

MEDIATOR SKILLS FOR THE UTILIZATION OF TRAUMA CONSCIOUS FRAMEWORK IN RESTORATIVE JUSTICE

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Jude M. Antonyappan - *Professor Emerita, California State University, Sacramento*

Krishna Guadalupe - *Professor, California State University, Sacramento*

ABSTRACT

We examined the required knowledge and skills of mediators for using Trauma-Conscious Approach (TCA) in Victim Offender Dialogue (VOD) within the Restorative Justice (RJ) practice framework. In our conceptualization, the “victim” is referred to as the harmed party and the “offender” as the party that caused the harm or wrongdoer. This analysis began with an extensive review of literature on the primary concepts of the study and included empirical sources from 1992-2024 focusing on TCA and Trauma Informed Approaches (TIA) in RJ in combination with an analysis of five cases that involved restorative justice intervention in various practice contexts. The literature we reviewed used the terms TCA and TIA interchangeably in some instances and when differences were demarcated between the approaches, TCA was described as being anchored in individual awareness of the specific ways trauma impacts the parties’ cognitive and affective processes, as well as how these influences continue to shape mediation or therapeutic processes; and TIA is referred to as an established framework for understanding the impact of trauma that exists at varying levels and for preventing re-traumatization of the individuals. In both approaches, however, being aware of the interaction of trauma in the management of the presenting issues emerged as the unifying principle, while the TCA methods in general emphasize the consistent awareness and responsiveness of the mediator with regard to the parties’ trauma in restorative justice practices. We anchored our analysis in eliciting mediator skills, knowledge, and competencies within the TCA approach. Findings suggest that TCA aids in trauma processing and improves the efficacy of the RJ processes when mediators possess trauma-specific knowledge and skills.

KEY WORDS

Mediator, Mediation, Restorative Justice, Trauma Conscious Approach; Trauma, Trauma Informed Approach, Victim Offender Dialogue

Introduction

Restorative Justice (RJ) practices (Zehr, 1990; Van Ness, et al., 2022) emerged as a rehabilitative model prioritizing the emotional and cognitive restoration of people while holding the accountability standard as a constant factor in the consideration of justice elements. They encourage genuine reflection on the part of wrongdoers while involving the harmed party and the community to address the broader impact of harm with a focus on collaborative recovery (Van Ness, et al., 2022); in the process they break down the resistance to

accountability on the part of the individual who caused the harm by enhancing healing and restoration as the outcome for both the parties.

This is in contrast to the retributive justice model, which is an adversarial system of conventional justice that frequently relies on punishment. Government-established sentencing guidelines regulate criminal sentencing devoid of individual and situation-specific humanistic considerations for harm reduction and reparation (Zehr, 2015; Van Ness, et al., 2022). Within the context of harm created by a crime, Christie (1977) argued that the criminal justice system has turned individual and community conflicts into state and lawyer-controlled processes, commonly depriving individuals, and communities of their rights to directly participate in resolving conflicts that they have encountered and been impacted by. In his writing, Christie contended that the state /lawyer-controlled processes have often neglected the ultimate needs of individuals who have been victimized while individuals who have committed the harm become “objects” of study, manipulation, and punishment.

The political-legal model of addressing harm through retributive mechanisms is premised on the deterrence valuation of punitive methods with a corresponding reduction in the valuation of the rehabilitation through healing. This reliance on punishment only partially addresses the problem because without the needed inclusion of the contributing factors to the behavior that caused the harm, the punitive approach preempts the healing/rehabilitative framework (Umbreit & Armour, 2010) that includes both the offender and the harmed party.

When conflicts caused by crime or harmful behavior are depersonalized (Christie, 1977, 1981, 1993), the focus may shift toward winning or losing rather than addressing the harm and the underlying factors that contributed to the harmful behaviors. To address the underlying factors that caused the harm and the associated trauma, RJ models use various modalities such as Victim-Offender Dialogue (VOD), Victim Impact Panels (VIP), Family Group Conferences (FGCs), and Community Reparative Boards (CRB), across the legal system, educational system, and employment organizations (Zumeta, 2000) that involve the manifestation of a range of cognitive and affective responses.

