

THE DEVELOPMENT AND IMPLEMENTATION OF A
VICTIM EMPATHY PROGRAM FOR USE WITH
YOUNG OFFENDERS AND AT-RISK YOUTH

CENTRE FOR NEWFOUNDLAND STUDIES

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Canada

The Development and Implementation of a Victim Empathy Program
for use with Young Offenders and At-Risk Youth

by

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Abstract

This project represents a rehabilitative program that would be suitable for use with juvenile offenders or at-risk youth. One of the aims of individuals working with young offenders is to see them rehabilitated and leading productive lives. There are a number of programs available for offender rehabilitation, but few that attempt to foster a sense of empathy in the young offender. This 16 session program was developed and revised after a pilot was conducted with a group of offenders at the Newfoundland and Labrador Youth Center. Both residents and a co-facilitator contributed critical comments that were incorporated into this program. The program reflects the belief that if youthful offenders recognize the pain and suffering they have caused others then they are less likely to re-offend. The project attempts to teach the meaning of "victim", "victim empathy" and "victimization", and requires participants to apply this knowledge to common everyday victimizing situations.

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I would also like to acknowledge the contribution many young offenders have made to my professional growth as they have invariably created challenges and posed novel situations to which solutions are constantly being sought.

I dedicate this project to my husband, Jim, who has stood by my side through all my academic pursuits and who has always been there to offer his silent support.

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Part I

Victim Empathy and Youthful Offenders

Introduction

Recent editorials, letters to the editor, news broadcasts, and victims' statements suggest that Canadians are becoming increasingly disillusioned with the Young Offenders Act. Yet, some discrepancy exists between the wishes of the citizens and the beliefs of some experts. Some would have the 1984 Young Offenders Act abolished and rewritten to include stricter penalties for offenders. The experts, on the other hand, believe that a small percentage of violent crimes are committed by young people. George Thomson, a family court judge and Canada's deputy minister of justice, is reported in *The Evening Telegram* as saying that only 22 percent of all people charged with criminal code offenses are youth and of that 22 percent, only 20 percent are charged with serious offenses. The public appears to be reacting to the horrendous crimes that make the headlines. In the same article, Joan Dawson, a St. John's lawyer, is reported as saying that the Young Offenders Act is not too lenient and that the number of youth in custody has increased by more than forty percent since its introduction. Terry Carlson, executive director of Newfoundland's John Howard Society, agrees with Dawson, but adds that more confinement for youth is not the answer. He believes that we need more community resources for at-risk youth and their families as a preventative measure. This view concurs with a recent mandate to move away from custody towards alternative programming, such as open custody or community service. In an effort to help facilitate this, the federal government announced in 1996 it would limit transfer payments to some provinces pending their improvement in implementing non-custodial alternatives to imprisonment for youth (The Resolution, December, 1996).

While imprisonment for youth will probably never be completely abolished, it is possible that while they are incarcerated they can be offered a rehabilitative program aimed at changing their behaviors. The same program could also be used with at-risk youth in an attempt to alter their behaviors before they enter the penal system. A victim empathy program that encourages youth to look at the effect their actions have on themselves and others may be an effective way to

change their behaviors. With the completion of a victim empathy program offenders should be aware that their actions sometimes result in dire consequences for the victim. I propose that gaining such knowledge may be effective in changing the victimizing behaviors of offenders.

Rationale

Several years ago the administration at the Newfoundland and Labrador Youth Centre indicated the need for a rehabilitative program that focused on the development of empathic awareness of victimizing behavior (see Appendix A). In response to that request, I began to research and subsequently develop a program that became known as victim empathy. It was developed over a five year period with youth at the Centre. The participants and co-facilitators provided feedback on the sessions and the program presented in this project is the end result of the piloted program. The activities chosen to be included in this program were found to be highly interesting to the participants. Two main approaches to the teaching of empathy are utilized in this project. The first involves building a cohesive relationship with the participants so that mutual trust is established and information-sharing can be accomplished. The second approach uses scenarios and cases in order to apply newly learned knowledge taught in the first part. Participants are presented with situations that occur daily, such as drinking and driving, and are expected to apply the knowledge they have gained to these situations. The rationale behind this approach focuses on the belief that participants need to understand what constitutes victim empathy and how it is applicable to many situations in life. It was felt that a greater understanding of victim empathy would take place if the information was relevant to situations that participants encounter on a routine basis. It was also believed that such a program would improve prosocial behavior. Research has shown a high correlation between empathy and prosocial behaviors (Lewis and Rosenblum, 1978; Salovey and Sluyter, 1997).

Objectives

The purpose of this program is to foster the development of empathy in young offenders in closed and open custody, and those serving community service, or at-risk of becoming involved with the penal system. The program is designed to meet the following objectives:

1. To foster appropriate interpersonal communication skills by improving communication between offenders and improving communication with adults.
2. To increase offenders' knowledge of victim empathy by learning who the victims are; learning what actions are victimizing; and understanding the emotional impact of their actions on the victim.
3. To foster empathy towards others by helping youth understand that victimizing actions have far-reaching effects beyond the offenders, their families and their neighborhoods.
4. To decrease the likelihood that young offenders will re-offend by instilling in them the harmful effects of their actions by increasing their empathy for victims, thus decreasing the chance they will hurt others.
5. To protect society through rehabilitation of the offender.

Rehabilitation of Offenders

The history of rehabilitation can be broken into four models: 'penitentiary', 'therapeutic', 'social learning' and 'rights oriented'. The main elements of the 'penitentiary' model are work, discipline and moral education. This model relies heavily on imprisonment to mold the character of the offender through a system of incentives and deterrents meant to promote self-discipline and industriousness. This approach led to the adoption of indeterminate sentencing. The 'therapeutic model' grew out of this indeterminate sentencing approach. This second model assumed the offenders were "sick" and therefore attempted to "cure" them. The term treatment began to be

used in a medical sense with this model and replaced the harshness of the penitentiary with an element of care. The problem with this model was its potential for coercion. Eventually the 'therapeutic' model led the way for the 'social-learning' model of rehabilitation. This model views crime as the product of learned behavior and rehabilitation as compensation for early socialization problems such as family breakup or neglect. The rehabilitation process occurs by turning the prison environment into a problem solving community. Modern social-therapeutic models have attempted to use this model in prisons. The final model, 'rights-oriented', grew from the respect for the dignity of the offender. Rehabilitation became the right of the offender. The purpose of this right was to offer offenders the opportunity to reintegrate into society as useful human beings (Rotman, 1990).

Rehabilitation and Young Offenders

Looking more specifically at Canada, there were two acts established to deal with young offenders. The first was the Juvenile Delinquency Act (ACJNet Publications, 1991) and the other was the Young Offenders Act (ACJNet Publications, 1991). From 1908 to 1982, the philosophy of the Juvenile Delinquency Act was one that emphasized child welfare with the court acting in a civil role concerned with the best interest of the children and meeting their needs. The children were to be saved as opposed to being punished. A change in philosophy occurred when the Young Offenders Act, passed in 1982, became law in 1984. The philosophy of this act was more punitive. It reflected the belief that youth should be held accountable for their actions and society protected from their actions. The youth now had to have their innocence or guilt determined in a criminal court. The Young Offenders Act made provisions for young offenders to receive guidance and assistance as well as supervision, discipline and control. It is a current belief of many, however, that the Act does not put enough emphasis on rehabilitation (John Howard Society).

One would think that the rationale behind incarceration is to change the incarcerated person so that he or she will function more appropriately and productively in society. Some definitions of treatment incorporate this ideology. Kratcoski (1989) defines treatment as a process intended "to change a condition that is considered to be undesirable or has been a mistake, and to bring things back to a state that is considered desirable or appropriate" (p.3). He elaborates on this definition by indicating that treatment is any planned and monitored program of activity that has the goal of rehabilitating or "habilitating" the offender so that he or she will avoid criminal activity in the future. Kratcoski also states that at one time punishment did not include rehabilitation and that punishment alone did not guarantee a reduction in criminal behavior. There was gradual acceptance that criminals needed guidance. However, this acceptance has taken a long time. Hudson (1987) states that even Plato felt criminals were sick souls in search of treatment rather than wicked souls in need of punishment. Unfortunately, the people of Plato's period did not accept this idea and even today this ideology is not accepted universally.

In keeping with the current political ideology, it is evident that there is a desire, and indeed a need, to have rehabilitative programs implemented with young offenders (Government of South Africa; Child Welfare League of Canada). In 1995, the Child Welfare League of Canada presented a paper to the Standing Committee on Justice and Legal Affairs suggesting that incarceration, especially in the absence of rehabilitation, leads to increases in recidivism after release. It stated that low risk, non-violent offenders are influenced by the strong anti-social values and beliefs of their higher risk peers. The committee suggested adopting an approach already being utilized in other countries such as France, England, the United States, Australia and the Netherlands. This approach addresses the root cause of crime through the social development model. This model attempts to improve the social, family, and individual conditions that are associated with young offenders. A victim empathy program may be able to address one of those individual conditions that lead young people to offend, namely, a lack of empathy.

Another reason for de-emphasizing incarceration is the high costs associated with keeping young people in custody (Child Welfare League of Canada; The Resolution December, 1996). It is estimated that the total funds assigned to the justice system in Canada, and therefore, the cost to taxpayers for youth offenders during the years 1992 -1993 was an alarming 1.9 billion dollars. If the cost includes funds spent on adult offenders, the figure increases to 9.6 billion dollars for those years.

Success of rehabilitation efforts

Many people do not believe in the benefits of rehabilitation because the success of these programs is measured by recidivism rates. Kratcoski (1989) suggests that the success of rehabilitation programs needs to be measured by other variables. He indicates that success can be measured by attitude change, skill development or communication adjustment which may or may not relate to recidivism. Vasey (1995) agrees that recidivism is not always the best measure of successful programs. He suggests the need for a better analysis of the repeat offender data to see if their crimes were less serious than previous offenses, or if they stayed out of trouble for a longer period of time. Kratcoski (1989) believes that many people are guarded with respect to the effectiveness of treatment programs. Greenwood (1986) agrees when he states that there is a general feeling that rehabilitation programs do not work. However, he believes there may be a general flaw in the way studies have been carried out to determine the effectiveness of treatment programs. It is possible the focus on recidivism rates may have blinded researchers to other positive outcomes of rehabilitation such as improvements in communication (Vasey, 1995). Greenwood (1986) points out there is some evidence of success in programs such as the English Borstals.

The English Borstals were constructed to deal with juvenile, repeat offenders. At the time the program was recommended, young people between the ages of 16 and 21 were sent to prison

with adults. It was believed that the penal system released young people who were as bad or worse at the end of their sentence than when they entered the system (Greenwood, 1986). The program was originally designed to be a half-way house for young people with sentences of no less than one year and up to three years. It was recommended that residents be housed in the country so that they could work on the land. The rehabilitative program was to have a penal side as well as a curative element which could be used according to each individual case. It was to be staffed by persons who were able to deliver education, training, and moral values to the youth. Finally, it was to provide support staff to the youth once they left the Borstal. With various changes to the original establishment, the Borstals operated from 1900 to 1980. In the early years, the Borstals were said to have had a nonrecidivism rate of 60 percent. However, after 1942 the recidivism rate rose steadily and never recovered.

Despite the eventual closing of the Borstals, several important consequences have been noted. The Borstals provided the foundation for many programs designed to deal with young offenders such as the VisionQuest program. VisionQuest was founded in 1973 and is an alternative to incarceration for young offenders. It is a journey of self-discovery for youthful offenders, giving them an opportunity to experience a lifestyle other than the one they have experienced in jail (VisionQuest). Secondly, the Borstals demonstrated that there is no one timeless remedy which can be utilized with every generation. However, the emphasis on the importance of institutional morale, as opposed to program content, is an idea that is timeless. By this it means that rehabilitative programming for offenders alone is not the answer, but it is the general attitude and treatment of the offenders by the care givers that causes the change in offender behavior.

Rationale for Rehabilitative Programs

The Newfoundland and Labrador Provincial Caseload Report is a monthly publication by the Justice Department (1997) containing data on the number of young offenders who are in the justice system. On average, there were 2,000 young people involved with the justice system in any given month during 1997. What is even more compelling is that it appears that the number of young offenders is increasing. The question remains, can something be done to reduce the number of repeat offenders? Rehabilitative programs that focus on recidivism may have some effect on the participants and their criminal activities. The chief reason for the development of a victim empathy program is to deter young offenders from reoffending. Such a rehabilitation program would attempt to make young offenders aware of the emotional, physical and financial suffering caused to victims by perpetrators. Essentially, the young offender would be presented with the opportunity to try to understand the feelings of victims. It is hoped that this new understanding would make offenders think first of their victims and the consequences of their actions to the victim and consequently not wish to inflict suffering upon them.

Impact of rehabilitation programs

There appears to be some support for the positive effects of rehabilitation programs for offenders. According to Kratcoski (1989), for many years people were skeptical about the effectiveness of these programs. However, there is support for the development and delivery of rehabilitation programs (Seeman, 1974; Vasey, 1995). Seeman's (1974) research findings indicate that inmates with an internal locus of control are more willing to correct their deficiencies through participation in a rehabilitation program. For example, he states that if offenders believe their actions can positively affect their future there is a greater chance of the offenders actively participating in a rehabilitation program. This idea is further supported by Vasey (1995) when he states that effective programs are those that foster new thinking or allow the offenders to change

their thinking about themselves and the world around them. There also has to be some will, some desire on the part of the offender to change.

