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Trauma- (and Violence-) Informed Approaches to Supporting Victims of Violence:
Policy and Practice Considerations

The Right to Information

The Use of Closed Circuit Television:
The Experiences of Crown Prosecutors and Victim-Services Workers in the Ontario West Region

Vulnerable Clients and the Importance of Collaborative Treatment Planning

Victim-Related Conferences in 2016

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INTRODUCTION

Welcome to Issue 9 of the *Victims of Crime Research Digest.* The articles in this issue examine the important role of survivors and victims in the criminal justice system—a topic echoed in "The Power of our Voices," the theme of Victims and Survivors of Crime Week 2016 (May 29th – June 4th).

The primary objective of the Federal Victims Strategy is to give victims and survivors a more effective voice in the criminal justice and federal corrections systems. Those who work with victims and survivors of crime have long recognized that the trauma of experiencing or witnessing a violent criminal act often causes serious consequences, including impaired cognition. These consequences can be mitigated, however, so that victims and survivors can play a strong and effective role in the criminal justice and federal corrections systems. The four articles in this issue address various ways to achieve this goal.

The first article explores the trauma- and violence-informed approach followed by colleagues from the Public Health Agency of Canada and the University of British Columbia. The article reviews the research that fosters a deeper understanding of the impacts of trauma and underpins a better approach to the delivery of victim services and programs. In the second article, Susan McDonald explores aspects of the right to information, which is now included in the *Victims Bill of Rights*. McDonald suggests that the trauma-informed approach explored in the first article should be followed to fulfill the right to information for victims of crime that is now enshrined in Canadian law. The third article is by Shanna Hickey, who describes research done by the Department of Justice, in collaboration with Pamela Hurley and the Ontario West Region Crown Office and Victim Witness Assistance Program, about the use of close-circuit television (CCTV) with young witnesses testifying in criminal trials. The article presents the results of an online survey of Crown prosecutors and victim-services workers about their experiences with CCTV. In the final article, Dr. James Hill, a clinical psychologist from Victoria, BC, explores how vulnerable witnesses can use the power of their voices to get the counselling and support they may need. As always, the *Digest* also includes a list of victim-related conferences scheduled for this year.

We hope this issue of the *Victims of Crime Research Digest* helps all of us who work for and with victims and survivors of crime to better understand the importance and the power of our voices. As always, if you have comments, please do not hesitate to get in touch with us.

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TRAUMA- (AND VIOLENCE-) INFORMED APPROACHES TO SUPPORTING VICTIMS OF VIOLENCE:

Policy and Practice Considerations

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The traumatic impacts of violence have long-term effects on victims, whether the violence is ongoing or in the past. When systems and the service providers who work with victims of violence lack an understanding of the complex and lasting impacts of violence and trauma, they risk causing further harm. For example, each time an adult or child re-tells their story of abuse to seek help across multiple service systems, there is a risk of re-traumatization (Herman 2003; Valpied et al. 2014). Trauma-informed approaches are policies and practices regarding the provision of services and programming that—particularly when they are also violence-informed—work to minimize harm to victims of violence, and aid healing and justice.

During the last 10–15 years, there has been a movement to develop and implement policies and practices that are trauma-informed in sectors working directly with people impacted by violence, including in health, particularly in relation to mental health and substance use (Covington 2008, Savage et al. 2007), justice, housing, anti-violence, and social work sectors (Strand et al. 2015, Hopper, Bassuk, and Oliver 2010, Herman 2003, Dechief and Abbott 2012). This movement developed largely in response to a growing understanding of the connections among violence, trauma, negative outcomes in physical and mental health, and substance-use problems, as well as to the need to make systems more responsive to the needs of people who face these challenges (Poole and Greaves 2012). Implementing trauma-informed approaches across sectors provides a common conceptual framework that enhances efforts to develop integrated multi-sectoral responses for children and adults. These approaches also create opportunities for systems, and those who work within them, to improve the services they provide to people impacted by violence.

Trauma-informed approaches are built upon a foundational understanding of the impact of violence and trauma on people's lives, health and behaviours (Covington 2008, Elliot et al. 2005).

Such approaches require fundamental shifts in how systems are designed, how organizations function, and how service providers engage with victims. Trauma-informed approaches are relational; they recognize that individuals' experiences of violence relate to how systems respond to them. For example, a person's circumstances (including income, housing, and access to safe transportation and child care) influence both their exposure to violence and their ability and willingness to access supportive services. Services that are approachable and trauma-informed can mitigate these influences. Trauma-informed approaches also recognize that individual behaviours often associated with victimization—such as substance-use problems or future perpetration of abuse—relate to trauma (Watt and Scrandis 2013, Danielson et al. 2009, Hedtke et al. 2008). By integrating understandings of trauma into all elements of policy and practice, trauma-informed approaches prioritize victims' emotional and physical safety, as well as facilitate victim control over and responses to violence. This integration also builds on their strengths and aids in recovery (Provincial Health Services Authority of BC 2013).

UNDERSTANDING TRAUMA

Trauma is both the experience of, and a response to, an overwhelmingly negative event or series of events, such as interpersonal violence, personal loss, war or natural disaster. In the context of violence, trauma can be acute (resulting from a single event) or complex (resulting from repeated experiences of interpersonal and/or systemic violence). Trauma can alter human neurobiology: brain and nervous-system function change. While neurobiological changes are not necessarily permanent, they can be long-lasting if not addressed appropriately. Neurobiological changes resulting from trauma can alter behaviour in both children and adults (Green et al. 2015). For example, adverse events in childhood, such as various forms of maltreatment, along with exposure to intimate-partner violence or alcoholism, can have long-term neurobiological effects and are associated with a wide range of negative outcomes, including stress, anxiety, depression and substance use (Anda et al. 2006, Felitti and Anda 2010, Cloitre et al. 2009). Complex trauma can also impact children's development; it can foster an inability to manage difficult emotions (e.g. anger) or form appropriate attachments with those close to them (Haskell 2012). These negative outcomes can last into adulthood. Similarly, across the life span, experiencing interpersonal and systemic racism (for example, patterns of discrimination that limit education, employment, access to housing) can also change neurobiological patterns, which can have profound impacts on mental and physical health and wellbeing (Krieger et al. 2011).

Neurobiological changes in people who experience complex trauma include responding to potential threats to safety as if they are real, whether they are real or not (Van der Kolk 2000). Such responses can create enduring associations between the traumatic event(s) and particular sensations, emotions or thought processes. Triggers are external events that recreate these traumatic associations; in some instances, situations that seem innocuous and unrelated can activate triggers, creating an overwhelming sense of threat related to past experiences of violence. Even well intentioned services, practices and policies can activate triggers that re-traumatize (Harris and Fallot 2001). For example, touching a person without warning or permission can trigger a neurophysiological flight-or-fight response.

In trauma-informed approaches, those who provide support services understand that any person they encounter may have experienced violence with traumatic effects. They understand that emotional states (such as depression, anxiety, anger, dissociation, difficulty concentrating, fear and distractedness) and behaviours (such as substance use, compulsive and obsessive behaviours, disordered eating, self-harm, high-risk sexual behaviours, suicidal behaviours or isolation) may arise, at least in part, from those experiences (Gutierres and Van Puymbroeck 2006, Schäfer 2009, Nadew 2012). Shifting the fundamental question from "what's wrong with this person?" to "what happened to this person?" is important. It considers what might have happened and what might be

happening to the person, and can result in a profound difference in how people are viewed and treated, and how they will respond (Williams and Paul 2008). Importantly, such approaches take into account that people can also experience growth in the aftermath of traumatic experiences (Shakespeare-Finch and de Dassel 2009, Glad et al. 2013, Birkeland et al. 2015, Katz and Gurtovenko 2015).

Service providers working directly with victims are often and repeatedly exposed to stories of terrifying and inhumane experiences with violence. These experiences can result in vicarious (or secondary) trauma with negative health impacts similar to those experienced by victims (Bartoskova 2015, Hensel et al. 2015, Middleton and Potter 2015, Raunick et al. 2015, van Mol et al. 2015). For example, service providers with vicarious trauma can experience depression, emotional exhaustion, anxiety and sleep disturbances (Cohen and Collens 2013). The negative impacts of vicarious trauma are associated with employment issues such as high turnover rates (Cieslak et al. 2014, Middleton and Potter 2015). Vicarious trauma can also manifest the trigger responses described earlier. Trauma-informed approaches take vicarious trauma into account by actively and intentionally supporting the wellbeing and self-care practices of service providers who are repeatedly exposed to stories of violence and trauma. Importantly, when well supported, service providers can also experience compassion, satisfaction and growth when working with people who have been victimized (Cohen and Collens 2013, Abel et al. 2014, Hyatt-Burkhart 2014).