Generally, individuals participating in RJ processes have been impacted by previous traumatic life events, experiences, and/or conditions. While individualized preparation and group participation in face-to-face mediation is voluntary, grief- as manifested by emotions such as sadness, a deep sense of loss, anger, frustration or irritability, fear, anxiety due to uncertainty and insecurity, or guilt and regret over things done or left undone - is commonly present within a RJ process. Thus, the Trauma-Conscious Approach offers the potential for generating awareness of the prior trauma including triggers from the most recent violation (Strang et al. 2013). This is generally true of wrongdoers for whom the encounters in/with the criminal justice system and/or other past conditions encountered in their lives were possibly traumatizing. To fulfill the restorative purpose of RJ, to reduce the likelihood of repeated harmful behavior, to mitigate the long-term effects of victimization, and to enhance the overall well-being of the community, a Trauma-Conscious Approach is needed.

Although studies report a significant number of individuals presenting with mental health issues also reporting past or ongoing trauma in their lives (Mueser et al. 2004), mediators in TCA do not automatically assume the presence of trauma related factors or the interaction of trauma in the processes of RJ between those harmed and those responsible for the harm (Randall & Haskell, 2013); the mediators simply guide the inquiry with the potential awareness of the interaction of residual trauma and the processes of RJ. Each wrongdoer and those who have been harmed (Gustafson, 2018) have narratives that may include the presence or absence of trauma, and the conflicts associated with the trauma. The mediators' capacity in comprehending the nuances of the TCA requires specific skill sets that are applicable to different individualized contexts of the parties involved.

RJ practice modalities also uphold the values of respect, dignity, empathy, and the inherent worth of everyone involved while emphasizing accountability for those who have caused harm. Thus, upholding the values of RJ practices requires the acknowledgement of intervening factors that may be associated with unresolved traumatic experiences. Because RJ encourages collaborative problem-solving to repair harm (Gumz & Grant, 2009; Dierkhising et al., 2013; Ford, 2012; Fox et al., 2015) it prioritizes open dialogue,

shifts away from punitive measures, and fosters accountability while addressing the root causes of harm to prevent future incidents.

The success of RJ processes and upholding the values depend on mediator skills and knowledge to facilitate the process with a Trauma Conscious Approach. Partially developed meditation skills without the required knowledge can directly influence the levels of trauma that emerge during the mediation process. Thus, mediator training in trauma awareness is considered as a required facilitation skill to address harm reparation while supporting those who committed the harm in gaining insights into triggers and response patterns that either contribute to or precipitate harmful conduct. Because RJ views criminal acts and harmful behaviors as violations of relationships within a community, factors such as traumatic experiences at the individual or family level stemming from physical, sexual, and emotional abuse, chronic substance abuse, family violence, poverty, and unhealthy living conditions, are considered in the context of repairing and restoring relationships at both the micro, mezzo, and macrosystem levels. Considering the implications of the harmful behavior inherent in the crime and its impact on the harmed party, within the RJ perspective the harm is seen as atypical occurrences that violate relationships causing trauma that require reparation and restoration processes (Zehr, 2015). Therefore, mediators need to consider the broader environment or ecology of both the person harmed and the person responsible for the harm, taking into account both individual and societal factors such as impacts of structural racism, historical genocide, exploitation related to colonization, legalized slavery that was marked by deprivation of personal rights, and discrimination including wage theft that violates personal boundaries.

Methodology

A thematic analysis of the five cases that sought the help of institutions/professionals requesting RJ were selected for this study. The details of the cases and identifying information were changed considerably to prevent any potential identification of the cases; however, the individuals' experiences, and associated relevance of the factors analyzed for the study were not modified. The themes that emerged from the cases are associated with varying levels of trauma factors highlighting the importance of mediators' capacity to structure the mediation process, by creating a safe space for communication, establishing trust through clear communication, reframing client situations to strengths-based approaches while acknowledging the pain caused, recognizing the impact of collective trauma associated with historical and systemic oppression, and being acutely conscious of the need to prevent retraumatization. The analysis of the case information was anchored in a comprehensive review of empirical research and reports on trauma with a focus on the RJ processes in general and VOD in particular by taking into account the influence of trauma awareness in addressing harm resulting from a crime or other harmful actions and ensuring accountability of the wrongdoer. Within this framework, we examined the role of mediation in RJ and the required level of mediator's knowledge and skills in facilitating the process for the goal achievement of the RJ.

