth-teller, confess his wrong doing (even to the degree of accepting as fact the evidence produced in court which ultimately led to his conviction) or make what might have passed as a meaningful apology, nevertheless, she was content that she had done all she could have done in the circumstances, and that the validation and vindication she had sought were, at least in large part, now accomplished, and that the mechanisms she had hoped would be available to her had served her well.
- Ironically, Tomas agreed that the processes had been fair to him: there had been no hidden agenda, tricks or traps, and reported that it was evident that Rebekah seemed to be relieved that she had been supported in all that she had needed to do. Some cases, even though they may fall far short of ideal in the minds of the facilitators, and of the participants, nevertheless produce at least some worthwhile outcomes.

Case Study #7

- A. The prisoner participant's (pseudo) name: Kyle
- B. The offence type and Canadian Criminal Code index number: Manslaughter
- C. The victim participant's (pseudo) name: Mindy
- D. Victim participant's gender: Female
- E. Was the victim participant a direct victim of the offence: Secondary victim, as mother of child killed.
- F. Was the victim participant a family survivor with legal victim status: Yes
- G. The VOMP victim participant's relationship to the actual victim: Mother of the child killed
- H. The relationship (if any) between VOMP Victim and Offender participants: Common Law Spouse.
- I. Had Victim VOMP participant been diagnosed with Post Traumatic Stress Disorder: Yes PTSD Severity Scale 96 / 96 (the maximum score on the scale and highest of all sample cases) - Experienced all of the following 3-5 times/week – intrusive thoughts, recurring dreams, anxiety attacks, crying spells, shame, guilt, withdrawal, depression, feeling of detachment, inability to recall, confusion, restricted affect, fear, job difficulties, numbness, helplessness, sleep disturbances, anger/rage, difficulty concentrating, headaches, muscle tension, nausea, eating disturbances, breathing difficulties, increased drug usage, suicidal ideation (See PTSD assessment below)
- J. Where known, what was the offender's Aversive Childhood Experience (ACE) score: n/a
- K. Source of referral to VOMP: Victim initiated: Yes
- L. Source of referral to VOMP: Institutionally initiated: NO
- M. Preliminary options utilized: Preliminary meetings with each of the parties; trauma recovery therapy for Mindy (victim), and a number of counselling sessions for Kyle.
- N. Number of face-to-face meetings: 3 formal meetings in the prison, as well as many less formal meetings with one or both parties (approximately ten) which followed upon parole.

- O. Dates of those meetings: Prison meetings May 10, 2001; June 12, 2001; April 07, 2003; the remainder took place from time to time in the community as needed over the next few years.
- P. Outcomes for Victim Participant: PTSD Severity Scale decreased from 96-32; Symptoms greatly diminished, previously the vast majority of symptoms were experienced frequently, post f2f they were either occasionally or seldom and others were extinguished all together; perception of offender as uncaring / unresponsive to engaged, fully responsible; couple reconciled; healing of relationship for both; began to believe in her own capacity again, developed resilience building strategies, decided to enter back into a common-in-law relationship with offender and they were moving on.
- Q. Outcomes for Offender Participant: Kyle certainly ‘grew up’ over the duration of his Imprisonment, with VOMP and with Mindy, his maturity being evidenced in many ways, but certainly in the way he took responsibility, apologized, listening first, then acknowledging the harm he had caused. His healing had primarily to do with being able to overcome the constantly recurring vivid images, memories and on-going self-blame for having so catastrophically injured a toddler, that she had insufficient brain activity to keep her alive, and had to be taken off life support within 24 hours of the time that he shook her, desperately trying to make her stop crying. He made no progress with any of that, until having met with Mindy, he began to make marginal gains. Some of that self-blame and the trauma of watching himself, in his mind’s eye, “...kill a child, over and over and over” diminished when Mindy, after many months of hard work together, offered him forgiveness.... Still, Kyle anticipates that there will be numerous, and frequent, associations to those images for the rest of his life. Further work with Kyle and Mindy enabled them both to heal sufficiently that they could begin to explore, in depth, what putting their relationship back together might mean. Kyle, once released, got well paid, full time employment in the construction industry, and, at last word, was taking very good care of his family and living healthfully, far from the irresponsible youth he had been when we met him a year after the crime. To his great surprise, both his parents proved supportive of him,

respecting who he had become, enabling Kyle to take at least some joy in the healing of his relationships with them, as well

R. Warrant expiry date: Aug, 2004

S. Re-offence (if any): None

T. Number of days from time of release to new offence: N/A

Key Elements:

- Mindy with an ACE score was 9/10 had managed to survive losses that, as one institutional parole officer described it, “for most people would simply put out ‘the light’”. Mindy’s mother had been murdered on a downtown street when Mindy was in her early teens. She had grown up being passed from foster home to foster home, where she was abused, she said, “...in as many ways as there are ways—it does no good to name them—I’ve dealt with it.” She became pregnant and bore a lovely little girl, (we’ll call her ‘Amber’) whom she raised until almost the age of two, on her own. “For the first time in my life”, she says, “I knew the meaning of unconditional love: mine for her and hers for me.”
- Kyle had had many of the advantages that Mindy had not. He had been raised in an upper middle-class family by highly educated professional parents. He was a good and gentle man, someone who clearly loved both Mindy and Amber and was prepared to take Mindy as his life partner. For many months, the three lived together, Kyle maintaining employment and working diligently to support them. Mindy enjoying being the ‘stay-at-home mom’ and contemplating taking some courses to prepare her for work when Amber was a little older.
- One weekend, Mindy left Amber with Kyle while she went grocery shopping. She intended to be gone only a short while, but with Mindy gone, Amber began to cry inconsolably. As an only child, Kyle had had no experience of siblings, nor of child-rearing. He tried to quiet Amber and could not. She escalated her crying until it became screaming. Kyle picked her from her crib, and she cried the more. Then he did the unthinkable: this man who would never think to spank a child shook her, hard, to try to make her stop. Minutes later, he called for an ambulance. Amber was still, and not breathing. Mindy was paged at the grocery

store and when she took the phone offered her, was told to take a taxi to the hospital. Kyle had travelled there in the ambulance with Amber. Amber was rushed into intensive care but she never regained consciousness. The shaking had been severe enough that it had damaged Amber's brainstem, making it impossible for her to breathe. Late that night, Mindy had to make the devastating decision to accept that her daughter was not coming home and to allow the doctors tending her to take her off the respirator, a mere 22 months after she had brought her to birth.

- Three days later, under intense interrogation, Kyle confessed to police that Amber had not fallen from her crib as he had initially reported. He admitted lying out of fear and devastating shame. He confessed that he had shaken her. Pathology reports indicated that Amber had suffered a catastrophic brain injury. Kyle was charged with manslaughter and after many months in remand custody, went to trial, where, on his lawyer's counsel, he pled 'not guilty.' For months, Mindy wondered why there had been no contact from Kyle, no phone call, no letter, no apology, nothing.
- Mindy had no idea that the reasons for the silence from Kyle's side had all to do with Criminal Justice System processes. Kyle had written a letter to Mindy almost immediately after being arrested and placed in remand custody, awaiting trial. On one of his lawyer's visits, Kyle gave him the letter, which included a full confession and what Kyle described later to us as "a heartfelt apology". He asked his lawyer to forward the letter to Mindy. His lawyer's response, Kyle recounts, was this:

Take this letter back to your cell, tear it up and flush it down the toilet. If you confess all this at this point, they will tear you to shreds and I can do nothing to defend you. In fact, I won't. I'll take myself off your case. Kyle did as he was told. Once he was convicted and sent to a Federal Prison the prohibition against contacting his victim was simply concretized. He was forbidden to have any contact of any kind with Mindy.

- Mindy's friends, trying to be helpful, referred to Kyle as 'the baby killer', likely believing they were supporting her in what must, surely, be her hatred of the man who had caused Amber's death. What they did not know, was what Mindy told us: that she had really only known three loves in her life: she had lost the first when her mother was murdered, the second when Amber was killed, and the third when Kyle was handcuffed and taken away for questioning. She grieved the loss of Amber, daily. But need to know what had transpired, what had caused Kyle to become so uncharacteristically violent and why there had been no word from him whatsoever, was driving Mindy to distraction. She badly needed to talk to Kyle. Finally, she called the prison where Kyle was incarcerated, and was patched through to the Victim Liaison Co-ordinator (VLC) 'Karen'. Mindy identified herself, and her need for communication with Kyle.
- Karen had known about, and been quite intrigued by, VOMP for some time. She had seen the impacts of participation in the program for both victims and offenders in the two prisons where she had held significant responsibility for victim issues and victim liaison matters over a number of years. Karen emailed CJI within minutes of talking to Mindy, providing for VOMP staff, with Mindy's permission, her telephone number. Staff called Mindy immediately and set an appointment to meet within the next few days.
- Mindy made clear that she would welcome an opportunity to do an updated victim impact statement on video, prepared very specifically for Kyle. She had submitted a formal written victim impact statement at the time of Kyle's trial, but the one she had in mind to prepare for Kyle would not be the sort to be used in a public court room or parole process. Kyle willingly agreed to see anything Mindy might prepare for him, knowing that it would be extremely difficult for him to watch. Kyle was reluctant, though, to be video-taped himself, either watching Mindy's statement, or while responding to it. He was concerned, given the sheer number of times he had had to tell the story through the various Criminal Justice and Correctional System processes from the time of the first police investigation over two years earlier, then through the trial, numerous interviews with psychologists, psychiatrists and in treatment programs, that he

wouldn't be able to demonstrate the level of emotional affect he knew would be important for Mindy to see. He preferred to provide a written response and that was agreeable to Mindy.

- In contemplating the face-to-face meeting Kyle was clear that he felt completely "at sea". He had no idea where to begin in speaking to Mandy and admitted feeling "terror" at the very prospect. Knowing that apology would be vital, he had no idea where to place an apology, whether to "Blurt one out at the beginning, or wait 'til the end?" Kyle wondered whether he should even attempt to make an apology, asking, "Can an apology possibly have meaning in a case like this?" VOMP staff assured Kyle that part of what had proven so difficult for Mandy from the time of the crime until now was that she had had no word from him. In the absence of any contact, Mandy had assumed the worst: that Kyle must have no remorse, be feeling no empathy, be moving on out of her life, having killed her daughter with no concern for her, and feeling no need for any process or conversation with her about it all. Staff suggested that Kyle make an effort to reconstruct the letter he had written to Mindy from his remand custody cell, the one his lawyer had counselled him to destroy, and, when the time came, assuming that the contemplated face-to-face meeting was to come, reading that letter to her and explaining why she had never received it. He liked the idea, and committed to it.
- Mindy, given her experience of foster care, social workers and authorities in general, chose not to seek professional counselling with unknown others, no matter how competent they were reputed to be, saying: "Been there, done that, got a fucking drawer full of their tee-shirts." But had tested and learned to trust the VOMP staff. She proved to be an eager student, very open to hearing about how the trauma symptoms she was experiencing were not unusual, enabling staff to normalize her experience for her, and little by little, provide strategies for her that had proven helpful for other trauma survivors VOMP had worked with. One of Mindy's deepest concerns was that the grief she knew in the loss of Amber was a 'last straw', that she had managed to overcome most of the rest of the

adversity she had suffered, but worried that those gains had now crumbled away. In her own words she described her struggle as follows:

Ever since she has been gone, I feel like there is a part of me missing; there is a hole in me. Nothing has meaning any more...now I'm always and forever alone. ...I rarely eat...My stomach hurts all the time. I get terrible headaches, especially when I have to do things for this court case. I have to have the TV on if I want to get any sleep—I literally watch until I pass out because I am scared of the dark, it's hard to be alone and I don't want to lay there thinking about things.... I used to be always so full of life and now I have no stamina ... Sometimes it feels like I'm slowly dying inside. I did, at one point, check into the psych ward of the hospital, because I wasn't sure I was going to make it. I am still not sure.

- VOMP staff were able to point out to her, her courage, the stamina she had shown in all that she had already overcome, the tremendous will demonstrated to transcend and to survive. She slowly began to believe in her own capacities again, and began to open up about her deepest fears, and the fact that she believed she had the ability to enter into a process with Kyle through which she might discern her own way forward, and whether or not Kyle would be a part of her future in any way.
- Kyle and Mindy over time had three formal face-to-face meetings in the prison, as well as a number of less formal meetings with one or the other in preparation for the next face-to-face meeting (and / or debriefing of the previous one) prior to Kyle's eventual release on parole. For both parties, getting through the first minutes, not having seen each other since Kyle's court appearances and final sentencing hearing, produced what they described as a tumult of conflicting feelings. They were not just seeing each other across the expanse of the court room, but attempting to communicate for the first time since Mandy had said, "Be right back, she'll likely stay asleep" as she slipped out to go grocery shopping near their apartment. In the preparatory meetings, however, staff had constructed a simple agenda for the meeting with each of them, a three part framework for their discussion: past, present, future. The conversation began to flow fairly quickly, and without a lot of need for facilitation, beginning with "Thank you for

coming, I know this takes a lot of courage” sorts of expressions from each side, followed by “How are you? How have you been faring?” sorts of interactions, then, as the anxiety eased, into the heart of it, the aching questions: “How?” “Why”, “What happened to make you snap like that?” “Why the deafening silence, for all this time?” Kyle produced the letter he had reconstructed, which he said was virtually verbatim with the one he had destroyed. “I should have fired my lawyer, sent the letter to you by some other means and taken my chances in court by just pleading guilty”, Kyle offered, “But I was so confused, I felt like I needed an expert to guide me along the way -- a very expensive one – and, at the time, it seemed the only thing to do was follow his advice. He promised to get me the shortest sentence possible, and that gave me hope that we could talk sooner than if I ended up drawing a longer sentence by trying to represent myself.” Kyle then sat back, giving Mindy time to read the letter he had written, waiting for Mindy’s response. She took her time, turning the pages over one by one and then starting from the top again. “I don’t know whether to be more angry at you for your lack of courage, or more angry at the lawyers and all the ‘so-called’ professionals who wouldn’t let me have this”, Mindy replied. “All these months...years! Thinking you had killed my daughter and just drifted away without a word.” Then, “Can I keep this?” “I’ll probably need to read it over and over. I’ve certainly needed to hear you take responsibility.”

- In the first meeting, there was no talk of forgiveness or absolution; only confession, responsibility taking, and Mindy’s expression of gratitude that they were finally here, at the table. Emotion welled up for both Kyle and Mindy, many times, as they finally, and together were able to grieve Amber’s death.
- By the second meeting, (a good deal of which was taken up with gratitude for and revisiting of what had been accomplished in the first), Mindy rather than referring to Amber as she had earlier, as “my daughter”, was referring to Amber as “*our* daughter.” At the first such reference, Kyle sobbed, barely managing to hold back the tears.
- By the third meeting, Kyle and Mindy were able to focus, not just on the past, the crime scene, the horror, for Mindy of having to decide to “unplug the respirator”

at the hospital, or the present: Kyle's progress in schooling and prison programs, and Mindy's survival strategies and meetings with VOMP staff in the community, but also on the future. At the end of the third meeting, Mindy said, "I wasn't able to do this 'til now, [Kyle], and I'm glad you apologized but never put pressure on me to forgive you. But, I do. You need to know, and I need to know that I have forgiven you. I need the freedom of that and I know you well enough to know that you do too." Kyle simply nodded, quieted, and whispered, "Thank you; ...thank you.....thank you."

- Following Kyle's release on Day Parole, additional meetings with one or both parties took place as needed from time to time in the community over the next few years. A good deal of the work with Kyle had to do with guilt and shame and helping him free himself from the "Baby Killer" label. Ironically, but not surprisingly, a good deal of the content of the meetings with Mindy had to do with similar themes: "having left my baby alone...even for an hour", survivor guilt: "I wish I had died, instead of her"; "I am expendable, of little worth...she was a priceless jewel, with worth beyond measure". Helping Mindy with her struggles meant hearing her out, on each of those themes at every meeting, then, when once again, that theme (for that occasion) was 'spent', assisting her in turning her energies back toward her natural resilience and resilience building strategies. It worked.
- VOMP staff then introduced them to other counsellors whose specialty was couples counselling. When last seen they were grateful, living together, clearly committed to each other, enjoying a warm, familial relationship with Kyle's parents, and were moving on.
- Mindy's PTSD Assessment Scales:

MINDY'S Post-traumatic stress assessment (prior to VOMP)

On this form, please indicate how frequently you experience any of these symptoms since the (first) face-to-face VOMP dialogue with your offender:

SYMPTOM	Frequent (3-5 x/wk)	Occasional (1-2 x/wk)	Seldom (1x/wk)	Never
INTRUSION				
Intrusive thoughts and images	X			
Recurring dreams – nightmares	X			
Flashbacks		X		
Anxiety attacks	XX			
Crying spells and tearfulness	XX			
Feeling of shame, embarrassment	XX			
Guilt feelings (“If only...”)	XXX			
WITHDRAWAL				
Withdrawal	XX			
Depression-diminished interest	XX			
Feeling of detachment or estrangement	X			
Inability to recall specific events of trauma	XX			
Disorientation, confusion	X			
Restricted affect	X			
Avoidance of thoughts of trauma			X	
Fear	X			
Job Difficulties	XX			
Sexual Dysfunction			X	
Numbness-emotional/physical	XX			
Helplessness, loss of control	XX			
AROUSAL				
Sleep disturbances	XX			
Anger/Rage	XX			
Difficulty in concentrating	XX			
Hypervigilance				X
High startle response				X
Headaches	XX			
Muscle tension	XX			
Nausea	XX			
Eating disturbances	XXX			
Difficulty in breathing	XX			
Cold sweat				X
Increased alcohol usage				X
Increased drug usage	XX			

MINDY'S Post-traumatic stress assessment (after VOMP)

On this form, please indicate how frequently you experience any of these symptoms since the (first) face-to-face VOMP dialogue with your offender:

SYMPTOM	Frequent (3-5 x/wk)	Occasional (1-2 x/wk)	Seldom (1x/wk)	Never
INTRUSION				
Intrusive thoughts and images				X
Recurring dreams – nightmares			X	
Flashbacks			X	
Anxiety attacks			X	
Crying spells and tearfulness		X		
Feeling of shame, embarrassment		X		
Guilt feelings ("If only...")				X
WITHDRAWAL				
Withdrawal		X		
Depression-diminished interest			X	
Feeling of detachment or estrangement				
Inability to recall specific events of trauma		X		
Disorientation, confusion		X		
Restricted affect			X	
Avoidance of thoughts of trauma				X
Fear			X	
Job Difficulties			X	
Sexual Dysfunction				X
Numbness-emotional/physical			X	
Helplessness, loss of control			X	
AROUSAL				
Sleep disturbances			X	
Anger/Rage			X	
Difficulty in concentrating			X	
Hypervigilance			X	
High startle response			X	
Headaches		X		
Muscle tension			X	
Nausea			X	
Eating disturbances		X		
Difficulty in breathing				X
Cold sweat				X
Increased alcohol usage				X
Increased drug usage		X		

Case Study #8

- A. The prisoner participant's (pseudo) name: Barry
- B. The offence type: Second Degree Murder X4
- C. The victim participant's (pseudo) name: Valerie
- D. Victim participant's gender: Female
- E. Was the victim participant a direct victim of the offence: No.
- F. Was the victim participant a family survivor with legal victim status: Yes.
- G. The VOMP victim participant's relationship to the actual victim: Valerie was the sister to one of four victims murdered by Barry.
- H. The relationship (if any) between VOMP Victim and Offender participants: They were acquainted, through Valerie's brother, who was murdered and who was one of Barry's close friends.
- I. Had Victim(s) been diagnosed with Post Traumatic Stress Disorder: Although not diagnosed Valerie certainly qualified for a PTSD diagnosis: *All* of the criteria were met. *All* of the symptoms in the Intrusion category were present and pronounced, including *profound survivor guilt*. Items in the other two categories, were less represented, but still intensely experienced and troublesome. *Withdrawal*: depression-diminished interest, feeling of detachment or estrangement, restricted affect, avoidance of thoughts of trauma, fear, job difficulties, helplessness, *Arousal*: sleep disturbances, difficulty in concentrating, hypervigilance, high startle response, headaches, muscle tension, nausea, eating disturbances.
- J. Where known, what was the offender's Aversive Childhood Experience (ACE) score: ACE 5/10. Barry's ACE score offers the barest clues to the major themes in the childhood he knew. The family lived a "hard life", with a fair degree of poverty in a rural area. They had no indoor plumbing, which was a problem only because Barry was afraid of the dark and the possibility of running into wild animals enroute to the outhouse or back (not a complete impossibility). As a result he frequently wet the bed, until age 10, and was punished and ridiculed for it by his father. At age 10 his mother and father separated and divorced,

something that Barry reflected on as brutally hard for him. His father was a stern disciplinarian, administering “spankings” for any infraction. Given that Barry began to be disobedient, defiant, at an early age, the spankings were frequent and increasingly harsh, to no real avail: his defiance grew. Barry’s autobiography contains a good deal of reflection on why / how it was that he would inevitably do whatever he was told NOT to do. Death figured highly in his early childhood, as well: his mother had lost a child prior to Barry’s birth, an event he was aware of but about which he had no knowledge or understanding, a family taboo. Also at a young age his older sister’s boyfriend died in a car crash, and two people drowned (a father and daughter) in a boating accident not far from the shore of the lake on which their home was situated (see ACE scale tool below).

- K. Source of referral to VOMP: Victim initiated: Yes
- L. Source of referral to VOMP: Institutionally initiated: No
- M. Preliminary options utilized: Preliminary meetings with all parties, including supporters or observers (axiomatic); correspondence exchanges; Video Interview; Video Exchanges; therapy.
- N. Number of face-to-face meetings: 2
- O. Dates of those meetings: 92/08/19; 94/02/19
- P. Outcomes for Victim Participant: All PTSD symptoms greatly diminished; Guilt & sense of personal responsibility ended, shifted to Offender at his urging; Felt included, safe, able to ask questions (and to freely respond to offender’s questions, given his demonstration of respect and observation of boundaries); to emote freely without the sense that her emotion was being judged as interfering with the objectivity of the process (unlike parole board hearing); able to assist parents with her new knowledge; able to move on.
- Q. Outcomes for Offender Participant: Barry was highly traumatized from the time he sobered up, within hours of the shootings, and it dawned upon him the magnitude of what he had done. From that moment on he spent a lot of energy on avoiding thoughts of the trauma, to little or no avail. During his incarceration, Barry did what he could to distract himself in beneficial ways. He began to devour books on computer technologies, and at the urging of his psychologist,

wrote an extensive autobiography. He had longed to reach out to his victims, but had been dissuaded, (or blocked from doing so) at every turn. Meeting with Valerie, when she referred herself and the case went ahead, Barry described as “nothing short of miraculous.” His degree of empathy for his victims grew through his meetings with Valerie. He provided information far beyond what was legally required of him and promised to make the only amends he could in the circumstance: to honour Valerie’s plea: “No more victims... no harm to anyone at your hands, ever.” Given the nature of Barry’s crime (the murder of 4 ‘friends’), it is something of an anomaly that he was able to win the respect of prison treatment team members, be ready (and recommended) for parole, and to be granted release as quickly as he did. His victims supported his release, and communicated that support to the parole board, saying that were convinced that Barry’s crime, though desperately costly for everyone, was a ‘one – time event’, fuelled by drugs and alcohol; problems he had long since addressed and overcome, that Barry was healthy enough to rejoin the community, and use his IT expertise to benefit society. The parole board thought so, too. Released him with stringent conditions and lifetime supervision constraints. When last contacted Barry was a high level IT manager, married, the father of two, and living healthfully.

R. Warrant Expiry Date: Life sentence on parole

S. Re-offence (if any): None

T. Number of days from time of release to new offence: No new offences

Key Elements:

- The victims in this case languished for months, waiting to hear any indication of remorse or apology, and were quite disturbed to hear that (as has happened numerous times, in just this small sample) that they had suffered this unnecessarily, while they took what they saw to be ‘second seat’ to the state as the primary victim of the offences. They characterized the withholding of the offender’s communication to them by CJS and corrections staff as one more in a “long line of secondary victimizations” by the very people they believed were

charged with public safety and caring for victims. Barry wrote a comprehensive autobiography signed 89/05/06 where he speaks to the very things they had longed to know about and hear.

- High risk behaviours among the involved youth: All four adolescent victims in this case and the offender were not simply acquainted, formerly, but friends who often ‘partied’ together. In this case they had “partied virtually non-stop for almost a week.” The parents were aware of some degree of drug and alcohol use, but were unaware of its extent and felt powerless to intervene.
- Thrill seeking: Barry had broken into the home of a police officer and stolen his hat, badge, a hand gun and ammunition. The gun stolen was a high powered .357 Magnum revolver, used hours later, as the murder weapon that took the lives of 4 teens at the home where Barry had been offered a room by one of his close friends, a friend who died in the fusillade.
- According to Barry’s autobiography, recording artist Alice Cooper’s “Killer” album had played incessantly for days on end while the drinking/drugging went on. Barry turned it on again when he left the house with four dead teens in it, took one last shot at the stereo system, and it played on....
- Victim Blaming: The fact that the victim (Valerie’s brother) was doing drugs and associating with others who did drugs at the time of the offence was seen as somehow making him (at least partially) responsible for his own murder. This victim blaming phenomenon is often observed in such cases. It is almost as though a sub-plot runs through them in which a device is created, and invitation extended, to any average citizen who feels vulnerable in the face of the news of a deeply traumatizing criminal incident to refashion it for their own use: to ensure themselves that they could never be similarly at risk because they are not similarly stupid, evil, disordered, abusing substances or associated with ‘unsavoury elements’, and the like. However common this phenomenon, it is deeply disturbing to the survivors to hear their lost loved ones characterized in these ways. That certainly was a point of severe pain to Valerie and to her parents, the mother and father of the young man killed in this case.

- Spiritual struggles and crises of faith: In one of the preliminary meetings in this case, the murdered boy's mother (and Valerie's) reported that she was told by the pastor of her church that she "*must* forgive" the offender. Further, as she reports having understood this pastor's counsel, she could not so much as pray the Lord's prayer until she had forgiven him. Nor could she expect that her sins would be forgiven by God, no matter how she might plead, until she had forgiven the offender. "After all", she related to me, "[the pastor] is right: it does say, 'forgive us our sins AS we forgive those who sin against us'". The pastor had apparently further explicated the word "as", to mean "in like kind and to the same degree". VOMP staff were able to least share with her another line of thought: that while many of the trauma survivors they had worked with had, indeed, found tremendous freedom in forgiving, forgiveness usually manifested as a process. It was important for her to hear—and from someone she saw as competent to interpret her own sacred scriptures—that she would not be condemned by God, if the time for complete forgiveness was not yet—if she needed 'a bit of time to get there.'
- The home in which the murders occurred was owned by Valerie's parents. Barry was sub-letting and sharing food costs. Barry had been living there for sometime prior to the incident, and off and on for many months, prior. Valerie's brother had seen his role in Barry's life as a helping role, and had reached out a helping hand to provide a place for Barry, as one of his acquaintances, to stay for a time. Valerie's mother was also well acquainted with Barry, the murderer of her son. In fact, she previously had played something of a 'surrogate mother' role in Barry's life, all of which heightened for her the sense of betrayal, irony and disbelief that their family's kindness could be repaid in this way.
- Because Valerie's mother and father were grieving entirely differently her mother felt unable to be involved in VOMP (mother concerned about her husband's reaction to her going to f2f) and potentially creating tension in their marital relationship, they avoided talking about their grief with one another. Here the value of utilizing male-female practitioner teams came to the fore. On one occasion, during one of the preliminary meetings in the family home with the

victim's mother, one VOMP staff member stayed with her and continued to converse, while the male team member went for a long walk with the father. For a long while they walked on in relative silence, and when they talked it was about whatever he chose to talk about...most of it skirting the offence and his own pain. The point was to respect and observe whatever boundaries he might set, in hopes of building relationship against the time that he might choose for deeper involvement. He reported to his wife that it was refreshing to meet a 'shrink' who could actually talk about logging, saw milling, lumber drying kilns and grades, labour markets and the like. Since the offender is serving a life sentence, and has made clear that he will make himself available for further facilitated dialogues with family members, we remain hopeful that, when they are ready, both mother and father will take their daughter Valerie's counsel and participate in a dialogue themselves. At least the ground-work has been done and the foundations for further work laid.

- For Valerie there was a sharp contrast between the experience of face to face VOMP dialogue and NPB hearing. With regard to the VOMP process, she reported feeling included, safe, able to ask questions (and to freely respond to Barry's questions, given his demonstration of respect and observation of boundaries), and, most importantly, able to dialogue and to emote freely without the sense that her emotion was being judged as interfering with the objectivity of the process. By contrast, she reported feeling *the antithesis* on each of these same points in the NPB hearing.
- The on-going commitment by Barry to provide information to the victim(s) went far beyond what the system is legally able to provide them, even following three straight decades of advances in victim rights, legislation and Criminal Justice System policies.
- In response to a part of the conversation in their dialogue, as Barry struggled with trying to ask Valerie whether there was anything he could possibly do to demonstrate the genuineness of his remorse, whether there was anything in the nature of an amend that would have meaning for her, Valerie responded: "Just this. Please promise me this: that there will be no more victims, ever, that you

will hurt no one else, ever, and that from here on you will make a contribution to society and in the lives of others.” Barry replied by making that promise, committing to ensure that there would be no more victims, to eschew violence, no matter what. Valerie responded, in turn, saying, “That is the amend that has more value for me and my family than any other you could ever make. My brother cannot have died in vain.”

- Barry’s (the offender’s) sister was deeply concerned about his participation in VOMP. Barry reports that she tried to counsel him against participating. She still lived in the community where the offence happened and suggested that it was best to “let sleeping dogs lie.” Barry, however, felt morally obligated to meet with the family members who had once graciously welcomed him into their home, to do what he could to provide whatever information might prove helpful to them, and to allow them to hold him to account for the pain he had caused them. He persuaded his sister that he had researched VOMP as thoroughly as he could from prison, and was persuaded, through what he had read and through his contacts with other prisoners who had participated or heard of others who had, that it would be a beneficial thing for all parties. “If there is anything at all for the victims in this”, Barry said, “then I have to be prepared to take whatever comes. I owe them that” (his report of the conversation in our preliminary meeting).

‘Barry’s’ ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household *often or very often*...
Swear at you, insult you, put you down, or humiliate you? *or*
Act in a way that made you afraid that you might be physically hurt?
Yes_x_ No__.
2. Did a parent or other adult in the household *often or very often*...
Push, grab, slap, or throw something at you? *or*
Ever hit you so hard that you had marks or were injured?
Yes_x_ No__.
3. Did an adult or person at least 5 years older than you ever...
Touch or fondle you or have you touch their body in a sexual way? or

Attempt or actually have oral, anal, or vaginal intercourse with you?

Yes__ No_x__.

4. Did you *often or very often* feel that ...

No one in your family loved you or thought you were important or special? or

Your family didn't look out for each other, feel close to each other, or support each other?

Yes_x_ No__.

5. Did you *often or very often* feel that ...

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or

Your parents were too drunk or high to take care of you or take you to a doctor if you needed it?

Yes_x_ No__.

6. Were your parents ever separated or divorced?

Yes_x_ No__.

7. Was your mother or stepmother:

Often or very often pushed, grabbed, slapped, or had something thrown at her? or

Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or

Ever repeatedly hit for at least a few minutes or threatened with a gun or knife?

Yes __ No_x__.

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

Yes__ No_x__.

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

Yes__ No_x__.

10. Did a household member go to prison?

Yes__ No_x__.

Now add up your "Yes" answers: _5__ This is your ACE Score

Case Study # 9

- A. The prisoner participant's (pseudo) name: Marco
- B. The offence type: First Degree Murder and attempt murder (x2).
- C. The victim participant's (pseudo) name: Josephine (one of 2 attempt murder victims).
- D. Victim participant's gender: Female.
- E. Was the victim participant a direct victim of the offence: Yes.
- F. Was the victim participant a family survivor with legal victim status: Yes
- G. The VOMP victim participant's relationship to the actual victim: In addition to being a direct victim of attempted murder, Josephine was daughter to the murder victim (her mother) and to the other attempted murder victim (her father).
- H. The relationship (if any) between VOMP Victim and Offender participants: There were three co-accused involved and convicted of this crime. One offender was Josephine's brother, the other two, including Marco, were friends to her brother and known to her. Only Marco's case was selected as part of the sample, but there are brief references to the others, below, since Josephine ultimately met with all three.
- I. Had Victim(s) been diagnosed with Post Traumatic Stress Disorder: Yes although diagnosed by a professional clinician as soon as the time required for the symptom presentation had elapsed. Treated for a number of years by that clinician and other professionals for the disorder. Found their treatment helpful, but was still experiencing substantial distress when referred, particularly brutal flashbacks and re-experiencing the night of the crime: the terror of being beaten, doused with gasoline and (nearly) being burned alive.
- J. Where known, what was the offender's Aversive Childhood Experience (ACE) score: There is insufficient information to conclude much about the ACE scores or trauma histories of all three offenders in this case, who each meet with Josephine, the victim participant. Josephine herself reported that she was aware that her brother, one of the offenders, had had a history of "...difficulty at school, telling teachers to 'fuck off', being repeatedly suspended", and, he had told her, "being harshly beaten by their father for these and other infractions". Josephine

added that, “It could have happened. I don’t know. There were a number of years between us, and we did not ‘relate together’ all that much.”