Seeman and Vasey's ideas are in keeping with Prochaska and DiClemente's transtheoretical model of change (The Cancer Prevention Research Center, 1997). The transtheoretical model of change first evaluates how susceptible an individual is to change. This is followed by having the individual assess the pros and cons of change. Next, individuals take part in multiple overt and covert activities designed to begin the process of change and shift behavior. Finally, with self-efficacy levels developing, there appears to be a positive correlation to long-lasting change.

Being aware of how susceptible an individual is to change enables an evaluator of the rehabilitation program to determine the success of the program. Greenwood, Model, Rydell and Chiesa (1996) support the positive effects of rehabilitative programs when they refer to a meta analysis performed in 1992 of 400 juvenile rehabilitation programs. The analysis found that recidivism rates dropped 5 percent if the methods used for rehabilitative programming included behavioral training, skill-orientation, and multi-modal techniques. The analysis also found that positive effects were larger in community settings than institutional ones. Finally, this analysis suggests that the programs initiated with youth before incarceration seemed to have more positive effects.

Campbell (1997) supports the idea of a multi-modal approach when he states that the successful programs are those that are multi-faceted. He explains that these programs use multiple strategies, have multiple targets and have multiple specific goals that generalize over time and across settings. Such programs are adjusted to suit the needs of the clientele and that the programs are not fixed. The strategies used are adjusted to suit the offenders' situations depending on a variety of factors such as their offenses.

Fox (1974) also writes about the positive effects of rehabilitation programs with offenders when he states that there is no demonstrable relationship between crime rates and people in

prison. By this he means that prisons have not proven to be a deterrent to committing crimes. However, there is a demonstrable relationship between recidivism rates, based on the number of repeaters incarcerated annually, and the amount of money spent on treatment programs. This means that the treatment efforts within the system do make a difference because the number of repeat offenders drops in accordance with the amount of money spent on them for rehabilitation.. The idea that rehabilitation programs can be successful is further supported by Braithwaite (1989) who suggests that for adolescents and adults, conscience is a more powerful weapon to control misbehavior than punishment. This supports rehabilitation programs because if the conscience and therefore the thinking of the offenders is addressed, then in turn, their conduct is challenged.

Further support for the development of a victim empathy program can be found in the conclusions of Ellis (1982). He looked at the difference in empathy between delinquents and non-delinquents in an attempt to determine delays in or arrests of prosocial behavior. He found an arrest or delay in the development of empathy in two groups of delinquents. The more maladjusted delinquents displayed less empathy than more adequately adjusted delinquents who were within their own peer groups. Ellis concluded that this finding suggests the importance of empathy for prosocial development. The relationship between aggression and empathy supports the idea that empathy is an inhibitor of aggression. Empathy was also found to be age-related because the developmental results from the control group and the subculture delinquent group suggested normal development of empathy continues into adolescence. Ellis suggests that while younger children are more readily taught empathy, it is still possible for interventions with adolescents to be successful.

A final point of support for the development of a victim empathy program is the belief that it is possible to teach empathy. Saarni and Harris (1989) cite Strayer when they suggest that some studies have shown an increase in empathic development in preschool and elementary school-age children. Duggan (1978) specifically identifies the adolescent years as being an ideal time for the acquisition of empathy. He suggests that, with cognitive maturity and a growing

awareness of others' feelings, adolescence is an ideal age to nurture empathy and encourage its expression. Furthermore, he indicates that it may not be possible, to teach empathy in the truest sense before this time. Salovey and Sluyter (1997) cite Vargo as lending support for the teaching of empathy when they write that the best environment for children to learn empathy is in the classrooms, school buses and sports fields. These situations provide endless opportunities to explore feelings associated with behaviour, particularly aggressive behaviours towards others.

The idea of teaching empathy is not a novel one. Natale (1972) reviewed research demonstrating that empathy can be taught. Studies conducted more than thirty years ago indicate interest in teaching empathic understanding to a variety of groups. Natale reports data that suggests that empathy can be fostered in teachers, social work students, mentally handicapped children, married couples, clinical psychology graduates, lay counselors, undergraduates, parents of disturbed children and neuro-psychiatric patients.

Empathy and the young offender

"Empathy means reacting to another's feelings with an emotional response that is similar to the other's feelings" (Damon, 1990, p.14). It is evident from this definition that empathy is an ability to emotionally respond to the situation of another with the same emotion. Schulman and Mekler (1985) further describe empathy as the ability to feel bad if someone is unhappy or to feel good if someone else is experiencing joy. This ability seems to be a natural response found in very young children (Damon, 1990; Schulman and Mekler, 1985; Hoffman, 1984a; Garrod, 1993). Garrod (1993) explains that empathy appears during the second year of life between 12 and 20 months. At this stage the infant will react to distress by orienting to another person. For example during this toddler stage, empathic reaction is expressed with facial gestures, approaching the other person and attempting to help. Hoffman (1993) offers an updated version of his developmental scheme for empathy and related affects. In this new scheme he explains the stages

people progress through as they develop empathy. Some people will develop to the highest levels of empathic response, while others will not. More specifically in his modified version, Hoffman suggests the first three responses of people who are mere observers of an unfolding action are mainly automatic. The first is the primary circular reaction, occurring when an infant cries at the sound of another crying. The next two, which are also automatic, are conditioning and mimicry and may occur at various points in development and may continue through life. Mimicry occurs when the person imitates the facial and postural responses of another as well as the muscle movements. The fourth and fifth modes require higher order cognitive processes and involve language mediation and putting oneself in the other's place. The higher order cognitive processes resulting at these stages are more voluntary than the first three responses. These stages should develop as a person develops verbal and role-taking capabilities.

The development of empathy has implications for young offenders because if adolescents can empathize then they can understand without being told that harming others is bad and comforting others is good (Schulman and Mekler 1985). Schulman and Mekler also state that while the capacity for empathy is something we are born with, it does not develop in everyone to the same degree. According to Schulman and Mekler there is no moral sense in new born children, but they are equipped with a number of unlearned capacities. These capacities, through experience, will serve as a base upon which a moral sense, more specifically empathy, can develop. Hoffman (1991) specifically states, "Where do morals come from? My answer, *empathy...*" (p.276). Hoffman (1984) and Rest (1986) suggest there is a strong tie between morality and empathy. They suggest that empathy motivates people to act morally and exhibit "prosocial behavior" therefore refraining from doing something they want to do because it might hurt somebody else. Hoffman states, "Philosophers have long extolled the value of empathy as a socially cohesive, moral force" (p.285).

Format for delivery

After establishing that there is a basis for developing a victim empathy program, the next goal is to determine the format that would be most effective for delivery. MacKenzie (1996) studied the effectiveness of individual therapy compared with group therapy. He concluded that there seemed to be little difference in the outcome with respect to the delivery format used. Sex offender and substance abuse programs are the most widely developed and studied of all the rehabilitation treatments offered to offenders. Martin (1997) studied a group of seven sex offenders who had completed treatment for their offenses. She found the treatment program that was conducted with this group of offenders was successful in meeting its mandate. Specifically there were measurable changes in the areas of responsibility, healing, wellness, education and connectedness. Offenders who completed the program indicated that they believed that the success of the program was partially a result of the supports that were arranged for them upon their release. These supports included personnel who were available to talk to them about difficulties with their reintegration into society. Arp and Freeman (1997) further promote rehabilitation programs in the group format when they indicate that the most common sex offender treatment approach is cognitive behavioral and the treatment structure most recommended by practitioners is the peer group approach.

Lipton (1998) studied various parts of the United States to determine the effectiveness of efforts made to treat offenders with substance abuse problems. Many of these rehabilitative programs were offered to groups of offenders. After completing the substance abuse program, offenders' activities were monitored leading Lipton to conclude that the programs being offered "may be sufficiently potent to treat violent offenders." (p. 39). The programs may have been effective because the offenders were aware their behaviors would be monitored. They may also have felt they would develop the internal control or power to cause change in their lives if they stayed away from the substances they previously used. The drop in recidivism rates was attributed to the rehabilitation programs offered (Seeman, 1974).

Some evidence supports the use of groups as a medium to successfully deliver rehabilitation programs to offenders. With this research in mind, I believe the best method of delivery for a victim empathy program to offenders would be through the group approach.

A Summary of Theories Related to Offender Rehabilitation Programs

There are multiple components to a victim empathy program and many theoretical models of rehabilitation that may be considered in the development of such a program. Empathy-building programs for offenders need to challenge the thinking of the offender. It has been my experience that many offenders do not care about or realize the impact they have on others' lives as a result of the crimes they commit. Vasey (1995) found that most young offenders have grown up in dysfunctional homes. As a result, they have not truly experienced a wide range of emotions. Vasey indicates that when these offenders were asked how they knew when someone in their family was sad or happy, or loved them or cared about them, they did not know. On the other hand, they did know when someone was mad or angry. Vasey supports establishing programs that focus on criminal thinking because modifying behavior will not make a difference if offenders continue to believe the criminal thoughts that got them into trouble.

Offenders rationalize what they have done to others in many ways. One way is through minimizing. In other words, they try to convince themselves that what they have done was not all that bad. They also make excuses for what they have done. For example, they may believe they had to commit their offense because they needed the money, or they may focus on the victim by believing that the victim deserved what happened to him/her. Others might feel the world owes them for the terrible life they have lived and therefore, they deserve more, so they take it. They may not consider the feelings of the victim or they may not believe their actions were harmful. Offenders may make excuses as part of their rationalization. For example, they may say the victims had insurance, therefore they were not hurt by the break and entry on their property, not

realizing the feelings of violation that accompany such deeds. Finally, the criminal may honestly believe that their actions were not bad. They may not be aware of the hurt and pain that accompanies name-calling or threatening remarks. Young offenders often report they get a natural rush from the control they have over their victims. Vasey (1995) explains this as an example of a lack of empathy. To attempt to get offenders to change their ways of thinking, Vasey suggests that their thinking needs to be challenged from the point of view of the victim. A victim empathy program would challenge the offender to "walk in the shoes" of the victims and thereby feel and understand what they felt.

Allen (1989) indicates that the theoretical basis of rehabilitation is a complex of ideas that assumes human behavior to be a product of antecedent causes which are in turn part of the physical - social environment. If offenders can commit crimes because they either do not understand the feelings of the victim, or they block the emotions they may experience, then assisting the offenders to recognize these emotions may inhibit them from offending. Inhibiting offenders from reoffending is the goal of rehabilitation efforts utilizing victim empathy. Past experiences can potentially be drawn upon to help offenders put themselves in the situation of the victim. Strayer (1989) indicates that empathy can be experienced by individuals when they see a parallel between the experience of the other person to some event in their own lives. This empathic response is evoked by and associated with the response being experienced by the other person. By exploring past experiences and the feelings accompanying these experiences, it may be possible to teach and/or elicit empathy from the offender.

Greenwood (1986) suggests there is a theory of the criminal personality. He believes that offenders need to recognize and confront their inappropriate thought patterns that lead to and help rationalize their criminal behavior. If criminals rationalize their behavior by thinking that no one is affected by their actions, then learning that others, as well as themselves, are victims of their actions may cause a change in their criminal activity. It has been my experience that young offenders think only of the gain they attain by their criminal activity. They do not think of the

safety and security which is lost by a home owner who, for example, fears for his/her personal safety even if the offenders' intent is only to steal items for money. They also do not think of how they victimize themselves through the loss of freedom and rights which will occur in the event they are caught and convicted of the crime.

Vasey (1995) suggests that successful programs are those that focus on internal control with offenders. He thinks the goal is to bring young offenders to the point where they can start to make good decisions by themselves. The young people need to be taught how to think about the consequences of their actions. A victim empathy program designed to be used with groups can achieve this, however, I believe it would be beneficial if part of the program also included individual counselling. A combined program would allow an additional opportunity to build a therapeutic relationship between the facilitator and any offender who may not be totally comfortable with disclosing information in the presence of fellow group members. The ideal victim empathy program would have individual counselling along with group sessions.

There are many rehabilitation programs currently being used throughout Canada with both young and adult offenders. Many of these programs focus on changing or developing the thinking of the offender. The Borstals, as previously mentioned, which are considered the predecessors of programs such as VisionQuest, is focused on empowering people and helping them better understand themselves and others (VisionQuest). If young offenders become empowered, they may understand that they are responsible for their own lives and they, in turn, may seek programs that would help them develop the skills they need to precipitate that change. A victim empathy program may be useful in assisting that change.

One of the most successful courses offered to adult offenders is known as the "Way to Happiness Course" (Criminon: The way back an insight into true criminal rehabilitation, 1997). It teaches a 21 principle moral code and advocates that offenders abandon their criminal mentality. The program is successful because offenders are given the opportunity to adopt this moral code "on their own". Everything taught is reinforced by utilizing it in the offenders' daily lives. This

practice gives offenders first hand experience of the effects of adopting a new moral code. The strategy behind this program may be applicable to a victim empathy program because participants can be expected to practice empathy and empathic responses with fellow offenders in everyday encounters. This is much the same as the expectations placed on the participants in the "Way to Happiness Course".

