Chapter 3

Child Victim’s Needs: Findings from the Psycho–Social Literature

3.1 Introduction

This chapter uses a different prism to look at childhood victimization and its challenges, namely, a psycho–social one. Its goals are, first, to reveal what the psycho–social literature tells us about the needs of child victims; second, to test whether these findings may be correlated with children’s human rights discussed in the previous chapter, as reflected in the Convention; and third, to find out whether this literature contributes new understandings to the children’s rights discourse.

To answer these questions, this chapter reviews findings regarding the effects of crime on adults and children, as well as theories relating to stress, coping and trauma in childhood and adolescence. It further explores empirical studies supporting these theories. Since many of the theories in these areas have not been developed, nor tested, specifically around children, literature pertaining to adult victimization is discussed as well.

Accordingly, the chapter first reviews findings regarding the needs of victims in general, and those of child victims in particular, in the aftermath of crimes against them. It then moves on to map various psycho–social theories on coping with trauma and victimization and some empirical findings supporting them. Finally, a combined empirical–normative framework of needs and rights is proposed as a template for evaluating responses to childhood victimization and for creating new ones.

This chapter begins with descriptive information about what victims face in the aftermath of their victimization.

3.2 Crime and its aftermath

Being a victim of crime changes the way people perceive the world and themselves. Victims of crime typically experience two devastating realizations (Zehr 1990). The first is that the world is not an orderly place, with a reason for everything and logic behind actions. The second assumption shattered by crime is that of autonomy: when attacked, victims are involuntarily deprived of their power, therefore losing their control over their body, property and actions. The more severely victims’
assumptions about the world have been shattered, the more distressed they tend to be (Cook et al. 1999, p. 18).

In the aftermath of crime, victims seek ways to make the crime fit into their new perceptions of the world, or to reshape their perceptions in ways that are bearable to live with (Zehr 1990). To regain a sense of order in their lives, victims desperately need answers to certain pressing questions: why did the crime happen? And more specifically, why did it happen to me? Finding answers to these questions may help them feel again that there is reason for everything in the world, and therefore future victimization can be avoided by certain behaviors (Zehr 1990).

However, people react very differently to crime and differ in the ways and pace in which they reconstitute their perceptions of the world (Cook et al. 1999). Reactions to similar crimes can vary from minor, short term, stress reactions to long lasting clinical symptoms. Furthermore, different individuals may respond with vastly different ways of coping, even to exactly the same kind of assault. Differences in reactions to crime result from variations in the individual’s internal and external resources, the crime itself, previous victimization, and other specific circumstances (Cook et al. 1999, p. 18).

It is typically possible to identify three stages of crime reactions (Zehr 1990, Cook et al. 1999, p. 26):

- The impact stage, while and immediately after the victimization;
- The recoil or adjustment phase; and
- Reorganization or resolution.

In the initial impact phase many victims feel ‘overwhelmed by feelings of confusion, helplessness, terror, vulnerability’ (Zehr 1990, p. 20). As they move on to the adjustment or recoil phase, victims try to cope with the new situation. The emotions experienced in the impact stage decline in intensity and are gradually replaced by anger, guilt, anxiety, wariness, shame and self doubt; victims have wide mood swings, their sense of control and safety are shattered and trust in others is damaged. Additionally, victimization can have a detrimental effect on victims’ health, close relationships and sex life. Another central issue is self-blame, where victims need to find answers to their questions about their own responsibility in order to heal (Zehr 1990, pp. 20–23). The final phase of reorganization occurs if, and when, victims recover from the initial trauma, regain their sense of autonomy and power and resume normal relationships with others (Zehr 1990, p. 25).

When victims do not have opportunities to move on in the healing process, they are more likely to suffer long term consequences. Such effects might include Post Traumatic Stress Disorder (PTSD), addictions, depression, suicidal behavior and anxiety disorders (Cook et al. 1999, pp. 34–35).

Victimologists identify the following as victims’ central needs in their healing process:

- Compensation for their losses — this can help materially and symbolically (Zehr 1990, p. 26, Strang 2002, p. 17);
• Have their questions regarding the crime fully answered (Zehr 1990, p. 26);
• Opportunities for their emotions to be expresses and validated (Zehr 1990, p. 26, Ahmed et al. 2001, p. 189);
• Have a sense of control and opportunities to participate in it, to regain their lost sense of power (Zehr 1990, p. 26, Cook et al. 1999, p. 40, Strang 2002, p. 12);
• Safety — feeling that what happened to them will not happen again, to themselves or to others (Zehr 1990, p. 26, Herman 1992, p. 63);
• Experience justice as a fair and respectful process (Tyler 1988, Zehr 1990, p. 13, Strang 2002, p. 17);
• Access to information about the process and its outcomes (Cook et al. 1999, p. 40, Strang 2002, p. 11); and finally,
• An apology, or emotional restoration (Strang 2002, pp. 18–23).

These findings relate, however, mainly to adult victims, and very little is known about what child victims consider important in the justice process that follows their victimization, with only very few exceptions (Morgan and Zedner 1992). The next section will focus on the specific impacts of crime on children.

3.2.1 The effects of crime on children

Most studies that explore childhood victimization and its consequences focus on abuse.¹ Only a few look at other crimes against children or at the full spectrum of crimes.

General victimization of children

Morgan and Zedner (1992) provide the most extensive description among the literature exploring childhood victimization beyond the scope of sexual and physical abuse. The authors conducted a study that included 54 child victims of physical assaults, 19 victims of sexual assault or abuse, 19 children who witnessed suspicious behavior, 14 witnesses of indecent behavior, and 66 children who were victims of theft. Additionally, 40 children were indirect victims (burglary, mother’s rape and assault, and racial attack) (1992, pp. 46–47). Some of Morgan and Zedner’s data demonstrate the significant consequences children suffer even in crimes that are not typically associated with trauma and those that are not directed exclusively against them. For example, children whose houses were broken into reported feeling invaded, complained that their sense of safety in the home was shattered, and many shared the feelings of loss and shock with their adult family members. In some cases their

¹For the purposes of this thesis, child abuse is defined as on-going physical or sexual violence against children conducted by their caretakers or other known adults.
own possessions were stolen, and the authors emphasized the relatively high value of these possessions for the children’s budget. Additionally, Morgan and Zedner commented that some children see the house immediately after the burglary, and experience the influx of police investigators, insurance agents and repair men that follow (Morgan and Zedner 1992, p. 63). The data also identified bicycle theft as a very distressing offence against children: it may be the most valuable possession they have and their only means for mobility. Some children also feel guilty and are afraid of their parents’ reaction to the theft (1992, p. 65).

Morgan and Zedner found that the psychological effects of crime predominate among children. Children’s distress may be enhanced by lack of understanding of what had happened or the meaning of the act. It may also be the child’s first experience as a victim, and their lack of experience makes it more difficult to cope and to comprehend the crime. Additionally, they speculated, children depend on adults to help them and to prevent any harm against them. When adults fail to protect the child the shock is enhanced (Morgan and Zedner 1992, pp. 53–54). In cases of physical assault, child victims admitted fearing going back to school, going out to town or going outside at all — worrying that an assault could happen again. Violent crime, then, elevated fear and affected children’s daily lives (1992, p. 61). The authors also found that because of children’s greater vulnerability and physical weakness, incidents which may seem trivial to adults can be very threatening to young victims. Fear of further victimization and fear from the offender can last for longer terms, up to months and years after the incident (1992, p. 66). Over 90% of children in their study were distressed immediately after the crime. Children who were more seriously hurt by physical and sexual assault, children who witnessed their parents being seriously victimized, and some of the children whose homes had been broken into, were deeply affected in the longer term (1992, p. 73).

With regard to coping with crime, Morgan and Zedner’s data indicated clearly that the most important help child victims get is from their families — just talking about the crime was reported as most helpful (1992, p. 169). However three quarters of the children and their families expressed the need for further support outside the family (1992, p. 170). Drawing from their findings, Morgan and Zedner claimed that parents are not always able to identify, and meet, the needs of their victimized children, even in non–sexual crimes. They concluded that in order to help children and meet their needs it is important to let them express their wishes (1992, p. 183).

Another significant body of research on child victimization is that of David Finkelhor’s research group. Based on existing data and developmental theories, Finkelhor and Kendall-Tackett (1997) propose a developmental perspective on reactions to crimes against children. According to the authors, certain developmental aspects contribute to the way crime affects children. The way the child understands the crime, the available coping mechanisms and the child’s social environment all shape the way the child is affected by the crime. For example, very small children may not understand the full meaning of their sexual abuse as opposed to older children, although they might still suffer the physiological outcomes.

Victimization is also affected by the developmental stage the child is facing at the time of the crime. For example, young children who are facing the task of cre-
ating secure attachments are harmed by neglectful and abusive mothers. Another task at early childhood is forming emotional regulation — learning to control and balance emotions. Children who are overwhelmed with fear and victimization may be unable to regulate their emotions and act permanently on highly emotional levels (Finkelhor and Kendall-Tackett 1997). At preschool age, children’s cooperative play and friendships may be disrupted by their victimization. At age 8–9, children learn to use dissociation methods to cope with stress. Accordingly, Finkelhor and Kendall-Tackett (1997) hypothesize that children who are victimized at this stage may be more prone to extreme problems of dissociation. The authors argue that victimization can affect the child’s development in three ways: delaying the mastering of new development task, distorting the outcome of the tasks, and creating regression, so that a newly achieved task is lost (1997, p. 17).