FROM *TRAUMA-INFORMED* TO *TRAUMA- AND VIOLENCE-INFORMED*

Recently, scholars have been calling for an important shift in language by referring to this policy and practice as trauma- and violence-informed, rather than only trauma-informed (Browne et al. 2015). This shift in language brings into focus acts of violence and their traumatic impact on victims (and distinguishes violence from other sources of trauma, such as natural disasters). It helps to put the emphasis on a person's various experiences of past and ongoing violence as the cause of the trauma, and avoids seeing the problem as residing only in an individual's psychological state. Because this view emphasizes making practices and policies safe, it fosters opportunities for service providers to prevent and limit harm, and to take actions at all levels: in their own practices, within their organizations and more widely in society. Although service providers cannot influence past events and the impact these events have on victims, providers can work to limit exposure to ongoing violence, and to reduce triggering and the potentially traumatizing effects of services.

This shift in language also allows for a more expansive understanding of people's experiences of violence and trauma. Particularly in cases of complex trauma, histories of violence typically include interconnected experiences of interpersonal and systemic violence. For many victims, interpersonal violence is ongoing; it can be intergenerational and linked to broader historical contexts. For example, family violence and other forms of interpersonal violence in Indigenous communities have been linked to histories of colonization, including residential schools, the reserve system and ongoing child-welfare practices (Brownridge 2008, Daoud et al. 2013, Pedersen, Malcoe, and Pulkingham 2013). The enduring and ongoing effects of residential schools illustrate how systems can perpetuate violence and trauma, for example, through higher rates of incarceration for Indigenous versus non-Indigenous people (Narine 2012). While modern systems may be less blatant in their perpetuation of violence, policies and practices can continue to re-traumatize and harm victims, sometimes subtly and inadvertently. Discrimination, marginalization, and stigma remain an ongoing experience for many people within systems such as child protection, health care and criminal justice.

CONSIDERATIONS OF GENDER AND CULTURE

Experiences and effects of violence are highly gendered. Although men are the most common victims of violence, including armed violence (World Health Organization 2011), women bear the greatest burden of family violence and men are the most common perpetrators of violence (Statistics Canada 2013). In 2013, 80% of reported cases of spousal violence were against women (Statistics Canada 2015). The rates of most forms of child abuse (i.e., physical, psychological, exposure to intimate partner violence) are similar for boys and girls, except for sexual abuse where rates are higher for girls (18%) than boys (7.6%) (Stoltenborgh et al. 2011). Girls are also at heightened risk of harmful practices, such as child, early and forced marriage and so-called honour-based violence, as well as female-genital cutting (Garcia-Moreno, Guedes, and Knerr 2012, Maryum Anis, Shalini Konanur, and Mattoo 2013, Muhammad 2010). Transgendered people experience alarming rates of violence; a recent Canadian survey showed that 65% of those who identified as transgendered had experienced domestic violence (Wathen, MacGregor, and MacQuarrie 2015).

Victims also experience gendered barriers to disclosure and accessing support, with men and boys being more strongly socialized away from help-seeking and disclosure (Vogel et al. 2011, Sierra Hernandez et al. 2014), and transgendered people facing multiple concomitant forms of discrimination (Logie et al. 2012, Bauer et al. 2015). People who experience child abuse face heightened risks of interpersonal violence in adulthood, with boys being more likely to become perpetrators and girls more likely to become victims (Abramsky et al. 2011, Radford et al. 2013, Sigurdardottir, Halldorsdottir, and Bender 2014). Given these differences, a gender lens is required to make trauma- and violence-informed responses to violence gender inclusive and appropriate.

Trauma- and violence-informed approaches are compatible with, and supported by, efforts to make policies and practices culturally safer. Cultural safety is an approach to working across multiple differences (including, but not limited to ethnic differences) that shifts attention away from service providers learning about others, to making practices, policies and service environments safer for all regardless of expressed or assumed culture (Varcoe and Browne 2015, Kirmayer 2013). Importantly, the shift to trauma- and violence-informed approaches parallels the shift toward cultural safety; both put the onus on systems to change policy and practice, creating opportunities for policy makers and service providers to optimize support for victims.

Using the idea of cultural safety, service providers consider how power relations and the social, economic, political and historical realities of peoples' lives shape their behaviors. This is especially imperative in the Canadian context. In Canada, Indigenous peoples experience multiple forms of disadvantage and marginalization, including disproportionately high rates of victimization and pervasive systemic racism, which can deter accessing services. Indigenous women are three times more likely than non-Indigenous women to experience family violence (Statistics Canada 2011), and four times more likely to be murdered or go missing (Royal Mounted Canadian Police 2014). The ongoing legacy of abuse in residential schools, and in foster and adoptive care, also contributes to intergenerational violence (McKenzie et al. 2016) and is an example of how systems of colonization have perpetuated violence against Indigenous peoples.

Cultural safety is also important to consider when supporting newcomers and others from non-Western cultures. Members of these populations may face assumptions about how their culture contributes to acts and experiences of violence, and these assumptions create barriers to effective services and supports. For example, service providers may assume that women who are identified with particular

ethnic communities and experience intimate partner violence are well supported by their communities, whereas in reality they may fear and face ostracism for seeking help and disclosing abuse (Roger, Brownridge, and Ursel 2015, Thurston et al. 2013). Refugees are likely to have been exposed to various forms of violence (Guruge, Roche, and Catallo 2012, Bogic, Njoku, and Priebe 2015, Kirmayer et al. 2011). As noted by Pottie et al, "refugees, who are by definition forcefully displaced, are at highest risk for past exposure to harmful living conditions, violence and trauma" (Pottie et al. 2011, E827); this places them in great need of culturally safe and trauma- and violence-informed services.

TRAUMA- AND VIOLENCE-INFORMED APPROACHES: PRINCIPLES AND STRATEGIES

Trauma- and violence-informed approaches aim to transform policies and practices based on an understanding of the impact of trauma and violence on victims' lives and behaviours. Table 1 outlines key principles and sample implementation strategies at organizational and service-provider levels that can be used in many different sectors, including justice, health, anti-violence, social work and housing.

In public-health and other social-service contexts, we argue that disclosure of an individual's violence and trauma history is not necessary for the provision of excellent services. Although disclosure is oftentimes necessary in the justice context, the goals of the trauma- and violence-informed approaches are to provide emotional, physical and cultural safety for all, regardless of whether or not a particular history of victimization is known. Embedding these principles and strategies into systems creates "universal trauma precautions" that reduce harm and provide positive supports for all people (Raja et al. 2015). It is important to think about trauma and violence responses on a continuum. At one end of the continuum, trauma- and violence-informed approaches focus on minimizing the potential for service systems to cause harm by triggering and re-traumatizing, and on creating supportive environments that provide universal benefit to both victims and service providers. At the other end of the continuum, trauma-specific approaches strive purposefully to treat trauma and related health outcomes through specific healthcare modalities, such as psychotherapy or chronic-pain interventions (Poole and Greaves 2012). In many instances, specific approaches require some understanding of an individual's history of trauma and violence, so that treatment can be tailored to these experiences. Trauma-informed approaches can be implemented widely, but should be complemented by a multi-sectoral approach in which referrals can be made to forensic services, for example, or to specific forms of healthcare or housing services.

TABLE 1: PRINCIPLES AND STRATEGIES OF TRAUMA- AND VIOLENCE-INFORMED APPROACHES[1]

PRINCIPLES		ORGANIZATIONAL/ POLICY STRATEGIES	INDIVIDUAL/SERVICE PROVIDER STRATEGIES
1.	Understand trauma and violence, and its impacts on peoples' lives and behaviours.	• Develop organizational structures, policies, and processes that foster an organizational culture built on understandings of trauma and violence, for example through hiring practices and reward systems. • Train all staff on the connections among violence, trauma, and health outcomes and behaviours, including vicarious trauma.	• Listen and believe victim's experiences: "That sounds like a horrible experience" • Affirm/validate: "No one deserves…" • Recognize strength: "You have really survived a lot…" • Express concern: "I am really concerned for your safety…"
2.	Create emotionally and physically safe environments for clients and service providers.	• Attend to the set-up of a safe service-environment, including welcoming intake procedures and signage, comfortable physical space, consideration of confidentiality. • Seek client input into inclusive and safe strategies. • Provide support for service providers at risk of vicarious trauma and facilitate their self-care (e.g. peer support, regular check-ins with supervisor, self-care programs).	• Behave in a non-judgmental manner so that people feel deserving, understood, recognized and accepted. • Foster a sense of connection to build trust. • Provide clear information and predictable expectations about programming.

1. This table was developed by the authors and informed by the broad literature on trauma-informed approaches, in particular the Provincial Health Services Authority of BC (2013) and Browne, Varcoe, Wong, Littlejohn, Smye, Lavoie, Tu, Godwin, Krause, and Rodney (2012).

