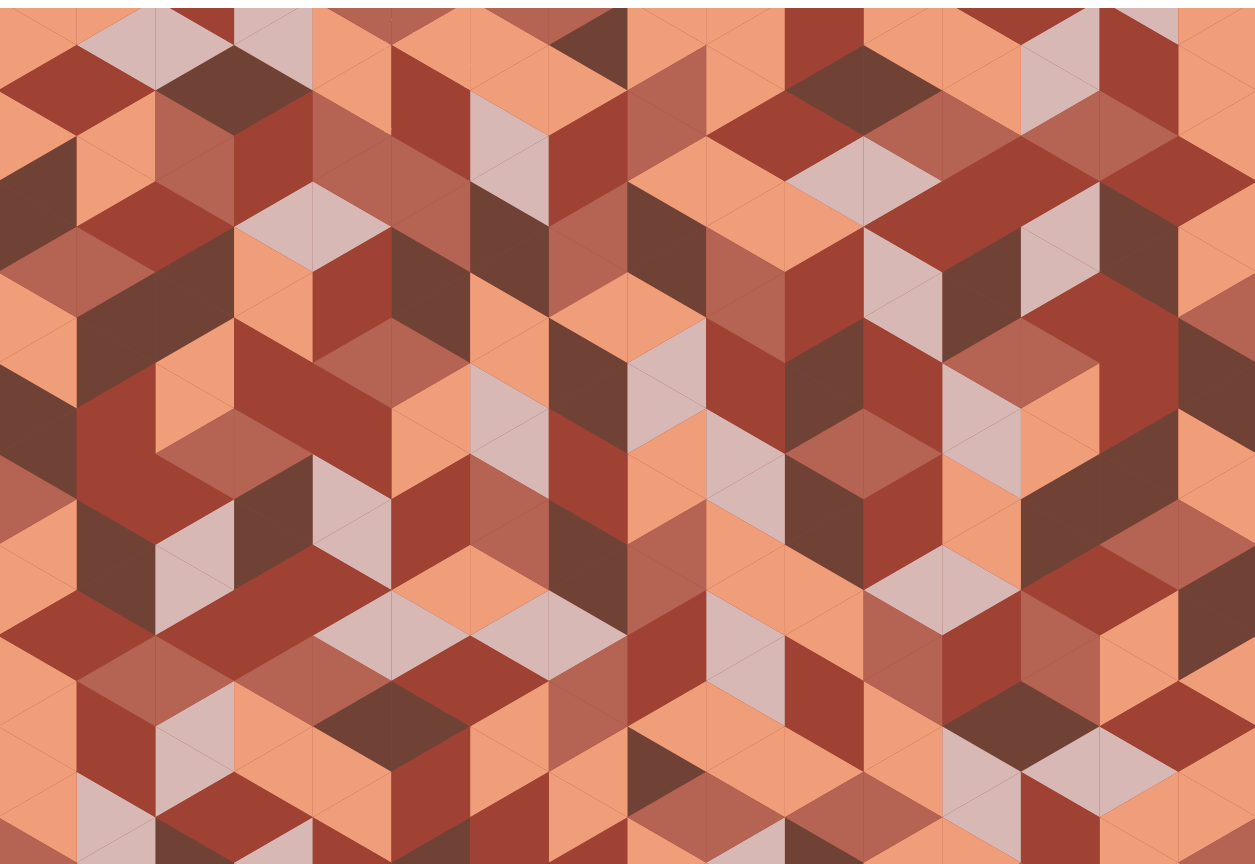

Quality Specialist Support Services for Hate Crime Victims

Training Course



Funded by the European Union



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Contents

Introduction	7
Background.....	7
Information for trainers	9
Training approach.....	9
Course overview.....	12
Module I: Client Support and Client Relations	14
Session 1: A victim-centred approach to hate crime victim support services	15
Activity 1.1: Pillars of a victim-centred approach.....	17
Activity 1.2: Self-assessment.....	20
Session 2: Preventing secondary victimization	22
Activity 2.1: Role play.....	23
Activity 2.2: Microaggression.....	30
Activity 2.3: A conversation with a client – Recognizing microaggressions.....	32
Session 3: Individual needs assessment	36
Activity 3.1: INA quiz – True or false?.....	38
Activity 3.2: Presentation – INA essentials.....	42
Activity 3.3: Role play – Identifying victim’s needs.....	49
Session 4: Referrals	55
Activity 4.1: Identifying barriers preventing referrals between agencies and promising practices.....	57
Activity 4.2: Referral pathways.....	59
Session 5: Support during criminal justice procedures	63
Activity 5.1: Stages of a criminal case.....	65
Activity 5.2: Case study: Support through the court proceedings.....	70
Module II: Organizational Development	75
Session 6: Occupational health and safety	76
Activity 6.1: Safety and protection of hate crime victim support providers.....	77
Activity 6.2: Mental health - Prevention of secondary traumatization.....	81
Activity 6.3: Burnout – Know the signs.....	84

Session 7: Public relations and media engagement..... 89

 Activity 7.1: Strategic media engagement - An overview 90

 Activity 7.2: Practical considerations for engagement with media and journalists .. 95

 Activity 7.3: Interview with a mass media journalist 102

Session 8: Emergency preparedness 105

 Activity 8.1: Identifying victims 107

 Activity 8.2: Identifying types of victims’ needs 111

 Activity 8.3: Mapping service providers 113

 Activity 8.4: Outlining components of an emergency preparedness plan 116

Session 9: Monitoring and evaluation..... 119

 Activity 9.1: Mindmapping activity 120

 Activity 9.2: Developing indicators 126

Conclusion and Evaluation 128

Annex 1: Model agenda for training sessions 133

Introduction

Background

Hate crime is a manifestation of discrimination and intolerance that has a profound impact on victims, communities and societies. Victims of hate crimes require specialist services to support them in their recovery from these crimes, to enable them to effectively participate in the criminal justice process and to regain a sense of agency. This support includes practical help, emotional and psychosocial support, and advice relating to legal and financial issues, as well as community work. Such specialist support is tailored specifically to each individual who is a victim of or a witness to a hate crime, has experienced a hate incident or is affected by a hate crime committed against someone else.

In 2009, at the OSCE Ministerial Council meeting, the Organization's participating States committed themselves "to explore ways to provide victims of hate crimes with access to counselling, legal and consular assistance as well as effective access to justice."¹ In 2012, the EU adopted Directive 2012/29, on "establishing minimum standards on the rights, support and protection of victims of crime" (the Directive).² The Directive was adopted to improve the Member States' responses to the needs of victims and to ensure that victims across the EU enjoy their rights and have equal access to support services. Furthermore, the Directive called on Member States to establish specialized victim support services, either as an integrated part of or in addition to generic victim support services. These specialist services must offer support depending on the type of victim and type of crime, and will require the engagement of multiple actors to ensure these are available to victims.

Despite these commitments and obligations, and the recognition that support for victims of crime is a crucial part of a criminal justice system, access to support services remains inconsistent across the OSCE participating States. The range and quality of services that hate crime victims receive differs from one participating State to another. Some participating States have professional counselling centres, specifically set up to support individuals who have experienced victimization because of a hate incident or hate crime. Such organizations typically offer what are called "*specialist support services*", which include a broad range of services that most hate crime victims need. In other participating States, support is offered by organizations that specialize in one service, but do not offer all the services that victims might need. Yet others often offer services that have only local reach and do not adhere to established quality standards, have few or no paid staff, and are not recognized as service providers by public institutions. Considering the

1 OSCE Ministerial Council, Decision 9/09, "*Combating Hate Crimes*", Athens, 2 December 2009.

2 EU, "*Directive 2012/29/EU of the European Parliament and of the Council of 25 October 2012 Establishing Minimum Standards on the Rights, Support and Protection of Victims of Crime, and Replacing Council Framework Decision 2001/220/JHA*" (Victims' Rights Directive), 25 October 2012.

well-documented damaging impact of hate crime upon victims and communities, the availability of specialized hate crime victim support is of fundamental importance for affected persons and communities, and is indispensable for the maintenance of socially cohesive societies.

This training course, on Quality on Specialist Support Services for Hate Crime Victims, has been developed within the framework of the Enhancing Stakeholder Awareness and Resources for Hate Crime Victim Support (EStAR) project, implemented by the OSCE ODIHR, in co-operation with the Association of Counseling Centers for Victims of Right-wing, Racist and Antisemitic Violence in Germany (VBRG).

This training course is designed for:

- Civil society organizations catering to specific communities that want to expand their services to meet the specific needs of hate crime victims;
- General victim support providers with aspirations to also cater to hate crime victims;
- Emerging hate crime victim support providers who want to strengthen and expand their services; and
- Experienced hate crime victim support providers who want to improve their organizational capacities and ensure they meet professional quality standards in their services.

The training course aims to:

- Build the capacity of service providers to engage with and assist hate crime victims; and
- Promote increased co-operation and effective communication among service providers, with professionals of different associated disciplines, affected communities, and law enforcement and judicial authorities.

This training course builds primarily on the EStAR publications: *Model Quality Standards for Hate Crime Victim Support*, *Model Guidance on Individual Needs Assessment of Hate Crime Victims* and *Understanding the Needs of Hate Crime Victims*.³

3 EStAR publications can be found on the OSCE website at: <https://www.osce.org/odihr/hate-crime-victim-support>.

Information for trainers

Training objectives

The overall objective of the training course is to contribute to the capacity of service providers and to assist them in meeting professional quality standards in their provision of victim support services to hate crime victims.

Composition of training team

This training course should be conducted by a team of at least two trainers. Trainers should have extensive subject matter expertise and training experience, to ensure they can deliver complex and sensitive content in teachable segments, offer examples from practice, navigate potentially challenging training situations and be able to adjust their training delivery to meet the needs of participants. All trainers must be adept at effective communication with diverse participant groups. One of the trainers must be a practitioner who has in-depth knowledge of hate crime victim support services and be familiar with national legislation and victim support structures. At least one of the trainers should be fluent in the local language. Each session should have a lead trainer, based on the trainers' expertise. The need for gender balance in selecting trainers should also be taken into account.

Training approach

Participatory and interactive

This training course is based on the idea that participants can learn from trainers and from each other. It is, therefore, important to foster an open dialogue from the beginning of the training. Participants will be expected to draw on their experience and knowledge, and to critically engage and develop ideas on how to effect a change in their organizations after the training. The training is meant not only to equip participants with tools, but also to challenge their own perceptions on certain elements of the interaction between individuals seeking support and counsellors, the importance of understanding of their own motivation, feelings and past experiences, and how these shape service delivery at both the individual and organizational levels.

Active participation will be the cornerstone of this learning process. Effective adult learning builds from experience and is problem-solving-centred. Given the right environment, professionals can also learn from each other by discussing and identifying solutions for problems they encounter in their professional practice. Discussions, practical exercises

and debates in small and large groups will be the preferred methods used to enhance participants' skills and competencies in providing services for hate crime victims.

Inclusive and gender-sensitive

This training course aims to realistically represent the plurality of experiences and realities that may be encountered by both the victims of hate crime and by service providers. Learning activities will aim to be inclusive and provide diverse examples, representing the full variety of contexts and types of victimization. Great importance will be placed on the concept of intersectionality, so as not to limit individuals to one protected characteristic but, instead, to represent them in their multiple identities.

It is advisable to establish an agreement among the learning group (trainers and participants together) on the requirements for creating a safe space for the training. The group might want to agree on rules of confidentiality, on signs to use that indicate that a discussion is becoming uncomfortable or hurtful to a participant, and on potential emotional triggers, in the event that stories and examples are being used, etc.

Flexible and adaptable

The course content has been developed to allow for as much flexibility and adaptability as possible. Each organization deciding to undergo the training can choose to follow the course in its entirety or can select sessions from one or both modules, depending on their own situation and needs. Trainers are strongly encouraged to adjust training elements to reflect the local context, such as case studies or other examples, and instances where customization is beneficial are highlighted in the activities.

Training delivery

This training course is designed to be an in-person activity. The training should be delivered in an accessible location and, ideally, arrange for professional childcare, so that parents working part-time can participate in the training. The training should be provided in a comfortable room of an appropriate size and with proper ventilation.

It is recommended to arrange the tables and chairs in the room based on the requirements of the activity. This also serves as a way to get participants to move around and interact with each other outside of the training content. It is recommended to use a traditional classroom style layout, where participants sit facing trainers directly, for activities. A cluster seating arrangement is ideal for group discussions and peer-to-peer interactions. A U-shape layout is excellent for encouraging interaction among the entire group.

Role plays are a core activity throughout the training course, as they are one of the most effective methods to allow participants to apply knowledge and skills in situations that

simulate those they encounter in real life and, thus, to facilitate the transfer of newly acquired knowledge to their performance. Role plays must be properly prepared and, ideally, scenarios should be adapted to make them more consistent with the situations that participants might encounter in their own organization and country. Role plays must always be preceded with a reminder that they are taking place in a safe environment, the instructions and objectives must be clear, and the exercise must always end with a structured de-briefing. It is important to allow time for participants to prepare for the role play, so they can conduct it in a deliberate manner. If time permits, participants should rotate the roles and play scenarios several times. The most important part of a role play activity comes at the very end, when trainers and participants debrief the activity and trainers provide expert feedback on how the role play went and how lessons learned during this activity can be used in practice. Without a properly conducted, thorough and structured de-brief, role plays have the potential of reinforcing the wrong behaviour. If time is short, it is better not to have a role play than to conduct a rushed activity. Conducted properly, role playing encourages participants to think more critically about complex and controversial subjects and to see situations from different perspectives.

The training course can also be carried out online, if necessary. There are many digital platforms that offer the necessary functionalities, with Zoom as one option. Trainers are free to choose whichever platform they are most familiar with. Suggestions for the adaptation of activities for online format are offered in session descriptions, and other online tools, such as interactive presentation or collaboration platforms that can be used, are also mentioned, where appropriate. Training should be interactive, but participants should not be overwhelmed with too many online tools. It is recommended to post the instructions for group activities using the chat function. An additional person responsible for technical assistance should be available throughout the training. Participants should be encouraged to have their cameras on during the entire duration of the training. To avoid camera fatigue, participants may switch their cameras off during PowerPoint presentations. Trainers should also be mindful of avoiding sessions longer than an hour in the online format and should ensure that there are frequent short breaks for half-day or all-day training.

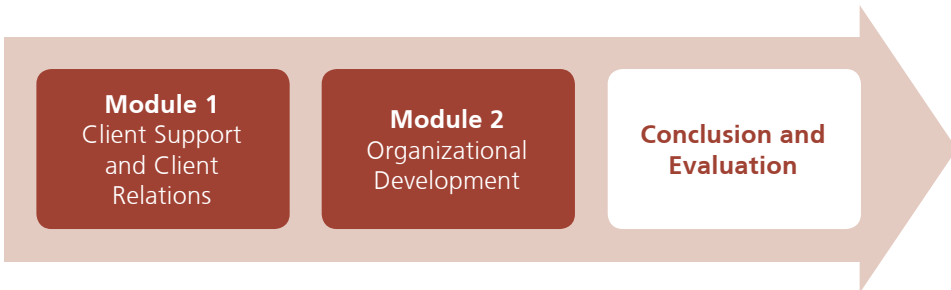
Participants

Hate crime specialist support services are delivered by a wide variety of organizations and professionals, with practical experience ranging from new to experienced providers of hate crime support. The training course can be delivered for one or more organizations that provide similar or complimentary services for hate crime victims. It is not advisable to conduct this training for organizations that are at very different stages of their development and service delivery. It is beneficial to offer this training to persons with at least some knowledge of the organization they work at, to ensure that they can refer to their organizational policies and practices. Counsellors, social workers, psychologists, lawyers, human rights defenders, staff of refugee centres, community organizers and others who come into contact with hate crime will benefit from the training.

This training course should have a maximum of 20 participants both for in-person and online formats, to ensure the necessary quality and quantity of the interactions between and with the trainers and participants. The need for gender balance in selecting participants should also be taken into account.