- K. Source of referral to VOMP: Victim initiated: Yes.
- L. Source of referral to VOMP: Institutionally initiated: No.
- M. Preliminary options utilized: Preliminary meetings with all parties, including therapy with victim and preliminary meeting with her and her therapist.
- N. Number of face-to-face meetings: One in this case (with Marcus), one with another of the co-accused and two with her brother.
- O. Dates of those meetings: August 29, 2000 with Marco
- P. Outcomes for Victim Participant: Desired information was received; her perception of offenders transformed, “*as people as opposed to criminals. . . They have a conscience, a heart, the ability to love*”; The VOMP process greatly 'sped up' her own counselling progress and her fear of the offenders ended. She was empowered to make a presentation with one of the offenders. She reports that her marital & parenting relationships improved; She returned to nursing and made advancements.
- Q. Outcomes for Offender Participant (s): All three offenders grew in empathy, (although) Jerry, Josephine’s brother, brought up ‘the rear’ in that regard at the beginning. Josephine’s compassion, grace and ability to offer each of them forgiveness for what they had done was as one said, “beyond comprehension, but an incredible gift.” Josephine had hoped her gift would pay dividends in changed lives, had made that clear to each of the offenders, and all three responded by promising never to diminish that gift, take it for granted, or strip it of meaning through reoffending. Josephine attitude and demeanor throughout their participation in VOMP, proved to be, not just a catalyst, but a major ingredient in their healing. All three completed their Correctional Plans early, (i.e., the list of programs and treatment regimens selected for them), and at least two, Marco and Don, claimed that Josephine’s meetings with them had been a major motivator to take seriously everything they were asked to do toward their own preparedness for one day rejoining the community. Don was released first, Marco next, and Jerry, as the ring leader, in the minds of successive parole boards, apparently, just

hadn't spent enough time in prison until the others had been released. To his credit, Jerry has been responsive to Josephine's needs, and has continued to communicate with her in ways that both have found helpful. All three have turned into mature men, healthfully living in the community, with responsible positions, making their contributions to society.

R. Warrant Expiry Date: Life sentence for all three offenders, currently on parole

S. Re-offence (if any): None.

T. Number of days from time of release to new offence: There have been no new offences.

Key Elements:

- This case, like many, given the high profile nature of the crimes that VOMP deals with, received considerable media attention. Though the following media treatment and victim's quotes were published in a major Canadian Newspaper and are all in the public domain, I have revised them, using the pseudonyms I have given the participants in order to maintain a greater degree of confidentiality.

Sixteen years after three young men stormed into her parents' ... home -- killing her mother and beating herself and her father before setting fire to the house – ['Josephine'] is at peace with the killers. [Josephine ___] was 15 years old when the three men in their early 20s entered the family's ... home at 2:30 a.m and bludgeoned her mother ... to death with a tire iron.

"After the beatings, they poured gasoline on our beds and floors and set the house on fire," recalls [Josephine], who escaped the inferno with her father despite being severely beaten with a baseball bat. "That's how it all got started."

The three men [responsible, 'Marco' , 'Don' and her own brother, 'Jerry'— [all received] life sentences for first-degree murder for the crime, a plot aimed at getting inheritance and insurance money.

[Josephine] didn't give serious thought to meeting her attackers until she returned [home] in 1998 after a six-year stint in Colorado as a registered

nurse. Now a devout Christian, she thought forgiveness would aid her own healing.

With help from [staff of the Victim Offender Mediation Program (VOMP)] she visited all three murderers face-to-face at [various federal] institutions.

"It was a highlight of my journey of healing, seeing these guys as people as opposed to criminals," [Josephine] said. "They have a conscience, a heart, the ability to love. It was a very helpful step because it took away the fear and the insecurity of not knowing who they are and whether they will try to hurt me again."

Only a few weeks ago, she and [Marco] -- the man who killed her mother - - jointly spoke to a group of prisoners about their experience, a session that ended with victim and offender hugging each other.

"A lot of offenders would love this to happen, to have closure, to say they're sorry," she says. "But they don't want to victimize the family again or be seen as [using their involvement in the Victim Offender Mediation Program as a ploy for] getting out early on parole."

- This victim had waited for years to hear any indication of remorse or apology from the offender(s), and was greatly relieved to hear it when it finally came. Marco reports having been ready for a meeting with Josephine years earlier, but reluctant to suggest or attempt to initiate VOMP process for fear of retraumatizing her. He would have been forbidden to make any such contact in the earlier years of his incarceration. The 'default' assumption on the part of most Criminal Justice System and corrections officials, is almost axiomatically that no contact should be made or attempted by prisoner; victims must initiate any such thing.
- During the VOMP process, Marco was waiting for a psychiatric (or psychological?) assessment. Despite having parole eligibility dates that had come and gone, Marco could not appear before the parole board without these assessments having been done; Board policy requires that these assessments be completed before they will see him. Marco reported, "... I am 37th on the list, and the assessments are currently being done at an average of 22 per year."

Marco had already waited for over 2 years for one or the other of these assessments.

- For many months prior to the crime, the three co-accused/offenders had engaged together in a role play game known as Dungeons and Dragons, in which each took on an imaginary persona and played out actions and behaviours in keeping with the characters in the game. Whether the offenders' involvement in Dungeons and Dragons had any part to play in the plotting and carrying out of plans to murder three family members is speculative, of course. Suffice it here to say, however, that Josephine believes that the engagement of her three assailants (and her mother's murderers) in this role play game did, indeed, have a considerable part to play in how they ultimately acted out.
- As the quotation from the media treatment of this case indicates, Josephine and Marco, during Restorative Justice Week observances at the prison where Marco was incarcerated, made a presentation to a large group of people "about their experience" which included members of the public, prisoners and staff. Josephine indicates that how that presentation ended was indicative of the degree of reconciliation she felt had taken place: "[the] *a session that ended with victim and offender hugging each other*".

Josephine makes clear that her experience of participation in VOMP was sufficiently positive, that she would recommend it to others.

Case Study #10

- A. The prisoner participant's (pseudo) name: Bret
- B. The offence type: Multiple murder (1st Degree, X 4)
- C. The victim participant's (pseudo) name: Teddy
- D. Victim participant's gender: Male
- E. Was the victim participant a direct victim of the offence: No.
- F. Was the victim participant a family survivor with legal victim status: Yes.

- G. The VOMP victim participant's relationship to the actual victim: Brother to the foster mother slain, brother-in-law to the foster father slain, and foster uncle to the two children slain.
- H. The relationship (if any) between VOMP Victim and Offender participants: Both co-accused offenders were foster children in this family.
- I. Had Victim VOMP participant been diagnosed with Post Traumatic Stress Disorder: Yes but undiagnosed. He struggled with intrusive thoughts, recurring dreams, flashbacks, increased drug use (highly addicted to heroin), and anger/rage. He felt betrayed by the crime itself as his murdered family members had taken in the offenders. He languished for years with complicated grief and bereavement; desperate for answers, heavily addicted in response to acute trauma (crime scene carnage), needing a particular kind of drug treatment program but unable to be admitted to the one he wanted / needed
- J. Where known, what was the offender's Aversive Childhood Experience (ACE) score: Bret's ACE score was 4 /10, with each of those factors being significant. Bret idolized his father but was placed in foster care after his father's ability to care for him had diminished greatly, following a stroke. Marital discord between his parents, the loss of his father's parental nurture due to the stroke and its complications, as well as the ensuing significant poverty, all took their toll. Bret, it appears, had learned early that he could not afford attachments. Those he loved most were those most likely to 'abandon' him. He was "bounced from one foster home to another", and finally ended up, together with Ernesto, (because of reports of abuse in the previous foster home placement) being placed in the home of the foster family they later murdered. The nature of the abuse, in his previous foster placements, was not probed with him. He intimated, but did not share details, that it had been abusive in every regard, including being given very small amounts of very poor food, so that that foster family's net revenues (Government payments for fostering them) stayed high. (See ACE inventory below)
- Ernesto's Ace Score is unknown, although his childhood history is almost a mirror image of Bret's. In fact, they had both been removed from the same previous foster home for the same reasons.

- K. Source of referral to VOMP: Victim initiated: Yes
- L. Source of referral to VOMP: Institutionally initiated: No
- M. Preliminary options utilized: Preliminary meetings with all parties, including supporters or observers (axiomatic); correspondence exchanges; Video Interview; Video Exchanges; therapy. Meetings with therapist and advocacy with Director of Treatment Centre.
- N. Number of face-to-face meetings: Bret – 2; Ernesto – 0.
- O. Dates of those meeting: 01/04/25; 01/07/23.
- P. Outcomes for Victim Participant: After a long struggle as a family survivor of homicide, “the ‘slaughter’ of 4 of my family members” and having “shot a quarter of a million dollars’ worth of heroin up my arm in the aftermath to dull the pain”, Teddy sought help from VOMP staff to get into an effective drug rehab program. His PTSD symptoms greatly diminished; in Teddy’s own words, “*The rage and most of the dysfunction that went with it has dissipated greatly. I feel I am well on my way to normalizing my life and getting a healthy perspective on a very traumatic event.*” He gained knowledge that his addiction was an adaptation to trauma, and was subsequently successful in addiction treatment, maintaining sobriety, completed post-secondary education and certified as drug and alcohol addictions counsellor, equipping him for his own new vocation, working with youth as troubled as the offenders in his case, as a drug and alcohol counsellor.
- Q. Outcomes for Offender Participant (s): Bret -Having spent over 30 years in custody, he has spent all but the first 15 years of his life there. “It took me a long while to get started,” Bret acknowledges, “I was not exactly your ‘Happy Camper’ model inmate. But I’ve grown up. They say you ‘age out’ at 28 or so, and grow out of your criminality about then. I’ll likely be almost 50 by the time I am out...I think I’ll be okay on the street, but it will be quite an adjustment.” As far as his childhood trauma goes, he has forgiven his father for being sick and unable to care for him, needing to turn him over to the foster care system, where his nightmares began. Speaking with VOMP staff in 2017, he said the following: “I’m still grateful for what you guys did for me; I think it spun my head around about victims, my stereotypical view of them, and got me started down a different

path.... If you get a chance, please let them know (the others of his victims) that I'd be glad to sit down with any of them, like I did with 'Teddy'; I'd like them to see who I've become and that they have nothing more to fear from me, not ever. Ernesto – a good deal of the 'healing' for Ernesto had to do with the hope of reconciliation with two of his foster family members, one his foster grandparent, the other a foster uncle. The VOMP staff arranged telephone conference calls with them (one from Scandinavia) in order to enable Ernesto to talk to them. Ernesto hoped, that with these respected patriarchs forgiving, accepting and initiating reconciliation with him, there might be other family members who would receive him, similarly, over time. Ernesto has done some work on his childhood trauma with a number of Psychologists, Psychiatrists and counsellors over the course of his incarceration. As indicated, his experience echoed that of Bret, having had to be removed from the same abusive foster home, and placed elsewhere. He has resigned himself to all of that, quoting one of the professionals who had worked closely with him: "You can raise a very fine rose on a dunghill...." Ernesto is considered healthy enough, in all regards, currently, to be able to live, with supports, in the community

- R. Warrant Expiry Date: With life sentences there is no expiry date. Bret is still incarcerated and Ernesto is living in the community on parole.
- S. Re-offence (if any): None
- T. Number of days from time of release to new offence: No new offences.

Key Elements:

- When we first met Bret, he was 31 years old and serving a Life Sentence (with first Parole Eligibility Date set at 25 years) for the first degree murders of four members of his foster family. He had committed this crime, together with his two foster brothers, co-accused, 'Ernesto' and X (who did not participate in VOMP), at age 16, and would not be eligible for a hearing with the National Parole Board at the earliest, before his age 41.
- On the night of January 17, 1988, Bret, Ernesto and 'X', were in the basement of their foster parents' home drinking liquor taken from the parents' liquor cabinet.

They spent the evening ruminating over their disdain for their foster family and their belief that they were being cared for simply for financial gain. Bret reports that they had spent some time planning how they might steal the family car, some money, and then travel to a city, far in the North. ‘X’ testified for the Crown that they had also discussed killing the family as part of this plan. They reportedly crept upstairs to their foster parents’ bedroom, armed with axes. Ernesto first struck his foster mother with an axe but then fled the bedroom when she awoke and began to struggle. Bret then struck her, killing her. He then turned to his foster father and killed him while he slept. The foster parents’ oldest natural child, their son (aged 11), ran into the bedroom, having been awakened by the commotion, whereupon Bret struck and killed him. Bret then went to the living room where [Y], his foster parents daughter (aged 9) was sleeping on the couch. She awoke and asked what was going on. Bret reports that when she rose to look down the hallway to see, he struck and killed her. Throughout this time, ERNESTO and X had stayed in the basement. When Bret had cleaned himself up and the three had taken all the money they could find in the house, they stole the family car and drove to another city, where they separated. R.C.M.P found and arrested Bret 11 days later.

- It is not at all uncommon for victims in such cases to be driven by a need to know all of the details, no matter how grisly they might prove to be. Teddy, the victim participant in this case, was one of these. In fact, Teddy insisted on seeing the crime scene before it had been cleaned up—crossing through the ‘Crime Scene’ tape and bullying his way past the response personnel then on scene into the bloody mess. He reports having been deeply traumatized by what he saw, yet having been compelled to know and to see that scene for himself.
- Teddy, together with his siblings, the other family survivors of these homicides, languished for years, trying to erase the images he described as having been burned into his mind at the crime scene, obsessing about the “Why, why, why?” questions, and waiting to hear any indication of remorse or apology from the co-accused.

- Teddy reported that he had had no real awareness that his own drug use had been so connected to the trauma he had experienced in the murders of four of his loved ones, the crime scene he had seen, and his constant rumination on those images. Once he began to meet with VOMP staff, he came to understand his addiction as the adaptation of a survivor of severe trauma: the numbing of the substances he used as a ‘mask’ for pain too desperate to face. Teddy later credited his VOMP participation with having a large part to play in his trauma recovery and with his eventual ability to overcome his drug addiction and maintain sobriety. His letter to the author (see below) written within a few weeks of his first encounter with Bret and in anticipation of his second, already begins to foreshadow the gains he describes as “freeing”, “balancing”, “normalizing” and beginning to augur well for the promise of recovery from a costly and debilitating heroin habit. Teddy, almost immediately following his f2f meeting got into a well respected residential treatment program. VOMP staff, who knew the director of the treatment centre, at Teddy’s urging and convinced of his sincerity and motivation, recommended his admission. Teddy was accepted even though he had not strictly met all of the criteria. When his treatment was completed, Teddy began to take challenging post-secondary education courses, finally becoming certified and gaining employment as a drug and alcohol addictions counsellor, himself.
- There was a time when Bret was considered a psychopath by some of the treatment personnel working with him. Others, including a psychologist with considerable experience in cases of this complexity, contested that finding, suggesting that even Bret’s most disturbing violent fantasies had about them a sort of ‘utility’, in terms of the self-protective function they afforded him; a function that could be more readily understood if one were to consider what Bret had endured and the series of abandonments he had experienced in childhood and adolescence.
- Two facilitated dialogues between Teddy and Bret ultimately took place in this case. In follow-up interviews conducted within a week of their first encounter both men reported having been deeply impacted by that meeting: Teddy by Bret’s openness and acceptance of responsibility and Bret by Teddy’s concern for him

and expression of compassion toward him. The second dialogue between Bret and Teddy was even more open. Teddy had asked for this second meeting approximately two months after the first, and Bret readily agreed to meet again. Those meetings took place in April and July of 2001.

- Following the facilitated dialogues he had with Bret, Teddy wrote to VOMP staff, to say:

I wish to thank you...for the tremendous enlightening and freeing experience I have had. I cannot fully put into words the growth and balancing I have received as a result of the encounter with [Bret].... The rage and most of the dysfunction that went with it has dissipated greatly. I feel I am well on my way to normalizing my life and getting a healthy perspective on a very traumatic event.

I would not hesitate in recommending your association to anybody that is looking for closure in a victim / offender circumstance (private communication to the author dated July 19, 2001).

- As one of the outcomes of their facilitated dialogue, Bret committed to provide information to Teddy through VOMP staff about his on-going program treatment as well as any information Bret deemed to be relevant or likely to be of interest or concern to Teddy
- For his part, Brett reports having a much deeper and real sense of empathy for Teddy and the other family survivors as a result of his having met with Teddy. Bret accepts that, for Teddy, his (i.e., Bret's) participation was needed, meaningful and productive of a number of healing gains. In a number of follow-up meetings with Bret over the ten years since their encounter (at time of writing) Bret has commented on how important those meetings were for him, as well. In a follow-up meeting shortly after their face-to-face meeting, Bret reported that the stereotyped views of victims he had held earlier (which enabled him to diminish his concern for them and to distance from the pain he had caused them) had been replaced through the very real experience of having met with a vastly different, and compassionate, human being. Both participants have recently expressed desire for yet another meeting, (at time of writing yet to be scheduled).

- Not long after his meetings with Bret, Teddy contacted VOMP staff expressing a desire for a facilitated dialogue with Bret's co-accused, 'Ernesto'. That meeting has yet to be convened, in part because of the significant psychological breakdown suffered by Ernesto following what the writer sees as an ill-advised and ill-timed attempt on the part of correctional staff without the requisite training or experience to conduct a 'restorative justice' meeting of their own between Ernesto and another members of the victim's family. While the meeting itself went well, on return to prison, Ernesto suffered what he describes as a 'melt-down.'
- It was a number of years before we could begin to revisit the need Ernesto and an aging uncle in Europe felt for some facilitated communication between them. By then, Ernesto had stabilized considerably. Following a time of careful assessment and preparation, we were then able to arrange communication between Ernesto and this uncle, enabling them to speak to one another with VOMP staff present to facilitate, from a prison board room using a conference call telephone link-up to the uncle in Northern Europe. The uncle had long desired contact with Ernesto and had signaled this through a relative who lives in Canada. He was finally able to speak to his nephew, learn something of his circumstances, gather information he had not had about the crime itself, and hear a profound apology from Ernesto. As a result, he determined that he would travel to Canada in order to take part in a face-to-face dialogue with Ernesto facilitated by VOMP staff as soon as it could be arranged. This meeting has still not taken place
- Given the length of his original sentences Bret is still incarcerated. There are obviously, therefore, no recidivist offences. It is of note, however, that neither have there been any 'institutional charges', i.e., incidents of significant enough nature that they are written up and charged as offences (and which can lead to court appearance within the prison, or to additional criminal charges and criminal trials).

'BRET's' ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household *often or very often*...
Swear at you, insult you, put you down, or humiliate you? *or*
Act in a way that made you afraid that you might be physically hurt?
Yes__ No_x__.
2. Did a parent or other adult in the household *often or very often*...
Push, grab, slap, or throw something at you? *or*
Ever hit you so hard that you had marks or were injured?
Yes__ No_x__.
3. Did an adult or person at least 5 years older than you ever...
Touch or fondle you or have you touch their body in a sexual way? *or*
Attempt or actually have oral, anal, or vaginal intercourse with you?
Yes__ No_x__.
4. Did you *often or very often* feel that ...
No one in your family loved you or thought you were important or special? *or*
Your family didn't look out for each other, feel close to each other, or support each other?
Yes_x_ No__.
5. Did you *often or very often* feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? *or*
Your parents were too drunk or high to take care of you or take you to a doctor if you needed it?
Yes_x_ No__.
6. Were your parents ever separated or divorced?
Yes_x_ No__.
7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her? *or*
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? *or*
Ever repeatedly hit for at least a few minutes or threatened with a gun or knife?
Yes __ No_x__.
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes__ No_x__.

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

Yes_x_ No___.

10. Did a household member go to prison?

Yes__ No_x__.

Now add up your "Yes" answers: _4___ This is your ACE Score

Case Study #11

- A. The prisoner participant's (pseudo) name. Sebastian
- B. The offence type: Breaking and Entry; theft
- C. The victim participant's (pseudo) name. Wilfred
- D. Victim participant's gender. Male
- E. Was the victim participant a direct victim of the offence: Yes.
- F. Was the victim participant a family survivor of the offence who had legal victim status: No.
- G. The VOMP victim participant's relationship to the actual victim: Self.
- H. The relationship (if any) between VOMP Victim and Offender participants: None. Strangers.
- I. Had Victim VOMP participant been diagnosed with Post Traumatic Stress Disorder: No, while Wilfred experienced some of the symptoms not uncommon following robbery and invasion of one's 'sanctuary', they were more irritation, annoyance and frustration. He anticipated no on-going difficulties.
- J. Indication (where known) of offender's Aversive Childhood Experience (ACE) score. Unknown.
- K. Source of referral to VOMP: Victim initiated? No.
- L. Source of referral to VOMP: Institutionally initiated: Yes.
- M. Preliminary options utilized: When straight to face-to-face meeting
- N. Number of face-to-face meetings: 1
- O. Dates of those meetings: Jan 26, 1993:
- P. Outcomes for Victim Participant: While victim was nonplussed by the crime itself he nevertheless reported "relief" and gratitude for opportunity to have an impact on

the offender's thinking and to offer to assist him into (and through) drug treatment, since Wilfred had connections with drug treatment providers; he had "no fear re: further victimization".

Q. Outcomes for Offender Participant: The grace and compassion Sebastian experienced in his meeting with Wilfred, he says, "Blew my mind and expanded my heart." I can't believe I hurt a man that lovely, and his wife and kids, too." Although very little was known about Sebastien's ACE it was clear that the reason for his offending was an expensive drug habit. Through his meeting with Wilfred, Sebastien acknowledged that he had been badly addicted, had 'burned' many people close to him and had a lot of work to do to heal those relationships, and himself. As part of the amends requested by Wilfred, Sebastien committed to seek and enter into drug treatment as soon as he could find a placement. Sebastien abstained while in prison, an environment where drugs are easily obtained, joined the AA group there, and before he was released, had secured a place in a well-respected drug treatment program, with Wilfred's help. Whether he managed to overcome his addiction, we do not know, but he has not come to the attention of the Criminal Justice System since

R. Warrant Expiry Date: Nov, 1993

S. Re-offence (if any): None, following brief suspension for self-reported drug relapse.

T. Number of days from time of release to new offence. N/A

Key Elements:

- The offender in this case was an only child; parents separated at his age 3; mother remarried at his age 5; step-father adopted him. He was an introverted, loner, self-described as "unable to come out of his shell" until discovery of alcohol and weed at age 12. By grade 10, stealing alcohol, drunk and "stoned every other day." Lead to conflict with step-father & with school authorities. He was expelled.
- He then went to live with his father, for a time, and his step-mom found him a temporary job within the first 3 days, but it did not go well. Expecting to be kicked out of their home, he moved out on his own and was offered a place to

stay by a friend. This new friend taught him how to commit B & Es and he was arrested and re-arrested for that crime many times (nine).

- Following ninth arrest for B&E., he reached out to VOMP once sober, in hopes of meeting with victims of this crime, apologizing and making amends, which he did.
- Learned that Wilfred had worked with serious offenders as part of his occupation, and had considerable understanding of addiction, and demonstrated acceptance and mercy.
- Agreement during face-to-face meeting (since insurance covered losses of prop / jewelry, etc.), was that Sebastian would commit to update Wilfred on anything of import going on in his life over the coming year, through CJI.
- Revoked for drugs, self reported. Readmitted, completed his sentence, has not been in trouble since

Case Study #12

- A. The prisoner participant's (pseudo) name: Lorenzo
- B. The offence type: Sexual Assault of a Minor under the age of 14 years.
- C. The victim participant's (pseudo) name: Wendy
- D. Victim participant's gender: Female
- E. Was the victim participant a direct victim of the offence: Yes.
- F. Was the victim participant a family survivor with legal victim status: N/A
- G. The VOMP victim participant's relationship to the actual victim: N/A
- H. The relationship (if any) between VOMP Victim and Offender participants: Wendy, from about age 13, had been a babysitter for Lorenzo's step-daughters; Lorenzo was also a neighbour and family friend who had, at one time, been Wendy's mother's intimate partner. As such, he was trusted, to the degree that he had a key to the home where the victim lived with her mother and could come and go to Wendy's bedroom through a separate basement entry, almost at will. It is Wendy's view that Lorenzo became increasingly brazen about this, ensuring

that she knew he could come and go with impunity. She feels that part of what fuelled his behaviour was the excitement that the risk of detection involved.

- I. Had Victim VOMP participant been diagnosed with Post Traumatic Stress Disorder: Yes. Wendy had the entire plethora of symptoms, apart from just a few. Harms perpetrated against her had gone on for over 2 years, had included death threats if she disclosed, and precipitated this cluster of symptoms: *Intrusion*: Intrusive thoughts and images, nightmares, **flashbacks**, anxiety attacks, crying spells and tearfulness, **shame**, embarrassment; *Withdrawal*: depression, detachment or estrangement, inability to recall specific events of trauma, disorientation, confusion, restricted affect, avoidance of thoughts of trauma, fear, numbness, helplessness, loss of control; *Arousal*: sleep disturbances, difficulty in concentrating, hypervigilance, high startle response, headaches, muscle tension, nausea, eating disturbances, difficulty in breathing, cold sweat. Also suffered with painful fibromyalgia for years. Suicidal ideation.
- J. Where known, what was the offender's Aversive Childhood Experience (ACE) score: Unknown. Given that there had been no conviction in the case involving 'Wendy' information VOMP staff would normally have in a case involving conviction or guilty plea was not readily available
- K. Source of referral to VOMP: Victim initiated: Yes.
- L. Source of referral to VOMP: Institutionally initiated: No.
- M. Preliminary options utilized: A number of preliminary meetings with each party. Therapy, advocacy with Crime Victims Assistance Program
- N. Number of face-to-face meetings: Two: the first took place while the offender was still incarcerated, on other offenses, in a medium security prison; the second took place in a church in the community once he was on parole.
- O. Dates of those meetings: April 25, 1994 and December 04, 1995
- P. Outcomes for Victim Participant: Validation despite the lack of a conviction due to the court's acquittal of her rapist; she described her eventual VOMP encounter with him as "an exchange of guilt, shame and power. . . he took the guilt and shame upon himself, and I felt it drop away from me;" She returned to school, earning first class grades in a number of her courses, and began to dream about

one day becoming a chaplain who worked both with prisoners and (especially their young, female) victims. Symptoms greatly diminished; Release from deep shame & "trapped" PTSD state, to pride & freedom; Growth and improvements continued for many years and then as a host of other violent memories surfaced and with them all of those former successful coping strategies began to fail her. For a time, Wendy was struggling greatly, trying to cope with the information that was surfacing, especially difficult given that these memories were blurred and confused given the drugs she had been administered by the perpetrator. She worked equally hard at those, and, while she still struggles from time to time, recently reports having "reclaimed" her earlier therapeutic gains. Now attends the Trauma Survivors' Group (all VOMP alumni) which we convene every few months or so and is a true asset in its leadership. She set out to "take back everything 'Lorenzo' ever stole from me, including my high school graduation, dreams of university and working with prisoners and trauma survivors." She went on to work for many years with prisoners in the Alternatives to Violence Program (AVP).

Q. Outcomes for Offender Participant: While in prison Lorenzo sought admission to a sex offender treatment program and appears to have begun to take responsibility for harms caused his victims during that program, which, in part, motivated him to admit his culpability in Wendy's case (though he had been acquitted at trial for charges involving her, due to a bizarre technicality). His acknowledgement of harms caused her, enabled him to find some satisfaction in at least acting honorably in that. Whether Lorenzo ever managed to resolve his major issues satisfactorily is unknown. He has, however, managed to live in the community without new charges. From the not-guilty plea, and his initial expressions of denial, attacking the victim, suggesting that she was deranged, then suggesting she had been consenting and "a lot of fun" as a sexual partner, he at least came this far: "I know that when this began you were just a little girl, and I shouldn't have been messing with you." He *did*, quite visibly, demonstrate sufficient sorrowful affect and shame, especially in his second meeting with the

victim, that she was satisfied: he finally understood what his deviance had cost her.

R. Warrant Expiry Date: Sept. 1995 (for offenses against his own children as he was never convicted of offense against Wendy)

S. Re-offence (if any): None

T. Number of days from time of release to new offence: N/A

Key Elements:

- The multiple sexual assault incidents suffered by this victim took place over a number of years, beginning at about her age 12 with teasing and grooming, progressing to almost weekly sexual assaults involving intercourse from the time of a rape which took place on her fourteenth birthday (the relevance of this, from a legal standpoint, will be made evident below). From there, over the next three years, until the victim finally fled her family home and found refuge living in another area with other youth, she suffered increasingly violent rapes involving verbal threats underscored by the offender's use of weapons and threat of death if she ever disclosed any of this to her parents or to any other authority. The increase, over the duration of his offending against Wendy, of violence, use of power and coercion, threats, weapons (including knives and at least two different firearms); finally, psychedelic drugs, all in search of greater 'highs' when the earlier behaviours no longer provided satiation. The weapons used by the offender and described by the victim are consistent with the substantial list of weapons seized from the offender's home when police finally investigated complaints by another of his young victims (one of two step-daughters). That investigation led police to Wendy, the victim of this case study, as they sought evidence from her as the babysitter of the offender's step-daughters. While seeking evidence concerning the complaints filed by his step-daughters, and whether she had witnessed anything inappropriate, police questioned her, too, concerning whether the accused had ever acted inappropriately toward her. Fearful of the offender acting on the threats he had made, Wendy at first minimized his

crimes against her but, by the time of his trial, she had grown more courageous. She was prepared to go to court to testify about the rape committed against her on the night of her fifteenth birthday.

- In a bizarre legal twist, despite the judge addressing Wendy in the court room to ensure that she understood that she had been a most credible witness and that he believed her testimony, he then apologized to her for having to find the accused ‘not guilty’ of the charges against her. At the time, the Canadian Criminal Code had a number of different but related sexual assault index offences. Two are relevant here: One dealt with sexual assault of a person under the age of 14 years of age; the other with sexual assault of a young person over the age of 14 years, but not yet of the age of majority. Since the Crown Prosecutor had been unable to prove that this sexual assault had taken place prior to midnight on the victim’s 15th birthday, the offender could not be found guilty of the charge as written. She could have been either 14 (before midnight) or 15 (after midnight), and therefore the accused could not be found guilty of either of those sections of the criminal code without the time of the offence having been established. Wendy deeply felt ‘secondary victimization’ (despite good police work and validation by police and the judge who was forced to acquit Lorenzo), through inadequacies in the CJS, the system to which Wendy looked, believing it would protect her and provide for her the public vindication she needed as an innocent victim as well as validation of her truth
- Wendy reports having been afraid to tell her mother about Lorenzo’s earlier grooming, molestation, then sexual assault of her, as she worried her mother would likely disbelieve Wendy’s allegation and more likely believe Lorenzo’s account. Wendy reports that Lorenzo had warned her about this, saying, “If you tell, people won’t believe you, they’ll think you’re lying and that you just a dirty little girl with a slutty little mind”. Wendy decided to take the chance on one occasion when the grooming and molestation had just begun. She had asked if she could sleep in her mother’s room that night, and after they had slipped into bed Wendy attempted to test her mother’s reaction

in hopes of getting Lorenzo's conduct stopped. She told her mother that Lorenzo had been molesting her and had touched her, sexually. Wendy reports that "She said, 'Oh, [Wendy], go to sleep.'" While her mother's reaction was less one of complete disbelief than of ennui, Wendy feared raising the issue again. Before long, the reason for her keeping what Lorenzo called "our secret" had less to do with the likelihood of her mother's disbelief than it did with her fear that Lorenzo would make good on his threat to do her serious--even lethal--harm if she disclosed.

- For years afterward, Wendy longed for validation of her truth from someone in authority in the CJS. In her late thirties, Wendy decided it was time to get some help with the on-going aftermath of the trauma she remembered. She was referred for counselling to my private clinical practice. At our first meeting she made clear that she had heard from her friend about the VOMP program and had hopes that she might meet her offender, who was, at that same time, serving a prison sentence for the sexual assaults of his step-daughters. Her thoughts at the time were as follows:

...if he agrees to meet with me, and is willing to listen to my story, I will be able to tell him about the downstream consequences of his actions in my life. He already knows that I have testified against him, so if he intends to make good on the threats he made against me [i.e. to harm or kill her if she ever disclosed what he had done to her] when he is released from prison, I might as well do all I can to gauge his present state of mind and attitudes toward me (preliminary interview).

- To Wendy's astonishment, the offender—though he had been found not guilty of the charges for crimes he was alleged to have committed against her—agreed to meet. Lorenzo had a friend in his sex-offender treatment group who had spoken positively about his own experience of VOMP, and, trusting in his friend's opinion, agreed to meet with VOMP staff. Knowing that he could not be tried a second time (double jeopardy) on the same charges and having been convinced in preliminary meetings with VOMP staff that this would be a confidential process and *without prejudice* (i.e., while nothing precluded Wendy from suing Lorenzo civilly, for example, there would be no such use

of any information that might be tabled or communicated as part of the VOMP dialogue process) Lorenzo agreed to have us facilitate a dialogue within the next few weeks.

- In over four hours of meetings, broken into morning and afternoon sessions, Wendy achieved all that she had hoped. Following a brief period of introductions, Wendy began to tell her story: the helplessness she had felt, the sense of abandonment by family members and authorities, of being utterly trapped and unable to escape her circumstances until the opportunity came for her to flee her family home to a place where she could not be found by him. She tabled a picture of a smiling child. “Do you recognize her”, she asked? “Yes, of course, that is you”, replied Lorenzo. “Does she look like a woman to you, [Lorenzo],” she asked? “This is me at age 14—I still look like a pre-pubescent little girl...” “You robbed me of my innocence, and oh, so much more.” She continued, telling Lorenzo about how her former consistently high school grades had plummeted, resulting in punishments and shaming; of the fragmentation of relationships in her family; of the loss of trust in men, in general; of the loss of trust in authorities and their institutions; of the loss of the dreams she had once had of a university education and a professional career. Then Wendy asked the question that had been so clearly answered by the judge at the conclusion of her testimony at Lorenzo’s trial, “Is all of this true, Lorenzo; am I a truth-teller?” “Yes”, he replied, “you have always told the whole truth...everything in your testimony was true.” Lorenzo held eye contact with Wendy then for just a moment, then hung his head. Wendy lifted hers. While the meeting went on for some time following this, with Wendy asking Lorenzo about his progress in prison treatment programs, about whether he was allowed contact with his family, about his future hopes and aspirations, and the like, the heart of the dialogue took place in that exchange, in what Wendy saw and later described as “an exchange of guilt, shame and power”.
- As often happens, a number of months after the dialogue had taken place, Wendy asked to review the video tape of her meeting with Lorenzo. As the

section of the tape in which she had asked “Am I a truth-teller?” rolled across the monitor screen in the private mediation room of our offices, Wendy exclaimed, “See, Dave...right there!” “As he slumps and hangs his head, I sit more upright and raise mine.” She pushed the buttons on the remote control to rewind and fast-forward through this section, again and again, in order to see the relative change in their postures clearly taking place at double the normal playback speed. She had courageously challenged ‘the other’, the former “liar who had accused me of lying by pleading not guilty” and he had finally taken responsibility to set at least the informal record –and the record Wendy needed—straight. Wendy played the segment through, once again, and saying, “That, *that*, is what I have waited to hear and see for all these years: he took the guilt and shame upon himself, and I felt it drop away from me.”