PRINCIPLES		ORGANIZATIONAL/ POLICY STRATEGIES	INDIVIDUAL/SERVICE PROVIDER STRATEGIES
3.	Foster opportunities for choice, collaboration, and connection.	• Train staff in critical self-reflection on power differences between service providers and clients.	• Communicate openly. • Convey non-judgmental responses. • Provide choices as to treatment/service preferences. • Consider choices collaboratively. • Listen actively to privilege the clients' voice.
4.	Provide strengths-based and capacity-building approach to support client coping and resilience.	• Provide sufficient time/ resources to support meaningful engagement between service provider and client. • Provide programming options that tailor interventions to peoples' needs, strengths and contexts. • Support an organizational culture of, and train staff in, emotional intelligence and social learning.	• Help clients identify their strengths through techniques such as motivational interviewing (a communication technique that improves engagement and empowerment). • Acknowledge the effects of historical and structural conditions. • Teach and model skills for recognizing triggers, calming, centering and staying present, including developmentally appropriate skills for children and youth.

CONCLUSION

Moving systems toward new paradigms of policy and practice such as trauma- and violence-informed approaches, cultural safety and gender inclusivity takes time and incremental change. For this shift to be effective, it requires patience and a strategic approach to system-wide change. But doing so can have multiple benefits. First, it provides both systems and service providers with the opportunity to create a support system that responds to victims in safe, compassionate and respectful ways, and thus have a more positive impact on the lives of clients and staff. Second, it provides a common and consistent platform of support across multiple service systems (i.e. health, justice, housing, etc.) that provide support to people who have experienced violence. Third, since past experiences of violence and trauma feed into cycles of abuse, including intergenerational cycles as noted above, a strong multi-sectoral response system can help break these cycles and prevent continued and future violence. Finally, and most importantly, trauma- and violence-informed approaches will better serve everyone by reducing harm and creating better opportunities for recovery and justice.

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THE RIGHT TO INFORMATION

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For decades, domestic and international research has drawn a clear link between information and victims of crime. Many studies suggest that access to relevant information should be recognized as a basic need for victims of crime, for instance, while others indicate that the process of seeking information can help cope with victimization (see for example Hill 2009, 45). *The first United Nations Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power* (1985)[1] states in Article 6:

6. The responsiveness of judicial and administrative processes to the needs of victims should be facilitated by:

(a) Informing victims of their role and the scope, timing and progress of the proceedings and of the disposition of their cases, especially where serious crimes are involved and whether they have requested such information.

Article 26 of the *UN Convention on Social and Economic Rights* is generally interpreted as outlining a child's right to a primary education. A series of recent essays that re-considered the Convention through a gendered lens included one (McDonald, 2000c) that envisioned "a right to know" for women who experience intimate-partner violence. Based on field work with women who experienced this type of violence, the researcher learned that the women wanted to know more about the criminal justice system in general, about their cases specifically, and about any available services and support. This small, qualitative study adds to the body of research completed in the last 30 years highlighting the importance of information to victims of crime (MacLeod and Picard 1989; MacLeod and Shin 1994; see also, Meredith and Paquette 2000; PRA 2004; Sims 2006; CRCVC 2005; Wemmers 1999).

With the *Canadian Victims Bill of Rights (CVBR)* coming into force in July 2015, it is timely to take a closer look at this right to information. What do we know in Canada about victims and their information needs? How does victimization impact awareness of the criminal justice system? What formats and delivery mechanisms are most appropriate for victims of crime? This article will explore these questions by reviewing research from decades

1. Adopted by the General Assembly of the United Nations at its 96th plenary meeting on 29 November 1985.

ago, as well as a recent assessment of victims' information needs and how they are addressed.

THE *CANADIAN VICTIMS BILL OF RIGHTS*

On July 23, 2015, the *Canadian Victims Bill of Rights* came into force and effect. Provinces and territories have had similar legislation for many years, but this statute represents the first of its kind at the federal level. Sections 6, 7 and 8 of the *Canadian Victims Bill of Rights* outline the right to information (see Text Box 1), stipulating that victims can request information about:

- The criminal justice system and the role of victims;
- Available victim services and programs, including restorative justice programs; and,
- Their right to make a complaint if, in their opinion, their rights have not been respected.

Victims can also request information about their case, including:

- The status and outcome of the investigation;
- The scheduling, progress and final outcome of criminal proceedings;
- Any review of an offender's conditional release, and the timing and conditions of that release;
- Copies of any orders about bail, conditional sentence, and probation; and
- Information about an accused who has been found unfit to stand trial or not criminally responsible on account of mental disorder while that person is under the jurisdiction of a court or a Review Board.

In cases of murder or for serious personal-injury offences, the court must ask the Crown if reasonable steps were taken to let the victim know about a plea agreement. The same condition applies—if the victim requests it—to offences that carry a potential sentence of imprisonment of five years or more.

Victims Bill of Rights,
The Right to Information

General Information

6. Every victim has the right, on request, to information about

(a) the criminal justice system and the role of victims in it;

(b) the services and programs available to them as a victim, including restorative justice programs; and

(c) their right to file a complaint for an infringement or denial of any of their rights under this Act.

Investigation and proceedings

7. Every victim has the right, on request, to information about

(a) the status and outcome of the investigation into the offence; and

(b) the location of proceedings in relation to the offence, when they will take place and their progress and outcome.

Information about offender or accused

8. Every victim has the right, on request, to information about

(a) reviews under the Corrections and Conditional Release Act relating to the offender's conditional release and the timing and conditions of that release; and

(b) hearings held for the purpose of making dispositions, as defined in subsection 672.1(1) of the *Criminal Code*, in relation to the accused, if the accused is found not criminally responsible on account of mental disorder or unfit to stand trial, and the dispositions made at those hearings.

WHAT RESEARCH TELLS US

For decades, research in Canada has consistently shown that victims want information. This section will describe what this research tells us about Public Legal Education and Information (PLEI) both generally and in the context of victimization and the criminal justice system.

PLEI has a long history in Canada; it evolved out of both grassroots efforts and government initiatives (see McDonald 2000b). PLEI activities are diverse and wide-ranging in terms of topics, formats and delivery mechanisms. The Centre for Research and Innovation, part of Community Legal Education Ontario (CLEO), recently attempted to map these activities in Ontario. CLEO also conducted a survey of front-line workers at community legal clinics and other service agencies (n=241) across Ontario (Rimmington and Vazquez 2013). The survey found that print materials remain relevant.

> Print remains a critical way to reach low-income and disadvantaged people with legal information. Although online media are gaining in popularity, print in various formats is particularly useful for audiences who have barriers to accessing online information (p.31).

Little research has been completed on the impact of PLEI, so there is only a limited understanding about whether PLEI activities meet their objectives and foster learning (Cader 2003; Department of Justice PLEI Workshop Report 2010). Several projects underway in Canada strive to fill this gap and measure how well PLEI activities raise awareness and improve access to justice.[2]

PLEI has garnered more attention in the past five years due to the work of the National Action Committee on Access to Family and Civil Justice[3] and the Canadian Bar Association.[4] This work recognizes that PLEI helps improve access to justice and promotes early resolution of conflicts. Research completed in the last decade identified the common legal problems experienced by Canadians (Currie 2009) and demonstrated that Canadians consider criminal law a priority issue (see Cohl and Thomson 2008). A multi-year research study in Ontario established guiding principles for the development and implementation of PLEI that targets minority communities. The principles include strong collaboration with target communities, the use of multiple formats (e.g. audio, video) and of intermediaries to connect with target groups, and the provision of additional assistance (Zalik 2009, p.39). Another study involving Aboriginal communities emphasized that the communities must have "ownership, control, access and possession" (OCAP) of PLEI projects (Zalik 2006, p.3).

Internet-based PLEI projects (including those using social media) have the potential to make significant contributions in today's wired society. Any PLEI-delivery strategy that seeks to utilize digital-communications technology should ensure that it can meet the needs of victims, as well as those of service providers, family members and other stakeholders. When working with vulnerable groups, information alone can rarely replace direct personal assistance (Justice Education Society 2009; Focus Consultants 2009; 2010). Cohl and Thomson (2009, 52) concluded from their research that,

> Truly accessible information enables the person to identify and understand the legal problem, on its own and in its broader context. It is not sufficient to simply make the information available on line or in written format. People need to connect legal information to their own circumstances. Often, they need someone to help them define the problem, find the relevant information, apply the information to their situation, and make referrals to legal professionals who can advise and represent them in legal matters. For vulnerable people, this personal attention is essential, and they often need the additional support of a trusted intermediary.