Course overview

The training course consists of two substantive modules, as well as a conclusion and evaluation. The first module, on Client Support and Client Relations, includes five sessions: The victim-centred approach to hate crime support services; Secondary victimization; Individual needs assessment; Referrals; and Support in criminal justice procedures. The second module, on Organizational Development, comprises of four sessions: Occupational health and safety; Public relations and co-operation with the media; Emergency preparedness; and Monitoring and evaluation. The training course has a modular structure that allows easy combination of sessions that can be carried out separately or together, depending on each organization's unique capacity development needs. Regardless of the configuration or sessions selected, Session One: A Victim-centred approach to hate crime victim support services is the only mandatory session of the training course and should always be the first session in the training.



Module I: Client Support and Client Relations

The first module consists of five sessions that form the foundation of victim-centred support services. All five sessions are designed to support participants' understanding of the centrality of the victim-centred approach in all actions meant to support the victim. It includes reflections on secondary victimization in the counselling setting and activities where participants will be able to test their practical skills for identifying a hate crime victim's needs and supporting the victim in designing goal-oriented solutions. The module also serves to illustrate that effective support for victims can be provided only when various stakeholders co-operate with each other. Furthermore, it proposes ways and means to support hate crime victims in criminal proceedings.

Module II: Organizational Development

The second module comprises four sessions that concern organizational-level arrangements. Activities in these sessions range from those aimed at recognizing signs of occupational impact on individuals working with hate crime victims and developing strategies for effective interaction with other stakeholders when responding to a large-scale hate crime, or for engagement with the media. The final session in the module prepares participants to develop tools for the continuous monitoring of services to hate crime victims within their organization, to ensure that the services offered meet clients' expectations, thus informing further improvement of those services.

Conclusion and Evaluation

It is important to allow participants to evaluate the training delivered, by assessing both the knowledge and skills they have acquired and their satisfaction with the training. Each participant should have the opportunity to auto-evaluate the skills and competencies acquired during the training and share their satisfaction, using the self-assessment and satisfaction form. This section also includes optional debriefing activities, should trainers wish to conclude the training by inviting the participants to review and acknowledge what has been learned throughout the course.

Module I: Client Support and Client Relations

Session 1: A victim-centred approach to hate crime support services explains the main elements of such an approach and allows participants to assess their work in terms of the requirements of this approach. The session explains how a needs-based response necessitates a highly individualized support framework, guided by the perspective of the client (90 minutes).

Session 2: Preventing secondary victimization discusses the role hate crime victim support providers can inadvertently play in causing the secondary victimization of their clients. Participants analyze how certain modes of interaction can cause secondary victimization and how they can challenge their own behaviors in the counselling process (110 minutes).

Session 3: Individual needs assessments (INAs) builds the capacity and skills of service providers to conduct an individual needs assessment. Conducting INAs is a core task of any hate crime victim support organization and a starting point of any support process, serving to identify hate crime victims' needs and devise support strategies tailored to respond to these needs (105 minutes).

Session 4: Referrals explains the importance of referral mechanisms and discusses the main considerations for ensuring an effective, victim-centred referral system (40 minutes).

Session 5: Support during criminal justice procedures introduces ways and means to provide practical and emotional support to hate crime victims seeking justice in courts. It proposes a set of practical examples of how clients can be supported in preparing for and enduring a criminal trial (90 minutes).

Session 1: A victim-centred approach to hate crime victim support services

A victim-centred approach is fundamental to any delivery of services to hate crime victims. Regardless of the size and resources of a service provider, or the range of services being offered, a victim-centred approach is key to professional and effective service provision that guarantees a targeted response to the individual client's needs.⁴ Hate crime victims approach a service provider with a specific set of individual needs. In order to ensure quality services, a victim-centred approach is the precondition to an effective response to these needs, and vice versa: establishing what the needs are is a precondition to a victim-centred approach.

Learning outcomes

At the end of this session, participants will:

- be familiar with the main parameters of a victim-centred approach and why it is essential when providing support to hate crime victims;
- understand how the victim-centred approach forms the foundation of all quality standards in hate crime victim support provision; and
- be able to locate their organization on the continuum of fully victim-centred services and to reflect on gaps and challenges.

Time

90 minutes

Activities

- Activity 1.1: Brainstorming (45 minutes)
- Activity 1.2: Self-assessment (45 minutes)

⁴ See ODIHR, *Model Quality Standards for Hate Crime Victim Support* (Warsaw OSCE/ODIHR, 2020), p.20.

Note for trainers

This session is designed as the first and the only mandatory session of the training course. The session serves to ensure that there is a common understanding of the core mission of specialist support provision. It should establish a connection between participants, lay the ground for peer-learning and gain an understanding of the challenges the respective organizations face. Sufficient time should be allocated, therefore, for participants to feel at ease and ready to relate their experiences during the training.

Instructions

1. Trainers may kick off the session by prompting reflections on the terminology used by hate crime victim service providers: Do service providers use the term: “victim” – “client” – “affected persons” – “target group”,? Why did they decide to use a particular term, and how does the use of the term affect their relationship with the client? Does the organization present their work as providing “assistance”, “support” or “help”? Where do they see the difference?
 - This round of reflection on language allows the group to become familiar with one another and with the organizations represented in the group. Participants will, when explaining the language used by their organization, offer a glimpse of the ideas and working principles that are important to their organization. The discussion will allow for a seamless transition to a brief round of brainstorming in the plenary on what constitutes a victim-centred approach, followed by trainer input, summarized in Handout 1.1.1: Pillars of a victim-centred approach.

Activity 1.1: Pillars of a victim-centred approach

Time

45 minutes

Material

Printouts of Handout 1.1.1: Pillars of a victim-centred approach

Required preparation

n/a

Online version

Prepare a PowerPoint of Handout 1.1.1: Pillars of a victim-centred approach.

Instructions

1. Trainers invite participants to briefly explain their understanding of a victim-centred approach and its core elements. Participants share their perspectives orally.
2. Trainers follow up by running through Handout 1.1.1: Pillars of a victim-centred approach with the group.
3. Trainers share the following practical advice for first encounters:
 - Choose a suitable place (in your office or outside), and ensure that the atmosphere is conducive to discussion;
 - Conduct a preparatory discussion with an interpreter;
 - Introduce yourself and your organization, and also the interpreter;
 - Explain that the counselling is free of charge;
 - Make transparent how and why the meeting came about;
 - State the timeframe;
 - Recapitulate what is already known about the incident;
 - Assure confidentiality;
 - Explain why notes are being taken; and
 - If counselling takes place in a team, clarify the roles of the various team members beforehand, and make them transparent.

Handout 1.1.1: Pillars of a victim-centred approach

1. Hate crime victims' perspectives must be validated. Hate crime victims need to be heard and believed. Service providers have to respect the client's view and interpretation of what happened to them.

Important to Note:

Accepting the clients' perception of the event as a hate crime does not equal an assurance that this perception will result in hate crime charges against the perpetrator in a criminal justice procedure or a corresponding conviction and sentence.

Service provider staff are, in many cases, not members of a particular victimized community. Their response to a client's accounts can, therefore, be perceived as being representative of the response of larger society. Clients will need the service provider's acknowledgement of their perspective in order to feel supported by others beyond their own community.

The need to be heard and believed goes beyond an acknowledgement of facts or of the narrative; it includes providing the client with an echo on the interpersonal level, i.e., a response that is perceived as empathetic to the situation the client faces and as an attitude of solidarity with their concerns.

2. Victims are not a homogeneous group with similar characteristics or identical needs. Anyone can become a hate crime victim. Anyone can have multiple intersecting identities. A victim-centred approach is an individualized approach that explores individual needs, priorities and resources.
3. Victims decide how and at which pace they want to narrate what has happened to them.
4. Enough relevant information must be provided to victims for them to be able to make informed choices about the type of services they require, about whether they want to file a complaint with the police, about whether they want to play an active role in legal proceedings, etc.
5. Providing enough information includes supporting clients in arriving at realistic expectations. Especially when retributive justice is sought, service providers must inform clients of all challenges and disappointments this approach might entail.
6. Any decision on future steps is the person's choice – service providers cannot decide what is best for them. Service providers must never make assumptions

about what a victim needs or wants in terms of specialized support services, protection, judicial procedures, etc.

7. Transparency and the confidentiality of all interactions between service providers and clients are the foundation to a relationship of trust that puts the victim at the centre of all interventions.
8. A victim-centred approach includes making services accessible to all victims, both in terms of physical/material circumstances and in terms of the services being provided without any barriers (language, intellectual, psychosocial and other barriers).
9. A victim's needs, interests and priorities might not align with those of the judicial procedures. A victim's rights must be respected during any judicial procedures, and a victim's preferences should be taken into account to the extent possible.
10. A victim-centred approach implies a holistic approach to service provision. Service providers must proactively establish a network and maintain close co-operation with other providers, specialized professionals and institutions that can respond to victim needs to which they, themselves, might not be able to respond. Service providers inform clients about the range of in-house services and possible referrals to other service providers.

Activity 1.2: Self-assessment

Time

45 minutes

Material

- Flip charts, star and wrench stickers (or other stickers available) of sufficient quantity.
- Every participant should have six wrench and six star stickers (or others) available.

Required preparation

Trainers prepare two pieces of cardboard or paper, cut out in the shape of a star and a wrench of around 15 cm each, and 11 flip chart posters, ten with one of the victim-centred approach pillars as a heading, and another that is left empty.

Online version

Through an online collaboration tool⁵ prepare a board that contains 10 columns with the headings of the 10 pillars, and two symbols of a quantity corresponding to the number of participants and representing a positive and a negative evaluation. Participants should be able to move these symbols to the respective columns.

Instructions

1. Participants are given stickers of stars and wrenches, which they place on the prepared sheets according to their evaluation of where their organizations stands – which pillars of the victim-centred approach are thoroughly implemented by their organization (the star), and which pillars should be improved (the wrench). An overall look at the exercise will reveal which areas need strengthening.
2. In a plenary discussion, participants explain where their organization faces challenges in providing victim-centred services, what the reasons are (finance, staffing, time resources, etc.) and how their organization plans to address them. Participants also identify the areas where their organization is strong in applying a victim-centred approach and explain how this has played a role in their organizational development. For example, an organization might decide to relocate to different premises to ensure accessibility and respect the safety concerns of clients.

⁵ Such as [Miro](#), [Conceptboard](#) or similar.

Or an organization might restructure and offer mobile and/or online services to hard-to-reach clients and communities.



3. Conclusion of the session:

Presentation of a definition of a victim-centred approach:

A victim-centred approach is a way of engaging with victim(s) that prioritizes listening to the victim(s), avoids re-traumatization, and systematically focuses on their safety, rights, well-being, expressed needs and choices, thereby giving as much control back to the victim(s) as feasible, and ensuring the empathetic and sensitive delivery of services and accompaniment in a non-judgmental manner.⁶

The trainer concludes the session by establishing the nexus with the sessions where training activities for the consideration of the pillars of a victim-centred approach are found, summarizing that a victim-centred approach:

- prevents types of secondary victimization service providers can inadvertently cause (see Session 2 for learning points);
- is highly individualized (to learn more about the individual needs assessment, see Session 3 for learning points); and
- expresses respect for individual, informed choices (for more information on trial support, see Session 5 for learning points).

⁶ UNHCR, “Policy on a Victim-Centred Approach in UNHCR’s Response to Sexual Misconduct” (2020) UNHCR/HCP/2020/042.

Session 2: Preventing secondary victimization

Hate crime victim support includes supporting clients by mitigating the impact of secondary victimization, which is often inadvertently caused by the individuals and structures of law enforcement, the judicial and health care sectors, and the media).⁷ Support providers are not, however, exempt from causing the secondary victimization of their clients. This session will discuss how secondary victimization can take place in the counselling setting. The activities in this session are designed to illustrate instances when victim support professionals may cause the re-victimization to their clients.

Many clients of hate crime victim service providers have been deeply traumatized. For many, the hate crime they came to discuss with a counsellor is just one event in a chain of hateful, violent attacks or other forms of aggression they have experienced. For some, the experience is even trans-generational. Victim support professionals need to be aware of the prevalence of trauma for their clientele; they need to be able to recognize signs of trauma and be able to take measures to avoid re-traumatization and secondary victimization while providing support to their clients.

Learning outcomes

At the end of the session, participants will:

- understand the basics of secondary victimization by victim support providers;
- understand the impact of committing a microaggression in a counselling setting; and
- increase their capacity to reflect and control messages and attitude.

Time

110 minutes

Activities

- Activity 2.1: Role plays (45 minutes)
- Activity 2.2: Microaggression (25 minutes)
- Activity 2.3: A dialogue between a hate crime victim support professional and a client (45 minutes).

⁷ ODIHR, *Model Quality Standards*, *op cit.*, note 4, p. 34

Activity 2.1: Role play

Time

45 minutes

Material

Handout 2.1.1: Role play – At the victim support service; Handout 2.1.2: Role play – At the police station

Required preparation

Print out a sufficient number of handouts as per the number of participants.

Online version

Use the “breakout session” function in the selected online platform and invite participants to work in pairs of two for the first role play, and of three for the second.

Instructions – Part One

1. Trainers will start the session with a very brief introduction of the concept of secondary victimization.

Secondary victimization occurs when the victim suffers further harm not as a direct result of the criminal act, but due to the manner in which institutions and individuals deal with the victim. Secondary victimization may be caused, for instance, by repeated questioning about the same facts, by asking the victim why they were at the place where the crime was committed, why they were speaking a foreign language, or why they were showing affection to their same-sex partner in public, or by the use of inappropriate language or insensitive comments or behaviour by those who come into contact with victims after the crime.

2. For the role play, participants are assigned a number: one or two. Number ones play the role of the supervisor, while number twos play the counsellor. Depending on their roles, the participants will be given the appropriate part of Handout 2.1.1: Role play – At the victim support service. The supervisors should receive Part I and Part II, while the counsellor should be given Part III.
3. Participants will be paired into groups, given a couple of minutes to read their respective roles, and then asked to take part in a conversation between the supervisor and the counsellor. The purpose of this conversation is to determine what went wrong and how a victim-centred service should have been provided.

To guide this supervisory conversation, the supervisor uses Handout 2.1.1. Part II includes a number of guiding questions. Supervisors should be encouraged to think of their own questions.

4. After the role play in pairs in breakout groups, participants are brought back to the plenary for a de-briefing of the role play. The de-briefing should start with reflections by supervisors on their role, followed by reflections by counsellors, and then concluded by trainers offering concrete suggestions for how the counsellor should have acted in the situation to ensure that a service-seeker is treated in a victim-centred manner, without potentially re-victimizing behaviour.

Handout 2.1.1: Role play – At the victim support service⁸

Part I: Supervisor role

Dear Director of the Victim Support Service,

My name is Joy B., and I am writing to bring to your attention my dissatisfaction with the services I received from one of the counsellors in the Victim Support Service (VSS) under your supervision.

I am a young professional and live with a muscular dystrophy. For years I was called names, yelled at and spat on, and insulting drawings have been painted on the terrace of my ground-floor apartment. A few days ago, I was pushed from my wheelchair and kicked. This latest incident compelled me to look for a place where I can obtain advice on how to report this case to the police.

I found the number of your VSS and was happy to read that your services are victim-centred and take victim's needs into consideration. Having dealt with one of your counsellors, regrettably, I would not be able to confirm this assertion.

When I called and explained my situation and expectations to the counsellor, I was given a date and time when I could come to the VSS office for the first consultation. I was not asked whether the timing of the appointment was convenient for me, nor was I offered an option to have the consultation at a place of my choosing. I accepted the appointment because I was concerned that my determination would wane.

When, on the appointed day, I arrived at the VSS office, I realized that the office's door could not be opened automatically. I was not given the phone number of the person I had an appointment with. My attempts to reach the main office phone number were unsuccessful, as the line was busy. I had to raise the seat of my wheelchair as high as it goes, which allowed me to stand up, balancing on the wheelchair in the rain, to reach the Intercom. After minutes of trying to get inside the building, I was finally able to enter, exhausted and late for my appointment. Thankfully, the rest of the building was wheelchair accessible. When I reached the right floor, the counsellor bumped into me at the elevator and, visibly annoyed, ushered me straight into a room where they told me right away that we would not have enough time to properly discuss my case. An hour was planned for the meeting, and I was a quarter of an hour late.