- For the next many months, Wendy applied herself, as she said, to “getting my life back.” “I want to take back all the things he stole from me: my dignity, my innocence, my education, my ability to walk outside free from fear, to wear whatever I want, to move freely and to dance...” She returned to school, and though she struggled with learning difficulties she had not known prior to her abuse, she managed to excel, earning first class grades in a number of her courses, and beginning to dream about one day becoming a chaplain who worked both with prisoners and (especially their young, female) victims.
- During this period of growth, recovery and change, Wendy began to recall aspects of a number of the later sexual assaults that she found extremely troubling. She asked for another meeting with Lorenzo, in hopes that he would, once again, take responsibility, helping her to be certain that what she now remembered and which manifested in pain and distress in her body, was not simply a figment of her imagination, but had actually taken place. Lorenzo was now on parole but he agreed to meet once more, but seemed concerned that the agenda, this time, was to get him to acknowledge responsibility for sexual conduct that went beyond the original charges (and therefore could, since there is no statute of limitations on crimes of sexual

assault, conceivably be charged for these other indecent acts.) Lorenzo did not want to talk about those behaviours, nor did he acknowledge having committed them. Wendy had anticipated that this might happen, and was frustrated by Lorenzo's sudden inability to recall, or refusal to discuss what Wendy clearly recalled. Yet enough was accomplished at this meeting in the minds of both participants--especially their conversation about the benefits to each of them of having participated in the first meeting--that both concurred they were glad they had attended.

- Wendy continued to do well for a number of years, but then, suddenly, had what appeared to be a whole host of violent memories surface, things involving weapons, once again, and psychedelic drugs which she remembered being administered by Lorenzo, these memories themselves, though brutally vivid, were confused and convoluted. Wendy's former ability to recall with tremendous clarity, to journal about memories and her responses to them, to talk them through with counsellors then set them to one side as completed chapters in her personal recovery narrative, all of those former successful strategies began to fail her. The reality is that the hoped-for outcomes of combined participation in VOMP and trauma recovery treatment strategies started to elude Wendy for four or five years.
- More recently Wendy's trauma healing has started to improve again and she recently said the following:

(I was reminded) of how God, with your help, took me back to my little girl and helped me remember how much I love being in the outdoors by streams talking to God, and how she loved painting, creating, reading and writing. It's incredible that we can go back, when our brains are ready, and find the courage to hear and learn from the little child that's deep inside of us. Then work to grow up our child that got stuck developmentally and grow up to mature adults who can walk enjoying freedom and wholeness. It's a joy to embrace life in all its messiness and become who we were created to be before trauma derailed everything.

WENDY'S Pre-victim offender dialogue symptom assessment
Post-traumatic stress assessment

Since the trauma, which of the following is being experienced and how frequently:

SYMPTOM	Frequent (3-5 x/wk)	Occasional (1-2 x/wk)	Seldom (1x/wk)	Never
INTRUSION				
Intrusive thoughts and images	X			
Recurring dreams – nightmares	X			
Flashbacks	X			
Anxiety attacks	X			
Crying spells and tearfulness		X		
Feeling of shame, embarrassment	X			
Guilt feelings ("If only...")	X			
WITHDRAWAL				
Withdrawal	X			
Depression-diminished interest	X			
Feeling of detachment or estrangement	X			
Inability to recall specific events of trauma		X		
Disorientation, confusion	X			
Restricted affect	X			
Avoidance of thoughts of trauma	X			
Fear (Always)	X			
Job Difficulties		X		
Sexual Dysfunction		X		
Numbness-emotional/physical	X			
Helplessness, loss of control (Always)	X			
AROUSAL				
Sleep disturbances	X			
Anger/Rage		X		
Difficulty in concentrating		X		
Hypervigilance	X			
High startle response		X		
Headaches			X	
Muscle tension			X	
Nausea			X	
Eating disturbances			X	
Difficulty in breathing		X		
Cold sweat			X	
Increased alcohol usage				X
Increased drug usage				X

WENDY'S Post victim offender dialogue symptom assessment

Since your face-to-face meeting (i.e., in the days and weeks following that meeting)
which of the following is being experienced and how frequently?

SYMPTOM	Frequent (3-5 x/wk)	Occasional (1-2 x/wk)	Seldom (1x/wk)	Never
INTRUSION				
Intrusive thoughts and images		X		
Recurring dreams – nightmares				X
Flashbacks				X
Anxiety attacks				X
Crying spells and tearfulness				X
Feeling of shame, embarrassment				X
Guilt feelings ("If only...")				X
WITHDRAWAL				
Withdrawal				X
Depression-diminished interest				X
Feeling of detachment or estrangement				X
Inability to recall specific events of trauma				X
Disorientation, confusion				X
Restricted affect				X
Avoidance of thoughts of trauma				X
Fear				X
Job Difficulties				X
Sexual Dysfunction				X
Numbness-emotional/physical				X
Helplessness, loss of control				X
AROUSAL				
Sleep disturbances				X
Anger/Rage				X
Difficulty in concentrating			X	
Hypervigilance			X	
High startle response				X
Headaches			X	
Muscle tension		X		
Nausea		X		
Eating disturbances		X		
Difficulty in breathing				X
Cold sweat				X
Increased alcohol usage				X
Increased drug usage				X

WENDY'S Post victim offender dialogue symptom assessment

Since your *SECOND* face-to-face meeting (i.e., in the days and weeks following that meeting) which of the following is being experienced and how frequently?

SYMPTOM	Frequent (3-5 x/wk)	Occasional (1-2 x/wk)	Seldom (1x/wk)	Never
INTRUSION				
Intrusive thoughts and images			X	
Recurring dreams – nightmares			X	
Flashbacks			X	
Anxiety attacks			X	
Crying spells and tearfulness			X	
Feeling of shame, embarrassment			X	
Guilt feelings ("If only...")			X	
WITHDRAWAL				
Withdrawal			X	
Depression-diminished interest			X	
Feeling of detachment or estrangement			X	
Inability to recall specific events of trauma			X	
Disorientation, confusion			X	
Restricted affect			X	
Avoidance of thoughts of trauma			X	
Fear			X	
Job Difficulties			X	
Sexual Dysfunction				
Numbness-emotional/physical			X	
Helplessness, loss of control			X	
AROUSAL				
Sleep disturbances			X	
Anger/Rage			X	
Difficulty in concentrating			X	
Hypervigilance			X	
High startle response			X	
Headaches			X	
Muscle tension			X	
Nausea				X
Eating disturbances				X
Difficulty in breathing				
Cold sweat				
Increased alcohol usage				X
Increased drug usage				

WENDY'S Post victim offender dialogue symptom assessment (current)
Post-traumatic stress assessment

Which of the following is being experienced and how frequently, Currently? How long since your face-to-face meeting, (approximately), 25 years and _____ months?

SYMPTOM	Frequent (3-5 x/wk)	Occasional (1-2 x/wk)	Seldom (1x/wk)	Never
INTRUSION				
Intrusive thoughts and images				X
Recurring dreams – nightmares				X
Flashbacks				X
Anxiety attacks				X
Crying spells and tearfulness				X
Feeling of shame, embarrassment				X
Guilt feelings ("If only...")				X
WITHDRAWAL				
Withdrawal				X
Depression-diminished interest				X
Feeling of detachment or estrangement				X
Inability to recall specific events of trauma				X
Disorientation, confusion				X
Restricted affect				X
Avoidance of thoughts of trauma				X
Fear				X
Job Difficulties				X
Sexual Dysfunction				X
Numbness-emotional/physical				X
Helplessness, loss of control				X
AROUSAL				
Sleep disturbances				X
Anger/Rage				X
Difficulty in concentrating		X		
Hypervigilance				X
High startle response				X
Headaches			X	
Muscle tension			X	
Nausea			X	
Eating disturbances				X
Difficulty in breathing				X
Cold sweat				X
Increased alcohol usage				X
Increased drug usage				X

Case Study #13

- A. The prisoner participant's (pseudo) name: Raphael
- B. The offence type: Sexual Assault
- C. The victim participant's (pseudo) name: Isaac
- D. Victim participant's gender: Male
- E. Was the victim participant a direct victim of the offence: Yes.
- F. Was the victim participant a family survivor with legal victim status: N/A
- G. The VOMP victim participant's relationship to the actual victim: N/A
- H. The relationship (if any) between VOMP Victim and Offender participants:
Raphael had, for many years, been a priest who served Northern Canadian communities. As priest, accomplished bush pilot and boy scout leader, he had had access to many young boys, including Isaac, who was one of Raphael's many child and early adolescent victims.
- I. Had Victim VOMP participant been diagnosed with Post Traumatic Stress Disorder: Yes. Experienced, for years, all of the following 3-5 times/week - Anxiety attacks, shame, significant self-harm, (planned to kill himself at one point), guilt, depression, disorientation, avoidance of thoughts of the trauma, job difficulties, numbness, helplessness, anger/rage, hypervigilance, high startle response, and eating disturbances Deep shame, distrust, spiraled into alcoholism, self-harm, self-sabotage, homicidal ideation toward the offender, potentially lethal suicidality, relational dysfunction, isolation (by choice) and abandonment by others (see PTSD Assessments below).
- J. Where known, what was the offender's Aversive Childhood Experience (ACE) score: Unknown however, child sexual abuse was part of his history
- K. Source of referral to VOMP: Victim initiated: Yes
- L. Source of referral to VOMP: Institutionally initiated: No
- M. Preliminary options utilized: Numerous lengthy long-distance telephone calls with the victim; preliminary meetings with both victim and offender closer to the actually face-to-face meeting.
- N. Number of face-to-face meetings: One

- O. Dates of those meetings: August 27, 1999.
- P. Outcomes for Victim Participant: PTSD Severity Scale decreased from 64-13-5. Symptoms greatly diminished, with the vast majority of categories either extinguished or seldom occurring. Reports that all of his gains have continued Post VOMP. Offender had never been charged for offences against Isaac but in his face-to-face meeting he was able to read his letter to the offender without interruption; the offender validated his allegations despite there being no conviction in the case; sense of freedom; completed his education to become a certified counsellor, found meaning helping other sexual abuse victims; makes frequent presentations about healing from sexual abuse
- Q. Outcomes for Offender Participant: Like many offenders, Raphael did not want to focus to any great degree on his own woundedness or victimization, out of concern that that might be construed as “playing the victim”, and a shifting of responsibility for his offending to another. But, Raphael had long since left behind any denial or minimization of the impacts of his offending. Part of Raphael’s pain was spiritual: a deep running awareness of failure as a priest, of broken vows, and broken hearts and minds among his victims, as many of them acted out in self-harm, or in sexual offending in the intergenerational cycle that too often plays out this way, ending up in prison themselves, or taking their own lives, as a number had. Raphael knew that his own healing would require the rest of his life and turning his heart toward making amends to those he had harmed became one of the ‘roads’ back; a way to at least try to ameliorate some of the ravages he had left in his wake while he was offending. Raphael is, these days, a deeply humbled man,
- R. Warranty expiry date: July, 2010 (related to other sexual assault charges as he was never convicted of offenses against Isaac)
- S. Re-offence (if any): Although there were no new offenses Raphael was arrested and charged with other historical offenses that occurred prior to the face-to-face meeting with Isaac
- T. Number of Day from Release to new offense: No new offenses

Key Elements:

- When Isaac first contacted VOMP staff, it was extremely tenuously. For the first many months, in which a number of exploratory telephone calls took place, he would not tell us his name or give us any contact information. “It’s [‘Isaac’] from Ontario”, is how he announced himself. That went on for a number of months, with him unwilling to let staff have any more information about his identity or any contact information for him. Isaac had heard about VOMP from his psychotherapist, a psychologist with many years experience in treating adult male survivors of child sexual abuse, and one who had earned the respect of many in First Nations communities. He had encouraged Isaac to call us and to begin to explore what participation in VOMP might have to offer him as part of his own trauma recovery path. Over a period of a number of months, while Isaac called us periodically and regularly met with his therapist about the idea, he became convinced that participation in VOMP would likely be a beneficial thing for him to do. He asked us to contact his offender, ‘Raphael’, to see if he remembered Isaac and would take responsibility for sexually abusing him. At this point, Isaac still was unwilling to reveal his full name. “Just ask him if he remembers sexually abusing [Isaac] from [name of the First Nations community]”. “If he says yes, and is willing to meeting with me, I’ll consider flying out to meet with him, in hopes that he will take responsibility for what he did to me.”
- When we contacted Raphael, he said that this man could be any one of many. He was uncertain, but he did recall having sexually offended against a boy by that name in that community. “In any event,” he replied:

whether I know for certain who this is before agreeing to participate isn’t important to me. I offended against many boys in those years, and it is not likely that any of them would be raising this now if I were not the responsible one. It is the right thing to do, and if there is a chance it will assist healing for the victim, that’s all I need to know (preliminary meeting).
- A meeting date was set, and Isaac (together with his therapist) made the long journey from his home community to ours. Raphael was on parole at the time, having served time for another, similar offence, making it possible for us to meet

at a mutually acceptable place in the community, rather than in a prison setting. We met with Isaac the day before the meeting to prepare for it and to consider a number of possible venues for the meeting. Isaac had determined ahead of time that all he really wanted to do was to read to Raphael a letter he had written, in which he clearly enumerated the downstream harms he had suffered in the aftermath of the abuse suffered at Raphael's hands in childhood and early adolescence. He pictured confronting a man still unaware, and in denial, and had no expectation, (and perhaps as we began, no desire) for dialogue with Raphael. This is the letter Isaac read in its entirety (all of the bold font emphasis is in the original):

Dear [Raphael],

I am here today because I have something important to tell you. If you need to say something, you can say it when I am finished reading the letter but I am not expecting a response.

As you know I was involved in many activities that you started on the reservation of Lake. You started a boy scouts group in which I was a part of. I was also an alter boy at the church where you held services. The activities that you had going on the reservation was your way of building trust for many young native boys including myself. You also used your airplane to built trust for many boys. It was my desire and dream that someday I would fly an airplane and become a pilot. My dreams were shattered and my world was destroyed at the early age because of your choices. I joined your activities and group because I trusted you and I felt that you wanted the best for me. I looked up to you for guidance and encouragement.

When I was an alter boy at the church, I believed that I was doing this all for God and church. I thought that you wanted the best for me and that you were concerned for my spiritual life. I thought of you as a man who loved God and wanted to serve him and that you were teaching us the biblical truth. I trusted you because you were a man who represented God and church.

The years that I was involved with you and your activities led to things that were not in my control. The man whom I trusted sexually abused me. Do

you remember what happened at the mission house by the church? You sexually abused me under your five star sleeping bag. What you did hurt me and damaged me. I remember you inviting me to lie next to you and you started playing with my private parts. I remember you kissing me using your tongue. For many years I carried that with me and it disgusts to think about what you did. I remember one time when you took us swimming and you caught up with me and you held me under your arms. I remember trying to break free but I couldn't because you were bigger and stronger than me and I was just a small boy. I remember you playing with my private parts under water and you said, "sh ke de pi" which means erection. I remember being so scared, confused and ashamed. What you did to me was wrong and you know it.

When you sexually abused me, I was a confused boy. I was so hurt by what you did. You betrayed my trust. I was confused about my sexual identity and for many years I thought I was a homosexual. I felt dirty about myself. I was very ashamed of who I was as a man. For years I carried the ugliness of sexual abuse where ever I went. It was a dark shadow that was hanging over me. I looked for ways of trying to get rid of it but it did not work.

I never had much of a teenage life because you took that away from me. One thing I learned early in life was to survive and protect myself at any cost. You took away my innocence. In my teen years while growing up on the reservation, I got involved in solvent abuse, which I thought it was a cool thing to do. I realized later that sexual abuse had something to do with it as I tried to numb and kill the inner pain that I was carrying. You see the scars on my arms. It is a reminder of what happened. It was my way of lessening the pain that you inflicted. Sexual abuse was very painful for me and by extinguishing a cigarette in my arm made me feel less pain of what you did. When it was time to leaveLake and God knows that I tried so many times because I wanted to leave the pain behind. I became an alcoholic. It was my way of temporarily forgetting of what you did. Over the years my drinking got worse. I had thought of running into you when I was drinking because I knew that the anger and hate I felt for you would have come out in a negative way and I would have killed you. That is how much I hated you for what you did to me.

Sexual abuse made me a man who was full of anger, rage and hate. The rage that I had affected those around me including my own family. I hurt my

parents, siblings, nieces and nephews. When I had relationships with woman, I hurt them too.

My relationship with the church was greatly affected. There were times that I felt like burning it to the ground. For many years I did not step into the church and when I did I felt uncomfortable. I was ashamed to walk into the church and it is because of what you did to me. In the summer of 1994, I was at the church for a funeral service. I could not make myself look at the front of the church because it brought back many unpleasant memories. One time during the service I walked out of the church because I was uncomfortable.

There was a time when I thought of taking my own life. The pain and hurt that I was carrying was too much to bear. I came very close in taking my own life after I saw your picture on the Wawatay newspaper after your trial in ...Lake. I was going to take my own life using a 30 30 rifle. What you did when you sexually abused me was wrong. You messed up my life and you almost cost me my life.

God created me to have sexual feelings and to have intimacy with a woman in marriage. You took that away when you sexually abused me. God created me to have desires and longings but you messed it up when you sexually abused me. God created me to have a relationship with him but I was angry with him because the man whom I thought was his representative sexually abused me. God created me to serve him but I ran away from him and didn't want have anything to do with him and it is because of sexual abuse. The genius of God exploded when he put me into this world but because of sexual abuse, I thought I was a mistake.

God has been doing a lot of miracles in my life in the last year. God who is all sovereign made arrangements for me to get in touch with one man who would become my friend and therapist. September 30, 1998 was the first session I had. I knew when I started biblical counselling that it wasn't going to be easy and at the same time, I knew there was HOPE because With God nothing is impossible. I am here today because I want healing and freedom. The road towards healing and wholeness that I have walked on in the last year has been painful. The road has been rocky and treacherous. With God's help and guidance from my counsellor, I went back to the root of sexual abuse and feel the pain one more time. I went back and pulled out the poisoned roots that you planted. I went back and looked at it and said, " this

is not mine it doesn't belong here, it belongs to [Raphael]" Going back to deal with the past is important for me because I need to do that in order to get on with my life. Couple months ago, I was giving my testimony at a workshop [for male sexual assault survivors] and it feels very good to receive encouragement and I know at this very hour many people across the country are praying for me as we are sitting here.

God wants to have an intimate relationship with me and through therapy, I am beginning to see that he loves me and cares for me. I have experienced his Love, Peace and his Grace. Before the foundations of the world, he knew me. God has revealed himself in a powerful way that nothing is impossible with him. He has revealed to me that he can take a hurting man like myself and change my life. Only God can do that. God is taking away my hurt and pain and is replacing it with kindness, joy, compassion and love for other hurting sexual abused victims.

There have been many positive changes in my life as a result of counselling. The trust for white males and for other people has improved dramatically. The anger and hate I had has decreased. My relationship with other people has changed for the better. Most of all my relationship with GOD and church has changed because of surrendering my life to the Lord Jesus Christ and accepting him as my Personal Saviour on October 23, 1994. You want to hear about the power of Jesus Christ. ... I am praying for you that you will find Jesus Christ and surrender your life to him. Only Jesus will make a difference in your life. By the Grace of God I am here today. Jesus Christ has set me free from the prison that you created. He can do the same for you but you also have a choice to reject him and face him in eternity. God in His Word said, every one shall die for his own iniquity and the soul that sinned it shall die.

By the Grace of God and by his Mercy and Compassion that he has shown me and because of what Jesus Christ did for me when he died on the cross and forgive me of ALL of my sins. I extend his FORGIVENESS to you today and by his Amazing Grace, I FORGIVE you for sexually abusing me. I want you to know that God Almighty is more powerful than sexual abuse.

I will be leaving a copy of the letter for you. What you do with it is your business, I have done my part.

By His Grace, Isaac

VOMP had an approximately ten year history when this case was facilitated, yet this was the first time victim and offender had had a meal together as part of the VOMP process. For these participants, to “break bread together” had significant import. For Isaac, to have been the one to suggest that they eat together and to make the invitation to Raphael to join us rather than sit in another section of the restaurant with the VOMP co-facilitator, he reports, was “empowering”. “I was in charge of these decisions, rather than ‘the priest.’”

- Two days after their face-to-face meeting, as I left Isaac and his therapist at the airport for their return home, I asked Isaac, “So how are your feeling?” He stretched himself to his full height, stretched his arms out as far as he could reach and, echoing the words of Dr. Martin Luther King, Jr., cried out dramatically (with no apparent concern for any of the many people milling around us who might hear him and wonder): “Free at last. Free at least. Praise God Almighty, free at last!”
- Raphael made a commitment to stand charges and plead guilty to any that might emerge. He understood that to take responsibility for any additional future charges might mean successive terms of incarceration, perhaps the likelihood of endless incarceration and dying in prison. This is, in fact, playing out at time of writing: Raphael is about to be sentenced in relation to the last set of charges to which he pled guilty.
- Isaac returned to his home community and began to seek to upgrade his education, finally gaining credentials as a certified counsellor. He continues to work in that Northern Community, with a particular concern for male survivors of sexual abuse and assault. He frequently makes presentations about healing from the ravages of sexual abuse. Isaac made meaning of his suffering, and following his VOMP participation, ultimately found his way into an entirely new vocation suggested by his own experience, a vocation in which he now serves others. Isaac moved rapidly from a place, as he describes it in a series of autobiographical educational DVDs describing VOMP and his healing process, of “being a victim, full of shame and anger, to a survivor, with a desire and a personal commitment to assist the healing of other sexual abuse victims.” The

degree to which Isaac's Post Traumatic Stress symptoms diminished is indicated by the Assessment Inventories included, with his permission, below:

'Isaac's' Post-traumatic stress assessment (prior to VOMP)

Since the trauma, which of the following is being experienced and how frequently:

SYMPTOM	Frequent (3-5 x/wk)	Occasional (1-2 x/wk)	Seldom (1x/wk)	Never
INTRUSION				
Intrusive thoughts and images		X		
Recurring dreams – nightmares			X	
Flashbacks		X		
Anxiety attacks	X			
Crying spells and tearfulness				X
Feeling of shame, embarrassment	X			
Guilt feelings ("If only...")	X			
WITHDRAWAL				
Withdrawal		X		
Depression-diminished interest	X			
Feeling of detachment or estrangement		X		
Inability to recall specific events of trauma		X		
Disorientation, confusion	X			
Restricted affect				
Avoidance of thoughts of trauma	X			
Fear				
Job Difficulties	X			
Sexual Dysfunction				X
Numbness-emotional/physical	X			
Helplessness, loss of control	X			
AROUSAL				
Sleep disturbances			X	
Anger/Rage	X			
Difficulty in concentrating		X		
Hypervigilance	X			
High startle response	X			
Headaches		X		
Muscle tension		X		
Nausea			X	
Eating disturbances	X			
Difficulty in breathing				X
Cold sweat				X
Increased alcohol usage	X			
Increased drug usage	X			

‘Isaac’s’ Post-traumatic stress assessment (after VOMP)

On this form, please indicate how frequently you experience any of these symptoms since the (first) face-to-face VOMP dialogue with your offender:

SYMPTOM	Frequent (3-5 x/wk)	Occasional (1-2 x/wk)	Seldom (1x/wk)	Never
INTRUSION				
Intrusive thoughts and images			X	
Recurring dreams – nightmares				X
Flashbacks			X	
Anxiety attacks			X	
Crying spells and tearfulness				X
Feeling of shame, embarrassment				X
Guilt feelings (“If only...”)				X
WITHDRAWAL				
Withdrawal			X	
Depression-diminished interest			X	
Feeling of detachment or estrangement				X
Inability to recall specific events of trauma				X
Disorientation, confusion			X	
Restricted affect			X	
Avoidance of thoughts of trauma				X
Fear				X
Job Difficulties				X
Sexual Dysfunction				X
Numbness-emotional/physical				X
Helplessness, loss of control				X
AROUSAL				
Sleep disturbances				X
Anger/Rage			X	
Difficulty in concentrating				X
Hypervigilance		X		
High startle response			X	
Headaches			X	
Muscle tension				X
Nausea				X
Eating disturbances			X	
Difficulty in breathing				X
Cold sweat				X
Increased alcohol usage				X
Increased drug usage				X

'Isaac's' Post-traumatic stress assessment (current)

On this form, please indicate how frequently you experience any of these symptoms Currently. Please also indicate approximately how long (years and months) it has been since your first face-to-face dialogue with you offender: 11 years and 7 months.

SYMPTOM	Frequent (3-5 x/wk)	Occasional (1-2 x/wk)	Seldom (1x/wk)	Never
INTRUSION				
Intrusive thoughts and images				X
Recurring dreams – nightmares				X
Flashbacks			X	
Anxiety attacks				X
Crying spells and tearfulness				X
Feeling of shame, embarrassment				X
Guilt feelings ("If only...")				X
WITHDRAWAL				
Withdrawal				X
Depression-diminished interest				X
Feeling of detachment or estrangement				X
Inability to recall specific events of trauma				X
Disorientation, confusion				X
Restricted affect				X
Avoidance of thoughts of trauma				X
Fear				X
Job Difficulties				X
Sexual Dysfunction				X
Numbness-emotional/physical				X
Helplessness, loss of control				X
AROUSAL				
Sleep disturbances				X
Anger/Rage			X	
Difficulty in concentrating				X
Hypervigilance			X	
High startle response				X
Headaches			X	
Muscle tension				X
Nausea				X
Eating disturbances			X	
Difficulty in breathing				X
Cold sweat				X
Increased alcohol usage				X
Increased drug usage				X

Case Study #14

- A. The prisoner participant's (pseudo) name: Dennis
- B. The offence type: Attempted Murder
- C. The victim participant's (pseudo) names: Cindy (Offender's wife and victim); Nicholas and Nate (their twin sons, aged six at time of their VOMP participation).
- D. Victim participant's gender: Female
- E. Was the victim participant a direct victim of the offence: Yes.
- F. Was the victim participant a family survivor with legal victim status: Yes. This status applied to both of the couple's twin boys who participated, together with their mother.
- G. The VOMP victim participant's relationship to the actual victim: Nicholas and Nate were the children of the victim and the offender.
- H. The relationship (if any) between VOMP Victim and Offender participants: Cindy the attempt murder victim, was Dennis's wife; their twin six-year old sons had been deeply traumatized by Dennis's shooting of their mother.
- I. Had Victim VOMP participant been diagnosed with Post Traumatic Stress Disorder: Yes. Cindy as a result of having 'taken' five bullets in an attempt on her life had been diagnosed with PTSD, with these symptoms most prevalent: *Intrusion*: Intrusive thoughts and images, recurring dreams – nightmares, flashbacks, anxiety attacks, crying spells and tearfulness, guilt feelings ("If only..."); *Withdrawal*: depression-diminished interest, feelings of detachment or estrangement, confusion, restricted affect, avoidance of thoughts of trauma, fear, job difficulties, numbness-emotional/physical, *Arousal*: sleep disturbances, anger/rage, difficulty in concentrating, hypervigilance, high startle response, headaches, muscle tension, nausea, eating disturbances, increased alcohol usage. Nicholas and Nate were exhibiting virtually identical symptoms, having witnessed their mother's shooting: *Intrusion*: Intrusive thoughts and images, recurring dreams, nightmares, anxiety attacks, crying spells and tearfulness, guilt feelings ("If only..."); *Withdrawal*: withdrawal, depression-diminished interest, disorientation, confusion, restricted affect, avoidance of thoughts of trauma, fear;

Arousal: sleep disturbances, hypervigilance, high startle response, headaches. The twins, while much improved when VOMP staff first met them, had been treated by credentialed child trauma recovery clinicians while highly symptomatic.

- J. Where known, what was the offender's Aversive Childhood Experience (ACE) score: Unknown.
- K. Source of referral to VOMP: Victim initiated: Yes.
- L. Source of referral to VOMP: Institutionally initiated: No.
- M. Preliminary options utilized: Preliminary meetings with all parties; Therapy, advocacy with prison authorities re: admitting the children for this purpose. Preparation/ discernment of boys' readiness.
- N. Number of face-to-face meetings: Two
- O. Dates of those meetings: December 11, 2002; June 12, 2003
- P. Outcomes for Victim Participants: Barriers removed, enabling Cindy's 6 year old twins to meet with the offender, their father, with Cindy present. Following their encounter, the twins often spoke of how happy they were to have been allowed to see him. Their therapist reported that the boys were sleeping better and doing well in school. Cindy's PTSD symptoms greatly diminished. Overcame fear that her husband would "return to finish the job" upon release. Freed to move on with her new relationship by VOMP process which enabled effective conversation between her and Dennis, resulting in informal understandings and agreement re: separation & divorce, child custody and access, many of the "things that had held me hostage to anxiety, fears of many kinds...a very uncertain future." Credits VOMP for both her ability and Dennis's to 'move on.'
- Q. Outcomes for Offender Participant: The healing Dennis sought had, in large part, to do with healing of the relationships he had so badly damaged. Taking full responsibility, telling the truth (for the first time, regarding his alcohol abuse, during the mediation in answer to his six year old son's questions) was a good start. That responsibility taking, confession and apology led to a sufficient degree of reconciliation in a shattered marital relationship, that his wife could, though planning to divorce him, begin to consider a Co-Parenting Agreement. The hoped

for healing of relationships with their twins was well underway by the end of their four hour mediation. His visits with his sons (with Cindy supervising), recommenced, giving him hope of salvaging something from the wreckage. To that degree, his hopes and aspirations for those healing goals began to be reality.

R. Warranty Expiry Date: May, 2007

S. Re-offence (if any): None

T. Number of days from time of release to new offence: N/A

Key Elements:

- This case involved the youngest children we had ever worked with as VOMP participants. Nicholas and Nate were 6 year old twins who had been deeply traumatized by the near fatal shooting of their mother (Cindy) by their father (Dennis) two years earlier. While Cindy herself was present for the facilitated dialogue, and participated to some extent, her primary concern was for the boys. She hoped that this meeting would enable the boys to once again see their father as the loving, gentle and devoted father he had always been to them prior to the criminal incident, and for him to see that, while the boys had been traumatized, they were mending and continued to be high functioning and mature beyond their years. Cindy also wanted to assure Dennis that, despite the earlier breakdown of their marriage, she had never had any intention of attempting to take the boys away from him, no matter what might happen in terms of her finding a new life partner. The escalation of Dennis's fears about that possibility were, he had said, behind his violent assault upon her.
- The trauma recovery clinician working with Cindy and the twins had been consulted from the outset. She concurred with involving the children in the dialogue. She consulted with VOMP staff and provided her professional opinion on a number of matters including the importance of ensuring that the children be allowed to set physical boundaries (i.e., initiating any physical contact or demonstration of affection, rather than feeling any obligation to respond to any overture on the part of their father). Further, she suggested that Dennis be counselled to refrain from questioning the boys, but rather respond honestly to

any questions they might have for him. Following their face-to-face meeting, this professional clinician reported being astonished at the ability of her young charges to handle themselves so well in this potentially polarized, potentially volatile and potentially traumatic situation. As in a number of similar cases in this study, the child victims needed to see the perpetrator, their father. The adult decision makers needed to know that any contact would be facilitated by credible and cautious practitioners, capable of assessing the dynamics, weighing the pros and cons and aborting or postponing the process at the slightest indication that anything might create further harm. These dialogue sessions with their father provided the first opportunity the boys had had to see him since his arrest two years earlier. They had missed him keenly, since he had, for a substantial part of their lives, been their primary care-giver, obtaining work and adjusting his work schedules to allow for this.

- We organized this session far differently and far less formally than most. In fact, rather than begin as we frequently do, seated across a substantial board table from one another with co-facilitators at one end, we began in a fairly tight circle, with each participant in a wheeled armchair. The boys took cues from their mother, asking permission to move across the circle and into their father's lap. After approximately 45 minutes of the sort of conversation that might be expected (missing one another badly, news about school, friends, family; questions about daily life in prison, etc.), one of the boys said, "Well, its time to get to work". VOMP staff had explained in preliminary meetings with the boys and as we oriented them to the prison setting and to the room we'd be working in, that we normally sat at the board table, addressing one another about victim impact, posing questions and respectfully asking for information, etc. This twin, Nicholas, ran his executive chair up to its full height and wheeled it around to the far side of the table, now opposite his father, while Nate went to the video camera perched on its tripod at the end of the table, to operate it, zooming it in and out as we had told him we often do at appropriate moments to maintain focus on the speaker. Nicholas looked for all the world like a miniature presiding judge. Both boys seemed to treat this almost as another session of play therapy, although

the seriousness with which they ‘played’ their roles, and the sobering nature of the discussion as they led it, made it seem more akin to a session in a formal court. Once Nicholas had laid down the ground rules (“You may choose not to answer any question, daddy, but you have always taught us about the importance of honesty and we hope that you will answer our questions honestly.” He then fixed his father’s eyes and asked, “Had you been drinking alcohol after work the day you shot mommy?” Dennis hung his head and acknowledged that he had, “Yes son, I had been drinking.” “We all thought so, daddy” Nicholas said, “but it is very brave of you to tell the truth. I’m proud of you.”