A program currently used in Newfoundland and Labrador, both in and outside of custody settings, is the Social Thinking Program (Larson, 1988). This program is designed to develop problem-solving skills. The goal of the program is to teach ten steps to problem solving. The basic philosophy of the Social Thinking Program is that if offenders can be taught to stop and think before they act they may choose more appropriate ways to deal with a situation. The program is based on research findings that would be applicable to a victim empathy program. For example, one finding suggests that socially maladjusted individuals are deficient in the ability to perceive a situation from another's perspective. Another indicates that adolescents with learning problems, who are at greater risk for committing crimes, are reported to have significant difficulties with interpreting the mood or communication of others. Finally, the research on the program points out that the ability to take the perspective of others was identified as one of three specific problem-solving deficits amongst correctional populations. These findings clearly support the development of a program that attempts to help offenders perceive a situation from another person's perspective.

The Goals of a Victim Empathy Program

The goal of any offender rehabilitation program is to successfully alter the behavior of offenders so they no longer choose to offend. The reality of the situation is that not all offenders will respond positively to any program, nor will all recipients of a program be willing to

participate actively. In addition to this, not all offenders may accept that they have a problem. Some may not wish to discuss their issues with a counsellor, group leader or fellow group members. Despite these obstacles, there are outcomes that can be considered beneficial regardless of how insignificant they may seem or how inconsequential they may appear to be. As Kratcoski (1989) points out, even if therapeutic results do not occur, one can hope that education has. Vasey (1995) also suggests that the success of programs needs to be measured not only by recidivism rates, but also, for example, by how long offenders stay out of trouble even if they do re-offend. For example, take the case of an offender who has a history of re-offending within weeks of leaving custody. If such an individual subsequently returns to custody within six months after undergoing a rehabilitative program, Vasey would contend that this may be considered an improvement for this person and may be the result of the rehabilitation received. The seriousness of the crime should also be considered. If an offender had a prior conviction for physical assault and is later arrested for a minor offense, this may be an indication that programming has had an effect, even if the success seems small or insignificant it can still be considered an improvement in behavior. Basically, the success of a program needs to be measured by evaluating the individuals holistically, by considering their present situation and past history of offenses. The success cannot merely be measured entirely by whether the offender ever re-offends.

The goals of any program may range in complexity from the very simple, such as acquiring communication skills, to the complex, such as moral development. An effective victim empathy program should be designed to cover this wide range of goals. The more superficial goals are reached primarily through the experience of being a group member. Roberts (1974) states that group counselling focuses on changing the behaviors and interactions of the members through the group process. These changes include improved communication skills, respect for and acceptance of peers, improved self-esteem, and an increase in trust. Schmideberg (1974) indicates that many delinquents are not only distrustful, but have never learned to express themselves. He also states that one of the effects of group programs is improved communication with staff. Jarvis (1978)

supports these ideas when he states that the function of the group is to redirect offenders' attitudes and behavior in order to bring about resocialization. Therefore, the group must offer something of value, some "payoff". That payoff is group acceptance, group support and hopefully eventual release from the cycle of offending.

At the very least, a victim empathy program should prove to be educational. Young offenders should cognitively and affectively experience some of what a victim experiences and some of the difficulties they encounter. Young offenders also need to know what defines a victim and what it means to victimize. The offenders should also realize that the effects of their crimes are far-reaching, that their actions affect many aspects of the victims' lives as well as the lives of the victims' family, friends and neighbors.

Instructional discussion

According to Prochaska and Diclemente's transtheoretical model of change (The Cancer Prevention Research Center, 1997), once individuals become involved in activities aimed at change, their self-efficacy levels should increase and therefore the change should be long lasting. The change assessment scale would be a useful tool to be administered to participants in the initial session of a victim empathy program. By assessing the responses of participants (see Appendix B), it is possible to have a better idea of how susceptible participants are to change at this point in their lives. For example, participants who are found to be in the precontemplation stage are least susceptible to change. Those who are at the contemplation stage are beginning to think about changing but have not taken any action in that direction. Those who indicate they are in the action stage are beginning to work on changing their lives. Finally, those who indicate they are at the maintenance stage have made changes and are focused on adhering to the changes they have made. Facilitators could use the change assessment scoring scale to determine the stage at which participants are based on their responses on the change assessment scale (see Appendix B).

The main purpose of the scale is to give facilitators a means to evaluate the success of the program. The scale is also useful to facilitators in assessing the success of the victim empathy program. At the conclusion of the sessions, the pre- and post-tests could be compared, and this scale used to help provide some extra information useful in assessing participants' progress and program impact. For example, it will be possible to determine if the participants who indicated they were ready to change learned more than their counterparts who indicated they were not.

As with the pretest, the participants should answer the questions individually and without assistance unless they are unable to read. When participants are unable to read, the questions can be read aloud with the participants indicating the level of agreement with the statement.

Part II

An Intervention Program to Foster Victim Empathy in Young Offenders

For use with incarcerated or at-risk youth

Introduction to the Program

The following program was developed over a five year period. I had been working with young offenders for two years prior to starting this task. It was apparent that there was a lack of remorse and concern, on the part of the offenders, for their victims. This prompted an exploration of the research in this area and led to the development of a program aimed at fostering empathy. The victim empathy program was initially developed to be used with incarcerated youth. It can be applied more globally and is suitable for use with any youth who direct hurtful actions towards others, or who are considered to be at-risk of becoming involved with criminal behavior. The Young Offenders Act (Department of Justice Canada, 1988) pertains to youthful offenders ranging in age from 12 to 17. Research has demonstrated (Erikson, 1979; Hoffman, 1991) that youth in this age group are capable of developing empathic responses towards the emotions and behaviours of others. In fact, some researchers (Damon, 1990; Schulman and Mekler, 1985; Hoffman, 1984a; Garrod, 1993) have demonstrated that the development of empathy begins at an early age and appears to be an inherent biological human response.

The following is a proposed program that has not been extensively field tested. While the program can be used as it is presented, most facilitators may find that they will add and omit material to fit their own personal style of presentation and the needs of their particular situation. Completion of the program requires attending 16 sessions usually covered in a ten week period. This allows an hour per session twice a week for group meetings and an hour for each individual participant during the sessions conducted individually (this figure allots time for up to eight participants).

Forming the group

The type of offense should not be a factor in choosing group members. While it is perhaps arguable that more serious offenders are in greater need of such a program, the more homogeneous the group, the better it is for participants and facilitator. The factor which may have the greatest impact on the delivery of the program is the academic ability of the participants. If there is a wide range of academic abilities within the group, it seems either the less capable participants are left behind or the more capable ones are bored. If group members are similar in their abilities, the activities and discussions can be geared to suit the level of the participants. It is possible, with participants who are unable to write, to have all exercises completed orally. In the same respect, with more capable group members the discussions can be more challenging and thought-provoking. Even with trained facilitators, the group size should not exceed 6 members or be less than four. This optimal group size provides opportunity for all members to participate.

Facilitating the group

The facilitator who offers this program should have training in and experience with running groups. While the program is structured, a skilled group leader may modify the activities in order to offer unique learning experiences related to the general theme of victim empathy. In addition to having group skills, the facilitator should be able to counsel individuals. This skill is necessary during the individual sessions and in order to explore feelings and foster change. It is possible that, as rapport builds between the facilitator and the group members, some individuals may confide in the facilitator outside the group session. Counsellor training would better prepare the facilitator to work with difficult situations that might arise (such as assessing violent or suicidal situations) and to assess the need to make referrals for more intense therapy or medical treatment. Guidance counselors, educational psychologists, social workers, and some teachers

usually acquire these skills in their training, and therefore, are more likely to make the best facilitators.

The group activities

The proposed project provides group activities designed to develop empathy in the participants. It is suggested that facilitators use the initial session to give an overview of the program, to establish group rules, to explain the use of journals, and to introduce the evaluation forms to participants. In addition to this, pre and post-tests are provided during the initial and the closing sessions. Suggestions for “ice breaker” activities to open sessions are indicated in sessions two, three and ten. These are replaced in sessions four through six by activities that focus on the discussion topics for the sessions. The remaining sessions use discussions to introduce the session. These introductory activities were chosen or designed to encourage the interest of the participants. Some sessions are purely informational, others require participants to apply knowledge learned in previous sessions, and most require a journal entry at the conclusion. In the event participants cannot write, it is possible to substitute the journal entry with an oral activity as suggested. Basic definitions, such as “victim”, “victim empathy” and “victimization”, are introduced throughout the program and members become acquainted with exercises that stimulate the expression of feelings about themselves and others. These exercises often strive for the disclosure of personal feelings, therefore private space is recommended for the completion of these exercises. It is suggested that educational videos be used during many of the sessions. While specific videos are suggested, substitutions are possible. The suggested videos address issues that challenge participants to explore what constitutes a victim. To conclude the program, participants are guided to focus on their hurtful actions. While participants are not forced to discuss issues with their peers that they are not comfortable discussing, the ninth session offers an opportunity for individuals to take a closer look at the effects of their behavior on others in a

one-on-one session with the facilitator. All 16 sessions should run for approximately one hour. Fifteen hours will be devoted to the regular sessions and one hour for each of the individual sessions. Scheduling of the program will depend on the structuring of time by individual institutions. However, it is suggested that the program be offered at least twice a week for ten weeks.

Confidentiality

Group facilitators should be aware of the issue of confidentiality and should explain the limits of confidentiality to the group members at the initial meeting. During the first session, as participants decide on the rules for conducting group, they should be encouraged to maintain confidentiality within the group. A breach of confidentiality could result in dismissal from the group. Participants should also be informed that the group is a closed one and, therefore, they will not have to contend with new members who might jeopardize the trust and security built amongst the group members.

Keeping a journal

During the first session, group members need to be informed that the journal they write will be read by the facilitator and a response to their comments will be made before the journal is returned at the next session. The comments facilitators write in the journals can reflect participants' positive or negative contributions to a group discussion, answer questions posed by the participants, or pose questions to the participants. The facilitator's comments may also be a direct response to comments written by the participants in their journals. For example, a session may cause participants to recall personal experiences and write about them. The facilitator may then respond to what the participant has written. Participants are instructed at the initial meeting that they may use the journal to respond to the questions posed by the facilitator at the conclusion

of the sessions, or as a means of reflecting on their own lives and their actions. While the common use of the journal is to respond directly to questions asked by the facilitator, there is an opportunity for the journal to be used to write about personal matters. Again, this is where the need for trained facilitators is evident. Leaders need to be able to deal with these matters. Group members may need to provide a notebook that can be used for journal writing. In the event that participants are unable to respond in writing to the questions contained in the final activity, it is possible to substitute this activity with a less personal activity, such as a closing group discussion. If participants are unable to write journal entries, each session could end with an individual discussion.

Participant-evaluation

During the initial meetings participants should have the evaluation form for the sessions (see Appendix B) explained to them. This sheet is completed by the facilitator at the conclusion of each session and tracks the input of each participant. It is suggested that participants be shown this sheet at the beginning or end of the session on the day following the evaluation. It has been found that participants look forward to this feedback and work to improve their behavior in areas that were evaluated poorly. Participants are also asked to complete a pretest (see Appendix C) and a Change Assessment Scale (see Appendix D). Both of these assessments can be used at the completion of the program to help participants recognize the progress they have achieved or to help explain why there has or has not been substantial progress. These evaluation tools are also extremely valuable to the leaders as they aid in evaluating the effectiveness of the program. The change assessment scale can be used to indicate if there was a connection between participants who appeared ready for change and those who did not.

If participants are unable to produce written responses to these forms, oral responses can be substituted, however, it is suggested that if some participants are able to respond in writing and

others are not, that all participants respond in one manner or the other. To create some homogeneity between group members, it is suggested that any one group member not be singled out. Therefore if one or more group members is unable to write, then all group members could respond orally to the forms.

The setting

This rehabilitative program can be conducted in any room that is equipped with desks or with tables and chairs. The facilitator will need to have access to a VCR, TV and a flip chart or chalkboard. It is suggested that the group members and the facilitator either form a circle with their chairs in the center of a room, or sit around a table. Private space is recommended for completing individual exercises during the sessions and journal entries at the conclusion of the sessions.

Evaluating the program

At the start of the program, participants are given a pretest (see Appendix C) developed for this program based on the information covered in the victim empathy program. It is a basic assessment of their level of knowledge about victimizing behavior. At the conclusion, participants are expected to complete a post-test (see Appendix I), also developed for this victim empathy program, to ascertain if any learning has taken place. Participants are also given the opportunity at the end of the program to assess, anonymously, through a questionnaire the content of the program and the facilitator. This activity is for the benefit of the facilitator and future participants as there is an opportunity to make constructive comments regarding improvements to the program.

Victim Empathy

Beginning the Program

Session 1

- I. Discuss the outline and aims of the program.
 - i) inform participants of the length of program and sessions
 - ii) define terms and introduce topics to be discussed
 - iii) emphasize that the intent of the program is to build empathy for victims
 - iv) indicate that the purpose of the program is to prevent offending or reoffending
- II. Ask the participants to come to the next sessions with rules they wish to have implemented in the group. Suggestions for rules such as: "There must be mutual respect, especially when others are speaking" can be made. The issue of confidentiality and its importance to the successful running of the program should also be broached. Having group members contribute to establishing the rules is an attempt to give participants ownership of the group.
- III. Inform the participants about journals entries. Participants will need to know that, at the end of sessions 2, 3, 4, 6, 7, 10, 11, 12, 13, 14, and 15, they will be expected to write an entry in a notebook. The participants should be told that the entries may be responses to a question posed by the facilitator, they may be questions to the facilitator, or they may be entries of a personal nature. Participants should also be informed that the notebook will be submitted to the facilitator, responses to the entries will be made, and the journals will be returned at the following session.