2. See the CLEO website for more information about its Evolving Legal Services project, which explores, through case studies in Ontario and British Columbia, when and how PLE programs are effective and provide individuals meaningful access to justice, particularly people with low income levels or other disadvantages. http://www.cleo.on.ca/en/projects/research-and-projects
3. See the work of the Canadian Forum on Civil Justice http://www.cfcj-fcjc.org/
4. See the work of the Canadian Bar Association's Access to Justice Committee at http://www.cba.org/cba/equaljustice/about/committee.aspx

As mentioned above, information is extremely important to victims of all crimes[5] and their families; in research studies, these people consistently identify that they need:

- Information about their specific case, such as notification of hearings and release;
- General information about the criminal justice system; and
- Practical information about services such as housing and financial support.

Looking at the research focused on victims and information, Wemmers and Canuto (2002) found that the quality, quantity and timeliness of information can play a direct role in meeting victims' expectations for the criminal justice process, and their level of satisfaction with that process (see Herman 2003 for a summary of research about procedural justice and victim satisfaction). More recent research on restitution echoed the idea that access to accurate information about the victim's role in the justice system can assist with expectations for the criminal justice system. The research also found that without access to this information, expectations for both the process and its outcomes may not be met (McDonald 2010). A study in Quebec found that victims' needs for information about support services, compensation, notification and the right to submit a Victim Impact Statement were not being met (Wemmers and Cyr 2004, pp.69-74).

Adults are most likely to learn from one other—through either personal or peer experiences. Legal information passed on by peers, however, may be inaccurate, incomplete or out-of-date (McDonald 2000a). There is a significant body of writing and research about informal learning, defined as learning outside of formal programs and structured courses delivered by a university, college or community centre. Importantly, some research suggests that learning necessarily involves the learner acting, experiencing and reflecting on the information (English 1999; Merriam and Clark 1993).

Learning styles and strategies differ significantly. There are three main types of learners—auditory, visual and kinesthetic (touch)—and various formats that accommodate particular styles and enhance learning. Written materials and infographics, for instance, are most effective for visual learners. Using the appropriate strategies can maximize learning both for children in school and adults in professional or informal situations.

The article by Ponic et al. (2016) in this issue of *Victims of Crime Research Digest* provides an excellent overview of the most recent trauma-related research in the context of victimization. This section is not intended to duplicate Ponic et al.'s work, but to highlight that trauma's impact on learning has been recognized for decades and to explain why a trauma-informed approach must be incorporated into PLEI activities that target victims of crime. Common reactions to criminal victimization include anger, fear and avoidance, depression, anxiety and dissociation (from Hill 2003). Coping strategies for victims of crime can be positive (advocacy, empowerment, seeking information and support) and negative (withdrawal, self-criticism, aggression). The specific characteristics of the crime (severity, or use of violence, a weapon or threats), the victim (coping skills, abuse history, personality, demographics) and the system (reaction of officials, perceived and received support) can affect the victim's distress level. Perceived and actual social support helps moderate the victim's reaction. Social support has a major effect on decision-making and ability to cope. Not all victims of crime suffer trauma, although Post-Traumatic Stress Disorder has been identified as a relatively common result of victimization. The cognitive impacts of trauma can include memory problems, decision-making deficits, increased susceptibility to social influence, disorientation and concentration problems—all of which are important in learning.

5. This basic idea has been reiterated regularly during consultations with victims and the professionals who work with them, and in the relevant research conducted by PCVI, other governments and academics. For example, in a study from more than 25 years ago with women who had experienced domestic violence, all of the women expressed the need for full and accurate information (MacLeod and Picard 1989). See also, Meredith and Paquette 2000; PRA 2004; Sims 2006; CRCVC 2005; Wemmers 1999, etc.

Practitioners and scholars in many disciplines have known for decades that trauma can impact learning (Horsman 1999; Rundle and Ysabet-Scott 1995).

A decade ago, little research had explored the impact of trauma on learning (Horsman 1999; 1998; 1995). Research done with women survivors of childhood abuse and literacy found that the impact of abuse greatly affects the ability to learn to read both as a child and as an adult (e.g. Horsman 1999; see McDonald 2000a for a summary of this work). In Canada, a few small studies have examined this issue. In a qualitative study of sexual-assault victims whose cases went to court in Nova Scotia, for example, the majority was unaware of some or all of the rights and risks associated with the Victim Impact Statement, even though these had been explained to them by victim-services providers and in the written materials provided to them (Miller 2007, 45). A qualitative study in Toronto found that women who had experienced domestic violence wanted to learn about the criminal justice system in different ways at different points in their own process (McDonald 2000a). In the same study, women stressed the need to incorporate the emotional aspects of their experiences into learning about the legal system.

Looking at the principles outlined in Ponic et al.'s article (Table 1, *infra*), it would appear that this early research informed the principles of what is now called a trauma-informed or trauma- and violence-informed approach. In further examining Canadians' information needs, it is important to consider the impact of trauma on learning and how this influences the delivery and format of effective PLEI.

CANADIANS' INFORMATION NEEDS ON THE *VBR*

Before the *VBR* came into effect, the Department of Justice surveyed stakeholders about their need for relevant information. In the spring of 2015, the Department distributed an electronic survey to a large list of stakeholders and received a total of 604 responses—38% from individuals and 62% from organizations. The individuals included victims of crime, their friends and family members, as well as members of the general public and those who volunteer or work with victim-services groups. Of the organizations that responded, more than half (54%) were non-governmental.

When asked to identify the key audience for information about the *VBR*, most respondents cited victims (83%), followed by victim-services organizations (67%), the family and friends of victims (67%), and the general public (53%).

The survey also asked respondents to rank the importance of specific topics on a scale of 1 (most important) to 5 (least important). The largest proportion of respondents (53%) ranked specific victim-related provisions in federal legislation (e.g. testimonial aids, review boards, victim impact statements) as the most or second-most important topic; 52% ranked general information for victims about the criminal justice system as the most or second-most important topic; and 45% ranked general information about the *VBR* as the most or second-most important topic.

On a scale of 1 (most preferred) to 7 (least preferred), the survey asked respondents to rank various formats for accessing *VBR* information. The largest proportion of respondents (49%) identified website text as their first or second choice; 48% selected in-person events (e.g. workshops, community events, English as a Second Language classes) as their first or second choice; 44% identified other online formats (e.g. audio, video, webinars, social media) as their first or second choice; and 38% selected print materials as their first or second choice.

When asked whether they or the intended audience they had identified would prefer to access printed materials, 79% said yes, 14% said no and 7% did not know. This preference was relatively consistent across the country and among type of respondent (e.g. 85.6% of groups and 82.5% of individuals).

Respondents were asked to rank (1 most helpful, 4 least helpful) which types of printed materials would

be most helpful to the respondent or to the intended audience they had identified. The top choice, selected by 92% of respondents, was short pamphlets, fact sheets and brochures of up to 10 pages; 62% selected booklets of more than 10 pages. Respondents identified novelty items such as pens, magnets, and bookmarks and posters, as less helpful.

Finally, the survey asked respondents to rank how frequently they accessed information through various online formats. A large majority (70%) identified web text as the most-frequently used format; 46% identified online videos accessed through YouTube or other sources. Much smaller percentages of respondents' first and second choices were formats such as real-time training (e.g. webinars) 36%; social media (e.g. Facebook, Twitter) 26%; interactive tools (e.g. online forms or decision trees) 15%; audio (e.g. podcasts) 14%; and instant messaging 2%.

The survey also invited respondents to provide comments; a few appear below.

For clients, it is extremely important to not assume, or require that everyone has a computer, a smart phone and/ or access to the Internet to receive support, this is especially true for low to even middle income and also for senior/elderly victims and their family members. We come across this issue often and it actually re-victimizes individuals in need.

The public enjoy and feel confident accessing legal information through community-based organizations, which they find welcoming, supportive, patient, helpful, informative. Not all legal information, guidance, advisory and support services can be most effectively developed or delivered through government offices and media.

Isolated communities require many visual aids, radio ads, and presentations in their communities. Impoverished individuals also become isolated and need to be reached in ways other than those listed here, since they tend not to have access to internet, computers, etc.

SUMMARY

Information about the criminal justice system in general, as well as about specific cases and relevant services, has always been important to victims. Access to relevant, accurate information can help restore a sense of agency to a victim of violent crime. The *VBR*'s explicit recognition of the right to information provides victim-services organizations with a great opportunity to improve the delivery of relevant information. While meeting the needs of all victims and their family members is challenging, the research findings and principles summarized in this article provide some guidance. Timely access to information can make a significant difference in the lives of those who have been victimized.