Not only internal characteristics change as children age — the availability and significance of different external factors change as well, according to Finkelhor and Kendall-Tackett (1997). For example, it is possible to assume that while the parents (in particular the mother) are the most important buffering factor in coping with stress in early childhood, peers may become more central for adolescents. Similarly, peer and community reactions (such as discrimination, a sense of honor and shame) may be more influential on older children than on young ones. Moreover, the authorities that typically intervene are different in varying stages of childhood: Finkelhor and Kendall-Tackett (1997) explain that in pre–school years parents are most involved in resolving children’s conflicts, while for school aged children, the school authorities may be dominant in intervening when conflict arises. Police and other justice related authorities intervene only when adults are involved as well, or in extreme situations. For older teens, however, police are more ready to step in even in peer violence.

In the context of impact of victimization, Finkelhor and Kendall-Tackett explain that there are some impacts that are typical to all kinds of crimes (‘generic’ implications), such as a sense of powerlessness, betrayal and injustice, as well as other consequences that are specific to some crimes, for example sexualized behavior following sexual abuse, and insecure attachment as an outcome of parental maltreatment (1997, pp. 22–23). At the same time, there are also impacts that are ‘local’ (meaning, they are temporary, such as anger, re–experiencing the event, self–blame) and others that are truly developmental as they become integrated in the child’s personality (such as adopting bullying behavior, sexualized behavior, drug abuse or impairment of self esteem). Finally, the authors argue that it may be possible to identify direct effects as opposed to indirect effects of victimization, that are caused by those developmental effects. For example, the inability to form peer relationships may cause further problems such as depression.

Child abuse

Briere and Elliott (1994) provide a detailed review of current empirical knowledge regarding the short and long term impacts of childhood sexual abuse. They indicate that the aggregated consistent findings of studies conducted in the last decades
led many to conclude that childhood sexual abuse is a major risk factor for a variety of problems such as post-traumatic stress, cognitive disorders, emotional pain, avoidance, an impaired sense of self, and interpersonal difficulties. Based on the aggregated studies, the primary psychological impacts of sexual abuse of children seem to occur in at least three stages (1994, p. 55):

- Initial reactions to victimization, involving posttraumatic stress, disruptions of normal psychological development, painful emotions, and cognitive distortions;
- Accommodation to ongoing abuse, involving coping behaviors intended to increase safety and/or decrease pain during victimization; and
- The more long-term consequences, reflecting the impacts of the initial reactions and abuse-related accommodations on the individual’s ongoing psychological development and personality formation.

Among the cognitive distortions associated with the initial stage the following have been documented most often in studies: chronic self-perception of helplessness and hopelessness, impaired trust, self-blame, and low self-esteem. This negative self perception is typically related to assumptions that the child makes about their inherent badness, based on misinterpretation of maltreatment as, in fact, punishment for unknown transgressions (Briere and Elliott 1994, p. 59). The documented symptoms of emotional distress which characterize the first stage are increased depression, anxiety, and anger (Briere and Elliott 1994, p. 57). Physical expressions of anxiety that have been associated with child sexual abuse include headaches, stomach pain, bladder infections and chronic pelvic pain (Briere and Elliott 1994, p. 57). Behaviorally, anger may be expressed in chronic irritability, unexpected or uncontrollable feelings of anger and difficulties in expressing anger. Children frequently express anger in behavioral problems, as well as in fighting, bullying or attacking other children (Briere and Elliott 1994, p. 58). In the social realm, interference with the child’s sense of self may translate into a continuing inability to define one’s own boundaries or reasonable rights when faced with the needs or demands of others in the interpersonal environment. Abused children also experience interpersonal difficulties such as distrust of others, anger at and/or fear of those with greater power, and perceptions of injustice. As a result, sexually abused children are found to be less socially competent, more aggressive, and more socially withdrawn (Briere and Elliott 1994, pp. 59–61).

Herman (1992) explains the reasons for the uniqueness of childhood abuse and its severe consequences: children have developmental tasks to achieve, and these require great adaptations when the environment is abusive. Abused children need, like other children, to develop trust, form primary attachments with their parents, develop a sense of self and regulate their bodily functioning, develop a capacity for initiative and capability for intimacy. They also must preserve a sense of hope and meaning. To achieve all these, abused children will do everything they can to absolve their abusive parents of any blame. Accordingly, Herman argues, abused children develop great capacities of suppression and denial. The most powerful of them is dissociation — a state where the mind travels away from the body.
Another defence mechanism for the abused child is to believe that he or she is to be blamed for their inner wickedness. Often such perception of inner badness remains with the child long after the abuse is gone. Moreover, Herman hypothesizes that children who grow in abusing families are not able to develop an inner sense of safety, as children in normal situations do. They do not have inner representations of trustful, safe images since their parents are just the opposite of this. Therefore they cling to other people desperately while at the same time keep looking for their parents’ love and affection (Herman 1992, p. 107).

Post–trauma symptoms in children

When the crime against the child is of a violent or sexual character, some child victims develop post–trauma symptoms which have been studied in the PTSD literature. In 1987, a definition of PTSD symptoms specific to children was added to the general definition in the Diagnostic and Statistical Manual (DSM) published by the American Psychiatric Association (Keppel-Benson and Ollendick 1993, p. 30). In order to meet the clinical definition, children, following the experience of a traumatic event, need to demonstrate symptoms drawn from these three categories (Keppel-Benson and Ollendick 1993, pp. 30–35, Spender and John 2001, p. 72):

• Re-experiencing the event: children might have intrusive thoughts, nightmares, flashbacks and vivid memories, and might engage in repetitive play.

• Avoidance and numbness: traumatized children might avoid thinking of and experiencing aspects related to their trauma; become disinterested in activities, numb or regress in their developmental skills; might develop trauma–related amnesia, or become emotionally withdrawn.

• Increased arousal: sleep and concentration difficulties, irritability, and hyper-arousal in trauma–related situations.

While this definition provides important information on possible sequelae of childhood violent or sexual victimization, it is important to consider its limitations in the context of child victims. The starting point of PTSD literature is not victimization as such, but rather traumatic events. It therefore neglects other, non post–trauma (but still significant) behaviors, as well as the more common forms of child victimization such as bullying, sibling assault and indecent acts by strangers (Finkelhor and Kendall-Tackett 1997). Additionally, PTSD literature focuses on emotional results of victimization (or trauma) that reach psychopathology and neglects other effects such as cognitive, behavioral and attitudinal dimensions (for example, perceptions of justice, social skills). These are assumed to be affected by the developmental stage of the child at the time of victimization (Finkelhor and Kendall-Tackett 1997).

It is further argued that the clinical diagnosis appearing in the DSM is based on adults’ symptoms and therefore fails to identify a variety of symptoms common among children and adolescents according to their developmental stage (Anderson
2005). Indeed, empirical studies investigating children’s reactions to trauma document other common symptoms not included in the DSM, in particular trauma-related fears, the experience of guilt and behavioral disturbances (Keppel-Benson and Ollendick 1993, pp. 35–36, Spender and John 2001, p. 72).

For example, Spender and John (2001) claim, based on their review of 45 studies on sexually abused children that, beyond the PTSD official symptoms, other typical symptoms were fears, behavior problems, sexualized behaviors, and low self esteem. No one symptom (including the formal PTSD ones) was found as characterizing the majority of these children. About one third of the sexually abused children had no symptoms. They found that symptoms varied among age groups:

- Preschool victims were found to suffer mainly from anxiety, nightmares, general PTSD, internalizing, externalizing, and inappropriate sexual behaviors.

- School–age children suffered most commonly from fear, neurotic and general mental problems, aggression, nightmares, school problems, hyperactivity and regressive behavior.

- For adolescents, the most common problems were depression, withdrawal, suicidability, self–injurious behavior, somatic complains, illegal acts, running away and substance abuse.

Greater levels of symptomatology were correlated to these factors: penetration, high duration and frequency of the abuse, use of force, parental abuse, and lack of maternal support. About two thirds of the children included in the studies showed recovery within 12–18 months (Spender and John 2001). Additional factors affecting reactions to trauma were documented in other studies, such as whether the trauma was acute (one–time occurrence) or chronic, the degree of exposure, the life threat involved and the physical injury that has been caused, prior traumatic experiences and prior emotional conditions, as well as the existence of a network of social support (Keppel-Benson and Ollendick 1993, pp. 36–39).

### 3.3 Victims’ needs in the healing process: theories and findings

The previous section has shown that in general, crime victims typically need the following: support from family, friends and community, empowerment or a sense of control, acknowledgment of responsibility by the offender, fair and respectful treatment, and sometimes direct interaction with the offender. This section will explore, in more detail, each of these elements and review theories that explain how they can help victims cope with their victimization. Since the literature on the specific needs of child victims is somewhat limited, I will rely principally on data regarding adult victims. However, some of these theories have been tested with regard to young victims, and these studies will be reviewed as well.
3.3.1 Empowerment and control

As shown earlier, victimology studies show that victims say that they want to take part in the process that follows their victimization, to be listened to and to be informed about its progress (Strang 2002, pp. 8–13). Psycho-social studies repeatedly emphasize the importance of regaining control following victimization and the need to be empowered. Control is associated with coping, rehabilitation and positive appraisals. At the same time control might be maladaptive, particularly when exerted in uncontrollable situations. Several theories explain the importance of control for victims of trauma in their healing process, and some of them are supported with empirical findings. The following paragraphs discuss these theories while pertaining to the following questions: why is control important to victims? What kind of control is effective, and to what extent does this need exist among child victims?

