Module 2
Victim and offender issues in restorative justice
Patunga and hunga hara

Restorative Justice
Facilitator Induction Training
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## Contents

- Contents ........................................................................................................... 3
- Introduction ........................................................................................................ 4
- Victim focus in restorative justice ................................................................. 6
- Victim and offender issues ............................................................................. 13
- Issue: Trauma and stress .................................................................................. 15
- Issue: Readiness for restorative justice .......................................................... 26
- Issue: Support ................................................................................................... 31
- Issue: Faulty thinking ....................................................................................... 34
- Issue: Alcohol use ............................................................................................ 42
- Issue: Illicit drug use ......................................................................................... 44
- Issue: Mental health .......................................................................................... 52
- Issue: Underlying history .................................................................................. 55
- Evaluating and responding to risks ................................................................ 59
- The role of community agencies ..................................................................... 69
- Assessment: Victim and offender issues in restorative justice ...................... 71
Introduction

Whakataukī

He waka eke noa.
A canoe which we are all in.

Purpose

Facilitators of restorative justice processes need to understand the differing perspectives and mindsets of offenders and victims in order to make sound decisions about whether or not it is appropriate to proceed to conference, and if so, how to best support both parties during and after the conference. The Ministry’s Best Practice Framework specifies that conference suitability must be assessed. This requires that you identify risks at pre-conference stage and that you prepare a conference risk management plan. The risk assessment must consider –

- the suitability and capability of the participants, including
  - Emotional needs
  - Health needs
  - Any drug and alcohol abuse
- the victim’s view of the offending and its impact
- the offender’s remorse and accountability
- the offender’s ability to address the harm caused
- the involvement of children and young people
- the suitability of support people
- the suitability of professionals

This module covers common issues you might strike when meeting with restorative justice participants, how to evaluate the associated risks and how to respond to risks.

Pre-requisites

Completion of the module 1, ‘Restorative justice process and principles’.
Learning objective

In this module you learn to:

1. Explain:
   - Victim rights, victim focused restorative justice and the effects of crime on victims
   - The common issues faced by offenders and/or victims.

2. Given a scenario (related to one or more of these issues), identify the risk and explain what actions you would take. The actions taken need to be ones that would eliminate or reduce the identified risk.

3. Explain the role of community agencies in your area

What's in this module

In this module you will learn about:
   - Victim focus in restorative justice
   - Common issues relating to victims and offenders
   - Evaluating and responding to risks
   - The role of community agencies

Instructions for working through this module

- First ensure that you have the latest version of this module. The module date is on the footer. The Resolution Institute website has the latest version of each module.
- Work through this module at your own pace, or work through the module with one or more colleagues if you wish. Group learning can be easier and more fun.
- Complete the practice exercises and check your answers against the feedback that follows each practice.
- Access the references included in the module for further information.
- When you have completed the module go to the Resolution Institute website and individually complete the on-line assessment for module 2. Full instructions are given at the end of this module.

NOTE you can go straight to the assessment if you already know what is covered in the module. However, it is best to complete the practice exercises first to ensure you are ready.
Victim focus in restorative justice

Overview

The effects of crime on victims can be far reaching and life changing. Victims typically experience some form of LOSS – not just of possessions or money, but also loss of feeling safe, loss of self-confidence, loss of trust, loss of relationships and importantly, a sense of loss of control over their lives.

People who have been victimized by crime often want:

1. A real voice in the justice process
2. For the offender to take responsibility and to be held accountable for their actions
3. To understand what drove the offender to offend
4. A way for the families of both the offender and victim to understand the impact the offence has had on the victim’s life
5. A genuine apology
6. To ensure that others will not be victimized by this offender in the future
7. An explanation of why they were selected as the victim
8. The opportunity to see and recognize the offender so that they do not imagine other similar persons to be the offender

Note that victims vary and assumptions need to be avoided. For example, one victim may seek an apology and another may clearly state that they do not want an apology. Also, the extent of trauma felt by victims varies considerably. It is important for restorative justice facilitators to understand the range of responses experienced by victims, and the factors that affect their responses to the crime, so that they can deal with victims with empathy.

The needs of victims lie at the heart of restorative justice and need to be kept to the fore.
Victim Rights

The rights of victims are described in the Victims’ Rights Act 2002. Key points relevant to restorative justice include:

Section 9: Restorative justice meetings to resolve issues relating to offence
(1) This section applies if a victim requests to meet with the offender to resolve issues relating to the offence.
(2) A member of court staff, a police employee, or, if appropriate, a probation officer must, if satisfied that the necessary resources are available, refer the request to a suitable person who is available to arrange and facilitate a restorative justice meeting.

Other relevant points in the Victims’ Rights Act 2002 are:

- Victims should be treated with courtesy and compassion and their dignity and privacy should be respected. They should receive help with meeting any welfare, health, counselling, medical or legal needs.
- Early information: Victims should be told as soon as possible about their rights and what help they can get, such as medical help, income support, counselling programmes. They should also be referred to any relevant agencies which provide help, such as Victim Support, Rape Crisis and Women’s Refuge.
- Information about the case: Police and court staff must keep victims informed of the progress of the case.
- Any property that is held as evidence should be returned to the victim as soon as possible.
- Victim Impact Statement: Police or Victim Support assists victims to prepare a ‘Victim Impact Statement’. The Act gives the victim the right to read their statement to the court or parole board, or have a support person do so. The Victim Impact Statement should not be given to or read to the offender by the restorative justice facilitator, unless specifically asked to do so by the victim.
- Victims’ residential addresses cannot be disclosed without their consent, and may not be used in evidence without the express agreement of a judicial officer.
- Victims’ views on bail: The views of victims of sexual assault or other serious assaults must be provided to the judge.
- Victims of serious assault or injury can ask to be put on the Victims Notification Register, which means that they will be
told when the offender is going to be released from custody, psychiatric hospital, or if the offender has escaped.

- Victims can nominate a representative to advocate or receive information on their behalf.

**Further information**

- Go to [www.legislation.govt.nz](http://www.legislation.govt.nz) click on ‘Statutes’, then go to V for ‘Victims’ Rights Act’.


- Phone Victim Support on 0800 842846
How to ensure a victim focus

Victims are critical to the restorative justice process. This does not mean the needs of the offender are over-ridden. It does mean that:

- the restorative justice process attempts to return to the victim the sense of power and control taken from them by the offender
- the victim has the opportunity to describe the harm caused by the offence
- the victim’s view is central to deciding how to repair the harm caused by the crime
- the physical and psychological safety of the victim is a key responsibility of the restorative justice facilitator
- the victim’s needs are given precedence in determining location, timing, cultural / religious practices relating to the conference

The facilitator has many opportunities in the restorative justice process to ensure that the process remains victim focused.

Examples: Victim focus

- During the pre-conference meeting with the offender, the facilitator advises the offender that the victim will be talking about the effects the crime has had on his/her life; and that agreements reached as an outcome of the conference will be aimed at making things right from the victim’s point of view.

- During the pre-conference meeting with the victim, the facilitator reminds the victim that the process is voluntary, and that if he/she feels unable to continue for any reason at any time during the conference, the facilitator will adjourn or terminate the meeting.

Examples: Lack of victim focus

- During the pre-conference meeting with the offender, the offender says “Well it was his own fault really, he left the keys in the car, can’t expect it to be there when he gets back” and the facilitator says “that may well be so, but let’s talk about …”

- During the pre-conference meeting with the victim, the facilitator says “He (the offender) has had a hard life, it’s understandable that he has turned out like he has”.
Practice 1

This practice provides an opportunity for you to check your knowledge and understanding of the victim focus before you move on to the next topic in this module.

Complete the table below for each scenario, and say why it meets or does not meet the criteria of being victim focused. Then check your answers against the feedback that follows.

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Victim Focused “Yes” or “No”</th>
<th>Explain why</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. During the conference, the victim begins to cry, and the offender’s supporter says “this is ridiculous – she’s just putting it on”. The facilitator reminds the support person about respect, and then asks the victim if they would like a break.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>2. In a case of aggravated assault, when the conference begins the offender sits with legs apart, head back, arms crossed and stares threateningly at the victim while the facilitator reads the statement of facts. The facilitator notices but says nothing and carries on with the process.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>3. At the pre-conference meeting with the offender, the offender says he is not sorry. The facilitator explores with the victim whether he would want to go to conference if the offender were not sorry for what he did. The victim said he would not want to meet the offender in that case. The facilitators decide not to go to conference.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>4. When drawing up the Agreement from the conference, the offender offers to repair damage to the victim’s door. The offender’s father is a carpenter and offers to do the repairs himself. The victim appears uncomfortable with this. The facilitator asks the victim what his preferences are for arranging the repair.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>5. At the conference in the case of an assault, the offender asks the victim to support name suppression. The facilitator tries to talk the victim into agreeing to name suppression, as the offender is a well-known and respected person in the community.</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
## Practice 1: Feedback

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Victim Focused “Yes” or “No”</th>
<th>Explain why</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. During the conference, the victim begins to cry, and the offender’s supporter says “this is ridiculous – she’s just putting it on”. The facilitator reminds the support person about respect, and then asks the victim if they would like a break.</td>
<td>YES.</td>
<td>The facilitator is controlling the negative reaction of the offender’s support person, and giving the victim the time needed to recover and continue.</td>
</tr>
<tr>
<td>2. In a case of aggravated assault, when the conference begins the offender sits with legs apart, head back, arms crossed and stares threateningly at the victim while the facilitator reads the statement of facts. The facilitator notices but says nothing and carries on with the process.</td>
<td>NO.</td>
<td>Any verbal or non-verbal display of threat by the offender to the victim can cause secondary victimisation, and must not be allowed.</td>
</tr>
<tr>
<td>3. At the pre-conference meeting with the offender, the offender says he is not sorry. The facilitator explores with the victim whether he would want to go to conference if the offender were not sorry for what he did. The victim said he would not want to meet the offender in that case. The facilitators decide not to go to conference.</td>
<td>YES.</td>
<td>The victim has made an informed choice.</td>
</tr>
<tr>
<td>4. When drawing up the Agreement from the conference, the offender offers to repair damage to the victim’s door. The offender’s father is a carpenter and offers to do the repairs himself. The victim appears uncomfortable with this. The facilitator asks the victim what his preferences are for arranging the repair.</td>
<td>YES.</td>
<td>The facilitator has rightly picked up on the victim’s discomfort and has not allowed the offender to pressure the victim into agreeing to something that she is not comfortable with.</td>
</tr>
<tr>
<td>5. At the conference in the case of an assault, the offender asks the victim to support name suppression. The facilitator tries to talk the victim into agreeing to name suppression, as the offender is a well known and respected person in the community.</td>
<td>NO.</td>
<td>The victim has the right to put forward his/her views on name suppression. The facilitator should have supported the victim.</td>
</tr>
</tbody>
</table>
Victim and offender issues

Introduction

You need to know about the sort of issues you will strike in restorative justice cases so that you can maintain a safe and professional practice. Depending on your work and life background some of these issues can leave you feeling out of your depth. This module is about recognising this and responding appropriately – and that will frequently mean seeking professional advice and using the community resources available to you.

