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# **Draft Final Summary Overview**

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## **Impact of Victim Offender Dialogue on Victims of Serious Crimes: A Longitudinal Cohort-Control Study**

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## **Project Purpose**

The goal of this study is to determine the impact of Victim Offender Dialogue (VOD) on the health and wellbeing of victims of serious or violent crimes in Colorado, as well as victims' satisfaction with the justice system. It builds upon a prior body of research which is small but consistent and suggests that VOD has the potential to promote victim healing and satisfaction (Umbreit, 1989; Flaten, 1996; Roberts, 1995; Umbreit, Vos, Coates, & Armour, 2006; Armour & Umbreit, 2018). It extends prior work through the addition of a cohort-control design and the use of psychometric scales to measure health outcomes. This study is designed to inform practice and policy decisions about the use of VOD in correctional settings in Colorado and nationally to improve victim outcomes, ameliorate the effects of crime, and increase perceived justice by victims.

This study addresses the following research questions: (1) What is the impact of VOD in Colorado correctional settings on the physical and psychological wellbeing of victims of crime? and (2) What is the impact of VOD in Colorado correctional settings on victims' personal sense of satisfaction with their case and overall sense of satisfaction with the criminal justice system? We hypothesized that completion of an HR-VOD dialogue is associated with

- (1) Decreased PTSD symptoms of crime victims;
- (2) Decreased depressive symptoms of crime victims;
- (3) Decreased trauma-related appraisals of crime victims;
- (4) Increased physical and mental health of crime victims; and
- (5) Increased satisfaction of crime victims regarding their case and the criminal system.

In addition, via qualitative inquiry, this study addresses the following questions: (1) How do crime victims experience the VOD process? and (2) What is the relationship of VOD processes to crime victim outcomes?

## **Design and Methods**

### **Research Design**

We address the research questions via a longitudinal, cohort-control study using a convergent parallel mixed-methods design (Creswell & Clark, 2007). This study compares the wellbeing of victims who participate in a facilitated restorative justice dialogue – or VOD – with their offender to the wellbeing of those who do not

participate at three points in time. Wellbeing is measured by validated psychometric scales capturing trauma indicators, PTSD, depression, substance abuse behaviors, and physical and mental health. In addition, qualitative interviews with participating victims at three points in time are employed to build a multi-faceted contextual understanding of the impact of HR-VOD on victim trauma and healing (See Figure 1).

## **Sample**

The sampling frame for this study includes all victims enrolling in a VOD program with a participating Colorado correctional agency – including the Colorado Department of Corrections, Colorado Division of Youth Services, and Colorado probation divisions – during the study period (January 2017 and September 2019). In addition, victims meeting the enrollment criterion for Colorado’s VOD program but not wishing to engage in a VOD were recruited for the control group via outreach through the Colorado Organization for Victim Assistance. The resulting sample consists of 18 participants in the treatment group and 15 victims in the control group, with cases including murder, manslaughter, criminally negligent homicide, aggravated robbery, and vehicular assault. During the time period for the study, only 8 of the 18 participants progressed to dialogue, due to disrupted dialogues or lengthy preparation processes. No participants withdrew from the study. At T2, therefore, the sample consists of 8 participants in the treatment group (88.9% female, 11.1% male; mean age 52.8) and 15 participants in the control group (73.33% female, 26.7% male; mean age 51.8). Due to space limitations of this report, additional demographics of the treatment and control samples are available upon request from the researchers.

## **Data Collection**

***Quantitative data collection.*** At enrollment in the VOD program (T1), within 72 hours of the VOD (T2), and six months following the VOD (T3), treatment participants completed an assessment tool composed of validated scales measuring symptoms of PTSD, depression, trauma-related appraisals, and physical and mental wellbeing, as well as items measuring the participants’ satisfaction and sense of justice regarding their case, the dialogue (once it has occurred), and the criminal justice process (See Table 1). Quantitative measures mirroring those of the treatment group were administered to the control cohort at study enrollment (T1), six

months following enrollment (T2), and one year following enrollment (T3). The resulting average time between T1 and T2 for treatment and control group participants was 189 days and 174 days, respectively.