Lazarus and Folkman’s model of coping

In Lazarus and Folkman’s seminal work on stress and coping (1984), control can be understood both as an appraisal (a cognitive process in which a person judges or evaluates a situation and its controllability), or as a coping mechanism (when a person makes efforts to take control of a situation or of his or her emotions in order to manage a stressful situation). For example, it is an appraisal when a person believes that he or she can run away from a violent offender. It is a coping mechanism when the victimized — and now injured — person tries to calm down and not move until help arrives, to minimize further harm. Both meanings of control are intertwined and affect each other in an ongoing process of appraising and coping (Seiffge-Krenke 1995).

In the case of the process that follows victimization, control indeed might be helpful both as an appraisal and a coping mechanism. First, talking about their victimization with supportive listeners may help victims understand how much control they actually had, or did not have, when the event took place, and therefore perceive the crime in a different way, one that makes more sense in their world (positive appraisal). Second, having some degree of control over the process and its outcomes may be a powerful coping tool for victims in their healing. Lazarus and Folkman (1984) claim, however, that control is not always a helpful coping mechanism, and that it may even enhance stress if assuming control opposes one’s preferred style of coping. Indeed, with children in particular, one should be cautious against forcing victims to assume control when this is not what they wish (Murray 1999).

Brickman’s four models of coping

Brickman et al. (1982) also treat the assignment of responsibility to events as an appraisal, albeit without calling it so, while considering its role in coping as well. They propose four models of coping and helping which represent either attribution or dismissal of responsibility for an event that happened in the past and for resolving the situation in the future. Responsibility for past events is related to blame, while responsibility for the future solution of the problem is related to control:
1. Under the *moral model*, a person is considered responsible for both the origin of the problem (blame), and for the solution, in which case, help is very limited. A punitive system might be an example for this model. The advantage of this model is that it encourages people to take action and solve their problems without pointing their fingers at someone else. Its danger is, however, that it might lead people to blame victims and people who suffer from disease for putting themselves in that situation (Brickman et al. 1982, p. 371).

2. Under the *medical model*, people are held not responsible for either the problem or the solution. Due to their incapacity, they are expected to be passive and receive the help of others in resolving their problem. This model mirrors some situations in mental health institutions, where patients are neither held responsible for their acts nor do they have control over the treatment (1982, p. 373). It might also be argued that the criminal justice process treats child victims according to this model. While they are usually not blamed for their victimization, they are also excluded from taking part in the solution.

3. The *enlightenment model* represents situations where people are held responsible for the problem they face, but at the same time are perceived as unable to solve it by themselves. The researchers illustrate this model through the example of Alcoholics Anonymous: participants in this program need to admit that they are exclusively responsible for their drinking problem, and at the same time acknowledge that they cannot control their drinking by themselves. A disadvantage of this model is that it might lead to excessive dependency on others, who sometimes abuse their power and lead people to commit dangerous actions, such as in the case of cults (Brickman et al. 1982, p. 374).

4. Finally, under the *compensatory model*, people are not held responsible for the problem (they are not blamed for past events), but are regarded responsible for the solution. Help is provided through encouragement to take control and make the necessary steps to solve the problem themselves. The authors argue that the advantage of this model is that it allows people to direct their energies outward, working on trying to improve their situation without blaming themselves for what had happened. Its limitation, however, is that it might lead people to believe that the world is full of evil and that they have to continually solve problems, with high expectations for control (Brickman et al. 1982, p. 372).

A small scale empirical study (Rabinowitz 1978, cited in Brickman et al. 1982, p. 375) supported the existence of these four models. Brickman et al. (1982, p. 375) compare the compensatory and the moral models as both requiring people to take responsibility for the solution of their problems. Their review of empirical findings suggests that people who are encouraged to assume responsibility over the solution to their problems (as reflected in both models) demonstrate better results in addressing them compared with those who are treated as passive, incapable individuals depending on external help. However, the two models differ in important
ways. In the moral model, the person with the problem is blamed for it, while in the compensatory model there is no attribution of blame.

The authors suggest that absolving people from responsibility for the cause of their problem (the compensatory model) is more effective than blaming them (the moral model), although empirical evidence in this regard is less clear. They argue that their categorization might address what they call ‘the dilemma of helping’ (1982, pp. 376–377): helpers regard people as either morally bad and therefore undeserving of receiving help (such as the case with the punitive response to criminals), or weak and dependent on others — utilizing either the moral model in the first instance or the medical model in the second. Awareness of the two other existing models — the compensatory and the enlightenment models — opens up more opportunities for both helpers and those being helped. It might be argued that the criminal justice system’s treatment of child victims falls into this trap, as victimized children are often considered innocent victims, incapable of making their own decisions and therefore excluded from any decision–making process. Indeed, the authors state their preference for the compensatory model, because it is the only one that allows people to maintain a sense of control over their lives (since they are considered capable of helping themselves) without being blamed for their situation (Brickman et al. 1982, p. 377).

Frazier’s Temporal Control model

Patricia Frazier’s model of temporal control (2003) is particularly relevant since it is located within the context of victimization. Frazier differentiates between different types of control perceptions according to their timing in relation to the offence committed against the victim. She claims that perceived past control (which translates into self–blame or blaming the offender for the victimization) is an ineffective adjustment mechanism. Perceived future control (believing that one can prevent his or her future victimization) might also be maladaptive, since the victim may refrain from any social activity or from going out altogether. The most effective type of perceived control for healing is ‘present control’, where the victim’s perception is of having control over what is happening at the present, in the recovery process, rather than on the past or future events. The temporal control model also differentiates between vicarious and personal control (the former means attributing control, or blame, to the perpetrator, while the latter refers to attributing control, or blame, to oneself), and the relations of those to post–trauma adjustment.

To test this model, Frazier conducted a study of 171 female sexual–assault survivors aged 16 and over. Questionnaires were filled in at 2 weeks, 2 months, 6 months and a year after victimization. At all four times, self–blame (past personal control) was associated with more distress. Blaming the offender (vicarious past control) was also found correlated with greater distress, although to a lesser extent. Conversely, at all four periods, control over the recovery process (present personal control) was highly correlated with lower distress levels. Future control was somewhat helpful in healing although to a much lesser extent, with some mixed results (2003, pp. 1261–1262). After controlling the effects of linear change over time, in-
creased present control still had the strongest correlation with decreased distress. Furthermore, decreased past control (lower self-blame) was also found correlated with decreased distress. Frazier concludes that for a successful post-traumatic healing, it is more helpful to focus on the present (e.g. focus on the recovery process), than to focus on the past (personal or vicarious control) or even the future.

Frazier’s theory might be taken further to argue that victims can benefit from having a sense of control not only on the healing process, but also on the legal process that follows their victimization. Just like the psychological treatment, the legal process is directly related to the crime; similarly, it involves discussing the past event in retrospect; and it can (at least to some extent) be controlled by the victim, unlike the crime itself or future crimes. Therefore, perhaps a significant positive effect can occur when victims feel that they have some control over the present legal situation that follows their victimization, in the same manner that having control over the psychological process helps them to recover. It is important to note, however, that Frazier’s study was conducted on victims aged 16 and over. It is unclear whether its findings can be generalized to younger victims as well. Nevertheless, if control is important for victimized children as well, then it seems that Frazier’s model might be helpful in identifying the specific type of control that can be most effective in cases of child victims. Frazier’s theory, therefore, with perhaps present control understood in the legal process context, should be tested with young victims as well.

**Maruna’s desistance theory and Herman on healing**

Shadd Maruna’s (2001) study of offenders’ rehabilitation discovered a similar comparison between different types of control and responsibility taking. Maruna found that for offenders to rehabilitate it was important to find a personal history that allowed desistance from crime. One fertile way, he found, was to see the past as something which the offender had no control over (due to bad childhood, alcohol and drugs, life circumstances and other external reasons). At the same time the offender had to take responsibility for his present behavior and to actively refrain from crime in the future.

It seems that victims can benefit from a similar technique of ‘rewriting’ their victimization as something that happened without their fault while taking active steps in recovering from it. This fits Herman’s (1992, p. 192) argument that an important step in therapy for trauma victims is empowering the patient to take responsibility for their recovery, while absolving them from responsibility for the crime.

**Control: common themes**

The previous discussion demonstrated that various writers emphasize the centrality of assuming control over the present events in coping with uncontrollable past life events.

Table 3.1 deploys Frazier’s concepts of past and present control for classifying the theories discussed earlier. As demonstrated in Table 3.1, past control is the
Theories of control | Past | Present/future |
--- | --- | --- |
Lazarus and Folkman | control as appraisal | control as coping |
Brickman et al. | enlightenment model: blamed for problem, not responsible for solution | compensatory model: not blamed for problem, responsible for solution |
Frazier’s Temporal Control | past control (vicarious/personal) | present control for recovery |
Maruna’s Desistance Theory | self-blame, no change | not responsible for being down, responsible for getting up, change |
Herman | self-blame | responsibility to recover |

Table 3.1: Theories on control and their analysis of past and present control

equivalent to what Lazarus and Folkman (1984) consider as appraisal — looking at the past and understanding the responsibility that both the victim and the offender have had over the crime. Present control, in contrast, is what the authors describe as a coping mechanism, because it involves the victim taking actual control over a present situation in order to improve his or her life situation. It might be argued, following Lazarus and Folkman (1984) and Frazier (2003), that using control as coping (present control) is more effective in moving out from the status of victim, than using control as appraisal (past control).