Common issues

A new facilitator can expect to encounter some or all of the following when dealing with restorative justice cases:

- Trauma and stress
- Participant not ready for restorative justice
- Support, or lack of
- Faulty thinking
- Alcohol addiction
- Illicit drug use
- Mental health
- Underlying history

Some issues may be common to both offenders and victims. For example, most victims will suffer trauma and stress as a result of the offence. In the case of an offender charged with careless driving causing death, after falling asleep at the wheel of his truck and killing a mother and two toddlers, the offender too will suffer trauma and stress.

The role of the facilitator

There is no way a facilitator can be an expert in all of the issues encountered in restorative justice. What you do need to be able to do is ensure the physical and psychological SAFETY of all parties in the process (including the offender, victim, all support people, and yourself). This requires that you first recognize that there may be an issue, then make an informed decision on the risk it poses and finally, that you take appropriate action.
It is **NOT** the role of the facilitator to:

- Counsel the offender or victim
- Be an expert in issues such as addictions, or mental illnesses
- Come up with solutions
- Give advice

It is a fine line between being helpful and facilitating solutions, and slipping into the role of counsellor, advisor, confidant, or ‘fix it’ person.

We will now look at some common issues you may encounter and for each, what risks could be posed and how you might respond to those risks.
Issue: Trauma and stress

The degree of stress felt

The 4 interacting factors that affect the extent of the stress felt following a traumatic event are:

1. The event itself:

   The nature, severity and duration of the crime and circumstances surrounding it contribute to the reaction.

   Note that:
   - the more serious the person sees the crime as being, and
   - the longer the individual is exposed to the crime and the aftermath of the crime (for example spending time with police, hospitals, court), and
   - the greater the level of personal involvement, the more severe the resulting stress reaction will be.

2. The individual:

   Different individuals will have different stress reactions to the same crime. The person’s coping style, age, internal resources, stress management habits, resilience, current unrelated stresses, and previous life experiences all contribute to the extent of the reaction. Previous experience of trauma also affects a person’s reaction.

   - People who are more anxious, who worry a lot, and / or like to have order in their lives will have a more severe reaction.
   - People who are experiencing stress from other unrelated life events will have one more stress to add.
   - How well a person has coped with previous trauma in their lives can determine how well they are able to cope with the trauma resulting from the current event.
   - In general, both the young and the elderly are more vulnerable to a traumatic incident.
3. The environment and support:

The quality and extent of support received during and after the crime is an important factor in how severely an individual will be affected.

- Using good support systems – family / whānau, friends, community groups, etc. – will help to reduce an agitated stress reaction.
- The more control people feel they have during and after the event, the better. Feeling that they have no control over what happens around the event can seriously hinder the healing process.

4. The prior relationship of offender and victim

Sometimes the offending is part of a series of problems embedded in a long-term relationship (for example: personal / work). Where a victim and offender have previous history, the offence that is the subject of the restorative justice process can be the ‘last straw’, or can feel like a deep breach of trust, and may therefore seem extremely traumatic, even when the offence does not seem too serious to an outsider.

Effective facilitation requires that no assumptions be made about what is likely to be traumatic for each individual. The impact felt can be anywhere from mildly disturbing and temporary, to highly traumatic and persistent, effectively disabling the individual in one or several aspects of their life.

It is also important to realize that reactions to trauma can be delayed, so that people may experience memories and emotions resurfacing years after the event.
Effects of stress

The stress reaction is a physical process beginning in the nervous system, which is interpreted by the brain and elicits thoughts and emotions.

Where the level of stress experienced is either acute (a temporary but highly agitated response, clearly preceded by a traumatic event) or chronic (a continuous state of agitation sustained over time) severe anxiety and physical illness can result.

Trauma and stress has effects on:-

<table>
<thead>
<tr>
<th>On the body</th>
<th>On mood</th>
<th>On behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>Anxiety</td>
<td>Overeating or undereating</td>
</tr>
<tr>
<td>Muscle tension or pain</td>
<td>Restlessness</td>
<td>Angry outbursts</td>
</tr>
<tr>
<td>Chest pain</td>
<td>Lack of motivation or focus</td>
<td>Drug or alcohol abuse</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Irritability or anger</td>
<td>Tobacco use</td>
</tr>
<tr>
<td>Change in sex drive</td>
<td>Sadness or depression</td>
<td>Social withdrawal</td>
</tr>
<tr>
<td>Stomach upset</td>
<td></td>
<td>Lethargy</td>
</tr>
<tr>
<td>Sleep problems</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Post Traumatic Stress Disorder (PTSD)

PTSD is an anxiety disorder characterized by the persistent re-experience of traumatic events through distressing recollections, dreams, hallucinations, or flashbacks. It usually develops in response to more serious events.

PTSD can sometimes be a delayed reaction; sometimes symptoms may not be felt until months or even years later, and can be triggered by something that subconsciously reminds the person of the original trauma.

Where people describe

- re-experiencing the emotions associated with the offence (repetitive thoughts, dreams, having flashbacks)
- persistent avoidance behaviours – needing to avoid people, places and things associated with the trauma
- persistent anxiety, difficulty concentrating, sleep disturbance, irritability, or a hyper-startle reaction

they may be suffering from PTSD.

Case Study: Post Traumatic Stress Disorder

“I'm neglecting my children. I just simply stopped cooking. I don't do the housework. I just do nothing. Can't sleep. Can't eat. Just want to take a lot of pills and just go to sleep and not wake up. I used to enjoy my home and my family, but outside of them, everything else in life that I had any interest in is destroyed. I loved to cook. I loved to sew. I loved to keep house. I was always making improvements in my home. But now I've just got to the point where it doesn't mean anything to me. I haven't cooked a hot meal and put it on the table for my children in almost three weeks.”
Grief

With some crimes, especially those involving significant personal loss, feelings of grief may be experienced. Dr Kubler-Ross developed a model to provide a way of understanding the process of grieving in response to death. Although her 5 stages of grief are shown in a certain order, it should be noted that this is simplistic. People may not go through steps in a defined order, but rather they experience grief symptoms that come and go in no particular order, then eventually lift.

It should also be noted that people vary considerably in their natural resilience, and while one person may grieve following a traumatic event such as a burglary, another may not.

**Denial**
The initial reaction to the shock of the loss can be partial or complete denial. “This isn’t happening. This isn’t real. This can’t be true. There must be some mistake”.

**Anger**
Feelings of frustration and hurt can quickly turn into intense anger, and the individual may lash out indiscriminately. “If I hadn’t been visiting you it wouldn’t have happened” “It’s all your fault – it was your idea to move to this city.”

**Bargaining**
In this stage, people begin to try and negotiate (bargain) to avoid the most negative impact of the event. For example, “If I tell him I don’t want any money, maybe he’ll tell me where he sold the jewellery.”

**Depression**
Depression can range from sadness to fully debilitating clinical depression. “I don’t care anymore”. “What difference will it make?”

**Acceptance**
Finally the individual will accept the loss as reality, and begin to look for ways to move on. “Well, it happened, we can’t change it now, so let’s …”

Note that sometimes a person can re-experience phases or parts of the grieving process before or during a conference. They can be unsettled by the strength of their recalled responses.
Secondary Victimization

Secondary victimization is further victimization following on from the original offence. It is not a direct result of the initial offence, but is caused by the response of institutions and individuals after the event. It is called “secondary” because, if it occurs, it is the second time that the individual has been victimized by the same event.

Realistically, the victim is at risk of secondary victimisation throughout the criminal justice process. From the first contact with police and their subsequent investigation, with hospital staff (if involved), with the court system, through to the restorative justice process, there is potential for secondary victimisation. By the time the restorative justice facilitator meets the victim, they may have been asked to ‘tell their story’ by well-meaning strangers in the justice system up to five times – and the conference hasn’t even taken place yet!

Examples of situations when secondary victimisation can occur are:

- A police investigator doubts some part of the victim’s story; “Tell me again why you were walking down Manchester Street by yourself at 4 in the morning?”

- A teenage female assault victim undergoes an intimate physical examination by a male doctor at the hospital.

- The father of an accident victim permanently injured by a drunk driver reminds his son “Well, that’s the end of rugby for you! What were you doing on the road at midnight anyway?!”

- A support person counsels a home invasion victim to “forgive and turn the other cheek” although she is still scared to be home alone and is suffering terrible nightmares.

