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Guideline for assessing victims’ needs in restorative processes

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Notes on the authors

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On behalf of the European Forum for Restorative Justice, Olga and Claudia attended the 1st training session of the Erasmus+ project “PROTECT - Exchanging Good Practices on Restorative Justice and Promoting Victims’ Rights Protection” (Lisbon, 15-18 March 2022). They facilitated an interactive workshop on victims’ needs assessment and trauma-informed practices. The guideline below is a result of this workshop. To get in touch with Olga or Claudia, please contact them via: info@euforumrj.org.


Introduction

While assessing victims’ needs may seem like a routine task, it is important to approach assessment more as an opportunity; a chance to pay unhurried attention to victims, to build rapport and trust, to validate their experiences and support them in identifying their specific needs. At the same time, it is important to be aware that the process may not be easy for all victims. Often victims are asked to tell their story during the needs assessment, and this may involve reflecting on traumatic memories. It should also be noted that people suffering from trauma may have fundamental difficulties in clearly expressing their thoughts, feelings, and needs – and even in knowing what it is they need. A needs-assessment should therefore be used to accompany and support the person throughout the process. This guideline attempts to provide approaches that may optimise the process of victims’ needs assessment by victim support and restorative justice specialists.
Approaching needs assessment with a trauma-informed framework

If the process of needs assessment is approached on a trauma-informed basis, it may serve to create a safe space where victims, whether suffering from trauma or not, find it easier to identify and express their needs. Although we do not only work with trauma survivors, it is important to be aware that trauma is a common condition and to remember the impact it has on people.

The extent of trauma in the world’s population

Trauma can affect anyone, at any time of life. Today, trauma is considered the greatest unseen global epidemic, especially among children (see Anda et al., 2006). A study by the WHO found that about 70% of the world’s population has experienced at least one traumatic event in their lifetime and 30.5% have been exposed to four or more such events. It is estimated that this percentage has increased even further as a result of the pandemic. Studies also show that many of the people, who use public services, are already among the most vulnerable in society and, additionally, among those most affected by trauma (Greenwald et al., 2012). Furthermore, interpersonal violence has the greatest potential to cause trauma with significant consequences - and this is often the form of violence that many crime victims must deal with (Benjet et al., 2016).

As so many persons are or have been affected by trauma, we can never know who might have been affected until we hear their full story. Victims may approach our services as a result of a crime that - in our eyes - may not seem serious or traumatising; without knowing their story, we cannot gauge the impact it may have (had) on their lives. It is therefore important that we build our services around a trauma-informed framework, providing a safe and respectful environment where trauma survivors can feel comfortable enough to start to trust us with their stories and to share their needs.

What does trauma-informed mean?

Trauma-informed practice (TIP) does not aim to provide a therapeutic treatment, but to prevent re-traumatisation by integrating knowledge about trauma and its impact into all our practices, thereby creating safe services for all. The aim of TIP is to:

- REALISE how widespread trauma is and how deeply trauma affects people;
- RECOGNISE trauma symptoms in a person;
- be able to RESPOND by integrating this knowledge into our services and
- adapt them in a way that seeks to actively PREVENT any form of RE-TRAUMATISATION (SAMHSA, 2014, p. 9).

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1 This paper is based on the following definition of trauma: “Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically and emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual wellbeing” (SAMHSA, 2014, p. 7).
Some possible effects of traumatisation and their relevance to our work

The essence of trauma is that it is “overwhelming, unbelievable and unbearable” (Van der Kolk, 2015, p.245). Trauma causes a state of fear, helplessness and powerlessness, as well as a loss of control. Many trauma survivors describe trauma as a “speechless terror” - something that cannot be expressed.

This expression is very fitting, because it has been observed in brain scans that the Broca’s area, which is responsible for putting feelings and experiences into words, goes “offline” when trauma survivors remember the traumatic event. At the same time, however, Broadmann’s area 19 in the visual cortex is activated. This means that the stored images are now present more vividly. Therefore, when trauma survivors are reminded of the event, they often have great difficulty expressing themselves verbally and literally feel speechless. They may be able to tell a cover story and talk about what was done to them, but they find it difficult to express their thoughts, feelings and needs.

This is important to keep in mind when carrying out a needs assessment. It is not that those affected do not wish to talk, but they cannot. Many also suffer from numbing or dissociation and can pretend they are not affected; people who appear emotionless and untouched may be just as traumatised as others (Van der Kolk, 2015, pp.50 - 55).

Another important consideration is that trauma survivors often have elevated levels of stress hormones. As a result, survivors often feel hyper-alert and always on guard and watchful, as if they are under acute threat (Van der Kolk, 2015, p.54). Thus, it is essential to create a safe and calm environment for them.

How can we create a trauma-informed environment where victims feel safe to openly share their needs with us?

The 5 key principles of TIP can be very helpful in creating this kind of environment.

1) SAFETY: Since trauma shatters one’s sense of safety, it is important for trauma survivors to regain their sense of ‘being safe’. Not only does the environment play an important role, but so does the way we approach people. A friendly face, a calm voice and a composed demeanour can help trauma survivors feel safe and relaxed, rather than hyper-alert and on guard.

2) TRUST: Trauma survivors often struggle to trust others, yet trusting relationships are essential for recovery from trauma. We can foster a trusting relationship by providing relaxed, unhurried and focused attention, and by providing time and space for individuals to communicate at, and in, their own time. Our words need to be chosen carefully, as any hint of disbelief or judgment may cause them to shut down. While their narratives may not seem coherent to us, it must be remembered that trauma strongly impacts the brain and the ability to communicate. Moreover, traumatic memory is structured differently from normal memory. Therefore, even if their stories do not seem to make sense to us or may change over time, it is important that we do not make them feel disbelieved, but that we show we are aware that these changes are to be expected after traumatic experiences.
3) CHOICE: The traumatic event deprives the person of any choice. It is therefore very important that this powerlessness is reversed as much as possible, and that power is returned to the individual. We can support this process by offering choices wherever possible, helping survivors to identify their unique needs.