Definitions and descriptions of the principal concepts used in the study:

Trauma: Traumatic experiences are typically defined as distressing events, a series of events, or ongoing challenging circumstances that have lasting effects on an individual or community's emotional and mental well-being (Putnam, 2006; Randall & Haskell, 2013-11). For the purpose of our study, we define trauma as an emotional-cognitive wound caused by an overwhelming and agonizing emotional, cognitive, and/or socio-cultural-political disturbances-whether from events, conditions, or experiences. Our conceptualization also recognizes that when this wound becomes imprinted on individuals' minds, bodies, and/or the social structure of society through oppressive policies, its ripple effects often perpetuate cycles of individual and collective trauma (Schori-Eyal, et al., 2017).

Trauma Conscious Approach in Restorative Justice: The Trauma-Conscious Approach acknowledges the deeply seated association between possible impact that intrapersonal and/or collective traumatic experiences and conditions can have on individuals' lives and the community's wellness. Yet, the practice refrains from automatically assuming that traumatic experiences are deterministic by nature, defaulting to creating human wounds.

The TCA process advocates mindful engagement and skillful exploration of individuals' and communities' experiences, allowing their narratives to tell the story (Randall & Haskell, 2013; Schori-Eyal, et

al., 2017; Felitti & Anda, 2009; Fox et al., 2015). This framework avoids predefining individuals and communities based on preliminary information. It seeks to assess contextual experiences without positioning traumatic experiences as the dominant lens through which people are viewed and addressed. Possible impairments or wounds created by traumatic experiences within different contexts such as micro capacity – bullying, partner abuse, individual assaults; mezzo level school shootings, community crimes, racial discrimination; and at the macro level, systemic racism, genocide, colonization, cultural displacement are recognized (CDC, 2016). The expressions of the trauma-related impairments and wounds are also acknowledged as related to the parties' response patterns and internalized processing in order to prepare the parties involved for reframing the trauma experience along strength-based RJ practices. However, trauma related impairments and wounds are not automatically assumed as being present without a mindful and engaging exploration that could reveal such relevant and sensitive information.

Trauma Conscious Approach and Collective Trauma: While the scope of this article does not present ample room for exploring the impact of collective trauma in creating and suffering harm in the context of restorative justice practices, the impact of collective or cultural trauma in influencing subjective experiences is acknowledged in TCA as factors that arise from the shared experiences of groups, communities, or even entire societies. According to Alexander (2004) “cultural trauma occurs when members of a collectivity feel they have been subjected to a horrendous event that leaves indelible marks upon their group consciousness, marking their memories forever and changing their future identity in fundamental and irrevocable ways” (p.1). Other scholars have explored the concept of collective or cultural trauma (Rodríguez Goyes et al., 2023) as it relates to the impact of distressing events on brain development, the psyche, and the defense mechanisms of an individual (Van Der Kolk, 2000). Collective trauma is set within the context of how trauma affects the parties' interactions, their sense of identity, health disparities, and socioeconomic as well as cultural-political dynamics (Hartmann et al., 2019; Joo-Castro & Emerson, 2021). Because individual and collective distress impact the well-being of individuals and communities (Hernandez de Tubert, 2006; Hartman et al., 2019), mediators' understanding of the defense mechanisms and the desensitization processes to pain from traumatic situations is essential.