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THE USE OF CLOSED CIRCUIT TELEVISION:

The Experiences of Crown Prosecutors and Victim-Services Workers in the Ontario West Region

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INTRODUCTION

Closed-circuit television (CCTV) is the transmission of video and audio signals to a specific audience. Unlike broadcast television, CCTV is not available to the general public. Used most often to monitor private and public spaces, CCTV is also used as a testimonial aid in criminal courts around the world. Witnesses provide testimony through a camera and microphone located outside the courtroom, so that they do not have to face the accused. In Canada, the use of CCTV to allow witnesses under the age of 18 years[1] to testify outside the courtroom is governed by subsections 486.2(1) and (5) of the *Criminal Code*:

> **486.2** (1) Despite section 650, in any proceedings against an accused, the judge or justice shall, on application of the prosecutor in respect of a witness who is under the age of 18 years or who is able to communicate evidence but may have difficulty doing so by reason of a mental or physical disability, or on application of such a witness, order that the witness testify outside the court room or behind a screen or other device that would allow the witness not to see the accused, unless the judge or justice is of the opinion that the order would interfere with the proper administration of justice. . . .
>
> **486.2** (5) A witness shall not testify outside the court room in accordance with an order made under subsection (1) or (2) unless arrangements are made for the accused, the judge or justice and the jury to watch the testimony of the witness by means of closed-circuit television or otherwise and the accused is permitted to communicate with counsel while watching the testimony.

The *Criminal Code* provisions on testimonial aids, which also include support persons and screens, have been amended several times during the past 25 years. The most recent amendments, in the *Victims Bill of Rights Act*[2], provide greater flexibility to the courts to order their use. Another amendment allows the use of testimonial aids (support person, screen, testimony outside the courtroom by CCTV) for the presentation of victim-impact statements. Testimonial aids are seen as key to victims' rights to participation and to protection.

1. Subsection 486.2(2) of the *Criminal Code* governs the use of CCTV to allow other witnesses to testify outside of the courtroom.
2. Bill C-32, An Act to enact the *Canadian Victims Bill of Rights and to amend certain Acts…*

Victim/witness programs, such as the Victim/Witness Assistance Program (V/WAP) and the Child Witness Project (CWP), provide vital services to help navigate the justice system—which many witnesses and victims find intimidating, overwhelming and causing secondary victimization (Johnson and Dawson 2011). The authors (2011) reported that these programs have several positive impacts on victims including: increased participation in the criminal-justice process, as well as a greater likelihood of cooperating with prosecution. The Crown prosecutor's role is to represent the state and conduct a truth-finding procedure to administer justice. Having access to clients who are as comfortable as possible and able to provide articulate testimony aids the Crown to both represent the state and ensure a fair trial. Consequently, CCTV can play an important role in supporting the truth-seeking function of the trial.

Under the *Criminal Code*, CCTV must be used if a witness under the age of 18 requests it, unless doing so would interfere with the proper administration of justice. Despite this requirement, CCTV use varies across and within jurisdictions due to the availability of the technology, and to the interest and willingness of the witness, the Crown, defence and judge. Some research has been completed on the use of testimonial aids for children and vulnerable adults (see Hurley 2013; Ainsley 2013; Bala et al. 2010; Chong and Connolly 2015). This study sought to explore the use of CCTV for children testifying in criminal court in the Ontario West Region to determine whether CCTV and other aids facilitated testimony for child and youth witnesses.

Professionals working in the West Region of Ontario raised a concern about the use of screens rather than CCTV: that the child or youth witness must testify while in the same room as the accused. CCTV separates the child or youth witness from both the adversarial courtroom environment and the accused. This separation often puts the witness—who is accompanied by a support person—more at ease.

The Department of Justice surveyed Crown prosecutors and workers from the V/WAP[3] and the CWP[4] regarding the use of CCTV for child and youth witnesses in their region of Ontario. This article describes the study method and results, and discusses similar studies for greater context.

METHOD

The e-surveys described in this article were part of a larger study[5] that involved three data sources:

1) in-depth interviews conducted by an experienced contractor with 15 children and youth, and 13 parents who were involved in criminal proceedings;

2) demographic information gathered from parents and guardians through a questionnaire; and

3) two electronic surveys (e-surveys), one completed by 47 Crown prosecutors and one completed by 18 members of V/WAP and CWP staff.

The Department of Justice Canada's Research and Statistics Division developed and administered the e-surveys, which were then reviewed by the Steering Group[6] and Community Advisory Group[7]. All West Region Crowns, along with V/WAP and CWP representatives who had prosecuted a case involving a child or youth witness, were invited to complete the survey. Participation in the e-surveys was voluntary.

3. The Victim/Witness Assistance Program (V/WAP) is a court-based government service that provides comprehensive support services to victims and witnesses of violent crime to enhance their understanding of, and participation in, the criminal court process. Services include emotional support, information about the criminal process, court preparation and orientation.
4. The Child Witness Project (CWP), at the Centre for Children and Families in the Justice System, London, Ontario, provides court-preparation services to children and youth under age 18. Ontario's Ministry of the Attorney General funds the program.
5. This article is based on a larger research project undertaken by the Research and Statistics Division, Department of Justice Canada (2014), that included interviews with children, youth and their parents conducted by Pamela Hurley, and surveys with Crown prosecutors and victim services in the West Region of Ontario.
6. Karen Bellehumeur, Assistant Crown Attorney; Linda Chihab, Regional Manager, West Region, Victims & Vulnerable Persons Division; Deborah Elliot, Manager, V/WAP and Andrea Hare, clinician CWP.
7. Louise Sas, PhD., Rhonda Hallberg, M.S.W., and Maureen Reid, M.S.W.

FINDINGS

Of all 65 people surveyed, 40% were male (n=26), 57% were female (n=37) and two did not specify gender. Most respondents reported significant experience in the field: 46% (n=30) indicated between 7 and 15 years of experience, while 38% (n=25) indicated 16 or more years of experience. Only 15% of respondents had fewer than six years' experience.

All of the 46 Crown prosecutors surveyed indicated that they had been called to the bar between 1981 and 2013, with the majority called in 2003. Almost all (96%, n=44) had access to CCTV, indicating that CCTV equipment is available in most of the region's courtrooms. At the same time, however, most (85%, n=40) reported technical difficulties with the use of CCTV. Only six respondents reported no technical difficulties.

EXPERIENCES WITH CCTV

Both e-surveys included questions about assessing the need for CCTV and how the technology was used. One question asked whether respondents were aware of cases where a witness or a witness' representative (other than the Crown) had applied to use CCTV. Out of 65 respondents, 62 answered this question and the majority (90%, n=56) indicated they were not aware of any such case. Only three respondents knew of a case where a witness or witness representative had applied to use CCTV.

The e-survey of Crown prosecutors asked how comfortable they were conducting examinations using CCTV equipment. More than half (57%) indicated they were either "comfortable" (n=16) or "very comfortable" (n= 10) using the equipment; 24% (n=11) indicated feeling "somewhat comfortable," and the remaining 20% indicated being "uncomfortable" (n=5) or "very uncomfortable" (n=4).

When asked how often they accompany a child when he or she is testifying in court, 71% of V/WAP and CWP representatives indicated either "always" (n=8) or "often" (n=4). Three respondents indicated they accompany a child "sometimes".

In response to a question about when the need for CCTV is identified, 54% of Crown prosecutors (n=25) indicated that this occurs during the initial screening or review of the file and 15% (n=7) indicated this occurs during the first meeting with a witness. Another 15% (n=7) indicated this occurs before the preliminary hearing, based on a recommendation from victim services. Three Crown prosecutors indicated that this need is identified at preliminary hearing or trial.

In response to a question about when the application for CCTV is made for a witness under the age of 18 years, 37% of Crown prosecutors (n=17) indicated the day of the court appearance for both preliminary hearings and trials. Another 26% (n=12) indicated making applications weeks before hearings and 17% (n=8) indicated months before hearings. The remaining 17% of respondents (n=8) indicated that the timing of applications depended on the level of court, the date set for trial, and/ or whether the application was contested.

Of the Crown prosecutors surveyed, 60% indicated making applications to use CCTV for witnesses under the age of 18 years either "often" (n=20) or "always' (n=8); 35% indicated they do so either "sometimes" (n=7) or "not very often" (n=9). Ninety-one percent of Crown prosecutors indicated that applications for the use of CCTV were approved either "often" (n=16) or "always" (n=24). Additionally, more than half of Crown prosecutors (57%, n=26) indicated that defense counsel object "not very often" to the use of CCTV; 33% indicated that defense counsel object either "sometimes" (n=11) or "often" (n=4).

More than half of the Crown prosecutors surveyed (56%, n=25) reported that they had not dealt with an application for CCTV that had resulted in an adjournment, while 33% (n=15) reported applications resulting in adjournments. In some cases, although the application for CCTV had been approved, the equipment was not immediately available and the trial was adjourned.

Crown prosecutors were also asked about testimonial aids commonly used in combination with CCTV. The use of a support person was reported most often by respondents (93%, n=43), followed by a section 715.1 application to play a

video recording of witness testimony (70%, n=32), the appointment of counsel to conduct the cross-examination of the witness when the accused is self-represented (54%, n=25), the exclusion of the public (15%, n=7), and the use of a screen (11%, n=5).