*Table 1. Quantitative Measures*

Construct	Variable	Time(s)	Measurement Source
Victim Characteristics	Demographics	1	Age, Race/Ethnicity, Gender, ZipCode, Relationship Status, Education, Employment, Income
Offense/Case Characteristics	Type of Offense Date of Offense Case Disposition Date of Disposition	1	Case File
Criminal Justice System Attitudes	Procedural Justice (Fairness)	1-3	Items adapted from Blader and Tyler (2003).
	Participant Satisfaction	2	Colorado DOC Participant Satisfaction Survey
Victimization Risk/Protective Factors, Outcomes	Service Utilization	1-3	List programs or services you have accessed for help since the crime occurred.
	Social Support	1-3	Lubben Social Network Scale-6 (Lubben et al., 2006)
	Trauma-Related Appraisals (e.g., Shame, Self-Blame, Alienation, Anger, Fearfulness)	1-3	Adapt from Trauma Appraisal Questionnaire (DePrince, et al., 2010)
	PTSD Symptoms	1-3	Posttraumatic Diagnostic Scale (PDS; Foa, Cashman, Jaycox, & Perry, 1997)
	Depressive Symptoms	1-3	Patient Health Questionnaire-9 (Kroenke et al., 2001)
	Problem Drinking	1-3	CAGE-AID (Brown, et al., 1997)
	Physical and Mental Wellbeing	1-3	Short Form-12 (Ware et al., 2001)
Research Reaction	Response to Research Participation	1-3	Response to Research Questionnaire (Newman & Kaloupek, 2001, 2004)

**Qualitative data collection.** Qualitative data was collected at enrollment for both treatment and control group participants, and again at T2 and T3 for treatment group participants only. Data was collected through in-depth, semi-structured interviews and conducted by facilitators already assigned to the dialogue, in order to minimize the likelihood of research responsivity. Semi-structured interviews at T1 investigated participants' experiences with the crime and the justice system, the impact of the crime on self and loved ones, reasons for pursuing (or not pursuing) a dialogue, and if relevant, hopes and expectations for the dialogue. Interviews at T2 and T3 investigate the victim's experiences before, during, and after the dialogue, the impact of the dialogue on self and loved ones, whether and how the dialogue differed from victim's expectations, and any changes in the victim's perception of the crime, the offender, or the justice system.

## Data Analysis

**Quantitative data analysis.** Outcome analysis began with standard univariate analysis (descriptive statistics) of the Tx and Ctl groups across the quantitative measures listed in Table 1. These univariate variables compare the full sample and Tx and Ctl subsamples. Paired t-test are then used to examine the Tx and Ctl

samples and test the five major hypotheses of the study. Each of the five research hypotheses is compared at two points in time for both causal inference and size of effect. We calculate mean scores on each instrument for both Tx and Ctl groups as baseline data for treatment effect and casual inference testing in T2 and T3. The size of any treatment effect is determined by comparison of Tx group T1 and T2. Comparison of Tx and Ctl groups at T2 tests casual inference associated with effects present. By comparing Tx groups at T1-T3 and T2-T3 the robustness of any treatment effect is estimated.

***Qualitative data analysis.*** Qualitative analysis occurred in an iterative and team-based process involving established qualitative content methods and reflexive team analysis (Graneheim & Lundman, 2004; Hsieh & Shannon, 2005). Interview transcripts at T1, T2, and T3 were independently read multiple times by three qualitative analysts on the study team in order to achieve immersion prior to code development. Codes were derived inductively, then independently applied by two analysts to 10% of the transcripts. Inter-coder reliability was then assessed, disagreements were resolved through in-depth discussion and negotiated consensus, and the remaining transcripts were each coded by two analysts using the final coding schema (Bradley, Curry, & Devers, 2007). Throughout the analytic process, four team members met regularly to discuss emergent codes and themes, and assess the preliminary results (Charmaz, 2006). The qualitative data software program ATLAS.ti v8.0 was used for data organization and management.