The enlightenment and the compensatory models proposed by Brickman et al. (1982) are also comparable with the hypotheses made by Lazarus and Folkman, Frazier, Maruna, and Herman. As Table 3.1 shows, while the enlightenment model places control over the past (blaming the individual) and denies any control over the resolution of the problem, the compensatory model does just the opposite: it frees the individual from having past control (blame) but requires full responsibility to resolve the problem. Indeed, Brickman et al. (1982) too seem to emphasize the importance of present and future control in the context of victimization.

Maruna (2001) similarly emphasizes the importance of empowering the individual to have control over the present while minimizing the attribution of blame for the past. While Maruna focuses on offenders trying to rehabilitate, Herman (1992) makes the same argument regarding victim healing. For her, too, victims need to be absolved from any blame for their past victimization, but at the same time assume control over their recovery.

It seems, then, that having a sense of control over the present situation is found to be effective in coping with stress and healing from trauma by various authors, relying on different bodies of empirical evidence. Yet, only some of their arguments are supported by empirical findings. It is yet to be asked, however, whether and to what extent having a sense of control is beneficial for children in general, and child victims in particular. This is the subject of the following section.
Children and control

Some empirical studies explore children’s various coping mechanisms, including the importance of control. Unfortunately (but perhaps not surprisingly), studies have not looked at control perceptions of victimized children. Therefore, the following examples are studies focusing on children’s coping with stressors other than victimization, such as homesickness, family and school problems, divorce and physical pain. Further research is clearly needed to explore whether these findings can be generalized to childhood victimization.

Developmental psychology defines control cognitions (or appraisals) in two dimensions (Weisz and Stipek 1982): outcome contingency — the assessment whether and to what extent the outcome can be influenced by the behavior of people like the individual who assesses the situation, and personal competence — the assessment of the individual’s own ability to change the outcome. To test this two dimensional model on children’s cognitions, Weisz (1986) conducted a study of 78 children aged 8–17 who were treated in public mental health clinics. Data supported this model, and strong correlation was found between the combined assessments of contingency and competence and perceived control. Children who felt that problems at school or in the family could be changed through children’s behaviors, and children who felt that they personally could improve their situation, perceived their situation as more controllable than those who had lower perceptions of either outcome contingencies or their personal competence. At the same time, these two dimensions were clearly independent of each other (Weisz 1986, p. 791). Contingency beliefs significantly predicted the most positive treatment outcomes: children who believed that ‘what kids do’ determines what happens at home and school, showed the highest reduction in problem behaviors. Competence beliefs, in contrast, showed little predictive power. These findings might suggest that children who believe that children in general have a say or can change a certain situation, cope better with a related problem in comparison with those who believe that children’s behavior or opinions are irrelevant to the subject.

With regard to control as coping, the psychological literature uses a two process model of control (Rothbaum, Weisz and Snyder 1982, cited in Thurber and Weisz 1997) to distinguish between primary control (changing the stressful environment in order to make it more comfortable for the individual), and secondary control (changing oneself to fit the environment). A third categorized way of coping is relinquishing control — which is simply giving up. The study by LaMontagne et al. (1996) of 90 children aged 8 – 17 years undergoing major elective surgery, supported the assumption that as children age they use more active methods of coping, believing that they can address and change existing challenges (primary control strategies). Younger children, in contrast, perceive the world as uncontrollable and therefore turn to more avoidant, or secondary control, strategies.

In a study about coping with homesickness, 315 boys and 717 girls aged 8–16 who attended residential sport summer camps were interviewed regarding their homesickness levels and coping (Thurber and Weisz 1997). Almost all children engaged in ‘layered coping’ — a mix of secondary and primary control. The most
common primary control strategy was seeking social support, and the most common secondary control coping was thinking about other things (Thurber and Weisz 1997, p. 515). Consistent with the findings in the previous study (Weisz 1986), low controllability (perceiving the situation as uncontrollable) was associated with more severe homesickness and with more relinquished control. Among those who perceived high controllability, primary control coping was associated with highest levels of homesickness. This suggests, the authors argue, that in relatively uncontrollable situations asserting control might increase negative feelings (Thurber and Weisz 1997, p. 516). Overall, however, the children who were most homesick were those who perceived low controllability and relinquished control (Thurber and Weisz 1997, p. 516).

Langer et al. (2005) tested the three control–related coping strategies of primary, secondary and relinquished control among children treated in an emergency department for minor lacerations. They interviewed 50 children aged 5 – 17 years before and after the treatment, and videotaped some of them during the procedure. Their findings support the hypothesis that in uncontrollable situations, asserting primary control (trying to change the situation) is maladaptive, compared with asserting secondary control (trying to change one’s own behavior and reactions). Children who predicted they would exert primary control over the situation showed greater signs of distress during the procedure compared with those who used secondary control or relinquished control. Moreover, children who exerted secondary control during the process reported less pain after the procedure. Twice as many children reported using secondary control after the procedure compared with the number of children who predicted using it before getting into the treatment room. The authors suggest that once children realized that the situation was uncontrollable, they switched into the more adaptive coping strategy of controlling their own behavior, emotions and responses to the situation (Langer et al. 2005, p. 620).

Closer to the context of legal processes, Graham and Fitzgerald (2005) interviewed children of separating parents and asked them about their participation in matters regarding their residences. Children were clear about their wishes to be listened to and be taken seriously:

... when I am listened to, I don’t have to say it ten thousand times and I have just to say it once and they will talk to me ... I guess I know what is going on and stuff. (Graham and Fitzgerald 2005, p. 6)

When asked about their particular cases, however, children said they were not included in the process nor did they receive adequate information. While expressing belief in their ability to be involved in decisions regarding their lives, children also talked about their vulnerabilities, sadness and loss. The authors suggest that excluding children from these subjects might further disempower them. In contrast, including them in related processes while acknowledging their vulnerabilities and special needs might promote their resilience.

These studies suggest that in various arenas, children want and do better, when they believe that they can influence the situation they are in. Furthermore, when they in fact try to change the situation or assert control, the outcomes depend on
the objective reality: when their attempts are fertile (that is, when the situation can indeed be influenced by their actions), children’s emotional state is improved significantly. If, however, the situation is uncontrollable, or is not dependant on their behavior, seeking to assert control is found to be maladaptive. This is a cautionary reminder that ‘control’ is not always a good thing. If it is futile, it can be harmful.

A somewhat similar cautionary statement is made by Murray (1999). Based on clinical experience, Murray explains that loss threatens children’s sense of mastery and control. Accordingly, many ‘treatments’ aim to rebuild the child’s sense of control of loss. However, she warns that forcing such treatments on children against their will may be seen by the child as trying to remove further control, and are doomed to failure.

3.3.2 Procedural justice

Victimology studies have found that victims of crime want to feel that they are treated fairly, namely, that they are given an opportunity to express their views and to be accorded respect (Strang 2002, pp. 13–15). Furthermore, aggregated data from various studies suggest that victims who experience inclusion, choice and empowerment in the process that follows their victimization have better mental health outcomes compared with those who are denied such experiences (Herman 2003).

Indeed, psychological analyses of fairness perceptions suggest that people care as much, or more, about how they are treated in decision–making processes as they do about the outcome (Thibaut and Walker 1975). Procedural fairness is linked to control over the process (ability to have a voice in the process) and to control over the outcome (ability to influence the final decision) (Thibaut and Walker 1975, Tyler 1988). Process control is considered the central or only element in people’s judgments of procedural fairness (Tyler 1988). Other aspects associated with procedural fairness are consistency, the ability to suppress bias (neutrality), decision accuracy, correctability (opportunities to correct mistakes), and ethicality (Leventhal 1980, cited in Tyler 1988).

Is fairness, or procedural justice, as important for child victims as it is for adult victims? What are children’s perceptions of justice, and do they change over time?

Melton and Limber (1992) hypothesize that children and young people often find it difficult to assert their rights or to practise their autonomy because they are not used to having rights. It requires some persuasion that adults are serious about granting them rights and listening to their views. This is particularly true for children of disempowered populations, such as ethnic minority groups. Therefore, they claim, simple procedural fairness is insufficient for children, and further explanation, encouragement and guidance are needed. Their report of several studies on children’s understanding of rights and fairness demonstrate that these conceptions develop as they grow. Children as young as 8 or 10 years, for example, acquire a ‘Level II’ understanding of rights as ‘what one should be able to have or do’, with the specific age depending on the child’s socio-economic status (Melton and Limber 1992, p. 174). Interestingly, Melton and Limber (1992, p. 178) found dif-
ferences between American and Norwegian children’s particular concerns regarding their rights: American children valued self-determination and freedom of expression most, while Norwegian children were more concerned about protection and social provision rights. However, strong preference for an adversarial procedure, where due process rights are protected (especially through participation) was common for both Norwegian and American children interviewed in their studies (1992, p. 180). Moreover, the views of children who had experienced the court process as victims and witnesses were not very different from those who had not, and they too perceived participation and information as crucial for the process to be fair. The authors suggest that perhaps public concern about traumatizing children in the process does not address other important issues, such as including child victims and witnesses in the process, as fair (Melton and Limber 1992, pp. 181–182).