The facilitator needs to be aware at all times of the negative impact that their own, or any of the participants' words or actions can have on the victim. It is critical that the facilitator has empathy for the pain that the victim has already suffered / is suffering, and takes all possible steps to protect the physical and psychological safety of the victim.
Facilitator response to trauma and stress issues

In the pre-conference meetings, the facilitators will identify and gauge the extent of stress through questioning and more particularly, by observing. Support people can be extremely helpful – you can ask questions of them such as, “After this offence, what changes have you seen in ….”

In assessing risk, the facilitators need to discuss with each other what stress reactions they have observed or heard about and gauge the degree of risk. In general, the conference itself is more stressful because that is when the two parties talk directly to one another. If someone exhibits severe stress just talking to facilitators at pre-conference, then the risk in going to conference is very high.

When unsure, seek professional advice. A more experienced facilitator can be consulted, and this is certainly a good time to consult your professional supervisor.

Example 1
The victim of a motorbike accident is highly stressed and tearful at the pre-conference. When asked about the effects of the accident he talks about life not being worth living now and that he will never get his life back on track again. His support person, his wife, says she does not think her husband could face the car driver. She says her husband has been on antidepressants since the accident and has been offered counselling but will not go.

The facilitators decide that the risk is too high and that talking to the car driver could be too stressful for this man. They decide they will not proceed to conference.

Example 2
An offender says he is really angry about being talked into participating in a burglary. He is agitated and stands up at the pre-conference and talks loudly about how unfair life is and what a fool he was to get talked into such a stupid crime. When asked about possible outcomes he becomes highly agitated and swears loudly.

The facilitators decide that the angry stress reaction from this offender provides a high risk to victim safety.
Practice 2: Trauma and stress

This practice provides an opportunity for you to check your knowledge and understanding of trauma and stress.

Check your answers against the feedback that follows.

1. What is Post Traumatic Stress Disorder (PTSD)?

2. What is secondary victimisation and who causes it?

3. Give one example of the effects of stress on:
   - The body –
   - Mood –
   - Behaviour -

4. What four factors impact on the degree of stress felt by an individual in response to a traumatic event?
   1.
   2.
   3.
   4.

5. What are 5 stages of grief (in no particular order)?
   1.
   2.
   3.
   4.
   5.
6. In the following situation how would you rate the risk posed by the victim’s stress reaction? High/Med/Low

The victim of a common assault is a young woman (16) who attended pre-conference with her mother and father as support. The young woman was extremely tearful and largely unable to answer questions. Her mother was angry about the assault and said she did not think it would help her daughter to see the offender again.

7. In the following situation how would you rate the risk posed by the victims’ stress reactions? High/Med/Low

The victims of a home burglary are very angry about their home being invaded. The wife said she now wakes at every little noise in the house. The husband says he has been drinking more since the burglary and has discussed whether they should move house. They have both decided they don’t want to be pushed into moving by the burglar and will stay put.

8. In the following situation how would you rate the risk posed by the victim’s stress reaction? High/Med/Low

An elderly woman in her 80s has had her credit card stolen by a care-giver. When spoken to at pre-conference she said the care giver was such a nice young girl she couldn’t understand why she would have done such a thing. She said she is now more careful and only lets her son use her card to get money out.

9. In the following situation how would you rate the risk posed by the victim’s stress reaction? High/Med/Low

The victim of a burglary and car theft is extremely angry. He described how after the theft he spent days driving around town looking for his car. He had also started sleeping with a baton under the bed. He said he would like to meet the offender to, “give him a piece of my mind”
Practice 2: Feedback

1. What is Post Traumatic Stress Disorder (PTSD)?

It is an anxiety disorder characterized by the persistent re-experience of traumatic events through distressing recollections, dreams, hallucinations, or flashbacks.

2. What is secondary victimisation and who causes it?

Secondary victimisation is not a direct result of the initial offence, but is caused by the response of institutions or individuals after the event. It is called “secondary” because, if it occurs, it is the second time that the individual has been victimized by the same event.

3. Give one example of the effects of stress on:

   - The body – Headache, muscle pain, fatigue etc.
   - Mood – Anxiety, anger, depression etc.
   - Behaviour – Overeating, alcohol abuse, angry outbursts.

4. What four factors impact on the degree of stress felt by an individual in response to a traumatic event?

   1. The event
   2. The individual
   3. The environment and support
   4. Prior relationship of offender and victim.

5. What are 5 stages of grief (in no particular order)?

   1. Denial
   2. Anger
   3. Bargaining
   4. Depression
   5. Acceptance
6. In the following situation how would you rate the risk posed by the victim’s stress reaction? High/Med/Low

The victim of a common assault is a young woman (16) who attended pre-conference with her mother and father as support. The young woman was extremely tearful and largely unable to answer questions. Her mother was angry about the assault and said she did not think it would help her daughter to see the offender again.

High. The daughter is clearly stressed and proceeding to restorative justice could be a safety issue for her. In addition her support has cautioned against it.

7. In the following situation how would you rate the risk posed by the victims’ stress reactions? High/Med/Low

The victims of a home burglary are very angry about their home being invaded. The wife said she now wakes at every little noise in the house. The husband says he has been drinking more since the burglary and has discussed whether they should move house. They have both decided they don’t want to be pushed into moving by the burglar and will stay put.

Med. The stress reactions here are typical.

8. In the following situation how would you rate the risk posed by the victim’s stress reaction? High/Med/Low

An elderly woman in her 80s has had her credit card stolen by a care-giver. When spoken to at pre-conference she said the care giver was such a nice young girl she couldn’t understand why she would have done such a thing. She said she is now more careful and only lets her son use her card to get money out.

The level of stress exhibited seems to be low.

9. In the following situation how would you rate the risk posed by the victim’s stress reaction? High/Med/Low

The victim of a burglary and car theft is extremely angry. He described how after the theft he spent days driving around town looking for his car. He had also started sleeping with a baton under the bed. He said he would like to meet the offender to, “give him a piece of my mind”

Med. The victim shows signs of stress.
Issue: Readiness for restorative justice

Introduction

In assessing whether or not someone is ready to go to conference you need to consider his/her motivation for agreeing to participate.

Some offenders agree to participate mainly because of the possibility that it may impact on their sentence. This should not be the ONLY reason the offender wants to take part. Ideally, an offender will be ready to make amends; to put things right as far as possible; to apologize and take responsibility.

You may also strike victims who agree to participate because they want to get back at the offender or extract unrealistic recompense.

If you understand the stages people go through when contemplating changing their behaviour, you will be better able to work out whether they are ready to take part in restorative justice.
### Stages of Change

An important tool in assessing whether an offender is ready to be accountable and change their behaviour is the model developed by Prochaska and DiClemente (1986).

This model shows the typical stages a person goes through when contemplating change, whether it be smoking, drinking, drug taking, violence or other behaviour. The model shows the general stages people go through and can help identify whether they are ready to be accountable and proceed to a restorative justice conference.

<table>
<thead>
<tr>
<th>Stage Description</th>
<th>Example</th>
<th>Proceed?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Pre-contemplative</strong></td>
<td>“I really don’t see what all the fuss is about, that’s the way we were brought up”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>“I’ll always react like that, its just the way I am”</td>
<td>NO.</td>
</tr>
<tr>
<td></td>
<td>Offender reluctant to agree that offending is a problem OR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Offender agrees it is a problem but is not prepared to address it.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>“I really don’t see what all the fuss is about, that’s the way we were brought up”</td>
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<td></td>
<td>“I’ll always react like that, its just the way I am”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>It’s highly unlikely the conference will move this offender towards positive change, AND The risk of secondary victimisation is unacceptably high.</td>
<td></td>
</tr>
</tbody>
</table>

| **2. Contemplative**       | “I feel so bad about what happened, I can’t explain it, it must have been the alcohol; that’s the way my Dad used to treat me when he was drunk. Maybe I need to cut down on how much I drink …” |
|                            | Probably YES; depending on your assessment of safety and capability.    |          |
|                            | Offender expresses strong agreement that what they have done is a problem, AND states a willingness to change. Note: Some of the faulty thinking and beliefs may still be shown; what’s important is the genuine willingness to change |

| **3. Committed to Action** | “I feel dreadful about it. I was a complete dick taking Uncle Hapi’s car. I have apologized to him and I have been mowing his lawns every weekend. I’m doing that for a year. I’ve got a job now and I’ve started paying off the damage at $40 per week.” |
|                            | YES. This offender is taking responsibility and has started the change process. This will need to be verified by the victim. |          |
|                            | Offender is clearly committed to change, shows no evidence of faulty thinking, is able to identify the benefits of changing, and may even have taken steps in a new direction. |          |
Practice 3: Identifying offender readiness

This practice provides an opportunity for you to check your understanding of how to identify offender readiness before you move on to the next topic in this module.

Complete the table below for each scenario, stating which stage of change the offender appears to be in; and whether you would proceed to conference. Then check your answers against the feedback that follows.

<table>
<thead>
<tr>
<th>Scenario: During the pre-conference meeting with the offender, the offender states:</th>
<th>Is this offender ready to go to conference or not? Explain why</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fraud</td>
<td>&quot;I don’t know why I thought I could get away with it. I mean, if you think about it, the company tracks all the payments; it was bound to catch up with me sooner or later. It was just so tempting, a way to get out of debt. I regret what I did; it’s been so embarrassing for my wife – she’s got a responsible job you know – and I can’t show my face down at the local. I don’t know what I’m going to do now; I’ve lost my job and I’ve got this huge extra debt … if only my first wife hadn’t taken me to the cleaners … I’m just such a failure!&quot;</td>
</tr>
<tr>
<td>2. Receivership</td>
<td>“It’s so unfair that I’ve been singled out I reckon. Everyone in the neighbourhood buys the stuff that the kids bring round. I mean, they only take it from the rich neighbourhoods – they can afford to buy more, and anyway they’d all be insured. I struggle to feed my kids, we eat weet-bix for tea a couple of times a week. Those cops should come and live in my shoes for a week or two – bet they’d change their ‘better than you’ moral blah blah then. It’s not bloody right – my kids need tele ‘n’ stuff too and there’s no way we’d ever be able to afford one otherwise.”</td>
</tr>
<tr>
<td>3. Assault</td>
<td>“I know he still likes me really, underneath. So he might be saying these things about me now – but we often muck around after practice, testing our moves. It’s just this time he got the upper hand, and he shouldn’t have done that. You’ll see – he’s only doing this ‘cause he’s pissed off at me for getting in to the squad that goes on tour.”</td>
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</table>
**Practice 3: Feedback**

Check your answers against those suggested below.