***Data synthesis.*** The synthesis stage of mixed methods data analysis involves triangulating the findings from the surveys and interviews, exploring comparisons across participants, and revisiting the literature to compare findings. Triangulation is "the most effective way to ensure reliability and validity of ethnographic data" by obtaining "comparable, confirmatory data from multiple sources from different points in time, and through the use of multiple methods" (Trotter & Schensul, 1998). Triangulation is accomplished here through reflexive team analysis, including reviewing the range of data, examining contradictory data, and considering the meaning of apparent discrepancies. The research team's history of involvement with this work and "thickness of description" of the phenomenon of interest all support prolonged engagement and strengthen the ability of the research team to sort out the strength and merit of apparent contradictions in the data.

## Findings

### Quantitative Findings

Quantitative measurements offer mixed substantiation of the research hypotheses. Hypotheses related to the reduction of depression symptoms and trauma appraisals between T1 and T2 for VOD participants were supported, while those related to the reduction of PTSD symptoms, the improvement of physical and mental health, and case satisfaction were not. Measures also show differences on baseline measures of trauma appraisals at the time of enrollment, which may provide insight into readiness and reasons for enrollment.

**PTSD.** The Tx and Ctl samples did not differ significantly in any of the four subscale measures of PTSD (PDSSYM, PDSDIS, PDSON, PDS DUR) at T1. When T1 and T2 were examined for changes, the Tx group showed overall declines in PTSD symptoms; however these declines were not found to be statistically significant when compared to the control group. A comparison of T3 with T1, however, found a reduction of duration of symptoms (PDS DUR) among the Tx group compared to the Ctl group. This finding may well be an anomalous artifact of the low number of individuals (5) providing T3 data.

**Depression.** When Tx and Ctl were compared at T1, there were no significant differences between groups with regard to depression (PHQ9). When depression was measured at T2, Tx individuals reported a significant drop in depression symptoms when compared to Ctl. Further, the Tx group maintained a net reduction in depression at T3, while the Ctl group saw a slight increase in the measure over time.

**Trauma appraisals.** When Tx and Ctl groups were compared on trauma appraisals (TAQ) at T1, control respondents were found to have significantly higher measurements of Anger, Shame, Self Blame, and Betrayal than did those who enrolled in VOD. When T1-T2 comparisons were made, those who engaged in a VOD did demonstrate small further reduction across measures of Anger, Shame, Self Blame, or Betrayal on average, however these reductions not statistically significant when compared to changes in the control group. Those who participated in VOD did show significant reductions in measures of Fear and Alienation compared to the control group, measures on which their scores at enrollment did not substantively differ.

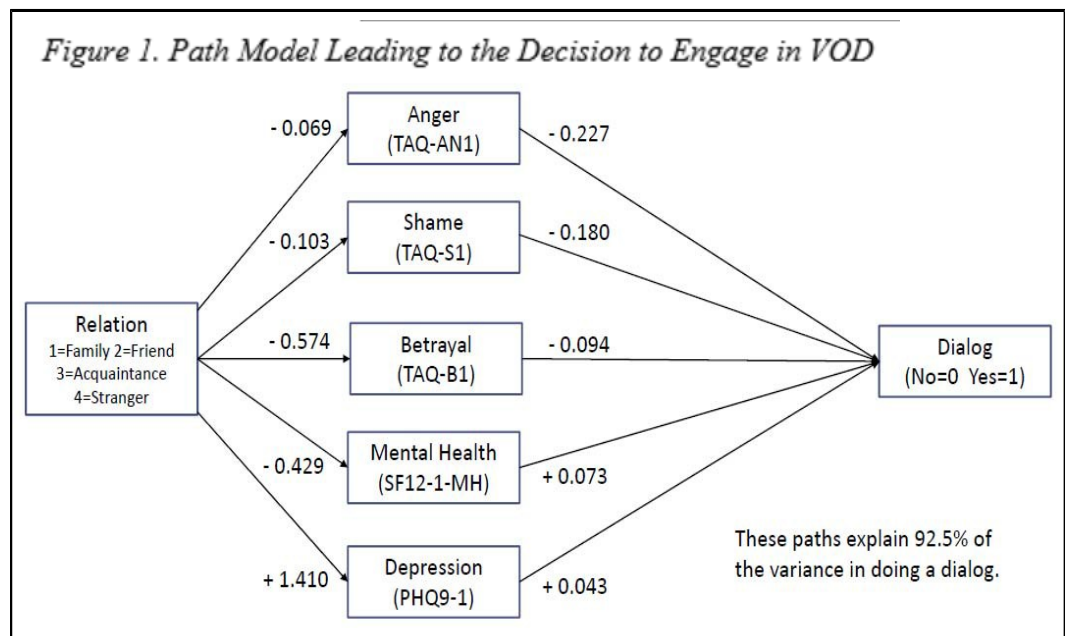
**Physical and mental health.** When Tx and Ctl were compared on physical and mental health (SF-12), the Tx group had significantly higher (more positive) measures of mental wellbeing than the Ctl group.