Hicks and Lawrence (1993) examined the importance of procedural justice safeguards among 715 students of seventh and ninth grade from two different schools. Their findings suggested that adolescents consider their representation by a lawyer as important, as well as judges making an effort to be fair, impartial, polite and calm, and the process to be confidential. These are similar procedural considerations that were identified for adults (Tyler 1988). However, there were some additional concepts unique to adolescents, such as the presence of their parents. Parents’ roles, however, differed in children’s perceptions. Fathers were more often associated with the legal support area and mothers with emotional support. The major difference between adults and 12–14 year old children was in the influence of the outcome of the process: while adults consider the process as more important than the outcome, process outcome was even less important for children. At the same time personal characteristics had a greater influence on children’s views, with gender having a particularly strong effect: girls gave more importance to procedural justice than males. Furthermore, younger children were more concerned with having their mothers present (mainly for emotional support) while older children viewed their fathers’ presence as crucial, protecting their legal rights.

In a subsequent set of several studies, Lawrence (2003) collected data from 1116 children and young people aged 12 to 24 through a computer-based interactive program. Children were asked about the importance of procedural justice criteria in three different types of disciplinary contexts involving adult authorities (mothers, school teachers and magistrates). Overwhelmingly, and in contrast with Melton and Limber (1992), children of all ages and in all three scenarios considered procedural safeguards that relate to the authority figure — being consistent, fair and neutral — as most important. In contrast, safeguards relating to the child, such as having a voice and being able to ask questions, were consistently regarded as less important (Lawrence 2003, p. 30). Some age differences emerged: as children aged, explanations given by the decision-maker (especially mothers) became more important, as well as adults’ calmness (2003, p. 32). Consistent with Hicks and Lawrence (1993), older girls were more concerned about adults’ behavior and fairness than older boys.

These findings suggest that for young people, being dealt with by a neutral, respecting adult is sufficient. Participating in the process, in contrast, is not considered central for a procedure to be fair. However, as the authors themselves claim,
there can be several explanations for these findings. First, it is possible that child participation is unimportant as long as adults behave as they are expected to. When authority figures do not deliver a neutral, fair and well communicated justice, children’s views regarding the importance of their participation might change (Lawrence 2003, p. 35). Second, children perhaps are not aware of their participation opportunities. Processes regarding children’s matters exclude them from discussions so regularly, that they simply ‘...don’t know it could be done differently’ (2003, p. 32). Indeed, the computer–based interview methodology makes it impossible to provide detailed explanations, encouragement and persuasion regarding the seriousness of the participation opportunity, which are important to overcome children’s inexperience in participation (Melton and Limber 1992). Finally, it is possible that presenting the same questions to children who have had personal experiences with adult authorities (and more so, to those who have encountered injustice), might lead to different reactions. In any case, these findings are an important reminder that ‘participation’ is not a magic word that makes procedures fair in children’s minds, nor is it a concept familiar in practice for children.

3.3.3 Direct interaction with the perpetrator

A related subject to control and fairness is that of confronting the offender. Such a confrontation can be adversarial, hostile and harmful from the victim’s perspective, but it can also be a healing experience. The psycho–social literature has not tested the possible outcomes of such confrontations. There are, however, some discussions about the derivative consequences of direct, positive interactions between victims and perpetrators, both in the cognitive and the emotional levels, which are presented below.

Lazarus’s (1999) ‘positive reappraisal’ emphasizes the emotional process that may happen in a successful, open confrontation. He claims that through positive reappraisal people change their emotions by looking at things differently, and therefore can move on from negative feelings to more positive ones. For example, he suggests that if our spouse offends us, instead of focusing on our wounded self–esteem and thinking of retaliation, we can empathize with the stress the spouse is going through and perceive the insult as an uncontrolled behavior under stress. Anger is then shifted into compassion or sympathy, or at least defused (Lazarus 1999, p. 116).

This may be the case in victimization as well. For example, a four year–old child whose house had been broken into had been having nightmares about a giant monster breaking into their house and had problems recovering from the trauma. She then participated at a restorative justice process, and saw the young offender for the first time. The offender, who was seemingly from a lower socio–economic background, showed great remorse. On the way home the child suggested inviting him over for dinner. It seems that the encounter made the crime (and the criminal) look completely different in her eyes.\(^2\)

\(^2\)This example was provided by a victim support practitioner at the conference ‘Innovation:
Clinical psychologists also argue that an open, meaningful encounter with the perpetrator can produce positive growth (Murray 1999) and empowerment (Herman 1992). Clearly, there is a need for further research in this area. First empirical evidence for the positive effect of a direct encounter with the perpetrator on victims’ mental health was found in Angel’s (2006) study of restorative justice experiments conducted in different places in the UK. These have been found to reduce post-trauma symptoms, in a way comparable to the outcomes of cognitive behavioral therapy.

More empirical evidence exists with regard to one possible outcome of such interaction, which is the exchange of apology and forgiveness between victims and offenders. The following section reviews data supporting this argument.

Apology and forgiveness

As mentioned earlier, victims want to receive a sincere apology and to have an opportunity (in contrast with being pressured) to grant forgiveness (Strang 2002, pp. 18–23, Strang and Sherman 2003).

Bibas and Bierschbach (2004, p. 113) argue that apology and remorse are important remedial social rituals in which the offender acknowledges social norms and vindicates the victim’s harm, thus helping the victim heal. Since apology is a relational act, to be effective the apology has to be targeted at the specific victim, community, or offender’s family and support group. Therefore, direct interaction is essential for an apology to be genuine.

Apology helps victims deal with negative feelings that arise from the victimization, and in empowering them (Petrucci 2002). It also restores the moral balance as the offender takes responsibility, expresses remorse, and demonstrates an intention to refrain from future crime (Taft 2000).

Petrucci (2002) presents findings that indicate the potential value of apology, both in decreasing crime and in enhancing the victims’ wellbeing. Based on Weiner’s (1992, cited in Petrucci 2002) attribution theory, Petrucci explains that when crime occurs, victims have negative self attributions such as self-blame. They might think that they have an inherent characteristic that made them responsible in some way for the crime. A face to face apology by the offender may help them correct their erroneous attributions. For example, when the offender takes full responsibility and explains why the crime was committed, misconceptions of self-blame can be fixed. Based on Weiner’s (1995, cited in Petrucci 2002) social conduct theory, the author further hypothesizes that apology helps victims move on from anger to more positive feelings, thereby reducing their aggression toward the offender. Petrucci (2002) also stresses that victims are empowered by the process of apology because they are given a choice whether to accept it and forgive the perpetrator, or reject the apology.

Ohbuchi et al. (1989) conducted an experiment on 58 female Japanese undergraduate students who were verbally insulted. Those who received an apology from
the harm-doer had a better impressions of their perpetrator than those who were not given an apology. They also felt better compared with those who were not apologized to. Finally, their aggression levels toward the harm-doer were lower.

Darby and Schlenker (1982) demonstrated in an empirical study that even 3 year old children appreciate apologies and make more positive attributions to those who apologize, especially when the apology is elaborated and includes an offer to help. All children in their study (kindergarten/first grade, fourth grade and seventh grade) showed less anger, a less retributive approach, more forgiveness and positive thoughts for perpetrators who apologized, with elaborated and compensative apologies being most accepted.

It is important to note, however, that apologies are not always sincere or complete, nor are they a panacea for all crimes and all circumstances (Rogehr and Gutheil 2002). For example, perpetrators might admit the facts but limit their responsibility for them for reasons such as ‘misjudgment’ or some external powers that affected the outcome, or they might express an expectation to be freed from any sanction as a result of their apology. These ‘botched’ apologies (Rogehr and Gutheil 2002) may further hurt victims. Furthermore, for an apology to be effective, it has to be given in a face to face discussion between the victim and offender, has to include communication of emotion (such as sadness or shame) and should happen with the right timing (Petrucci 2002).

An important positive effect of apology is that it opens the door for victims to forgive, which is a way to overcome resentment (Taft 2000). Receiving an apology and granting forgiveness are milestones in the healing process for victims. As Zehr explains,

Forgiveness is letting go of the power the offence and the offender have over a person. It means no longer letting that offence and offender dominate. Without the experience of forgiveness, without this closure, the wound festers, the violation takes over our consciousness, our lives. It, and the offender, are in control. Real forgiveness, then, is an act of empowerment and healing. It allows one to move on from victim to survivor (Zehr 1990, p. 47).

Indeed, Enright and Kittle (2000) argue that empirical findings have consistently demonstrated that forgiveness helps those affected by unfair hurt to strengthen their self esteem, reduce depression, anger and anxiety, and promote hope. This was especially clear with adult survivors of sexual abuse who forgave their abusers. Moreover, based on their previous studies, Enright and Kittle (2000) speculate that survivors of severe trauma may benefit most from forgiveness. In particular, Enright and Fitzgibbons (2000) claim that children as young as 4 years are able to understand forgiveness if their parents model forgiveness, or if they are educated about forgiveness.