- IV. Introduce Program Participation Evaluation sheets (see Appendix B). Participants should be shown the evaluation sheet, have the categories and scoring explained, and informed that it will be completed daily, collected and returned to them at the conclusion or commencement of the following session.
- V. Complete Pre-test and Change Assessment Scale (see Appendix B). Participants should be given both the Pre-test and the Change Assessment Scale. It should be explained to participants that their responses are not confidential and will be used to assess their pre-program knowledge of victimization and victim empathy.
- At the conclusion of this session, the facilitator should take time to go over the responses made by participants on the Pre-test and to evaluate their readiness for program participation based on the Change Assessment Scale. A Change Assessment Scoring Scale, to be used by the facilitator, can be found in appendix B. This information will be used to gauge the successfulness of the program.

Victim Empathy

Session 2

Building a Cohesive Group

I. Ice breaker activity:

Purpose: to build rapport and trust amongst group members.

Activity: each group member selects a partner (someone they do not know) and gathers information from him or her so it is possible to introduce that person to the group.

Alternative: Facilitators may choose to have individuals introduce themselves and follow the introduction with questions to the group about the individual.

II. Rules:

Participants are instructed in session one to come to this session prepared to decide upon the rules they wish to have implemented during the sessions. At least fifteen minutes should be allowed to do so.¹ Each participant should be treated with respect and listened to without fear of ridicule from group members.² Suggestions for rules include allowing participants the opportunity to speak freely, or allowing them to wear hats during the session times.³ It should be left to the discretion of the facilitator, with input from the participants, what will be tolerated and what will not. Once the rules have been established, they can be recorded by the facilitator or a group member, photocopied, and distributed at the start of the next session.

¹Confidentiality and respect should be recognized and adhered to even if participants fail to suggest them. The participants need to feel secure that the information divulged during the sessions will not be repeated.

²This will help enhance the experience of the group members and build trust and security.

³Each group is unique and will bring with it its own challenges.

III. Define:

Victim - individuals who have an unwanted act committed against them

Victim empathy - understanding the feelings of the victim

Victimization - committing an unwanted act against another individual

Purpose: This is the core of the program, therefore these definitions need to be established early so reference can be made to them and they can become routine vocabulary throughout the remainder of the program.

IV. Discuss definitions:

A discussion of the definitions should include concrete examples that the participants can clearly understand. For example, people are victims if they are hit by another person or if they have belongings stolen. Group members can usually recall incidents when they were victimized. Therefore, they can relate to the feelings which accompany such an act and know how people feel if they are victimized. Victimization can be explained by referring to the criminal acts participants have committed against other people. These typically include acts of assault, theft, and/or break and entry. An opportunity should be given for group members to share their personal experiences both in regard to being victimized and victimizing others.

V. Journal entry:

Suggestions: Ask members to record definitions of the words discussed during the session and write how they feel about being in the group and their expectations for the sessions.

Victim Empathy

Session 3

Building Effective Communication

I. Ice-breaker activity:

Purpose: To continue building trust and openness within the group

Activity: Ask group members to complete the caption of the cartoon found in Appendix

C. The cartoon included was sketched by a former resident of the Newfoundland and Labrador Youth Centre. Facilitators are encouraged to avail of the skills of group members, for example artistic ability, to assist in building rapport, group dynamics and confidence.

Inquire how group members are feeling today. Perhaps there is an issue that participants feel is significant and they would like to share and discuss it with the group.

II. Review:

Review the definitions of “victim”, “victim empathy” and “victimization”. These definitions are the backbone of the program and it is important that all participants know and understand the meaning of each word. As well, distribute a copy of the rules established during the first session. Reviewing the rules is necessary as participants may wish to discuss, add, or delete some of the rules previously made. It is usually necessary to discuss the expectations placed on all group members by the facilitator such as making an effort to contribute to group discussions.

III. Discuss: Communication

Purpose: To have group members understand there is good and poor communication.

This session also allows the opportunity to discuss the difference between stating how

one feels and how one would one would act in a situation. "I" statements can be introduced at this point. "I" statements give an opportunity for the speaker to tell the listener how he/or she feels about something that was said or done. Participants should, for example, be encouraged to respond to a rude remark by indicating that the remark hurt their feelings instead of responding by returning an insult. The participant could be encouraged to say, "I don't like it when you put me down", instead of responding with an insult. A discussion of how positive, non-insulting responses are less threatening for the person receiving the message should occur.

IV. Exercise # 1:

Suggestion: Communication Game

This activity involves the facilitator, or a volunteer participant, whispering a brief message to the person sitting next to him/her. That person in turn passes the message to the person seated next to him/her. This continues until every group member has heard the message. The last person to hear the message is asked to say it out loud. Several messages may be passed. This exercise is accompanied by a worksheet (see Appendix C) where the participants are asked questions about the message and communication. This exercise enables participants to see how easy it is to misunderstand a message that is communicated. This activity is a preface to later discussions on feelings and how they can be miscommunicated and misunderstood. Miscommunication and misunderstandings can in turn lead to victimization or to a lack of awareness that someone has been victimized.

*V. Exercise # 2:***Suggestion:**

Ask questions of the participants and then direct them to focus on their responses in an attempt to identify their feelings. For example, participants may be asked how they would feel if their best friend went out with their girlfriend or boyfriend. Typically, participants will respond by saying they would feel like punching the friend in the face. Participants are then encouraged to think about their response and identify the emotion behind it. The goal of the facilitator would be to have the participants identify the anger and betrayal behind the response. This activity can be carried out as a large group or with participants choosing a partner. The ideas should eventually be discussed as a group. The following are suggested questions:

1. How would you feel if your most prized possession was stolen?
2. How would you feel if you won first place in an activity?
3. How would you feel on a dark stormy night if the lights went out?
4. How would you feel if you were separated, forever, from your family and close friends?
5. How would you feel if your best friend dated your girl or boyfriend?
6. How would you feel if you were in the place you most like to visit?

VI. Homework:

Have participants practice "I" statements in their daily routine.

VII. Journal:

Suggestion: Ask participants to explain how "I" statements are less accusing for the person with whom communication is taking place.

Victim Empathy

Session 4

Expressing Feelings to Build Better Relationships

I. *Discussion:*

Discuss “I” statements made by group members since the previous meeting and the response people had to the statements. Participants should be encouraged to continue using these statements in their daily lives.

II. *Initial activity*

Purpose: To introduce the idea of feelings, participants are given a sheet listing a variety of feelings (found in Appendix D). Participants are asked to circle the labels that describe how they are feeling today. A discussion may follow as to whether the feelings are negative or positive and what is causing the feelings.

III. *Discussion*

Purpose: To engage participants in a discussion of how others may feel about them as a result of the criminal activity in which they have been involved. Discuss with participants, the following questions:

1. How do their own families and friends feel? Include extended family members.
 2. How might the neighbors in their communities feel?
 3. How might the communities, as a whole, feel?
 4. How are people around the world affected by the inconsiderate acts of others?
- Reference may need to be made to a well-known event ongoing at the time of the sessions. Events involving celebrities are useful. For example, the murder of Bill Cosby’s son.

IV. *Closing activity:*

Listening for feelings exercise.

Purpose: Because participants in this program may have difficulty identifying emotional responses, this exercise was designed to have the participants listen to sentences which indirectly describe particular emotions and then identify them. This exercise builds on the previous sessions regarding communication. Adopted from "Telecare St. John's" (1990) training package.

Suggestion:

Participants are read six sentences and asked to identify the feeling conveyed by each sentence.

1. That s-o-b at work keeps blaming all his/her mistakes on me. I can't take much more of it!
2. If I didn't have bad luck I wouldn't have any.
3. Hello Honey!! I just wanted to remind you that I love you very much.
4. I just crashed my parents' car. They're going to be furious with me.
5. I don't know what to do. I lost my job, my girlfriend just broke-up with me and my father is ill.
6. I applied for a job last month that I really wanted and I just heard I got it!
7. My boyfriend is a taxi driver and he's away often at night. It's like I'm all alone in the world.
8. I don't really care about living much. Life is such a bore.
9. I don't really think anyone likes me, but I'm not sure why.
10. Listen, I want to talk to the manager and I want to talk to him/her now!!

V. Journal

Suggestion: Have participants choose someone close to them and write in their journal how they think the person may feel about what they have done. If participants are unable to write a response this can be substituted with participants thinking and then verbally responding to the situation. This may be done in the large group setting.

VI. Homework

Participants should continue to practice "I" statements in their daily living.

Victim Empathy

Session 5

Teenage Pregnancy

I. *Initial activity:*

Purpose: To review the idea of feelings introduced in previous sessions.

Present the group with pictures (previously selected by the facilitator from magazines) demonstrating a variety of emotions, such as anger, excitement, joy, fear, wonderment, anxiety and despair. Participants are asked to indicate the feeling they believe is being illustrated and why. This serves to review the notion of emotions discussed in the previous selection and continues to build group rapport.

II. *Discussion:*

Review from the previous session, the feelings felt by participants' family members when the families have to deal with the inappropriate actions of another family member.

Families often have to deal with unexpected events presented to them. These events could include a teenager becoming pregnant, a child breaking the law, or drinking under age. All these actions, and others, cause family members to react negatively. The reaction to these events should be discussed.

II. *Video:*

Topic: Teen pregnancy

Suggestion: *Jenny's Choice* - 25 minutes⁴

The video demonstrates the consequences of having unprotected sex; an unwanted pregnancy. The boyfriend rejects the baby and mother to pursue his career goals, while

⁴Available from: Careerware, ISM Information Management Corporation, 2220 Walkley Road, Ottawa, Ontario, K1G 5L2, (800) 237-1544

the mother chooses, at least temporarily, to put her career plans aside. The mother gradually comes to realize the realities of teenage parenthood - the physical, psychological and economic demands that become barriers to career goals. The video presents the opportunity to discuss with viewers the long reaching effects of teen pregnancy and to empathize with the individuals involved in the situation.

Alternative: Discussion on the effects teen pregnancy has on the lives of the mother, father, baby, extended families, and community.

III. Questions:

Follow the video with a discussion or written responses to questions that consider the feelings of the people involved in the situation and that reflect on who was victimized in the video by the unexpected pregnancy.

Suggested discussion questions:

1. Who was affected (victimized) by the pregnancy?
2. Who seemed to have the bigger responsibility in giving care to the child - the mother or the father?
3. How did Jenny's parents respond to the incident?
4. What circumstance led to Jenny becoming pregnant?
5. In what ways had Jenny's life changed?
6. Who has the bigger responsibility for providing birth control - male or female?

Victim Empathy

Session 6

Victimization

I. *Initial activity:*

Purpose: To help participants understand the effects of compliments and insults.

Compliment or Insult

Participants are asked to write two compliments and two insults that they would give someone. Each is written on a separate sheet of paper and then placed in a bag.

Individuals each choose and read one slip from the bag and the group must decide if it is a compliment or an insult. Insults are to be re-worded to become compliments. Adapted from Foster-Harrison (1994).

II. *Definitions:*

The group will discuss the meaning of "criminal victimization" and "non-criminal" victimization. Criminal victimization can be defined as behaviors, including words and actions, that make people victims by breaking the law. This includes verbal or physical assault, theft or damage to a person's property. Non-criminal victimization, on the other hand, makes people victims again through actions or words, but the law has not been broken. This would include tricking someone into doing something, making fun of someone or blaming someone for something you did.

III. *Discussion:*

Participants should be asked how they have made victims of themselves. If participants are incarcerated or at risk of becoming incarcerated, then the discussion should lead participants to see that they have made victims of themselves first by their loss, or possible loss, of freedom and then by their separation from family and friends. The discussion can

also incorporate the idea of the “institution life” and the consequences of living in such an environment. These consequences include possibly further victimization by fellow residents or staff. To explain this reference can be made to institutions that have been in the news, such as Mount Cashel or the Whitbourne Boys Home.

IV. Discussion:

Participants should be asked to discuss the difference between “ratting on” someone and being responsible. When people “rat on” other individuals, there are personal gains to be made or “points” to be scored. Being responsible is telling about a situation to avoid hurtful or harmful consequences to another individual. For example if a resident goes to a staff member and tells that two residents are planning to fight in the washroom later that day and the purpose for saying this is to “get in” with the staff then that is ratting. However, if the purpose behind such a statement is to ensure other residents are not injured, then that is being responsible.

V. Victimization quiz:

See Appendix E

This quiz could be completed orally or in writing depending on the abilities of the group members. It is preferable to have participants respond to the questions in writing and discuss their answers as a group following completion of the quiz. If written responses are not used, a group discussion may be substituted. The quiz is used to assess whether the information in the session has been understood by the participants. It is not graded, rather is used by the facilitator as an indication of how much was achieved in the session. It follows that it is important to understand what constitutes a victim, before any empathy towards victims can be expected. Therefore, if participants do not grasp the information in this session it is necessary to review it until they do.

VI. *Journal:*

- Suggestion:**
1. Explain the difference between criminal and non-criminal victimization.
 2. Think of a time when you victimized someone. How do you think the person felt because of your actions?

Victim Empathy

Session 7

Sexual Harassment

I. Discussion:

Engage participants in a discussion about what they believe constitutes sexual harassment. A clear definition should be provided by the facilitator if the participants do not provide one. A suggested definition for sexual harassment is: "any unwelcome sexual advance, request for sexual favors, and other verbal or physical conduct of a sexual nature that is severe or pervasive enough to create a hostile or intimidating work environment".