- The institutional Victim Liaison Coordinator (at the time this position was held in all institutions by the case Management Coordinator, a senior official to whom all of the Institutional Parole Officers reported) had asked if she could be present for this dialogue. Following the meeting she reported that she had wanted to witness this meeting out of a combination of: 1) concern that VOMP staff may have been naive in believing that, given the expected power dynamics, (i.e. children encountering a parent, and one who had, at least on one occasion--the near fatal shooting of his wife—been incredibly violent); and 2) curiosity about how we (and the participants) might handle those dynamics and conduct our facilitation of the meeting. She further reported that she had sat in mute witness but utter amazement as Nicholas “held court”, asking questions of his father and receiving truthful answers to questions he and his brother posed. The center piece, this formal part of the dialogue, took place over approximately 45 minutes and, again, with remarkably little assistance from the facilitators. On a few occasions we simply reminded the boys of questions they had listed as the ones they wanted to pose to their father. When those questions had been asked and the boys had had opportunity to speak openly about the fear they had felt, during and since the offence, their distress at their mother’s wounds and their father’s arrest and imprisonment, Nicholas said, as though in summation: “Well, daddy, thank you for coming, and for answering honestly. I’m proud of you.” Then, as though he was adjourning court, he spun his executive chair around, hopped down, walked around the table and crawled back up into his father’s lap. Nate

joined them. Dennis sat with tears welling in his eyes, unable to say anything for some time. When he had composed himself, Dennis engaged the children in talking about their school work, their friends and how they were spending their leisure time. The exchanges were free flowing, warm and engaged, with the children asking him similar questions about how he spent his time. Finally the time came for 'lockup' according to the normal institutional schedule. With warm hugs, the children and their father said their goodbyes, Dennis left to return to his unit. The Victim Liaison Coordinator walked us out to the principal entrance congratulated the boys on a job superbly done, and Cindy on having the prescience to know and support her children in what they needed. With hugs for each of them, she said her goodbyes and we headed out for the long ride back to CJI's office. The boys conversed excitedly with their mother for a time about how well things had gone, then both fell asleep.

Case Study #15

- A. The prisoner participant's (pseudo) name: Henri
- B. The offence type: Indecent assault, attempt bestiality; buggery; gross indecency; sexual assault (incest); assault causing body harm; possession of restricted weapon.
- C. The victim participant's (pseudo) names: Beryl and Bonnie
- D. Victim participant's gender. Female
- E. Was the victim participant a direct victim of the offence: Yes
- F. Was the victim participant a family survivor with legal victim status: No
- G. The VOMP victim participant's relationship to the actual victim: Self
- H. The relationship (if any) between VOMP Victim and Offender participants: Beryl was the daughter of the offender and Bonnie was the wife of the offender and mother of Beryl
- I. Had Victim VOMP participants been diagnosed with Post Traumatic Stress Disorder: Yes. Beryl: *Intrusion*: Intrusive thoughts and images, recurring dreams – nightmares, flashbacks, crying spells and tearfulness, feelings of shame,

embarrassment, guilt feelings ("If only..."); *Withdrawal*: withdrawal, depression-diminished interest, feelings of detachment or estrangement, inability to recall specific events of trauma, disorientation, confusion, restricted affect, avoidance of thoughts of trauma, fear, job difficulties, sexual dysfunction, numbness-emotional/physical; *Arousal*: sleep disturbances, anger/rage, hypervigilance, high startle response, headaches, muscle tension, nausea, eating disturbances, difficulty in breathing, increased alcohol usage.

Bonnie's symptoms were fewer, but severe, nevertheless: *Intrusion*: Intrusive thoughts and images, nightmares, flashbacks, anxiety attacks, crying spells and tearfulness, guilt feelings ("If only..."); *Withdrawal*: withdrawal, depression-diminished interest, feelings of detachment or estrangement, avoidance of thoughts of trauma, fear, job difficulties, *Arousal*: sleep disturbances, anger/rage, difficulty in concentrating, hypervigilance, high startle response, headaches, muscle tension, nausea

- J. Indication (where known) of offender's Aversive Childhood Experience (ACE) score: Unknown. While Henri was willing to meet with his victims, his daughter and his wife, he was not particularly forthcoming. Little was known by any of these participants concerning the specifics of Henri's childhood history, but, his wife speculated: "violence like that had to come from somewhere."
- K. Source of referral to VOMP: Victim initiated: Yes
- L. Source of referral to VOMP: Institutionally initiated: No
- M. Preliminary options utilized: Considerable correspondence and long-distance phone calls, preparation meetings just prior to face-to-face
- N. Number of face-to-face meetings: 1 with Beryl, Bonnie did not have a face-to-face meeting with the offender
- O. Dates of those meetings: Feb 16, 1993
- P. Outcomes for Victim Participant: Despite a lack of meaningful apology, both victims were content to have been able to say their piece and powerfully catalogue the impacts of his violent criminality and deviance on their lives. Beryl and her mother wrote letters to Justice Ministers in Provincial and Federal Governments, and to the National Commissioner of Corrections expressing

gratitude for their support of the program, saying that neither of them had “experienced anything like the respect and care they experienced from [VOMP Staff], from anyone else in the Criminal Justice System” (letters on file). Beryl PTSD symptoms were greatly diminished, she was able to differentiate and put her relationship with her father on hold, pending his treatment outcomes and keeping of commitments following full parole. Bonnie’s PTSD symptoms diminished and she was able to differentiate from her husband and prepare for what she now saw would mean separation & divorce if she were ever to be free from fear of him, and “find a degree of peace and happiness”. Both were grateful to have been provided a mechanism through which to test offender’s current state, and empowered to challenge him, asking ‘the hard questions’; got confirmation that what little regret he expressed had more to do with being caught, “than it did with sorrow for what he’d done to us.” “Forewarned is forearmed: we know what we have to do” Both decided they would need to move prior to the offender being released, and, with new solidarity between mother and daughter, put those plans into action.

- Q. Outcomes for Offender Participant: Insufficient information (both about childhood trauma—if any—or personal growth), to enable meaningful comment. If I were to give my own sense of whether Henri really grew in empathy, through his incarceration, his treatment, or through the VOMP dialogues with his victims, I would have to say, “Not enough evidence to establish that; the jury is still out”. His victims, definitely, registered agreement.
- R. Warrant Expiry Date: April 18, 2001
- S. Re-offence (if any): None (the offender was investigated on additional charges and was returned to prison for a time, but these new charges were historic and had occurred prior to imprisonment and face-to-face meeting with Beryl)
- T. Number of days from time of release to new offence. N/A

Key Elements:

- Henri was willing to meet with us to explore what his participation might mean and having (as he said) “scoped you out with other inmates”, was willing to meet

with his victims, now aware that they had referred themselves to VOMP. However, (while this term had yet to be coined) at least to some degree he still presented as an offender well acquainted with it: “DARVO: to Deny, Attack, and Reverse Victim and Offender. In engaging with him at first, we had to remind ourselves of one of our ‘mantras’: This [process] is not about you, it’s about the participants and their needs. Judgement has been passed: yours may be required along the way, but this moment is not the time or place

- What follows is, in Bonnie’s own words her experience of both the CJS and VOMP

Many a time I wished there was someone to talk to that perhaps would have answers to questions I wanted put to rest. Also to communicate with someone that would just thoroughly understand where we, the victims were coming from, and to understand our fears of the abuser should he be released.

The Parole Board tried to answer some questions, but of course could give to us only basic information.

The only time spent with the Parole Board in person, was for an hour of briefing on January 27/93, the day before the offenders hearing for day parole.

The group that did help us so very much at that time was the Victim Offenders Mediation Group (VOMP) headed by Dave Gustafson under the Community Justice Initiatives Assn.

Some time before Jan 28/93, when [Henri]’s day parole hearing came up, Mr Gustafson and another worker, Chris, came to Peachland where my daughter a victim and I resided.

Those people spent hours listening to what had happened to us, our hurts, our fears and certainly understood our concerns should the offender be released. He, the offender had, on several occasions during and after our marriage threatened our lives if we crossed or exposed him. A mediation between victim and offender was explained to us.

Following this visit the VOMP visited the prisoner. They then came back and confirmed the warning signs they witnessed that we had told them

about, that [Henri] displayed when angry and hesitation to become involved in the mediation. My daughter did finally go but nothing good did come of it. [Henri] still in denial about her abuse

On January 28/93 [Henri] had his Day Parole hearing, and based upon his female case management workers report, his day parole was granted. This was carried out even though the Parole Board admitted they felt guarded.

After a short and unhappy discussion with Parole Board members I left and once again listening to how I felt, I continued on my way feeling as though someone really cared. They gave to me the feeling of having a warm blanket around me on a very cold day.

This group not only listened and supported us, but has also followed up to see how we, after the fact, are coping.

Our problems are not over yet and the VOMP have not forgotten us. They have demonstrated being an extremely strong support group to be highly commended.

I pray that this group will carry on doing the wonderful job that they have done in the past and are obviously still doing.

[Henri] is back in prison awaiting results of investigations regarding a possibility of more horrendous charges. He is also due for another day parole hearing. Thus 2/3 of his sentence is up Jan 26//96.

- The offense that Bonnie is referring to at the end of her letter was an historic offense that had occurred prior to his imprisonment. There have been no new charges since his release.

Case Study #16

- A. The prisoner participant's (pseudo) name: Felix
- B. The offence type: Sexual Assault
- C. The victim participant's (pseudo) name: Ike
- D. Victim participant's gender: Male
- E. Was the victim participant a direct victim of the offence: Yes
- F. Was the victim participant a family survivor with legal victim status: No

- G. The VOMP victim participant's relationship to the actual victim: Self
- H. The relationship (if any) between VOMP Victim and Offender participants:
Former acquaintance
- I. Had Victim VOMP participant been diagnosed with Post Traumatic Stress Disorder: While Ike had never been professionally diagnosed with PTSD, he had suffered many of the disorder's symptoms for many years, (especially a debilitating sense of shame): *Intrusion*: Intrusive thoughts and images, recurring dreams – nightmares, anxiety attacks, feelings of shame, embarrassment, guilt feelings ("If only..."); *Withdrawal*: withdrawal, depression-diminished interest, feelings of detachment or estrangement, restricted affect, avoidance of thoughts of trauma, job difficulties, numbness-emotional/physical, helplessness, loss of control; *Arousal*: sleep disturbances, anger/rage, difficulty in concentrating, hypervigilance, high startle response, headaches, muscle tension, nausea, eating disturbances, increased alcohol usage, increased drug usage. Suicidal ideation.
- J. Indication (where known) of offender's Aversive Childhood Experience (ACE) score: ACE Score: 6, history of child sexual abuse and early sexualization. (see ACE scale below).
- K. Source of referral to VOMP: Victim initiated: Yes
- L. Source of referral to VOMP: Institutionally initiated: No
- M. Preliminary options utilized: Initial meetings with each participant. Preparation meetings bordering on therapy (normalization of victim experience, symptoms, fears)
- N. Number of face-to-face meetings: 1
- O. Dates of those meetings: June 14, 1993
- P. Outcomes for Victim Participant: Ike longed for vindication, which he received during his face-to-face meeting, as well as responsibility taken by the offender despite never being convicted of the crime; the process empowered him to engage the Crown Prosecutor regarding his decision not to prosecute the case, assisted him in receiving a further validating letter from the Regional Crown Counsel, (almost) apologizing for the decision not to prosecute 'Felix' for offences against him (Ike) since Felix was already in prison. Empowered through the process to

table documented costs for counselling, etc., and receive meaningful apology as well as both fiscal and symbolic restitution; High satisfaction. Glad to be able to “finish a course of counselling for male survivors” given financial restitution paid for by offender; reduction of fear and shame states. View of offender turned from seeing him as a manipulative predator, to a humbled, remorseful elderly gentleman, taking full responsibility, empathetic and committed to have no more victims. Ike reports that the process set him free from negative views of self; enabled Ike, he reports, to heal, move forward and begin to thrive.

Q. Outcomes for Offender Participant: Felix had been working on issues associated with childhood sexual abuse in his prison programs when we approached him about meeting with Ike, enabling Ike to meet with an increasingly enlightened and aware offender, whose healing gains to that point, accrued, as well, toward Ike's. If ‘healing’ for a sex offender with multiple victims is, in large part, a matter of coming to terms with their deviance and working to defeat it, Felix's experience of how a good deal of that actually took place in the context of their meeting, is instructive. He was released from guilt and had an opportunity to make meaningful amends to his Ike.

R. Warrant Expiry Date: Feb. 13, 1994.

S. Re-offence (if any): none known

T. Number of days from time of release to new offence. N/A.

Key Elements:

- Felix had not been prosecuted for his sexual assault against Ike, despite being incarcerated on other charges, yet he had sufficient empathy for him, that when he was informed that Ike had met with us, wanted to participate in VOMP and hoped that he, Felix would agree, he immediately responded “Yes, of course, whatever he needs.”
- Despite the Prosecutor never having proceeded on the allegations Ike had made (though acknowledging that they met ‘charge approval thresholds’), Felix, nevertheless, took responsibility for having sexually abused him many years earlier, made what was a meaningful apology to the younger man, and paid

financial restitution for Ike's documented losses and a course of counselling to come. His letter to Ike following their meeting evidences the growth in empathy he experienced. In that letter Felix says, in part:

From our meeting, I have learned more graphically and pointedly than I could have in any other way, how tangibly a victim feels the pain involved. I could see that pain in your face and feel it in your reactions. The invaluable lesson which you have taught me and for which I thank you has reinforced in me the overriding imperative never to inflict such painful experience on anyone again. Your coming here has given me the emotional impetus I need never to reoffend.

Case Study #17

- A. The prisoner participant's (pseudo) name: Harvey
- B. The offence type: Sexual assault, numerous counts against 2 daughters and one son
- C. The victim participant's (pseudo) name(s): Ophelia, Paloma & Stan
- D. Victim participant's gender: Two female; one male.
- E. Was the victim participant a direct victim of the offence: Yes.
- F. Was the victim participant a family survivor with legal victim status: No.
- G. The VOMP victim participant's relationship to the actual victim: self in each case.
- H. The relationship (if any) between VOMP Victim and Offender participants. Harvey was father to all three of the victim / survivor participants.
- I. Had Victim VOMP participant been diagnosed with Post Traumatic Stress Disorder: The two sister's suffered virtually identical PTSD symptoms: *Intrusion*: Intrusive thoughts a images, recurring dreams – nightmares, flashbacks, crying spells and tearfulness, feelings of shame, embarrassment, guilt feelings ("If only..."); *Withdrawal*: depression-diminished interest, feelings of detachment or estrangement, disorientation, confusion, restricted affect, avoidance of thoughts of trauma, fear, job difficulties, sexual dysfunction, numbness- emotional & physical, helplessness, loss of control; *Arousal*: sleep

disturbances, anger/rage, difficulty concentrating, hypervigilance, high startle response, headaches, muscle tension, nausea, eating disturbances.

Stan's symptoms 'orbited' primarily around rage and anger. They were numerous and caused him significant distress but did not meet the threshold for PTSD.

- J. Indication (where known) of offender's Aversive Childhood Experience (ACE) score. ACE Score: 4. Harvey's trauma began when his Upper Class family dropped him off at a British Boarding School. There he experienced what he reports was treatment "not all that unusual in those settings", and his son had characterized, intending the *double entendre*, as: "too many years 'under' a brutal headmaster or any number of Prefects." He was small of stature throughout his schooling and was bullied badly by older and bigger boys. But the sense of being abandoned to it all by his parents, and the merciless punishments, "caning or paddling on the bare backside", along with the "pederasty" were part of what became a "sort of 'normalcy'....you just had to buck up and bear it." (see ACE scale below).
- K. Source of referral to VOMP: Victim initiated: Yes for Paloma and Stan.
- L. Source of referral to VOMP: Institutionally initiated: Yes in the case of Ophelia.
- M. Preliminary options utilized: 2 preliminary meetings each with all participants. Short period of preparation. Victims were mature adults who knew what they wanted, moved quickly to face-to-face meeting
- N. Number of face-to-face meetings: Ophelia – 2, Paloma – 2, Stan - 1
- O. Dates of those meetings: Ophelia – July 6, 1993 & July 30, 1996; Paloma – June 28, 1997 & June 12, 1997; Stan – June 13, 1997.
- P. Outcomes for Victim Participant: Ophelia (oldest): Symptoms diminished; new freedom to 'disengage' from dysfunctional family system if she chose to. "To see how things go, and determine whether there is enough growth and change to enable on-going reconciliation. Paloma: Symptoms diminished; and, as with Ophelia, felt new freedom to engage or disengage with father and rest of family system, "I have a new relationship with my brother and sister, thanks to this [VOMP]. Stan: Symptoms diminished, arousal category symptoms (rage states most prevalent), had quieted down. He now saw his father as a "pathetic old man,

damaged himself by too many years ‘under’ a brutal headmaster or any number of Prefects”, and was grateful for the transformation of his rage to pity, and commented, *“I hope he manages to live through his sentence. I now am aware that he gets a pretty rough ride in there, being both a former Crown Counsel [Prosecutor], and a skinner, [sex offender] too. I previously would have said, ‘Fine: Karma, baby’, looks good on you,” but I’m not ‘there’ anymore. The process has set me free from needing to be vengeful, on my sisters’ behalf, or my own. That was eating me up, corroding me from the inside. It feels good to be rid of it, pretty much.”*

Q. Outcomes for Offender Participant: Harvey’s psychologist had almost given up on him, frustrated with how facile he was, and apparently thick headed about the harms he had caused his children. Harvey, like many, had work to do on a number of fronts: his own healing (coming to terms with the abuse he had suffered through school and which had become normative), and the healing of each of his children, for whom, while incest had become normative for them in their generation as well, it had left a tremendous legacy of pain. Harvey applied himself in treatment and, to his credit, stuck it out with that psychologist. He initiated a meeting with his eldest daughter, and the other children followed suit. He learned in those meetings what he had not, earlier: and wept as each of his three children finally managed to impress upon him the devastation he had wrought. Working with that, Harvey got to work on other fronts, including the dawning recognition that childhood sexual abuse had left that same legacy of pain in him, including the punishment of a fairly long sentence which would see him well into his dotage. He made gains that, ultimately impressed even the psychologist who had given him up, taking full responsibility for the harms he had caused his children, and, simultaneously, healing in himself. Harvey healed to the degree that he was supported for early release, and granted parole, enabling him to devote time to the wife who had stood by him, and the children who had now, at least to some degree, reconciled with him.

R. Warranty Expiry Date: June 16, 1997.

S. Re-offence (if any): None known.

T. Number of days from time of release to new offence. N/A.

Key Elements:

- Another case of ‘Gaslighting’. Father, long-term incest offender, had been a Crown Prosecutor, was skilled at avoiding conviction, had denied any involvement with his children and separated them from one another. All three of his victims (his biological children) needed to hear him take responsibility: something which he had managed NOT to do in court
- Son, Stan, still enraged at his father, felt he just wanted to kill him. Needed some peacemaking and conflict resolution, at the very least.
- Two sisters experienced being empowered to confront their father at last, Alexithymia for them ended. Validation by virtue of full responsibility taking by offender; Stan, the brother, had residual rage as he learned that father had abused sisters as well, but reported that he was very grateful for the process and for what to him were the obvious gains for his sisters

‘Harvey’s’ ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household *often or very often*...

Swear at you, insult you, put you down, or humiliate you? *or*

Act in a way that made you afraid that you might be physically hurt?

Yes_x_ No__.

2. Did a parent or other adult in the household *often or very often*...

Push, grab, slap, or throw something at you? *or*

Ever hit you so hard that you had marks or were injured?

Yes_x_ No__.

3. Did an adult or person at least 5 years older than you ever...

Touch or fondle you or have you touch their body in a sexual way? *or*

Attempt or actually have oral, anal, or vaginal intercourse with you?

Yes_x_ No__.

4. Did you *often or very often* feel that ...

No one in your family loved you or thought you were important or special? *or*

Your family didn’t look out for each other, feel close to each other, or support each other?

Yes No .

5. Did you *often or very often* feel that ...

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or

Your parents were too drunk or high to take care of you or take you to a doctor if you needed it?

Yes No .

6. Were your parents ever separated or divorced?

Yes No .

7. Was your mother or stepmother:

Often or very often pushed, grabbed, slapped, or had something thrown at her? or *Sometimes, often, or very often* kicked, bitten, hit with a fist, or hit with something hard? or

Ever repeatedly hit for at least a few minutes or threatened with a gun or knife?

Yes No .

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

Yes No .

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

Yes No .

10. Did a household member go to prison?

Yes No .

Now add up your "Yes" answers: 4 This is your ACE Score.

Case Study #18

- A. The prisoner participant's (pseudo) name: Rene
- B. The offence type: Forcible confinement, sexual assault using a weapon.
- C. The victim participant's (pseudo) name: Karen
- D. Victim participant's gender. Female
- E. Was the victim participant a direct victim of the offence: Yes
- F. Was the victim participant a family survivor of the offence who had legal victim status: No

- G. The VOMP victim participant's relationship to the actual victim: Self
- H. The relationship (if any) between VOMP Victim and Offender participants: None
- I. Had Victim VOMP participant been diagnosed with Post Traumatic Stress Disorder: Highly symptomatic but undiagnosed. Just barely below the threshold for a diagnosis of PTSD, Karen had been unable to shake her trauma symptoms from the time of the crime: *Intrusion*: Intrusive thoughts and images, recurring dreams – nightmares, flashbacks, anxiety attacks, crying spells and tearfulness feelings of shame, embarrassment, guilt feelings ("If only..."); *Withdrawal*: withdrawal, depression-diminished interest, feelings of detachment or estrangement, avoidance of thoughts of trauma, fear, job difficulties, numbness-emotional/physical, helplessness, loss of control; *Arousal*: sleep disturbances, anger/rage, difficulty in concentrating, hypervigilance, high startle response, headaches, nausea, eating disturbances, difficulty in breathing, cold sweat, increased alcohol usage, increased drug usage; Agoraphobia, very difficult to leave her home, college marks plummeted, self-blame, was quite certain she had seen the offender on a street in the downtown core of her city, then realized she "was seeing him everywhere", and began to think she was literally losing her mind.
- J. Indication (where known) of offender's Aversive Childhood Experience (ACE) score: ACE Score: 6. Rene's childhood was punctuated with physical and sexual abuse, neglect, and alcoholism that led to the divorce of his parents and becoming the 'scapegoat' for the parent who remained. He had no bitterness about it, suggesting "you can whine about your lot in life and wallow, or become an 'overcomer' despite it all." (see ACE scale below).
- K. Source of referral to VOMP: Victim initiated: No
- L. Source of referral to VOMP: Institutionally initiated: Yes
- M. Preliminary options utilized: Brief Therapy, shuttle diplomacy, provided information, two preliminary meetings each then straight to face-to-face meeting
- N. Number of face-to-face meetings: 1
- O. Dates of those meetings: May 16, 2002.
- P. Outcomes for Victim Participant: PTSD Symptoms greatly diminished, especially fear states. Isolation ended, felt renewed in her ability to learn, love, work, and trust

most men; “*they’re not all rapists, and this one had his own abuse to contend with.*” “*I’m through it, and on my way.*” Relief, release, validation of perpetrator; finally able to talk about the offence (for the first time in 7 years); Decided she could “bring a child into the world, after all”, and bore a healthy son within the year. Karen overcame her fear driven agoraphobia, returned to school and completed college degree course she had abandoned; began to prepare for, and explore, entering into a human services profession; Acceptance of his apology; willingness to believe that his apology and commitment to treatment/no more victims was sincere and likely to be fulfilled. Initially had some concerns about the possibility of Rene reoffending, but those diminished as time went by and there was no indication of re-offense

Q. Outcomes for Offender Participant: Responsibility taking; (had denied use of weapon—scissors drawn across v’s throat—previously); offered a heartfelt apology; offered to pay for Karen’s counselling expenses and committed to no more victims.

R. Warrant Expiry Date: Sept. 26, 2002

S. Re-offence (if any): None

T. Number of days from time of release to new offence. N/A.

Key Elements:

- Criminal Fact Pattern: the crime occurred when Rene had picked up a young hitchhiker, Karen, and took her to his camp site, unlawfully confining her, threatening her with a weapon and violently raping her repeatedly through the night.
- Rene had progressed a long way during his imprisonment and was on parole in a Northern City when we first met him, and more than willing to participate in VOMP. “I really hurt her”, he admitted, “I have a lot to atone for”, “I hope that she will go through with it” [ultimately meet with me].
- In preparation for face-to-face meeting Rene constructed an autobiographical ‘time line’ and a rudimentary autobiography, (having been informed that his victim, Karen, intended to ask him questions about such things). This had put

him in far greater touch with the degree of childhood trauma he had suffered. As that awareness grew, so did his commitment to overcome the trauma and his abuse of drugs and alcohol. Meeting with Karen, coming to terms with and internalizing awareness of the trauma he had cause her, caused him to recognize, “I’ve got to back this ‘bus’ up, and get to work on what caused me to be so bent that I could pour all my pain out on someone else.” Never again! I’ve got to get to the bottom of it.” He recognized that the primary and deeper question was not “Why the drugs?”, but “Why the pain?” He came to the realization that he had needed the drugs, not because he enjoyed the effect, but to assuage the pain.

- After meeting with us Rene wrote a letter of apology to Karen and it was on the basis of this letter she had determined it might provide some release for her to meet with him and hear these things in person.
- Rene, trembling with emotion, on the day of the face-to-face meeting entered the Board Room in the Prison where she was already seated, and waiting. In the meeting he took responsibility and offered a meaningful apology.
- Karen accepted his apology and challenged to him to “Get into treatment for all of it, drugs, alcohol, your childhood trauma, all of it; you can’t heal one without the other,” Her advice was wiser than she knew. Her challenge, and his promise to her never to harm another woman (or man, for that matter), put him on the road to recovery.
- The empathy Rene had gained, he claimed, following release, had generalized to others, and particularly to other women. “I could never harm anyone like that again”, he said, “never coerce someone to be sexually involved with me. It pains me to even think about it; I can’t.” His motivation to take his treatment seriously was clear: Karen expected regular updates, sent by him to her through our office. He committed to her (and to us) to make good, and has
- Rene also offered to reimburse Karen for her counselling costs.
- Rene corresponded with Karen over next number of months and she was grateful.

‘Rene’s’ ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household *often or very often*...
Swear at you, insult you, put you down, or humiliate you? *or*
Act in a way that made you afraid that you might be physically hurt?
Yes_x_ No__.
2. Did a parent or other adult in the household *often or very often*...
Push, grab, slap, or throw something at you? *or*
Ever hit you so hard that you had marks or were injured?
Yes_x_ No__.
3. Did an adult or person at least 5 years older than you ever...
Touch or fondle you or have you touch their body in a sexual way? *or*
Attempt or actually have oral, anal, or vaginal intercourse with you?
Yes_x_ No__.
4. Did you *often or very often* feel that ...
No one in your family loved you or thought you were important or special? *or*
Your family didn't look out for each other, feel close to each other, or support each other?
Yes_x_ No__.
5. Did you *often or very often* feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? *or*
Your parents were too drunk or high to take care of you or take you to a doctor if you needed it?
Yes__ No_x__.
6. Were your parents ever separated or divorced?
Yes_x_ No__.
7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her? *or*
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? *or*
Ever repeatedly hit for at least a few minutes or threatened with a gun or knife?
Yes __ No_x__.
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes_x_ No__.
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

Yes__ No_x__.

10. Did a household member go to prison?

Yes__ No_x__.

Now add up your "Yes" answers: __6__ This is your ACE Score.

Case Study #19

- A. The prisoner participant's (pseudo) name: Vince
- B. The offence type: Aggravated Assault, robbery.
- C. The victim participant's (pseudo) name: Walter
- D. Victim participant's gender: Male
- E. Was the victim participant a direct victim of the offence: Yes.
- F. Was the victim participant a family survivor with legal victim status: N/A
- G. The VOMP victim participant's relationship to the actual victim: N/A.
- H. The relationship (if any) between VOMP Victim and Offender participants: None
- I. Had Victim VOMP participant been diagnosed with Post Traumatic Stress Disorder: Not diagnosed, but highly symptomatic. Walter's symptoms 'orbited' around rage and indignation: *Intrusion:* Intrusive thoughts and images, guilt feelings ("If only..."); *Withdrawal:* withdrawal, depression-diminished interest, avoidance of thoughts of trauma, fear, job difficulties, loss of control; *Arousal:* sleep disturbances, anger/rage, hypervigilance, high startle response, headaches, muscle tension.
- J. Where known, what was the offender's Aversive Childhood Experience (ACE) score: ACE score was unknown.
- K. Source of referral to VOMP: Victim initiated: Yes.
- L. Source of referral to VOMP: Institutionally initiated: No
- M. Preliminary options utilized: Numerous preparation meetings, video statement from offender to victim
- N. Number of face-to-face meetings: Three
- O. Dates of those meetings: May 20, 1993; 2nd Unknown; 3rd October, 1993

- P. Outcomes for Victim Participant: Walter felt empowered to finally meet with the offender, after many previous attempts to do so, including appealing to the Canadian Government. He received long sought financial / symbolic restitution and reconciled with offender. His PTSD symptoms greatly diminished; Ending his self-blame; Obtained commitment from offender to pay restitution for the amount stolen (agreement fulfilled); Pride and self-esteem enhanced
- Q. Outcomes for Offender Participant: Vince's empathy for the victim increased; he made gains in his treatment; he took responsibility for the crime and was grateful for having done the right thing for the first time he could remember; made full financial restitution in the sum of \$333.00.
- R. Warrant Expiry Date: July 7, 2003
- S. Re-offence (if any): Carjacking
- T. Number of days from time of release to new offence: 18 months.

Key Elements:

- This was the very first case of victim/offender mediation attempted in prison by CSC. Their first attempt was unsuccessful and it was later referred to VOMP.
- The victim, Walter, was frustrated at not being able to just walk into the prison, confront the offender among his peers for “sucker punching an amputee” and stealing his wallet. He felt revictimized when he was denied restitution by the judge, as the judge believed the offender to be unemployed and indigent; Walter had appealed to his member of parliament, who raised the issue in the Canadian Parliament (House of Commons) unsuccessful; he had previously been involved in a mediation done by a prison staff member, which went horribly wrong, leaving Walter, more angry and distraught
- The offender, Vince, jokingly referred to himself as “a deeply troubled child.” The constant comedic treatment of almost everything (and he was incredibly funny) was thin, however, and I asked him gently, (while being clear that I got a ‘kick’ out of the comedy), what it might take to have him take anything seriously? With no small amount of insight he said:

“It’s compensation. I could always make my old man laugh, and that spared me and my brother some serious beatings. I guess I’m one of the biggest guys in here, with a reputation as a ‘street scrapper’ so every young ‘goof’ in here wants to take me on, but I rarely have to fight. I have ‘em all rollin’ in the aisles. You’ll have to help me ‘park it’ when I meet with Walter again. I suspect he isn’t coming in to hear my latest ‘stand up’ comedy routine.”

- When we first met Vince, it was in hopes of salvaging an earlier attempt at mediation that had gone badly wrong, facilitated by a dear chaplain who had been tasked by the Warden with bringing the two together, given [political] “pressure from ‘on high’”. During this previous session Vince had angrily risen to his feet, turned toward the door and aborted the ‘mediation’ as he departed telling the victim who had just bitterly excoriated him, to “Pound sand, Buddy. I came down here in good faith. But I don’t need this shit... You’re not getting a dime out of me.”
- When we meet with Vince he was feeling somewhat embarrassed about how he had conducted himself in that meeting, and embarrassed at having left the Chaplain, for whom he cared and had respect, ‘holding the bag’. Vince wasn’t exactly eager to meet with Walter again, “the last one was a ‘shit show, man’, but agreed he needed to “‘cowboy up’ and take it on the chin”. “You probably know, eh, that to hit on a ‘crip’ [pejorative, cripple, ‘joint-speak’] doesn’t exactly make a guy a hero, in here.” Tell him I’ll meet with him and consider trying to get him his cash.”
- By the time we brought him together with Walter for the fourth time (the first time being the earlier failed attempt at mediation and 3 times via VOMP), Vince had turned all that around, completely, each time meeting with Walter respectfully and in ways they both reported were meaningful and healing for them. In their second meeting, Vince had learned that Walter was a double amputee, hardly a match for him, on two prosthetic legs. “I was a thug, Walter... that is all there is to it.” “A useless, drunken, thug, strong arming people and shaking them down.” “I am so sorry, I can’t believe I caused you all that pain and...everything I’ve put you through. I’m really sorry.” Vince returned to the

“good faith” attitude which he had claimed had brought him to their first—and aborted—meeting.

- Over time (and on his \$6 / per day ‘inmate pay’), Vince completed his restitution, paying out the amount he had stolen from a barely conscious Walter in that violent theft (\$333.00).
- Vince had promised himself and others that, once released, he’d stay out of prison for “at least a year.” Given his history, his impulsiveness, and the length of his record, he simply could not bring himself to believe that he could ‘desist’ for longer. He wasn’t far wrong. Within approximately 18 months he was back ‘inside’ for a carjacking.

Case Study #20

- A. The prisoner participant’s (pseudo) name: Juan
- B. The offence type : First Degree Murder (x2)
- C. The victim participant’s (pseudo) name (s): Charley and Alberto
- D. Victim participant’s gender: Male
- E. Was the victim participant a direct victim of the offence: No
- F. Was the victim participant a family survivor with legal victim status: Yes
- G. The VOMP victim participant’s relationship to the actual victim: Charley was a family survivor of the homicide of his mother. Alberto was the brother of Juan’s second murder victim.
- H. The relationship (if any) between VOMP Victim and Offender participants: Juan for a number of months had lived in Charley’s home as partner to his mother, acting as a step-dad to Charley and his three siblings. Juan had previously been the boyfriend of Alberto’s sister and Alberto had been acquainted with him during that time.
- I. Had Victim VOMP participant been diagnosed with Post Traumatic Stress Disorder: Charley: Yes. Complicated grieving was added to his expression of PTSD symptoms, in addition to his PTSD diagnosis. *Intrusion:* Intrusive thoughts and images, recurring dreams – nightmares, guilt feelings ("If only...");

Withdrawal: depression-diminished interest, feelings of detachment or estrangement, disorientation, confusion, restricted affect, avoidance of thoughts of trauma, fear, loss of control; *Arousal:* sleep disturbances, anger/rage, difficulty in concentrating, hypervigilance, high startle response, headaches, muscle tension, nausea, eating disturbances, increased alcohol usage.