4) COLLABORATION/MUTUALITY: As with the principle of choice, it is important that survivors feel they have a say and that we give them as much power and control over decision-making as possible. This includes doing things with them, not for them, and trusting in their strengths and abilities.

5) EMPOWERMENT: The principle of empowerment is closely linked to the previous principles of choice and cooperation. According to trauma expert Dr Judith Herman, recovery from trauma begins with empowerment (Herman, 1997, p.133). In addition to the aforementioned points, we can promote empowerment by supporting survivors in building and strengthening their resilience and helping them to find their voice and have it heard.

Useful tools and techniques in assessing victims’ needs

A) Given the difficulties victims may have in putting their feelings and experiences into words, it is necessary to give them the time and opportunity to do so. It can be better to simply listen to them, instead of asking one question after another according to a specific questionnaire or protocol. Such an approach makes the communication process more informal. It may also help the victim feel that what they are sharing is taken seriously, that the listener is willing to take the time to actually listen to their experiences. If it is necessary to ask certain questions, then these should be formulated as open questions so that there are no limits to the expression of their thoughts and feelings.

A conversation could start with general everyday questions such as “How was your day?”, or following up on earlier everyday conversations. General questions can facilitate low-key conversation as well as the transition to more difficult, painful topics. The goal is for the victim to gain confidence and then genuinely share whatever is on their mind. Another helpful strategy can be to ask follow-up questions to make sure the victim feels understood and heard. It can be difficult for victims to tell their own story; this often painful process can be mitigated by empathic listening, which helps to build rapport and trust with the victim. During any conversation, it is essential to be sensitive to the victim’s verbal signs of distress and discomfort and to keep checking their feelings (“How do you feel?”, “Is it okay to talk now?”) and to pause or postpone the conversation as necessary.

Help the victim feel that what they are sharing is taken seriously, that the listener is willing to take the time to actually listen to their experiences.

The 5 principles described are based on the following documents: The Scottish Government, 2021 and SAMHSA, 2014.
B) Whilst talking about a harmful experience is still a painful experience - or hindered by the victim’s inability to find appropriate words to express their feelings and needs - certain communication techniques that facilitate this process can be useful. One helpful approach can be to use metaphors to capture the state of body or mind described by the victim. For example, “Do you feel like you are still in a cage? Do you feel like you’re on the run and can’t find your way out?”

To help victims better articulate their feelings, a mirroring technique can be helpful: I name the feeling I perceive in the victim (“I have the feeling that you...”) and then give the person the opportunity to comment on my perception. However, this technique should be approached carefully: a misperception about the other person’s feelings, which is spoken out loud, can be hurtful and perceived as degrading (especially if the feeling mentioned is too far from reality). There are also moments when the emotion has been correctly identified but the victim is not ready to acknowledge it. However, used at the right time, this technique can help to recognize the feelings that the victim has not yet noticed.

Another way to help victims talk about their feelings is to offer to draw what happened or what they feel, or to use figures, pictures, symbols (which are not only applicable to people with special needs), anything that can reflect what is in their heart.

C) One of the techniques for offering victims a choice is to inform them of all the available options that may be helpful in a particular situation. Key here is not only to provide the range of options, but also to tell them of the benefits, and possible risks, associated with each option. To achieve this aim, a multi-agency approach is needed, which involves professionals from different services (such as psycho-social, medical and, perhaps, legal services). In this way, the different professionals can detail each possible choice and the associated risks. “Prioritizing choice and collaboration leads to environments that foster respect, efficacy, agency and dignity. This means staff and clients partner in all aspects of care: the aim is to collaborate with victims and encourage and support them to make their own choices based on detailed information” (Your Experiences Matters, Website, n/d). It is important to remember that the role of assisting professionals is not to offer a ready-made solution, but to support the victims in such a way that they can make an independent decision, which means ‘not doing things for them’, but ‘doing things with them’.

D) Besides assisting victims to put their feelings and needs into words, another important step is to strengthen their resilience and their network. One way is to explore the resources available in the victim’s immediate environment. Who in the family could be a source of support? Alternatively, are there friends, a teacher at school or a university professor who could offer support? Every person who asks for help already has such resources, but very often people are not aware of them. It is important to identify these resources, together with the victim, either by asking specific questions or by speaking about the experiences that the victim has had with these people and already described to us. Such a strength-based approach can be the beginning of the path to healing for the victim. The aim is to empower victims throughout the process, to give them back power and control over their lives.
Conclusion

A trauma-informed approach can:

- help create a safe space for victims to talk about their needs, feelings and experiences;
- provide guidance that can make working with victims more efficient, and safer for them.

Trauma-informed work requires an individual approach to each case and an understanding that each victim has their own schedule, their own way of talking about their experiences. It is important not to expect victims to be able to identify their needs immediately. At the same time, it is important that we do not assume to know what their needs are, as these will be very individual. It is important to find a way to help them identify their needs in their own time and to find ways to meet those needs.

The principle of empowerment is a clear key principle, trying to give victims back the control and power that was taken away from them by the crime.³

List of references:


Herman, J. L. (1997). Trauma and recovery: the aftermath of violence, from domestic abuse to political terror. New York: Basic Books.


³ More on TIP can be found under these following links:
https://www.goldeneaglerising.org/photos/trauma-informed-legal-practice-toolkit
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