Therefore, through the case analysis we further explored how the desensitization processes interfere with acknowledging the rights of others as evidenced in Maya's case; reconciliation with the self as in Becky and her parents' cases; expression or the lack of a sincere remorseful apology as in Aponia's case; breaking the cycle of harm as in Joe's case; and perpetuation of ongoing harm within a community or across generations as in Steve's case. Literature reviewed support the above conceptualizations (Balkin et al., 2021; Crawford, 2014) and highlight the importance of the above-mentioned understanding as critical for restorative justice mediators, particularly when working with people whose past traumatic impacts have become normalized and have contributed to ongoing conscious or unconscious engagement in harmful and/or criminal behavior. When mediation aims to increase awareness of the effects of the harm, foster communication of sincere remorse, promote genuine accountability, and support healing (Zehr, 1990 & 2015), a TraumaConscious Approach is helpful in intervening with all parties impacted by a criminal violation and/or harmful behavior.

Case Analysis and Discussion

A. The desensitization processes interfering with acknowledging the rights of others:

The following case elucidated the themes of intergenerational trauma, substance use, out of home placement and the associated desensitization that normalizes the trauma.

Sisters Gene (now deceased) and Becky grew up in a home destabilized by their father's addiction to alcohol and speed balling (heroin and cocaine injected together). Their mother suffered from severe depression and anxiety, predominantly as a consequence of their home instability and previous adverse childhood experiences with family violence as a common occurrence. Both Gene and Becky experienced ongoing neglect, violence, and chaotic household interactions. After several attempts at family unification, at ages 14 and 16, Gene and Becky were removed from their home by Child Protective Services and placed in foster care. Though initially placed together, they were eventually separated and remained in out of home care until they aged out of the system. Gene began using substances in her early

twenties and cycled through incarceration, homelessness, and repeated but unsuccessful recovery attempts. Gene died from an overdose at age 30. Becky, meanwhile, pursued education and therapy, earning a degree in human services and working on her healing journey. Now 32, Becky is cautiously considering Restorative Justice through Victim Offender Dialogue to restore her sense of well-being and repair her relationship with her parents. Both her parents have been in recovery for five years and express deep remorse regarding the circumstances they created during their children's formative years. They are open to participating in RJ practices, but emotions remain complex, and both Becky and her parents express emotions of vulnerability and deep sadness even as they consider entering the Victim Offender Dialogue.

Here, the mediator's capacity for recognizing the trauma related to the fragility and vulnerability that the parties presented is the first step in guiding the trust building process of mediation. Trauma often threatens the safety, wellness, and coping abilities of individuals as demonstrated in Gene's repeated exposure to the debilitating factors of her unsafe home environment, subsequent out of home placement and self-destructive behavior resulting in her eventual death (Wall, J & Dunne, 2012; Umbreit, & Armour, 2010). The degree of traumatization and the length of time to process trauma differ depending upon individual resilience (e.g., ability to bounce back from adversities), environmental resources, cultural ethos, and/or spiritual coping mechanisms. Becky demonstrated that level of coherence despite the circumstances that generated emotional injury and the unexpected loss of her sister, that was preceded by the neglect and abandonment by her parents, unstable home environments, parental addictions, and mental health challenges (CDC, 2016, Felitti & Anda, 2009; Fox et al., 2015).

A mediator with an understanding of the TCA amplifies the level of comfort and satisfaction that the parties experience with the RJ processes. Such understanding requires knowledge of how trauma experiences cause distress in the lives of individuals who in turn may self-destruct or commit crimes or harm (Dierkhising et al., 2013; Ford, 2012; Fox et al., 2015). Although each person who creates harm and those who have been harmed (Gustafson, 2018) have narratives that may include the presence or absence of trauma, in Gene and Becky's cases the intergenerational trauma caused by alcoholism and substance abuse and maternal mental health issues were so severe, that the resulting emotional wounds continue to influence Becky's sense of fragility. Likewise, her parents' deep remorse and guilt regarding the behaviors that inflicted pain on their children contribute to their vulnerability. The recognition of such responses to trauma and establishing the RJ trust building processes with respect for their vulnerabilities is crucial before TCA can proceed (Wood, 2024).

B. Assisting with the reconciliation of the self and creating a trauma-conscious safe space that honors gender identity and race through mediator skills:

While Gene and Becky's case reflects the effect of intergenerational trauma and substance use within the family, Maya's experience (see below) illustrates the harm of societal rejection and identity marginalization. Together, these cases show how trauma can emerge both in families and within broader social environments.