Alberto - qualified for a “full-blown” PTSD diagnosis. Twelve years from the time of the crime, there was still little abatement. *Intrusion:* Intrusive thoughts and images, recurring dreams – nightmares, feelings of shame, guilt feelings (“If only...”); *Withdrawal:* depression-diminished interest, feelings of detachment or estrangement, avoidance of thoughts of trauma, job difficulties, *Arousal:* sleep disturbances, anger/rage, increased alcohol usage.

- J. Where known, what was the offender’s Aversive Childhood Experience (ACE) score: ACE Score: Unknown. Given the urgency of the victim’s desire to meet with the offender (in both Charley and Alberto’s cases) and the willingness of the offender to meet each of them, there was little time (and no pressing need) to do a complete work-up on the offender
- K. Source of referral to VOMP: Victim initiated: Yes.
- L. Source of referral to VOMP: Institutionally initiated: No
- M. Preliminary options utilized: Charley - Given travel distance, few but lengthy preparation meetings with Charlie, his father and his brother. Alberto - Lengthy preparation meetings with entire family, then with Alberto prior to the face-to-face meeting.
- N. Number of face-to-face meetings: Two meetings each with the 2 different victim participants.
- O. Dates of those meetings: Charley - December 22, 1999 & October 14, 2004; Alberto - June 21, 2005 & June 28, 2005
- P. Outcomes for Victim Participant: Charley - PTSD symptoms greatly diminished. Charley experienced a newfound sense of himself: “*no longer the child bound by the intimidation of a violent step-father, pictures of my mother being strangled, then dismembered.*”” *I was able to choose, as I had not been able before, to move beyond all that, and develop a future orientation as a [developmentally delayed*

man] who needed to grow up rather than remain a child, caught back there and unable to develop at all.” “As a result of this I’ve grown and found career opportunities I never could have believed.” “Now I have a platform [from which] to serve others as wounded as I was.” Charley began to thrive and started a new organization working with grieving families

Alberto – PTSD symptoms greatly diminished. Tremendous relief in having accomplished what he set out to do: confront the offender he believed responsible for the murder of his sister “to do the right thing: own up,” Most of Alberto’s symptoms began to diminish soon after their face to face meeting, the arousal symptoms, (and particularly his anger / rage states) diminished further once the offender confessed to the crime. His greatest ‘take away’ as he put it, from the process, was being able to assist his family in getting at least a degree of closure; closure they had sought, previously, for twelve years, to no avail. "Moved on", completed grief work, married, interviewed for, and obtained a new job, successful in sales, advancing in his career at last report (lunch in 2016).

- Q. Outcomes for Offender Participant: If Juan were to point to anything in his experience of VOMP participation that might qualify as “healing”, it would likely be, strange as it may sound, facing the brother of one of the two women he had murdered, and finally confessing to her murder; finding within himself some strand of virtue, that enabled him to tell the truth and take responsibility even though to do so would be costly for him (ten more years in prison). He spoke with me soon after going to court to make his ‘Guilty’ plea, and returning to prison with ten additional years added to the time he would have to serve before parole eligibility. Juan had no expectation of ever being forgiven, but having had this murder on his conscience for 12 years, knowing that the family longed for any ‘scrap’ of information that might lead to closure, he knew he must rise to the challenge Alberto had given him: “Just do the right thing; confess, give us some respite from the agony that just goes on.” “I’m glad I did it”, Juan reflected. “I feel tremendous relief...one of the only good things I’ve done in my life.” Does that qualify as healing? I probably wouldn’t count it as such, but it as close as Juan can get, just now, and he definitely counts that decision as part of *his*.

R. Warrant Expiry Date: Still incarcerated, due to second “Life-10” sentence (meaning he must serve ten years before being *eligible* to make application for parole; he will be under parole supervision for the remainder of his natural life.)

S. Re-offence (if any): N/A

T. Number of days from time of release to new offence: N/A (Still incarcerated)

Key Elements:

- This case began as a victim-initiated file involving one murder, the murder of the mother of ‘Charley’ the young male family survivor who had sought to be referred to VOMP. Before long, however, the process came to involve the family survivors of a second homicide committed by the same offender, as we shall see, below. I will treat the processes involving Charley, the victim participant and Juan, the prisoner participant, very briefly, here, primarily to illustrate how those processes worked to produce outcomes that led to the referral of a second case and the solving of a hitherto unsolved murder. The narrative I present here tends to ‘telescope’ time, making the duration of the case process seem short, indeed, when in fact, the processes in these two cases played out over a duration of over six years.

First case - Charley

- Charley was unable to ‘find his feet’, following the murder of his mother. He was fearful of the offender, whom he had viewed as a step-father at the time of the murder, and longed to question him about information revealed (or lied about) at trial. He wanted to explain the impact of crime and trial on him and his brother, who was struggling with drug addiction, but there was no mechanism to admit a victim to the prison for these purpose(s). He wanted to hold ‘the son-of-a-bitch’ accountable for the fact he had no mother at Christmas (they meet on Dec.22nd).
- Young Charley (in his early twenties when we met him) had fought throughout his teenage years to have information released to him about his mother’s murder, believing that Juan, his step-father and the man convicted of that murder might actually be responsible for having murdered another woman earlier in very similar circumstances. The preparation phases of the first case were unusually

lengthy, partly because Charley was deeply traumatized himself, still attempting to heal and recover from the trauma, years later, while trying to provide some leadership among his siblings whose health and wellbeing had been deeply impacted and on a dangerous declining path ever since the murder. In addition, Charley was living in another part of the country, which required VOMP staff to travel there for the initial meetings and preparatory work with him, his biological father and his brother.

- When we first approached the offender, Juan, he presented as he had been portrayed: “cool, confident, rational, somewhat arrogant, no emotion. One of the ‘I did the crime, I’ll do the time’, crowd.” He agreed to meet with Charlie, saying, “Yah, he’s probably a pretty fucked up kid... I’ll do what I can for him.” “Tell him to come on in.” A few months later, VOMP staff brought the two together in a prison board room.
- In their first face-to-face meeting Charley was tenuous and it took him awhile to work through all of the issues he wanted to address, including the rough treatment he had experienced at the hands of Juan. Juan, who was Charley’s step-father, treated him more like a colleague, wrestling with him, and introducing him to knives and other weapons, often injuring him in the process as Juan was strong and Charley was still quite young.. Juan cooperated, answering Charley’s questions respectfully, taking responsibility for the offence and the build-up to it, acknowledging that he should have sought help for all of the stressors that had come to the nexus Juan saw as contributing to the shattering of his reason and committing the murder of Charley’s mother. Charley reported being very grateful that he had come, saying he now had a good many of the answers he had sought for years, but that he might want a second meeting in time, a prospect with which Juan agreed, saying, “whenever you feel you are ready.”
- In the five intervening years between Charley’s first face-to-face meeting with Juan and the second, Charley had continue to gather information about his mother’s murder, during which time he had a growing suspicion that Juan was responsible for a second murder. He had meet with the family of the second

murder victim and they also strongly suspected Juan of the murder of their loved one, although he had never been charged.

- In the second face-to-face meeting Charley asked Juan if he had had any responsibility for the second (but earlier) murder, another of Juan's girlfriends. "I was a suspect", Juan admitted, "but there was no evidence to link me to that murder." "Yes", replied Charley, "but you were a cop, a member of the elite Emergency Response Team (ERT) and you would know how to clean up a crime scene, destroy or manipulate evidence and construct a credible alibi." Juan maintained his course, repeating the words, "...there was no evidence to link me to that murder." Charley returned to the primary focus of their meeting, the murder of his own mother, in order to achieve his objectives for that meeting. Again, Juan was cooperative and Charley felt he had met his objectives, save Juan taking responsibility for or acknowledging his involvement in the second murder.

Second case - Alberto

- Alberto, the brother of the murder victim in this case, and his family had struggled for years with the unsolved, cold case murder of his sister. They were frustrated at the unwillingness of police to reopen the investigation despite the family's belief that Juan was guilty. Alberto was full of rage at the offender and the process.
- A few weeks after Charley's second face-to-face meeting with Juan he paid a visit to the family survivors in the other case, and told them of his meeting with Juan. Following this visit from Charley Alberto called the VOMP offices almost immediately to refer his family's case. Alberto had been chosen by his family members to be their representative in all of the legal matters. "We are certain that ['Juan'] is responsible not only for the murder of Charley's mother, but also for the murder of my sister", Alberto said. "I want to meet him and challenge him to take responsibility for her murder. It is considered a 'cold case'. Her body was never found and no one was ever convicted of her murder." "Police say they have insufficient evidence to convict him, but as far as our family is concerned, they have completely botched the investigation. I have tested his alibi,

at every point, and blown it to pieces, but the police aren't interested in checking into any of this further." Alberto's comments speak to his secondary revictimization by the CJS.

- Six years after the initial meeting between Charley and Juan, we met with Juan again, to inform him that one of the survivors of homicide in another murder case, believed he was responsible for that murder too, and wanted to meet with him about it. "Well, I know who this will be", he said, "but they know there wasn't enough evidence to charge, let alone convict me, of that murder. I'm not their guy, but if they want me to tell them that, one more time, I can do that". Given that there had been insufficient evidence to convict him of the murder of Alberto's sister, we (and prison officials) were surprised to have Juan agree to meet with Alberto.
- As with most VOMP cases, a number of preliminary meetings were held with each side. In this case, we met separately on a number of occasions with Alberto, and on two more with him and a number of family members, listening to their concerns, the impacts upon them as individuals and as a family, and beginning to take the steps that, it was hoped, would accomplish at least some of the objectives they had for their participation—even at a distance—in VOMP. Given the levels of hurt and anger involved in this case, it was essential that VOMP staff assess for whether there was potential for further violence. Could it conceivably break out in the middle of a facilitated dialogue? Given the size, strength and martial arts training of these two men, the VOMP team would have had a challenge on their hands attempting to restrain them. The thorough testing of possible scenarios with Alberto (and with Juan, in terms of what his reactions might be if he were to be strongly confronted, verbally attacked or physically threatened) assured VOMP staff that both were committed to enabling the dialogue process to run its course without taking any risks that might cause the meeting—or the entire process—to be aborted.
- Thankfully, both men kept their commitments, but this dialogue was, in terms of its intensity, perhaps the most confrontational case we have done to date. Juan, to his credit, had committed to "stay with it", adding that he would not exercise

his right to break or end the process just because it might become confrontational. “I anticipate that it will be confrontational”, he said, “but I’m there to listen and to engage as helpfully as I can... I trust you guys (i.e. VOMP staff) to call a caucus or recess, if necessary, and to discern whether things are becoming too heated to be productive.”

- Alberto, for his part, had committed to participate respectfully, indicating that, he, too trusted staff facilitators to assist him to speak with the intensity he felt he needed to express, but not in ways that might sabotage the process and make it impossible for us to continue to work at achieving his hopes for it. During the dialogue, Alberto pressed in repeatedly, offering pieces of evidence that he believed pointed to Juan as his sister’s murderer, challenging Juan to take responsibility, if he was, in fact responsible, so that Alberto’s family might finally have some relief. “Just do the right thing; confess, give us some respite from the agony that just goes on. We believe you know where her remains are”, Alberto said. “Let us, at least give her a proper burial.”
- Throughout this meeting Juan continued to acknowledge that he was guilty of the murder of Charley’s mother, but adamantly denied that he was also responsible for the death of Alberto’s sister. As we adjourned the meeting at the end of a long day, Alberto left Juan with one last challenge: “Do the manly thing: try to find the courage to tell the truth about my sister’s murder too.” “Let my mother, my father, my siblings and me have at least this degree of closure.”
- A few days later Juan contacted me and asked me to convene another meeting with Alberto. In the opening minutes of this meeting, he stated that he had one primary piece of agenda: to take responsibility as Alberto had challenged him to do. With the prison’s highest ranking Security-Intelligence Officer (SIO) present to witness the proceedings, Juan confessed to the murder of Alberto’s sister, ending a twelve year period of denial. Alberto, acknowledging that he was filled with conflicting emotions, said, “Finally! We knew it all along. Thank you for at least being courageous enough to tell the truth at last. Now, give us one last thing: show us where you buried her body.”

- There was little point in prolonging things, since both men had quickly accomplished their purposes for this meeting. Within days, police had come to the prison, interviewed Juan, taken his statement and run polygraph tests on him. The evidence gathered many years earlier was re-examined to ensure there were now no flaws in the case. A few months later, Juan was back in court, facing murder charges in this second case. He pled guilty and was sentenced to a second ‘life’ term in prison. As soon as the judge had pronounced sentence, Juan asked permission to apologize to the family members gathered in the gallery. Courtroom apologies offered at time of sentencing rarely satisfy victims. They are usually seen as superficial and merely instrumental, likely crafted by—or at least in concert with—one’s defence counsel; a last-ditch attempt to mitigate sentencing. While mitigation of sentence was not what Juan sought, his attempt at apology had come far too late. It simply further angered the family members. Alberto attempted to tend them and clear them from the court room while Juan was quickly taken away to holding cells. Alberto then asked VOMP staff to join the family as they were led to a large room where a press conference was already underway. In the media ‘scrum’ following the sentencing, Alberto and one of the lead police investigators invited the VOMP staff to the podium, introducing us and making clear that we had been responsible for facilitating the process through which Alberto had been able to encounter Juan, precipitating his confession and enabling the long-time ‘cold case’ file to be closed. But peacemaking seldom gets the headlines. Complex processes don’t fit into the ‘sound bites’ demanded by electronic media. All of that footage was cut. The public got none of the story behind the scenes. We, the staff, along with the participants and each of the family members, however, did know the ‘back’ story, and had the satisfaction of knowing that through an intensive year-long VOMP dialogue process:

- 1) a grieving family had been empowered and enabled to do what no criminal justice process until then had been able to do: persuade Juan, a former police officer, already convicted and imprisoned for one murder, to

voluntarily take responsibility for having committed another, one in which there had been insufficient evidence to convict him. And,

2) Juan had summoned the courage to finally be able to tell the truth, take responsibility, return to court and plead guilty to the charges, knowing full well that to do so would mean--at the very least--another 'life-ten' term added to his current sentence.

- A short time after Juan's sentencing hearing, we returned to the prison to meet with him again. He claimed to be feeling good about the outcome, "at least somewhat lighter and freer despite being behind bars for ten more years". He thanked us for supporting him in rising to the challenge Alberto had presented to him. "It weighed on my conscience for years", he said, "and the meeting with Alberto was the tipping point." "His challenge to just do the right thing', caused me to end the lies." "I had to do it. I'm glad I did." Juan reflected. "I feel tremendous relief...one of the only good things I've done in my life."
- A few days later, we received a note of thanks from one of the lead police investigators:

It's nice to see the end in sight on this investigation and it wouldn't have happened without your cooperation and input. I don't imagine that I will ever be involved in another investigation where both the accused and the victim's family have such a high regard for people who facilitated a confession to murder. It was a pleasure dealing with all of you and I hope that our paths cross again under different circumstances in the future (private email communication).

- Sometime later, Juan, under guard, took police to a forested mountain area to show them where he had disposed of the victim's remains. Well over a decade had passed and nothing was ever found at that site. Alberto and his family members found this to be a profound disappointment. They continue to hope, sad as it will be, that the day will come in which their loved one's remains are found and can be given a dignified burial.
- The outcome in this case was that all involved parties in this case: the family survivors of the homicide of their daughter/sister; the offender; the involved

police, defence counsel and the prosecutor, as well as the prison officials involved in the final meeting and at the culmination of the process concurred that VOMP staff had managed to continue to act as ‘honest brokers’ throughout, despite the obvious possible polarization that could have taken place and compromised the outcomes, and that the process had accomplished much in terms of meeting the long-unmet needs of a number of individuals, in addition to enabling the closing of an unsolved murder case.

- We continue to correspond with Alberto’s family members from time to time. Juan continues to serve out his sentence hoping one day to be able to return to the community to live out the remainder of it, as he says, “knowing that, at least in this, I have shown some integrity.”
- For his part, Charley has gone on to make meaning of his own experience by founding a new society, working with other family members impacted by homicide. Like numerous other VOMP participants, Charley has emerged from a lengthy period of depression and despair. He has found new vocation and established himself in a new career path.

Case Study #21

- A. The prisoner participant’s (pseudo) name: Kirk
- B. The offence type: Sexual assault (against a minor male; one victim, multiple counts).
- C. The victim participant’s (pseudo) name: Anthony
- D. Victim participant’s gender: Male
- E. Was the victim participant a direct victim of the offence: Yes.
- F. Was the victim participant a family survivor with legal victim status: No
- G. The VOMP victim participant’s relationship to the actual victim: N/A.
- H. The relationship (if any) between VOMP Victim and Offender participants: Kirk had been a trusted employee who lived with Anthony’s family, almost from the time of Anthony’s birth. When Anthony’s mother died, his oldest sister was still barely old enough to qualify as his guardian. Kirk assumed the duties as the ‘parent’ of the family and Anthony’s disciplinarian.

- I. Had Victim VOMP participant been diagnosed with Post Traumatic Stress Disorder: Yes (see assessment scale below). PTSD Severity Score 61 - Experienced all of the following 3-5 times/week-shame, embarrassment, withdrawal, depression, feeling of detachment/estrangement, disorientation, restricted affect, avoidance of thoughts of the trauma, numbness, sleep disturbances, anger/rage, difficult in concentrating. Had contemplated suicide a number of times, but “could not bring myself to leave that legacy to my sisters, although I’d have been happy to be able to just evaporate, disappear...”
- J. Where known, what was the offender’s Aversive Childhood Experience (ACE) score: Unknown.
- K. Source of referral to VOMP: Victim initiated: No.
- L. Source of referral to VOMP: Institutionally initiated: Yes.
- M. Preliminary options utilized: Preliminary meetings with all parties, including meetings with victim’s psychologist and offender’s treatment program facilitator and therapist. Videotaped interview with offender responding to a selected list of victim’s questions, which video was then shown to the victim. On the basis of the apparent genuineness of the offender’s shift in attitude toward one of taking full responsibility —especially in light of his earlier ‘Not Guilty’ plea at trial, Anthony decided to proceed to the face-to-face meeting.
- N. Number of face-to-face meetings: 2
- O. Dates of those meetings: April 19, 1997; February 01, 2000
- P. Outcomes for Victim Participant: Anthony was able to tell his story without interruption, including impact of crime on him; “*got the closure . . . that was very important to me.*” VOMP process provided “healing for my family” and enabled discussion of his abuse with his wife-to-be which was important to him; “no longer defined by the sexual abuse”; “no longer a victim but a survivor.” PTSD Severity Scale decreased from 61-10; symptoms that were listed by Anthony in the first assessment as symptoms that he experienced frequently and which had plagued him for years he describes, within three weeks of his meeting with Kirk, as simply not presenting any longer. Anthony’s previous constant experience of shame and embarrassment, he reports, has been extinguished. All other symptoms have either

greatly diminished, or also been extinguished. All of these outcomes were validated by Anthony's independent (and initially highly skeptical) psychologist. Longer term outcomes are that Anthony has committed to assist with conference presentations about his VOMP experience and trauma recovery "anytime an opportunity to present presents" (with his characteristic wit). Anthony's wife and son are his primary "vocation", but he has become a very successful businessman in the fast-paced extreme sports industry, where he says, "a lot of broken boys end up, trying to become supermen." Anthony has assisted a number of his clients, and others, in dealing with historic sexual abuse, in gracious, competent fashion, the shame that he once bore no longer remotely in evidence

- Q. Outcomes for Offender Participant: Kirk grew in empathy, in large part, through participation in a prison sex offender treatment program. He had heard Anthony's Victim Impact Statement read in court, but in the context of that adversarial process, had managed to minimize his role in harming Anthony. For months following his arrest, Kirk had continued to hold himself out as sacrificial savior of the ranch and of the family, and a mentor to Antony. In fact, two years later in the prison treatment program the expression of his new level of empathy and responsibility taking, caused the program facilitator to call our office to refer him. A few months later, he was face to face with Anthony, listening as he had not in court, acknowledging what he heard, taking responsibility and making an apology with such a depth of feeling, vulnerability and empathy, that Anthony accepted his apology, and in the last minutes of the five hour meeting, forgave Kirk. Two years later, at their second meeting, Kirk was able to say, "I never intended to cause you harm, but hearing what I did from you in our first meeting, caused me to realize that I had, enormously, and I could never take pleasure in anything even approaching that again. Kirk and his committed life partner began a new life in a new community; one a little more tolerant and inclusive, where they do effective social service work and are leaders in the gay community. Anthony is clear that his encounters with Kirk were deeply healing for him, and he is convinced, he had a part to play in Kirk's healing, as well
- R. Warrant Expiry Date: March 7, 1997.
- S. Re-offence (if any): None

T. Number of days from time of release to new offence: N/A

Key Elements:

- Criminal Fact Pattern: Kirk, the prison participant in this case, was found guilty at trial of multiple sexual assaults against Anthony, as well as gross indecency and bestiality. Anthony, the young male sexual assault survivor was a minor at the time of the assaults, perpetrated over a long period of time.
- Anthony was six when his parents divorced. He was ten when his mother died in a car crash. The night after Anthony's mother died, Kirk, the hired hand and trusted family friend who had been in the family since Anthony was born, began to sexually abuse him, beginning what Anthony described in his police reports as "six years of sexual slavery." Anthony's oldest sister, at about 19, became guardian to the children, ten year old Anthony and his three sisters, upon their mother's death. Children raising children. Bit by bit, Kirk, the trusted hired hand, began to divide the sisters from one another, convincing them that Anthony was a problem child who needed the discipline that he, the only father figure in this devastated family, could provide. None of the sisters ever suspected what was really going on. In fact, when Anthony finally disclosed at age 21, he was not believed at first by one or two of them.
- At age 16, Anthony ended the abuse, suddenly aware that he had grown much taller and physically stronger than Kirk. But the ramifications of the abuse did not end there. Anthony became aware that he had significant problems. Though longing to be a social person, he isolated himself. Though very bright, he languished and was chastised by teachers in his private school for being uninvolved, "skimming along the surface." They had no awareness of the reasons, nor was there safety, anywhere, for him to disclose. Anthony was in tremendous pain, but he suppressed it. He did not feel pain as others did.
- Anthony shared his story and his experience of the Victim Offender Mediation Program during the International Alliance of Holistic Lawyers (IAHL) Conference held in Vancouver a number of years ago. The italicized sections below are verbatim comments taken from his story and used with his permission:

I remember knowing at the age of nineteen that something was very wrong because I walked up to a car windshield, leaned over and hit it as hard as I could without breaking my fist and not feeling pain. Seeing my knuckles red and raw and feeling no pain, and talking to a friend and going: “I don’t understand this; I don’t get this....” I used to be able to walk up to brick walls and just hammer on them and feel no pain and I never understood it.

- When Anthony was diagnosed with four serious ulcers he decided it was time to get some help. He decided that making a police report and holding his abuser to account that way might be part of the answer. The police took his statement. The transcript ran to 54 pages. Of the scores of offences, Crown decided to proceed on three, and the trial went ahead:

ANTHONY: I felt, in some ways, vindicated...that I’d been able to get up and tell my story and let the truth be known, and that my family was bonding together, but in some ways I felt very unsatisfied with what the court system had to offer...I felt used ... unimportant...the designated witness [despite the] judge’s attempts to make me feel that this was about me.

- Knowing that the sentence was entirely a matter for the Judge to decide, Anthony, nevertheless, asked Crown Counsel to request that the court sentence Kirk to six years in prison; the equivalent of the number of years he had suffered abuse at Kirk’s hands. Instead, Kirk was sentenced to three years. He was placed in a federal correctional institution where there was at least some hope of him getting appropriate treatment.
- About a year and a half after Kirk’s sentencing and incarceration, a psychologist who led sex offender treatment groups in the prison where Kirk was incarcerated called the Victim Offender Mediation Programme office to explore the possibility of referring Kirk. In her role, she had seen profound progress amongst a number of survivors of sexual assault referred to the program. “I don’t know how Anthony will respond to this idea,” she said, “but it may be that he would find it helpful to hear what Kirk is saying, now that he has moved out of his denial, is taking responsibility for his offences, has some victim empathy and some sense of the damage he has inflicted on this young man.”

- Meanwhile, Anthony continued to feel deep shame, embarrassment, confusion about his sexual identity and whether he had, at some level, been complicit in the abuse. He was involved in self-harm and suicidal ideation. He went into therapy although, with the exception of the first six months, entirely at his own expense. His first two highly priced professional helpers, Anthony reports, were of little help to him.
- Following the institutional referral a letter and a programme brochure were sent to Anthony with an invitation to call if he felt our approach might have something to offer him. Despite being somewhat concerned that the program might prove to be staffed by “religious nuts” with a message for him “to simply forgive,” Anthony invited the programme facilitators to attend one of his counselling sessions to explore, together with his psychologist, what participation in the programme might have to offer him.

ANTHONY: I was initially sceptical. Dave and Eric came and met me. I was concerned that this was going to be about pressure to forgive. I’m not a violent person but I was not interested in forgiving at that point. I had had no opportunity to sit down and say, “this is what you did to me, you son of a bitch; this is what happened, these are the effects....” Sitting up on the witness stand, being able to look out over the courtroom and at the top of his head...to be cross examined and have all the truths drawn out of me; [all that] was relieving on a lot of levels because it was finally out, but it was not sitting one-on-one being able to say [directly to him], “this, or these, are the causes and effects”. That was not the point of the trial at all. Rather, it was about can you substantiate these things and are they relevant?

ANTHONY: Meeting with Dave and Eric they suggested, “You don’t have to meet directly with him...you can send us a letter, or a videotape, Kirk will respond via videotape and we can take it from there”. So I said, “Sure”. I drew up a letter of several questions...the first was, do you accept responsibility for sexually abusing me? Do you acknowledge that you sexually abused me for six years? If he replied to that and said, Yes, I do, then, that’s fine; there were a series of other questions that were just little hurdles. I wanted to see where his mind was: if he was actually interested in being truthful about it or if it was just another attempt to be manipulative and get back in contact with me, as he had tried to do after I ended the abuse.

I wanted to know where his accountability lay in all of this. What did he feel he was responsible for? He was the adult; he should have known better. He made a conscious decision to get into this. I wanted him to accept responsibility for his actions. I wanted him to sit there and listen to me, and hear all the feelings, emotions that he put me through and for him to accept responsibility. I wanted to take all of that he had put on to me and give it back to him, and to say, I've carried this with me for so many years and this is yours now. You can deal with this."

This was obviously very important to me. I was in the middle of one of the most demanding parts of my school year, but when Dave and Eric brought Kirk's videotaped response back to me I determined to go through with the next step: a face-to-face meeting. I took a weekend off and flew to [an interior city] to meet with him. I remember that morning thinking, Holy...shit...I am walking into a room with this person that has dominated so much of my life, that is almost this mythical figure because of the power that he had over me and the ways that he's affected my life...and I'm going to sit down at a table with this creature, thing, person...and...attempt to communicate.

This brings us to the healing part of it. I really didn't want to get my hopes up too much because I wasn't really sure what would come out of it, but what I wanted to do, basically, is just cleanse myself... to take what I had visualized as all the blackness that was under the surface and I felt dominated my soul at that time...to purge it, get it out and just let my mind and body and soul be free of all of the damage that he had done and just be free: take it all out and throw it on the table and go "**this**, belongs to you." "This ugly piece of green, vinyl, tacky-ass luggage, full of crap, is yours. Take it home, it's a gift from me. Do with it what you will". So what I was able to do, sitting down, is just verbalize it, let everything out. I had let go of a lot of hate and anger at that point. I was able to let a lot of that go because that dominated my life for so long, manifesting itself in ways that—I played rugby for a lot of years which was probably a little bit of a god-send because it enabled me to get out so much aggression. It was probably the only thing that kept me sane for so long.

So what I did is, for 2 ½ hours that morning, I sat there and just laid everything out. Told him how he made me feel, about the shame he had brought upon me. How really the basis of what he had done was essentially rob me of my childhood. Take me and for six years make me a slave to him

in terms of his sexual needs and in terms of dominating my life. I felt that is what I was for six years: a slave, to him. I had no identity of my own, I had no life of my own, I had no dreams of my own and I had no hopes of my own. I had to let him know that, what I went through. I was a ten-year-old kid who lost his mother, and the night after I lose my mother, you start preying upon me and after that my life was entirely changed. Childhood did not exist, bonding with friends was very difficult; basically, I withdrew from life....

He had pushed Anthony, the person, back so far, and had only left this physical shell that he had wanted to take pleasure in, and it was very hard for me to understand the person that I was and to bring that person into the foreground and say, this is who I am. Before that I was a shell; just a hollow shell walking around, making my way, stumbling my way through the dark trying to figure out what was going on, having no real idea what went on in life.

And, at the end of it I found that we had gone through so much that I was at a point where I could forgive him, and that was the one thing that surprised me beyond anything: that I had this ability in me, all of a sudden, to forgive this person and to say, I'm done with this. And that is where I got the closure from, and that is what was very important to me, to be able to get some closure⁹⁶. It was the sort of thing that dominated my life for so long, and will always be a part of my life, but at that point it was what everything else spread from. A lot of my problems came from it...and it was just at the core of my life at that point. And getting the closure was very important to me. It was finally being able to put this to rest and say I've dealt with it as fully as I can and to the best of my abilities and to be able to – let everything out, face-to-face, and give it to the person who is responsible for it. Not in the separated way that happens in a court room, that follows procedures, laws, prosecutor and defence counsel calling each other “my learned friend”. It was the one-on-one dealing with each other that finally allowed me to get everything out, to pass it on, to say: this is how everything affected me, this

⁹⁶ Language can be particularly tricky at points such as this. Considerable controversy can be generated by such things, with strong opinions stated by victims/survivors, their advocates and helpers. Some, for instance, find it abhorrent that anyone could ever suggest that trauma survivors might find “closure” in regard to rape or the violent death of a loved one; others—usually the survivors themselves—can be as adamant that new degrees of closure are among the many things they need. Our conviction is that the participants we're working with will choose language useful for them until it no longer serves them. They choose, we respectfully clarify, then try not to blunder once they have established the parameters of language meaningful to them.

is what you did to me, this is how it still affects me, this is what you did to my family.

And that is another important point. My family was able to get a lot out of this as well. At one point, Dave brought the videotape that we had done of the face-to-face dialogue meeting—about four and a half hours—to my house. I was able to get my family together, three of my four sisters and we put the videotape on. It was about an eight-hour process, from three in the afternoon ‘til eleven o’clock at night when everybody left. My family was able--because this affected them--my family was finally able to get some closure out of it. He was in my family since I was born, he was in my family while they were growing up. But it was also like a drop in a pool, the shock waves spread out. It affected my oldest sister because she was my guardian. The first thing he did was distance me from her...take down the walls of family. He befriended my second oldest sister so he could gain access to me, gain their trust so that they would send me to him because I was ‘a problem child.’ And they were young and inexperienced and couldn’t deal with it.... [One sister] needed to understand whether he was truly a friend to her or simply using her...[Another] needed to get rid of the guilt associated with it, to realize it’s not hers to bear, so she could let that go, and my youngest sister just- I think just- had a sense of pride in me in what I’d gone through and overcome.

So, it was very good, and it continues on until this day, where the person I’m very much in love with, she wants to see the video to see what I’ve been through, to understand me more as a person. So, it keeps on going. For me it is just the ability to say it no longer dominates my life, and it no longer defines who I am...it will no longer be the sole definition of who I am. I am able, now, to move on; to move toward the understanding of what makes me happy, what defines my life, what creates me, what inspires me. It’s become in perspective. It’s become a chapter in my life. This is always very hard for me to say, but the thing that really struck me is afterward, Eric (VOMP staff member) looked at me and said, “You’re no longer a victim; you’re a survivor”. And that is what I am today, a survivor of the abuse, of the criminal justice process, and now I’m just able to move on, to gather up my family, and my friends, and move on with my life.

- Anthony finished his post-secondary education, married the young woman he spoke about, worked for a time in a fast-paced, demanding industry, and then

started his own successful business. He is clearly a powerful and effective young man, without a vestige of the shame that once so weighed him down and diminished him.

- As for Kirk, he reports that the process had tremendous impact on him, too. He continues to live successfully in the community. He sees the entire victim offender mediation process - the preparation meetings, the face-to-face dialogues and the debriefing and aftercare - as powerful and vitally important in both his life and in Anthony's. Kirk had worked hard at his prison treatment programs. He believed he had done well and accomplished much in terms of understanding his own crime cycle, the "risk factors" that would need to be monitored for the rest of his life, and the harms suffered by Anthony from the time of his first intrusion into Anthony's life. Still, he spoke of the power of the face-to-face dialogue as eclipsing the earlier prison treatment programs, as useful as they were. Kirk claims he gave up the last vestiges of any rationalization of his offending behaviours at that meeting. Since Kirk's release, (over twenty years at time of writing), there has been no whisper of a parole condition violation or any repeat offending. When we last met with him he was happy, employed, grateful for having met with Anthony, and in a committed, age appropriate, relationship.