Suggestion: Use a flip chart to record the suggestions made by participants.

II. Video:

Suggestion: What is Sexual Harassment? - 23 minutes⁵

This video includes examples of everyday incidents such as teasing, graffiti, inappropriate touching and verbal comments at school and in the workplace. The video recreates actual incidents of harassment. Specific strategies are given for dealing with the harassment. The video addresses a legal definition of sexual harassment, the difference between flirting and harassment, how men and women are both victims of harassment, and ten actions that can be taken by targets of sexual of harassment to stop the harassment.

III. Discussion:

Suggested questions pertaining to the video.

I. What is the difference between flirting and sexual harassment?

⁵Available from: The Learning Seed, 330 Telser Road, Lake Zurich, IL, 60047.

2. What effect did the incidents of harassment have on the victims?
3. What should you do if you're being sexually harassed?
4. Do men and women react differently to sexual harassment? Why/not?

Alternative: Engage participants in a discussion of what constitutes sexual harassment.

The questions included may guide the discussion.

IV. Journal:

Have participants write about a time they were harassed and how it made them feel.

An alternate is to write about people they know who have been harassed and how it affected them.

Victim Empathy

Session 8

Bullying

I. Introduction:

Purpose: This exercise will aid the development and maintenance of rapport between the facilitator and participants, and between the participants themselves. It can also be used to encourage the development of group communication skills and may even offer an opportunity to utilize “I” statements.

Ask participants how they are feeling and if anything significant is occurring in their lives.

II. Discussion:

Review the definitions of “ratting” and being responsible and discuss the difference between them. As with session 6, this discussion should include the different rules that apply within an institution versus outside an institution. For example, outside the institution people may cope with individuals who are bullies and who use their size to intimidate others to get the things they want by avoiding them. Inside the institution, where there is no escaping these individuals, it may be necessary to live with them. Individuals need to watch more closely the things they say and do so as to be able to survive within the institution.

Participants may indicate they do not wish to “rat” because this gets them involved in other peoples’ affairs. Therefore, it may be necessary to give examples of situations where they or their family members may welcome interference from a person outside the situation. For example, if they were being beaten up by a peer at school, would not they welcome the help of another student, teacher or passer-by, so they would not have to endure the beating?

Optional: In the discussion, indicate an example where people who are in danger, or living in fear, may take their own lives to get away from the situation. Discuss the implications of this, specifically, acting responsibly and with concern for others. This discussion leads to the suggested video.

Suggestion: View video Bullying. CBC Soundings production - 25 minutes⁶

This video is a documentary that, in part, interviews the family members and the friend of a young boy who committed suicide as the result of constant bullying when he tried to fit in with a group of friends who did not accept him. Interviews were also conducted at the school he attended and questions were raised regarding the school's policy on bullying. Information is also presented on the prevalence of bullying on the school grounds.

Alternative: A general discussion could be held with the participants, and incidents of bullying that the participants and facilitator are aware of could be discussed. A reference book that may be used by the facilitator in preparation for this discussion is Don't pick on me. How to handle bullying. (1993) by Rosemary Stones. This book is available from Pembroke Publishers, 538 Hood Road, Markham, Ontario, L3R 3K9

III. *Discussion:*

Discuss the bullying incidents in the video and how they affected not only the victim, but also those close to him.

IV. *Closing:*

Participants are asked to close their eyes in preparation for imagining a situation. The facilitator then presents a scenario that describes a bullying incident. For example, the facilitator may ask the participants to imagine each one of them is in grade 4 and the biggest kid in class is going to stuff each of them in a locker if each of them does not give

⁶Available from: CBC Television, St. John's, Newfoundland

him lunch money. Several minutes should be given for participants to generate responses. Participants are then expected to respond empathically by indicating how ~~the~~ person in the scenario felt about the bullying which occurred.

A second suggestion is to ask participants to recall a time when they were bullied. It is important to monitor the participants' levels of emotional response to these activities. Some may be traumatized by the memory. The recommended training for ~~facilitators~~ should equip them to deal with these responses and determine whether more intense therapy is required. Whenever participants are asked to reflect on incidents in their past, the opportunity arises for bitter memories to be brought forth. It is ~~important~~ to help participants deal with their memories by providing support.

Victim Empathy

Session 9

Individual Meetings

This session is the midpoint of the program. It is a good opportunity to informally assess the impact of the previous sessions. The responses to questions asked of the participants should provide some insight into whether or not they are developing an understanding of the effects that their actions have on others and themselves. Facilitators can then decide whether to review the concepts addressed in previous sessions or to proceed with the program as it is outlined.

The main purpose of this session is to meet with participants individually in an informal counselling session. The facilitator should try to be aware of the history of the participants to facilitate a discussion on the ways they have victimized individuals. This information can be found in the records of the participants. In the event the information is not available, the facilitator will have to rely on the participants' responses to the questions given below. An hour should be allotted for each discussion. The following questions could be considered:

1. What have you done to others that is hurtful?
2. How do you imagine the victim(s) felt as a result of your actions?
3. How have these actions also made you a victim?
4. How has your family been victimized by your behavior(s)?
5. How could you have prevented the harm you've caused to others?
6. What would you say to your victim(s) if you were given the opportunity?
7. What things specifically can you do to change your victimizing behavior?
8. Who do you know that can offer you support/help so that you can make your plan a reality?

Victim Empathy

Session 10

Raising Awareness of the Effects of Crime

I. Ice breaker:

Purpose: After the individual sessions, it is worthwhile to take time to restore the continuity of the group through an ice breaker activity.

Activity: All participants are randomly given five pieces of paper, each containing one different descriptive phrase, previously prepared by the facilitator. A list of descriptors can be found in appendix F. Most participants will receive descriptors that are different from the descriptors of other participants. Each participant is also given a container, for example a bag, to be used for collecting descriptors from other participants. Participants put their names on the container they were given, place them on the table and proceed to move about the room anonymously distributing the descriptors they were given into other participants' containers. After all the pieces of paper have been distributed, participants read the descriptions they have been given. A discussion should follow this activity to discuss how participants feel about the way others view them based on the descriptors they have received from other participants.

II. Introduce four general ways that crimes affect victims:

Through group questioning and discussions, the group members brainstorm the effects of crime. The facilitator should attempt to direct participants so that they provide ideas matching each of the four categories below:

1. Financial - the financial cost to both the victim and society.

For example, medical costs and/or loss of work time that may occur as the result of an assault or the increased cost of insurance premiums due to break and entries.

2. Physical - injuries which occur as the result of personal contact with the perpetrator.

For example, many victims of crime must spend time in hospital

3. Emotional/psychological - many victims feel unsafe following an incident or have trouble coping after they have been victimized.

For example, people who are the victims of theft may have trouble dealing with the loss of their personal items and the invasion of their privacy.

4. Secondary victimization - the same effects may be experienced by individuals who were not victimized directly, but are close to the person who experienced the victimization. This would most likely include parents, close friends or neighbors.

For example, a parent may help a child financially after he or she has been the victim of a crime, therefore incurring financial loss themselves.

III. Activity:

Direct the participants into two small groups of three participants and give each group a victim impact statement (see Appendix F). These statements are fictional accounts based on real victims' statements of the effects victimization had on their lives. The object of the activity is to have participants explain how the victims were affected in all four areas discussed. The groups can be given the same statements or each group can receive a different situation. During the session, the participants are to write their reactions in their journals. To conclude, the group reconvenes, explains the situation in their case study (if

each group received a different study), and discusses the four ways the victims were affected.

IV. Journal:

Ask participants to give an example of when they were victimized and how it affected them with respect to the four ways discussed during the session.

Victim Empathy

Session 11

Becoming Responsible

I. Definition:

Define what it means to be "responsible", and discuss who is responsible for the harm caused to victims of crime.

Suggested definition for responsible:

"able to answer for one's actions; able to choose for oneself between right and wrong". *Webster's ninth new collegiate dictionary*. (1984).

II. Discussion:

Discuss the impact the participants' actions have had on the lives of others. Reinforce the idea that individuals are responsible for their actions in most situations.

III. The delusional system:

Explain to participants that it is possible for people to have false beliefs that allow them to continue hurting others without believing the offenders are responsible. Some offenders may even place the blame on the victims. For example, they may feel that the victim of a break and entry was not hurt because he had insurance to cover his losses or that the victim deserved the victimization because they were rich. Discussions of these examples might illustrate that not all people have insurance and that people work hard for their money and that people feel victimized by the lack of security they now feel in their homes. Further discussions might include the ways that individuals avoid accepting responsibility for their actions. There are five categories that explain most ways of avoiding

responsibility (see below). Brainstorm ways people explain their false beliefs. A flip chart or overhead could be used to record ideas suggested by participants.

1. Rationalizing: using excuses to make the behavior seem acceptable.
2. Projecting: blaming others or things for the hurtful behavior - the victim may be blamed to be the cause of the action.
3. Minimizing: making things seem less serious than they are or not looking at the whole situation just part of it.
4. Avoidance: staying away from people who or situations which confront the victimizing behavior.
5. Denial: being unable to accept or realize the reality of the behavior and the consequences of it.

III. Reflection questions:

The following questions are designed to elicit empathy for victims by focusing on the participants' feelings and the feelings of the victim. Participants should be given privacy to write their responses. Facilitators can respond to the remarks made by participants by writing comments in their journals. If participants are unable to record their answers, this activity can be completed by allowing participants privacy and then speaking with them individually during the session. This activity relates to previous activities that required participants to think of the feelings of others (Session 4). It also encourages participants to move away from their false beliefs used to rationalize their actions.

1. Describe a time in your life when you felt hurt, alone betrayed, or powerless.
Describe the details of what happened.
2. How did you feel at the time and how did you show your feelings?

3. Think about what you did to your victim(s). How do you think they felt at the time of the offense?
4. How do you think your victim(s) feel about the incident now? How do you believe your offense(s) have affected their lives in general?

These questions are based on exercises prepared by Kahn, Timothy, J. (1990).

IV. Journal:

Participants are asked to write a letter to their victims expressing how they feel about what they have done to them and their lives.

Note: The letter is not sent to the victim. Such action may cause further trauma for the victims. Participants' responses remain in the journals that are kept by the participants at the end of the program or destroyed if they do not wish to have them.

Victim Empathy

Session 12

Assessing Attitudes About Date Rape

I. Survey:

To help introduce the topic of date rape and its victims, both the Views on Dating and Dating Survey (see Appendix G) can be completed either in writing or verbally. These questionnaires prompt participants to think about and discuss their views on dating. The responses to the Views on Dating questionnaire can be compared with those of high school students in 1995 published in The Evening Telegram, November 4, 1995 (see Appendix G). The differences and similarities can be discussed and then written in participants' journals.

The Dating Survey also addresses some of the questions covered in The Views on Dating questionnaire. However, it also asks specific questions pertaining to date rape, therefore participants' views on date rape, as opposed to dating in general, are revealed. The questions asked in this questionnaire correspond to the information provided by The National Clearinghouse on Family Violence, (1996) published by Health Canada.

II. Discussion:

Discuss participants' responses to surveys completed as well as statistics relevant to date rape, for example, the prevalence of this crime. Information is available from The National Clearinghouse on Family Violence, (1996) published by Health Canada. If participants pose questions about a date rape drug, this session will then offer the opportunity to discuss Rohypnol (flunitrazepam) or "roofies", a date rape drug that is becoming increasingly popular. A website, such as www.emergency.com/roofies.htm

sponsored by Emergency Response and Research Institute, offers a brief description of the drug Rohypnol.

Suggestion:

Participants can be engaged in a discussion on date rape. This discussion should distinguish the difference between date rape and rape. The consequences, such as the lack of trust that results from such an incident, can also be discussed. It is possible the participants may be aware of situations when a date rape has occurred and may wish to discuss them. In addition to the Health Canada information, National Clearing House on Family Violence (1996), a suitable resource book that the facilitator may use in preparation for this session is; Miller, M. (1995). Drugs and Date Rape. New York: Rosin Publishing Group Inc.

IV. Journal:

Ask participants what effects date rape might have on the victim. This journal entry or discussion should entail an explanation of the victimization that accompanies such an act.

Victim Empathy

Session 13

The Risks of Drinking and Driving

I. *Discussion:*

Participants should engage in a discussion that points out the potentially devastating effects of drinking and driving. Information could be obtained from groups such as MADD⁷ to assist facilitators with this discussion.

II. *Video:*

Suggestion: View video The Last Drop, a CBC Soundings production - 40 minutes⁸
This video contains a number of interviews that discuss the effects of drinking on the drinker, his/her family, and innocent bystanders. The facilitator can choose to use all the interviews or just those that demonstrate the effects of drinking and driving.

III. *Discussion:*

Discuss the specific effects of drinking and driving as illustrated in the video. A discussion of the alternatives to drinking and driving should be included.

IV. *Journal:*

Write about how you can avoid victimizing others through drinking and driving?

⁷Information available by writing MADD President Gwen Mercer, P.O. Box 6233, Mt. Pearl, Newfoundland, A1N 3C9 or calling 364-6233.