The e-survey of V/WAP and CWP staff asked about the testimonial aids for child witnesses used in their courts. The most commonly reported aid was CCTV (76%, n=13), followed by a support person (71%, n=12), a screen (65%, n=11), and the appointment of counsel for self-represented accused on cross-examination (35%, n=6).

The responses of Crown prosecutors show that CCTV is frequently used with other testimonial aids—in particular a support person accompanying the witness in the other room. While respondents reported that the need for CCTV is identified early on in the process, the timing of applications appears to vary significantly and is sometimes not made until the first day of the trial or preliminary hearing.

CHALLENGES WITH CCTV

Both surveys indicate that the primary challenge with the use of CCTV was technical problems, such as low-quality audio and video, and difficulties with operating the equipment. Of the 65 Crown prosecutors and members of V/WAP and CWP staff surveyed, 88% (n=43) cited these problems. Some respondents also described difficulties with the simultaneous use of CCTV and a section 715.1 videotape statement.

The e-surveys identified another prominent challenge as the location of the CCTV room; Crown prosecutors, along with V/WAP and CWP staff, indicated that CCTV rooms are often inconveniently located (e.g. not near the courtroom), or located adjacent to a waiting area accessible to the accused and their supports. Some respondents indicated that this was particularly problematic when they needed to go back and forth from the courtroom to the CCTV room throughout the trial. A related challenge involves disagreements concerning who should accompany the victim in the CCTV room during particular phases of the trial. Other challenges identified by respondents included:

- keeping the attention of their clients while CCTV was used;
- bringing the victim into the courtroom to identify the accused;
- collecting medical documentation for the application of CCTV; and
- feeling as though the victim is abandoned if left in the CCTV room alone in the absence of a support person.

The e-survey asked V/WAP and CWP staff why CCTV is not frequently used at their court location(s). Four respondents indicated technical difficulties, three reported that CCTV is not available and two respondents indicated reluctance on the part of the Crown prosecutor or judge to use it.

CCTV TRAINING

Both e-surveys included specific questions about training. When asked if they had received training on working with child and youth witnesses, 23 of the Crown prosecutors surveyed indicated that they had received training, while 24 had not. Those who had received training reported accessing it through one or more of the Ontario Crown Attorney's Association (OCAA), the Ministry of the Attorney General (MAG), in-house learning sessions, and other professionals (i.e. other Crown prosecutors, staff of V/WAP, CWP and the Children's Aid Society). All who received training rated it as either "helpful" (n=13) or "very helpful" (n=10), and 83% (n=19) indicated that they would benefit from more training.

Crown prosecutors were also asked if they had received specific training on the law (*Criminal Code* provisions, procedure and case law) related to CCTV/testimonial aids. Again, approximately half had received training and half had not. This training was provided by one or more of the following: OCAA, MAG, Crown conferences and training sessions. Almost all (96%) of respondents found the training they had received either "helpful" (n=14) or "very helpful" (n=8). Seventy-four percent (n=17) of respondents indicated that they did benefit from this training, while four respondents did not.

The e-survey of 18 members of V/WAP and CWP staff included questions about training on the use of

CCTV. Again, approximately half (n=9) indicated they had received training and half (n=8) indicated they had not. Of those who indicated the year they received training (n=7), the timing of this training ranged from 2000 to 2014 Of those who had received training, four respondents indicated they would benefit from further training, four indicated they would not and one did not know. When asked to specify what kind of further training they would benefit from, two respondents indicated they would like a refresher.

Crown prosecutors, V/WAP and CWP staff were asked to describe feedback they had received from witnesses under the age of 18 years or their parents regarding the use of CCTV. Slightly more than half of all respondents (n=36) answered this question. Most shared positive feedback from witnesses and parents, who expressed gratitude and appreciation, and described the use of CCTV in positive terms. According to respondents, many witnesses indicated that they could not have testified without CCTV, stating that it provided comfort and safety, and that it helped to relieve stress and further victimization. A small number of respondents mentioned that witnesses and parents also reported frustrations regarding technical difficulties and that clients did not like being in close proximity to defence counsel while in the CCTV room.

Both e-surveys concluded with invitations to share additional comments. Most of these comments can be grouped into three general areas: general frustrations regarding technical difficulties, praise for the usefulness of CCTV, and the need for equipment or access to CCTV in their courtrooms.

FINAL THOUGHTS

The results of the two e-surveys clearly show strong support for the use of CCTV for child, youth and other vulnerable witnesses. An earlier study (Bala, Lindsay and McNamara 2001) also found that a majority of Crown prosecutors believed CCTV was both useful and beneficial to the child witness. In the current survey, a majority indicated that they had access to CCTV in their courtrooms and that they had experienced some technical difficulties while using CCTV. These challenges were first identified in research that is now several years old. For example, Bala et al. (2011) reviewed Canadian case law and surveyed judges from four Canadian jurisdictions, finding that 50% of judges experienced problems when arranging the use of CCTV, including “poor lighting and sounds in the room” and “logistic problems in the courtroom”. Plotnikoff and Woolfson (2009) also found that 40–48% of young witnesses experienced technical difficulties that either delayed their testimony or required them to testify in court, sometimes without screens.

In addition to the technical challenges associated with the use of CCTV, there appear to be a number of practical issues, such as the location of CCTV rooms and leaving witnesses unattended. Appropriate guidelines could certainly address these. The results of these e-surveys contribute to the small body of research on the use of testimonial aids in general and CCTV in particular, demonstrating the important role that they can play in ensuring that the voices of child and youth witnesses are clearly heard in the pursuit of the truth.

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VULNERABLE CLIENTS AND THE IMPORTANCE OF COLLABORATIVE TREATMENT PLANNING

BY JAMES K. HILL, PHD.

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Children and vulnerable adults who have been criminally victimized, or who witness victimization, can face various challenges. Those who are resilient or who have strong supports are often able to incorporate the experience into their lives and move forward. These witnesses[1] are usually able to testify in court and feel no more anxious than any other person who takes the stand. Yet experiencing or witnessing a crime is typically traumatizing to some degree and often evokes feelings of helplessness, hopelessness or other negative reactions. Criminal-justice procedures, which can last months or even years, can inspire similar feelings (Hayes and Bunting 2013). Furthermore, seeking support or help to manage this stress may jeopardize the integrity of subsequent testimony. Much of the literature and guidelines ignore the witness' role in making decisions about therapy and testimony, potentially compounding feelings of powerlessness and evoking other negative feelings.

By requesting and receiving support, vulnerable witnesses can regain a sense of control over their lives. While therapy can directly benefit a vulnerable witness, working with a therapist to select and direct the course of therapy can also help witnesses develop confidence, which can be inherently healing. For this reason, witnesses should be a full partner in the therapeutic relationship, actively participate in decisions about therapy and be informed about the potential impacts that therapy can have on their future testimony. Once witnesses understand the risks, they can make better decisions about how to reduce their suffering and face the stress of court appearances.

In making decisions about testifying and entering therapy, child witnesses deserve extra care. As noted in the preamble to the United Nations' model law regarding child victims and witnesses: "Considering also that every child victim or witness of crime has the right to have his or her best interests given primary consideration, while safeguarding the rights of accused persons and convicted offenders" (United Nations Office on Drugs and Crime 2009, p. 3). Therapeutic processes that fail to consider pending court cases can jeopardize both the impact and credibility of

1. The terms "witness" and "client" are used interchangeably throughout the article to highlight that the same person faces the complex demands associated with each role.

witness testimony. Given that a common goal of trauma-focused therapy is to face and emotionally process the traumatic event, it is no surprise that therapy often affects the future witness' memory.

The accessibility of services for vulnerable witnesses can also be a challenge, especially in parts of Canada where resources are scarce or nonexistent, or where witnesses may experience greater social pressures due to the community's small population (Hurley 2013). Guidelines developed in the United Kingdom prioritize the clinical needs of child, vulnerable, and intimidated witnesses over any need to provide testimony in court (Crown Prosecution Service and Department of Health, with the Home Office 2001a; Crown Prosecution Service and Department of Health, with the Home Office 2001b; Crown Prosecution Service, Department of Education, Department of Health and Welsh Assembly Government 2011). These guidelines encourage witnesses to consider the potential risks and benefits of both therapy and court testimony. This paper focuses on engaging vulnerable witnesses, along with their friends and families, in discussions about the risks associated with entering treatment before giving testimony in court.

RISK 1: CONFIDENTIALITY

In traditional therapy, therapists focus on the risks and benefits of treatment. Risks might include changes in interpersonal relationships and the discovery of new problems, while the benefits might include the lessening of symptoms or development of new resources. For child and vulnerable witnesses, an additional potential risk is that what occurs during therapy will be introduced as evidence during a criminal case and become part of the public record. Although this risk exists for all clients receiving therapeutic services, it is a much greater risk for clients who testify in court and vulnerable witnesses should be advised of this possibility. Therapists are generally reluctant to breach patient confidentiality, but they are obligated to maintain accurate and complete records. In fact, therapists are advised to keep even more detailed notes about discussions of alleged crimes precisely because these are much more likely to be subpoenaed (Branaman and Gottlieb 2013). Defence attorneys will often search these notes for evidence to support accusations of undue influence. As a result, clients may want to avoid discussing events or issues they wish to remain confidential. Clients should be made aware of this risk.