Anthony's Pre-VOMP

Post-traumatic stress assessment

Since the trauma, which of the following is being experienced and how frequently:

SYMPTOM	Frequent (3-5 x/wk)	Occasional (1-2 x/wk)	Seldom (1x/wk)	Never
INTRUSION				
Intrusive thoughts and images				
Recurring dreams – nightmares				
Flashbacks				
Anxiety attacks		X		
Crying spells and tearfulness				
Feeling of shame, embarrassment	XX			
Guilt feelings ("If only...")				
WITHDRAWAL				
Withdrawal	X			
Depression-diminished interest	X			

Feeling of detachment or estrangement	X			
Inability to recall specific events of trauma		X		
Disorientation, confusion	X			
Restricted affect	X			
Avoidance of thoughts of trauma	X			
Fear		X		
Job Difficulties		X		
Sexual Dysfunction		X		
Numbness-emotional/physical	X			
Helplessness, loss of control		X		
AROUSAL				
Sleep disturbances	X			
Anger/Rage	X			
Difficulty in concentrating	X			
Hypervigilance		X		
High startle response		X		
Headaches			X	
Muscle tension		X		
Nausea			X	
Eating disturbances			X	
Difficulty in breathing				X
Cold sweat			X	
Increased alcohol usage		X		
Increased drug usage	X			

Anthony's Post victim offender dialogue

Post-traumatic stress assessment

Please indicate how frequently you experience any of these symptoms since your face-to-face VOMP dialogue with your offender:

SYMPTOM	Frequent (3-5 x/wk)	Occasional (1-2 x/wk)	Seldom (1x/wk)	Never
INTRUSION				
Intrusive thoughts and images				
Recurring dreams – nightmares				
Flashbacks				
Anxiety attacks				X
Crying spells and tearfulness				
Feeling of shame, embarrassment			X	
Guilt feelings ("If only...")				
WITHDRAWAL				
Withdrawal		X		
Depression-diminished interest			X	
Feeling of detachment or estrangement				X
Inability to recall specific events of trauma				
Disorientation, confusion				X

Restricted affect				X
Avoidance of thoughts of trauma			X	
Fear				X
Job Difficulties			X	
Sexual Dysfunction				X
Numbness-emotional/physical			X	
Helplessness, loss of control				X
AROUSAL				
Sleep disturbances			X	
Anger/Rage				X
Difficulty in concentrating			X	
Hypervigilance				X
High startle response				X
Headaches				X
Muscle tension			X	
Nausea				X
Eating disturbances				X
Difficulty in breathing				X
Cold sweat				X
Increased alcohol usage				X
Increased drug usage				X

Case Study #22

- A. The prisoner participant's (pseudo) name: Gaston
- B. The offence type: Sexual Assault, many victims and many counts
- C. The victim participant's (pseudo) name: Arlene and Victor
- D. Victim participant's gender. Arlene – Female; Victor - Male
- E. Was the victim participant a direct victim of the offence: Yes.
- F. Was the victim participant a family survivor with legal victim status? No
- G. The VOMP victim participant's relationship to the actual victim: N/A
- H. The relationship (if any) between VOMP Victim and Offender participants:
Gaston was an acquaintance of both victims and a respected plumber in the community.
- I. Had Victim VOMP participant been diagnosed with Post Traumatic Stress Disorder:
Arlene - Diagnosed by another professional in her remote community, she exhibited most (almost all) of the symptoms across the 3 categories, but found

these especially troubling: *Intrusion*: Intrusive thoughts and images, recurring dreams – nightmares, flashbacks, anxiety attacks, feelings of shame, embarrassment, guilt feelings ("If only..."); *Withdrawal*: inability to recall specific events of trauma, restricted affect, avoidance of thoughts of trauma, fear, job difficulties, loss of control; *Arousal*: sleep disturbances, anger/rage, hypervigilance, high startle response, headaches, muscle tension, nausea.

Victor - We did not assess Victor for PTSD, however, due to an almost life-long ‘layering’ of harms, Victor may well have had PTSD. His symptomology was particularly complicated because, in addition to his ACE and layering of trauma through his childhood and adolescence, he had been ‘set upon’ and beaten mercilessly (despite being rated a so-called “Protective Custody” Inmate), a number of times by other prisoners, especially in transit between institutions for assessments or transfers, etc. For sex offenders, Victor offered, “‘hypervigilance’ is a survival skill. You are always waiting to be shanked by somebody looking for ‘juice’ (increased status)”. In his younger days, Victor had “wanted to die, would have been happy to die...thought about hanging myself in the tree fort, but didn’t have the guts to do it myself.”

- J. Where known, what was the offender’s Aversive Childhood Experience (ACE) score: Unknown.
- K. Source of referral to VOMP: Victim initiated: Yes in both cases
- L. Source of referral to VOMP: Institutionally initiated: No
- M. Preliminary options utilized: Arlene – Due to the distance the victim had to travel from her remote home community most preparation was by phone and included brief therapy, and correspondence. Victor - In another case (not included in this sample) Victor had been through an entire previous VOMP process in prison as the Offender, yet, in this circumstance (as the childhood victim) he still needed the assurances provided by the preparatory processes, including a number of meetings with VOMP staff and ‘shuttle diplomacy’ conveying Gaston’s attitude and willingness to meet
- N. Number of face-to-face meetings: 1 with each victim

O. Dates of those meetings: Arlene - June 22, 1995; Victor - unknown

P. Outcomes for Victim Participant: Arlene - Reported that the process had been powerful for her, and that she was feeling grounded and more hopeful about the future than she had been in years. Her PTSD symptoms greatly diminished, especially her fear states, and the shame she had been unable to shake, having believed that she and the offender had shared a secret in which (as a young teen she had come to believe) she had been complicit. She was also delighted that her process had been sufficiently positive for the offender, as well, so that he had volunteered to meet with another of his child victims, a young man (now) doing time in the next prison for: sexual assault (victim participant #2, Victor).

Victor - as indicated he had not been assessed for Post-Traumatic Stress symptomology, however, following Victor's meeting with his own victim, and then with Gaston, the man who had offended against him in childhood (beginning at his age 4), Victor expressed a whole new-found freedom. "It's hard to explain, I just feel lighter, happy, actually, and I have not felt anything like that in a very long time." I'm really glad I did this, both with AD" (his own young, 17 year old, female victim), "and with [Gaston]", (his own offender). Victor saw a reversal of the disempowerment / secondary victimizations he had experienced. He was astonished that VOMP staff were able to bring Gaston from the prison in which he was incarcerated, into the prison where Victor was being held, empowering him to do all that he had set out to do, including forgive Gaston. *"Never could I have believed I would ever do that, in fact I had planned and intended to kill him when [unknown to him] we ended up in the same institution earlier, but it was powerful. I think that set us both free, do you know? I've applied for parole and a drug treatment program, and it looks like it is coming together."* Victor completed his community drug treatment program while on parole. At the end of his sentence he returned to his home province and obtained work in construction, *"My first real job, making good money, happy and healthy; drug free."*

Q. Outcomes for Offender Participant: Gaston had grown, initially through taking a Victim Empathy program in prison, but claimed that it had not prepared him for what he came to feel through the VOMP process. In fact, Gaston was so moved

by his meeting with Arlene, and the healing that transpired on that day, that he took responsibility for other historic sexual assaults committed against Victor, who was incarcerated in the higher security prison next door, for sexual assault. The empathy Gaston had learned, he claimed was now a powerful motivator for taking responsibility and helping young Victor to heal, as well. Motivated by what he had experienced through his powerful meetings with both Arlene and Victor, he got to work on understanding the roots of his deviance, and like others in this sample, became aware of the devastation he had caused them, vowing to heal himself, so that there could never be a reoccurrence. Sex Offenders with Gaston's profile, along with 'Lifers' are closely monitored, by their community parole officers, for any sign that they are, once again, slipping, or becoming a risk to public safety. Despite that scrutiny, there has never been a suggestion that Gaston has slipped or wavered from his vow

R. Warrant Expiry Date: Aug 12, 2001

S. Re-offence (if any): None

T. Number of days from time of release to new offence. N/A.

Key Elements:

- This case involved a convicted felon, Gaston, who had a history of sexual abuse charges against a number of children, both male and female. As a trusted community member and respected plumber, he had access to children and took advantage of that.
- Arlene, the first of two offenders Gaston meet with, was referred to us by her therapist, whom she was seeing in an effort to deal with her on-going PTSD. Arlene lived in a remote community, which made communication challenging and as a result we did not know a lot about her prior to her VOMP experience. However, there was, in this case as in others, the generic "No Contact" order prohibiting the offender from communicating with her in any manner, and she needed assistance with getting through the hurdles, as she had questions that she wanted answered. She was shy, and retiring, (and recalling the offender as "huge"), she reported being terrified to see him face-to face.

- When we first meet Gaston he presented as somewhat ineffectual, aware, as he shared with us, that “I wear my shame like a cloak.” He responded well to the notion that one of his (many) victims had made contact with us, and was “actually glad, for an opportunity to meet with her.” “I hope I can give her what she is seeking.”
- The results of the face-to-face meeting between Gaston and Arlene was so moving that Gaston approached us about meeting with another of those childhood victims, a boy, this time, (who had never lodged a complaint with police) and now, as a grown man, was incarcerated in a neighbouring higher security institution for...(would this come as a surprise?) sexual assault against a 10 year old child when he, himself was 22. This victim was Victor, the second victim participant in this case.
- Victor, following the sexual interference and then rape at the hands of Gaston, had been unable to disclose to anyone, especially his parents. For years he struggled in isolation, longing to die but unable to take his own life. At 22 he did the unthinkable, he sexually assaulted a 10-year-old child. As a result, he landed in prison, disempowered by staff and treatment professionals who kept reminding him he was “a perp’, not a victim.”
- Victor was familiar with VOMP, as he had already met with his own victim (the 10 year old victim had become -- although wounded --a very ‘adult survivor’, a 17 year old young woman). Although that face-to-face meeting was not one of the cases selected for this study the meeting had been very powerful and toward the end of their face-to-face meeting, she (Victor’s victim), aware that Victor was a child sexual abuse victim himself, challenged him to meet with *his* abuser, saying “If that meeting does for you what this one did for me, it will do wonders for you.” “You’ve got to do it.”
- After thinking about it for a while, Victor, who knew how to contact VOMP staff, did so and referred himself, asking us to see if Gaston might be willing to meet with him, not knowing that almost simultaneously, we had received Gaston’s request to meet with *him*.

- Despite high odds against this, we managed to have Gaston brought to the higher security prison for the day-long meeting with Victor. In this meeting Gaston took full responsibility for the sexual assault of Victor, despite never having been charged for this offence. He offered an apology to Victor, something Victor could never, earlier, have imagined happening. In the light of Gaston's apology, Victor forgave him, ending the enmity between them, each of them committing to the other to invest even more fully in their sex offender treatment programming, so that never again would anyone be harmed at the hands of either of them. There have been no new charges against either of them.

Case Study #23

- A. The prisoner participant's (pseudo) name: Colleen
- B. The offence type: Second Degree Murder
- C. The victim participant's (pseudo) name: Lorraine
- D. Victim participant's gender: Female
- E. Was the victim participant a direct victim of the offence: No.
- F. Was the victim participant a family survivor with legal victim status: Yes.
- G. The VOMP victim participant's relationship to the actual victim: Lorraine was the sister of Aaron, the man murdered by Colleen, his Common Law partner.
- H. The relationship (if any) between VOMP Victim and Offender participants: Despite Colleen being the common law partner of Lorraine's brother, the two had not known each other prior to Colleen's incarceration.
- I. Had Victim VOMP participant been diagnosed with Post Traumatic Stress Disorder: Unknown, but since the victim was an Aboriginal woman and working with a Métis counsellor, this particular diagnosis may have been considered less relevant. As I have written elsewhere (Gustafson, 2008), not all Canadian Aboriginal, Inuit (or for that matter, indigenous people elsewhere) are quite as impressed with DSM diagnoses as dominant North American culture members are, some of them wondering how it can possibly be that we can take it upon ourselves to judge and categorize people in these ways. That said her Métis

counsellor was supporting her to work through her complicated grieving and acknowledged that Lorraine was exhibiting PTS symptoms which had resisted diminishment: *Intrusion*: Intrusive thoughts and images, recurring dreams – nightmares, crying spells and tearfulness, feelings of shame, embarrassment, guilt feelings ("If only..."); *Withdrawal*: depression-diminished interest, feelings of detachment or estrangement, disorientation, confusion, restricted affect, avoidance of thoughts of trauma, fear, job difficulties, numbness-emotional/physical, helplessness, loss of control; *Arousal*: sleep disturbances, anger/rage, difficulty in concentrating, hypervigilance, high startle response, headaches, muscle tension, nausea, eating disturbances, difficulty in breathing, cold sweat

- J. Where known, what was the offender's Aversive Childhood Experience (ACE) score: While Colleen did not complete an ACE inventory, her history is replete with references to trauma suffered during childhood, adolescence and adulthood. She reports (and this information was corroborated by her psychologist and Elder, with her permission), indicate significant childhood physical and sexual abuse and neglect, and many losses suffered due to deaths in her immediate and extended families.
- K. Source of referral to VOMP: Victim initiated: Yes.
- L. Source of referral to VOMP: Institutionally initiated: No, although the prisoner had long sought a way to reach out to her victim, and instantly agreed to participate when contacted.
- M. Preliminary options utilized: Significant counselling and preparation time, use of First Nations protocols for confession, apology and requests for forgiveness. Numerous meetings with both sides (in presence of Aboriginal Elders and therapist to ensure adherence to protocols and sacred ceremony).
- N. Number of face-to-face meetings: One formal and another informal as the two women met with the author over dinner and the following day presented their story together at a Provincial Aboriginal Justice Conference in Vancouver, BC
- O. Dates of those meetings: formal meeting June 26, 2006; informal meeting March, 2009.

- P. Outcomes for Victim Participant: Lorraine was thankful that the offender had taken full responsibility for the murder and had answered her many questions. The face-to-face meeting involved a powerful culturally appropriate healing circle with community members present to observe and validate the contribution of both the victim and offender, resulting in a growing sense of family. Lorraine reported “a lifting of hurt and heaviness and anguish.” She was empowered through the process to genuinely “forgive from the heart”, with no reluctance, having formerly been “Unable to forgive, despite the cultural expectation on her, “FORGIVENESS [being] one of our ‘Grandfather Teachings’” [Cardinal Ethics]. Her PTS symptoms greatly diminished following the Aboriginal Healing Circle. Her complicated grieving ended. She was reconciled with the offender and presented together with her at a Regional Aboriginal Justice conference to the astonishment of attendees, powerfully cataloguing her previous post trauma symptom states and their “disappearance”. She was able to returned to school to gain additional credentials, and now works in an elder care facility. In addition, Lorraine is very involved in the spiritual leadership of her community, assisting with traditional ceremonies and supporting others on their healing paths
- Q. Outcomes for Offender Participant: Colleen, for many years in prison, had longed to apologize to Lorraine, and did not lack empathy. Nevertheless, she remarked that the empathy she had felt was multiplied as she wrote letters of apology, prepared with us, and with her Elder, for the time when she would meet with Lorraine. Empathy grew, too, she made clear, through the hours of her meeting with Lorraine, as what the community members and Elders described as a “Deeply healing circle,” did its work. She healed, to a great degree, from multiple childhood traumas, and to as great a degree as anyone ever can, from a litany of devastating hurts: the deaths of her two children who died in a house fire while being cared for by her father while she was in prison; the death of her father, who perished in that same fire. Colleen was a warrior, battling breast cancer, surviving it, and addressing all of the things that her prison regimen was demanding of her. She managed to heal and find a measure of peace, after meeting with Lorraine and powerfully reconciling with her, and ultimately with the members of her

home community, who had banished her years before. Colleen is aging, and is now battling dementia, but she accomplished a great deal, and become a healer, in turn, in the lives of many of the women she served as a spiritual leader, assisting the Elders in conducting the ceremonies that helped others heal.

R. Warrant Expiry Date: On parole.

S. Re-offence (if any): None

T. Number of days from time of release to new offence: N/A.

Key Elements:

- This case is one of the ‘purposely selected cases’ as the random selection had produced no cases involving female offenders, although the larger data set included a number. Because female Aboriginal offenders represent one of the most rapidly growing demographics in Canadian Prisons, and Aboriginal Offenders, in general, are significantly over represented in Canadian prisons, I chose this case from the larger set to add to the study sample in order to at least attempt to correct for those sampling anomalies. All of the participants were Indigenous (the term currently coming into use in Canada to represent all of the country’s First Nations: (Aboriginal, Inuit, and Métis ethnic origins). This case involved the adaptation of the VOMP model, at a number of points, in keeping with the guidance of the prisoner’s Aboriginal Elder and the victim’s Métis trauma healer. For this reason, the case is covered in greater detail, in order to demonstrate the adaptation involved.
- For white, urban professionals, too easily seen to be ‘elite do-gooders’, working in these communities and among the people from them, can require a particular sensitivity to their ways, their languages, their cultures, their teachings and their mores. Their experience of colonization and oppression by people who look (and too often act) like those elites responsible for so much of their historical pain and trauma over generations, can create a cast of suspicion regarding whether practitioners truly “walk the talk”, i.e., consistently live out the values they hold up as ‘restorative’ and ‘in common’ with the Indigenous People, or whether they come as ‘superior’, interfering

representatives of the former colonizers who, while they may intend no harm, create harm unknowingly, inadvertently, but harm, just the same. Cultural competence is not quickly or easily attained: it can take considerable time to be trusted as practitioners who are offering to intervene with honorable intent and sufficient knowledge of that community and its ways to actually assist their members who are in search of whatever healing our ways might bring. We had long learned to work through respected Elders, leaders recognized as healers among the members of the community, who could assist us in gaining *entrée* with the wider community. In this case, we approached both the prisoner and victim participants in this way, through the prisoner's Institutional Elder (assigned to work with the Aboriginal people in the prison where she was incarcerated) and, the victim / family survivor of homicide through her counsellor, widely known and respected as a highly credentialed and effective Métis trauma healer.

- This case involved the second degree murder by Colleen of her common-law husband 'Bill.' The 'usual suspects' had been involved at the time of the crime in this case: personal histories of trauma, drugs, alcohol and other intoxicants; tinder ignited by a spark of conflict which created the conflagration that ultimately engulfed many. The incident would have ended very differently except for the volatility of the mix. Colleen and Bill had lived in a common law relationship for a number of years, with Colleen's two daughters, (then) eight and twelve years old. They had been drinking and consuming drugs together in their home, and were both highly intoxicated at the time. The 'triggering event' was a comment made by Bill: he had playfully slapped Colleen's backside as she passed him in their kitchen, saying "You are getting a little broad in the beam, there girl, your daughter (his own 12 year old step-daughter), is looking better by the day."
- Colleen's trauma history involved significant neglect and sexual abuse at the hands of a number of perpetrators, beginning at an early age, then very frequently at her own age 12. She was not about to see that history repeated in the life of her daughter. She drew a butcher knife from the block on the

counter, and stabbed Bill as though she were stabbing her own perpetrators, thirty five times. There was no surviving that. Before her rage had dissipated, and she realized what she had done, Colleen insured that Bill would never sexually molest anyone, ever: she severed his penis. Her rage spent, Colleen then called the police.

- Lorraine was Bill's sister. As the oldest surviving member of her family, Lorraine, as is customary, was identified as the representative of the family survivors, Bill's siblings, but also all of those related to Bill through their extended family system. Because of earlier conflicts in their family, Lorraine and her brother Bill had been estranged for many years. Lorraine had only recently re-connected with him; only recently begun to get to know him and to highly value their relationship when Bill was murdered. At the time of his murder Lorraine felt that the media coverage of her brother's murder portrayed him as "just another drunken Indian" and "of little value."
- Lorraine's therapist, Jan, a highly credentialed professional woman and gentle Métis healer had supported Lorraine in contacting us to explore the possibility of having us convene a healing circle. Lorraine was a traditional woman, meaning one deeply aware of and committed to the teachings of her people, especially the values, teachings and ceremonial practices. Yet, Lorraine had never been exposed to RJ theory or any of the literature that was burgeoning, even then. She felt no need to change her lenses: among the paramount sacred teachings "The Grandfather Teachings" of her people, was one particularly valued over millennia for both giver and receiver: *Forgiveness*. This, and others of these teachings, had molded Lorraine's life. She was committed to compassion, to reconciliation and to healing, for both herself and Colleen, however long and however difficult that journey might prove to be.
- On the other side of the equation, from her prison cell (and from the beginning), Colleen had felt a need to reach out to Lorraine and her family, "to confess her fault, to apologize and, hopefully to begin the journey toward healing together with her [Lorraine]" (initial interview with Colleen). But every avenue had been closed to her. Concern on the part of institutional staff

that any such contact might re-victimize Lorraine and her family had trumped all other concerns. After a number of years in prison, hard work in programs and on her own personal trauma, fighting a cancer that had potential to end her life before long; living with intolerable pain at having been in prison when her father and her two children, left in his care, had died in a house fire, Colleen might have been forgiven for having become more concerned about herself than her victims. But that was not the case. She continued to hope and pray for an opportunity to try to provide at least some solace for Lorraine and her family members, to apologize for the pain she had caused, to attempt to establish at least some degree of peace between them by making herself vulnerable and accountable to Lorraine and to the others she had so deeply harmed.

- One of our VOMP participants, had experienced a profound level of healing and recovery in the aftermath of a murder in her own family (that of her son). She had been invited by one of the staff at the women's institution where Lorraine was incarcerated, to make a presentation about her experience of VOMP. VOMP staff accompanied her for this presentation and introduced the Program and our guest presenter to the 20 or so 'inmates' who had gathered. Unknown to us, Colleen was present for that presentation. Her elder, whom we had known for many years, approached us with Colleen in tow, and introduced her to us. Within days, we returned for a lengthy meeting with the two of them to discuss what Colleen's participation might mean, and to learn from the Elder, that she had received a communication from Lorraine, the sister of the man Colleen had murdered, wondering how she might communicate with Colleen. The Elder simply saw this as one of the mysterious ways in which "Creator get things done." She fully believed it was all being prepared apart from human agency, 'ordained', and ready to take place. She instructed us in terms of the protocols which would be imperative to utilize in our approach to the victim and her community, "...if we determined to proceed, which she, with her sly smile and authoritative ways, was signalling we must."

- In a number of meetings over a number of weeks, VOMP staff worked with Colleen and her Institutional Elder to tailor a process informed by First Nations' teachings. Colleen was to prepare a letter of apology to be taken to the victim by VOMP staff, along with the ceremonial tobacco over which she had prayed, literally sleeping with it under her pillow as a constant reminder to pray for her victim and for the acceptance of her initiative. We consulted further with the elders involved, then sent a letter to Lorraine's therapist, Jan, introducing the VOMP program, indicating that Colleen had been referred to VOMP from the prison, and asking her to call us to discuss whether or not she would be supportive of our making an approach to Lorraine, and, if so, how that might best be done. Jan called within a few days of receiving the letter, saying that she had met with Lorraine, and that Lorraine was eager to meet with us and to hear what we (and more to the point, Colleen) had to say. We further tested with Jan what we understood about the proper protocols for making an approach to Lorraine, how to offer the tobacco, how to discern whether Lorraine's response was to accept it or not, and how to convey Lorraine's response to Colleen in return. Jan confirmed all that we had in mind and set a date for a meeting with her and Lorraine. A week later we meet with Lorraine in Jan's office in a BC interior community. The tobacco was offered to Lorraine and quietly accepted. The ceremony needed no explanation, as we were the only non-Aboriginal participants, the newcomers to this ancient rite. Each of the others had known how to convey these messages from childhood, as part of their ancient lore, taught in each generation for hundreds of generations.
- Lorraine accepted the tobacco and began to read Colleen's letter. The dam burst: pent-up emotion, hurt and pain poured forth to the point of utter exhaustion. We (VOMP staff and Jan) simply sat with her. Caring, but mute, seemed best. Then, almost spent, Lorraine made clear that part of her emotion was gratitude and relief. She had long prayed that this day would come: that she would have opportunity to meet face-to-face with Colleen, to invite relatives to sit in circle with her and to dialogue with her, to test her attitudes

about her crime and the harms she had caused, to get information from Colleen about her brother—what he was like—things she'd not had opportunity to discover once his life was cut short.

- Lorraine told us that compassion for Colleen had earlier motivated her to go to the funeral of Colleen's children when their young lives ended together with their grandfather in a house fire. Beyond just attending, Lorraine worked up the courage to approach Colleen (who had been granted a compassionate temporary release under escort from prison, to attend the funeral). Without a word about her own loss, Lorraine, a young mother herself, at the funeral had approached and embraced Colleen as her sister; as another woman devastated by losses for which there are no words. It later proved to be that Colleen had recognized Lorraine in that moment, having seen her in court at her trial, and had been deeply touched by her grace.
- Rather than the facilitated dialogue common to the VOMP model (a victim, an offender, their supporters and two co-facilitators) meeting face-to-face in a prison board room, this case involved a large number of participants (about 20) who met in a Healing Circle at a community services building in a remote rural community. The circle--though facilitated by ourselves, the usual VOMP team--was guided, start to finish, by the Aboriginal leaders involved and conducted according to their ceremonial ways in setting of their choosing. While it was clear that we would lead the dialogue process, we were very clearly deferring to the Elders as the Spiritual Guides in all of the ceremonial matters. This is the account, adapted, in part, from an article written about it earlier (Gustafson, 2007).
- Almost a year from the time we first met Colleen and her Elder, the day for the facilitated dialogue/healing circle had arrived: the women were arriving at the appointed meeting place in the community. Three correctional staff and the Institutional Elder accompanied Colleen for whom we had managed to negotiate an ETA (an Escorted Temporary Absence) from the prison. Lorraine's husband, and relatives and elders from reserve accompanied her from her home community. Following traditional prayers and 'smudging' in

separate spaces outdoors, we brought the two women into the room and seated them with us, with Jan, Lorraine's therapist, and Colleen's Elder in the inner of two concentric circles.

- In the outer circle were seated: Lorraine's husband along with other members of the family of the deceased victim and three Correctional Officers who had accompanied Colleen. Also, in the outer circle was a vacant chair, draped with a blanket, signifying Bill's 'presence' in the gathering. On the chair reserved for Bill was a portrait of him, and a plate of food (the same foods we would be enjoying later, at the ceremonial feast prepared for us).
- Those seated in the outer circle simply observed the interaction for most of the morning. The dialogue was powerful, the emotions deep, the interchanges many and punctuated by needed silences, befitting sacred space. There were very few points at which we, as facilitators, interrupted the flow of the women's conversation, and even then, only to gently remind each of them of subjects they had wanted to be sure to raise, or questions that might have otherwise been overlooked. The women spoke of many things, words spare, well-chosen, healing. They spoke of the graced moment during their brief meeting at the funeral for Colleen's children, and as they did, it became apparent that many were openly weeping (including the CSC escort staff the women had invited to participate).
- Colleen took full responsibility for what she had done and the hurt she had caused all those in the circle and beyond. She asked for nothing but received a gift beyond price. Lorraine rose to her feet, took Colleen's hands, and helped her to her feet. As Colleen rose, Lorraine wrapped one ceremonial blanket around them both, saying, as she did: "*Colleen, I forgive you...we are members of one race. Colleen, I forgive you, we are members of one family....Colleen, I forgive you, we are sisters.*" There comes a time when words fail, their nakedness⁹⁷ apparent. This was such a time. There was

⁹⁷ My dear friend and colleague, Dr. Val Napoleon, an Aboriginal leader, law professor, author and mentor to many, speaks of "the nakedness of words", signifying just how stripped and bare words can be, how little they, mere naked words, can actually convey at times such as this.

nothing left to do but stand to pray, to take a break, then enjoy the feast our hosts had prepared for us.

- In virtually every culture, for people to ‘break bread’ together has vast meaning. It did here, ending a decade of division, prefiguring healing yet to come. When we reconvened for the afternoon, we opened the circle to the others present. As the talking piece went around the circle each participant (there were no longer any mere observers) spoke to what they had seen. More profound things were shared: Lorraine’s ‘auntie and uncle’ spoke, auntie first, addressing Colleen, saying they had not judged her from the first—“*To judge you would be to judge ourselves*”, they said, and from the depths of another grief, added: “*Our grandsons are now in prison, too, also for murder, and the victims of their crime are still in terrible pain.... Maybe this type of ‘healing circle’ is one of the ways Creator has in mind to help us heal our families.*”
- Just then, Lorraine’s niece arrived, at Lorraine’s invitation. She introduced herself, slipped into the circle, and made plain the reason for her coming. “*Auntie Lorraine phoned me, she said, and asked me to come to sing to Colleen a traditional ‘honouring song.’*” Then she sang, her young voice rich with a timbre that belied her years, wrapping us all up in yet another ancient mystery. How could it be that the sister of a murder victim could transcend her pain to the degree that she could have the grace required to summon the best singer she knew to come to the ceremony, to contribute to the healing, as she sang to Colleen, the one responsible for at least *this* cycle of the intergenerational pain, a song honouring her courage, her truthfulness, her potential and her worth.
- As we closed the circle at the end of the afternoon, after almost seven hours together, “H” as the eldest among us and clearly one to whom others looked for wisdom said:

I’ve taken part in many talking circles, been a part of many healing circles in my life. I’ve never seen anything as powerful as this. There are so many wounded people in our communities, maybe this process could help heal

some of those wounds, restore bruised and badly broken relationships in our communities.

- This was the Elder, who together with his wife had earlier said “*Our grandsons are now in prison, too, also for murder, and the victims of their crime are still in terrible pain.... Maybe this type of ‘healing circle’ is one of the ways Creator has in mind to help heal our families*” (First Nations Elder “H”). Little did this Elder know that he would prove to be a prophet, as well: his grandsons, sentenced to ‘Life’ and still in prison (perhaps with his encouragement), were referred to VOMP a few years later.
- A number of months after this circle took place, I was invited by a colleague to submit an article for publication describing this event. Before agreeing, I contacted Colleen, Lorraine and Jan (Lorraine’s therapist), for their permission to use their story and for any reflections they might like to add for that article.
- The following is Lorraine’s reflection on the experience written 11 months after the women met:

Forgiving the woman who murdered my brother and having the gift of speaking to her in person was a form of healing. The sacred day (June 26, 2006) was meant to happen exactly the way it did take place with honesty, truth and respect from each of us. I knew the location of where my brother was murdered, and had heard a lot of stories. I had a lot of “what ifs and if onlys” and wished I could turn time back; then I got to the point in my life that what was important for me was to hear Colleen’s side of the story. I wanted to know if she remembered and **what** she remembered of the incident. I needed closure to the murder and the affect it had in my life. I wanted Colleen to know what this murder had done to me and how much I hurt for my brother to have been stabbed 35 times. This all happened on that special day and I give thanks again to all of the people who shared with me.... Then I handed this entire experience over to the creator. This day provided me with serenity and more strength to live a healthy life. This day allowed me to let go of my brother [Bill] and to send him home to heaven to be with our mom. The day (June 26, 2006) was to honour my brother [Bill], and to let him go, [something] difficult to put in words “I want you to go now, [Bill], and to carry on your journey....” I believed I had to give

my brother permission to carry on his journey to the spirit world and this day provided me with that opportunity.

The circle not only benefited Colleen and myself but was beneficial and healing for all involved. I will continue to pray and someday offer the tobacco I received from Colleen as an offering to strengthen our healing journeys. I dream of another circle to give thanks to all those who cared to come and support me.

- I printed and mailed a draft of the article to Colleen, as well, for her approval. She called from the First Nations' treatment centre where she was currently working on further growth, to say:

You not only have my permission to print this, I'd like you to add that I completely agree with the Elder ('H'): so much could be done for so many of our people using this approach. If possible, as **soon** as possible, let's convene further circles to share what Lorraine and I experienced. Perhaps the Elders' grandsons and their victims would meet with us, in time, to hear of our experience. Perhaps we can open a door to others, so they can walk through it toward part of their own healing journey (verbatim written during the call and checked with Colleen, emphasis hers).

- This case finally culminated in a Parole Hearing conducted on 'Colleen's' First Nations Reserve, prefaced by a morning of very moving traditional ceremony, a washing and claiming ceremony, which many were invited to witness. Invitations were extended to the VOMP Staff, to Lorraine and others of the victim family members and Elders who had participated in the Healing Circle we had conducted a few months earlier. Parole Board Members and NPB/CSC staff were also invited. During the ceremony Colleen was 'claimed by the Nation as one of their own'. And, as part of the Parole Hearing, Lorraine went beyond the usual victim impact statement, submitting and reading, as well, her own testimony concerning the power of the Healing Circle Process she had participated in, describing changes she had witnessed taking place in Colleen over the duration of their involvements together, and making clear that she was not there, as she might have been without such process (as a victim resisting a release decision), but was, in fact, supportive of Colleen's release on parole.

- Colleen's parole was granted. She continues to do well in the community, returning to the prison where she was once incarcerated as often as she can in order to assist other women of all races, cultures and creeds, in taking responsibility for harms caused others as well as in doing their own healing work.

Case Study #24

- A. The prisoner participant's (pseudo) name: Colin
- B. The offence type: 2nd Degree Murder x 2 & attempted murder
- C. The victim participant's name: Debbie (in this case, with her permission, her real name, since her story is already in the public domain).
- D. Victim participant's gender: Female.
- E. Was the victim participant a direct victim of the offence: Yes.
- F. Was the victim participant a family survivor with legal victim status: Yes.
- G. The VOMP victim participant's relationship to the actual victim: Although a direct victim of attempted murder she was also the mother of the two murdered children.
- H. The relationship (if any) between VOMP Victim and Offender participants: Debbie was step-mother to Colin..
- I. Had Victim VOMP participant been diagnosed with Post Traumatic Stress Disorder:
Debbie had been diagnosed with PTSD by her psychiatrist and, despite having received some counselling assistance, was still highly symptomatic prior to her VOMP participation, and upon referral to VOMP had a Severity Scale 65. She experienced all of the following 3-5 times/week: *Intrusion*: intrusive thoughts, recurring dreams, flashbacks, guilt; *Withdrawal*: feelings of detachment, fear; *Arousal*: anger/rage, difficulty in concentrating, hypervigilance, high startle response, headaches, muscle tension.
- J. Indication (where known) of offender's Aversive Childhood Experience (ACE) score: ACE SCORE: 1. The only factor noted on Colin's ACE inventory is Number 6: A parental divorce. His case Study indicates how that figured (given

the mid-teens onset of schizophrenia, and psychotic ideation) in the murders and attempt murder he committed

- K. Source of referral to VOMP: Victim initiated: No.
- L. Source of referral to VOMP: Institutionally initiated: Yes.
- M. Preliminary options utilized: Preliminary meetings with each participant.
Number of face-to-face meetings: 4
- N. Dates of those meetings: June 14, 2004; Oct. 2, 2004; June 18, 2008 & Oct. 2, 2009
- O. Outcomes for Victim Participant: Debbie described the experience as “*Puzzle pieces put together*”, as she gained understanding of what had happened. Her PTSD Severity Scale decreased from 65-18, with most symptoms extinguished. She claims that the VOMP process, over the duration of her participation, “*put me back together again.*” Through her VOMP participation she was able to transcend her trauma, (the attempt on her life and murder of two of her children), reconciled with the step-son responsible and, once his schizophrenia was being managed, supported him for parole and into a new vocation of his own (as a landscape designer and landscaper). Debbie went back to school and qualified as a Certified Accountant who now has a busy practice and employs yet others. Debbie, like a number of the others, continues to assist me in making presentations to conferences wherever those might have impact for victims / survivors, victim service, corrections staff or folks in the medical professions. This culminated in a special Easter presentation on “The National”, a CBC TV program, featuring her story (April 12, 2010).
- P. Outcomes for Offender Participant: Colin’s ‘healing’ needed to begin with a Mental Health diagnosis, with Colin accepting that diagnosis (Schizophrenia), becoming aware of all of the implications of the illness, and ensuring that, once the appropriate medication to manage it was found, that he committed to take it (or another, as prescribed), quite likely for the rest of his life. Once that was accomplished, Colin could begin to work on healing the deep wounds in hearts: his own, and that of his step-mother, for starters. He reached out through our office to Debbie, his ‘mom’, and she responded, meeting with him, making clear

that “while I’m not alright with what happened, I’ve accepted it”, and by the second of a number of meetings, weeping together with Colin while the two embraced, her having forgiven him, and he, beyond anything he had dared hope, accepting of her forgiveness and committing to do all in his power to ensure that he would never create harms for anyone again.