Maya is a 25-year-old Black transgender young woman. Until age 12, Sonia identified as male, corresponding to her identity given at birth. With the support of her family, she began hormone therapy at age 14 and is currently working and saving money in preparation for gender-affirming surgery. For years, Maya has been deeply connected to her female identity. Her experiences as a young trans woman, as well as a keen sense of identity, have been supported by her parents and some close friends. She continues to participate in social programs and activities to expand her support system.

Despite the support Maya has received from family members and friends, she has faced repeated harassment and bullying within the community. The stigmatization that Maya has encountered has come with its challenges. Maya's high school experiences changed in 9th grade when she officially began to honor what she had felt for years: that she was in the "wrong body." Soon after making her gender identity public, through changes in her physical appearance and dressing choices, rejection from peers who had grown up believing the idea

of binary became inevitable. She records that during this part of her life, a group of two identified heterosexual boys and three girls constantly mocked her gender identity, misgendered her intentionally, and made offensive comments in hallways and online. The bullying took a toll on Maya's emotional well-being as it was coupled with other community rejections. From her teen years until current times, Maya has participated in counseling to address the ripple effects of the rejection that she has experienced due to her gender identity (e.g., two suicidal attempts, anxiety, isolation, and sense of self-hatred). A week ago, Maya received an unexpected Facebook message from Clara, one of the girls who had been involved in bullying her when Maya was in High School. Clara is now in graduate school and recently completed restorative justice training. Throughout the training, Clara flashed back to the harm she had caused. Now, at 25 years old, she could admit that her cruel jokes and dismissal of Maya were based on her ignorance and the conditions she had experienced growing up. She also recognized that her feelings of not being "good enough" influenced her to bully others in an attempt to feel better about herself. In her email message, Clara wrote, *"Hi Sonia, I don't know if you remember me from high school. Yet, I want to say sorry for the way I treated you. I have been studying, and after training in Restorative Justice, I recognize the harm that my ignorance and pain may have caused. I am open to a conversation if you are willing and want that. I also understand if you don't want to. Sincerely, Clara."* Maya was initially outraged. She thought of deleting the message. Some of the wounds created by high school experiences have not been completely healed. With support from her parents and her therapist, Maya expressed interest in participating in a VOD with Clara—provided that the process is safe and respectful and she could bring a person as a support system. Maya wants to gain a deeper understanding of Clara's actions and current experiences and have the opportunity to face her directly to share her own experiences. Maya is now preparing to engage in VOD through a community-based RJ program with a trained Mediator present.

This case illustrates the importance of acknowledging the undermining of the self that stemmed from societal responses to gender identity and the delimiting power of harmful words. A mediator trained in facilitating a safe communication environment begins by acknowledging the negative impact that hurtful and undermining words have had on individuals who are brave to live authentically, in this case Maya, who experienced the harm for aligning with their gender identity.

Here, the mediator's skill in recognizing the potential indicators of post-traumatic symptomatology as depicted through Maya's two suicidal attempts, anxiety, isolation, and sense of self-hatred is the foundational step to begin the dialogue. The post traumatic symptomatology here may include heightened reactivity, reexperiencing the effect of harmful events, mood changes, and cognitive distortions to the self and the rejection of her peers to her gender identity. Because RJ practices are intended to reduce the fear of revictimization and alleviate trauma symptoms associated with victimization (Lloyd & Borrill, 2020; Poulson, 2003), the healing process for individuals who have experienced victimization requires the mediators to have well developed empathetic understanding, reduced defensiveness, and ensure meaningful accountability; healing and the broader transformation within the community regarding gender inclusivity and respect.

C. Aiming for reduction in re-traumatization and reoffending by eliciting voluntary participation of the parties to engage in meaningful communication.

Maya's case highlights the personal effects of stigmatization, while Aponi's case, discussed below, emphasizes the weight of historical and collective trauma. Together, they show the range of contexts in which mediators can apply trauma-conscious skills.