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<td>Contemplative.</td>
<td>YES – a good one for conference. Some evidence of victim stance, but this offender certainly accepts what he has done is a problem, and may be ready to look at strategies for change.</td>
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<tr>
<td><strong>2. Receivership</strong>&lt;br&gt;“It’s so unfair that I’ve been singled out I reckon. Everyone in the neighbourhood buys the stuff that the kids bring round. I mean, they only take it from the rich neighbourhoods – they can afford to buy more, and anyway they’d all be insured. I struggle to feed my kids, we eat weet-bix for tea a couple of times a week. Those cops should come and live in my shoes for a week or two – bet they’d change their ‘better than you’ moral blah blah then. It’s not bloody right – my kids need tele ‘n’ stuff too and there’s no way we’d ever be able to afford one otherwise.”</td>
<td>Pre-contemplative.</td>
<td>No acceptance of responsibility, thinks what he has done is perfectly acceptable. Unless the offender changes this stance (with facilitator challenge) to show some acceptance of responsibility, it may be a NO GO, depending on the view of the victim. The facilitator needs to ask the victim if they will still go to conference if the offender is not sorry for what he did. The victim may still want to go, to be heard, for example.</td>
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<tr>
<td><strong>3. Assault</strong>&lt;br&gt;“I know he still likes me really, underneath. So he might be saying these things about me now – but we often muck around after practice, testing our moves. It’s just this time he got the upper hand, and he shouldn’t have done that. You’ll see – he’s only doing this ‘cause he’s pissed off at me for getting in to the squad that goes on tour.”</td>
<td>Pre-contemplative.</td>
<td>NO – this offender is in serious denial and is blaming the victim. There is a risk of secondary victimisation. Effective challenge by the facilitator may help the offender shift to a more contemplative space.</td>
</tr>
</tbody>
</table>
Issue: Support

The involvement of whānau or other support in restorative justice is critical. Good support people can make a significant difference to the outcomes of a conference.

The facilitators MUST have briefed and assessed all support people prior to a restorative justice conference and failure to do this is a safety issue.

Facilitators can turn away support people who are a risk – you have responsibility for safety and if anyone is going to be a risk it can often be a support person.

Support for victim

As discussed in this module, different victims suffer varying degrees of stress associated with the offence and support is one factor that impacts on the degree of stress felt. Consider these two examples:

A. A young woman (17) is the victim of assault. She is a new student in town and boards with a family that she does not get on well with. Her parents are divorced and apart from occasional skype calls to her father, she has no family contact. She does not want to tell her father about the assault as she feels he will blame her for it.

B. A young woman (17) is the victim of assault. She lives at home with strong support from both parents and her 16 year old sister.

Clearly the young woman in case A is in a vulnerable position and the lack of support means safety is compromised. It is the facilitator’s job in case A to help the young woman come up with suitable support, maybe:

- A counsellor attached to the institution she is studying at
- A student friend
- A volunteer from Victim Support

The support for a victim needs to be someone they have chosen and feel comfortable with, and who will be available to support them after the process. In the above example, it may take some time for the young woman to meet and decide who she will use to support her. To proceed without support would be risky.
Offender support

Offender support is also important for two reasons.

1. Offenders can be stressed by the offence and the restorative justice process.

2. Offender support is needed to meet the principle of offender accountability. This can be best illustrated by the examples below:

A. An 18-year-old burglary offender is referred to restorative justice. He lives with his grandmother and she comes as support. She is firm with her grandson and speaks positively of his talents. When discussing outcomes she suggests things he could do to make up for the harm he has caused. At the conference she offers to ensure he carries out the actions he has agreed to. After the conference, when the facilitator follows up with her, she is able to report on what her grandson has done and what he has still to complete.

B. An 18-year-old burglary offender is referred to restorative justice. He lives with his grandmother and he says he does not want his grandmother as support as he doesn’t want to bother her. He insists he would prefer to proceed with restorative justice alone. At conference he agrees to carry out actions to make up for the harm he has caused. Follow up reveals that he has done nothing that he promised to do.

In case B the offender has said the right things but his refusal to carry through on promises risks re-victimising the victim. If he had involved support it would be one indicator of accountability and the outcome may have been different.
Quality of support

The support people can have a major effect on the way a conference proceeds. To consider the quality of support it is important to understand the role of the support people.

For the victim, the support might include:
- Hand-holding when the victim is feeling stressed or sad
- Giving suggestions, for example, suggesting what the victim might ask of the offender in the way of conference outcomes
- Giving personal observations, for example, explaining the effects of the offence
- Being available after the restorative justice process to discuss outcomes and support the victim.

For the offender, the support person has the same role as above but in addition has a role to:
- Challenge the offender if she or he is not taking responsibility
- Consider helping to follow up after the conference to check and report on whether the offender is delivering on promises.

Poor support people may not only fail to meet the expectations above, but may derail the restorative justice process. Consider the following example:

A young offender has been charged with the burglary of an elderly woman’s garage. The offender is 17 and brings as support his 16 year old sister. At pre-conference the sister loudly defends her brother saying that the old lady is a fool leaving her garage unlocked and it was no big deal taking a few tools. She thinks her brother should tell the old lady to get a life.

Implications for the facilitator

Facilitators need to encourage participants to bring support and they need to ensure the support people are not going to make the conference unsafe.

The facilitator can decide that a support person is unsafe. In this case the facilitator can decide to go to conference on the understanding that the support person will not attend. If the support person was the only support, the participant will be invited to identify alternative support and usually an additional pre-conference will be needed with the participant and the new support.
**Issue: Faulty thinking**

Faulty thinking involves an error of logic; an irrational thought that is not supported by objective evidence.

Our patterns of thinking and our belief systems are organized by our brain into clusters of knowledge psychologists call "schemas".

These faulty thinking patterns are formed throughout life. The younger they are learned the more ingrained and habitual they are, and the more "evidence" the person will have gathered to support the faulty belief. Some could also be related to an underlying mental illness.

**Examples of faulty thinking patterns or beliefs:**

<table>
<thead>
<tr>
<th>Thinking Pattern / Belief</th>
<th>Indicative Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Victim Stance taken by offender:</strong></td>
<td></td>
</tr>
<tr>
<td>“I am a victim; I am not in control”</td>
<td></td>
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<tr>
<td>For example: a perception that “I haven’t had the same opportunities as others” or “I have been unfairly treated in some aspect of my life.”</td>
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<tr>
<td>If an offender is in this state of mind it can mean they are not ready to be accountable.</td>
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<tr>
<td>“I had no choice – they (co-offenders) made me do it!”</td>
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<tr>
<td>“It wasn’t my idea – I had to do it or they would have beaten me up too!”</td>
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<tr>
<td>“It’s not fair to pin it on me; my parents weren’t there for me, I was at the mercy of the system!”</td>
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<tr>
<td><strong>Entitlement:</strong></td>
<td></td>
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<tr>
<td>“I am entitled; it is my right to do as I please.”</td>
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</tr>
<tr>
<td>“I have a right to own a gun” (even if not licensed).</td>
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<tr>
<td>“I am as entitled as anyone else to have these things” when caught stealing.</td>
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<tr>
<td>“If someone interferes, I’m going to punch them.”</td>
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<tr>
<td><strong>Righteous Anger:</strong></td>
<td></td>
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<tr>
<td>“I had a right to be angry – they deserved it!”</td>
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<tr>
<td>“She shouldn’t have given me cheek, then I wouldn’t have hit her.”</td>
<td></td>
</tr>
<tr>
<td>“He should have given me what I asked for the first time, then I wouldn’t have had to take it!”</td>
<td></td>
</tr>
<tr>
<td>“He shouldn’t have pulled out in front of me like that”</td>
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</tbody>
</table>
### Minimising/denial:

“I am not like that / it’s no big deal / you misunderstand, it wasn’t like that / it was just a one off”

Note: sometimes denial is a deliberate misrepresentation of the facts (a lie) to get out of dealing with the consequences. The more often a person says this to him/herself, the more it becomes ‘the truth’ as they see it.

| Minimising/denial: | “It didn’t really hurt him.”
|                   | “I only just touched him!”
|                   | “It hasn’t really affected them, things are fine now.”
|                   | “Insurance will pay for it anyway – so it’s not like it really affected them”
|                   | “She’s exaggerating; it wasn’t like that at all!”
|                   | “I know I would never do that again; I just want us all to get on with our lives now”

### Blaming:

“Someone else is to blame; it’s definitely not my fault!”

A fear of or reluctance to accept the consequence usually underlies this thinking.

It could also be that the truth doesn’t fit the person’s self image; they may not see themselves as capable of such an act, and reject the facts because they are too confronting to the ego.

| Blaming: | “Look she really wanted me to do it, I could tell.”
|          | “They asked for it; like they didn’t realize what would happen!”
|          | “He started it!”
|          | “I was under a lot of stress at the time; my wife was having an affair!”
|          | “I was pretty out of it, she knew that.”

An offender might have more than one of these thinking patterns at any point in time. The way that these faulty beliefs interact means that it could be very difficult for the offender to accept responsibility for the offending.