Q. Warrant Expiry Date: Under supervision but released from prison in 2010.

R. Re-offence (if any): No new charges of any kind

S. Number of days from time of release to new offence. N/A

Key Elements:

- **Criminal Fact Pattern:** Many years ago, Debbie son, Colin, was beginning to slip deeply into a schizophrenic nightmare, one that created on-going nightmares for others for a decade and a half. Ultimately, in a desperately confused and terrified state, Colin attempted to release Debbie’s two youngest children from the pain he believed they were in, by taking their lives. He then struggled with Debbie, wounding her to the point that it is miraculous that she survived. She played ‘dead’ to escape.
- Years later, when Colin was stabilized, had demonstrated his ability to participate meaningfully in VOMP and had the support of a respected psychiatrist at the prison where he was incarcerated, he discussed with his treatment team the possibility of contacting his stepmother. The psychiatrist was familiar with VOMP (having worked with us on another case), and made the referral to our office. When we first met Colin, he presented as (and admitted to being) ‘zoned out’ on a new anti-psychotic medication. “*Maybe they overprescribe in here*”, he said, “*still, better a bunch of zombies than unpredictable psychotics.*” Despite the drug haze, Colin clearly communicated his hopes and intents: “*I’ve been telling my social worker and treatment team members that I feel a need to reach out to my mom, well, to Debbie, my Step-mom, to at least try to make an apology for what I did. They say that is what you guys do, and I if I make any such attempt, I should work through you. I don’t want to screw it up.*” We assured him that, yes,

this is exactly what we do in appropriate circumstances and that we would look into it and see how she responds

- When we first contacted Debbie she was struggling with feelings of helplessness, loss of control, survivor guilt, deep depression, and hopelessness. She has relational difficulties and an inability to ‘cope’ with demands of daily life. She described her life from the time on the night of May 24, 1997, that in Debbie’s words, “*All hell broke loose*” as her step-son, Colin, suffering a schizophrenic ‘melt-down’ killed her two children and very nearly killed her, Debbie had struggled just to get through the day, every day. She had managed to put enough of the pieces of her life back together to move to a new city, find at least regular, if not meaningful, employment, remarry and carry on as best she could. But anything approximating ‘healing’ (her word) eluded her. Despite some competent care and counselling following her PTSD diagnosis, she languished, unable to do much more than cope and survive from day to day She cautiously agreed to meet with us to learn more about the VOMP process, then decided to participate in hopes of getting answers to scores of unanswered questions.

- Debbie describes her first meeting with Colin, saying:

That meeting put me within sight of the off ramp of that healing highway I had gotten on some 12 years earlier. The [Colin] I met that day was nervous of course. But he wanted to help me complete my healing journey and was willing to be honest with me. A hard day for both of us, I’m sure, ended on a positive note. He, with the gift of a Mars bar in hand and tears in his eyes, and me with information that would return a pair of earrings given to me upon the birth of Stuart, my first born, taken from my ears that fateful night; and a fearsome headache. I had a lot to think about, as I’m sure he did too. It was a day I wouldn’t trade for anything.

- The Mars bar was one Debbie had purchased from a vending machine in the entry to the building in the prison where we met. It sounds like a very minor thing. But it wasn’t to Colin. It was a meaningful symbol that spoke volumes, as Debbie intended it to. When Colin was a child, Debbie would often buy him a Mars candy bar, his favourite, when he accompanied her and the other children on shopping or recreational outings. He seldom asked for much other than this, his

favoured treat. When Debbie slid this one across the table to him as the afternoon session of a day-long meeting began, Colin got the message. He hadn't been sure how to address her, but 'Mom' had closed the gap with a simple gesture. When Colin acknowledged that he had struggled with how he was going to address her, Debbie replied, "It's always been mom, [Colin], it's the only thing that fits..." Colin kept the Mars bar in a fridge for months, a simple symbol given him by Debbie that it was okay to call her 'mom' again.

- Two years later, Colin appeared before the Parole Board. We accompanied Debbie to the hearing and listened as she read her Victim Impact Statement at Colin's parole hearing. She spoke of their VOMP meetings and how healing these had been for both of them, then continued with this:

Which brings us to my presence here today. I am not here to cry about the past or rant and rave about how this man ruined my life. The fact is that no matter what I say or do today, or any other day, it will not erase the scars I bear and it will not bring my children back. Whatever people they would have been are gone forever. I will not see them graduate high school, get married, or welcome their children into my arms as my grandchildren. My children got a death sentence and my family got a sentence of life without their presence. Nothing can change that. What can be changed is the current state of [Colin's] healing and the penalty the taxpayer is paying in keeping him here. He has done all the right things while incarcerated, has finally received the mental health care I never knew he needed, has accepted responsibility and apologized for his actions, and lost the best years of his life. What would be gained by keeping him here any longer? I feel strongly that he is ready to return to life outside these walls and get on with the process of becoming a contributing member of society. Society is not better served by keeping him here.

Has my life been dramatically affected by this crime? Yes. Have I forgiven him for what he did? I not sure I can, but I have accepted it. [Colin] had issues going on that I had no idea about that have now been addressed. He understands his condition and I firmly believe that this incident was a one-time event, acted out by a young man in a lot inner turmoil. No one other than his family was ever at risk, and that family has come to support him today in the belief that his actions will not be repeated, ever.

- The Parole Board members thanked Debbie for her submission, asked for final statements from Colin, then adjourned to deliberate about their decision: to grant parole or not. They reconvened the hearing less than 20 minutes later, granted Colin parole and read out the conditions of his release. The usual list of these conditions includes a ‘no go, no contact’ condition prohibiting “contact direct or indirect with the victims of your offence.” In contrast, this one allowed contact as and when desired by the victim(s). The moment the hearing was over and the room cleared, Debbie asked if she might meet with Colin immediately, before we left the prison. Given a trusting and cooperative Institutional Parole Officer (IPO), who had been present in the parole hearing, I was able to arrange a meeting within minutes. At the end of this two hour long meeting, one marked with tremendous openness, transparency, candour and caring, Colin and his mom rose from the chairs we had circled. Without a moment’s awkwardness, Debbie moved toward Colin and put her arms around him. The years were swept away. Pain was eclipsed by a quality of love so deep it almost defies description. As Colin relaxed into Debbie’s hug, appearing weak-at-the-knees at this offering of grace, almost *falling* into it, the tears began to flow. Their courage, their hard work, motivated by desire to heal individually and in relation to one another, had given them what they had hoped when they entered the VOMP process two years before. The embrace was simply an outward expression of the inner healing and reconciliation, a graced moment that clearly communicated: “You are welcome ‘home’ again: home IS where the heart is, and there is a place for you, despite all that has transpired, as my son, in my heart.”

Debbie’s Pre victim offender dialogue symptom assessment

Post-traumatic stress assessment

Since the trauma, which of the following is being experienced and how frequently:

SYMPTOM	Frequent (3-5 x/wk)	Occasional (1-2 x/wk)	Seldom (1x/wk)	Never
INTRUSION				
Intrusive thoughts and images	X			
Recurring dreams – nightmares	X			
Flashbacks	X			
Anxiety attacks		X		

Crying spells and tearfulness		X		
Feeling of shame, embarrassment		X		
Guilt feelings ("If only...")	X			
WITHDRAWAL				
Withdrawal		X		
Depression-diminished interest		X		
Feeling of detachment or estrangement	X			
Inability to recall specific events of trauma				X
Disorientation, confusion		X		
Restricted affect		X		
Avoidance of thoughts of trauma				X
Fear	X			
Job Difficulties	X			
Sexual Dysfunction				N/A
Numbness-emotional/physical	X			
Helplessness, loss of control	X			
AROUSAL				
Sleep disturbances	X			
Anger/Rage	X			
Difficulty in concentrating	X			
Hypervigilance	X			
High startle response	X			
Headaches	X			
Muscle tension	X			
Nausea			X	
Eating disturbances				X
Difficulty in breathing				X
Cold sweat		X		
Increased alcohol usage				X
Increased drug usage				X

**Debbie's Post victim offender dialogue assessment
Post-traumatic stress assessment**

Since your VOMP dialogue with the offender which of the following is being experienced and how frequently:

SYMPTOM	Frequent (3-5 x/wk)	Occasional (1-2 x/wk)	Seldom (1x/wk)	Never
INTRUSION				
Intrusive thoughts and images		X		
Recurring dreams – nightmares			X	
Flashbacks				X
Anxiety attacks				X
Crying spells and tearfulness		X		
Feeling of shame, embarrassment			X	

Guilt feelings ("If only...")				X
WITHDRAWAL				
Withdrawal			X	
Depression-diminished interest			X	
Feeling of detachment or estrangement			X	
Inability to recall specific events of trauma				X
Disorientation, confusion				X
Restricted affect				X
Avoidance of thoughts of trauma				X
Fear			X	
Job Difficulties			X	
Sexual Dysfunction				X
Numbness-emotional/physical			X	
Helplessness, loss of control			X	
AROUSAL				
Sleep disturbances			X	
Anger/Rage			X	
Difficulty in concentrating			X	
Hypervigilance			X	
High startle response			X	
Headaches				X
Muscle tension				X
Nausea				X
Eating disturbances				X
Difficulty in breathing				X
Cold sweat				X
Increased alcohol usage				X
Increased drug usage				X

- Debbie's Pre and Post trauma symptom inventories give indication of how far she had come. She reports in presentations we have made together, not only to survive but to thrive and to flourish.⁹⁸ In a 12 minute video documentary feature titled "Embracing A Killer" produced by the Canadian Broadcasting Company (CBC), broadcast on Easter Weekend in April 2010, Debbie describes the outcome of the process. Here are the final few moments of the dialogue from that documentary:

⁹⁸ At Allard Hall, UBC Law school in Vancouver, January 12, 2012, then for community members near the city where the crime took place, then in a daylong conference with professional practitioners in the fields of medicine, social work and psychology, in Cranbrook, BC. She also tells her story in a 12 minute video feature on CBC's *The National*, broadcast April 4, 2010.

Interviewer: “[Debbie has] agreed to meet with [Colin] from time to time in public places. She believes the mediation worked.”

Debbie: “My puzzle was always partially completed. And once we started the dialogue, even though the puzzle pieces weren’t technically about what happened that night, the little pieces of my life started falling back together. It put me back together.”

Interviewer: “Closure? Not exactly; but to understand and embrace a killer, that was the glue that Debbie needed to mend her damaged soul.” Duncan McCue, CBC, Vancouver” (CBC, The National, April 4, 2010).

- Debbie wasn’t crazy about the title, or the fact that the interviewer needed to characterize Colin once again as “a killer” in the closing seconds of the interview. She found it difficult to return to a characterization of her remarkably respectful and gentle son (both before the incident and now), as “a killer”. All of that had been firmly put behind her. Her clear message was that the process had “...put me back together”.
- Colin, for his part, had been extremely careful to save every penny from his inmate pay. The top pay rate for prisoners fortunate enough to have jobs is the princely sum of about \$7.00 CAD per day. With the money Colin had saved, he managed to put a small down payment on a bachelor apartment, and another on a used pickup truck and some tools. Colin had studied horticulture and done landscaping while in prison, excelling at both. He managed to get employment in the community as a landscaper, then struck out on his own to begin a business as a landscaper/gardener. He has regular clients, makes a respectable annual income, is very aware that he will need to continue to take schizophrenia meds and see a psychiatrist at intervals for the rest of his life. He is committed to continued mental health and a sensible work-life balance and from this author’s point of view and that of the parole supervisors to whom Colin will also need to report for life, he is succeeding in every way.

Case Study #25

- A. The prisoner participant's (pseudo) name: Oscar
- B. The offence type: Murder 2nd Degree x1 & Manslaughter x1
- C. The victim participant's (pseudo) name(s): Claudette
- D. Victim participant's gender: Female.
- E. Was the victim participant a direct victim of the offence: No
- F. Was the victim participant a family survivor with legal victim status: Yes
- G. The VOMP victim participant's relationship to the actual victim: Daughter of one murder victim (her mother) and sister to the second murder victim.
- H. The relationship (if any) between VOMP Victim and Offender participants: None
- I. Had Victim VOMP participant been diagnosed with Post Traumatic Stress Disorder: Yes, Claudette's PTSD Severity Score was extremely high 89 – she experienced all of the following 3-5 times per week: *Intrusion*: Intrusive thoughts and images, crying spells and tearfulness, feelings of shame, embarrassment, guilt feelings ("If only..."); *Withdrawal*: withdrawal, depression-diminished interest, feelings of detachment or estrangement, inability to recall specific events of trauma, restricted affect, avoidance of thoughts of trauma, fear, job difficulties, helplessness, loss of control; *Arousal*: sleep disturbances, anger/rage, hypervigilance, high startle response, headaches, muscle tension
- J. Where known, what was the offender's Aversive Childhood Experience (ACE) score: ACE Score: 5. Oscar experienced brutal physical punishment, neglect, alcoholism and witnessing extreme and frequent violence against his mother. At age 6, he tried to "circle the top bar on a swing and crashed to the concrete" under it. He was sent home from school and so disoriented, dizzy and sight impaired from what turned out to be a serious skull fracture, that he was barely able to find his own house. The fracture was never treated. At 15 his mother suddenly died. A year later, he nearly died from a brain aneurism, and had to have emergency surgery to open his skull and relieve the "bleed." The resulting scar was a source of ridicule (to which the now powerfully built brick layer did not take kindly). (see ACE scale below).

- K. Source of referral to VOMP: Victim initiated: Yes
- L. Source of referral to VOMP: Institutionally initiated: No
- M. Preliminary options utilized: Numerous therapy sessions, meetings to discern wisdom of proceeding, correspondence exchange and video from offender for victim
- N. Number of face-to-face meetings: 4 plus presentations given together
- O. Dates of those meetings: Oct. 2, 1999; Nov 11, 1999; March 30, 2000; & March 13, 2007.
- P. Outcomes for Victim Participant: Claudette was empowered to meet with offender to hear what really happened. She learned that the fire that killed her mother and sister was not a hate crime but set accidentally during a burglary gone wrong. She was able to forgive the offender, and rid herself of her former “caustic rage.” Her PTSD Severity Score dropped from 89 to 26 with most symptoms almost extinguished, particularly her fear and rage states. Claudette was very clear that the process had ended years (seven at least) of serious distress for her. Her years of feeling a need to withdraw from others, especially anyone who didn’t understand her continuing hurt and anger, “*The ‘pull up your socks, get over it’ crowd*” as she called them, ended. She felt freedom to renew her training, and sought and found meaningful employment in agencies such as Victim Services, where practitioners largely DID understand.
- Q. Outcomes for Offender Participant: Oscar may well have been fighting an acquired brain injury, then multiplied traumas for most of his life. He accomplished much, through his VOMP participation, in terms of his victim’s healing and his own. But, whether he will ultimately heal and manage to resolve the trauma he has suffered and endured over his life time, remains to be seen. In the face-to-face meeting he owned his responsibility for having created the circumstances that had this young woman, Claudette, so enraged, and communicated his willingness to be held to account by the surviving family members for the losses he had caused them. In response to the excoriatingly angry letter, written by Claudette and given to him as he entered into the VOMP process, Oscar wrote a poem to Claudette. “*I’ve tried to stand in your footsteps,*

and look through your frightened eyes, I've tried, but I haven't come near to it yet, and I couldn't in a million tries...." Ending with, *"I'm sorry, Claudette, for the pain in your heart, and if I could I would take it away."* With each of their meetings, greater understanding, responsibility taking as well as growth and demonstration of empathy took place. Ultimately Claudette had moved out of her place of hurt and anger, and in response to the empathy and responsibility she had seen, forgave Oscar

R. Warranty Expiry Date: July 27, 2000

S. Re-offence (if any): Assault

T. Number of days from time of release to new offence: Several years after release

Key Elements:

- The lives of victim and offender in this case began to intertwine the night that Oscar, who acknowledges that he was "a B & E artist," broke in and entered the garage at Claudette's parents' family farm. He used his cigarette lighter to see what spoils might be had and, when the lighter's steel case became too hot, lit a rolled newspaper to see his way in the darkness. Suddenly surprised by the family dog, he dropped the burning paper on the concrete floor and ran. The flames began to vapourize old grease and diesel oil in the cracks of the floor, setting fire first to the garage, then, within minutes, the adjacent house was engulfed. Passersby saw the flames and roused the family. Fifteen year old Claudette, her mother and her father got out. Realizing that Claudette's twelve year old sister was still in the house, Claudette's mother ran back in in hopes of rescuing her. Both mother and her younger daughter perished in the flames
- Oscar was arrested, sentenced and incarcerated. Claudette wrote him a letter, shortly after he was imprisoned. The letter was described by one corrections official as "one of the angriest letters from a victim I had seen in my entire [30 year] career."
- Oscar wrote to us after receiving her first letter. He was aware of the VOMP program through hearing of it from another inmate, whom he respected. In his initial letter to us, he indicated his willingness to be held to account by the

surviving family members for the losses he had caused them. But our third party contacts in the victim service community advised us that Claudette was by no means ready to take such a step, and that she and the other survivors in her family would likely find it traumatic if we were even to approach her to suggest that we had a letter from the offender potentially opening the door to this option for her, should she choose it.

- A number of years passed. When the offender became eligible for parole, Claudette attended his parole hearings. She began to see more of the humanness of the offender. In a significant turn, she began to doubt that the fire had been intentionally set, though a piece of evidence presented at trial indicated that an ‘accelerant’ had been used, positing the possibility of a racially motivated ‘hate crime’. Claudette knew, better than anyone in the court room had, that the building in which the fire was set was a large garage, housing the farm tractors and equipment. There was a large tank of diesel fuel on an elevated steel structure along one wall of the garage. When the rubber hose burned through, the tank had emptied into the garage, leaving traces of the ‘accelerant.’ At age 15, during the time of the trial, she depended on the forensics experts to provide the evidence. She had not, in those early days, made the connection between the diesel fuel present as a necessity on a farm, and the so-called accelerant the offender had been accused of spreading intentionally. One thing Claudette knew for certain: she was sick and tired of "doing time", psychologically, for this offence herself. She determined that she would need a facilitated encounter with the offender to assist her to share with him the harms and consequences she and her family had suffered and to hear from him whatever indication he was capable of making, of responsibility and remorse.
- It was almost six years from the time Claudette had written to Oscar and he had reached out to VOMP before the referral from Claudette came to us. Following a number of preliminary meetings, which included a video exchange of Oscar answering questions that Claudette had posed, the two meet in a two day long face-to-face meeting, followed by a half day face-to-face meetings.

- Following their face-to-face meetings, Oscar was considered for early release. He felt, however, that he had been ‘pushed out’ on parole before he was actually ready to go. Within a few days of getting employment as a labourer, Oscar was at a bank to cash his paycheck when it suddenly occurred to him that “If any of the staff, or anybody standing near me in that line up knew what I had done, that I was responsible for taking the life of a little girl and her mother, they would *hate* me....” Ruminating on that thought later that evening, it occurred to Oscar that all he had to do to go back to the safety of a minimum security prison and the care he had found there, was to get himself re-arrested. He threw a brick through the window of a large car dealership to set off the alarm (no more crimes involving people’s residences, he reasoned) put his hands behind his back and waited for the police to arrive. It didn’t take long. He was back in his ‘*parent*’ *institution* (I’d never noticed the irony of that, before) in a matter of days. Don, one of the managers who had been supportive of him, met him on the way in and asked him, “‘*Oscar*’, *what the hell? Did you not have a quarter for a pay phone? One call and I’d have said, get on a bus and come back.*”
- During this stint in prison there were further face-to-face meetings with Claudette. Oscar applied for and received an Escorted Temporary Absence (ETA) to travel together with VOMP staff and Claudette in order to make two public presentations regarding their VOMP experience, one at an International RJ Symposium in Vancouver and the second at a Provincial Court Judges Association Conference. During one presentation, Oscar read aloud a poem he had written for Claudette, prior to their first face-to-face meeting:

Seeds

I've tried to stand in your footsteps
 And look through your frightened eyes
 I've tried but haven't come near to it yet
 And I couldn't in a million tries

Could I enter a room with a monster inside
 A monster who's stolen my youth
 Or would I simply find somewhere to hide
 Unable to look at the truth

I ask myself these questions
But my answers are never quite true
In the end they are only suggestions
Of how it would feel to be you

At times I believe that justice has failed
And perhaps only added to your fears
When after nine years I've only been jailed
While you've cried a lifetime of tears

But in the quieter moments I find
Some peace and a will to be strong
For whether justice be true or be blind
In my heart I know right from wrong

If I were able to reach inside you
I would take away all of your pain
And every sad moment I've put you through
And your tears which have fallen like rain

So often I travel back to that night
Trying to right a terrible wrong
And at times when my life seems too much a fight
I look and see you standing strong

I thank you for showing what courage can be
You have strength that I've never known
And I thank you for allowing me a chance to see
That I have at least some of my own

All I have wanted right from the start
Was only the chance to say
I'm sorry, 'Claudette', for the pain in your heart
And if I could I would take it away.

- Claudette then read to the rapt audience the two poems she had slid across the table to Oscar at the conclusion of their final face-to-face meeting.

The Picture I see

I sit before you and can see
A picture that has caused us both misery.
My tragic story, the result of your distorted life:
A life that has also been filled with tragedy.

I speak for myself, from what I have seen, and what I believe.
I see now that you are to blame yet I do not know how to free myself
From what I have taken responsibility for.

You have said that if you could, you would take away my pain
Yet this pain is for me to bear, not to be shared.
I would not wish upon anyone to have to face the experience I have had.
Yet, alone, you have willingly taken the pain away from me.

Your understanding is all that I ask for:
The understanding that you have hurt me in so many ways.
And that you cannot make my pain go away.

I see now that you are a different man from the monster I first saw you as:
A man who has changed and learned.
The lessons you have learned I hope serve you well,
As I do not wish for more to fall due to your mistakes.

I also see that we all have the ability to change,
A growth from the lessons we have faced.
I have seen this in both myself and in you.

I see in myself a need to forgive, forgive you for what you have done
And to move on with my life, free from the anger and fear that has haunted
me.
Yet forgiveness does not mean to forget.
As what has happened could never be forgotten.

I wish for you to accept my forgiveness
And remember that you have choice.
You are free to make choices that could change the lives of many for years
to come.
Choices that can move you forward or bring you back to the life you once
had.

- The conference room, packed to capacity, was absolutely still as she began to read the last of her poems:

Forgiveness

Forgiveness

A struggle with emotions and facts

Righting a wrong that has been done

Accepting a turn of events for what it is.

Forgiveness

Why should it be considered

After such a wrong has been committed

And so many mistakes made.

Forgiveness

I do not want to continue being angry

Yet hate you for what you have done

But I also need to move on with my life.

Forgiveness

Accepting you for face value

Learning that you have made some serious mistakes

But accepting you have learned

A lesson from those you have hurt.

Forgiveness

A realization that I could not change the past

And am not to blame for what had happened

I did my best.

Forgiveness

The need to free myself

From the guilt that has haunted me

And the anger that has engulfed me.

Forgiveness

A need to respect

You for who you are

And me for what I've become.

Forgiveness

Using what we have learned

And applying it to our lives

Never to forget the lessons we have faced.

- Claudette is currently Chair of a victim advocacy organization, specifically founded to consult on law and policy with Corrections Canada and the Parole Board of Canada. She also helps to convene and often to host the VOMP 'alumni' family survivors of homicide group VOMP staff formed a number of years ago and which still regularly meets.
- Oscar was again paroled and did well in the community for almost two years but then had an altercation with his landlord, who had pulled a knife on him. Despite the landlord initiating the incident, Oscar was charged with assault, pled guilty and was sentenced to a short term in a provincial jail. Over the next few years, Oscar again would be released, do reasonably well for a time, and then, inevitably, it seemed, would get into another altercation and be rearrested. He admits to having a very hard time ever backing down from a challenge or clear demonstration of disrespect.

**CLAUDETTE'S Pre-victim offender dialogue symptom assessment
Post-traumatic stress assessment**

Since the trauma, which of the following is being experienced and how frequently:

SYMPTOM	Frequent (3-5 x/wk)	Occasional (1-2 x/wk)	Seldom (1x/wk)	Never
INTRUSION				
Intrusive thoughts and images	X			
Recurring dreams – nightmares	X			
Flashbacks	X			
Anxiety attacks	X			
Crying spells and tearfulness	X			
Feeling of shame, embarrassment	X			
Guilt feelings ("If only...")	X			
WITHDRAWAL				
Withdrawal	X			
Depression-diminished interest	X			
Feeling of detachment or estrangement	X			
Inability to recall specific events of trauma	X			

Disorientation, confusion		X		
Restricted affect	X			
Avoidance of thoughts of trauma	X			
Fear		X		
Job Difficulties		X		
Sexual Dysfunction				
Numbness-emotional/physical	X			
Helplessness, loss of control	X			
AROUSAL				
Sleep disturbances	X			
Anger/Rage	X			
Difficulty in concentrating	X			
Hypervigilance	X			
High startle response	X			
Headaches		X		
Muscle tension		X		
Nausea			X	
Eating disturbances			X	
Difficulty in breathing				
Cold sweat				
Increased alcohol usage	X			
Increased drug usage				

**CLAUDETTE'S Post victim offender dialogue symptom assessment
Post-traumatic stress assessment**

Since your face-to-face meeting (i.e., in the days and weeks following that meeting)
which of the following is being experienced and how frequently?

SYMPTOM	Frequent (3-5 x/wk)	Occasional (1-2 x/wk)	Seldom (1x/wk)	Never
INTRUSION				
Intrusive thoughts and images		X		
Recurring dreams – nightmares		X		
Flashbacks		X		
Anxiety attacks		X		
Crying spells and tearfulness		X		
Feeling of shame, embarrassment		X		
Guilt feelings ("If only...")		X		
WITHDRAWAL				
Withdrawal		X		
Depression-diminished interest		X		
Feeling of detachment or estrangement		X		
Inability to recall specific events of trauma		X		
Disorientation, confusion		X		
Restricted affect		X		

Avoidance of thoughts of trauma		X		
Fear		X		
Job Difficulties		X		
Sexual Dysfunction				
Numbness-emotional/physical		X		
Helplessness, loss of control		X		
AROUSAL				
Sleep disturbances		X		
Anger/Rage		X		
Difficulty in concentrating		X		
Hypervigilance		X		
High startle response		X		
Headaches		X		
Muscle tension		X		
Nausea			X	
Eating disturbances			X	
Difficulty in breathing				
Cold sweat				
Increased alcohol usage			X	
Increased drug usage				

**CLAUDETTE'S Post victim offender dialogue symptom assessment
Post-traumatic stress assessment**

Since your SECOND face-to-face meeting (i.e., in the days and weeks following that meeting) which of the following is being experienced and how frequently?

SYMPTOM	Frequent (3-5 x/wk)	Occasional (1-2 x/wk)	Seldom (1x/wk)	Never
INTRUSION				
Intrusive thoughts and images			X	
Recurring dreams – nightmares			X	
Flashbacks			X	
Anxiety attacks			X	
Crying spells and tearfulness			X	
Feeling of shame, embarrassment			X	
Guilt feelings ("If only...")			X	
WITHDRAWAL				
Withdrawal			X	
Depression-diminished interest			X	
Feeling of detachment or estrangement			X	
Inability to recall specific events of trauma			X	
Disorientation, confusion			X	
Restricted affect			X	
Avoidance of thoughts of trauma			X	
Fear			X	

Job Difficulties			X	
Sexual Dysfunction				
Numbness-emotional/physical			X	
Helplessness, loss of control			X	
AROUSAL				
Sleep disturbances			X	
Anger/Rage			X	
Difficulty in concentrating			X	
Hypervigilance			X	
High startle response			X	
Headaches			X	
Muscle tension			X	
Nausea				X
Eating disturbances				X
Difficulty in breathing				
Cold sweat				
Increased alcohol usage				X
Increased drug usage				

**CLAUDETTE'S Post-victim offender dialogue symptom assessment
(current)**

Post-traumatic stress assessment

Which of the following is being experienced and how frequently, Currently? How long since your face-to-face meeting, (approximately), 12 years and _____ months?

SYMPTOM	Frequent (3-5 x/wk)	Occasional (1-2 x/wk)	Seldom (1x/wk)	Never
INTRUSION				
Intrusive thoughts and images			X	
Recurring dreams – nightmares			X	
Flashbacks			X	
Anxiety attacks			X	
Crying spells and tearfulness				X
Feeling of shame, embarrassment				X
Guilt feelings ("If only...")				X
WITHDRAWAL				
Withdrawal				X
Depression-diminished interest			X	
Feeling of detachment or estrangement				X
Inability to recall specific events of trauma				X
Disorientation, confusion				X
Restricted affect				X
Avoidance of thoughts of trauma				X
Fear				X
Job Difficulties				X

Sexual Dysfunction				
Numbness-emotional/physical				X
Helplessness, loss of control				X
AROUSAL				
Sleep disturbances			X	
Anger/Rage				X
Difficulty in concentrating				X
Hypervigilance				X
High startle response				X
Headaches				X
Muscle tension				X
Nausea				X
Eating disturbances				X
Difficulty in breathing				X
Cold sweat				X
Increased alcohol usage				X
Increased drug usage				

'Oscar's' ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household *often or very often*...

Swear at you, insult you, put you down, or humiliate you? *or*

Act in a way that made you afraid that you might be physically hurt?

Yes_x_ No__.

2. Did a parent or other adult in the household *often or very often*...

Push, grab, slap, or throw something at you? *or*

Ever hit you so hard that you had marks or were injured?

Yes_x_ No__.

3. Did an adult or person at least 5 years older than you ever...

Touch or fondle you or have you touch their body in a sexual way? *or*

Attempt or actually have oral, anal, or vaginal intercourse with you?

Yes__ No_x_.

4. Did you *often or very often* feel that ...

No one in your family loved you or thought you were important or special? *or*

Your family didn't look out for each other, feel close to each other, or support each other?

Yes_x_ No__.

5. Did you *often or very often* feel that ...

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or

Your parents were too drunk or high to take care of you or take you to a doctor if you needed it?

Yes__ No_x__.

6. Were your parents ever separated or divorced?

Yes__ No_x__.

7. Was your mother or stepmother:

Often or very often pushed, grabbed, slapped, or had something thrown at her? or
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or

Ever repeatedly hit for at least a few minutes or threatened with a gun or knife?

Yes _x_ No__.

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

Yes_x_ No__.

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

Yes__ No_x__.

10. Did a household member go to prison?

Yes__ No_x__.

Now add up your "Yes" answers: __5__ This is your ACE Score.

Appendix G: CSC correctional results report, 2007

Restorative Justice Victim Offender Mediation Program (VOMP) 2007

Correctional Results



Correctional Operations and Programs Sector

Restorative Justice Division

The Correctional Service of Canada's Restorative Justice (RJ) Division provides a safe and constructive setting/process whereby victim(s) and offender(s) can communicate with each other and address the harms caused by serious crime. In the Pacific region, this is achieved through the Victim Offender Mediation Program (VOMP) coordinated by the Community Justice Initiative in Langley, BC.

Originally, institutional staff identified potentially appropriate offenders and generated the vast majority of requests received. However, there has been a significant rise among referrals received by victims for this service that surpasses institutional requests.

Victim-Offender Mediation (VOM) is a restorative process important in addressing the needs of all participants contributing to public safety and the prevention of future crime. VOM is a CSC funded effort at safely reintegrating offenders into society by ensuring that they understand the human costs inflicted by their crime, address the harms, and repair some of the damage as agreed upon by both the victim and offender. It is a critical step towards helping victims heal by having their questions and needs responded to by those directly involved.

All requests for service are carefully assessed to determine the appropriateness of the intervention and the readiness of the participants to proceed with communication. Some of these requests will be screened out if the other party is inaccessible/unwilling to participate or if either party's motivation is deemed inappropriate for the program. Others will be managed using indirect communication – shuttle communication and/or letter/videotape exchanges. Some will be delayed to allow further preparation.

This report explores the correctional results of 101 offenders who have participated in the Victim Offender Mediation Program and completed a face-to-face VOM meeting from 1992 to October 18, 2007. An analysis of the data provided in correlation with data extracted from the Offender Management System (OMS) were used to verify offender status and offence history post-VOM.