However, when we compared measures of physical and mental health at T1 and T2, we found no significant changes in health as a result of VOD. Both groups remained relatively stable over time with regard to measures of mental health, though the Tx group had significantly higher measures at enrollment.

**Satisfaction with case and justice system.** When mean scores of satisfaction with the justice system (PJS) were compared at enrollment, the Tx group had a significantly higher (more positive) satisfaction rating than did the Ctl group. When Tx and Ctl groups were compared on the PJS scale at T1 and T2, both the Tx and Ctl groups had slight increases in the measure of satisfaction. While improvements among the Tx group were greater on average than those of the Ctl group, these changes were not statistically significant.

**Decision to engage in dialogue.** Considering differences among the Tx and Ctl group at the time of enrollment, we were able to discern a possible path model of the decision to engage in VOD for participants in this study (See Figure 1). Anger, Shame, and Betrayal are the three largest effects on the decision to engage in

dialogue. Mental health and depression also help predict the decision. In addition, the more distant the relation between victim and offender in our study, the more likely the victim was to engage in



VOD. Increasing the sample size will, undoubtedly, have an effect on this model. However, it is presented here in the hope it might guide future research into the HR-VOD domain.

## Qualitative Findings

The qualitative results overwhelmingly indicate that participation in a victim-offender dialogue had a meaningful, positive impact on victims. In the words of one victim:

*I would so highly recommend [a dialogue] ... I would highly recommend [if victims] were ready, prepared and in a good place. I think it is just a healthy way to step back. Let's reassess what was*



*going on. What was said? What was that action? Why did we do that? You know? Just reincorporate. Cause it is just a healthy way of being able to live. You know? It is just a healthy way of being able to live. To say, we don't always have the answers and that's ok. We don't always have to know all the answers. But, not to hold onto anything. And if you can let that extra backpack drop away, and let that ripple effect go this way and come back and receive some of the positive ripple, you know? I think that would be really good. So yes. I would highly recommend it. Highly recommend it.*

*Let me tell you how this impacted me...I think that just so validates what the whole mission of what restorative justice is about. To hear, [in] real life, this is what had happened, and I'm not just telling you a story. Not that [stories] aren't impactful. But I think it is more impactful when you have people who are there going, "We just went through this process and this is the person that participated with me and this is what it looked like and these are the things that they are doing. And this is what I'm doing. And this is how I'm able to move on. And this is how they are being able to move on." So I think it was a very, very insightful [thing that happened to me].*

**Importance of the facilitator.** Participants overwhelmingly described the experience and process of the dialogue itself to be supportive and helpful. As one put it:

*It was way more relaxed. Way more... I thought it would be worse. It wasn't stressful or tense. I thought it was going to be very nerve wracking. (cannot discern) But it was very easy going and we had a conversation like talking to a person. Where I thought it was going to be weird talking to him. Like "YOU were the person [who hurt me]" ... but it wasn't.*

In particular, participants emphasized the role of the facilitator in their positive experience. For instance:

*Having the facilitators, both of you, to be there to hear what I have to say and also, you helped me open things up and you helped me be able to walk away and not in a bunch of a million different pieces. You were able to say...You helped me be able to walk away feeling exhausted, but comfortable and confident about what needed to be done for me to be able to say, this is why I choose to go through this. And it was my decision. Nobody said, you have to do this. And if somebody said you have to do this, I would have said, Thank you very much. This is something we need to do. So often because you don't...most people don't recognize that there are these opportunities. It is a ...it is a ...not just put a band aid on it. It is putting the Neosporin on and the band aid and the wrap. It is that reassurance and support and everything that you need to be able to go on and say, Ok. I'm ok. I'm in a good place... And it was nice to be able to have the other person that was involved [the offender] voluntarily go into it as well, with us.*

**Humanity of the offender.** Victims in this study particularly emphasized the healing that occurred after being given the opportunity to have contact with the offender. After a dialogic encounter, victims often expressed care and concern toward the offender, seeking to contextualize his or her actions in a way that facilitated understanding and ultimately enabled their humanization, rather than demonization:

*I see [the offender] as more of a person [after the dialogue], I guess. Who experienced a traumatic thing. It is kind of funny, because I take him as just a normal person going through something traumatic that I just happened to know about. It's not like it involved me in anyway. [Now] it is not like I am involved in his traumatic thing, I look at him as just a person who I was going to chat with.*

*I felt [the offender's] sincerity. You know? That he did care about what had happened. And that he appreciated that we cared that we wanted to do this with him. You know what I mean? I think that was something that was important. He took it to heart to do that. We both learned something and that he was ok. I mean he got a concussion and he had to go to the hospital. I know that was inconvenient for him because it was his birthday and you know what I mean? Stuff like that. So... I was just happy with his sincerity. How everything was being said and asked. And how it was being facilitated to us. For us. With us. It wasn't like tell us and finger pointing. It was just, like, I felt heartfelt. I felt it was very heartfelt.*

*I was thinking about watching the news now and when we see these reports with things like this happening, you don't go to "that person's a monster." I don't go there anymore. I go to – "what must have happened in their lives to put them in place?" Which is different, because it used to be every bad guy was a monster. [The offender] was the biggest monster of my life. But when he walked in [for the dialogue], for the first time I looked at him and I saw he's just another person. It just changes your whole outlook.*

**Personal transformation.** Trauma is typified by fixation, both on negative memories and in emotional experiences associated with those memories. Victims in this study described shifts out of a negative experience or pattern of thought. As one described, "Memories and pictures of Mom [who was killed by the offender] are no longer contaminated by the way she died. I am forever grateful to be free from the pain and torment." Others talked about changes in their experiences of anger or fear:

*If I had never did [the dialogue], I would be stuck. I would not be processing a lot. I would be very angry and very vengeful. I would probably like hate myself more. I know there would be a lot more anger and sadness... I wasn't doing anything before the dialogue. I was stuck. I was stuck. Hating my life and hating the world. And the dialogue helped me move past that one thing that was going to stop me working through all that other stuff. It was like that was the one thing I had to go through to just let everything go.*

*Despite the fact that I had forgiven (the offender) before the VOD, I still always had this thing in the back of my mind that it's going to happen to me too – that I'm going to get hurt or murdered or that my husband would. And I don't really feel that so much anymore, not really even at all. I've had one anxiety attack in six months and I used to have them daily. I'm empowered and I'm strong and I'm capable, and I didn't feel that way before.*

**Connection and gratitude.** The experience of the dialogue typically resulted in feelings of connection and gratitude for study participants – gratitude for the offender, the facilitator, and for the opportunity:

*How did the dialogue end? I felt a connection. [that he was willing to] participate in what we had offered for him to do for himself. For our community. To move forward and, just, I felt that it was healthy. Respected and a very peaceful, kind of like, now we can move on. I felt very thankful that we had that opportunity [to have the dialogue]... It was very healthy, healing, exhausting. Every piece of it. And [now] I have moved on. My husband [and I] are like, this is a really good thing we got to be able to do. That we were very blessed to have that opportunity to do this... Just appreciated having this opportunity. And everybody being here together to get us to where we needed to be.*