During the meeting, the counsellor did not seem to be particularly attentive, as they kept asking me to repeat the same information. Apart from that, I was asked

⁸ This is a fictional account consisting of composite experiences of victims of disability hate crimes.

whether I considered taking a different route to my apartment to avoid the youth that for years has tried to humiliate me and, as of recently, has become more aggressive. When the time for the meeting was up, I was told that we could have another meeting in two weeks, also at the VSS office, to discuss reporting options.

The goal I had for the first consultation and the one I thought I clearly communicated during the phone conversation was not met. Considering the effort it took me, including re-arranging my work commitments and getting to the appointment, and having to repeat what has been happening to me for the majority of my life, topped by the prospect of having to do that again, is not something I have the energy for, especially as I have been forewarned that the criminal justice process is likely to be long and excruciating.

I am writing this letter in the hope that you will revisit the intake procedures in your office and ensure that your staff better understand how to offer victim-centred services.

Thank you for your attention,

Joy B.

Part II: Questions to consider for a case supervision conversation:

- Why do you think it is important that we address this situation?
- What, from your perspective, should you have done differently?
- Asking a person where they want to meet is part of our standard procedure. Is there a reason why you did not offer this option?
- Do you think you provided enough explanation why the appointment was scheduled for when it was scheduled?
- Providing the name and contact number of the counsellor is also our standard procedure. Do you think it would be helpful to have a checklist of things to keep in mind for the initial conversation?
- Did you consider offering to meet the person downstairs to let them in, especially because Joy was up front about her disability?
- Do you identify any victim-blaming behavior in your questions and suggestions?
- What are the chances of Joy reaching out for support in the future?

Part III: Counsellor role

Notes from the perspective of the counsellor:

Last Monday, I answered the phone when a person called to ask for an appointment to discuss their options to report an incident to the police that they believe was motivated by hostility against disability. They named a disability that I was not familiar with, but I later understood that they use a wheelchair.

I looked for the first available appointment and offered to meet in the office. Like on any given day, I had appointments back-to-back, but they came 15 minutes late. When they finally came, they were very unhappy about our Intercom button being too high and the entrance door not being automatic, and spent a lot of time dwelling on this fact. My attempts to get them to speak about their victimization experience were futile. This resulted in my not being able to outline the reporting process and the next stages, necessitating another consultation. Given my holiday schedule, this consultation can only happen in two weeks.

Instructions – Part Two

1. For the second role play, divide participants into groups of three, and assign the roles of the client, the counsellor and the police officer. Participants receive Handout 2.1.2: Role play – At the police station, and are given a few minutes to prepare for the role play. Ones play the client, twos play the counsellor, and threes play the police officer.
2. Trainers should explain that the scenario describes how both the counsellor and the police officer re-victimize the client and instruct those playing the role of the police officer and the counsellor to play their parts not according to the scenario, but in such a way that the counsellor provides the client with sufficient information to make informed choices and calls on the police officer to address and engage with the victim directly.
3. Participants should be instructed to play the counsellor, who presents reporting options that are available to the client (based on country context), outlines support available and asks whether the client would like to report the case to the police. After the victim agrees to do so, the counsellor should explain what will happen at the police station. When at the police station, they should not speak on behalf of the victim but, instead, ask the police officer to speak directly with the victim. The role play should illustrate how the counsellor does their job in a victim-centred manner, both when counselling and when interacting with the police officer.
4. The role play in breakout groups should not last more than 10 minutes.
5. Following the role play, participants are invited to reflect and discuss how sensitive and non-re-victimizing behaviour manifests itself. Participants should be encouraged to exchange their own experience, both positive and negative, from which they have drawn lessons.

Handout 2.1.2: Role play – At the police station

Victim

I was physically attacked by a group of neo-Nazis close to a bus stop. I am a Black Muslim woman and came to this country a few months ago because of the dangers I faced as a lesbian in my home country. Since my arrival, I have experienced many different forms of anti-Muslim and anti-Black racism, and of homophobia. Discrimination, harassment and violence are omnipresent in my daily life. The latest incident was the last straw, which compelled me to look for support, as I am finding it difficult to live a normal life and to go about my business without constantly having to check what to wear, to plan my grocery shopping and to look for people to accompany me when I have to go to the city to run errands. This is all in addition to my sleep being disturbed and to me being unproductive at work.

Counsellor

Our organization provides counselling support to victims of racism and other hate-motivated violence, in addition to practical, emotional and psychosocial support, legal advice and representation and accompaniment services. Our services are free, confidential and tailored to the needs of each individual. I am sure we will be able to provide you with the kind of support you need. Given that this is not the first time you became a victim of a hate crime, I think you should report the case to the police, and I can accompany you to the police station. In fact, my afternoon appointment just got cancelled, so we can go right away. Reporting hate crimes is very important and you will be doing your community a favour by speaking up and bringing the perpetrators to justice.

At the police station

The police officer on duty recognizes the counsellor from the victim support service and greets him in a friendly manner. The counsellor asks the victim to introduce herself. The police officer asks the counsellor about the reason for coming to the police. The counsellor responds that his client became a victim of a hate crime, and proceeds to explain what happened to her. The police officer asks the counsellor a number of follow-up questions, the victim remains standing and not involved in the conversation.

Activity 2.2: Microaggression

Time

25 minutes

Material

n/a

Required preparation

n/a

Online version

Use the “breakout session” function of the chosen online platform and invite participants to work in pairs, each pair in one private breakout room, without a trainer present.

Instructions

1. The trainer provides some theoretical input on the concept of microaggressions:

A microaggression is a subtle, often unintentional, expression of prejudice and devaluation, taking the shape of a joke, off-hand comment, fleeting remark, etc. Microaggressions are “everyday exchanges that send denigrating messages to a target group”. Microaggressions can be communicated verbally or nonverbally, intentionally or unintentionally.

Most people commit microaggressions. Many are committed unintentionally, without the person even being aware of them, but these still send a strong message to the recipient that they are not considered equals. Hate crime victim support providers will have the best intentions and will often consider themselves anti-racists, anti-sexists and non-discriminatory, and yet, unconsciously, they may act differently.

Microaggressions come in various shapes and forms, often as subtle insults or invalidations. In the hate crime victim support setting, it is worth taking a closer look at some of these and to be familiar with the terms and concepts that help in identifying and discussing microaggressions:

- *Othering*: the assumption that oneself and the social group one identifies with is the norm and standard, and that persons and practices perceived to be different are an aberration from this norm.

- *Paternalism*: interfering with a client's right to self-determination and overriding their autonomy – allegedly in their best interest.
- *Invalidation*: comments or behaviours that negate the thoughts, feelings and reality of the target person (for example, a person of colour, with a disability, transgendered, etc.).
- *Colour-Blindness*: a person claiming and pretending not to see a person's/ group's racial or ethnic background, thus avoiding being questioned about racial bias and discrimination.

The service provider setting is not a microaggression-free setting, as counsellors are not necessarily aware of their own biases. When microaggressions occur within the counselling relationship, it undermines the trust and safety necessary for the effective provision of services. Clients will not feel they are in a safe space, and a proper needs assessment will not take place. Clients might also terminate the counselling process prematurely as they experience hostility in the relationship.

As a service provider, it is important to take ownership of occurrences of microaggression and injury if they do occur in the counselling process, and to learn from them. A denial of the occurrence adds insult to injury, since many, when confronted with the committed aggression, dismiss or invalidate the experience of the recipient of such messages.

2. Participants are asked to think about a microaggression they themselves have witnessed.
3. Participants are asked to work in pairs and discuss the incident, by reflecting on the following questions:
 - What was the microaggression, who was the target (group), who committed it and in which context?
 - Why was the message offensive to the target person/group?
 - How did you feel as a witness, and how do you think the target person must have felt?
 - What have you learnt from this?

Note: The content of this exchange remains within the small group and is not discussed in the plenary. Participants are requested to keep the discussion in the small group confidential. Participants should be free to opt out of this activity, if they so choose.

Activity 2.3: A conversation with a client – Recognizing microaggressions

Time

45 minutes

Material

Two chairs

Required preparation

Trainers are advised to rehearse the dialogue they want to perform a couple of times prior to the training. It is recommended to adapt the model dialogue to the specific setting of the training. For example, trainers may want to adapt the cultural references made in the dialogue to the national context. Prepare a flip chart and felt pens to jot down terminology (if needed).

Online version

Trainers frame the activity as a dialogue taking place in an online counselling setting. Trainers should speak clearly and slowly, so as to allow participants to take notes while they speak.

Instructions

1. Two trainers will stage the interaction between service provider (P) and client (C) in a counselling setting. Participants are asked to observe the interaction, take notes and try to identify the types of microaggressions occurring.
2. The model dialogue provided below can be used either verbatim, modified or contextualized.
3. Trainers debrief participants by inviting them to share their observations in the plenary. Ask them to label each observed micro-aggression by using the terminology introduced at the beginning of the session, and invite participants to share their stories where they can relate to exchanges they have witnessed or to experiences in their counselling practice.

4. At the close of session, trainers will emphasize that a victim-centred approach to service provision observes the following key principles to keep clients safe in the counselling setting:
 - Trust and sensitive treatment: The service provider uses verbal and body language that conveys respect, composedness and a non-judgemental attitude to the client and their story. They validate their experience.
 - Respect: The service provider ensures the client has all the necessary information for any decisions they need to take. They do not impose their point of view or opinion on their clients, and do not try to influence their decisions.
 - Capitalize on strengths: The hate crime victim does not only have specific needs in the aftermath of their victimization, but also individual strengths and resources. The service provider will seek to mobilize these resources in the recovery process, for example by encouraging the client to draw on emotional support from their social network, by re-establishing daily routines that had positively structured their daily life before, etc.

Handout 2.3.1: A conversation with a client

P: Good morning, Ms. Abami.

C: Good morning. My name is Ebel Shanu.

P: Oh, you look alike, sorry. Good morning, Ms. Shano.

C: Shanu.

P: That's right, Ms. Shanu. Thank you for reaching out to us. I can see from our notes to your file that you have already thought about reporting your case to the police and you have probably already had your appointment with a social worker at your residence. I guess we can now start putting everything together you will need when you have your appointment with the police, so that you have your story ready and investigators will be able to follow up. I would also like to explain to you today what the next steps are and when you will have a second appointment at our office. Right, Ms. Shano?

C: Thank you. I need new glasses. Mine were broken that day.

P: We will need to file an application with the medical insurance company. First we'll try to get the document ready, but in the meantime, we also need to make sure the medical report from the hospital is ready. I am not sure ... hmm ... maybe that's too complicated for you?

C: I already received the medical report, but the problem is that I don't have any medical insurance at the moment.

P: Can your husband's medical insurance cover you for the time being?

C: My husband?

P: OK, I see, you are not married yet. Well then, in that case, what we can do is file an application with the social security fund of the Victims Rights Foundation ... hang on, let me switch on the heating for you, you must be really cold in this awful European climate, aren't you?

C: I am ok, thanks. In my hometown in Switzerland the weather is much colder than here, actually.

P: Hmm ... ok, so as I was saying, we will ask the Victim Rights Foundation and see whether they can cover the expenses.

C: Ok, yes, I understand.

P: Great. The way you express yourself in our language is really good, by the way.

C: Thanks. It's my first language.

P: Hmm ... So what happened, why did your medical insurance expire?

C: I was unemployed for a while, and when I found a new job, I immediately tried to have my previous insurance reinstated, but they told me I have to wait for 30 days before I can renew it. I think there would have been a way, but they didn't even try to find a solution for me because they thought I was a foreigner who didn't understand the system.

P: No, I don't think so. It was probably just that they have these statutory periods they need to stick to. Ok, so what we need to do is the following, Ms. Shano ...

Session 3: Individual needs assessment

The primary responsibility of a victim support service, be it a generic or a specialist support provider, is to ensure that each victim receives the support they need. Each individual is impacted by a hate crime differently. Some victims may require emotional and psychosocial support, while others may need assistance with practical things, and some others need help navigating the criminal justice system, applying for compensation, interacting with the media or organizing solidarity actions. The process of identifying a victim's needs is called an individual needs assessment (INA).⁹

The needs of hate crime victims, their personal situation, strengths and coping strategies vary from person to person and play a role in what kind of support that person might need. A service provider's role is to convey pertinent information about the victims' rights, how to report a crime and what the process of engaging with the criminal justice system entails, as well as the types of psychosocial and other support services available so that victims themselves can make informed choices about options and make decisions for themselves. Victims should not be overwhelmed with information, but should receive relevant information, based on their needs, as identified during an INA process. Service provision should be rooted in a victim-centred approach, designed to empower victims to make decisions and to support them in implementing these decisions.

A properly conducted INA results in an understanding of the victim's needs and an agreement between the victim and the service provider on how to achieve the agreed objectives. This agreement may entail referring a victim to other support services that are better positioned to provide support.

In this session, participants will be quizzed on some basics of the INA process, and then will be presented with practical aspects of how to conduct an INA. In the role play that will follow, participants will move on to practicing conducting an INA. The session aims to solidify an understanding of the importance of listening to the victim and ensuring that the victim feels safe and comfortable to express their needs, and to demonstrate how support providers are guided by the objectives set by the victim. The session will emphasize that the role of support providers is to support victims and not to dictate to them what is in their best interest. Finally, participants will be introduced to the essentials of referrals and provided with a checklist that service providers can use as a guide they can adapt for their organization.

⁹ See ODIHR, *Model Quality Standards*, *op cit.*, note 4 p.17.

Learning outcomes

At the end of this session, participants will:

- recognize the importance of the INA as a tool to empower victims to make decisions on the support they need; and
- be able to carry out an INA in a victim-centred manner.

Time

105 minutes

Activities

- Activity 3.1: INA quiz – True or false? (15 minutes)
- Activity 3.2: Presentation – INA essentials (30 minutes)
- Activity 3.3: Role play (60 minutes)

Activity 3.1: INA quiz – True or false?

Time

15 minutes

Required preparation

Prepare the quiz with the questions on the basics of the INA process in Handout 3.1.1: Quiz questions and answers – INA basics.

Online version

Use an online quiz tool.¹⁰

Instructions

1. In this warm-up activity, participants will get a quick overview of some of the basics of the INA process; an online quiz tool trainers are familiar with could be used for both in-person and online training. Participants should be given just enough time to quickly respond to one question at a time, each time showing the correct answer when the voting is complete.
2. Trainers do not have to wait for everyone to vote. The purpose of the exercise is to get people involved and highlight some of the INA basics.
3. In case there are incorrect answers, trainers can ask for a volunteer to provide and explain the correct answer. If there are no volunteers, trainers should take turns in explaining the correct answer, using the answers from the quiz.

¹⁰ Such as [Mentimeter](#) or any other quiz tool.