To test the ability of young adolescents to understand and practise forgiveness, Park and Enright (1997) interviewed and gave questionnaires to 30 junior high school students aged 12–14 and 30 college students aged 20–22, all residing in Korea. All participants had experienced a serious, unfair conflict with a close friend in the
previous 5–6 months. The older participants were, the greater their understanding of forgiveness was. The relationship between the understanding of forgiveness and the actual forgiveness was moderate, but there was a correlation between the degree of understanding forgiveness and willingness to take active steps to reconcile with the friend. The authors suggest that young adolescents who are more developed will seek reconciliation more often. They propose a categorization of three patterns of forgiveness that roughly characterize the different developmental stages of young people:

1. For children and young adolescents, forgiveness is typically intertwined with revenge or getting compensation from the offender, so aggression and ‘getting back’ is considered. Hostility may remain even when forgiveness is expressed by words and gestures. Therefore at this stage of development, physical or psychological revenge or compensation should typically occur before forgiveness is possible.

2. At a higher level of development (typically in mid-adolescent years), the individual feels pressured to forgive by peers and family, and therefore expresses forgiveness while unrevealed feelings of anger might still prevail.

3. Typically in college age, internal forgiveness can take place. It occurs unconditionally and is an authentic process of understanding the actions of the other and of beneficence.

Park and Enright (1997) conclude that young adolescents are in transition between the first and second patterns described above. Peer support and encouragement to forgive can be influential for adolescents who fit into the second pattern (since in that pattern external influence is central), while these will not be as effective for those who forgive according to the first pattern. Additionally, such support can also encourage more developed youth to engage in an internal process of forgiving (pattern 3). Since young adolescents (at least in East Asia) are in transition from the first to the second pattern described above, Park and Enright (1997) emphasize the importance of evaluating the stage of development of an adolescent before engaging in any forgiveness–related process.

Cultural differences notwithstanding, it seems that forgiveness in itself can have a positive impacts on victims’ emotional health, and that even young victims are able to understand and grant forgiveness.\(^3\) It is important to consider, however, that children of different ages and developmental levels may understand and in fact grant forgiveness in different ways. These differences should affect the expectations of children of different ages. For example, it is possible that young children (aged 12 years or under) will express forgiveness and at the same time show anger toward their offender and insist on some form of compensation before being able to forgive.

\(^3\)Enright and his colleagues are currently researching forgiveness patterns among 6 year old children in Belfast, where they are conducting an educational program on forgiveness with the hope of enhancing children’s mental health and perhaps reducing future violence. See Enright et al. (2003).
Child Victim’s Needs: Findings from the Psycho–Social Literature

(Park and Enright 1997). Young adolescents, in contrast, may be at risk of feeling pressured to forgive by the other participants at the conference, and special attention should be given to their tendency to be affected by peer pressure. At the same time, positive encouragement to forgive by trusted people, as opposed to pressure from the entire group, may help adolescents forgive and consequently experience the emotional relief that might follow.

A second cautionary comment relates to the unique power imbalance that is typically inherent in the relationship between a child victim and an offender who is an older child or adult. When such power imbalance exists, it might be particularly risky to put the child in a situation where even the most implicit expectation from him or her to forgive is communicated. Therefore, the benefits of the apology might be counterbalanced if receiving an apology in itself creates such an expectation. Apology, however, is perhaps especially valuable in child–adult situations, since it might be perceived as an articulation of respect for the young victim — an attitude that is particularly cherished by the less powerful. Thus, it is important to further explore the dynamics of apology and forgiveness in unequal situations, such as when the victim is a child and the perpetrator is an adult.

3.3.4 Material reparation

If apology is regarded among victimologists as emotional reparation, and is central in the victim’s healing process, then material reparation directly from the offender is yet another important element in the victim’s rehabilitation following crime (Zehr 1990, Strang 2002, Strang and Sherman 2003). Very little is known, however, regarding children’s perspectives on this matter. Further research is needed to explore whether and in what ways children who have been victimized benefit from material compensation. Children might have different preferences, and needs, from adult victims. First, it is questionable who is to become the legal owner of the restitution money — the child or the child’s guardian — and whether there might be a conflict of interests in the latter case. Second, although monetary payment can help fund the child’s needs, such as counselling, this might not have a significant meaning for the child. Therefore, the specific means of reparation should be considered together with the child. Creativity might be needed here. It is possible that children will favor other forms of restitution, such as help in school work or in commuting safely after school hours, getting a new bicycle in return for the one stolen, or financing a holiday trip for the child. For older children it might be appropriate to simply make sure that the money (or part of it) is given directly to them and not their parents. These child specific matters need further examination so that the material needs of children are better addressed.

3.3.5 Group discussion

Beyond a personal interaction between victims and offenders, some writers indicate the positive impact that a group discussion in which the crime and its consequences are discussed in the presence of supportive participants might have for the victim.
§3.3 Victims’ needs in the healing process: theories and findings

Studies on bullying behavior and bullying victimization have pointed to the connection between shame management skills and victimization (Ahmed et al. 2001, Chapter 17). These are related to feelings of self-blame, shame and rejection, and generally internalizing shame instead of discharging it. It is possible that these patterns can be changed in a group discussion where shame is acknowledged and discharged, self-blame resolved and the victim’s behavior is validated. The result can be for the victim to develop better skills of shame management, thus moving away from a ‘victimization career’ (Finkelhor et al. 2005). Indeed, the Responsible Citizenship Program that was tried in the Australian Capital Territory with year 5 students showed that healthy shame management skills could be developed within the classroom (Morrison 2002, 2006). Further research is needed to examine whether improved shame management skills can actually reduce the risk of future victimization.

A second element that makes the participation in a group discussion potentially important for trauma victims is the sense of belonging it provides:

Traumatic events destroy the sustaining bonds between individual and community. Those who have survived learn that their sense of self, of worth, of humanity, depends upon a feeling of connection to others. The solidarity of a group provides the strongest protection against terror and despair, and the strongest antidote to traumatic experience. Trauma isolates; the group re-creates a sense of belonging. Trauma shames and stigmatizes; the group bears witness and affirms. Trauma degrades the victim; the group exalts her. Trauma dehumanizes the victim; the group restores her humanity (Herman 1992, p. 214).

This connects with Randall Collins’s Interaction Ritual theory and his term ‘emotional energy’ that he argues is created when such rituals are successful (2004, p. 108). Giving restorative justice processes as an example, Collins explains how rituals begin with differing emotions and moods (such as shame and anger in the case of victimization), and through the group ritual they are transformed into a unified long-term emotion. Since the group focuses on certain emotions relevant to the gathering, Collins argues, they intensify during the interaction, as other emotions or moods are gradually driven out. The outcome is a transformed shared emotion which he calls ‘emotional energy’. In successful processes, such shared emotion is of group solidarity. The restorative justice ritual, he illustrates, provides an opportunity for people to transform their feelings of anger and fear during an intense interaction, and to leave the conference feeling a sense of belonging (Collins 2004, p. 111).

3.3.6 Support network

Another significant need of victims in their healing process is being supported by their families, friends and others who are part of their surrounding communities. Why is social support important for crime victims? Different scholars provide varying explanations and empirical support.
Relating to daily stressors among adolescents, Call and Mortimer (2001) suggest an analysis through the concept *arenas of comfort*. According to the authors, people have different settings of relationships with others within their life space, such as family, work and school. They suggest that when an individual has at least one context in which he or she feels comfortable, accepted and relaxed, that individual can retreat to that ‘arena of comfort’ in times of stress in the other arenas, and reinvigorate. Therefore, stress and injury in one space can be soothed and buffered through the comfort one experiences in another. In their studies the authors found that most adolescents have few arenas of support, which are typically their families, their peers, school and work place. Most adolescents reported feeling comfortable in at least one context, and the majority found comfort in two or more arenas. Based on their findings the authors theorize that this *ecology of comfort* — the different arenas and the distribution of stress and comfort in them — can be manipulated through social intervention as well as the adolescent’s own agency. Therefore, they argue that it is possible to strengthen those arenas that provide comfort, when other arenas induce stress. Accordingly, they suggest that interventions may focus not only on the problem itself, but on strengthening the other arenas of support, while at the same time raising the adolescent’s own awareness of their ability to manipulate their ecology of comfort and to alternate support and challenge in their environments.

How well can young victims ‘manipulate their arenas of comfort’, in Call and Mortimer’s terms, in order to gain support and deal with stress? To what extent do children and adolescents know how to choose the right people to turn to when needing help? Studying coping mechanisms of youth with daily stressors, Seiffge-Krenke (1995) found through interviewing over 1,000 adolescents that the most popular coping strategy was getting help from friends, followed by discussing with parents and other adults, and thinking about the problem. Girls sought help, talked about the problem, expressed emotions and thought about possible solutions more often than boys, but they also tended to withdraw more frequently. For both girls and boys, the researcher found that the use of internal forms of coping (thinking about the problem and possible solutions) and active coping (seeking social support) increased with age. Age 15 was found to be the turning point, after which more mature coping strategies were sought. For example, after that age adolescents were better able to choose the specific people to which they turn for support. Seiffge-Krenke also found, in accordance with Call and Mortimer (2001), that a positive family environment and to a lesser degree peer relationship may act as stress buffers. She consequently suggests that intervention programs should strengthen and mobilize peer support networks, as this has the potential of helping youth in coping with their difficulties.