## Discussion of Synthesized Findings

Despite the limitations of this study due to its small sample size, it reveals distinct trends which add to the understanding of Victim Offender Dialogue (VOD) and which can guide future research. Quantitative and qualitative data provide collaborative support for positive outcomes of VOD on victims. In particular, both interviews and responses to the Trauma Appraisal Questionnaire (TAQ) suggest that participants of VOD experience less fear (or conversely, an increased sense of safety) and less alienation (or conversely, an increased sense of social connection) after the dialogue. Interviews with victims frequently reveal a resulting sense of connection with the offender, or at least, a reinstatement of the offender to full personhood or to humanity. We believe that these constructs are not isolated. Rather, the sense that the offender is not “evil” but is a person with their own trauma history and pain presents as a potential mechanism of the victim’s restored sense of safety.

Further, results from qualitative interviews can be used to explore how and why victims who participate in VOD experience reductions in depressive symptoms as measured by the PQH-9. This may be in part due to their decreased fixation on negative memories and feelings. However, in addition, the experience of gratitude has consistently been associated in the conceptual and empirical literature with decreased depression and with general well-being (e.g. Wood, Froh, & Geraghty, 2010; Wood, Maltby, Gillett, Linley, & Joseph, 2008). Victims in our study experienced deep gratitude for the experience, for the opportunity, for the facilitators, and for the offender who agreed to meet; this offers one potential mechanism for the decreased depression demonstrated on qualitative measures.

A secondary object of this study was to determine the impact of VOD on victims’ satisfaction with their case and with the criminal justice system. Quantitative measures used in this study (PDQ) captured some improvements, which were not statistically different from the control group. On the contrary, the PDQ measure indicated that victims requesting a dialogue (the treatment group) already had much higher satisfaction with the justice process than those in the control group at the time of enrollment. Additionally, the victims enrolling in VOD demonstrated more positive mental health indicators as measured by the SF-12, and lower levels of anger, shame, self-blame, and betrayal as measured by the TAQ. These differences are unlikely to be explained by time from offense, as the average time from offense for the treatment and control groups differed by less than

one year (10.5 and 9.8 years, respectively). Perhaps ironically, the positive outcomes of VOD may be most indicated for those with lower readiness to engage in VOD. However, it is important to note that the results of this study do not speak to whether the benefits of VOD are contingent upon readiness to engage in dialogue – only what the outcomes of VOD are for those who request it. A larger sample is needed to assess the influence of baseline wellness measures on the effects of participation in VOD.

### **Implications**

The results of this study have important implications for policy and practice in the U.S. While drawing from a small sample, our findings capture the experiences of victims and survivors engaging in Victim Offender Dialogue (VOD) in Colorado during the study time period. The findings provide strong evidence that VOD has positive effects on victims, especially reduced depression and reduced trauma appraisals. If a goal of the U.S. justice is the restoration of victims, VOD should be available to all victims and survivors who seek it. From a practice perspective, our findings further speak to the importance of the facilitator role – at least as it is conceptualized and fulfilled in Colorado – in the victims’ experience of VOD as a safe and supportive process.

This study also provides some insight into readiness of victims for VOD. On average, participants entering VOD demonstrated more positive mental health; less anger, shame, self-blame, and betrayal; and greater satisfaction with the justice system than participants in the control group. VOD participants enrolled in dialogue anywhere from less than one year to more than 23 years later. While the U.S. offers the right to a speedy trial, the healing journey of the victim or survivor is not time limited. Rather, our findings imply that victims and survivors may become ready to engage in VOD either soon after or long after the court has disposed a case. This indicates the need to build post-sentencing victim services infrastructure which supports the flow of information about and robust access points for VOD at any stage of a victim’s recovery.

Finally, we note that this study positions VOD as a relevant object of further research inquiry focused on promoting the wellbeing of victims of victims and survivors. Expanding the current sample through continued enrollment in Colorado or in other American states can clarify the findings of this report, improve the robustness of statistical queries, and extend its generalizability.

*Note from Author: This report is space limited. Please contact the author directly for additional tables or further explanation of the data presented in this report.*

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