Aponi is a 45-year-old cultural educator of Maidu, Wailaki, and Wintun descent. Her family history reveals the lasting effects of historical trauma, affecting them intergenerationally. Aponi, her family, and her community have been exposed to devastating experiences (e.g., the imprint of Indian boarding schools, cultural destruction, genocide, as well as forced assimilation and displacement), shaping Aponi's worldviews, deep sorrow, mistrust, and need for cultural recognition. Aponi works as a cultural educator at a local museum, exhibiting Native traditions and history. Six months ago, a colleague, Mark (a 38-year-old

white man), made a series of dismissive and racially insensitive remarks during a staff meeting. He questioned the need for a Native history exhibit, referred to it as “too political,” and later minimized the impact of boarding schools when Aponi shared part of her family story. Mark’s approach and comments seemed to have been influenced by growing up surrounded by conservative thoughts, believing that the United States has reached equality. Mark seemed unaware of his assertion of white privilege. The encounter deeply hurt Aponi, as it reopened old wounds caused by previous experiences of dismissal and marginalization. Since Mark’s comments were made in front of other colleagues, Aponi felt exposed, devalued, and isolated. Mark later offered a vague apology, stating he “did not want to offend anyone,” yet made no effort to repair the harm. Aponi submitted a report of the incident to HR, but the response felt procedural and inadequate. No meaningful accountability process was offered. After six months, Aponi continued to reflect on the incident with Mark. With the support of a Native community advocate, Aponi expressed interest in participating in a victim-offender dialogue (VOD) with Mark—if it could be held in a setting that honored her cultural identity and ensured her emotional safety.

This case illustrates the importance of the mediators’ knowledge of the historical wrongs in understanding the personality, and biopsychosocial history of the victim and the offender. This is an important theme in using the knowledge on physical, emotional, and social safety protocols for the VOD sessions and a contributory factor to the positive outcomes for the VOD’s goal achievement, particularly in the increased safety of the participants and mediation in general. Because RJ focuses on addressing past harm and preventing future offenses while fostering individual and community well-being, using TCA in VOD can be crucial in addressing individual harms stemming from lack of understanding of the cultural identity, historical context, and emotional safety throughout the dialogue.

For Mark to understand the deeper harm caused by his actions and the need to take responsibility in a meaningful way requires a VOD process that supports accountability, healing, and a genuine opportunity for repair—not only for Aponi as an individual but in light of the broader harm to her community. This requires the mediator to be competent in integrating knowledge on collective trauma, particularly in the context of minority status and anxieties associated with intergenerational trauma. RJ approaches have been applied in post-conflict societies, including the South African Truth and Reconciliation Commission (TRC), established by the Government of National Unity to address the harms caused under apartheid. Similarly, Rwanda’s Gacaca Courts (2002–2012), provided a platform for storytelling, accountability, and reconciliation and Nigeria’s National Action Plan for Peace and Security (2020–2024) and Canada’s, Indigenous Justice Programs (IJP) and Community Justice Forums continue to serve Indigenous communities to educate others in enhancing their cultural understanding as an inherent part of RJ initiatives. New Zealand, for instance, uses the Family Group Conference model as the foundation of its youth justice system. The United Kingdom and Australia also incorporate RJ practices through the National Offender Management Service (NOMS), VOD, and Community Justice Panels. Two common themes that emerged in the review of studies pertaining to these programs were the design of the RJ programs to be conducive to reducing trauma-related anxiety and holding the overarching goal as promoting healing and reconciliation.

D. Developing a deeper understanding of the trauma through active listening

Steve’s story illustrates how internalized trauma and rejection can shape self-identity and interpersonal relationships. His case demonstrates the complex ways unresolved trauma may manifest in destructive behaviors and the challenges mediators face when supporting accountability and healing.