In the context of healing from trauma, Herman (1992) raises the importance of supportive listeners in helping the victim to resolve their own blame. Feelings of self-blame challenge victims in their healing process, and are difficult to resolve without the help of others:

> Beyond the issues of shame and doubt, traumatized people struggle to arrive at a fair and reasonable assessment of their conduct, finding a balance between unrealistic guilt and denial of all moral responsibility.
In coming to terms with issues of guilt, the survivor needs the help of others who are willing to recognize that a traumatic event has occurred to suspend their preconceived judgments, and simply to bear witness to her tale. When others can listen without ascribing blame, the survivor can accept her own failure to live up to ideal standards at the moment of extremity. Ultimately, she can come to a realistic judgment of her conduct and a fair attribution of responsibility (1992, p. 68).

It seems, then, that both for adult and young people who deal with difficult situations, having support networks is important for various reasons. They create a sense of belonging, help resolve feelings of self-blame, provide buffers when other areas in the individual’s life are unstable, and in general help people cope with stress.

### 3.3.7 Social acknowledgment and validation

Social acknowledgment is a victim’s experience of positive reactions from society that reflect appreciation of the victim’s condition and difficulties (Maercker and Muller 2004). It is different from social support, which usually refers to emotional and practical support provided by specific family or friends, whereas social acknowledgment refers to the reactions of the wider community. Social acknowledgment, or lack of it, might affect victims’ emotional healing. For example, in a study of ex-political prisoners of the former communist East Germany and crime victims, Maercker and Muller (2004) found that lack of social acknowledgment was positively correlated with PTSD symptoms, while the existence of social acknowledgment was negatively correlated with such symptoms. The researchers concluded that social acknowledgment by intimate relatives, friends and extended community can be therapeutic to traumatized victims.

A related concept is social validation (Ahmed et al. 2001). Social validation can be helpful for victims when their own victimization is perceived by them as against social norms. For example, a rape victim might feel that being raped is normatively wrong, and social validation of her behavior can help her regain her sense of identity and belonging. This explanation fits well with Zehr’s (1990, p. 27) argument that one of the important needs of victims is to have an opportunity for their emotions to be expressed and validated. Zehr (2002) further argues that to create new meaning and reestablish order in their lives, victims need to re-tell their life stories, so that their victimization events fit into them. Compassionate listeners are central to this process of re-telling, as they validate the truthfulness of this new story. With regard to child victims, age differences might affect the importance of social validation. For example, peer and community reactions may be more influential on older children than on young ones (Finkelhor and Kendall-Tackett 1997).

Social acknowledgment and validation also provide victims the opportunity to mourn, which is an important element of the healing process (Herman 1992). While telling the story in detail with the accompanied feelings, and with supportive listeners, the symptoms of the post trauma are reduced. Therefore, a social ritual of

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mournings with support people can be very helpful (1992, p. 70). The sense of loss is particularly central in childhood victimization, and therefore mourning is crucial in children’s healing processes (Murray 1999).

Social acknowledgment of victims’ harm and validation of their feelings and behavior are important, therefore, for crime victims’ healing. They provide an opportunity for a therapeutic mourning ritual, help victims regain a sense of belonging and identity, and support victims in their effort to make sense of their victimization and their part in it. Once again, however, it is important to explore the way children of various ages experience crime in terms of social norms and to what extent, if at all, they are able to ‘re–tell’ their story similar to adult victims.

3.4 Bridging between needs and rights: an integrated discourse

The previous sections of this chapter reviewed prominent theories and data drawn from the psycho–social literature regarding the aftermath of crime, relevant coping strategies and the resulting needs of crime victims in general and child victims in particular. Such examination of evidence and theories on the subjective realities of child victims follows the general framework of psychological jurisprudence (Melton 1991, 1992, Melton and Wilcox 2001). This approach calls for the integration of legal and psychological knowledge in order to better define the boundaries of individuals’ fundamental rights (Melton 1991). According to Melton (1992), law promotes human condition by announcing common norms and creating structures for acceptable social behavior that is consistent with these norms (1992, p. 384). To do that, the law must take people seriously. Therefore, knowledge of what is important for people is crucial. In other words,

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\ldots \text{if the law is to be successful in its purpose of promotion of human welfare, it must undertake systematic examinations of social reality. Putting this principle into practical terms, if legal authorities are to take people seriously, they must adopt an empirical attitude (Melton 1992, p. 385).}
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Social evidence is particularly important to the law relating to children and families:

Combining an empirical attitude and, perhaps more important, psychological mindedness, psychological jurisprudence invites a bottom–up perspective. By its concern for the dignity even of those whose personhood often has not been fully recognized, psychological jurisprudence opens the door to establishment of a children’s law. In such a framework, not only would there be due attention to development and developmentally meaningful means of vindicating the rights of children, but there would also be concern for children’s experience of law in diverse contexts. (Melton and Wilcox 2001, p. 9)
This exploration of evidence–based findings, Melton claims, often requires social science research. Indeed, he argues that international human rights law sets the stage for the use of social studies, as it relies heavily on the subjective experiences of people as respected human beings. The Convention is particularly compatible with this approach as it leaves much room for assessments drawn from social sciences, especially through the concepts of children’s dignity, development, and individual views (1992, p. 390, 2001, p. 10).

Indeed, integrating empirical findings regarding children’s needs with normative arguments regarding their rights, fits Waldron’s (2000) call for using ‘needs’ as a diagnosis, and ‘rights’ to give the diagnosed claims the required status to create obligations (see page 14). Following this approach, this chapter has explored studies that have been conducted to explain subjective experiences of legal processes (for example studies regarding perceptions of procedural fairness and children’s understandings of their rights), as well as studies conducted purely from a psychological or sociological perspective, without considering their legal consequences, such as the studies on control. The latter studies are perhaps more challenging in integrating into a multidisciplinary framework, since they require some speculation regarding their application to the victimization context. Clearly, many of these studies provide not much more than initial hypotheses and ideas for further research. The central argument, however, is that findings such as those presented in this chapter might be helpful in encapsulating needs–based rights for child victims and related principles for action.

The goal of the following discussion, is to summarize the findings presented in this chapter and to identify connections (as well as inconsistencies) between them and the human rights principles discussed in the previous chapter. The following paragraphs will further consider what psycho–social literature might add to a human rights framework, and will map the relationships among these contributions to those made by the rights discourse. The relationships between the various elements of both needs and rights discourses is illustrated in Figure 3.1, where the human rights principles are presented in green circles and the psycho–social needs are presented in orange boxes.

**Best Interests ‘cluster’**

The first group of psycho–social findings, located in the bottom–end of Figure 3.1, relates to having support networks, experiencing social acknowledgment and validation, having an opportunity to mourn and receive reparation. As Figure 3.1 indicates, these elements are most closely related to rehabilitation, development and the best interests human rights principles. For example, Call and Mortimer (2001) emphasize the benefit of strengthening some arenas of comfort when crises occurs in others. Seiffge-Krenke (1995) talks about the changing significance of various support networks for children as they grow. Maercker and Muller (2004) show a correlation between social acknowledgment and reduced post–trauma symptoms. Ahmed et al. (2001) suggest that victims can benefit from having their behavior and feelings validated by others. Finally, victimologists find that material reparation is
Figure 3.1: Integrating psycho-social and legal discourses: a needs–rights model for child victims
important for most crime victims (Zehr 1990, Strang 2002), although developmental considerations regarding the preferences and needs of child victims of various ages should be further examined. All these accounts are clearly related to the rehabilitation process of child victims, and might help authorities in addressing this human rights principle. Similarly, they are informative about what the best interests of child victims might be, and should be considered whenever an individual child’s interests are deliberated. Finally, many of the findings in this group include developmental knowledge and can promote an approach which respects the evolving capacities and specific developmental needs of child victims.

**Control ‘cluster’**

Moving to the left-side orange box, the data regarding the potential benefits of having a sense of control and empowerment during the healing process (Brickman et al. 1982, Lazarus and Folkman 1984, Frazier 2003) might suggest that a sense of control in the justice procedure that follows the crime is also potentially beneficial for crime victims. If assuming responsibility and making active decisions makes victims feel better and heals trauma, then perhaps making active decisions that are related to the consequences of the crime for both the victim and the offender might have similar positive outcomes. To have a sense of control in the justice process, victims need to be able to participate and influence its outcomes. Control, therefore, might be regarded as the psychological equivalent of the participation principle. Additionally, having a sense of control might promote the wellbeing of child victims and enhance their rehabilitation. Accordingly, empirical data regarding control corresponds with all three human rights principles of participation, best interests and rehabilitation (see Figure 3.1).

However, studies related to control in children (Weisz 1986, Thurber and Weisz 1997, Langer et al. 2005) act as reminders that exerting control might be harmful for them in some circumstances, particularly when the situation is not contingent on the child’s actions. Therefore, if children’s participation in decision-making processes is only tokenistic — that is, if adults are not willing to allow children to have a meaningful input — then involving children in such processes might only cause them further pain as well as disappointment (Graham and Fitzgerald 2005). In other words, children’s participation that is meaningless, either due to lack of adequate preparation of the child or because of adults’ unwillingness to take the child’s views seriously, might be seen as making the situation ‘uncontrollable’ from the child’s perspective. In these situations, engaging in primary control behavior (trying to influence the process) is futile and can potentially cause further harm to the child. In contrast, where the child’s participation is taken seriously, then using a primary control coping strategy through active involvement in the process might enhance the child’s wellbeing and promote his or her healing. Accordingly, research is needed regarding the potential benefits, and risks, of children’s participation in decision-making processes following their victimization, and the ability of children of various ages to have meaningful participation in such procedures.