It should be noted that victims may also exhibit faulty thinking, for example victims who minimize an offence, or blame themselves for ‘starting it’.
Faulty apology

Sometimes faulty thinking is demonstrated in the apology which may not be an apology at all. For example:

*I’m so sorry it happened.*
This distances the offender from the offence that just happened.

*I’m sorry if I hurt you.*
This implies the offender doubts there was hurt.

*I’m so sorry I hurt you, I was so drunk I didn’t know what I was doing.*
This is a classic, “it wasn’t my fault” apology.

Even where the words indicate remorse, body language can deny or minimize what is said.

Elements of true apology are:
1. Regret / shame / remorse
2. Full understanding of what has happened, including the damage caused
3. Full acceptance of responsibility
4. Willingness to try to put things right

For example –
*I’m sorry I hurt you, I lost my temper. I feel so bad for what I did; not only did I injure you, now I’ve destroyed your trust in me. I know I need to do something about my anger problem.*

Note that crying does not necessarily signal genuineness of the apology. It may be that the offender actually feels sorry for him/herself (for getting caught and having to face the consequences) not for the impact on the victim. Some offenders may use tears as a manipulation strategy.
Implications for the facilitator

It is important to get a picture of how the offender is thinking during the pre-conference meeting, as it will affect the decision regarding whether to proceed to conference or not.

You will need to question and probe to find out about offender thinking. Questions to ask include:
- What makes you think that?
- What do you mean by that?
- How sure are you that …?
- What does that have to do with what you did?
- How does that explain what you did?

Facilitators need to question faulty apologies. For example:
Fac: What would you say to the victim?
Off; I'm really sorry
Fac: What are you sorry for?
Off: I'm sorry it happened
Fac: What aspect of it?
Off: Well this whole long drawn out process has been a complete hassle for me.

Remember, throughout the restorative justice process the facilitator role is to question and to challenge where necessary so as to ensure:

- An informed decision can be made on whether to proceed to conference;
- Secondary victimisation does not occur – as it certainly will if the offender implies the victim was to blame for the offence; and
- The offender is held accountable for his / her actions.
Practice 4: Support and faulty thinking issues

This practice provides an opportunity for you to check your knowledge and understanding of the issues you may identify when having an initial pre-conference meeting with an offender or with a victim. Answer each question below, and then check your answers against the feedback that follows.

1. What can a facilitator do if a victim turns up to pre-conference without support?

2. A 17-year-old offender says he does not want to bring support as he is a big boy and can go it alone. What two principles are at risk of being compromised here?

3. In the above case, if the offender is not taking accountability for the offence, what is one thing the facilitator could do in relation to support?

4. A young offender has pleaded guilty to theft of a car. At pre-conference the offender’s support are his mother and father. The father butts in whenever his son tries to talk and defends his son vigorously, saying that his son was led astray by his friends and that it is making a mountain out of a molehill. He says his son was forced to drive because he was the only one with a license. The offender’s mother says little but indicates she is disappointed with her son and thinks he needs to front up for his foolishness.

What is the issue here and what could the facilitator do in this situation?
5. Which of the following would you say indicate faulty thinking or faulty apology?

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<tr>
<th>What the offender said</th>
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Practice 4: Feedback

Check your answers against those suggested below.
1. What can a facilitator do if a victim turns up to pre-conference without support?

*Could go ahead if the victim is clearly independent and that is their wish.*
*Could recommend rescheduling the meeting to allow the victim to arrange support.*

2. A 17-year-old offender says he does not want to bring support as he is a big boy and can go it alone. What two principles are at risk of being compromised here?

*Accountability*  
*Safe*

3. In the above case, if the offender is not taking accountability for the offence, what is one thing the facilitator could do in relation to support?

*Arrange another pre-conference when the offender has support and ensure the support is likely to hold the offender to account (for example family or someone in authority rather than a young friend)*.

4. A young offender has pleaded guilty to theft of a car. At pre-conference the offender’s support are his mother and father. The father butts in whenever his son tries to talk and defends his son vigorously, saying that his son was led astray by his friends and that it is making a mountain out of a molehill. He says his son was forced to drive because he was the only one with a license. The offender’s mother says little but indicates she is disappointed with her son and thinks he needs to front up for his foolishness.

What is the issue here and what could the facilitator do in this situation?

*The issue is that the father could make the conference unsafe as he is not encouraging the son to be accountable and he is preventing his son from speaking. The facilitator could first talk to the father in private about the need for his son to take accountability. As a last resort, the facilitator could tell the family that the conference will proceed with the mother only as support.*
5. Which of the following would you say indicate faulty thinking or faulty apology?

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Issue: Alcohol use

Introduction

Alcohol is the most prevalent drug used in New Zealand with 80% of us taking alcohol. While many offenders will blame their offending on alcohol, this is an example of faulty thinking. Alcohol does not cause people to offend.

In your restorative justice practice you will encounter participants who have drinking problems and your role is to be alert to this, to clarify the extent of the issue, to gauge the risk it poses and to take action to ensure the principles of restorative justice are adhered to.

What is alcohol abuse?

Alcohol abuse includes ongoing addiction, alcoholism, and hazardous drinking patterns such as binge drinking. In your restorative justice practice you will find that alcohol abuse or excessive drinking is a frequently encountered issue.

Alcohol and violence

While excess alcohol does not cause violence there is a relationship between alcohol and violence. There are many theories on this relationship, one being that alcohol weakens brain mechanisms that normally restrain impulsive behaviors. In other words, a person who normally contains their violent tendencies, may be unable to do so when under the influence of alcohol.

When a person is able to identify that alcohol consumption leads to problems for them, then they may be ready to take the next step, which is to either refrain from or moderate their drinking.

Implications for the facilitator

You may be able to identify if a participant is under the influence of alcohol at pre-conference and, if that is the case, re-schedule the pre-conference and seek an assurance that next time the participant will turn up completely sober.
Where you identify that a crime is associated with drinking it is your job to question the drinking at pre-conference. For example you might question an offender with:

- *Tell me about your drinking.*
- *How much had you had to drink that day?*
- *How often do you drink?*
- *To what extent is drinking a problem for you?*
- *How often in the past has drinking led to this?*

And you might ask a support person:

- *What are your views on *(name’s)* drinking?*

If a person does not see their drinking as a problem, then they are unlikely to commit to any action to control or stop it. You need to know this, so that you can identify associated risk if you go to conference.

Finally, if you know a participant has a drinking problem, you may need to get a promise from them to turn up to conference 100% sober.

**Further information**

For information on alcohol and drinking in NZ go to: [http://alcohol.org.nz/](http://alcohol.org.nz/)

And for further reading on alcohol and violence go to: [http://pubs.niaaa.nih.gov/publications/aa38.htm](http://pubs.niaaa.nih.gov/publications/aa38.htm)
Issue: Illicit drug use

Introduction

Despite high rates of drug abuse among convicted offenders, drug taking does not cause crime. All that can be said is that crime is associated with alcohol and drug abuse. The strongest argument for a link is with crimes committed to support a 'habit.' But even then, craving drugs is a motive rather than a cause of crime.

Monitoring of drug use among people who have been recently apprehended by police shows the dominant drugs used are cannabis and methamphetamine (commonly called P). In this section we will consider these commonly encountered drugs. However, it needs to be remembered that there are a huge range of substances, both prescription and illicit, that restorative justice participants may be taking.

In your practice as a restorative justice facilitator you will encounter people who are addicts and people who are clearly under the influence of drugs. You cannot be an expert in this field, nor are you expected to be, but you do need to know the signs and symptoms of drug use so that you can ensure the restorative justice principle of ‘safe’ is upheld.
Cannabis/marijuana

The 2013 police research on detainees (people arrested and held in police custody) found 70% had used cannabis in the past 12 months, and 57% had used it in the past month. Among detainee users, frequency of use was 158 days per year on average (13 times per month). (Ref: NZ Arrestee drug use monitoring, 2013)

In the general population, rates of use are lower. According to the latest Drug Use in New Zealand Survey 2007/2008 published in 2010, almost half (46.4%) of New Zealanders aged 16 to 64 had used cannabis at some time.
- one in seven (14.6%) adults aged 16 to 64 had used cannabis in the previous 12 months.
- males are more likely to use cannabis than females.
- Cannabis use is most prevalent for males aged 18 to 24 years, while 16 to 24-year-old females are most likely to use cannabis. Cannabis use decreases with age.
- Māori men and women are over 50% more likely to have used cannabis in the previous year than men and women in the general population.
- One in seven users in the past year were daily cannabis users and half used it at least monthly.

Cannabis is easy to obtain and relatively cheap - $20 for a tinny was the price reported in 2013. New Zealand grows its own supply and the market is estimated to have an annual turnover of $131-$190 million.

The effects of smoking cannabis depend on the person and the amount taken. Effects listed by the NZ Drug Foundation include:
- Relaxation and loss of inhibition
- Increased appetite
- Altered sensory perceptions
- Loss of co-ordination
- Impaired thinking and memory
- Talkativeness
- Drowsiness
- Red or bloodshot eyes

In general, a person under the influence of cannabis is likely to be more laid-back and less likely to get angry. Currently there is no evidence to suggest that occasional use of small amounts of cannabis causes any permanent damage. Heavy and long-term use leads to medical risks and may impair brain function.

It should be noted that synthetic cannabis is different. It is usually a dried herb or plant material that is sprayed with
chemicals. The chemicals aim to imitate the effects of THC, the ingredient in cannabis which causes the high. Synthetics are significantly more toxic, dangerous and cause unpredictable reactions, sometimes death.

**Methamphetamine (M)**

Methamphetamine is a stimulant. It commonly comes in a crystal form that is smoked. It can also be obtained as a powder that is snorted (sniffed up the nose), swallowed in pill form or injected.