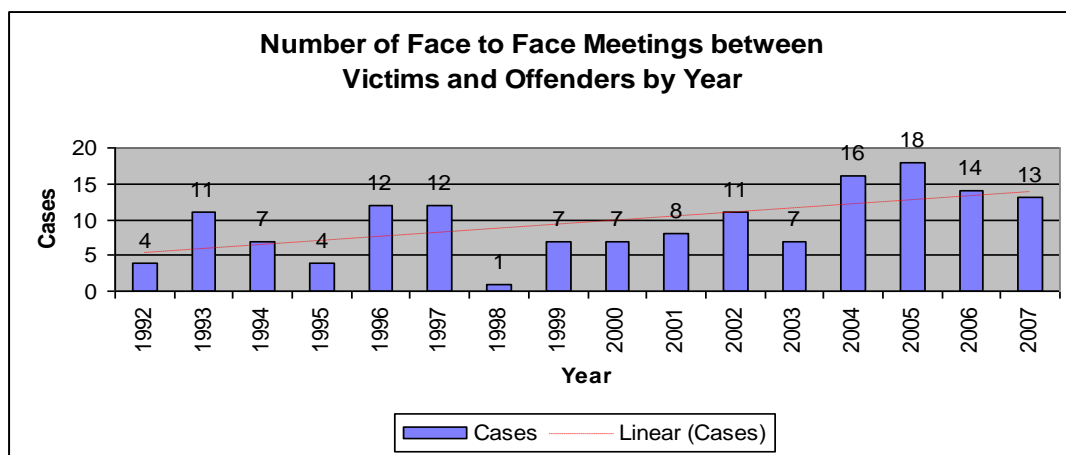
This report does not analyze the personal impacts on victims and offenders of participation in these services. Anecdotal impact continues to suggest that there are great benefits for both parties. A 1995 qualitative evaluation demonstrated high levels

of satisfaction for both victims and offenders. For victims, they reported having greater control over their safety and their lives, and that the process offered them a measure of closure. For offenders, in addition to personal growth, they reported having a greater commitment to addressing their criminogenic needs. Staff interviewed confirmed a higher commitment on the part of those offenders to participate actively in their correctional plan.

Case statistics

VOM per year

Of the 101 offenders, 152 face-to-face meetings took place between 1992 and 2007:



Average of 9.5 face-to-face meetings per year.

Number of face-to-face meetings in VOM process per offender

Of the 101 offenders:

1 Meeting	2 Meetings	3 Meetings	4 Meetings	5 Meetings	6 Meetings
71	17	8	3	1	1

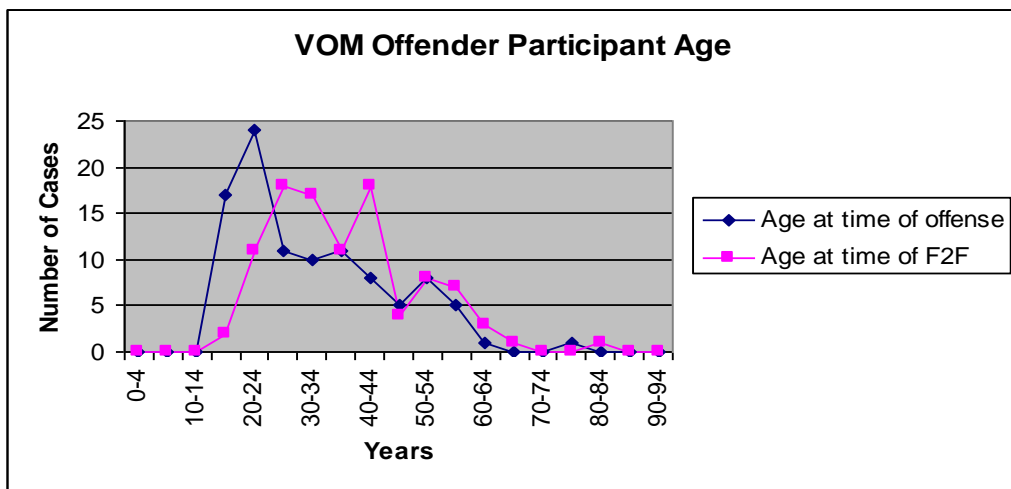
- 70% of offenders participated in 1 face-to-face meeting
- 17% of offenders participated in 2 face-to-face meetings
- 8% of offenders participated in 3 face-to-face meetings
- 3% of offenders participated in 4 face-to-face meetings
- 1% of offenders participated in 5 face-to-face meetings

- 1% of offenders participated in 6 face-to-face meetings

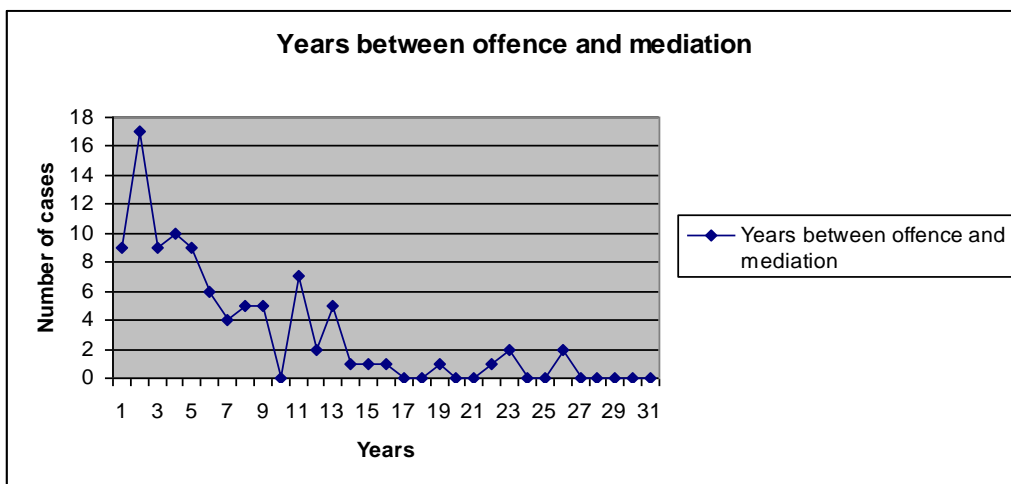
Offender statistics

Age

- The age of the offenders who participated in VOM at the time of their offence ranged from 15 to 77, with an average age of 27.
- Their age at the time of their first face-to-face encounter, ranged from 18 to 81, with an average of 36.

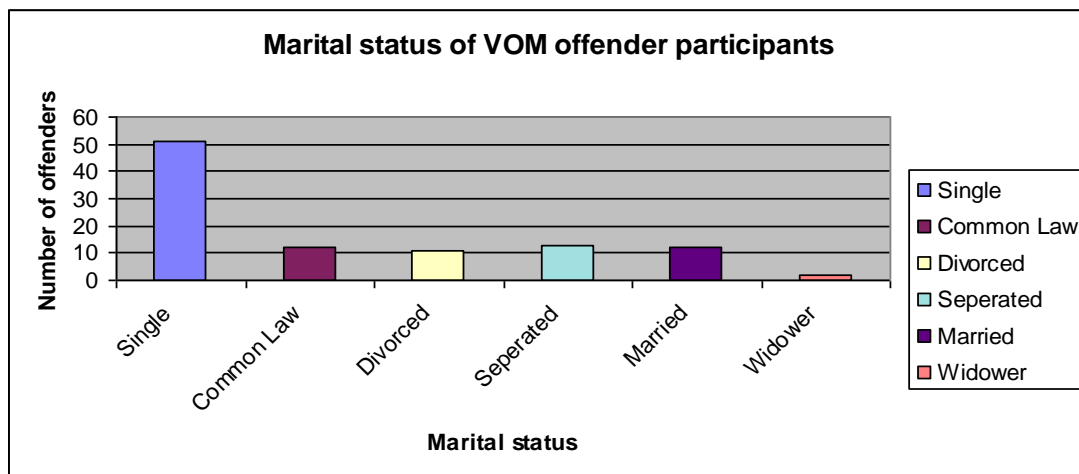


- The time between offence and mediation ranged from 7 months to 33 years, with an average of 9 years and 2 months.



Marital status

- 50% of the offender participants were single at the time of their participation in victim-offender mediation.
- 24% were in committed relationships, either common-law or marriage.
- 24% were separated or divorced from their partners, and
- 2% had been pre-deceased by their partner.



Gender

- 96% of the offender participants in VOM were male and 4% were female.
- These ratios are consistent with the general federally-sentenced offender population:

Offender Status	Women	%	Men	%	Total
Incarcerated	485	3.6%	12972	96.4%	13457

Ethnicity

In terms of the ethnic representation of the offender participants in VOM:

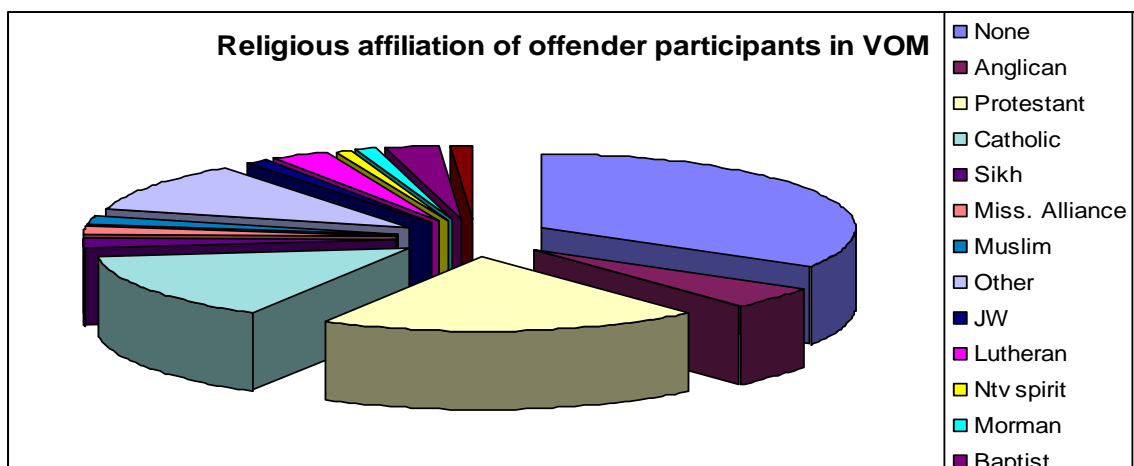
- 77% were Caucasian
- 6% were Aboriginal
- 9% were Métis
- 2% were Arabic

- 1% were Asiatic
- 1% were Black
- 2% were East Indian
- 1% were Japanese
- 1% were Vietnamese

Fifteen percent of participants were of Aboriginal origin. This representation is lower than the Aboriginal representation in the total federally-sentenced offender population.

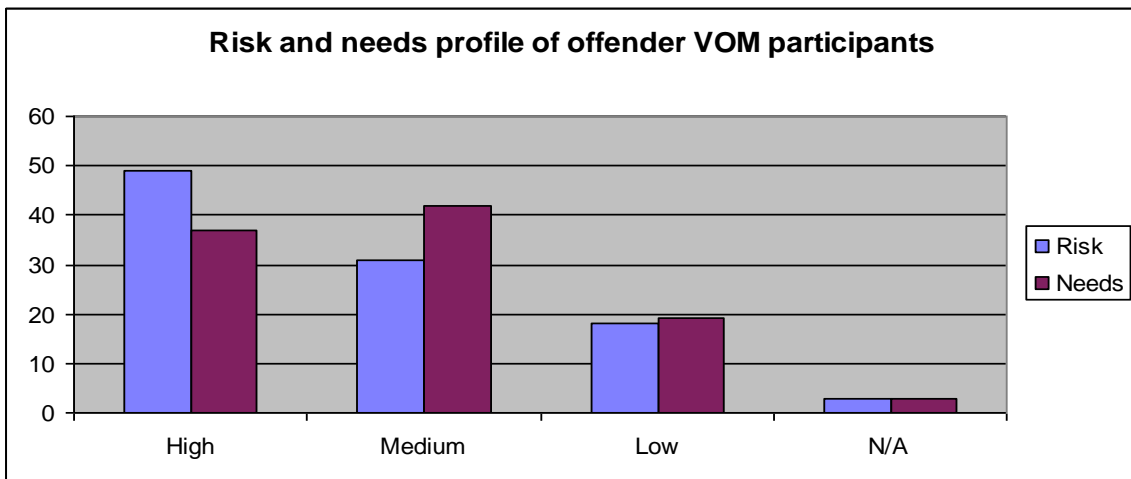
Religious background

- In terms of the religious background of the offender participants,
 - 20% were Protestant;
 - 15% were Catholic
 - 2% were Muslim
 - 2% were Sikh
 - 1% were affiliated with Native Spirituality
 - 1% were Mormon
 - 5% were Anglican
 - 1% were Jewish
 - 3% were Lutheran
 - 3% were Baptist
 - 11% self-identified as Other, 34% as None, 1% as Atheist and 2% as having miscellaneous alliances.



Risk/Needs

- The vast majority of offender participants were rated as high risk and medium needs.
 - Risk
 - 49% were rated as high risk
 - 31% were rated as moderate risk
 - 18% were rated as low risk
 - 3% N/A
 - Needs
 - 37% were rated as high needs
 - 42% were rated as moderate needs
 - 19% were rated as low needs
 - 3% N/A



Current offender status

Of the 101 offenders:

Incarcerated	Supervised	Deceased	Sentence Completed	Deported
33	15	2	50	1

- 33% are presently incarcerated

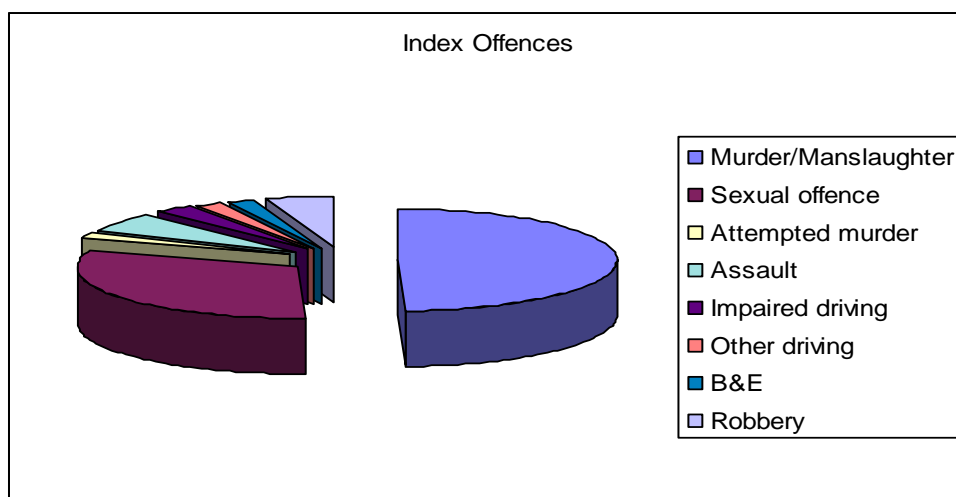
- 15% are on conditional release
- 2% are deceased
- 49% have completed their sentence
- 1% Have been deported

Index offence statistics

Offence type

Offences for which mediation was sought:

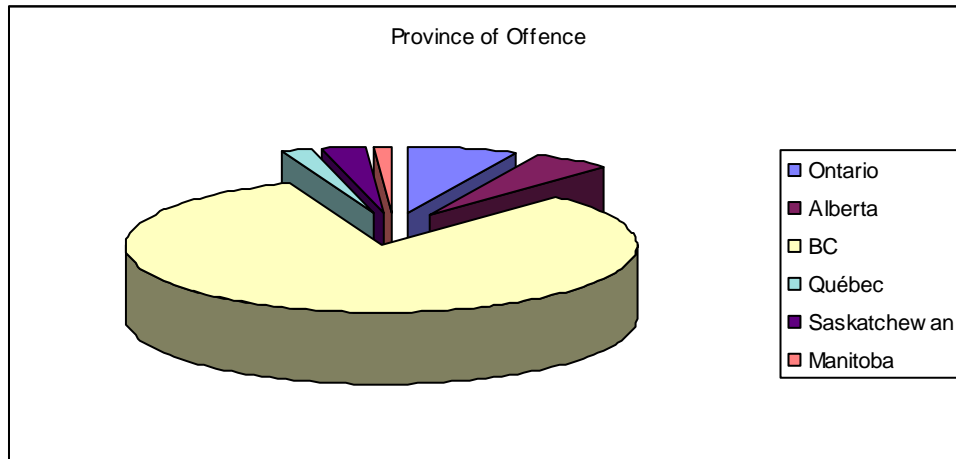
- 49% were murders or manslaughters
- 31% were sexual offences
- 6% were assaults
- 5% were robberies
- 2% were driving offences not involving intoxicants
- 3% were driving offences involving intoxicants
- 2% were attempted murders
- 2% were break and enters



Province of offence

- The majority of participant's offences occurred in Western Canada.
 - 82% occurred in British Columbia
 - 5% occurred in Alberta

- 3% occurred in Saskatchewan
- 1% occurred in Manitoba
- 7% occurred in Ontario
- 2% occurred in Quebec



Conditional release success statistics (OMS data – March 29, 2018)

Release type post-VOM

Of the 66 offenders released post-VOM:

Day Parole	Full Parole	Statutory Release	Warrant Expiry
7 (11%)	5 (8%)	3 (5%)	49 (74%)

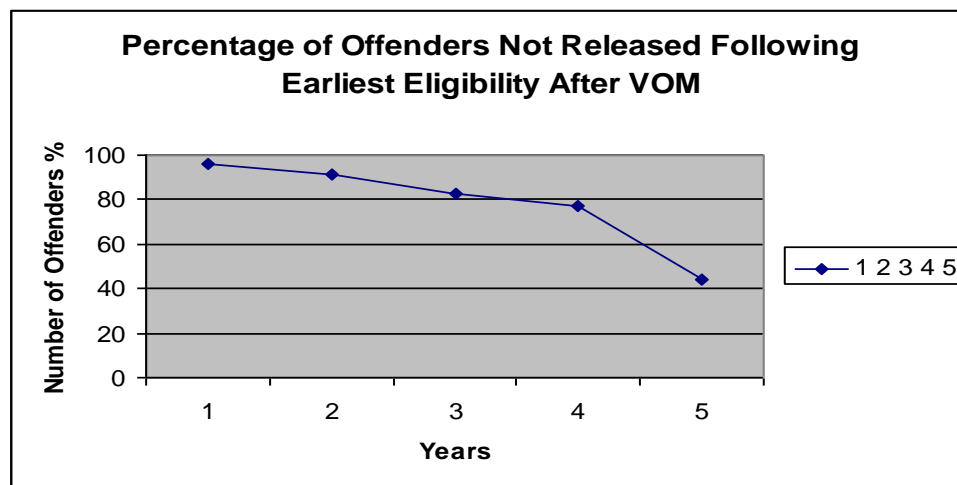
2% are unaccounted for: one offender was deported and it is assumed that one received a pardon.

Timeframe of release post-VOM

Of the 69 who were incarcerated and subsequently released at the time of their victim offender mediation:

- 45% (31) of offenders were released within 1 year of their next eligibility
- 78% (54) of offenders were released within 2 years of their next eligibility
- 84% (58) of offenders were released within 3 years of their next eligibility

- 93% (64) of offenders were released within 4 years of their next eligibility
- 97% (67) of offenders were released within 5 years of their next eligibility



Suspension/revocation/reoffending following victim offender mediation

Suspension

Of the 70 offenders who were either on release when they participated in VOM or who were subsequently released,

- 87% had not been suspended within 1 year of their face to face meeting.
- 83% had not been suspended within 2 years of their face to face meeting.
- By Year 5, 76% had not been suspended. This percentage remained stable until Year 6.

Revocation

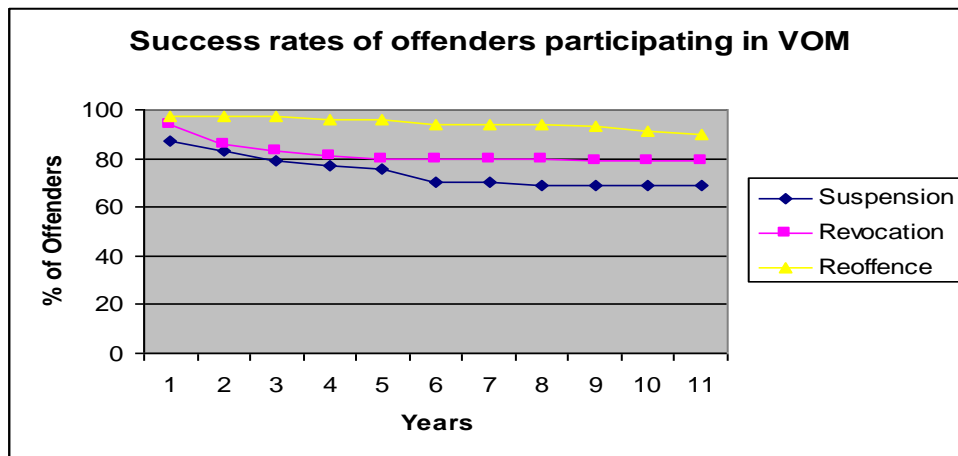
Of the 70 offenders who were either on release when they participated in VOM or who were subsequently released,

- 94% had not been revoked within 1 year of their face to face meeting
- 86% had not been revoked within 2 years of their face to face meeting.
- By Year 5, 80% had not been revoked. This percentage remained relatively stable.

Recidivism

Of the 70 offenders who were either on release when they participated in VOM or who were subsequently released,

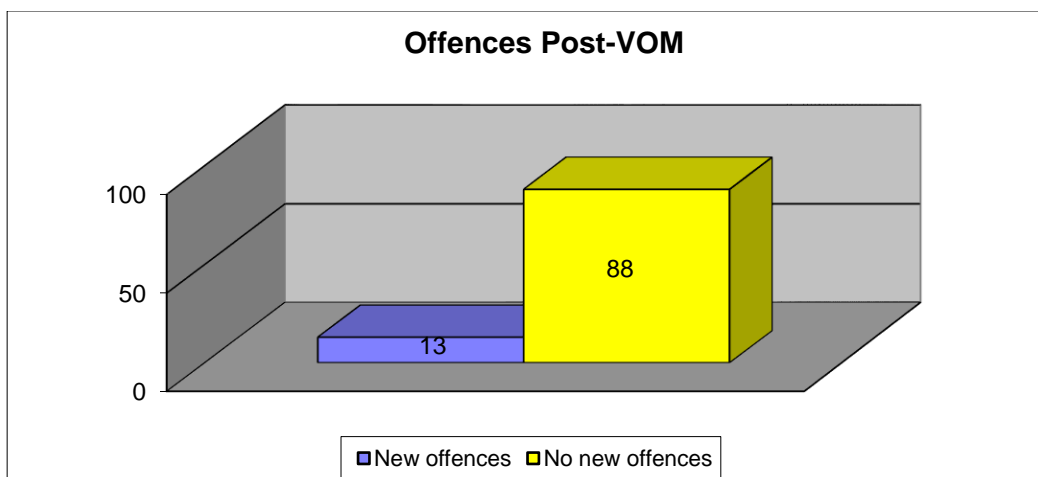
- 97% had not re-offended within 1 year of their face to face meeting.
- 94% had not re-offended within 5 years of their face to face meeting.
- By Year 10, 91% had not re-offended.



Offences committed post-VOM

Of the 101 offenders involved in face-to-face meetings. This includes all offenders since 1992 who were on release at the time of their face to face meeting, subsequently released, and incarcerated at the time of this report :

- 88 offenders (87%) have not committed new offences
- 13 offenders (13%) have committed new offence(s)



Type of offences

Of the 13 offenders who committed an offence(s) post-VOM:

- (30%) were charged with Robbery as their major offence
- (22%) were charged with Sexual Assault as their major offence
- 1 (8%) was charged with Assault as their major offence
- 1 (8%) was charged with Criminal Harassment as their major offence
- 1 (8%) was charged with Impaired Driving as their major offence
- 1 (8%) was charged with Driving While Disqualified as their major offence
- 1 (8%) was charged with Fail to Comply with a Recognizance as their major offence
- 1 (8%) was charged with Theft Under \$5,000 as their major offence

*Costs of services provided*Overall Budget

- From 1992 to 2007, the total budget invested in VOMP was \$125,000 / year – in the form of a contract with the major service provider. This includes contract costs, salary costs and travel costs.
- VOMP expenditures currently represent approximately 30 % of the Restorative Justice Division overall operational budget.

Cost review

- Each referral requires a file review, initial interview and careful preliminary assessment regardless of whether it proceeds.
- The vast majority referrals also require some degree of effort to locate, contact and assess the other party. This can be very time consuming in cases where the request originates from those working with the offender.
- All cases screened in following assessment then require individual preparation time with each of the parties, indirect exchange of information as well as logistical preparations for any further contact.

- Mediators must also consult with and brief the necessary CSC staff and must comply with evaluation requirements.
- Only 25% of all cases referred to VOMP proceed to a face to face mediation process. From 1992-2007, the average cost per face to face was \$13,157 with an average of 9.5 face to face meetings per year.

Please note that this document reports solely on cases that resulted in a face-to-face mediation process. The average cost was calculated by dividing the total budget for VOMP by the number of face-to face meetings that took place. It does not take into account the other mediation services that have been completed with participants over the specified time period. Such services include and are not limited to letter/video exchanges and shuttle mediation (whereby the mediator communicates messages between victim and offender without direct participant contact). Nor does it account for the development of cases that did not result in a mediation process. Therefore, the cost strictly associated to face-to-face meetings would be substantially less than the reported \$13,157 per face-to-face. Additional data collection methods will be explored to better reflect the cost analysis in the future.

Appendix H: Declaration of basic principles of justice for victims of crime and abuse of power



United Nations

A/RES/40/34

General Assembly

Distr. GENERAL

29 November 1985

ORIGINAL:
ENGLISH

A/RES/40/34

29 November 1985

96th plenary meeting

The General Assembly,

Recalling that the Sixth United Nations Congress on the Prevention of Crime and the Treatment of Offenders recommended that the United Nations should continue its present work on the development of guidelines and standards regarding abuse of economic and political power,

Cognizant that millions of people throughout the world suffer harm as a result of crime and the abuse of power and that the rights of these victims have not been adequately recognized,

Recognizing that the victims of crime and the victims of abuse of power, and also frequently their families, witnesses and others who aid them, are unjustly subjected to loss, damage or injury and that they may, in addition, suffer hardship when assisting in the prosecution of offenders,

1. Affirms the necessity of adopting national and international measures in order to secure the universal and effective recognition of, and respect for, the rights of victims of crime and of abuse of power;

2. Stresses the need to promote progress by all States in their efforts to that end, without prejudice to the rights of suspects or offenders;

3. Adopts the Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power, annexed to the present resolution, which is designed to assist Governments and the international community in their efforts to secure justice and assistance for victims of crime and victims of abuse of power;

4. Calls upon Member States to take the necessary steps to give effect to the provisions contained in the Declaration and, in order to curtail victimization as referred to hereinafter, endeavour:

- (a) To implement social, health, including mental health, educational, economic and specific crime prevention policies to reduce victimization and encourage assistance to victims in distress;

- (b) To promote community efforts and public participation in crime prevention;
- (c) To review periodically their existing legislation and practices in order to ensure responsiveness to changing circumstances, and to enact and enforce legislation proscribing acts that violate internationally recognized norms relating to human rights, corporate conduct, and other abuses of power;
- (d) To establish and strengthen the means of detecting, prosecuting and sentencing those guilty of crimes;
- (e) To promote disclosure of relevant information to expose official and corporate conduct to public scrutiny, and other ways of increasing responsiveness to public concerns;
- (f) To promote the observance of codes of conduct and ethical norms, in particular international standards, by public servants, including law enforcement, correctional, medical, social service and military personnel, as well as the staff of economic enterprises;
- (g) To prohibit practices and procedures conducive to abuse, such as secret places of detention and incommunicado detention;
- (h) To co-operate with other States, through mutual judicial and administrative assistance, in such matters as the detection and pursuit of offenders, their extradition and the seizure of their assets, to be used for restitution to the victims;

5. Recommends that, at the international and regional levels, all Appropriate measures should be taken:

- (a) To promote training activities designed to foster adherence to United Nations standards and norms and to curtail possible abuses;

- (b) To sponsor collaborative action-research on ways in which victimization can be reduced and victims aided, and to promote information exchanges on the most effective means of so doing;
 - (c) To render direct aid to requesting Governments designed to help them curtail victimization and alleviate the plight of victims;
 - (d) To develop ways and means of providing recourse for victims where national channels may be insufficient;
6. Requests the Secretary-General to invite Member States to report periodically to the General Assembly on the implementation of the Declaration, as well as on measures taken by them to this effect;
7. Also requests the Secretary-General to make use of the opportunities, which all relevant bodies and organizations within the United Nations system offer, to assist Member States, whenever necessary, in improving ways and means of protecting victims both at the national level and through international co-operation;
8. Further requests the Secretary-General to promote the objectives of the Declaration, in particular by ensuring its widest possible dissemination;
9. Urges the specialized agencies and other entities and bodies of the United Nations system, other relevant intergovernmental and non-governmental organizations and the public to co-operate in the implementation of the provisions of the Declaration.

ANNEX

Declaration of Basic Principles of Justice for Victims
of Crime and Abuse of Power*A. Victims of Crime*

1. "Victims" means persons who, individually or collectively, have suffered harm, including physical or mental injury, emotional suffering, economic loss or substantial impairment of their fundamental rights, through acts or omissions that are in violation of criminal laws operative within Member States, including those laws proscribing criminal abuse of power.

2. A person may be considered a victim, under this Declaration, regardless of whether the perpetrator is identified, apprehended, prosecuted or convicted and regardless of the familial relationship between the perpetrator and the victim. The term "victim" also includes, where appropriate, the immediate family or dependants of the direct victim and persons who have suffered harm in intervening to assist victims in distress or to prevent victimization.

3. The provisions contained herein shall be applicable to all, without distinction of any kind, such as race, colour, sex, age, language, religion, nationality, political or other opinion, cultural beliefs or practices, property, birth or family status, ethnic or social origin, and disability.

Access to justice and fair treatment

4. Victims should be treated with compassion and respect for their dignity. They are entitled to access to the mechanisms of justice and to prompt redress, as provided for by national legislation, for the harm that they have suffered.

5. Judicial and administrative mechanisms should be established and strengthened where necessary to enable victims to obtain redress through formal or informal

procedures that are expeditious, fair, inexpensive and accessible. Victims should be informed of their rights in seeking redress through such mechanisms.

6. The responsiveness of judicial and administrative processes to the needs of victims should be facilitated by:

- (a) Informing victims of their role and the scope, timing and progress of the proceedings and of the disposition of their cases, especially where serious crimes are involved and where they have requested such information;
- (b) Allowing the views and concerns of victims to be presented and considered at appropriate stages of the proceedings where their personal interests are affected, without prejudice to the accused and consistent with the relevant national criminal justice system;
- (c) Providing proper assistance to victims throughout the legal process;
- (d) Taking measures to minimize inconvenience to victims, protect their privacy, when necessary, and ensure their safety, as well as that of their families and witnesses on their behalf, from intimidation and retaliation;
- (e) Avoiding unnecessary delay in the disposition of cases and the execution of orders or decrees granting awards to victims.

7. Informal mechanisms for the resolution of disputes, including mediation, arbitration and customary justice or indigenous practices, should be utilized where appropriate to facilitate conciliation and redress for victims.

Restitution

8. Offenders or third parties responsible for their behaviour should, where appropriate, make fair restitution to victims, their families or dependents. Such restitution should include the return of property or payment for the harm or loss suffered, reimbursement of expenses incurred as a result of the victimization, the provision of services and the restoration of rights.

9. Governments should review their practices, regulations and laws to consider restitution as an available sentencing option in criminal cases, in addition to other criminal sanctions.

10. In cases of substantial harm to the environment, restitution, if ordered, should include, as far as possible, restoration of the environment, reconstruction of the infrastructure, replacement of community facilities and reimbursement of the expenses of relocation, whenever such harm results in the dislocation of a community.

11. Where public officials or other agents acting in an official or quasi-official capacity have violated national criminal laws, the victims should receive restitution from the State whose officials or agents were responsible for the harm inflicted. In cases where the Government under whose authority the victimizing act or omission occurred is no longer in existence, the State or Government successor in title should provide restitution to the victims.

Compensation

12. When compensation is not fully available from the offender or other sources, States should endeavour to provide financial compensation to:

- (a) Victims who have sustained significant bodily injury or impairment of physical or mental health as a result of serious crimes;
- (b) The family, in particular dependants of persons who have died or become physically or mentally incapacitated as a result of such victimization.

13. The establishment, strengthening and expansion of national funds for compensation to victims should be encouraged. Where appropriate, other funds may also be established for this purpose, including those cases where the State of which the victim is a national is not in a position to compensate the victim for the harm.

Assistance

14. Victims should receive the necessary material, medical, psychological and social assistance through governmental, voluntary, community-based and indigenous means.

15. Victims should be informed of the availability of health and social services and other relevant assistance and be readily afforded access to them.

16. Police, justice, health, social service and other personnel concerned should receive training to sensitize them to the needs of victims, and guidelines to ensure proper and prompt aid.

17. In providing services and assistance to victims, attention should be given to those who have special needs because of the nature of the harm inflicted or because of factors such as those mentioned in paragraph 3 above.

B. Victims of abuse of power

18. "Victims" means persons who, individually or collectively, have suffered harm, including physical or mental injury, emotional suffering, economic loss or substantial impairment of their fundamental rights, through acts or omissions that do not yet constitute violations of national criminal laws but of internationally recognized norms relating to human rights.

19. States should consider incorporating into the national law norms proscribing abuses of power and providing remedies to victims of such abuses. In particular, such remedies should include restitution and/or compensation, and necessary material, medical, psychological and social assistance and support.

20. States should consider negotiating multilateral international treaties relating to victims, as defined in paragraph 18.

21. States should periodically review existing legislation and practices to ensure their responsiveness to changing circumstances, should enact and enforce, if necessary, legislation proscribing acts that constitute serious abuses of political or economic power, as well as promoting policies and mechanisms for the prevention of such acts, and should develop and make readily available appropriate rights and remedies for victims of such acts.