⁸Available from CBC Television, St. John's, Newfoundland

Victim Empathy

Session 14

The Many Influences on Personal Values

I. Introduction:

The session should begin with a look at how the media (radio, TV, advertisements, soap operas, movies, newspapers, music, and magazines), as well as the people we encounter, affect our lives. Discuss how our views of relationships, self-image, right and wrong, and violence are shaped by these experiences. For example, advertisements often portray beauty as slim, attractive women. Many young women often then try to be something they cannot be. The end result can be fatal. In the same way, young men may be searching for the impossible when they look for a mate. The discussion can evolve to deliberating about how individuals can be furthered victimized if they do not have positive role models to display appropriate values.

Purpose: to show how people are victimized in non-criminal ways in their everyday lives.

Suggestion: Discuss people who have committed suicide, idolized stars, or teenagers who starve themselves to fit images seen in magazines or on TV. For example, after the death of Kurt Cobain, three teenage males were found dead in their car in British Columbia. Items found in their possession suggested that their actions were in homage to Cobain.

II. Illustrations:

Suggestions: 1. Samples of songs such as Nirvana's *Rape Me*⁹ can be played and the possible effects that such a song may have on people could be discussed.

2. Advertisements of slim models from magazines such as YM, could be presented with the aim of discussing how teens victimize themselves by striving to be like these models.

⁹Available from: Geffen Records Inc. 1993; album: *In utero*, by Nirvana

3. Segments of soap operas, such as "The Young and the Restless", could be viewed with the aim of discussing how people's ideas of relationships are formed based on the things they view on these TV programs. Victimization occurs in these TV programs because individuals are striving for the impossible if they model their lives after the events they view on television or see in magazines.

III. Journal:

Have participants illustrate how people are influenced by the incidental experiences, such as veiwing a soap opera, they encounter daily.

Victim Empathy

Session 15

Post-Program Planning

I. *Post-program plan:*

Participants should brainstorm ideas that focus on the things they can do to successfully change their victimizing behaviors. The discussion could be directed to include the personal changes they need to make, the changes needed in their environment (including friends), and the supports they need in place to help insure the changes they wish to make are reasonable and possible. The purpose of this exercise is to establish a post-program plan that minimizes the opportunity for participants to victimize others.

II. *Discussion:*

Participants should be engaged in a discussion that points out people who have successfully changed their behaviors and the consequences of such change. For example there are a number of former residents who have left custody and decided to go to university. Some have even received scholarships. Several of the possible consequences of such changes are new friends and new interests, time occupied with constructive activities (such as studying), greater possibilities of successfully acquiring employment at the completion of the program and improved self-esteem. Participants may be able to add to this discussion with examples of people they know who have successfully ended their victimizing behavior.

III. *Journal:*

Participants should be asked to give some thought to the changes they would like to make

to alter their victimizing behavior and then write them in their journal. They should also be encouraged to write down a list of people who could offer support to them when they are ready to implement changes to their own behaviour.

Victim Empathy Final Meeting Session 16

I. Assessment:

Participants are asked to complete two sets of questions during this session. In the first set of questions, participants are given the opportunity to give feedback to the facilitator regarding the content of the program and the facilitator. This feedback would be used to make improvements to the program to the benefit of future participants. These first questions (found in Appendix H) are answered anonymously. The second set of questions compose the post-test (see Appendix H). These questions are asked to determine if any measurable amount of learning has occurred as a result of attending the victim empathy program. If participants are weak readers, it may be necessary to conduct this session individually. A final session to present program certificates and have a special activity may be added.

II. Post-test:

To help facilitators evaluate the effectiveness of the program, a post-test is administered covering the same concepts presented in the pre-test. By making a comparison of these two tests, it is possible to determine if any learning has taken place. While it is very difficult to evaluate behaviour changes, the educational value can be measured through the post-test. The post-test can be found in appendix H.

III. Awards and certificates:

Every participant can be given a Certificate of Completion (see Appendix H) indicating they completed the victim empathy program. At the discretion of the facilitator, the

program may be concluded with a special event such as an outing, movie, or special meal for the participants.

References

- ACJNet Publications. (1991). "Young Offenders", [Online]. Available: [ht://www.acjnet.org/docs/protojhs.html#juve](http://www.acjnet.org/docs/protojhs.html#juve) (1997, November 25).
- Allen, F. A. (1989). Legal values and the rehabilitative ideal. In Kratooski, P. C. (Ed.) Correctional counseling and treatment. Illinois: Waveland Press, Inc.
- Arp, P, O'Brien and Freeman, B. (1997). A national survey of NAPN treaters of adolescent sex offenders. Journal of Offender Rehabilitation. 26, 109-124.
- Braithwaite (1989). Crime, shame, and reintegration. Cambridge: Cambridge University Press.
- Brandt, D. E. and Zlotnick, J. S. (1988). The psychology and treatment of the youthful offender. Illinois: Charles C. Thomas Publisher.
- Campbell, D. S. (1997) "Counseling young offenders for rehabilitation and employment: The problem and promise", [Online], Available: <http://ericac2.educ.cua.edu/db/edo/ED400473.HTM> (1997, November 17).
- Child Welfare League of Canada. (1997). "Proven strategies for youth crime prevention", [Online]. Available: <http://infoweb.magi.com/~cwcl/docs/yoa.htm#P111> (1997, November 24).
- (No date). "Criminon: The way back an insight into true criminal rehabilitation", [Online]. Available: <http://www.criminon.org/htm/wayout.htm> (1997, November 29).
- Damon, W. (1990). The moral child. New York: The Free Press.
- Department of Justice Canada (1988). The Young Offenders Act. Ontario: Communications and Public Affairs.
- Dicks, S. (1991). Victims of crime and punishment. USA: McFarland and Company Incorporated Publishers.
- Duggan, H. A. (1978). A second chance. Toronto: Lexington Books.
- Ellis, P. L. (1982). Empathy: A factor in antisocial behavior. Journal of Abnormal Child Psychology. 10, 123-134.

- Erikson, E. (1979). Psychology: Its principles and meaning. Third Edition. New York: Holt, Rinehart and Winston.
- Foster-Harrison, E.S. (1994). Energizers and icebreakers for all ages and stages. Minneapolis: Educational Media Corporation.
- Fox, V. (1974). The future of correctional treatment. In Roberts, A.R. (Ed.). Correctional treatment of the offender. Illinois: Charles C. Thomas Publisher.
- Garrod, A. (1993). Approaches to moral development. New research and emerging themes. New York: Teacher's College Press.
- Gladding, S. T. (1995). Group work. A counseling specialty. Second edition. New Jersey: Prentice-Hall Inc.
- Government of South Africa. (No date). "Development and rehabilitation services", [Online]. Available: <http://www.southafrica.net/government/justice/rehabilitation.html> (1997, November 27).
- Greenwood, P., Model, K. E., Rydell, C. P., Rydell, C., James (1996). Diverting children from a life of crime. Measuring costs and benefits. California: Rand.
- Greenwood, P. W.(Ed.). (1986). Intervention strategies for chronic juvenile offenders. Some new perspectives. New York: Greenwood Press.
- Greenwood, P.W. (1986). Promising approaches for the rehabilitation or prevention of chronic juvenile offenders. In Greenwood. P.W. Intervention strategies for chronic juvenile offenders. Some new perspectives. New York: Greenwood Press.
- Hoffman, M. L. (1984a). Interaction of affect and cognition in empathy. In Kurtines, William M. and Gewirtz, Jacob L. (Eds.), Handbook of moral behavior and development. Volume 1: theory. (p.277) New Jersey: Lawrence Erlbaum Associates.
- Hoffman, M. L. (1991). Empathy, social cognition, and moral action. In Kurtines, William and Gerwirtz, Jacob L. (Eds.), Handbook of moral behavior and development. Volume 1: Theory. New Jersey: Lawrence Erlbaum Associates.

- Hoffman, M. L. (1993). Empathy, social cognition, and moral education. In Garrod A. (Ed), Approaches to moral development new research and emerging themes. New York: Teacher's College Press.
- Hudson, B. (1987). Justice through punishment. A critique of the "justice" model of corrections. New York: St. Martin's Press.
- Jarvis, D. (1978). Institutional Treatment of the offender. New York: R.R. Donnelly and Sons Company.
- John Howard Society. (No date). [Online]. Available: <http://www.johnhoward.ca> (1997, November 29).
- Justice Department (1997). Young offenders information system. Provincial caseload report. Newfoundland: Government of Newfoundland and Labrador.
- Kahn, T. (1990). Pathways: a guided workbook for youths beginning treatment. Brandon: The Safer Society Press.
- Kelly, K. (1996). Dating violence. Ontario: National Clearing House on Family Violence.
- Kratcoski (1989). Correctional counseling and treatment. Illinois: Waveland Press, Inc.
- Larson, K. (1988). Social thinking skills. California: UCLA.
- Law Information Section of the Policy, Programs and Research Branch, Department of Justice (1988). The young offenders act. Highlights. Ontario: Communications and Public Affairs, Department of Justice.
- Lewis, M. and Rosenblum, L. (Eds.) (1978). The development of affect. New York: Plenum Press.
- Lipton, D. A. (1998). Treatment for drug abusing offenders during correctional supervision: A national overview. Journal of Offender Rehabilitation, 26, 1-45.
- MacKenzie, K. R. (1996). Time-limited group psychotherapy: Has Cinderella found her prince? Group, 20, 95-111.

- Martin, S. (1997). Sex offender treatment: An uphill journey. Journal of Child and Youth Care, 11, 27-42.
- Miller, M. (1995). Drugs and Date Rape. New York: Rosen Publishing Group Inc.
- Natale, S. (1972). An experiment in empathy. Slough: National Foundation for educational research in England and Wales.
- National Clearing House (1990). The national clearing house on family violence. Dating violence. Ontario: Health Canada.
- O' Neil, J. (1996). A conversation with Daniel Goleman. Educational Leadership, 6-11.
- Rest, J. R. (1986). Moral development. Advances in research and theory. New York: Praeger Publishers.
- Roberts, A. (1974). Alternative strategies to offender rehabilitation: A prison options system. Correctional treatment of the offender. Illinois: Charles C. Thomas.
- Rotman, E. (1990). Beyond punishment: A new view on the rehabilitation of offenders. New York: Greenwood Press.
- Saarni, C. and Harris, P. (Eds.) (1989). Children's understanding of emotions. Cambridge: Cambridge University Press.
- Salovey, P. and Sluyter, D. J. (Eds.) (1997). Emotional development and emotional intelligence. New York: BasicBooks.
- Schmideberg, M. (1974). Psychotherapy with offenders. In Roberts, A.R. (Ed.). Correctional treatment of the offender. Illinois: Charles C. Thomas Publisher.
- Schulman, M. and Mekler, E. (1985). Bringing up a moral child. Massachusetts: Addison-Wesley Publishing Company.
- Seeman (1974). Alternate strategies to offender rehabilitation. In Roberts, A. R. (Ed.). Correctional treatment of the offender. Illinois: Charles C. Thomas Publisher.
- Stone, R. (1993). Don't pick on me. How to handle bullying. Ontario: Pembroke Publishers.

- Strayer, J. (1989). What children know and feel in response to witnessing affective events. In Saarni, C. and Harris, P. (Eds.) Children's understanding of emotions. Cambridge: Cambridge Press University.
- Telecare Canada (1990). Crisis intervention and suicide prevention preparation package. St. John's, Newfoundland.
- The Cancer Prevention Research Center. (1997). "The Transtheoretical Model", [Online]. Available: <http://www.uri.edu/research/cprc/ttm.htm> (1997, November 29).
- The Resolution December (1996) "The Great Young Offenders Act Debate", [Online]. Available: <http://www.orbonline.net/~biss/pages/dec1996.htm> (1997, November 27).
- Vargo (1997). Educators Commentary. In Salovey, P. and Sluyter, D.J. (Eds.) Emotional development and emotional intelligence. New York: BasicBooks.
- Vasey, P. (1995). Kids in the jail: Why our young offenders do the things they do. Ontario: Black Moss Press.
- VisionQuest. (no date). "VisionQuest philosophy", [On line]. Available: http://www.vq.com/VisionQuest_Philosophy.html (1997, November 29).
- Webster's ninth new collegiate dictionary. (1984). Ontario: Thomas Allen and Sons Limited.
- Wolpe, J. (1974). Group methods in correctional treatment. In Roberts A. R. (Ed.). Correctional treatment of the offender. Illinois: Charles C. Thomas Publisher.

APPENDIX A.

Request from the Administration of the Newfoundland and Labrador Youth Centre
for rehabilitative programming focusing on the development of empathic awareness



GOVERNMENT OF
NEWFOUNDLAND AND LABRADOR

programs.jm

Department of Justice
Newfoundland and Labrador Youth Centre

Ms. Jackie Taylor-Myles
Teacher
Newfoundland & Labrador Youth Centre
P.O. Box 40
Whitbourne, Nf
A0B 3K0

Dear Ms. Taylor-Myles:

As part of a continuing effort to offer rehabilitation to the youth who are incarcerated at the Newfoundland and Labrador Youth Centre, it is important to have new programs developed to address the criminogenic needs of the client group. One such program that could be developed and offered is a program that attempts to increase the offenders' awareness of the pain and suffering they cause their victims. If an individual was to develop such a program, it could be offered as one of the Social Development Programs currently being implemented with the youth at the Newfoundland and Labrador Youth Centre.

Sincerely

Rick Langer, B.A., M.S.W., R.S.W.
Manager of Resident Programs

RL/er
copy to: File - N.L.Y.C.