Handout 3.1.1: Quiz questions and answers – INA basics

	Question	True	False
1.	<p>An INA is a questionnaire that a hate crime victim must fill in online before seeking support from a support provider.</p> <p>False: An INA is an interview or a series of interviews aimed at understanding the victim's needs. While victim participation in the INA is essential, some information about the victims' needs may already be available, for example, when a case was reported in the media, which mentioned that the victim does not speak the local language, or that the window in the victim's place of residence was broken and needs replacement.</p>		X
2.	<p>Once completed, the INA document is sealed and cannot be changed.</p> <p>False: The INA process should not end once the initial needs assessment is completed. The needs of a victim do not remain static and may change with time and with the progress of criminal proceedings. During follow-up meetings, counsellors should ask whether there are any new or changed impacts that they observed, so as to determine if any new or adjusted actions are needed.</p>		X
3.	<p>There is a set of needs that each hate crime victim has, and during an INA the victim decides whether they need support with each of the pre-determined needs.</p> <p>False: While some victims may have similar needs, support providers should not be asking checklist questions about pre-determined needs. Instead, the victim should be guided in the conversation in such a way that they feel safe and comfortable to speak about their individual needs. Counsellors should be aware, however, that the victim's life may be impacted in the following areas:</p> <ul style="list-style-type: none"> • Health and well-being • Feeling of safety • Ability to cope with daily aspects of life, such as doing grocery shopping, taking care of children or other dependents, going to school/work and using public transport. • Dealing with authorities, including in the criminal justice system 		X

4.	<p>An INA should be conducted upon first contact with a hate crime victim.</p> <p>True: It is important that an initial INA that identifies emergency needs (such as safety, the risk of secondary and repeat victimization, of intimidation and of retaliation) is carried out at the earliest opportunity. However, an in-depth INA would require a series of meetings.</p>	X	
5.	<p>An INA cannot be done without having previously reported the crime to the police.</p> <p>False: Prior reporting of the crime to the authorities is not a prerequisite for an INA. Any person seeking support should have their needs identified. An INA should be carried out for witnesses and other affected persons, if they are seeking support.</p>		X
6.	<p>The service provider is better placed to make decisions on how to help the victim, as the victim is often under heavy emotional stress.</p> <p>False: Support services provide guidance on available options and support to victims in deciding what objectives they want to achieve. The information that counsellors provide should be realistic and within their competence. It should be provided with the purpose of helping the victim make their own decisions. Support providers must not impose a course of action or otherwise influence victims. Counsellors should work to empower victims.</p>		X
7.	<p>Assessing individual's needs allows the service provider to uncover the impact of hate crimes on a wider community.</p> <p>True: By properly identifying needs of the affected individual, an INA can help identify the needs of a community that might feel affected. It can also help design appropriate engagement strategies for law enforcement agencies to ensure the community's safety.</p>	X	

8.	<p>The support provider must transfer all information obtained during an INA to relevant authorities.</p> <p>False: Sharing of INA outcomes must be done with the explicit and informed consent of the victim. An INA process should start with a clear explanation of what the process entails and how information is going to be used, stored and shared.</p>		X
9.	<p>Support providers should automatically trigger protection measures, such as entering the courtroom from a separate entrance, making use of a separate waiting room, giving testimony via audio/video link, etc., for all hate crime victims.</p> <p>False: Whether and to what extent a victim should benefit from special measures in the course of criminal proceedings should be determined during the INA and triggered only if the victim so wishes.</p>		X
10.	<p>One service provider should be able to address all of the needs identified during an INA.</p> <p>False: To ensure that victims have access to the services they need, service providers must be familiar with each other's services, co-ordinate their efforts and have mechanisms in place that enable seamless referrals to the service that is best positioned to support the victim. Multiple referrals are to be avoided as much as possible.</p>		X

Activity 3.2: Presentation – INA essentials

Time

30 minutes

Material

Handout 3.2.1: INA content

Required preparation

Trainers should familiarize themselves with local legislation regulating the INA process, as conducted by actors in the criminal justice system. If there are guidance documents on how to conduct an INA, it would be useful to examine them before the training and make them available to the participants for future reference.

Online version

Trainers prepare a PowerPoint presentation summarizing the main information (below).

Note for trainers

In this activity, trainers will provide information on INA essentials. In some segments of the activity, participants could be asked to either add to the information presented by the trainers or be the first to provide examples from practice, leaving the task of expanding to the trainers. During the presentation, participants should be encouraged to ask questions if something is unclear, but to refrain from commenting for the purpose of generating a discussion. Participants should also be encouraged to take notes to refer to during the next activity. A plenary discussion is planned after the final activity in the session.

Instructions

1. Trainers present the information below to explain the basics of an INA. Adaptations to national context are encouraged.

Hate crime victims have specific support and protection needs. To adequately respond to a victim's needs, a tailored and individualized response is required. While there is no uniform approach to identifying victim's needs, ODIHR's *Hate Crime Victims in the Criminal Justice System: A Practical Guide* proposes two guiding principles: ¹¹

11 ODIHR, *Hate Crime Victims in the Criminal Justice System: A Practical Guide*, (Warsaw: OSCE/ODIHR, 2020), p. 94.

- Ensure that the needs of each victim are assessed on a case-by-case basis; and
- Ensure that each victim is granted protection and referred to the relevant support service provider.

For OSCE participating States that are members of the EU, the Victims' Rights Directive, adopted in 2012, establishes minimum standards on the rights, support and protection of victims of crime, and aims to ensure that all victims are recognized and can participate in criminal proceedings. The obligation to conduct an INA is contained in Article 22 of the Directive, which outlines the purpose and basic requirements of an INA. Participating States that are not part of the European Union and that do not have established procedures on how to conduct an INA can be guided by the provisions in Article 22, as they work to define and standardize the INA process to ensure that victims needs are understood and being met in their country.

EU Victim's Rights Directive, Article 22

Individual assessment of victims to identify specific protection needs

1. Member States shall ensure that victims receive a **timely and individual assessment**, in accordance with national procedures, to **identify specific protection needs** and to **determine whether and to what extent they would benefit from special measures in the course of criminal proceedings**, as provided for under Articles 23 and 24, due to their particular vulnerability to secondary and repeat victimisation, to intimidation and to retaliation.
2. The individual assessment shall, in particular, take into account:
 - the personal characteristics of the victim;
 - the type or nature of the crime; and
 - the circumstances of the crime.
3. In the context of the individual assessment, **particular attention shall be paid to** victims who have suffered considerable harm due to the severity of the crime; **victims who have suffered a crime committed with a bias or discriminatory motive which could, in particular, be related to their personal characteristics**; victims whose relationship to and dependence on the offender make them particularly vulnerable. In this regard, victims of terrorism, organised crime, human trafficking, gender-based violence, violence in a close relationship, sexual violence, exploitation or **hate crime**, and victims with disabilities **shall be duly considered**.

4. For the purposes of this Directive, child victims shall be presumed to have specific protection needs due to their vulnerability to secondary and repeat victimisation, to intimidation and to retaliation. To determine whether and to what extent they would benefit from special measures as provided for under Articles 23 and 24, child victims shall be subject to an individual assessment as provided for in paragraph 1 of this Article.
5. The extent of the individual assessment may be adapted according to the severity of the crime and the degree of apparent harm suffered by the victim.
6. **Individual assessments shall be carried out with the close involvement of the victim** and shall take into account their wishes including where they do not wish to benefit from special measures as provided for in Articles 23 and 24.
7. If the elements that form the basis of the individual assessment have changed significantly, **Member States shall ensure that it is updated throughout the criminal proceedings.**

Article 8 of the Directive created an obligation for Member States to facilitate the referral of victims to victim support services by the competent authority that received the complaint and by other relevant entities. Such referrals are only possible and meaningful if they are made according to the victim's needs. Properly identifying victim's needs is of crucial importance. It is equally important to establish working professional relationships between the criminal justice system and specialist support providers.

INA Practicalities

There are different ways service providers can identify a victim's needs. There are, however, essential elements to a victim-centred INA process. In this segment of the session, trainers could ask participants to list what they do in their organization to ensure that the INA is carried out in a victim-centred manner. If there are no volunteers, trainers could provide the examples below.

Meeting set-up

- Creating a welcoming atmosphere when meeting the victim for the first time.
- Ideally, having available a dedicated space in the office that is not exposed, offers privacy and is set up to make people feel comfortable. If possible, tissues and culturally appropriate drinks and snacks should be offered.
- Offering the option of meeting a victim at a public place of their choosing.

- Providing on-site childcare, so that victims with children do not have to make childcare arrangements themselves and are not distracted if children are around during the meeting.
- Stating at the very beginning of the conversation that you find what happened to the victim to be wrong, so that the victim knows that you, as a service provider, are on their side. Conducting an INA in an atmosphere of compassion and empathy is important for developing a rapport and creating trust.
- Explaining clearly the purpose of the meeting. Informing the victim how long it is going to last and offering to take short breaks and/or end the meeting earlier if the victim so wishes.
- Ideally, having two counsellors conduct the INA. The roles of each should be explained, with one person usually leading the conversation and the other one taking notes.
- If notes are going to be taken during the meeting or the meeting will be recorded, soliciting permission to do so.
- Making sure that all documents outlining victims' rights, available services and data protection are available in a language the victim can easily understand.

Methods of conducting INA

Most victim support organizations carry out an INA by engaging in an unscripted conversation, while some use guides that help structure a meeting. The use of a questionnaire is well suited to situations where an INA is being conducted by people without specialized training (such as volunteers engaged at victim support services or patrol officers arriving at a crime scene). Questionnaires reduce the risk of the interviewer failing to address something that may be essential to determining the protection needs of a victim. To avoid the interaction appearing overly structured, questionnaires should be used to guide a broader conversation, rather than applied rigidly.¹² The table below provides pros and cons of using different methods. In this segment, participants could offer a couple of examples of how they capture INA outcomes in their service.

12 ODIHR, *Model Guidance on Individual Needs Assessments of Hate Crime Victims* (Warsaw: OSCE/ODIHR, 2021), p. 22.

Using a questionnaire	Using a guide	Unscripted conversation
<p>👍 helps reduce the risk of failing to address something that may be essential to the protection and support needs of a victim;</p> <p>👍 can be conducted by persons without specialized training, such as volunteers.</p>	<p>👍 guides a broader conversation, so is not perceived by the victim as rigid;</p> <p>👍 can be amended by adding relevant questions and disregarding others that may not be relevant or impossible to address.</p>	<p>👍 the INA takes the form of a conversation that happens naturally and feels more natural to both the victim and the counsellors. It has the potential to identify needs that otherwise would not have been asked about;</p> <p>👍 allows the victim to speak freely, without feeling like they are being interrogated or pressured to talk.</p>
<p>🗨️ the interaction appears overly structured, bureaucratic and disinterested.</p>	<p>🗨️ requires careful supervision.</p>	<p>🗨️ can be conducted only by highly experienced counsellors.</p>

The content of an INA

Regardless of whether an INA is scripted or unscripted, it should be sensitive to the specific needs of hate crime victims and the impacts of hate crime. Participants will receive a copy of Handout 3.2: INA content, and will be given a few minutes to familiarize themselves with the content and get ready to practice gathering this information in the next activity.

Handout 3.2.1: INA content

General information about the victim, unless the person chooses to remain anonymous:

- Name, gender, date of birth and contact details. This kind of identifying information may be subject to data protection laws. Depending on the legal framework in a given country, certain legal arrangements may need to be put in place before any information of this type can be shared. The victim's consent is a prerequisite for recording, storing and sharing their data.

Communication needs:

- Does the victim have any specific communication needs? For example, do they require an interpreter, hearing devices or other specialist disability support? Is the victim sufficiently emotionally stable to provide an account of the events? Does the victim need the presence of a confidant or a trustee?

Details of the crime:

- What is the type of crime?
- What are the circumstances under which the crime occurred?
- Who or what was the crime directed at (e.g., the victim, family members, close relations or property)?
- What was the damage suffered (e.g., physical injury, psychological harm, damaged property)?
- If an individual believes they suffered due to their nationality, citizenship, religion or belief, ethnicity, nationality, language, disability, sex or gender, sexual orientation, gender identity, social class, etc., the possible bias motivation of the crime should be recorded, regardless of the interviewer's own personal assessment.

Is there any immediate risk to the victim?

- Does the victim fear any immediate harm?
- Does the victim know the offender, or are there any other factors that put them at heightened risk of immediate harm?
- Has the victim previously been a victim of crime and, therefore, is at greater risk of repeat victimization?

What is the impact of the crime?

- How affected is the victim by what has happened?
- Have the victim's relationships been affected? Does the victim feel isolated?
- Who else has been affected and how (e.g., family, close relations, community)?
- What is the continuing impact of the hate crime on the victim's day-to-day life?

What are the victim's support needs in terms of?

- Safety
- Practical help
- Psychosocial and emotional support
- Legal support
- Financial support
- Public relations
- Social and community engagement
- Any other needs

Activity 3.3: Role play – Identifying victim’s needs

Time

60 minutes

Material

Two or three chairs, printouts of Handout 3.3.1: Role play stages, Handout 3.3: Case description, and Handout 3.3.3: Role play analysis

Required preparation

When conducting this role play in person, trainers could consider bringing a small plant, a box of tissues, a carafe with water and glasses for three people, and some fruit to arrange on the table at which the role play is going to take place.

Online version

In an online training platform, create a virtual background of a comfortable room to visually create a different atmosphere. Send Handout 3.3.1, 3.3.2 and 3.3.3 to participants before the start of the session. They can decide whether to print out these handouts or to use them in word processing formats.

Instructions

1. In this activity, one trainer will play the role of the victim and two participants will be asked to play the role of the counsellors. Depending on how the victim reacts to the initial interaction with the counsellors (addressing, having eye contact, leaning towards one and not the other, etc.), one counsellor should take the role of the speaker and the other should closely, but not intrusively, observe the victim’s body language and take notes, if permitted. If participants find this spontaneous role division too challenging, the roles can be agreed upon before the role play starts.

If no participant volunteers, a second trainer should play one counsellor and one participant should be called upon to play the role of a silent counsellor. The role play should not last more than 15 minutes.

2. The following instructions should be given before the role play:
 - The goal of the activity is not to capture the details of a fictional case study, but to practice creating a welcoming atmosphere that enables the victim to express their needs. Stress the importance of being empathetic, sensitive and goal-oriented when assuming the role of counsellors. Keep in mind that most victims of hate crimes do not seek professional support. When they do, it often means they have exhausted their informal support structures and/or have become a victim of a perpetrator/victim reversal and face legal consequences, which can include repercussions for their asylum claim.
 - A table should be set up in the most comfortable corner of the room. The person playing the victim should enter the room and be met by the two counsellors, who should escort the victim to the table. Once at the table, a counsellor should begin the conversation. Everyone should speak in the first person.
 - The victim should provide as much or as little information about themselves, the impact the experience had on them and the needs that emerged as a result of victimization. The amount and kind of information the victim will decide to provide will depend on how comfortable they were made to feel by the counsellors.
3. If there are no questions about how the role play should proceed, distribute Handout 3.3.2 to all participants and give them a couple of minutes so they can read the text, and then begin role play. Handout 3.3.3 should be distributed to participants so that they can follow the stages of the role play, and they should be encouraged to take notes, using Handout 3.3.4. For better learning outcomes, and if time allows, participants should play the role play several times.
4. When the role play ends, participants will be invited to de-brief on the activity. This is a very important part of the session and should not be rushed. Before the de-briefing begins, a trainer should ask all of the participants to stand up, close their eyes, take a deep breath, take a step forward and “leave” the role play. Enough time should be allocated to provide an opportunity for everyone who wants to reflect on the role play. Trainers should instruct participants to reflect not on the individual performance of the people playing different roles but, instead, on the roles in the role play. Reflections should be expressed in a certain order, starting with the victim, then counsellors and, finally, all observers.
5. Trainers should reiterate that the purpose of the activity is not to capture the details of the case but, instead, to create an atmosphere that allows the victim to tell about what happened to them and express their needs, and for the counsellors to identify support needs and inform the person of available options. The feedback round should draw as much as possible from the participants on what the activity showed them, where they felt comfortable and uncomfortable, whether they have noted things not to repeat in practice, or on tips they have

collected on how to carry out an INA in the future. The session should conclude with the trainer emphasizing the importance of identifying victim's needs in order to support them in their recovery process.