A full and open discussion about the goals and course of therapy will help clients decide whether to wait until after the trial to discuss certain traumatic events or other personal information. In the meantime, therapy can focus on issues such as skills development or self-care. To avoid overwhelming clients with decisions about the goals and course of therapy, therapists must consider each client's strengths and vulnerabilities in collaborative treatment planning (Miller, Drotar and Kodish 2004). The important issue is that the client be a fully collaborative partner in directing care, regardless of age, and that therapists engage the client in a transparent manner when securing informed consent or assent.

Some clients may decide to avoid therapy because of the potential impact on their future testimony. Respecting this choice is a defining characteristic of informed consent. Therapists should recognize that symptoms of trauma are often hidden. Child and adolescent victims often show signs of self-harm, suicide ideation, and problems with mental and emotional health (post-traumatic stress disorder, anxiety, depression, intrusive memories, nightmares, reliving a traumatic event, distress when faced with reminders, avoiding reminders, less interest in activities, concentration difficulties, hypervigilance, and exaggerated startle response, etc.), problematic social behaviour (e.g. aggression, non-compliance, conduct disorder, criminal activity, sexualized behaviours), and lower levels of intellectual functioning and academic achievement (Crown Prosecution Service, Department of Education, Department of Health and Welsh Assembly Government 2011; Salmon and Bryant 2002). Thus, it may be important to interview people who know the client well, such as family members and friends, even if the client refuses treatment. One must not underestimate the stigma associated with mental-health issues (Wang et al. 2005) and therapists will want to ensure that appropriate supports are in place, even if therapy is not an option.

RISK 2: TESTIMONY CREDIBILITY

To make a fully informed choice, the client must understand that therapy could diminish the credibility and impact of their future testimony (Branaman and Gottlieb 2013). Decisions about whether to undergo trauma-focused therapy before trial must consider the concept of consent and assent: children have the capacity to make some decisions—such as which clothes to wear—but not others—whether to have surgery (Miller et al. 2004). Assessing a client's capacity to consent is a complex issue. Assessment guidelines vary across Canada; therapists must abide by the applicable guidelines. Regardless, vulnerable witnesses have goals related to their testimony (Hayes and Bunting 2013) and these goals must be respected and considered as part of the decision to enter therapy. Therapists must fully discuss such issues with vulnerable witnesses to ensure they can make autonomous decisions (Miller et al. 2004).

Although courts want clear, accurate testimony from all witnesses, traumatized children often have developmental issues that diminish the credibility of their testimony. Testimony may be affected by memory, communication skills, social orientation, suggestibility, cognitive development, peer influence and puberty (Lamb, Malloy and La Rooy 2011; Lamb and Sim 2013). These issues can affect assessments of credibility even before the involvement of a therapist. Suggestibility is a key concern; children and vulnerable witnesses should have opportunities to discuss how suggestibility might affect their memories and the credibility of their testimony. The impact of suggestion varies from one child to another (Goodman and Melinder 2007; Karpinski and Scullin 2009; Lehman et al. 2010; Melinder et al. 2010; Roberts and Powell 2006; Scullin and Bonner 2006). As children age, they develop an understanding that there are often multiple perspectives on any given situation and that some of these perspectives can be wrong (Scullin and Bonner 2006). Children who believe their perspective might be wrong can be more suggestible (Goodman and Melinder 2007; Principe and Schindewolf 2012); those who believe another perspective is wrong may be less suggestible (Finnilä, Mahlberg, Santtila, Sandnabba, and Niemi 2003).

Furthermore, therapists should recognize that younger children are particularly suggestible. When younger children hear rumours or conversations, some come to believe that they witnessed the actual event (poor source monitoring; Principe, Kanaya, Ceci, and Singh 2006; Principe and Schindewolf 2012) and are more likely to assume that others are telling them the truth (Jaswal and Perez-Edgar 2014). This means that therapists should carefully plan how they discuss issues with child witnesses and ensure they use developmentally appropriate language. Therapists must also be cautious about their reactions when a client raises issues that might impact future testimony. For this reason, it is crucial that therapists be competent in working not only with children, but also within the criminal justice system (Benbelaïd-Cazenave 2012; Branaman and Gottlieb 2013; Greenberg and Shuman 2007; Heilbrun, DeMatteo, Marczyk, and Goldstein 2008).

MEETING CLIENT NEEDS WHILE MITIGATING RISK

Children are particularly vulnerable to the negative impacts of criminal victimization because they are developing cognitively and may not have acquired the necessary coping resources (Salmon and Bryant 2002). The associated problems can last into adulthood (Katerndahl, Burge, and Kellogg 2005). Thus, the default approach should be to provide support to the child. An examination of victimization data helps promote understanding of the issues related to child witnesses in Canada. Ogrodnik (2010) analyzed Canadian police-reported crime statistics for 2008 and found a rate of 1,111 per 100,000 violent offences involved child victims. Boys and older children were much more likely than girls or younger children to be victimized; the highest incidence was among boys aged 15 to 17 years. Regardless of age or gender, however, support should be provided to all vulnerable witnesses, and the witnesses' self-assessment of their own trauma should be a major factor in determinations of vulnerability and needs, as courts generally do a poor job of assessing vulnerability (Hurley 2013; Jones and Elliott 2005;

O'Mahony, Smith, and Milne 2011). At the same time, support for the vulnerable witness must be reconciled with protecting the credibility of future testimony.

RELIANCE ON THE INITIAL INTERVIEW IN COURT

A potential solution is to delay therapy until after the first interview has been videotaped. Evidence indicates that children provide the best accounts during initial interviews, when memories are freshest (McWilliams, Narr, Goodman, Ruiz, and Mendoza 2013) and when interviewers use standardized protocols (Cyr and Lamb 2009). This is why initial interviews are so important for investigations and criminal prosecutions. Yet, there are often problems during these first interviews. Witnesses may say what they think the interviewer wants to hear, for instance; they might invent experiences to fill memory gaps; feelings of guilt, helplessness or hopelessness might unduly influence their accounts; and some may deliberately provide false stories (Crown Prosecution Service, Department of Education, Department of Health and Welsh Assembly Government 2011). Furthermore, poor interviewing techniques and high-pressure interviews may create inaccuracies (Clemente and Padilla-Racero 2015; Cyr and Lamb 2009; Finnilä et al. 2003; Goodman and Melinder 2007; Melinder et al. 2010; Scullin and Bonner 2006).

SUPPORT FOR MANAGING THE COURT APPEARANCE AND FOR PROSECUTING THE ALLEGED OFFENCE

The criminal justice process is complex and can cause additional stress for victims (Hayes and Bunting 2013; Quas and Goodman 2012). Courtroom orientation and testimonial aids such as screens, closed-circuit television, etc. can help reduce witness stress, although these interventions are unlikely to reduce problems associated with the alleged crimes (Hobbs et al. 2014). Just as it is important to engage vulnerable witnesses in decisions about their care, it is also important to appreciate their preferences when it comes to the use of testimonial aids (Hall 2007; Hayes and Bunting 2013).

PROVIDING SUPPORT TO PARENTS

Non-offending parents and guardians can be a major support to children; children often look to parents to help make sense of the world (Goodman and Melinder 2007). Some research shows that enhancing parental support of children who have experienced sexual abuse increases the effectiveness of therapy (Cohen and Mannarino 2000). Parents often monitor their children and make treatment decisions on their behalf. In fact, researchers have found that parents' lack of knowledge about mental health can lead to delays in the diagnosis and treatment of disorders, particularly those that occur in younger children (Wang et al. 2005). Parental support could include education about mental disorders and associated symptoms (Thornicroft 2011). Although there is a risk that parents might influence a child's memory, the risk is no greater than that posed by the support of friends or other family members. It is important to recognize that courts have considerable experience with considering the testimony of witnesses of all ages whose recollections have been influenced by various factors.