APPENDIX B

Participant evaluation form

Pretest

Change assessment scale

Change assessment scoring scale

(To be reviewed during Session 1)

Evaluation Form

(To be completed in Session 1)

To help evaluate the productivity and efforts of participants in rehabilitative programming at the Newfoundland and Labrador Youth Center, an evaluation form was developed by the Social Work Department to be completed at the end of every session. At the completion of the program the evaluation sheet is placed in the file of the participant in order to provide further information about the nature of rehabilitative programs utilized with each participant. The evaluation form evaluates the attitude, participation, attention, group interaction and level of disclosure of each participant. Each of these areas receives a score from 1 to 5 where 1 is poor and 5 is excellent. In addition to this, if participants miss a session, the reason for the absence is noted. These reasons include time spent at court, in time out for negative behavior, away on approved leave, or attending a medical appointment outside the facility. While reasons for absenteeism should be noted regardless of the venue in which the program is offered, the facilitator would need to adjust the reasons according to the clientele. Participants may review the scores they receive at the discretion of the evaluator. However, it has been found that participants are generally eager to receive feedback on their performance and, indeed, attempt to improve it in the areas that they do not score well. The evaluation form can be found in Appendix B.

SOCIAL DEVELOPMENT PROGRAM PARTICIPATION EVALUATION FORM

NAME: _____ PROGRAM: _____ COMMENCEMENT DATE: _____

FILE #:

COMPLETION DATE:

SESSION NUMBER	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
DATE																				
ATTENDANCE																				
ATTITUDE																				
PARTICIPATION																				
ATTENTION																				
GROUP INTERACTION																				
DISCLOSURE																				

KEY: 1. VERY POOR 2. POOR 3. GOOD 4. VERY GOOD 5. EXCELLENT C. COUNT T.O. TIME OUT T.A. TEMPORARY ABSENCE M. MEDICAL APPOINTMENT

COMMENTS:

CO-LEADERS: _____

SOCIAL DEVELOPMENT PROGRAM PARTICIPATION EVALUATION FORM

NAME: _____ PROGRAM: _____ COMMENCEMENT DATE: _____

FILE #: _____ COMPLETION DATE: _____

SESSION NUMBER	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
DATE																				
ATTENDANCE																				
ATTITUDE																				
PARTICIPATION																				
ATTENTION																				
GROUP INTERACTION																				
DISCLOSURE																				

KEY: 1. VERY POOR 2. POOR 3. GOOD 4. VERY GOOD 5. EXCELLENT C. COURT T.O. TIME OUT T.A. TEMPORARY ABSENCE M. MEDICAL APPOINTMENT

COMMENTS: _____

CO-LEADERS: _____

Pretest

(To be completed in Session 1)

At the beginning of every new group, it is necessary to get a baseline measure of how much information participants are bringing with them to the group sessions. There are two purposes for this pretest. The first is to guide the facilitator in preparation for the sessions. Group members will bring a varying amount of information with them into the sessions. As a result, some groups may require more fundamental educational activities, while others groups may best be challenged through higher level discussions and learning activities. The second purpose is to measure the educational accomplishments of the participants. By administering a pretest before rehabilitative programming begins and following it with a post-test at the conclusion of the sessions, it is possible to measure what learning, if any, has occurred as a result of the sessions.

The pretest is to be completed during the initial individual session by the participants. The facilitator is not to offer assistance in answering the questions, but may read the questions to the participants. In the event the participant is unable to read or write, the facilitator may read the questions and record the answers.

Victim Empathy Pretest

(To be completed in Session 1)

1. What is victim empathy?
2. What is sexual harassment?
3. What can a person do to ensure they do not re-offend?
4. What does victimization mean?
5. What reaction do people have when they realize they have been victimized?
6. What effect, if any, do songs such as Nirvana's Rape Me have on the listener?
7. What is the difference between criminal victimization and non-criminal victimization?
8. Why do some people bully others?
9. What is date rape?
10. What do you hope to get from attending this program?

Change Assessment Scale

(To be completed in Session 1)

Adapted from www.uri.edu/research/cprc/smurica.htm

Each of the statements below describes how a person might feel when beginning a rehabilitative group or approaching problems in their lives. Please indicate the extent to which you tend to agree or disagree with each statement. In each case, make your choice in terms of how you feel right now, not what you have felt in the past or would like to feel.

There are FIVE possible responses to each of the items in the questionnaire:

- 1 = Strongly disagree
- 2 = Disagree
- 3 = Undecided
- 4 = Agree
- 5 = Strongly agree

Problem (optional): _____

Date: _____

1. As far as I'm concerned, I don't have any problems that need changing. _____
2. I think I might be ready for some self-improvement. _____
3. I am doing something about the problems that are bothering me. _____
4. It might be worthwhile to work on my problems. _____
5. I'm not the one with the problem. It doesn't make any sense for me to be here. _____
6. It worries me that I might slip back on a problem I have already changed, so I'm here to seek help. _____
7. I am finally doing some work on my problem. _____
8. I've been thinking I might want to change something about myself. _____
9. I have been successful in working on my problems, but I'm not sure I can keep up the effort on my own. _____
10. At times my problem is difficult, but I'm working on it. _____

11. Being here is pretty much a waste of time for me because the problem doesn't have anything to do with me. _____
12. I'm hoping this place will help me better understand myself. _____
13. I guess I have faults, but there's nothing that I really need to change. _____
14. I am really working hard to change. _____
15. I have a problem and I really think I should work at it. _____
16. I'm not following through with what I had already changed as well as I hoped, and I'm here to prevent a relapse of the problem. _____
17. Even though I'm not always successful in changing, I am at least working on my problems. _____
18. I thought once I had resolved my problem I would be free of it, but sometimes I still find myself struggling with it. _____
19. I wish I had more ideas on how to solve the problem. _____
20. I have started working on my problems, but I would like some help. _____
21. Maybe this place will be able to help me. _____
22. I may need a boost right now to help me maintain the changes I've already made. _____
23. I may be part of the problem, but I don't really think I am. _____
24. I hope that someone here will have some good advice for me. _____
25. Anyone can talk about changing; I'm actually doing something about it. _____
26. All this talk about my problem is boring. Why can't people just forget about their problems? _____
27. I'm here to prevent having another relapse of my problem. _____
28. It is frustrating, but I feel I might be having a re-occurrence of a problem I thought I had solved. _____
29. I have worries, but so does the next guy. Why spend so much time talking about them? _____
30. I am actively working on my problem. _____
31. I would rather cope with my faults than try to manage them. _____
32. After all I had done to try to change my problem, every now and then it comes back to haunt me. _____

Scoring of the Stages of Change Scale

(For use with Session 1)

The following items are considered to be items which indicate people are at the **precontemplation** stage of change and are therefore only beginning to realize that they have a problem: 1, 5, 11, 13, 23, 26, 29, 31.

Items: 2, 4, 8, 12, 15, 19, 21, 24 are considered to indicate people are at the **contemplation** stage and are therefore starting to realize that they need to take action to deal with their problem.

Similar to the first two categories, items: 3, 7, 10, 14, 17, 20, 25, 30 indicate individuals are ready to take **action** to deal with their problem.

The remaining items: 6, 9, 16, 18, 22, 27, 28, 32 indicate people have already dealt with their problem in some manner and are now attempting to achieve **maintenance** of the changes they have put in place.

The scale is designed to be continuous. Therefore subjects can fall into more than one of the four stages. This scale is still being validated, so no cut-off norms have yet been established.

As has been previously indicated, the use of this scale is to indicate to the facilitator whether the success or failure of a participant to acquire information in the victim empathy program, based on pre- and post-test results, is related to the readiness of the individual when they entered the program. This is a new program and such information may provide vital data related to the gains of the program and therefore the rehabilitation of individuals who complete it.

APPENDIX C

Cartoon

Communication Game

(For use with Session 3)



Today I feel _____

COMMUNICATION GAME

(To be used in Session 3)

Name: _____

Date: _____

Directions: After passing the message whispered to you on to the next person, fill in the information requested below.

1. Record the message you heard. (Record any part of it or what you believe to be the message.)

2. Indicate the things interfered with you getting the message?

- a) the speaker did not speak loudly enough _____
- b) the speaker spoke too quickly _____
- c) I was not paying attention _____
- d) there was too much noise in the room _____
- e) I was daydreaming _____
- f) I did not understand what was expected of me _____
- g) I did not feel like participating _____
- h) the message was hard to understand _____
- i) others _____

3. Indicate the things that stopped you from giving the message correctly and clearly.

- a) I could not remember it, so I made one up _____

- b) I guessed at what was said because I was not sure of the message ____
- c) I talked too quickly ____
- d) I talked too quietly ____
- e) I spoke unclearly because I couldn't remember the message ____
- f) others _____

4. What could you do to make your communication skills better?

Adapted from, Foster-Garrison, E.S. (1994). Energizers and icebreakers for all ages and stages.
Minneapolis: Educational Media Corporation.

APPENDIX D

Feelings sheet

(For use with Session 4)

Feelings Sheet

(For use with Session 4)



- ♦ anxious
- ♦ bored
- ♦ confident
- ♦ disappointed
- ♦ disgusted
- ♦ frightened
- ♦ frustrated
- ♦ guilty
- ♦ happy
- ♦ hurt
- ♦ joyful
- ♦ lonely
- ♦ miserable
- ♦ sad



Appendix E

Victimization quiz

(To be used with Session 6)

Victimization Quiz

(To be used with Session 6)

1. What is a victim?
2. Why do people victimize others?
3. What feelings may a victim have? List at least three.
4. What excuses might people give for their victimizing behavior?
5. After each statement below, indicate if the example is a criminal or non-criminal action:
 - a. blaming someone else for your wrongful actions _____
 - b. calling someone a negative name _____
 - c. tearing up someone's mail _____
 - d. stealing money _____
 - e. getting something from someone by a threat _____
 - f. making fun of someone _____
 - g. physically injuring someone _____
 - h. tricking someone _____
6. Why is it important for you to focus on what you have done to your victims?
7. All of us have been victims at one time or another. How can this help us to understand how other victims feel?

Appendix F

List of descriptors

Victim impact statements

(To be used with Session 10)

LIST OF DESCRIPTORS

(To be used with Session 10)

1. you have a good imagination
2. you enjoy people
3. you wear glasses
4. you are organized
5. you listened to me once
6. you have brown eyes
7. you have a good sense of humor
8. you express your feeling freely
9. I admire you
10. you are easy going
11. you have a great laugh
12. I think you're honest
13. I think you're trustworthy
14. you have a nice smile
15. I would like to be like you
16. you're a hard worker
17. you're charming
18. you have black hair
19. you're fun to be around
20. you're friendly
21. you're considerate of others' feelings
22. you appear healthy
23. you seem to be reliable

- 24. you remind me of someone I know
- 25. you make me feel good
- 26. I think you're smart
- 27. you and I dress similar
- 28. you have helped me
- 29. you make me smile
- 30. you sometimes speak harshly to others

Victim Impact Statement # 1

(To be used with Session 10)

It was December twenty-third. I remember the exact date because my boyfriend Robbie and I were going to attend midnight mass the next night. He was my first real boyfriend and at that time we had been together for about a year. We were a very well known couple at our schools since we lived in a very small community. Robbie was a warm and gentle boy about my height and very attractive.

We sat at the back of the movie theater during the midnight showing of two bad horror movies. Neither of us had a driver's license at the time, so Robbie had gone to phone my parents to pick us up since the movies were just about over. As Robbie was returning, a fifteen year old boy stuck a knife in his side and pointed it up. Robbie managed to return to his seat. He lifted up his shirt and said, "He stabbed me."

The blood was running everywhere. The person seated behind us took him to the manager's office. While Robbie was inside, I was standing outside the door, hysterical. The boy was still on the loose in the lobby, stabbing people randomly.

A girl from school saw me standing out by the manager's office door and called Robbie's parents. While I was standing there several people who were stabbed fell down next to me. It was unbelievable. One boy, who was Robbie's friend, was stabbed many times as he kept standing up to face the boy. Each time he got up to fight the kid, his blood squirted everywhere-like when you release the pressure on a water hose. Finally he fell down next to me leaving a puddle of blood.

I remember vividly that this kid had a knife that was about eight inches long and double bladed. People didn't respond quickly because they couldn't believe what was happening. Finally people got hold of him. They banged his head and arm against the candy counter until he released the knife. I'll never forget how he kept crying out, "Help me. Somebody help me."

I would assume the police were called as soon as Robbie was taken to the manager's office, but during all that time no one had showed up. Finally an ambulance arrived, but it was about half an hour after Robbie had been stabbed. My parents arrived just as the ambulance was leaving.

We went to the hospital, but Robbie died either on the way to the hospital or that night. I don't remember which it was. The real trauma began the next day. It was two days before Christmas, so his gifts were wrapped and placed under our tree. It was awful. My parents were very concerned about me because I didn't get out of bed for several days. They were worried I might do something to harm myself, so they stayed very close to me for a while. Since I was on Christmas break, I did have some time to recuperate, but I kept having nightmares about that night.

It was difficult when I returned to school because it was such a big news event. In a small town like that everyone knew me and Robbie. I was a little bit of a "freak" for a while, the girlfriend of the murdered boy. Quite a big drama. At first people were stand-offish when I walked down the hallway and they would whisper and point at me. I felt very much alone. It was also difficult because his sisters attended the same school as I did. Every time I ran into them it was a constant reminder of that shocking night.

The most upsetting part was that for every Monday for the next several months I had to go to juvenile court waiting to be called to testify. The vice-principal of my school had the nerve to suspect me of using the trial as a means of getting out of school. She would frequently ask me if it was necessary for me to miss so much school. The last place I wanted to be was in that courtroom!