Handout 3.3.1: Role play stages

1.	Introductions	Welcome the victim, introduce yourself, and use small talk to break the ice (Did you find the place okay? Where would you like to sit?)
2.	Establish a good atmosphere for the conversation	<p>Make sure the victim is comfortable and understands the parameters of the meeting;</p> <p>Explain your role as counsellors, the types of support your organization can provide, and the principles of your work (confidentiality, independence, etc.);</p> <p>Show competence and commitment, and be authentic and realistic.</p>
3.	Start the conversation	<p>To initiate the conversation, you can:</p> <p>ask the person whether they want to tell what happened to them; and/or</p> <p>provide additional information about your work.</p> <p>Always give the person the freedom of choice to determine the course the interaction takes, for example to speak first, to learn more about the services, to jump into sharing whatever they think is relevant, etc.</p>
4.	Identify needs	<p>Let the person tell their story, listen actively, and ask questions sensitively.</p> <p>Don't ask more questions than necessary but, if possible, clarify the "what", "when", "where" and "how" questions.</p> <p>Ask about the consequences of the incident and whether anything happened afterwards.</p>
5.	Conclusion	<p>Conclude the conversation by setting achievable goals.</p> <p>Make follow-up appointments, sign relevant documents, exchange contact details.</p>

Handout 3.3.2: Case description¹³

Karim is a refugee who, for the last 12 months, has been living in a small town where he applied for asylum. On several occasions, people verbally abused Karim and his friends (using racial slurs and expletives) – at a bus stop, the grocery store and on the street – when hearing them speak Arabic or for no reason at all. Once, a pile of rubbish was dumped in front of Karim’s entrance door.

One evening, when approaching his apartment building by bicycle, Karim saw a small group of young white men with shaved heads and wearing black clothes and black combat boots smoking close to his entrance. Karim was living here long enough to know that this is how neo-Nazis tend to dress. He decided not to go home and, instead, veered into a lit street and proceeded further on his bicycle. The men noticed Karim leaving and pursued him by car. It took a couple of minutes for the men to block Karim’s way. When they jumped out of the car, he knew a fight was unavoidable. The men were not sober, and they yelled something aggressive that Karim did not understand exactly, but he did hear the words “terrorist” and “ISIS”. Within minutes Karim was pushed from his bicycle, he fell and broke his glasses. He tried to fight the men off, until eventually one of the men pulled a knife and cut Karim’s leg, at which point the men left, laughing loudly. The encounter lasted a few minutes, during which several cars passed by, but none stopped.

The next day, Karim’s friend offered to accompany him to the nearest police station to file a complaint with the police. A couple of weeks passed until, one day, Karim received a letter from the police. His friend was not around and the letter was in a language he did not understand, and he feared that it might have repercussions for his stay in this country.

13 This is a fictional account, consisting of real-life experiences of many refugees.

Handout 3.3.3: Role play analysis

	What went well	What could have been done better
Creating a welcoming atmosphere		
Showing compassion and expressing disapproval of the perpetrators' actions		
Explaining the purpose of the meeting and how it will be conducted		
Providing information about the counsellors' roles and support services		
Were the victim's needs identified?		
Were any needs overlooked?		
Did the counsellors provide enough information for the victim to be able to make decisions?		
Did the victim make any decisions?		
Is it clear to the victim what is going to happen next?		
Were communication channels established for future contact?		
Was information about treatment of personal data explained?		

Session 4: Referrals

Every victim of hate crime is affected by the crime differently, so victims' needs, resources and coping strategies vary. Once a victim's needs have been identified, they should be referred to service providers that can help address these needs. A single agency or organization, be it the police, victim support, health or social service, community support group, etc., is unlikely alone to be able to effectively respond to a victim's multiple and complex needs. Referrals, therefore, are a cornerstone of an effective support system, providing the means for connecting victims to the services that are most suitable to their needs and appropriate to their situation. While the competent authority that received the complaint and other relevant entities in OSCE participating States that are members of the EU are obliged by the EU Victim's Rights Directive to facilitate the referral of victims to victim support services, it is essential that other countries introduce this provision into law or ensure that a referral system is set up, regardless of whether there is a legal obligation to do so.¹⁴

Providing services to hate crime victims is often a shared responsibility carried out by, among others, the criminal justice system, victim support providers (both general and specialist), social and health services, and community, human rights and anti-discrimination organizations. To ensure that victims have access to the services they need, service providers must be familiar with each other's services, co-ordinate their efforts and have mechanisms in place that enable seamless referrals.

In this session, participants will develop an understanding of the importance of knowing the victim support landscape and having mechanisms to refer victims to the services best suited to support them.

In addition to the activities proposed in this session, and if time permits, a mapping of service providers (Activity 8.3 from Session 8) can be incorporated into this session. If session 8 is included in the training programme, linking the relevance of the mapping for both referrals and emergency preparedness is important.

Learning outcomes

At the end of this session, participants will:

- be able to acknowledge the value of co-operation to ensuring that victims are referred to support services; and
- understand different referral pathways.

¹⁴ EU "Victims' Rights Directive", *op. cit.*, note 2, Art.8.2.

Time

40 minutes

Activities

- Activity 4.1: Identifying referral barriers and promising practices (20 minutes)
- Activity 4.2: Referral pathways (20 minutes)
- Activity 8.3: Mapping service providers (15 minutes – can be integrated into the session)

Activity 4.1: Identifying barriers preventing referrals between agencies and promising practices

Time

20 minutes

Material

Cork bulletin/white or magnet board; index cards; pins/tape or magnets

Required preparation

Write each statement from Handout 4.1.1: Barriers and Practices on separate index cards. Prepare two title index cards – “Barriers” and “Promising Practices” – and stick them on the board.

Online version

Use a whiteboard function on the online platform and make the document accessible to all participants in the group.

Instructions

1. Participants are given one statement each and asked to read them out loud, and then to say in which column the statement belongs (“Barriers” or “Promising Practice”) and whether they can relate to the statement, referring to their own experience with referrals.
2. Participants should also be given empty index cards, in case they want to write barriers and/or promising practices that they consider important. This activity should be a quick refresher, rather than a forum for discussion.

Handout 4.1.1: Barriers and practices

Barriers preventing referrals between agencies	Promising practices
Differences in agency philosophies, mandates and agendas that may limit or hinder collaboration.	Service providers are knowledgeable, adequately trained and up to date about other service victim services and other available support in their communities.
Lack of or poor communication, engagement or commitment among agencies.	Regular multi-agency meetings and exchange of information.
Limited knowledge about the availability of other services.	Information about services is accurate and is available in various languages and on different platforms, is easy to find and understand, and is regularly updated.
Limits to confidentiality and information-sharing, which may limit trust or ability to collaborate.	Formal information-sharing agreements clearly delineating what kind of information is shared, and for what purposes, and robust arrangements to secure data.
Lack of or inaccurate understanding of other agencies' roles.	Policies and practices that support inter-agency collaboration and partnerships.
Policing from an "apprehending offenders" perspective.	Policing from an "enhancing service delivery for victims" perspective.
A lack of repercussions for not referring victims.	Staff resources are allocated to building relations with other service providers.
Lack of technology to enable seamless referrals.	The case management system has features enabling the secure transfer of data.
Lack of confidence in the quality of services.	Established and verified quality standards.
No clear criteria about whom to refer, and where.	Clear referral protocols, including follow-up to referrals, and staff trained on how to implement them.

Activity 4.2: Referral pathways

Time

20 minutes

Material

Printouts of Handout 4.2.1: Practitioner's checklist for victim referral

Required preparation

Print out a sufficient number of Handout 4.2.1 to distribute to all participants for an in-person training.

Online version

Trainers use a PowerPoint and send out Handout 4.2.1 to participants before the training.

Note to the trainers

The main objective of a referral system is to ensure that victims who need and want to have access to support receive it. Such services should be of high quality and be age-, gender- language-, and culturally appropriate, as well as responsive to the victim's needs and respect for their right of choice. They should be provided by trained professionals and designed to reinstate the victim's dignity, restore their agency and give them full access to their rights.¹⁵

There are many reasons why victims should be referred to another service provider, as well as different ways to do this.

Instructions

1. In the plenary, ask participants to name reasons for referring clients within the organization, to a similar organization and to a different agency. These are some possible reasons to refer:
 - Your organization does not offer services in this particular area. For example, a victim needs support with an anti-discrimination case, but your organization works only with victims of violent hate crimes;

15 Victim Support Europe, "Manual of Effective and Secure Referrals of Victims", February 2020, p. 6.

- Lack of capacity. Your organization does not have enough personnel and the existing staff do not have enough time for new cases. In such situations, it is useful to have a system to identify urgent cases, for example, where the victim is facing an imminent court case;
 - The client falls outside your target group;
 - The case is too complex, and should be referred to a more experienced colleague within the organization, if such a person exists, or outside, if there is no such person within the organization;
 - There is an organization that can meet most of the victim's needs without having to refer the victim to multiple service providers; and/or
 - The victim wants to report a crime to the authorities.
2. Trainers should present different referral pathways and invite participants to share experiences from their practice on what works and how they have arrived at one or another referral pathway. Particular attention should be paid to referral practices between and within law enforcement agencies and specialist support providers.
- **Self-referral:** Victims themselves contact a victim support organization.
 - **Provision of information:** Victims receive information about and the contact details of a victim support organization.
 - **Opt-in or opt-out system:** Victims receive information about victim support services and their contact details are sent to an organization, which will pro-actively contact victims to offer support.

Referrals are best carried out by the authority that is first in contact with victim. The victim's details can be securely passed to a victim support service, which will then reach out to the victim. It is important to note that, while EU Member States are obliged to facilitate the referral of victims to support services, OSCE participating States that are not members of the European Union are also encouraged to refer victims, even when there is no legal responsibility to do so. In both contexts, victims are not obliged to accept this offer. This system can work in two ways, depending on the choice given to the victim.

- **An "opt-in" system:** The police provide information about available assistance and ask victims whether they want their details to be passed on to the support services.
- **An "opt-out" system:** The police automatically pass the victims' details onto available support services, unless the victims object.¹⁶

¹⁶ Police officers should clearly state that all details will be passed to a victim support service unless the victim formally disagrees.

Handout 4.2.1: Practitioner’s checklist for victim referral¹⁷

Checklist	Suggested referrals
<p>Safety</p> <ul style="list-style-type: none"> • Does the victim live in a safe place? • Is there a need for shelter? • Is there a need for security measures? • Are there close relations who may face safety issues? 	Police, shelters, community centres
<p>Medical care</p> <ul style="list-style-type: none"> • Does the victim need medical care? • Does the victim need long-term medical rehabilitation? 	Hospitals, doctors
<p>Communication needs</p> <ul style="list-style-type: none"> • Does the victim speak the national language? • Does the victim face any communication difficulties? E.g., reading, hearing, speaking? 	Translators, sign language practitioners
<p>Practical needs</p> <ul style="list-style-type: none"> • Does the victim need help repairing/replacing damaged property, filling out insurance forms, arranging childcare, etc.? 	Community organizations, specialist support providers
<p>Emotional/psychological support/counselling</p> <ul style="list-style-type: none"> • Does the victim need psychological support? • Has the victim requested information on psychosocial support services? • Does the victim want to accompany to the police, or by other authorities? • Does the victim want support in public relations and/or advocacy? 	Psychologists, social workers, specialist support providers

¹⁷ Adopted from Vasiliki Artinopoulou et al, *Training Manual: Towards a Victim-Centered Police Response* (Athens: Protasis 2018), p. 173

<p>Legal needs</p> <ul style="list-style-type: none"> • Does the victim need help navigating the criminal justice system? • Is the victim represented by a lawyer? • Has the victim requested information regarding legal aid? • Has the victim requested compensation? 	<p>Lawyers, human-rights organizations, specialist support providers</p>
<p>Financial aid</p> <ul style="list-style-type: none"> • Does the victim need financial aid? 	<p>Social welfare, specialist support providers, through established victim funds or crowdfunding actions</p>
<p>Foreign/stateless victims</p> <ul style="list-style-type: none"> • Does the victim face any travel/visa/residency issues? 	<p>Lawyers, specialist support providers</p>
<p>Community intervention</p> <ul style="list-style-type: none"> • Has the victim mentioned similar incidents in the area where they live or where the crime happened? • Does the victim allow for the possibility that they were attacked as a reaction to another event? 	<p>Community organizations, specialist support providers, law enforcement agencies</p>
<p>Other information</p> <ul style="list-style-type: none"> • Has the victim expressed anything else that might indicate support needs? 	

Session 5: Support during criminal justice procedures

Hate crime victim services include support during criminal justice procedures. The key objective of this support is to safeguard the rights of the clients as a particular category of victim and empower them throughout criminal justice proceedings, as well as during investigative proceedings conducted by the police and public prosecutor's office. The support entails both the sharing of information on legal procedures, on the actors involved in the proceedings, documents, etc., and on assistance and support in coping with the stress inevitably generated by the investigation and criminal justice procedures. A counsellor accompanying a client during and after the entire investigation and criminal proceedings can contribute to mitigating the impact of secondary victimization. Service providers should prepare clients for criminal justice proceedings, for making statements and giving evidence and, possibly, for facing the perpetrator(s). Such support also benefits the judiciary, as a victim who is less anxious and stressed will be able to concentrate better and will have a better memory, giving them a greater ability to testify. The same applies to police investigations, as a person who feels they are being heard and respected will be able to contribute more to the investigative process.

A central task of the support provider is supporting and empowering the client to regain the necessary emotional and mental strength to be able to take self-determined decisions. A better understanding of the course of criminal proceedings is highly beneficial, as the more clients can anticipate what they will experience at the police station or in the courtroom, the greater the chances they can remain calm and composed. Being well prepared – both mentally and with regard to knowledge about procedures – can alleviate anxieties related to criminal proceedings, ensuring that victims can exercise their rights effectively and participate and take an active role in the proceedings, to the extent the national legal framework allows.

Learning outcomes

At the end of this session, participants will:

- be able to identify the points in criminal justice procedures where clients might need support; and
- be able to plan how to effectively prepare a client for trial.

Time

90 minutes

Activities

- Activity 5.1: Stages of a criminal case (30 minutes)
- Activity 5.2: Case study: Supporting Aiguo through the court proceedings (60 minutes)

Activity 5.1: Stages of a criminal case

Time

15 minutes

Material

Handout 5.1.1: Worksheet – Stages of a criminal case; Handout 5.1.2 Stages answer sheet – Stages of a criminal case

Required Preparation

Print out a sufficient number of Handout 5.1.1: Worksheet and Handout 5.1.2: Answer sheet for all participants.

Online version

Send participants Handout 5.1.1: Worksheet before the start of the session, so that they can work on it using a word processing tool or print it out and fill it in by hand.

Instructions

1. Trainers start the session by outlining that a client might approach a specialist service provider before or after they have filed a report with the police. For many clients, this will be their first time being confronted with criminal justice procedures, and they will have many questions. To lay the foundation for a sustainable engagement with justice actors, service providers will, at a first meeting, impart information on the sequencing of procedures, so that the client gets an overview and can mentally prepare themselves accordingly.
2. Participants are asked to arrange the sentences in the right order to establish the sequence of how a case is processed through the criminal justice system.

Handout 5.1.1: Worksheet – Stages of a criminal case

Usually, three tests are applied to determine whether to prosecute:

- Sufficient evidence to prove beyond a reasonable doubt that a crime took place;
- The realistic prospect of a conviction; and/or
- Public interest in the prosecution/trial.

Initial investigations start.

Police identify and interview suspect(s), arrest suspect(s) or invite them for an interview.

The prosecutor will question the defendant in court, and the defendant's attorney may cross-examine.

The victim will be informed of the outcome of the trial by either the court or the victim support office.

The police officer records all details of the incident in their system. The victim and, possibly, witnesses make statements, which are recorded together with the incident report.

During these investigations, police must ensure the safety of the victim(s), preserve the crime scene for evidence, and check available recordings, such as CCTV recordings.

Depending on the framework in the jurisdiction, a judge or a judge and jury will hear the case.

The statements of both victims and witnesses have to be signed and form part of the case file. Note that this will be treated as evidence in court.

Victims and witnesses will speak from a designated chair or box to give evidence.

Special measures are considered to allow for victim involvement during court proceedings, and these are part of the case management.

The prosecution considers the case and evidence.

If there is sufficient evidence, the prosecution will charge the perpetrator and continue the case.

If the country has a victim support bureau (within law enforcement agencies, the prosecution or court services), they may contact victims before the trial starts and may familiarize the persons concerned, upon request, with the location.

During the trial, depending on provisions in the jurisdiction, a separate waiting room may be used.

The case may be passed on to a specialized unit within law enforcement, which will gather further evidence.

