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Restorative Conferences Reduce Trauma from Crime, Study Shows

BY ABBEY J. PORTER

The emotional and psychological impact of crime can last far beyond the incident itself, in some cases affecting victims' lives for years. A groundbreaking study has shown, however, that restorative justice conferences can mitigate those effects and help victims heal and move forward more quickly.

Dr. Caroline M. Angel, a lecturer in criminology at the University of Pennsylvania in the United States, studied the impact of restorative conferencing on post-traumatic stress symptoms in victims of burglary and robbery. Her findings were clear: Conferences reduce the psychologically traumatic effects of crime.

"The most striking thing was that conferences reduced symptoms of post-traumatic stress disorder," she said. "What you have here is a one-time program that's effective in producing benefits for the majority of people."

The participants in Angel's study experienced, in varying degrees, the problems common to those affected by post-traumatic stress, such as anxiety, irritability, and persistent, intrusive thoughts about the crime. One group of test subjects participated in restorative conferences, in which victims, offenders, and their supporters meet with a trained facilitator to talk about how they have been affected by the incident. That group's post-traumatic stress symptoms lessened significantly compared to a control group that participated in conventional criminal justice proceedings.

The findings are especially significant, Angel noted, considering that only a small percentage of the crime

victims who suffer from psychological distress receive professional help. "The overwhelming majority who need psychological counseling won't seek it," she explained. "This program is available to everyone and doesn't have the stigma of seeking counseling. I thought that was an incredibly important public health benefit."

Dr. Paul McCold, criminologist and IIRP professor, couldn't agree more. Calling Angel's results "dramatic," he said that the study documented a "huge social benefit" of restorative justice. "Victims who are traumatized by a crime are given significant relief as a result of a two-hour conference in which they face their offender and really conquer their fear and anger," he said.

Untreated post-traumatic stress not only causes pain and suffering for victims and their families, McCold noted, but also can contribute to serious long-term consequences like health problems and loss of productivity. Given the cost of dealing with such problems, he believes the significance of Angel's findings is "staggering."

"It's really hard to overstate," he said, "if we consider how many people are victimized at some time by some kind of crime. What we really haven't had is a simple, effective intervention. [With conferences], it appears we're getting an effective therapeutic intervention in a single event... In terms of the cost of treating victim trauma, restorative justice conferences could be a huge cost savings."

McCold added that the findings put to rest the concerns raised by some that



Dr. Caroline M. Angel

conferences further harm victims: "The results are not equivocal at all. It is very clear that, for these victims, it was like a magic bullet in terms of a dramatic improvement in their conditions."

Angel's study is unusual. While most restorative justice research takes a sociological bent, hers took a clinical approach. That's likely because of the researcher's own unusual background: A psychiatric nurse, she is also, as far as she knows, the only person in the world to hold a dual doctorate in nursing and criminology. The restorative justice study was the subject of her dissertation.

She had already begun a doctoral program in nursing at Penn when she took a class with noted criminologist Dr. Lawrence Sherman, who, along with Dr. Heather Strang of the Australian National University, was conducting research on restorative justice through Penn's Jerry Lee Center of Criminology. When Sherman began telling Angel about restorative justice, she said, "It just clicked."

Angel, who had worked with crime victims on crisis hotlines and at a shel-

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ter for runaways, said, "I guess my real interest has always been in how people get justice and what that really means." She had always been less interested in chronic mental illness, she added, than in "bad things that happen to people who are just going along in their lives." When she heard about Strang's research on the effects of restorative conferences on victims of crime, she decided to take the work a step further, and in a clinical direction, by investigating the impact of conferences on post-traumatic stress symptoms in victims.

She looked at robbery and burglary victims in London for her study, which was part of the Jerry Lee Program on Randomized Controlled Experiments in Restorative Justice. (See <http://www.realjustice.org/library/jerryleeresearch.html>.) Subjects were randomly assigned to either a test group, which participated in a conference, or a control group, which proceeded through the conventional criminal justice process.

Angel conducted interviews with the subjects to assess their level of psychological stress both six weeks and six months following the conferences, measuring indicators such as the occurrence of intrusive memories of the crime, flashbacks, difficulty sleeping, feelings of anger and physical symptoms. She found significant differences: At the six-week interview, the conference group experienced one-third fewer post-traumatic stress symptoms than the conventional justice group. While both groups continued to recover psychologically at about the same rate, six months later the conference group maintained a significantly lower level of post-traumatic stress symptoms, with 40 percent fewer symptoms than the control group.

Angel believes the conferences may act as a kind of cognitive behavioral therapy, with components that parallel those of

clinical treatment programs. Perhaps most important, they answer a question that plagues many victims: Why me? "It's a very common type of rumination," she said, not only for crime victims but also for those who experience other severe traumas. Victims who meet their offenders face to face in restorative conferences are among the minority who get an answer. Conferences "tend to be transformative," Angel said, because participants learn that the crime didn't occur because of something they did. "You saw it over time—the people who attended the conferences were less likely to ask that question," she said. And ruminating over that question, she found, was a significant predictor of continued post-traumatic stress symptoms.

The conferences helped many victims to reach a sense of closure. In particular, victims seemed to benefit from meeting their offenders face to face. "Meeting with your offender and seeing that your offender is not a monster but a human being and having your offender see you that way...A lot of restorative justice theory was established around those beliefs," McCold noted. "Caroline's research validates that work."

McCold pointed out that conferences provide an opportunity for victims to hold offenders accountable, tell their story to offenders and others, and receive new information that may have been missing—all components of successful trauma treatment programs. "For victims, I don't know that a single conference can be the whole answer, but it's certainly a very important part," he said.

Restorative conferences also provide a means of "righting the injustice" for victims, he added. "The whole idea is empowering victims," he said. "The crime itself disempowers victims, and conferences hold the offender accountable for what was done in a way that really empowers the victim."

McCold would like to see similar research conducted with the family members and loved ones of crime victims and offenders, who can be traumatized as much as the victims themselves.

Angel does plan to conduct further studies, with Sherman and Strang, on the impact of restorative practices on people's health and quality of life. In particular, she hopes to investigate the long-term social and medical costs of psychological trauma, focusing on issues such as depression and substance abuse. She also may try to study a more severely traumatized sample group. Because subjects of her London research were in the mild to moderate range of post-traumatic stress symptoms, she noted, her results can't be assumed to be applicable to those with the more severe post-traumatic stress disorder, a clinically diagnosed psychiatric condition. Therefore, studying people with that condition might be a natural next step.

"I feel there's a lot more research that could be done in this area," she said. "I'm really excited about it. This is a very narrow piece of this incredibly large puzzle."

In the meantime, Angel plans to disseminate the findings of her study at conferences and through peer-reviewed journals. "We need to bring this work to the nursing and psychological and medical communities," she said, "and say this is really important stuff and we should be paying attention."

McCold agrees. "This is the kind of evidence-based approach we should be taking," he said. "It's all about repairing the harm, and turning victims into survivors." ☉