Many times I would just sit in the courtroom or wait outside. The murderer's mother, was very broken up and crushed. His older brother, who was very much a scam artist, cleverly tried to make excuses and get him out of it. His sister didn't leave much of an impression on me. The murderer didn't look upset. He just looked straight ahead. Sitting next to him in the

courtroom was awful. Every week I would go there and see him sitting there, staring straight ahead, chained to his chair.

In the end he was committed to something like a mental institution for four years. What they finally concluded as a motive was mistaken identity. He was drunk when he entered the theater and while he was in the bathroom some boys made fun of him. He claimed Robbie looked like one of those boys, so he stabbed him when they passed in the hallway. They were also trying to prove that the murderer had fallen over the stairs when he was young and that resulted in brain damage, and also that he was emotionally upset. I guess they were covering all bases.

Robbie's murder was a turning point in my life. It was my first experience with death. I quickly realized that life is fragile and can be taken so easily. I think I placed more value on life after that. I feel more insecure in that I don't leave things unsaid or undone because you never know what can happen. I like to let people know how I feel about them. Although I appeared outwardly to get over the murder quickly, I suppressed my emotions for a long time. I was back to school within a few days, but I felt different, removed from the others. I guess the experience made me grow up in a hurry.

I really didn't put Robbie's death out of my mind for some time. For weeks, even months, afterwards, I would bring flowers to his grave. Even after my family moved away from that community a year later, I would still go to visit his grave whenever I returned to visit friends.

The event has had a negative long term effect on me. I only recently started therapy so I can get in touch with my feelings. At times when my husband is away for a longer period of time than I expected, I start to get anxious. If he is coming home from work, I have visions of him being run over by a car. I am always preparing myself for his death. Although I love my husband, I sometimes think I try to keep a psychological distance from him so that if something were to happen, it wouldn't be as devastating. In other words, I won't allow my husband to become my whole world to avoid having my life shattered a second time.

Victim Impact Statement # 2

(To be used with Session 10)

My wife and I had decided to move to St. John's, so I could take a job in construction. I was going to temporarily live with my parents and younger sister. My wife, who was expecting our first child, was going to stay with her mother for a few weeks until I could get settled into and apartment.

I was taking a carload of our things to my parents and intended to return the following week-end to pick up the rest of our belongings. It was important I get into town that day because I started my new job the next morning. Just outside of Gander when my car started to cut out. I left the highway and went to a garage to see what was wrong. They didn't know what the problem was. I picked at it myself to see if I could figure it out. One guy told me it was the alternator, but I didn't have enough money to get a new one put on.

It was getting late, so I decided to find a hotel. I hitched a ride with a guy who was going into town for a concert. As we were heading down the road, we came to a red light. Suddenly two guys holding a gun jumped into the front seat. Each had a gun pointed at our heads. I told the driver to step on it, but he stopped the engine.

They screamed for us to get out of the car and with guns pointed at our heads we didn't have much choice. They ordered us to hand over our wallets. One guy tried to tear the wedding ring off my finger, but it wouldn't come off. I was afraid it wouldn't come off and I didn't like the look on his face. I pulled hard and finally it came off.

Once they had all our money they said they wanted more. We told them we didn't have anything else. They told us to take off our clothes. When I hesitated, he reminded he had a nine-millimeter in his hand and that it would blow my head clean off. I tried to talk nice to him, but hatred burned in his eyes. Quickly I took my clothes off hoping they would let us go,

knowing full well they probably wouldn't. I felt helpless. I couldn't fight back. I could only do what they told me to do.

Once we were naked then the beating began. I saw the driver get knocked to the ground and one of the guys started kicking him. I stepped back determined not to go down. I figured if I did that it was it. They'd finish us. Over and over I felt the punches to my face. The pain was almost unbearable. The guy was getting madder and madder because I wouldn't fall. I watched as he raised the gun over my head and smashed it against my forehead.

Still I didn't go down knowing they'd kill us right there and then. I wanted to fight back, but without a gun I was helpless. Fear ran through me as I waited for the bullet that would end my life. I was amazed at the hatred that ran through the boys. We had done nothing to them, but yet we were the enemy. The driver got up moaning and holding on to his chest. The attackers looked at each other and I knew they were finished playing with us. It was now or never. I gave the driver a nod and we took off running for our lives.

I went straight and the driver went in another direction. I could hear the gun shots and expected one to hit me. It seemed like I was running forever before I reached the highway. I tried to flag down a truck, but no one would stop. I kept on running, my insides were on fire and pain was wracking my whole body. I couldn't go much farther. I prayed those monsters would not find me.

I saw a store up ahead and ran in and collapsed. A police officer came in behind me and covered me up then he called for an ambulance. My whole body was aching with pain and I was covered with blood. My chest was hurting bad and I was afraid I had a punctured lung. Once the ambulance arrived, I asked the attendant if I was dying. Before I knew it I was at the emergency room.

I beg to get something for the pain, but with the blows to the head I received they couldn't give me anything. After taking x-rays they found out I had three bones broken in my jaw. They couldn't set it again because of the knocks to the head I had received. The pain was too much

and I wanted to strike out at something, but I knew I couldn't. I knew my mother would be worried about me because she was expecting me. I called her and she said she'd be there as soon as she could. It was a three and a half hour trip. I felt better knowing my mother was on her way.

Mom called my wife and she was there in an hour. I knew I looked awful and the pain was terrible. Finally they gave me something for the pain, but nothing worked. I felt anger and rage at the attackers. I wanted to find them and do what to them what they had done to me. The driver of the car was also in the hospital with me with several broken ribs. They had stolen his car after we ran. The police found it the next day burned.

The next day I was taken to see a surgeon. He gave me some medicine to almost knock me out, but I was still aware of what he was doing. They tied my hands down and immobilized my head. I didn't like that and I felt fear. I moaned and the surgeon gave me more valium. I was put in a wheel chair and taken to the waiting room. My mother burst into tears when she saw me and I knew I must look awful. I couldn't talk because they had my mouth wired shut.

Back in my room I started to get nervous. The pain was driving me crazy and I couldn't sleep. Then the nurse told me that sometimes if you become sick while your mouth is wired, you can choke to death. Then I was really scared and I could tell my mother was too. She went out and returned with a pair of pliers in case I felt sick when I left the hospital someone could cut the wires out. The doctor was mad at the nurse for telling us that and said he had never seen it happen. He also assured us that since I would only be having liquids, it would be liquid to come out and that would come out over my teeth. I was still afraid.

My mother spent the night in my room. Every time I would awake and look up she was there awake looking at me. Even at 22 it was comforting having her there all the time. I guess everyone feels comfortable with their mothers when something like this happens. It was decided I'd go home with my parents and my wife would come to stay for a few days.

It seemed like the pain would never go away and that first night at my parents' place I took too much medicine. I kept going to my parents' room and my mother would talk to me. She called the emergency room and they said with how fidgety I was, I had taken too much medicine, but not enough to hurt. I kept getting back into bed, but I couldn't sleep. I keep seeing the gun in my face, hearing the shots being fired at us. I began sweating and shaking with fear.

When I went back to my parents' room my mother asked me if I wanted to lie down on the bed and talk about it. I had to get it out of my system and talking was the only way to do that. I hadn't lay down with my mother in years since I was a little boy, but I felt safe with her close to me. I felt like nothing could happen with her there.

I finally got better, but the pain never completely went away. I wanted to get to work, but the job I had was filled by someone else, so I had to go out and find another one. The bills were piling up and I had no way to pay them. I learned there was a victims fund, so I filled out the papers hoping they would help me out.

When I tried solid food, I became stomach sick. I was afraid I was going to choke to death. I yelled at my mother to get the pliers. Running to the sink, it began to come up. The doctor was right. There was nothing, but liquid, so I felt better. Fear of the unknown is terrible, but I had now passed another hurdle.

I still feel anger and hatred towards those boys who could cause so much pain and laugh at it. I still feel the pain of my injuries, fear and I have nightmares regularly. The feeling of being so helpless of not being able to fight back is very traumatic to me and I don't know if it will ever go away. My life is different. I'm careful who I'm around and who I trust. I will carry the scares of that night with me forever. I will never feel completely safe again. I'll never be able to think nothing can happen to me because I faced death and I know things can happen and it can happen to you.

Adapted from: Dicks, Shirley (1991). Victims of crime and punishment. USA: McFarland and Company Incorporated Publishers.

APPENDIX G

Dating Survey

Views on Dating Questionnaire

Survey used for comparison to participants' responses.

(To be utilized in Session 12)

Views on Dating

(To be used with Session 12)

Adapted from a survey conducted in 1990 by students from the School of Nursing, Memorial University.¹⁰

1. In your opinion, when should the following behaviors should occur:

	<u>on the first date</u>			<u>after several dates</u>		
holding hands	yes	maybe	no	yes	maybe	no
kissing	yes	maybe	no	yes	maybe	no
necking	yes	maybe	no	yes	maybe	no
petting	yes	maybe	no	yes	maybe	no
sex	yes	maybe	no	yes	maybe	no

2. Do you agree people should be sexually involved before marriage? _____

3. Do you believe marriage should last forever? _____

4. Do you feel you are not as good as others? _____

5. Do you sometimes feel down and depressed? _____

6. Do you ever feel lonely? _____

7. Are you concerned about being attractive? _____

8. Do you enjoy dating? _____

9. Using the scale provided, rate how important the following are to you;

1 = very important 2 = important 3 = average 4 = not important 5 = unimportant

- a) honesty
- b) forgiveness
- c) reliability
- d) being loved

¹⁰ Results were published in The Evening Telegram, November 4, 1995.

Teens' Attitudes About Dating

(To be used during Session 12)

The following results were published in The Evening Telegram, on November 4, 1995:

Beliefs about dating:

	On the first date	After several dates
holding hands	95%	
kissing	90%	
necking	52%	50%
petting	24% (35%M, 15%F)	56%
sexual relations	9%(18%M, 2%F)	37% (27%F, 50%M)

Do you agree with sex before marriage?	86%
Do you agree that marriage should be a permanent thing?	88%
Do you feel not as good as others?	32%F, 18%M
Do you have concerns about depression?	27%F, 16%M
Do you have feelings of loneliness?	20%F, 14%M
Are you concerned about your looks?	35%F, 24%M
Do you enjoy dating?	89%F, 86%M

How important are the following:

honesty	84% very important
forgiveness	75% very important
reliability	73% very important
being loved	87% very important

Dating Survey

(To be completed in Session 12)

1. How many times do you need to see someone before you say you are going steady? ____
2. How many times do you need to see someone before you think petting should take place? ____
3. How many times do you need to see someone before you expect to have sex with him/her? ____
4. If you are petting with your partner and he/she decides things have gone too far, he/she should be forced to do what you want to do. Yes or No
5. People who are victims of rape (always / sometimes / rarely / never) report it.
6. Only women are the victims of rape. True or False
7. If a woman dresses in low cut tops and high cut skirts, she is asking for sex.
Agree or Disagree
8. If you know the person you are dating, you cannot be raped. True or False
9. If you are drinking the chances of becoming a victim of date rape increases. True or False
10. If you have been seeing someone for more than six months, it is okay to force him/her to have sex with you. Agree or Disagree
11. When do you know your partner is willing to have sex with you? _____
12. People who are victims of rape have no one to turn to. Agree or Disagree

APPENDIX H

Group assessment questionnairePost-testCertificate of program completion

(To be used with Session 16)

Victim Empathy Group Assessment

(To be completed in Session 16)

Please assess the victim empathy program you have completed by ranking the following statements from 1 - 5. Thank you for your participation in this group.

1 = strongly disagree 2 = disagree 3 = uncertain 4 = agree 5 = strongly agree

1. The group leader(s) appeared to know about the topic of victim empathy. _____
2. The group leader(s) helped me understand the meaning of victim empathy. _____
3. I was able to make a contribution to group discussions. _____
4. I learned about the ways my actions affect others. _____
5. I found the case studies presented in the session(s) very useful. _____
6. I now understand better how people feel when they are victimized. _____
7. I felt the session(s) when I was on my own with the group leader was helpful. _____
8. I felt the small group discussions and questions helped me understand how others feel. _____
9. I believe I will now think more about the ways my actions affect others. _____
10. I feel I know about empathy and what it is. _____
11. I enjoyed the program and the discussions. _____

Answer the following questions in brief sentences.

12. If you could change something about the program to make it better, what would it be?

13. What did you like most about the group?

14. What did you like least about the group?

15. Has completing this program changed anything for you?

16. Do you think others would benefit from this program?

17. Did you find the use of a journal helped you better understand the program?

18. Was the journal useful for expressing your feelings about the sessions or personal issues?

Victim Empathy Post-test
(To be completed in Session 16)

1. What does victim empathy mean?

2. Give two examples of how people can be victimized.

1. _____ 2. _____

3. How do you believe victims feel about what has happened to them?

4. Why might people not seek help if they are being victimized?

5. What is sexual harassment?

6. What is date rape?

7. How do our daily encounters sometimes make victims of us?

8. What does it mean to victimize someone?

9. What is the difference between criminal and non-criminal victimization?

10. Why do some people bully others?

The Facilitator(s) of the
Victim Empathy Program
certifies that

has completed 16 sessions
discussing and learning
about issues related to the feelings of victims,
victim empathy,
and victimization



Date

Signature