Handout 5.1.2: Answer sheet – Stages of a criminal case

1. The police officer records all details of the incident in their system. The victim and, possibly, witnesses make statements, which are recorded together with the incident report.
2. Initial investigations start.
3. During these investigations, police must ensure the safety of the victim(s), preserve the crime scene for evidence, and check available recordings, such as CCTV recordings.
4. Police identify and interview suspect(s), arrest suspect(s) or invite them for an interview.
5. The statements of both victims and witnesses have to be signed and form part of the case file. Note that this will be treated as evidence in court
6. The case may be passed on to a specialized unit within law enforcement, which will gather further evidence.
7. Special measures are considered to allow for victim involvement during court proceedings, and these are part of the case management.
8. The prosecution considers the case and evidence.
9. If there is sufficient evidence, the prosecution will charge the perpetrator and continue the case.
10. Usually, three tests are applied to determine whether to prosecute:
 - Sufficient evidence to prove beyond reasonable doubt that a crime took place;
 - The realistic prospect of a conviction; and/or
 - Public interest in the prosecution/trial.
11. If the country has a victim support bureau (within law enforcement agencies, the prosecution or court services), they may contact victims before the trial starts and may familiarize the persons concerned, upon request, with the location.
12. During the trial, depending on provisions in the jurisdiction, a separate waiting room may be used.

13. Depending on the framework in the jurisdiction, a judge or a judge and jury will hear the case.
14. Victims and witnesses will speak from a designated chair or box to give evidence.
15. The prosecutor will question the defendant in court, and the defendant's attorney may cross-examine.
16. The victim will be informed of the outcome of the trial by either the court or the victim support office.

Activity 5.2: Case study: Support through the court proceedings

Time

50 minutes

Material

Handout 5.2.1: Case description

Required preparation

Before the session, print one copy of Handout 5.2.1 for each participant.

Online version

Use two breakout rooms for the preparation of the exercise. In an online collaboration tool, participants can insert the items prepared in the breakout rooms.

Note for trainers

The trainer will want to have researched the current legislation on hate crime prosecution in the national context before facilitating this activity.

Instructions

1. Ask the participants to read the case study individually, and then divide them into two groups.

Group A discusses the client's perspective: Try to walk a mile in Aiguo's shoes. They should think of questions and anxieties related to the court hearing.

Group B: tries to anticipate all of the concerns Aiguo might have in relation to the upcoming trial. They should try to prepare a plan to go through with your client in preparation for the hearing(s).

2. A spokesperson from Group A reads out their questions one by one, and Group B checks whether they had thought of the question/concern and, if so, reads out how they had framed or spelled out the question/concern. In the end, ideally, the versions of Group A and Group B should be rather congruent, and should, at a minimum, be similar to the following contents:

I. The actors

- Who will be present in the court rooms?
- Who is present in a hearing where the public has been excluded?
- Who has which role/task?
- Where does the perpetrator sit in relation to the client?

II. Procedures

- How does the questioning/statement-taking start? Which questions will come first?
- Does the client have to reply to all of the questions?
- How should the client respond if they don't know the answer?
- Can the client also ask questions?

III. Premises

- Where will the client spend any waiting time?
- Is there a separate room for victims?

3. In plenary session, the trainers will invite participants to add further comments or details from their own experience. They can feed the conversation by providing further details along the following lines:

- Visualization helps. The use of graphics, pictures and figures helps in explaining criminal justice actors and procedures.
- Explain legal terminology to make it less intimidating.
- It can be very important to familiarize the client with the court building (including the entrance, exit and restrooms) and the courtroom. If possible, it is beneficial to arrange for a viewing appointment together with the judge in charge. Inside the courtroom (make sure it is the exact same room where the trial will be held), explain again where each person will sit, and repeat what you have explained about the procedures and who will be involved. In particular, show where the perpetrator (and accompanying corrections officers, if the perpetrator is in custody) will be seated, and where the client will sit.
- Coping strategies: Many clients will experience profound emotional and mental stress during the trial. To prepare for trial, counsellors should familiarize clients with methods and techniques that will help them to remain calm and composed. These techniques are trauma-informed and can be applied autonomously by the client when in need, as well as by the counsellor for self-care purposes. For example:
 - Concentration exercises;
 - Visualization exercises; and
 - Haptic aids (hedgehog ball, lucky charms, etc.)

- Counsellors and/or clients may want to prepare an emotional first aid kit, containing tissues, water bottle, candies or chocolate, pens, toys, etc.
 - Prepare the details for the day/s of the hearings:
 - Arrange a meeting point and time. Discuss, if needed, how to avoid crossing paths with the perpetrator. Discuss whether the client wants to have family or close ones present in the courtroom, or on the way to and from. The client may want to decide beforehand what to wear and discuss how to spend any waiting time (knitting, reading, drawing, chatting, exercising, etc.), as well as talk about the time after the trial as a motivator of future plans beyond this experience.
 - Discuss with your client how to deal with the media.
 - If the case is of public interest, journalists might attend the trial and try to get an interview or photo of the client before or after the proceedings. If the client does not want any engagement with the media, counsellors can assist, for instance, by planning to arrive early at the court, using a separate waiting room, talking directly with journalists and informing them that the client does not wish to be interviewed/photographed, etc. The approach needs to be clarified together with the legal representation and, if applicable, also with the client's close relations.
 - Once the hearings are over, it is important to arrange an appointment for a debriefing a few days after the trial, where you can discuss the following:
 - Assessment of the trial: How did the client perceive the trial? Were they satisfied with their own statement, and did they feel heard and understood?
 - If a judgement and sentence have been passed, discuss the meaning of the decisions with the client.
 - Discuss reparations and offer assistance in filing a claim for damages, if applicable.
 - If no second-instance procedure follows and the trial ends with a final verdict, the client might still need further counselling, or the closure of the case can be formally celebrated to support emotional healing.
4. To conclude the session, trainers will sum up the main points about hate crime victim support in criminal proceedings:
- accompaniment to meet with police and to hearings; accompaniment to the main hearing;
 - communication of information to victims and those close to them before, during and after the main hearing, including information on the criminal proceedings and the role of the participants, a tour of the courtroom and/or a visit to another court hearing, information on the possibilities of legal representation and referral, if necessary, and information on the possibilities of financial compensation and referral, if necessary;
 - practical assistance (e.g., a discussion of arrival and departure to hearings, bridging waiting times, etc.);

- if need be, reminding the court and police of protection measures the victim is entitled to;
- communication of coping strategies and measures to reduce stress, including strategies for coping with fears, working with the client's own resources, and support in regaining lost autonomy and security, as well as support in reflecting on, assessing and emotionally coping with the process and events of the hearing; and
- help in clarifying how to deal with the media.

Handout 5.2.1: Case description

This fictional story takes place in a small city that has seen a growing presence of extreme right-wing groups in recent years. Since the beginning of the COVID-19 pandemic, anti-masking groups have been organizing protests in the city centre to denounce “sanitary dictatorship” and urge the government to tackle the real problem: “the protection of Europe’s borders from illegal immigration”.

You are a social worker at a local NGO providing support to hate crime victims and have paid particular attention to these protests, since you recognize many well-known faces who speak at each event. Indeed, the movement seems to be under the leadership of a well-established neo-Nazi far-right group, which has taken advantage of the pandemic to promote a xenophobic, anti-immigration and anti-Asian narrative, inviting citizens to “take matters into their own hands” and “attack the culprits” behind what they refer to as the “yellow flu”.

One of these demonstrations escalated into a violent incident, in which a young man of Asian appearance was beaten by demonstrators. He was severely disfigured and left for dead at the scene by the perpetrators. His name is Aiguo, and he is a 30-year-old citizen of Asian heritage, and your NGO has managed to get in touch with him after the publication of several articles about the attack he suffered. The attack received a lot of media attention, as police confirmed that one of the perpetrators was the leader of a neo-Nazi group known for their violent actions.

After being put in contact with you, Aiguo has filed a complaint, and his case will be heard in court next month. He is very anxious about going to court, suffers from post-traumatic stress from the attack, and is still in therapy and physical rehabilitation. He has never dealt with the justice system before and knows little about criminal procedures or what will be required of him, which adds to his fears. He says he is afraid to see his assailants again and does not know if he will be able to testify in their presence.

Module II: Organizational Development

Module II addresses challenges that a hate crime victim service provider – large or small, with longstanding experience or recently established – may face with regard to its internal organization and planning, the management of services and human resources, and its staff capacity development and accountability. The module discusses four thematic areas of pivotal importance to the organizational development of a hate crime victim service provider and areas where staff capacities and competences intersect with managerial responsibilities.

Session 6: Occupational health and safety addresses the safety and security concerns of hate crime victim service provider organizations, and mental health considerations of staff working with hate crime victims. A discussion of best practices in safeguarding the mental health and safety of staff, preventing burnout and secondary traumatization, and ensuring appropriate security measures for the office, underlining both individual staff and management responsibilities. (90 minutes)

Session 7: Public relations and working with the media explains the main considerations for hate crime victim service providers when creating a media strategy, gives practical guidance on victim-centred engagement with journalists and the media, and discusses how hate crime victim support organizations can play a role in educating the media and the public, as well as contribute to steering public discourse. (120 min)

Session 8: Emergency preparedness provides an introduction to the basic considerations when emergency planning for addressing a large-scale hate crime incident. The day-to-day work routine and organizational planning of a service provider can be supplemented by advance emergency planning that, in the event of a crisis, capitalizes on partnerships and emergency co-operation among all relevant stakeholders. (130 minutes)

Session 9: Monitoring and evaluation will address the main features of a quality review process for services delivered to hate crime victims, with a view to building and maintaining quality standards in service provision. The session focuses on the monitoring of client satisfaction feedback and facilitates reflections on organizational development and the working conditions of service providers. (100 minutes)

Session 6: Occupational health and safety

In this session, participants will reflect on the specific occupational health challenges involved in supporting victims of hate crime and on strategies to prevent the secondary traumatization of support provider service staff and burn-out, both at the individual and institutional levels. Participants will also learn about the particular safety considerations for staff working at a counselling service provider organization.

This session is introduced by an activity that addresses safety issues that may arise from providing services for hate crime victims. Activity 6.1 is an opportunity to learn about good practices in ensuring safety and protection in areas related to mental health and online and office safety. Activities 6.2 and 6.3 focus on burnout prevention and self-care, which are important mental health concerns for front-line practitioners. Participants will self-assess for burnout and become familiar with strategies to prevent it.

Learning outcomes

At the end of this session, participants will:

- recognize the mental and physical health challenges associated with providing services to victims of hate crimes; and
- identify best practices to ensure the safety of counsellors and to preserve their mental and physical health, including by preventing burnout.

Time

75 minutes

Activities

- Activity 6.1: Sharing good practices (30 minutes)
- Activity 6.2: Mental health – Prevention of secondary traumatization (15 minutes)
- Activity 6.3 Burnout – Know the signs (30 minutes)

Activity 6.1: Safety and protection of hate crime victim support providers

Hate crime victim service providers and their staff can be vulnerable to attacks (verbal, physical, against property, etc.) by individuals or groups such as political opponents and organized hate groups. It is, therefore, the responsibility of an organization's management to institute safety protocols and guidance for support practitioners. These security measures should be tailored to the local and regional context.

In some countries, hate groups are very active and aggressive. Particular events can drastically and quickly increase security risks. In other cases, the situation can deteriorate over an extended period of time. The visibility of the service provider might increase during hate crime cases that receive significant media attention. This attention and publicity attracts can increase the security risks for the organization as a whole and for its individual staff members.

It is crucial, therefore, to regularly assess the safety measures in place and assess whether the organization needs to adapt to new situations or new threats. Individual discussions with staff members are also important to ensure that their subjective sense of security is taken seriously and respected. Furthermore, provisions should be made to ensure that employees have the tools to manage high-stress work environments. This includes discussing together as a team how to create safe working conditions and how staff can be supported.

Time

30 minutes

Material

Post-it notes, flip charts, Handout 6.1.1: Good practices in ensuring safety and protection for hate crime victim support providers

Required preparation

Arrange the tables in the room into three workstations. Place a flip chart at each workstation, each with one of the following themes: "Mental health/Self-care", "Staff safety", and "Office safety".

Handout 6.1.1 lists safety and protection good practices that are particularly relevant to organizations working on hate crime. This list is not exhaustive and should be customized to reflect individual and local conditions.

Online version

Divide the participants into three groups and invite them to come into three breakout rooms and each work on one of the themes listed above.

Instructions

1. Divide participants into three groups and assign them to a worktable. Ask participants to list good practices that promote safety and protection, according to the theme assigned to their table.
2. When participants have finished, ask them to move to the next workstation. Do this until the participants have gone through all of the workstations.
3. Once groups return to their original workstation, have a representative from each table present the results of that workstation. Trainers can add good practices using Handout 6.1.1.
4. Trainers can conclude the session by adding additional good practices and reinforcing the fact that service providers must continuously review the security of their premises and of all personnel, and must take protective measures according to any identified risks. It is also important to note organizations are not exempt from complying with standard national health and safety regulations (e.g., the presence of sanitary boxes in water closets, smoke detectors in the office, or staff trained in first aid).

Handout 6.1.1: Good practices in ensuring safety and protection for hate crime victim support providers

Mental Health/ Self-Care	
<p>Responsibilities of the individual:</p> <ul style="list-style-type: none">• Do not share your private contact details with clients.• Maintain professional distance in all interactions with clients (avoid private invitations and the acceptance of gifts).• Set clear boundaries to requests from clients or your colleagues – and respect them.• Try to find a good work-life balance (exercise, vacation time, etc.).• Ask for (professional) help when you need it.• Refrain from working overtime.• Completely disconnect after working hours and during vacations.• Stay at home if you are sick.	<p>Responsibilities of the employer:</p> <ul style="list-style-type: none">• Ensure supervisors are able to manage spaces to solve conflict and facilitate discussions around improving working environments.• Conduct regular staff appraisals.• Encourage/finance participation in training on mental health, conflict management, communication, etc.• Do not contact staff during their leave or off hours, unless in the event of an emergency.• Monitor the workload of employees, e.g., by keeping time sheets.• Make options available for employees who may need structured time off (e.g., sabbaticals).• Involve employees in recruitment processes, as they need to work with the new employees as part of the team.• Enable a good working atmosphere, with a clear division of tasks, open communication and regular feedback.• Organize social and team-building activities (e.g., summer or end-of-year party, team excursion).

Staff Safety

Make sure that the private addresses and car registration numbers of employees are blocked for third parties by the authorities.

Establish a spokesperson for the organization who communicates with the media, so that not all employees are identifiable.

Do not attend court proceedings alone where perpetrators and their supporters may also be present.

Talk to staff about what they need to feel safe.

Staff who have personal experience and/or history of discrimination may have special needs (e.g., that the staff members do not leave the office alone in the dark, or by providing subsidies for self-defence lessons).

Strengthen the security settings on your personal social networks so that you cannot be found or contacted easily.

Office Safety

Keep the main entrance door locked.

Install a bell or video intercom system.

Meet clients only by appointment.

The office of each staff member should be lockable (also for data protection reasons).

Offices should be in proper office buildings, not in shops or alternative spaces.

Offices should not be on the ground floor, as there is a risk of windows being smashed. If this is not possible, install pressure-proof window films.

If possible, do not use private vehicles, in order to minimize the ability to identify employees (use rental cars, leased vehicles, car sharing).

Have the police carry out a security check of the offices and ask for advice on improving safety measures

Build a secure network infrastructure from the very beginning, by conducting an IT security audit. The more your organization grows, the more difficult it will be to implement and establish IT security standards later.

Provide instruction and guidance so that employees understand how to engage online.

Activity 6.2: Mental health - Prevention of secondary traumatization

Time

15 minutes

Material

n/a

Required Preparation

Trainers can, optionally, prepare a PowerPoint presentation containing definitions and a few key points.

Online version

Prepare a PowerPoint presentation.

Instructions

1. Trainers commence this session by introducing the relevant terminology.

“Secondary traumatization” refers to the psychological traumatization that can occur for hate crime victim service providers as a result of accompanying a traumatized person and witnessing direct traumatization. It shows symptoms similar to those of the primary traumatized person. This can affect support practitioners as well as close relations of the direct victim.