Other psycho-social concepts that might be positioned next to the human rights
principles of participation, best interests and rehabilitation, are direct interaction with the perpetrator, the exchange of apology and forgiveness, and group discussion (see Figure 3.1). All three concepts provide additional explanations for the importance of being included in the process that follows victimization: only through participation can victims personally confront their victimizers, ask questions and receive answers, and perhaps gain a better understanding of what has happened to them (Herman 1992, Lazarus 1999, Murray 1999). Similarly, active participation opens the door to a genuine, voluntary exchange of an apology by the offender and forgiveness by the victim, which have been found to have positive effects on victims’ wellbeing (Enright and Kittle 2000, Taft 2000, Petrucci 2002). Moreover, only when victims are included in the process can they benefit from meeting others in a group discussion where their self-blame is resolved (Herman 1992), and shame discharged (Ahmed et al. 2001, Chapter 17). Additionally, as Collins (2004) explains, a positive group discussion can create a communal sense of belonging and transfer negative feelings into more positive ones. Since these concepts have been found to have positive effects on victims’ short term wellbeing and recovery from harm, they serve as pointers for the implementation of the child’s best interests and rehabilitation human rights principles, in addition to participation.

Procedural Justice ‘cluster’

The discussion on control is closely related to that on procedural fairness, since having a sense of control over the process is considered an important component of procedural justice (Strang 2002, p. 14). In particular, studies regarding children’s perceptions of fairness present important findings regarding the unique challenges of children’s participation in delicate matters. Lawrence (2003) found that children do not always regard their own participation (control over the process) as the central element of procedural fairness. Other studies, in contrast, identify children’s views of participation as the main component of any fair process (Melton and Limber 1992). Graham and Fitzgerald (2005) exposed the ambivalence children feel about their participation in divorce proceedings: fears regarding exposure to painful subjects were combined with expressions regarding the importance of being included in decision-making processes. Despite these varying findings, researchers agree that participation is key for any process to be fair, and that it is not a skill children are born with or develop independently. It needs to be learned and practised continuously, otherwise it might be useless — even harmful. Indeed, children repeatedly say that if their participation is only tokenistic, then they would rather not take part in such processes (Stafford et al. 2003). As demonstrated in Figure 3.1, procedural justice is related to three human rights principles: 1. Participation — for the reasons explained above; 2. Rehabilitation — for its potential in helping victims ‘putting things behind them’ after experiencing justice (see Zehr 1990, p. 28); and 3. Equality — through the concepts of neutrality, consistency and respect, which are central components of procedural fairness, especially for children (Tyler 1988, Lawrence 2003).
Protection ‘cluster’

Moving to the last orange box on the right hand–side of the model, the developmental victimology approach and the studies that derive from it (Finkelhor and Dziuba-Leatherman 1994, Finkelhor and Kendall-Tackett 1997) are instrumental in the understanding and implementation of the equality, protection and development human rights principles, as suggested in Figure 3.1. For example, Finkelhor and Kendall-Tackett (1997) discuss the effect of age–related developmental tasks on children’s reactions to crime; the effect of age on the significance of family, peer and community support for child victims; and developmental differences in coping capacities. Further, the aggregated data reviewed by Briere and Elliott (1994) illuminates the behavioral, cognitive and emotional impact of crime on children of different ages. These facts can all be helpful in better addressing the unique needs of children of various developmental levels who are at risk of being victimized or who have already been victimized. For example, children might be better protected against further abuse if distress signs are identified at an early stage. Secondary victimization during the legal process might also be more effectively prevented based on knowledge regarding children’s age–related fears, capacities and difficulties.

At the same time, similar examinations should be conducted to expand the developmental approach so that it includes children with special needs. Special groups of children should be studied regarding the impact of crime on them, their available coping mechanisms, perceptions of justice, and specific needs in the aftermath of crime. Such populations are, for example, children with disabilities, institutionalized children, children who live in rural and peripheral areas, children of immigrants and refugees. In these areas the human rights principles of equality and protection clearly identify a gap in the psycho–social literature. Most of the research concerning victimization of children with disabilities, for example, has focused on their increased risk of being victimized and their difficulties in the criminal justice process (see, for example, Petersilia 2001, Vig and Kaminer 2002). It seems that insufficient attention has been given to exploring ways of enhancing the ability of children with different types of disabilities to access justice mechanisms and having meaningful roles in them.

It is similarly important to explore differences between boys and girls in the context of crime risk, reactions to crime and ways of assuring equal access to meaningful remedies for their victimization. For example, the findings of Finkelhor and Dziuba-Leatherman (2001) regarding the higher risk of boys of suffering homicide, assault and robbery and of girls of suffering rape, together with their claim that gender differences grow as children get older, are relevant in constructing policies to identify and reduce specific types of crimes against children.

3.5 Conclusion

Various studies on trauma, stress and coping emphasize the importance of control, fairness, social acknowledgment and validation, direct and positive interaction with the offender, receiving an apology from the offender, and support by family and
friends, in healing from stressful events. Indeed, these elements fit into the children’s human rights framework described in Chapter 2 by giving the human rights principles concrete meanings in the context of childhood victimization. The two frameworks complete each other through a mutual deliberation in which the human rights principles identify areas of concern for the psycho-social literature to explore, and existing evidence-based findings on the needs of child victims shape the interpretation and implementation of the human rights principles. The human rights framework, then, cannot stand alone to address child victims’ concerns. It needs to be integrated with relevant knowledge about children’s psycho-social needs in order to provide comprehensive guidance as to the adequate responses for childhood victimization from a child’s perspective.

While the psycho-social literature provides guidance on the understanding and implementation of children’s rights, the human rights principles are useful in identifying where psycho-social studies have neglected certain issues regarding childhood victimization. Indeed, it should come as no surprise that some elements have been studied thoroughly by the psycho-social literature while others have been neglected. Only when applying a human rights approach can elements of inclusion, participation and equality become relevant to victimization studies on children. For example, a large body of research explores the outcomes of traumatic events, post trauma symptoms and different treatment techniques regarding child victims. At the same time, very little has been written on the evolving capacities of children in making decisions regarding their victimization, the importance of having a sense of control and empowerment in the aftermath of crime and the perceptions of justice from the perspective of child victims. Furthermore, there is insufficient knowledge about the ability of children with special needs to participate in decision-making processes and their coping capacities following traumatic events. Clearly, these gaps need to be addressed. However, studies on adult victims and adolescents as well as studies on children in other contexts provide some preliminary indications regarding these neglected aspects of childhood victimization. The studies conducted by Seiffge-Krenke (1995) reveal the strengths and coping strategies of children of various ages. Young children’s appreciation of apologies is supported by Darby and Schlenker (1982). Studies by Weisz (1986), Thurber and Weisz (1997) and Langer et al. (2005) demonstrate the importance of exerting control in controllable, yet stressful situations, for children. These preliminary findings, together with directions from the human rights framework, can be used as a starting point for further empirical examinations of the various needs of child victims.

Clearly, the matching between specific psycho-social needs and various human rights principles might be criticized as arbitrary, if not forced. For instance, one could ask whether social acknowledgment of harm, validation of victims’ behavior, and receiving an apology from the offender are indeed reflected in any of the Convention’s articles. Obviously, there are no specific rights granting child victims such elements. However, as Melton (1992) argues, the Convention is sensitive to social science research and empirical findings. Many of its articles, including those entailed in the current child victims’ rights model, leave considerable space for interpretation and implementation according to the lived realities of children. Put differently, the
vague wording of the Convention and its use of broad concepts actually invites a search for specific meanings in different situations. The psycho–social framework then is called in to fill the human rights principles with substance, while turning the attention to specific challenges or difficulties in their implementation. Accordingly, to return to the example, once social acknowledgement and validation have been found to be beneficial, at least in some circumstances, for child victims, they may be regarded as concrete reflections of the best interests, rehabilitation and protection human rights principles. Similarly, the literature on the benefits of apology might be used as guidance in the understanding of the best interests, rehabilitation and participation principles.

Still, the parallels drawn here might be criticized for ignoring other possible correlations. For example, social validation and opportunities to mourn (currently located between development, best interests and rehabilitation, as Figure 3.1 illustrates) might be associated also with the participation principle, since they occur typically through interaction with other people. Indeed, participation in the process that follows victimization might provide opportunities for victims to share their loss and sadness with others, and to have their behavior and feelings validated. However, the psycho–social literature does not specify that the social validation and mourning rituals should happen necessarily with the people related directly to the crime, in a group discussion that deals with the crime’s outcomes. Validation and mourning can occur in the therapist’s office or with the victim’s family, without any direct confrontation with the perpetrator. Beyond this example, nevertheless, clearly the connections made here between the human rights principles and the psycho–social needs are not axiomatic, may be changed with the emergence of additional findings, and might prove wrong in some specific circumstances. The more important message of the needs–rights model is the value of combining the two frameworks, using them to complete each other through an ongoing dialogue.