Methamphetamine is manufactured in New Zealand in clandestine (secret) drug laboratories, known as 'clan labs', or imported in crystal form. Methamphetamine is easy to obtain in NZ and prices in 2017 were reported as falling and as low as $350 a gram (from $700 in 2013).

In the 2013 survey, 50% of detainees had tried methamphetamine in their lifetimes, 30% had used it in the previous year and 19% had used it in the past month. The detainees had used methamphetamine on a mean of 82 days in the previous 12 months. Use of P is high among detainees and use in the general population is low (under 1%).

The effects of methamphetamine vary but typical effects you may notice include:

- Increased energy
- Talkativeness
- Feelings of power and superiority over others
- Restlessness, repetitive actions, itching, picking, scratching
- Irritability, hostility
- Enlarged pupils
- Disjointed thoughts and speech
- Sweating
- Increased breathing rate, shortness of breath

Users of P can experience physical symptoms when coming down after using, and symptoms you may notice include:

- Irritability
- Mood swings
- Depression
- Violence
- Psychosis – hallucinations and delusions
These effects are more pronounced after heavy, prolonged use and can last for several days.

Because of the effects of P use and the effects of P withdrawal, use of this drug by restorative justice participants presents a significant risk.

**Implications for the facilitator**

You need to identify if a participant is under the influence of drugs at pre-conference. Where you suspect a participant is affected by drugs you need to identify the risk and take action. For example:

*At the pre-conference the offender is highly agitated. He is scratching his arm constantly and his talking is rapid fire. He becomes angry when the facilitators ask questions and replies with, “Why are you asking me questions?” The facilitators identify that this man could easily explode, and they cut the meeting short. They strongly suspect the man is on P and decide not to proceed with the restorative justice referral.*

Facilitators need to be alert to the possibility of drug taking being a factor in the offence itself. The time to check this out is at pre-conference where you will ask appropriate questions such as:

*You said you weren’t thinking straight at the time. What was the reason for that?*
*You said you were wasted. What had you taken?*
*How often do you take that?*
*That seems an unusual thing to do. What led you to do that?*
*You said you had been drinking. Had you taken anything else?*

Finally, facilitators need to ensure people do not turn up to conference under the influence of drugs. Where this is a possibility you need to seek a clear commitment from the participant. For example at the pre-conference you could say:

*It is important that you turn up to the conference absolutely straight. That means no drugs, no alcohol, because everyone has to be thinking clearly?*

**Further information**

Go to:
www.drugfoundation.org.nz
Practice 5: Issues of drug and alcohol use

This practice provides an opportunity for you to check your knowledge and understanding of the issues you may identify when having an initial pre-conference meeting with an offender or with a victim. Answer each question, below, and then check your answers against the feedback that follows.

1. Does drug use cause crime?

2. Put the following in order according to prevalence of use in New Zealand.
   - [ ] Cannabis
   - [ ] Amphetamine
   - [ ] Alcohol
   - [ ] Methamphetamine (P)

3. Tick those symptoms that indicate a person is high on cannabis.
   - [ ] Enlarged pupils
   - [ ] Loss of co-ordination
   - [ ] Red or bloodshot eyes
   - [ ] Relaxation
   - [ ] Irritability
   - [ ] Hostility

4. Tick those symptoms that indicate a person is high on P.
   - [ ] Enlarged pupils
   - [ ] Loss of co-ordination
   - [ ] Red or bloodshot eyes
   - [ ] Relaxation
   - [ ] Irritability
   - [ ] Hostility
5. You visit an offender for a pre-conference and he is extremely anxious. He is scratching his arm and keeps standing. He responds extremely defensively when asked any question. What might he be on or coming down from?

6. Police figures form 2013 show roughly what percentage of detainees had used cannabis in the previous 12 months?

7. How long do symptoms of P last – hours, days or weeks?

8. Does being drunk cause violence?

9. Is there a link between drunkenness and violence?

10. An offender says she was drunk on the night of the assault. You notice she has had two drink drive convictions and two other assault convictions. What does the facilitator need to question the offender on?
Practice 5: Feedback

Check your answers against those suggested below.

1. Does drug use cause crime?
   
   No

2. Put the following in order according to prevalence of use in New Zealand.
   1 Alcohol
   2 Cannabis
   3 Methamphetamine (P)
   4 Amphetamine

3. Tick those symptoms that indicate a person is high on cannabis.
   
   ☐ Enlarged pupils
   ☑ Loss of co-ordination
   ☑ Red or bloodshot eyes
   ☑ Relaxation
   ☐ Irritability
   ☐ Hostility

4. Tick those symptoms that indicate a person is high on P.
   
   ☑ Enlarged pupils
   ☐ Loss of co-ordination
   ☐ Red or bloodshot eyes
   ☐ Relaxation
   ☑ Irritability
   ☑ Hostility
5. You visit an offender for a pre-conference and he is extremely anxious. He is scratching his arm and keeps standing. He responds extremely defensively when asked any question. What might he be on or coming down from?

*Methamphetamine (P)*

6. Police figures form 2013 show roughly what percentage of detainees had used cannabis in the previous 12 months?

70%

7. How long do symptoms of P last – hours, days or weeks?

*Days, generally*

8. Does being drunk cause violence?

*No*

9. Is there a link between drunkenness and violence?

*Yes*

10. An offender says she was drunk on the night of the assault. You notice she has had two drink drive convictions and two other assault convictions. What does the facilitator need to question the offender on.

*The extent of her drinking and whether she sees this as a problem.*
Issue: Mental health

Introduction

Prevalence rates for mental illness in prison populations depend on the definition of mental illness used, and the measure(s) used to detect it. Thus, the reported rates range from 4% to 70%.

Higher rates are likely to be reported when the definition includes ‘antisocial personality disorder’ (see below), since signs of that can be detected in most people with a criminal history. Lower rates are reported when the definition is limited to serious psychiatric illnesses, such as psychoses.

Several international studies have shown there is no relationship between mental illness and re-offending. This has also been shown for New Zealand offenders (Anderson & Riley 1991, McLean 1998).

Personality disorders

Personality disorders are often associated with criminal behaviour.

A personality disorder (PD) is “a chronic, inflexible, maladaptive pattern of perceiving, thinking and behaving that seriously impairs an individual’s ability to function in social or other settings”  (ref: www.psychologymatters.org)

There are a range of different personality disturbances which show different behaviours depending on the disorder. Examples of behaviours that indicate personality disorders include:

- Paranoia, believing hidden motives where none exist
- Argumentative, profound exaggeration
- High excitement, self absorption, egocentricity
- Exhibitionism, need for constant admiration
- Indifference to others, marked insensitivity
- Total avoidance of social interaction / inability to form social relationships
- Unusual dependence on a parent or friend; fear of abandonment if they don’t conform
- Inability to express warm emotions
- Preoccupation with trivial rules and details
- Lack of a sense of shame or remorse
- Failure to learn from past experience
- Under-developed emotions
- Impulsiveness or unpredictability
- Emotional instability, marked shifts in mood
- Physical self-harm (suicidal gestures, self-mutilation)

The thing that they all have in common is that their mental health is unlikely to improve without professional intervention.

**Neurodevelopmental disorders**

Autism Spectrum Disorder (ASD). ASD is an issue you may strike in your restorative justice practice. It is not a mental illness, but a neurodevelopmental disorder, usually diagnosed in early childhood. It may be severe (for example, non-verbal) through to a mild form often referred to as Aspergers.

People with ASD typically have difficulty in communicating and in interpreting non-verbal signals. They also typically indulge in restricted and repetitive behaviour. ASD can range from people with no communication ability through to those who have learned coping strategies that enable them to function fully in society.

ADHD (attention deficit hyperactivity disorder) is a neurodevelopmental psychiatric disorder in which the sufferer has difficulty paying attention and refraining from impulsive activity.

**Depression**

Mood disorders, such as depression, are disorders that significantly affect a person’s ability to function normally. Most likely, depression is caused by a combination of genetic, biological, environmental, and psychological factors.

Symptoms vary depending on the individual and his or her particular illness. Symptoms may include:
- Lack of interest in usual pursuits
- Feelings of being hopeless, a failure
- Fatigue and decreased energy
- Difficulty concentrating
- Insomnia, early-morning wakefulness, or excessive sleeping
- Overeating
- Appetite loss
- Thoughts of suicide, suicide attempts
There are several forms of depressive disorders.

**Major depression**—severe symptoms that interfere with ability to work, sleep, study, eat, and enjoy life. An episode can occur only once in a person’s lifetime, but more often, a person has several episodes.

**Persistent depressive disorder**—depressed mood that lasts for at least 2 years.

**Psychotic depression**—this occurs when a person has severe depression plus some form of psychosis, such as having disturbing false beliefs or a break with reality (delusions), or hearing or seeing upsetting things that others cannot hear or see (hallucinations).

**Postpartum depression**—this is much more serious than the "baby blues" that many women experience after giving birth.

**Seasonal affective disorder (SAD)**—characterized by the onset of depression during the winter months, when there is less natural sunlight.

**Bipolar disorder**—formerly called manic-depression. This is characterized by cycling mood changes—from extreme highs (mania) to extreme lows (depression).

**Implications for facilitators**

If an individual is showing profoundly unusual behaviour, the risks associated with going to conference may be too high. If in doubt, seek expert advice from a mental health professional. If proceeding to conference, ensure the participant with the issue has good support in place, preferably professional support.

**Further information**

For information go to:

www.mentalhealth.org.nz
**Issue: Underlying history**

**Introduction**

It is a relatively common occurrence in restorative justice cases that the case referred to restorative justice is the tip of the iceberg. Hidden beneath that tip may be underlying history that will impact on the decision of whether to go to conference. Examples that you may strike are:

- The offender and victim are friends
- The offender and victim are enemies
- There is a lifetime of incidents between the two (or even generations of incidents)
- There are long standing power and control issues between participant and support person or between offender and victim.