DELAYING TREATMENT

An option worth considering is to delay treatment until after testimony. This option, however, requires a comprehensive assessment of the witness' distress and must ensure that criminal-justice concerns outweigh the needs of the vulnerable client (Branaman and Gottlieb 2013; Cohen et al. 2010; Kuehnle and Connell 2011). Although some argue that no empirical studies have examined the effects of delaying treatment for child witnesses (Branaman and Gottlieb 2013), others suggest that early intervention is warranted when child witnesses also face pre-treatment issues such as mental-health problems, poor performance at school, teenage pregnancy, risky sexual behaviour, unstable employment, and marital violence and instability (Swiecicki and Hollingsworth 2015; Salmon and Bryant 2002; Wang et al. 2005). Kelly et al. (2002) investigated the impact of psychiatric-capacity reviews and the associated treatment delays at two Ontario hospitals. The research highlighted the issue of prolonged suffering and the potential for increased self-destructive behaviour and use of less-effective self-management

techniques, along with poorer long-term prognosis, challenges in building a therapeutic alliance, negative impacts of the client's symptoms on friends and family members, inefficient use of therapeutic resources and not supporting the client's capacity to enjoy a normal life. Treatment delays have strong moral and ethical considerations, particularly when the vulnerable witness has already been traumatized by the alleged crime and may experience some of the problems listed above. All of these factors should be considered in treatment decisions.

Cohen et al. (2010) provides the best advice for professionals trying to understand the optimal treatment options for a particular client: continually assess the client to determine whether an intervention is well-timed. To determine whether a delay in treatment is appropriate absolutely requires an assessment of the specific resources available to the client. From both a court and clinical perspective, it may be most beneficial to conduct initial and ongoing assessments to identify treatment needs and goals (Kuehnle and Connell 2011).

SUPPORT FOCUSED ON ENHANCING RESILIENCE AND NOT ON STRENGTHENING THE CROWN'S CASE

Some have argued that trauma-specific therapy should be delayed until after a court case and that children in distress may benefit more by resilience-building therapy (Kuehnle and Connell 2011). Therapy might focus on stress management, communication problems, school problems, behavioural issues, family issues, emotional-regulation skills, and so forth (depending on client needs). By building skills rather than focusing on the traumatic event, the client can better manage both their day-to-day lives and their court testimony.

ABUSE-SPECIFIC THERAPY

In situations where the client clearly needs therapeutic support, then it should be provided. Providing such support accepts the fact that testimony may be called into question, but that the vulnerable witness' needs outstrip any requirement to provide testimony. This option recognizes that witnesses need help and society has an obligation to provide it. It is then left to the criminal justice process to sort out how to manage and consider testimony. The important consideration is to ensure that the vulnerable witness plays as active a role as possible in decision making.

CONCLUSION

Therapists are not investigators and many therapists have little understanding of criminal justice processes and rules of evidence (Branaman and Gottlieb 2013). This discussion focused on some of the issues therapists should raise with clients who may appear as witnesses regarding the risks and benefits of treatment. Clients should be encouraged to consider various options to reduce risk, such as relying on videotaped interviews, using testimonial aids in court, building their resilience, and delaying therapy focused on the alleged crime. Clients who decide to accept the risk of trauma-focused therapy should be supported in their decision. The key point is to ensure that the witness does not get lost in the machinations of the system and end up feeling powerless. Focusing on the person as an active, collaborative participant in discussions about care can help start the healing process. Empowerment can only be attained through actively and successfully taking charge. Therapists and other professionals can support and facilitate the process, but clients must take steps to meet their needs and goals.

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VICTIM-RELATED CONFERENCES IN 2016

2016 NASPA Violence Prevention Conference
January 21st – 23rd
Orlando, FL, USA
https://www.naspa.org/events/2016scvp

30th Annual Conference on the Prevention of Child Abuse
January 25th – 26th
Dallas, TX, USA
http://www.preventchildabusetexas.org/nextconference.html

The 30th Annual San Diego International Conference on Child and Family Maltreatment
January 25th – 28th
San Diego, CA, USA
http://www.sandiegoconference.org/pdf/16SDConf%20brochure-revNov1.pdf

ISPCAN International Conference on the Impact of Armed Conflict on Children
February 7th – 10th
Nairobi, Kenya
http://www.ispcan.org/events/event_details.asp?id=653054&group=

2016 National Conference on Bullying and Child Victimization
February 21st - 24th
Orlando, FL, USA
http://www.schoolsafety911.org/event50.html

Texas Association against Sexual Assault 34th Annual Conference
March 6th – 10th
Corpus Christi, TX, USA
http://taasa.org/announcement-taasas-annual-conference/

2016 Kentucky Victim Assistance Conference
March 15th – 16th
Lexington, KY, USA
http://ag.ky.gov/family/victims/vac/Pages/default.aspx

End Violence Against Women International Annual Conference
March 22nd – 24th
Washington, DC, USA
http://www.evawintl.org/conferences.aspx

13th Annual Hawaii Training Summit: Preventing, Assessing, and Treating Trauma across the Lifespan.
March 30st – 31st
Honolulu, HI, USA
http://www.ivatcenters.org/Documents/2016/Hawaii/Hawaii%20Save%20the%20Dates.pdf

34th Annual Protecting Our Children National American Indian Conference on Child Abuse and Neglect
April 3rd – 6th
St. Paul, MN, USA
http://www.nicwa.org/conference/

11th Annual Conference on Crimes against Women
April 4th - 6th
Dallas, TX, USA
http://www.cvent.com/events/2016-conference-on-crimes-against-women/event-summary-f20f19a872af4c5bb6f2cd955761a2f9.aspx

32nd International Symposium on Child Abuse
April 4th - 7th
Huntsville, AL, USA
http://www.nationalcac.org/national-conferences/symposium.html

WVCAN 2016 Conference
April 11th – 14th
Daniels, WV, USA
http://wvcan.org/event/wvcan-conference-2/

16th Annual International Family Justice Center Conference
April 12th – 14th
San Diego, CA, USA
http://www.familyjusticecenter.org/training/conferences-and-events/

Association for Death Education and Counselling 38th Annual conference
April 13th – 16th
Minneapolis, MN, USA
http://www.adec.org/ADEC/2016/Conference_Home/ADEC2016AnnualMeeting/Homepage-Content-2.aspx?hkey=a2d0df4d-d952-404e-8df2-51f007b2dd35

2016 Alberta Provincial Victim Services Conference: The Road to Empowerment
April 14th – 17th
Banff, AB
http://victimservicesalberta.com/2016-alberta-provincial-victim-services-conference-the-road-to-empowerment/

No2 Bullying Conference
April 18th – 19th
Gold Coast, Queensland, Australia
http://no2bullying.org.au/

10th Annual Every Victim, Every Time Crime Victim Conference
April 19th – 20th
Bryan, TX, USA
http://www.evetbv.org/

2016 Child Aware Approaches Conference
May 23rd – 24th
Brisbane, Australia
http://childawareconference.org/

Wyoming Crimes against Children Conference
May 24th – 26th
Little America, WY, USA
http://ag.wyo.gov/victim-services-home-page/events-and-training

2016 Annual Crime Victim Law Conference
June 10th – 11th
Portland, OR, USA
https://law.lclark.edu/centers/national_crime_victim_law_institute/projects/education_and_training/annual_conference/archive/2016/overview.php

10th Annual National Conference on Girl Bullying and Relational Aggression
June 19th – 22nd
Atlanta, GA, USA
and
June 28th – July 1st
Las Vegas, NV, USA
http://www.stopgirlbullying.com/

30th Annual Parents of Murdered Children National Conference: "Remember the Past, Treasure the Present, Embrace the Future."
July 21st – 24th
Orlando, FL, USA
http://www.pomc.com/

2016 American Professional Society on the Abuse of Children Annual Colloquium
July 21st – 25th
New Orleans, LA, USA
http://www.apsac.org/

28th Annual Crimes against Children Conference
August 8th – 11th
Dallas, TX, USA
http://www.cacconference.org/

2016 National Sexual Assault Conference
August 31st – Sept 2nd
Washington, DC, USA
http://www.nsvrc.org/calendar/nsac-2016

21st International Summit and Training on Violence, Abuse and Trauma (IVAT)
August 26th – August 31st
San Diego, CA, USA
https://www.emedevents.com/conferenceview/medical-conferences-2015/21st-international-summit-and-training-on-violence-abuse-trauma-ivat-2016-27072

21st ISPCAN International Congress on Child Abuse and Neglect
August 28th – 31st,
Calgary, AB, Canada
http://www.ispcan.org/event/id/413394/XXIst-ISPCAN-International-Congress-on-Child-Abuse-and-Neglect.htm

42nd NOVA Conference
August 14th – 17th
Atlanta, GA, USA
http://www.trynova.org/about-us/overview/

COVA Colorado organization for Victim Assistance Conference
October 23rd – 26th
Keystone, CO, USA
http://www.coloradocrimevictims.org/cova-conference.html

21st Nursing Network on Violence against Women International (NNVAWI) Conference: Innovations in Violence Prevention
October 26th – 28th
Melbourne, Australia
http://www.latrobe.edu.au/jlc/news-events/NNVAWI-Conference-2016

8th Nuestras Voces National Bilingual Sexual Assault Conference
October 27th
South Padre Island, TX, USA
http://heyevent.com/event/rqjachhvzjuuwa/nuestras-voces-national-bilingual-sexual-assault-conference