Upon contact with traumatized people, practitioners are at risk for secondary traumatization. This can be a result of being exposed to traumatic information/materials or on a practitioner’s personal history. The most important risk factors for secondary traumatization are:

- Previous own traumatization, including previous secondary traumatization;
- General life circumstances, such as stress and mental health;
- Characteristics of the social environment;
- Demographic factors, such as age, gender and social class; and
- Resources and coping mechanisms.

Repeated secondary traumatization can lead to secondary traumatic stress (STS). Professionals experience symptoms similar to those described by trauma victims, for instance,

nightmares, intrusive thoughts and images, depression irritability, feelings of being under threat – accompanied by social withdrawal – difficulty concentrating, and increased consumption of alcohol and/or medication. Prevention measures should reduce the intensity of the stress experienced (e.g., exposure to the traumatic experience of a client), as well as promote the resilience of counsellors. Prevention and minimization of STS includes recognizing and accepting one's own limits, as well as the limits of the client. Counsellors must have professional competence in recognizing and dealing with phenomena of transference and should be able to reflect on their own emotional and psychological status/history, to be able to recognize when a client's experience is affecting them.

2. Trainers proceed to discuss protective factors:

Empathy is the resonance of the emotional experience of another individual or group. It is the ability to understand another's mental perspectives and to understand and share the feelings of their emotional state. Empathy is a necessary prerequisite for working with traumatized people. At the same time, empathy increases the risk of STS and may lead to burnout. Burnout is a state of emotional, mental and, often, physical exhaustion brought on by prolonged (work-related) stress.

Mental health comprises the emotional, psychological and social well-being of a person. A person's mental health status affects how they think, feel and act, and also determines how they can handle stress and how they form relationships with other people. In the hate crime victim counselling setting, mental health is important, as it determines how staff can mobilize inner resources to remain mentally healthy enough to meet the demands of their work without suffering damage.

Self-care is an ongoing process of caring for yourself – making a conscious effort to do things that maintain, improve and repair your mental, emotional, physical and spiritual wellness. It is about having awareness of your own being, identifying needs, taking steps to meet them and, sometimes, receiving feedback from others. Along with protecting and preserving yourself in the face of challenging work, self-care is also important when dealing with the challenges of everyday private life.¹⁸

3. Before concluding the theoretical input of this part of the session and transitioning to a practical exercise, trainers can, optionally, introduce the ABCs of Protection from Secondary Traumatization.¹⁹

18 British Association for Counselling and Psychotherapy: Good Practice in Action 088: Fact Sheet Resource: *Self-care for the counselling professions* (2018), <https://www.bacp.co.uk/media/3939/bacp-self-care-fact-sheet-gpia088-jul18.pdf>.

19 Gerhilt Haak: Leitlinien zur Prophylaxe und Selbstfürsorge der Reduktion von sekundärem traumatischem Stress, in: S. Schwarzer, *Prävention der Sekundären Traumatisierung*, in: R. Wagner, R. (ed.): *Sekundäre Traumatisierung als Berufsrisiko? Konfrontation mit schweren Schicksalen anderer Menschen* (Magdeburg, 2008).

<p>A for mindfulness</p>	<p>To pay attention to oneself and one's feelings, and to maintain one's boundaries and resources.</p> <p>To preserve and maintain one's own balance; professionals should focus half of their attention on themselves.</p> <p>To know and understand oneself well, in order to be clear in one's contact with clients and to be able to identify transferences and countertransference.</p>
<p>B for Balance</p>	<p>Balance between work, leisure and rest is important and necessary. A balance between professional life and a variety of private and personal activities, which are used as a kind of "power filling station". Life-Work Balance.</p>
<p>C for Connection</p>	<p>The connection with nature, with life as such, with other people, to experience and develop oneself, to perceive personal needs (including spirituality) and to realize them.</p>

Activity 6.3: Burnout – Know the signs

This activity will require participants to reflect on their own mental health and self-assess their risk of burnout.

Time

30 minutes

Material

Handout 6.3.1: Self-assessing burnout, Handout 6.3.2: Strategies to prevent or reduce burnout, flip chart, pen

Required preparation

Before the training, print one copy of Handout 6.3.1 for each participant.

Online version

This activity is divided in two parts, an individual reflection, followed by teamwork. For the individual assessment, send Handout 6.3.1 to all participants and invite them to fill it individually, using Microsoft Word or another word processing program. Trainers can also ask participants to print the handout before the session and fill it out by hand.

The teamwork can be done in plenary or in smaller teams:

- If you prefer to do the brainstorm in plenary, the trainers can create a collective white board, where all participants can contribute. Trainers can also share their screen with a whiteboard or Microsoft Word-style document, and then record participant's ideas shared through dialogue or using the chat function.
- If you prefer participants to work in teams, divide them into smaller working groups using a breakout room function.

Instructions

1. Introduce the session by explaining to participants that burnout is a common mental health issue among first-line practitioners.²⁰ Invite participants to self-assess their potential burnout signs using Handout 6.3.1. Once they are done,

²⁰ According to World Health Organization (WHO)'s *11th Revision of the International Classification of Diseases (ICD-11)*, "Burn-out is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed".

you can invite participants to share their results or comments, if they volunteer to do so.

2. Invite participants to share their own tips and tricks in managing stress and preventing burnout or STS. Write all of the answers on a flip chart. Feed the conversation and add strategies to prevent or reduce burnout or secondary traumatic stress using the points listed in Handout 6.3.2.
3. Make sure participants know that they should contact a health care professional (doctor or psychologist) to benefit from professional help. If possible, provide a local resource to which they can reach out to in case of need.

Handout 6.3.1: Self-assessing burnout²¹

In the last month, how often has the following been true for you?

0: Never; 1: Seldom; 2: Sometimes; 3: Often; 4: Always

- 1. I feel tired or sluggish much of the time, even when I'm getting enough sleep.
- 2. I find that I am easily annoyed by other people's demands and by stories about their daily activities.
- 3. I feel detached, and like I don't really care about the problems and needs of other people.
- 4. I am having more and more trouble being interested in my work.
- 5. I feel sad.
- 6. I have become absent-minded. I forget appointments, deadlines and personal possessions.
- 7. I find myself avoiding people and don't enjoy being around close friends and family members.
- 8. I feel drained – even routine activities are an effort.
- 9. I've been experiencing physical problems, like stomachaches, headaches, lingering colds and general aches and pains.
- 10. I have sleeping problems.
- 11. I have difficulty making decisions.
- 12. I feel burdened by responsibilities and pressures.
- 13. I have little enthusiasm for work, and when I think about my work my feelings are mostly negative.
- 14. At work, I consistently fall short of expectations that I have for myself or that others have for me. I'm less efficient than I feel I should be.
- 15. I've been eating more (or less), smoking more, or using more alcohol or drugs.
- 16. I feel like I can't solve the problems assigned to me at work.
- 17. I feel like my work is insignificant/doesn't make a difference.
- 18. I feel "used" and unappreciated at work.
- 19. I get easily frustrated and irritable over small inconveniences.
- 20. I have trouble concentrating and completing tasks at work.

21 Headington Institute: *Are You Showing Signs of Burnout?*, <https://www.headington-institute.org/wp-content/uploads/2020/06/R33-Signs-of-Burnout-Self-Test.pdf>

- 21. I feel like I have too much (or too little) to do at work.
- 22. I work long hours (more than 10 hours per day) or don't have at least one day off work each week.
- 23. I find myself involved with conflicts at work or with family.
- 24. I have trouble caring about whether I complete my work or do it at all.
- 25. I feel like my coworkers are largely incompetent/not doing their jobs well.

Self-assessing Burnout – Interpretation Guidelines*

0-25

A score in this range suggests that you're probably in good shape and experiencing little burnout.

26-50

A score in this range suggests that you may be experiencing a low-to-moderate degree of burnout.

51-75

A score in this range suggests that you may be experiencing a moderate-to-high degree of burnout.

76-100

A score in this range suggests that that you may be experiencing a very high degree of burnout.

**Please note this scale is not a clinical diagnostic instrument and is provided for educational purposes only. It is used as a discussion tool to help identify some of the more common symptoms of burnout. If you have any concerns about the state of your emotional health, you should consult with a mental health professional.*

Handout 6.3.2: Strategies to prevent burnout²²

- Debrief regularly with colleagues and supervisors;
- Separate work from private life (e.g., avoid going out exclusively with colleagues);
- Maintain professional distance in all interaction with clients, and do not share private contact details;
- Take coffee breaks and lunch breaks;
- Take annual paid leave/time off;
- Say “no”, and resist the urge to take on new commitments;
- Turn off your work phone at the end of the working day, and completely disconnect it during vacations;
- Find a good work-life balance
- Learn to say “no” to unreasonable requests;
- Refrain from working overtime;
- Within the team, develop a culture of mutual support, professional supervision and peer mentoring; and
- Develop a continuing professional development plan.

²² This list is not exhaustive. For more ideas on how to prevent or reduce burnout, consult the following resources: United Nations Human Rights Office of the High Commissioner: *Trauma and self-care manual*: <https://www.ohchr.org/Documents/Publications/Chapter12-MHRM.pdf>; And: *A self-care tool for professionals: The SPARK tool*: <http://www.socialworkerstoolbox.com/a-self-care-tool-for-professionals-the-spark-tool/>

Session 7: Public relations and media engagement

Specialist service providers can share their expertise and experience with the media and participate actively in public discourse. Their engagement with the media serves to raise awareness and understanding of the perspectives and needs of those affected by hate crime, as well as of the social phenomena and structures that increase the risk of hate crime. Due to their experiences working with hate crime victims, they have keen knowledge that can help shape the response to individual cases, as well as help to decrease hate crime risk in society as a whole.

Dealing with the media can have two opposing aspects. On the one hand, media coverage can help raise awareness of hate crime and those affected, aiding the rehabilitation process of individuals and groups, and can constitute a remedy, in that it allows victims to share their perspectives and concerns with the public, whereby an acknowledgement of the crime itself takes place. On the other hand, if media professionals or companies do not understand victims' needs and perspectives, or are biased against certain groups, this contributes to the secondary victimization of a hate crime victim. Support organizations must have a media strategy in place that sets the parameters for engagement with the media, so that clients are empowered to engage with the media on their terms, to ensure that hate crime is covered in the media from the perspective of those affected and does not encourage copycats and, if necessary, to shield clients from negative, intrusive or abusive media attention.

Learning outcomes

At the end of this session, participants will:

- be knowledgeable about the cornerstones of a sound victim-centred media engagement strategy; and
- have acquired some skills with regard to positioning their organization in the media.

Time

120 minutes

Activities

- Activity 7.1: Strategic media engagement – An overview (30 minutes)
- Activity 7.2: Practical considerations for engagement with media and journalists (30 minutes)
- Activity 7.3: Interview with a mass media journalist (60 minutes)

Activity 7.1: Strategic media engagement - An overview

Time

30 minutes

Materials

PowerPoint presentation, Handout 7.1: Media strategy

Required preparation

Have the outline of this session ready, as well as two flip charts: one to collect items during the brainstorming, and the second to note down guiding questions/considerations. Trainers might consider using a PowerPoint presentation for the substantive input of this session. Print out a sufficient number of Handout 7.1: Media strategy for all participants.

It is strongly recommended that trainers adapt Activity 7.1 to the national context where the training is taking place, with language, imagery and topics reflecting local media content. It is recommended, therefore, to contextualize the activity and adapt it to local practices of media representation.

Online version

Trainers use a PowerPoint presentation. For the brainstorming activity at the start of the session, Mentimeter's word cloud function can be used, or, alternatively, Miro, with pre-built boards.

Instructions

1. Trainers invite participants to note down what they would consider to be key points related to a successful, victim-centred media strategy for hate crime victim service providers or, if they are experienced providers, to note down key aspects of both successful and unsuccessful media strategies they have applied in the past. Trainers can guide the brainstorming by suggesting the following considerations: which media channels are used, how rapport with journalists is built, whose task it is to engage with media, and which goals should be pursued.
2. Trainers invite participants to explain what they noted and why they consider these points to be important in the media engagement of their organization.

3. Trainers take participants through basic considerations in strategic media engagement for hate crime victim service providers (optionally, use a PowerPoint presentation).²³ A summary of the presentation is found in Handout 7.1: Media strategy (distributed to participants either before or after the presentation).

When devising a media strategy for the organization, goals need to be defined related to what the organization would like to get out of engagement with the media in its local/regional/national context, for instance:

- Educate the public on hate crime.
- Make particular cases known to the public (e.g., the circumstances of the crime, the impact it had on victims etc.) to elicit public action and gather support for policy change.
- Encourage the reporting of hate crime and promote accountability for perpetrators.

Most of specialist support providers do not have large resources for continuous, professional press and public relations work. It is important, therefore, to carefully consider which activities are really meaningful and feasible. The development of a media strategy should begin with answering the following questions:

- What are the goals the organization aims to pursue in its public relations and media work?
- Does the organization want to publish on a regular basis, for example via press statements, educational or other activities, or publications?
- Does the organization want to increase its public profile, possibly also to secure funding?
- Does the organization want to educate the public about hate crime and its victims?
- Does the organization want to facilitate victims' access to the media as a means of rehabilitation?
- Does the organization want to use media to call for action?
- Does the organization want to react to the spread of hate and counter false narratives and misinformation?

Media relations are a continuous process, so adequate staff resources need to be allotted. A service provider should have a designated media contact person. Thereby, resources of other staff are saved, and the media contact person can establish long-term relationships with journalists (see educating journalists, below) and gain skills and experience in dealing with the media. The contact details of the media contact person should be communicated to the media and this information included on your website.

23 See Federal Coordination of Specialized Counseling against Sexualized Violence in Childhood and Youth (BKSF), in co-operation with the task force of the Independent Commissioner for Child Sexual Abuse (UBSKM), *A Practical Guide: Press and Public Relations Work for Specialized Counselling Centres against Sexualized Violence in Childhood and Adolescence*, (Stand: BKSF 2020) (in German).

Depending on available resources, the media strategy of the organization can be active or passive. Passive engagement involves only responses to inquiries received from journalists and others, and is less resource-intensive. Active public relations work, however, requires a sound strategy and dedicated resources.

It is recommended to make a decision on certain factors in advance, such as how to present the organization and the work it does, as well as their knowledge and expertise; whether and how to take a partisan stance on behalf of clients/those affected by hate crimes; whether the organization is able to respond to inquiries from all media outlets, or are there some that they would exclude; how to handle interview requests with clients; etc. When client-related media engagement is planned, the service provider needs to clarify in advance with their clients and, where applicable, with their legal representation, whether the organization has the client's consent to speak on their behalf? If yes, the key messages have to be agreed on in advance.

Proactive Media Engagement

In an active media strategy, service providers will strive to strategically place relevant topics on the agenda of media outlets and, at the same time, to raise the visibility of their organization. It is advisable to establish and maintain good relations with certain journalists, to whom the organization can reach out proactively with news and information. Contact details and past interaction and publications can be recorded in a database, and contacts put on a distribution list for either periodical or event-based newsfeeds. Service providers might, for example, consider sending their annual report to the outlets on the distribution list, or inviting them to a press conference on the presentation of the report. They might also want to send policy briefs produced by their organization or invite journalist to a thematic event in-person or in online calls.

Having a public figure attend or speak at an event can attract more media attention. Service providers can also proactively offer media an interview or prepare an expert statement for them, in order to contribute their perspective and expertise to an ongoing public discussion or on certain occasions, such as commemorative service, the start of a trial or the public appearance of a victim. This proactive engagement serves not only as a means to participate in public debates and position the organization as a leading expert, but also to foster relations with journalists and to make counselling services better known to the public.

Social Media

Service providers should consider their staff/time resources when using social media; effective engagement is time-consuming and social media exchanges take place 24/7. Staff members that take care of the organization's social media presence must, therefore, be aware that followers and the online community might require attention much beyond regular working hours. Also, service providers will expose themselves to a greater risk

of being the target of hate speech and will, therefore, need to put an internal policy in place on how to deal with hate comments.