**When is underlying history an issue?**

Underlying history can be an issue when animosity between the parties affects their ability to focus on the case that has been referred. If all parties are able to acknowledge that there is a past but the purpose of restorative justice is to consider the case referred (the tip of the iceberg) then it will be safe to go to conference. If one or both parties cannot put aside old wounds, the facilitators may decide not to proceed to conference. Remember, the facilitator is not mediating or counselling and that may be what is needed to heal old wounds.

**Example 1**

*A case of common assault has been referred to restorative justice. At the pre-conference with the offender you find out that the victim is an old flatmate who stole from the offender 10 years ago. The offender considers he has at last achieved payback.*

**Example 2**

*In a burglary case the offender has pleaded guilty. At pre-conference he says he regrets breaking into the house but does not regret stealing the silver because it was his great grandmother’s and he is entitled to it. On questioning, it is revealed that the victim is connected to the offender (a second cousin). There is ongoing animosity regarding the great-grandmother’s will and the offender’s side of the family consider they were ripped off by another side.*

In both these cases, the question for the facilitators to decide is whether they can maintain focus on the case referred at the
conference and whether the offender is truly taking responsibility for the offending.

Another issue to be aware of is that exploring relationships and history may reveal that a case that looked to be one thing is, in fact, another.

**Example 3**
A case of wilful damage is referred to restorative justice. A young woman keyed a man’s car. At the pre-conference with the offender, the facilitators find out that a year beforehand the young woman had an affair with the man and is still sore about being dumped.

What looked to be a simple case is now classed as family violence and needs to be facilitated by at least one facilitator with a specialist family violence qualification.

Yet another issue can arise when offender and victim are friends. In some cases, the parties may collude together to minimize the offence.

**Example 4**
A young man is charged with common assault. The offence was reported by a witness to the incident. At pre-conference the victim says the offender was just fooling around really, and didn’t do more than give her a gentle shove. The offender gives a similar story and says he did push her but it was nothing really - she just lost her balance.

In this case the facilitators may decide against going to conference because the offender is not being accountable and the victim is colluding in this.

**Implications for facilitators**

At pre-conference, facilitators need to explore relationships between offender and victim and explore any history between them. This may take time but it is important to clarify all the history. The decision on whether to go to conference will rest on whether it is going to be possible at conference to acknowledge there is history, but then focus the conference discussion on the case referred. If not, a decision to proceed may be too big a risk.
Practice 6: Mental health and underlying history

This practice provides an opportunity for you to check your knowledge and understanding of the issues you may identify when having an initial pre-conference meeting with an offender or with a victim. Answer each question, below, and then check your answers against the feedback that follows.

1. What is Autism Spectrum Disorder and what do people with ASD have difficulty with?

2. What sort of mental illness is often associated with criminal behaviour?

3. Name two types of depression that you may encounter?

4. At a pre-conference you find that the offender’s family knows the victim’s family and there is a very long history of animosity between the two families. What is the key question the facilitator needs to consider before making a decision to go to conference.

5. At a pre-conference with the victim, you find that she is blaming herself for the assault. She knows the offender, in fact she used to go out with him for over a year. What is the implication of this information for the facilitator?
Check your answers against those suggested below.

1. What is Autism Spectrum Disorder and what do people with ASD have difficulty with?

   *It is a neurodevelopmental disorder. People with ASD have difficulty in communicating and in interpreting non-verbal messages.*

2. What sort of mental illness is often associated with criminal behaviour?

   *Personality disorders*

3. Name two types of depression that you may encounter?

   *Major depression*  
   *Persistent depressive disorder*  
   *Psychotic depression*  
   *SAD*  
   *Bipolar*

4. At a pre-conference you find that the offender’s family knows the victim’s family and there is a very long history of animosity between the two families. What is the key question the facilitator needs to consider before making a decision to go to conference.

   *Will it be possible at conference to keep the focus on the case referred?*

5. At a pre-conference with the victim, you find that she is blaming herself for the assault. She knows the offender, in fact she used to go out with him for over a year. What is the implication of this information for the facilitator?

   *This is a family violence case and at least one of the facilitators must be qualified to take family violence referrals.*
Evaluating and responding to risks

Introduction

Potential issues are identified at the pre-conference stage, which is one reason why pre-conferences are so important to the restorative justice process. Your role is to identify risks after each pre-conference and then, together with your co-facilitator, evaluate the risks.

How to evaluate risks

There is no magic formula for evaluation of risks. The evaluation is subjective and based on –

1. **Likelihood** that something will happen
2. The **consequences** if it did happen.

Consider the following examples:

**Example 1**
At pre-conference, Myrtle (mother of victim, Stella) says, “Well Stella can be pretty stroppy, so I don’t really blame Hone for hitting her.”

Facilitator, “You think it was OK for Hone to assault your daughter?”

Myrtle; “Well no, because he has got into trouble for it, but I’m just saying that if she was more easy-going it would never have happened”.

If you were the facilitator in this situation you might evaluate this as a medium risk because:-

1. The mother is likely to say something similar at conference.
2. The possible consequences are that this might encourage the offender to also blame the victim and so lack accountability. The other consequence is the victim will be re-victimized and this is not safe.
Example 2
At pre-conference, the offender says, “She got what she deserved. It was payback really for all the strife she has caused me over the years.”

Facilitator, “You think what you did was OK?”

Offender; “Yea. I did it and I’d do it again”.

If you were the facilitator in this situation you might evaluate this as a major risk because:-

1. The offender would be highly likely to say similar things at conference and is clearly not meeting the principle of accountability.

2. The possible consequences are that victim will be re-victimized and could be traumatized by hearing the offender speak in this way. The ‘safe’ principle is at risk.

This module covers eight common issues that may indicate risk:

- Trauma and stress
- Participant readiness for restorative justice
- Support, or lack of
- Faulty thinking
- Illicit drug taking
- Alcohol addiction
- Mental health
- Underlying history

Note that this is not an exhaustive list of issues and there may be multiple issues to consider in one case. For example:

- An offender may be mentally ill but his drug taking masks this.
- Lack of whānau support may be due to underlying history of animosity between whānau members.
- Faulty thinking may be linked to mental illness or to a brain injury.

While there is no formula to evaluate risk there are principles of restorative justice that will help you - going back to the 6 restorative justice principles helps you to assess the degree of risk.
How do you respond to risk?

Later in this restorative justice training you will have some more real practice at identifying and responding to risk. In module 11 you will facilitate a pre-conference and will identify issues. Then in module 12 you will prepare a conference risk management plan and come up with strategies to address each risk. This section of module 2 looks at some possible strategies, so that you know what the options are for actions that you can take.

In restorative justice there is often a degree of risk. Your job is to be constantly evaluating this and coming up with actions that will reduce the risk. It is not always possible to eliminate it.

You have a number of strategies at your disposal.

Seek advice

First and foremost, seek advice. You cannot be an expert in what to do in every risk situation. You can seek advice from experienced facilitators, a mentor, a professional supervisor, a professional (expert in a specific area – drugs, mental health etc). Take whatever time is needed to get good advice and make a good decision.

Example

You have a pre-conference with a victim who is distraught over the loss of her motorbike. She says she cannot sleep and keeps bursting into tears. Her support, her sister, says she is concerned that she seems unable to put the loss into perspective. You are concerned that the victim may be depressed and wonder if it will help her to be able to meet the offender. You decide to discuss the case with your professional supervisor who is a psychologist.

Meet again

If you are in doubt and need to get more information, have a further pre-conference meeting in order to carefully evaluate risks and decide how to respond. In complex cases there may be multiple pre-conference meetings to ensure all risks are addressed and both parties are fully ready to go to conference.

Example

You turn up to see a young offender and find her promised support person is not there and was never invited to come. You talk briefly to the offender and find she is minimising the offence which leads you to doubt the principle of offender accountability
can be met. You cut the meeting short and arrange another date to meet when her support (her father) will be there.

Ensure good support

Ensure good support is in place for both offender and victim. You can require that suitable support is in place before proceeding.

You can also decide whether a support person can attend a conference. If a support person poses a risk, you can ask the participant to choose another support person. They can in turn decide whether or not they will do that or whether they will withdraw from the process altogether – restorative justice is voluntary.

Example
You meet with the parents of a child victim of assault. The mother has a good understanding of the case and restorative justice. The father, on the other hand, is extremely volatile and sees the conference as a chance to threaten the offender with violence. You are concerned that the conference would not meet the principle of safety. You ask the mother if she would be willing to come to the conference without her husband.

Set clear requirements

You can set specific requirements for the conference. For example, if a participant is at risk of turning up under the influence of drugs or alcohol you can ask them to turn up early and tell them the conference will be cancelled if they turn up under the influence.

Example
You meet with an offender and his aunt. The aunt has been drinking and apologizes for being a bit drunk in the morning but says it is her day off. You are concerned that the principle of safety would not be met if she turned up to the conference under the influence. You tell her that she must turn up to the conference completely straight and having had no alcohol during the day and seek her commitment to do that.
Check out issues with “what ifs”
When you identify risks you can ask a “what if” question to help you decide whether to go to conference. Such questions can be asked at pre-conference or done later by phone or at an additional meeting.

The strategy and when it might be used is best explained with a couple of examples.

Example
At the pre-conference with a burglar, when she is asked about her accomplices and their role in the burglary, she becomes defensive, angry, and refuses to answer. You are worried that at conference when the victims ask the same question she may become angry.

One strategy is to ask the victims, “If the offender was only willing to discuss her part in the burglary, not what her accomplices did, would you still want to meet with her?”

Example
At pre-conference with the offender he acknowledges that he committed the crime and is happy to explain what he did and why. He does not want to apologize.

You could ask the victim, “If the offender was not sorry for what he did, would you want to meet with him?”