Steve is a 38-year-old gay man who was incarcerated for 10 years for nearly killing his intimate partner, David, after discovering David’s infidelity. Growing up gay person in a society that often viewed him as deviant, Steve experienced rejection from an early age. He remembers being teased and bullied as a young child, especially for playing with dolls. As Steve grew older and began to understand that he was different from what others expected—both in terms of who he was and who he was “supposed” to love—Steve began to hide himself. He adopted a heterosexual persona throughout his adolescence, but by his early 20s, the weight of his anxiety, depression, and internalized self-hatred had led to two suicide attempts. Trust has long been a challenge for Steve. He has felt betrayed by family members

and friends he once relied on. While incarcerated and not without difficulty, Steve participated in several self-help programs. These have helped him begin to acknowledge his emotions and understand how his past has shaped his behavior. Recently, through a Restorative Justice educational program, Steve learned about Victim-Offender Dialogue (VOD). He expressed hope that one day he could apologize directly to David and take responsibility for the harm he had caused. Although Steve and David have not initiated a Victim-Offender Dialogue as requested by David, considerations for the mediator include creating a space that is respectful, trauma-conscious, and emotionally safe for both individuals and understand the complexities of the impact of the harm on David through active listening to the dynamics that precipitated the event and the complexities of their relationship that needed support in a generally combative environment to their sexual orientation.

Here, the mediator needs the capacities for promoting an authentic dialogue that promotes accountability and the possibility of transformation for both Steve and David. Studies reviewed emphasize active listening and de-escalation techniques as crucial for mediators. Some of the techniques discussed include pacing, validation, and recognizing disengagement on the part of participants during the VOD circles because the mediators' knowledge of de-escalation and grounding techniques were related to positive outcomes. Because trauma impacts communication patterns, emotional expression, and accountability (Marusak et al., 2014; Putnam, 2006; Schori-Eyal et al., 2017; Wood, 2024), mediators skilled in a trauma-conscious approach can understand the effects of past traumatic events, experiences, and conditions in how the parties to the VOD respond. Walters (2015), also discussed how family members of the person impacted by a harmful act developed a deeper understanding of the incident after carefully listening to the explanation provided by the individual responsible for the harm, ultimately reducing their trauma.

E. Acknowledging that mediating a VOD within the RJ framework is not a simple task; and that it needs to fundamentally respect the protocols and the processes to prevent the creation of any additional pain through a VOD process.

Joe's case turns attention to intergenerational cycles of violence, addiction, and abandonment within families, as a final example, demonstrating the ethical and emotional complexities of facilitating restorative processes across generations.

Joe is the oldest of three siblings, with a brother who is five years younger and a sister who is three years younger. He grew up in poverty and in a home shaped by violence and silence. Joe's father, a Vietnam veteran, returned home traumatized and struggled with alcoholism shortly after meeting and marrying Joe's mother. When Joe was 13, his father died in a car accident while intoxicated. In Joe's youth and most of his adult years, showing emotion was seen as a weakness, and survival meant being tough. As a child, Joe often defended his younger siblings. Without support or healing, Joe carried his emotional and cognitive wounds into adulthood. He became addicted to heroin and cocaine during his teen years, struggled with intimate relationships throughout the years, and was physically abusive to the mother of his two oldest sons. He ended the relationship and abandoned his two sons—then 12 and 10, now 24 and 22—repeating cycles of harm. Now 42, Joe is married with two-year-old twins and has been clean for four years. He attends NA meetings regularly and serves as a sponsor to another member. Recently, his eldest son, Joseph—two years into his own recovery—reached out, asking to begin a Victim-Offender Dialogue. His son has recognized the harm caused to him by witnessing Joe's brutal domestic violence against his mother, as well as Joe's abandonment of him and his brother. Joe has accepted the request. Now living a life in recovery and while troubled, he perceives his son's request as an opportunity to address the past, take responsibility, and possibly create additional space for healing—both for himself and his family.