These “what if” questions help the facilitators decide whether to proceed and also help prepare the participants if a decision is made to proceed to conference.

If in doubt do NOT go to conference
If you evaluate the risk as being significant, do NOT proceed to conference – you do not give a reason, just say it is a facilitator decision to not go to conference. This decision needs to be made on the basis of risk evaluation – ignoring any pressure (real or implied) to increase or maintain the number of conferences held.

Example
An offender is very volatile and seems unable to grasp that he is an offender. He sees himself as a victim. You think he may have faulty thinking patterns and that this is possibly due to a history of drug taking although he is no longer taking drugs. You think the principle of offender accountability may be at risk and that
this could lead to re-victimisation, compromising the principle of safety. You decide not to proceed to conference.

It is the facilitators who have full responsibility for the safety of the restorative justice process so the identification of risk and the implementation of appropriate strategies is a key role. You will learn more about this in module 12, ‘Plan the restorative justice conference’.
Practice 7: Evaluating and responding to risks

This practice provides an opportunity for you to check your understanding of risks and how to deal with them.

Each scenario relates to the pre-conference. For each scenario, identify the risk and what you might do. Then check your answers against the feedback that follows.

<table>
<thead>
<tr>
<th>Scenario</th>
<th>What is the risk?</th>
<th>What RJ principles?</th>
<th>What might you do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Upon entering the offender’s home, you notice lots of empty wine and beer bottles in the recycling; and think that you can smell marijuana. You find the offender with his partner and baby, and notice that the offender’s eyes are bloodshot. He appears to be communicating with you in a satisfactory manner.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. In the pre-conference with the 17-year-old victim she is clearly agitated about the offender (her flat mate) being charged. She has no support person and says she has no friends or family she can call on for support. She says the offence is really her fault and cries, saying “I don’t want to be the bitch who dobbed him in. It is my fault, not his.”</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. During the discussion with the offender, Joe, you pick up that he appears to be listening intently, and while he agrees with what you are saying, he does not seem to be able to answer your more probing questions, deferring instead to his brother, who is there with him. You are unsure if he really understands the significance of the process.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4. In the pre conference meeting with an offender, Tony, you ask “How do you feel about listening to the impact the assault had on the victim?” And Tony replies “I don’t care, it was his own fault, he’ll get over it”

5. The offender turns up to the pre-conference without support. When explaining what led up to the offence, he reveals that he suffers from depression. He has attempted suicide three times and the last attempt was six months ago. He said he had been under the mental health team but did not go to appointments because they wanted him to take pills and “go to some wanky counsellor”.

6. When talking with the victim, the support person (his father) interrupts his son when he tries to talk. The father answers all questions on behalf of his son, even when the facilitator asks him to refrain and let his son answer. The son is clearly totally dominated by father and unable to have an independent voice.

7. When talking about the offence, the victim, Timo, sobs and has difficulty talking. He says his life is not worth living since the accident. His wife says he has not been sleeping and that she has insisted he go to the doctor for some meds to help him calm down. She thinks that meeting the offender will be too stressful for him.
**Practice 7: Feedback**

Check your answers against those suggested below.

<table>
<thead>
<tr>
<th>Scenario</th>
<th>What is the risk? What RJ principles?</th>
<th>What might you do?</th>
</tr>
</thead>
</table>
| 1. Upon entering the offender’s home, you notice lots of empty wine and beer bottles in the recycling; and think that you can smell marijuana. You find the offender with his partner and baby, and notice that the offender’s eyes are bloodshot. He appears to be communicating with you in a satisfactory manner. | The risk here is that the offender may be under the influence of marijuana or alcohol today and may come to conference under the influence. This relates to the principle of **safe** – it would be unsafe for all. | Ask: *Have you had a drink or smoked weed today?*  
Ask: *Can you promise to come to the meeting completely straight. No alcohol or drugs?*  
Ensure you have a clear commitment to arriving in a completely sober and drug free state. |
| 2. In the pre-conference with the 17-year-old victim she is clearly agitated about the offender (a friend) being charged. She has no support person and says she has no friends or family she can call on for support. She says the offence is really her fault and cries, saying "I don’t want to be the bitch who dobbed him in. It is my fault, not his.” | The victim is unsupported and is not thinking straight. The offender could be encouraged to blame the victim. This relates to the principles of **accountability** and **safe** | Help the victim to identify a support person and if necessary suggest possibilities, e.g Women’s Refuge or Victim Support. If a support person can be found, have a second pre-conference meeting with the support person present. |
| 3. During the discussion with the offender, Joe, you pick up that he appears to be listening intently, and while he agrees with what you are saying, he does not seem to be able to answer your more probing questions, deferring instead to his brother, who is there with him. You are unsure if he really understands the significance of the process. | The risk here is that the offender is not able to be fully informed. This risks the principle of **understanding**. | Keep directing your questions at Joe – and ask the support to let Joe answer.  
IF Joe’s answers are clear and intelligible, it is probably OK to proceed.  
IF the answers demonstrate Joe is not really understanding the process; it is probably not wise to proceed. |
4. In the pre-conference meeting with an offender, Tony, you ask “How do you feel about listening to the impact the assault had on the victim?” And Tony replies “I don’t care, it was his own fault, he’ll get over it”  
Tony is not taking responsibility, and his apparent lack of empathy is likely to result in secondary victimisation. The principles of **safe** and offender **accountability** are at risk.  
Do not go to conference.

5. The offender turns up to the pre-conference without support. When explaining what led up to the offence, he reveals that he suffers from depression. He has attempted suicide three times and the last attempt was six months ago. He said he had been under the mental health team but did not go to appointments because they wanted him to take pills and “go to some wanky counsellor”.

The risk is safety of the offender and the conference could prompt this offender to attempt suicide. The principle is **safe**.  
Ask: *If we were to have another pre-conference meeting, who could you bring as support?*  
Ask: *We do not want to put you at risk, so if we go ahead how would you feel about us consulting a mental health expert to advise us and ensure your safety?*  
If he does not want support and expert involvement do NOT go to conference.

6. When talking with the victim, the support person (his father) interrupts his son when he tries to talk. The father answers all questions on behalf of his son, even when the facilitator asks him to refrain and let his son answer. The son is clearly totally dominated by father and unable to have an independent voice.

The father would prevent the son being the central participant in the conference. **Central participants** is the principle at risk.  
First take the father aside and explain the impact of his behaviour and reinforce his support role. If that fails ask the son if he would be happy to go to conference with an alternative support person. If so, proceed and if not, do not proceed.

7. When talking about the offence, the victim, Timo, sobs and has difficulty talking. He says his life is not worth living since the accident. His wife says he has not been sleeping and that she has insisted he go to the doctor for some meds to help him calm down. She thinks that meeting the offender will be too stressful for him.

The safety of the victim would be at risk. He is too stressed and the opinion of his wife needs to be respected. This relates to the principle of **safe**.  
Do not go to conference.
The role of community agencies

Introduction

The restorative justice process will identify issues associated with the offending. Typically, the victim will be looking for agreements that ensure these issues are dealt with so as to reduce the chance of re-offending.

Examples of actions that may be sought:

<table>
<thead>
<tr>
<th>Trauma/stress</th>
<th>Counselling</th>
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<tbody>
<tr>
<td></td>
<td>Medical consultation</td>
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<tr>
<td>Drug or alcohol addiction</td>
<td>Assessment</td>
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<tr>
<td></td>
<td>Counselling</td>
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<td></td>
<td>Residential treatment centre</td>
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<tr>
<td></td>
<td>Antabuse (for alcohol addiction)</td>
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<tr>
<td>Mental health</td>
<td>Assessment</td>
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<tr>
<td></td>
<td>Treatment</td>
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<td></td>
<td>Counselling/support</td>
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Actions are agreed between the offender and victim. It is NOT the role of the facilitator to suggest actions or give advice. It IS the role of the facilitator to provide information that will enable the parties to make informed decisions. The information you need to be able to give is information on the community support services available locally.
Your community support homework

You need to have (and keep up to date) the names and contact details for all the relevant services in your area. These may include the following:

- One on one counselling
- Couples counselling
- Family counselling
- Anger management/stopping violence
- Mental health services
- Drug and alcohol assessment
- Drug addiction therapy
- Alcohol addiction therapy
- Budgeting advice
- Parenting courses
- Defensive driving

Here is what to do

1. Talk to your provider manager and ask him/her for a list of the community agencies in your area and the contact details for each.

2. Contact at least 3 different agencies that offenders in your area are likely to use and find out the cost and details of the services they offer.

3. Set up and maintain contact details for all the agencies offenders you work with may want to use, so that you can pass on these contact details.

You are now ready to complete the assessment for this module.
Assessment: Victim and offender issues in restorative justice

Time to assess your competence. The assessment for this module is done online. If you have completed Module 1 you should already have a login to our online assessment account and access to the assessment for Module 2. If you do not, contact Resolution Institute on rj@resolution.institute or 0800 453 237.

Please note the following:

- You can have the module with you when you do the assessment – it is an open book assessment.
- Do the assessment alone – it is your knowledge and understanding we need to assess.
- The assessment comprises 30 questions which are all ‘yes/no’, multi choice or ‘arrange in order’ type questions. The pass rate is 27 questions, 90%.
- You can have up to three attempts at the assessment. The computer selects questions randomly from a question bank, so the questions will differ in each assessment although some will be the same.
- The computer will tell you what questions you have got right and whether this is a pass or whether you need to have another attempt. It will tell you the right answer for each question you got wrong. It will also email your result to you.
- If you do not meet the standard the first time, re-read your module and make sure you have done ALL the practices in the module before you have another attempt.
- Once you have successfully completed the assessment, the computer will record your success for us. Please proceed then to the next module.

If you have any problems or questions about the online assessments contact Resolution Institute on rj@resolution.institute or 0800 453 237