Here, the mediators' understanding of the complexities of parent-adult child relationship and the inherent ethical obligations such as maintaining confidentiality mechanism emerged as critical. The mediator's training in a trauma-conscious approach relies on the notion that respecting the protocols and the processes associated with AA and NA mechanisms is essential to prevent the creation of any additional pain

through a VOD process (Strang, et al. 2013). Because VOD relies on principles of trust, and specialized mediation skills in trauma understanding (Balkin, et al. 2021; Gumz & Grant, 2009) using screening tools to determine the level of distrust and capacity for building relationships and potential trauma triggers for all participants are required for setting the appropriate pacing of the mediation process with flexibility. Overall, the findings support the importance of comprehensive training of the mediators in trauma symptomatology and considerations. A RJ mediator who applies a Trauma-Conscious Approach is likely to be better equipped to explore how past experiences have influenced all individuals involved in a VOD process and the possible manifestation of resilience, particularly the ability of participants to bounce back, handle, and process difficult circumstances.

Conclusion

Taken together, the cases discussed highlighted the multiple forms of trauma, individual, familial, cultural, and intergenerational, that mediators must navigate in restorative justice practice. They also reaffirm the central argument of this article: that trauma-conscious skills are indispensable for mediators seeking to support accountability, healing, and reparation.

As reflected in the discussion of the cases and the reviewed studies, specific skills of the mediators pertaining to the understanding of the varied traumatic experiences that the participants in the VOD dialogues may have faced and the potential impact of those experiences on the communication styles and emotional regulation of the participants are essential for RJ practices in general and the VOD processes in particular.

Training in the ways in which intrapersonal and/or collective trauma is likely to affect emotional, psychological, and social well-being, particularly community distrust and their implications for RJ processes (Lawson & Quinn, 2013) is important. Mediators' use of self-reflection tools, that help them to turn assumptions into inquiries (Alexander, 2004; Balkin, 2007; Fox et al., 2015) are enhanced by listening, rapport building, and managing difficult emotions to foster productive RJ dialogues. These techniques help the mediators to identify trauma-based response patterns through solicitation, clarification, and reflection questions, alongside paraphrasing, redirecting focus, empathetic listening, and summarization skills. Mindful exploration of trauma and the concomitant awareness of the verbal and nonverbal communication during the mediation process can contribute to the understanding of the readiness for accountability to the harm caused (Baker, 2012; Cloke, 2017).

Required skills such as active listening and cultural competency are crucial for mediators in identifying critical factors for reparation and accountability throughout the VOD process. Empathetic listening is instrumental in assessing the possible normalization of trauma as a response pattern. A trained mediator can foster trust and establish ground rules for participants to engage in respectful interactions. RJ practices operate on the ability of the mediators to assist those who have been harmed to articulate the impact of their loss and the need they feel for reparation, while assisting those who have caused the harm to participate in the process and assume accountability for the conduct that caused the pain. A supportive and respectful environment is formed through guided interactions by a skilled mediator(s) to foster healing and reduce repetitive harmful behavior. Because of the possible role of trauma-related stress and unresolved trauma responses interfering with the intended outcomes of reparation, accountability, and healing, the mediators' skills in a Trauma-Conscious Approach are crucial for the success of the RJ practices that include VOD.

The cases analyzed and the studies included in our review also discussed the intensity of the "emotional load" of both the "victim-centered," and "offender-sensitive" approaches. The mediator's role in encouraging opportunities for closure through restorative wellness from the harm experienced was discussed in the studies we reviewed. This needs further comparative longitudinal research to demonstrate the longevity of the gains made during the RJ practices, particularly with the use of mediator facilitated VOD. The acknowledgement of the violation of a person's rights and the acknowledgment of the magnitude of the impact of offense that could trigger memories of prior traumatic experiences and conditions in any of the parties involved in these modalities emerged as a vital component of the RJ practices that may be the core training content for mediators in the RJ framework.

Limitations

This study addressed the relevance of Trauma Conscious Approach in RJ in the context of mediator skills in trauma awareness and related RJ practices. The identified gaps in the research are related to the inadequate understanding of the TCA and limited integration of the same in the training for the mediators in RJ practices. Further studies on the mediator as a member of an interdisciplinary team, and the content of the training with regard to the comprehensive understanding of trauma's impact on the outcomes of VOD in RJ are recommended. Another area that needs further study is mediator training on methods of preventing re-traumatization and building the empowerment and resiliency of the VOD participants

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