Within the realm of social media, Twitter is often the preferred choice for public debate and engagement with journalists. Service providers can both comment on and share expert opinion related to relevant current discussions, or tweet their statements to trigger a discussion.

Core Messaging

Define your core messages in advance. They should be clear, concise statements, ideally formulated in one sentence. In any debate, interview or exchange, try to bring in your core messages (have text blocks ready for both oral and written responses, e.g., “At this point, I would like to emphasize again that ...”, “What is important to know is ...”, “Our concern as a hate crime victim service provider is ...”). It might prove useful to repeat the core messages in various shapes throughout the exchange, to firmly anchor them in the interlocutor’s and audience’s perception. The names of the victim should be mentioned, and not of the perpetrator, and the call for unity and solidarity must be loud and clear.

Agreed Terminology

It is important to have agreed terminologies that are used uniformly by all staff members of the organization. Language is of utmost importance in framing perceptions and shaping public discourse. The terminology you use will impact media coverage, as you will be cited as experts, and you will be able to influence the choice of words of journalists (see below).

Handout 7.1: Media strategy

Goals

- Inform/educate the public
- Represent the client's interests
- Make hate crime cases known to the public
- Elicit public action and gather support for change
- Counter misinformation and false narratives
- Encourage the reporting of hate crime
- Generate publicity for the organization

Some basic considerations

- Who is the media contact person?
- Will the media strategy be active or passive?
- What are the core messages?
- What is the agreed terminology?

Proactive Media Engagement

- Place relevant topics on the agenda of media and raise the visibility of organization
- Establish and maintain relations with individual journalists
- Record interactions/publications in a database
- Establish a distribution list (for press conferences, policy briefs, thematic events)
- Proactively provide (unsolicited) expert statements
- Social media presence: internal policies on how to deal with hate speech

Client/Victim-Centred

- Advise clients who want to engage with the media
- Handle interview requests with clients
- In case there is the consent to speak on their behalf, clarify and agree on messages in advance

Activity 7.2: Practical considerations for engagement with media and journalists

Time

30 minutes

Materials

PowerPoint presentation (optionally), Handout 7.2.1: Awareness raising with media representatives and journalists, Handout 7.2.2: Excerpt from an interview between the father of a hate crime victim and a journalist

Required preparations

Trainers can, optionally, prepare a PowerPoint presentation containing a brief version of the recommendations formulated in the bullet points below. They can print out Handout 7.2.1 and Handout 7.2.2 or, optionally, send them to participants before the training.

Online version

Trainers run participants through a PowerPoint presentation and invite comments live or in the chat function.

Instructions

1. Trainers should, with each recommendation they go through, ask participants for comments and examples, and invite them to share from their experience the challenges they have faced and what the lessons learnt were.
 - Acquaint yourself with the media ethics code of your country (the code that all media outlets have agreed to voluntarily abide by). Familiarize yourself with the national law of your country that stipulates which legal restrictions media have to respect when reporting on crime.
 - Be aware that any statement made to the media, even if off-record, could be published and re-published. Once statements are published, it is a lengthy and difficult process to have them removed. It is also very challenging to reverse the impact these statements have already made.
 - Be aware that, while a court proceeding is ongoing, everyone commenting on the case, including journalists, victims and supporters, must be prudent about the type of comments they make, lest they jeopardize fair trial requirements and, thus, the entire trial. It is advisable to consult with the victim's lawyer or the prosecutor before sharing a story.

- When clients express an interest or need in reaching out to the media, service providers can support them in making an informed decision, by looking at the pros and cons of speaking with the media and understanding the intended and, possibly, unintended results, both short- and long-term, of speaking publicly. Speaking with the media can be perceived as a medium for speaking with the public, which can provide a sort of relief, as it may support the victim's need for acknowledgment and justice. On the other hand, media attention can increase the stress for those affected by hate crime experience, especially if their case is not dealt with sensitively.
 - Service providers and clients can report media outlets who violate national rules to press monitoring systems in their country or challenge media outlets in court.
 - Most jurisdictions will grant anonymity to certain victims, such as minors or when sexual assault is involved. The degree to which media can report on the details of a trial (e.g., statements by victims, witnesses, defenders, judges) is regulated differently in each country, so service providers must acquaint themselves with the relevant provisions and support their clients accordingly.
2. Trainers proceed to a brief round in plenary. They invite participants to explain how they – personally and as an organization – prepare for interactions with media representatives, including for interviews with journalists.
 3. Trainers sum up by listing a few useful preparatory steps:

Before you give an interview:

- Look up what the particular journalist has published in the past; check whether they have used sensitive language and whether their reporting style is in keeping with what you are trying to achieve.
 - Find out what exactly the article/media content will be about. What kind of content is it (report, interview, background research)?
 - Ask to be sent the set of questions beforehand, so that you have time to prepare (note that the journalist is under no obligation to comply).
 - Request the details of the actual interview, e.g., whether it will be a live transmission or a recorded one, and whether it will be held in a studio, on the phone or in a place of one's choice.
 - If applicable, exclude certain topics from the questions you are prepared to answer.
 - Request that your authorization is needed for direct quotes. Always make sure that you and/or the client authorizes any direct quote – and make sure to reach an agreement on that condition before you start any conversation/ interview with a journalist.
4. Trainers distribute Handout 7.2.1 or, optionally, send it out before the training. The Handout lists a number of important aspects to consider when providing guidance to journalists on the appropriate reporting of hate crime. Trainers ask

participants to go through the Handout by themselves and revert to the plenary with questions, comments and own experiences, if any.

5. Trainers conclude the theoretical part of the session by distributing Handout 8.2, contextualizing the interview it contains (make reference to the Hanau hate crime case) and inviting participants to share their thoughts and feelings after having read the text.

Handout 7.2.1: Awareness-raising with media representatives and journalists

Whenever possible, hate crime victim service providers should seize the opportunity to engage and exchange with a journalist/media representative and contribute, to the extent possible, to the adequate reporting of hate crime cases:

- Service providers can contribute to shaping public discourse on systemic, structural racism, xenophobia and discrimination that engenders hate crime. They can contribute to an enhanced awareness among media professionals on the importance of using appropriate language and avoiding the reproduction and reinforcement of stereotypes. In any exchange with journalists or appearance in the media, service providers should seize the opportunity to point to semantically correct language.
- When reporting on recent incidents, journalists should treat statements by police, investigators, municipal authorities and others with caution. Information and knowledge they have might be limited, the perception distorted or factual evidence missing. Journalists should not rely solely on statements made by authorities, but also consider those made by persons affected and witnesses. Service providers can assist journalists in reporting accurately by making available information stemming from the experience and perspective of those affected by the crime.
- When reporting on large-scale hate crime cases, the portrayal of events, persons and communities affected should, even if time constraints and limited research capacities prevail, not fall into the trap of portraying victims as a homogenous group that share the same background, experience and reaction to the crime. Reporting must always be mindful of the fact that each individual affected by the crime has experienced the events differently and has their own individual perception and reaction. The media often portrays victims as victims only, and as helpless, powerless and needy. The coverage of victims should, instead, render an account of the individuality of the person.
- Journalists need to practice sensitive interviewing to ensure they are not causing further trauma. They should bear in mind that these interviews can cause emotional reactions and, in the worst case, trigger re-traumatization in victims and their families. Victims and their service provider organization can, therefore, arrange for a mediated contact between them and the media, for example, by making the service provider the contact point for any interview request.
- If a hate crime victim opts for direct contact with media, they should decide the circumstances under which the exchange with media will take place, i.e.,

where a meeting or interview takes place, how long it takes, and whether any support person will be present. The interviewee has a right to receive sufficient information as to what purpose the interview will serve and in which article it will be embedded, so as to be able to make an informed decision about participation in the interview. Interviewees should be asked to review the parts of an article that contain their statements and provide authorization of the content in the final draft. If a victim feels a need to protect themselves and their close ones, anonymization should be offered. Service providers should support their clients in making informed decisions and engaging with the media on their own terms.

Handout 7.2.2: Excerpt from an interview²⁴

An interview with Armin Kurtović, father of Hamza Kurtović, who was murdered during a large-scale hate attack

In the first few days, I had no head for following the media. The house was full of people, the grief, the shock. We turned off the TV for three months. Later, relatives brought us newspapers so we could keep an eye on what was being written. There were so many wrong things in them.

Journalists should write things down as they are. Not as I [as the person affected] see them, but as they are. They should talk to the families beforehand and write: Who were these victims, what did they do [in their lives]? About [the killed] Said Nesar Hashemi, it was written somewhere that he was a refugee. They didn't even write his name correctly. They wrote El Hashemi. Everybody makes mistakes. That is human. But these are such serious things – it's like spitting on the victim.

After every attack, people only talk about the perpetrators. They get publicity they don't deserve. Nobody talks about the victims, about what the perpetrator has done here. It's not done with an "I'm sorry" [from the media]. Nine innocent people died here in twelve minutes. There will always be racism, let's not kid ourselves. But you have to try to stifle it at its core. Nevertheless, racism is normal in society today.

The only reporters who spoke to me at the beginning were people from Al Jazeera and a Bosnian reporter, whom I know personally. What I said then still applies today: I can't get it into my head how much hatred a person can have inside of him that this hatred makes the mind suspend. Where does he get the right to take the life of someone he doesn't even know?

A reporter from Stern also wrote to me. The man was very nice, apologized and wanted to make sure he wasn't pushy. That was all OK. A reporter from RTL [a television station] wanted to know something about my son. I told him to ask in town who my son was, go to his employer. I don't have to be ashamed of my son. He didn't harm anyone, he didn't kill anyone, and if he could help, he did. But in the first days, journalists with cameras also came to our front door and rang the bell. My older son opened the door and closed it right away. After all, they just want a story. But that's not OK. They don't understand that you're in shock and you don't know what to say.

There have to be reporters and reporting. That's a good thing, too. People should know what happened. But the journalists should not just report one-sidedly; they

24 Mediendienst Integration, Hanau 2020: "Webstory for Better Reporting on Racist Hate Crimes" (in German).

should write the truth. The perspective of those affected, but also a neutral view. Because of course I am affected by it and emotionally involved. Journalists are not. That's why they have to write the truth.

I go into the interview with the hope that journalists will do their job for the public, because that's what they're there for. I would like someone from a major TV station to go to the police and ask how they can write [in Hamza's autopsy report] that my son has no relatives. How can they do such a thing? You'd have to confront the authorities with this fact and ask if this is everyday life for them.

Activity 7.3: Interview with a mass media journalist

Time

60 minutes

Material

Handout 7.3.1

Required preparation

Trainers can prepare a customized set of questions (see below) beforehand. Print out Handout 7.3.1 for all participants.

Online version

On an online platform, participants enter breakout rooms in pairs. The trainer may choose to stage the role play as either being a television interview, or as a radio interview, with cameras switched off. The latter has the advantage of the audience (i.e., the participants in plenary) being able to concentrate on language, tone and semantics, while all body language clues are lost.

Instructions

1. Trainers invite participants to read through the article in Handout 7.3.1. Before going into the group work, the trainers open a brief round in plenary, analysing the problematic aspects in this text from the point of view of a hate crime victim service provider and relating to the points raised under 7.2, such as:
 - The text puts the perpetrator and his personal circumstances at the centre of attention, and little is said about the victims.
 - A lot of space is given to police interpretation of the crime committed and their interpretation of possible motives.
 - Police are quoted rather extensively, with a statement trivializing the hate crime act.
 - The criminal act by the perpetrator is pathologized with no mention of the systemic, structural social factors encouraging the victimization of persons targeted.

2. Trainers then provide participants with the following scenario:

A tabloid newspaper contacts your organization to request an interview concerning the reported rise in anti-Asian hate crime since the beginning of the COVID-19 pandemic. The newspaper was at the forefront of news coverage of a recent misogynistic and racist hate crime and is well-known for its sensationalized, factually inaccurate style of reporting. You remember an article (Handout 7.3) you saw online recently. You decide to take on the challenge and agree to provide an interview. You only have little time to prepare but want to make sure you represent what your organization stands for and send out a firm message to the general public about the importance of countering hate crime and its underlying root causes.

3. Participants work in pairs to prepare for the interview. Agree on which organization you would like to represent. It can be the actual organization of the participants or a fictitious hate crime victim support organization. Participants have 15 minutes to formulate their line of argument: how to present the topic (the rise in anti-Asian hate and misogynistic crimes), how to position the organization in the debate, which core messages they want to convey, and how they want to comment on the newspaper's previous coverage of the case.
4. In the plenary, the trainer will play the journalist, and one participant will play the service provider representative. All others take notes for the debriefing. The trainer will lead two or three rounds of the role play (so not all working groups will perform).

Note for trainers

Trainers will have a set of questions prepared beforehand but must remain flexible to contextualize the interview according to the background of participants, and to adapt to the interview as it evolves. Provocative questions can be prepared for the activity, such as:

- Is hate crime a problem of isolated individuals with a history of psychological disorders?
- Would it not be better to give more funding to psychotherapy centres than to hate crime victim support organizations?
- Isn't it true that lone psychopaths will always exist, and there isn't much we can do about hate crime incidents?
- Isn't this simply about violence against women and have nothing to do with hate crime?

Handout 7.3.1: Adapted newspaper article²⁵

“He was having a bad day”: Police say Marco Sander, 21, attacked three staff in a Chinese restaurant on Thursday because he wanted to “eliminate the source of the COVID pandemic”.

Mr. Sander, a schoolteacher characterized as hyper-sensitive and thin-skinned by his colleagues, attacked three Chinese women, seriously injuring one of them, on Thursday. He targeted them because he had visited the restaurant before and blamed them for his COVID infection, police revealed on Friday morning.

Mr. Sander, 21, had suffered from severe COVID symptoms, including high fever and a cough, after dining at the restaurant, and was bedridden for four weeks. He told police, that as he was a part-time supply teacher, he had zero income during this time.

Police were called to the scene by customers who had managed to restrain Mr. Sander after the attacks.

The victims are between 33 and 38 years old and work at the restaurant as waitresses and a cleaner, respectively.

Initially, police said they were probing whether racism was a factor in the attacks because the victims were Asian women.

But, on Friday morning, they said Mr. Sander told them that was not why he carried out the attacks. Instead, he said he had wanted to eliminate the source of the virus, which he thought he had caught while dining at the restaurant.

He told police that he saw the restaurant and its staff as a driver of the pandemic in his town.

The argument between him and the staff had escalated when one of the women had asked for his vaccination certificate. Marco Sander then ripped off one woman’s face mask and punched her in the face, screaming ‘Kung Flu, Kung Flu!’

“He claims that it was not racially motivated ... he had spent the previous four weeks in quarantine and was physically and mentally exhausted ... he wanted to wreak revenge on those he thought to be the source of all evil,” police officer Antan of the district police office said in a press statement on Friday.

Antan added that it had been a “very bad day” for the suspect, and said: “He was at the end of his rope”.

²⁵ The Handout is adopted for training purposes from the article Daily Mail Online, “He was having a bad day”, 16 March 2021.

Session 8: Emergency preparedness

In the last decade, a number of large-scale bias-motivated attacks have shocked the world and made it clear that only through co-ordinated and well-prepared actions by multiple stakeholders can victims, their families and all those affected be effectively supported in their aftermath. In the wake of such crimes, national authorities take the lead in emergency response. No response, however, is going to be able to address the trauma experienced by individuals and communities if victim support providers and local communities are not involved. Formulating effective response plans long before an attack happens is, therefore, essential. Such plans should be comprehensive and inclusive of trauma-informed interventions, and should always be provided by professionals with a focus on the identified needs of an individual and the affected community.

Large scale bias-motivated attacks can result in a significant number of casualties, damage to buildings and infrastructure, the increased need for information and many other needs. For example, in 2017, a far-right white supremacist killed six worshippers and seriously injured five other people at the mosque in the Islamic Cultural Centre of Quebec City, in Canada. In 2018, in a racist attack, six Black migrants were shot at and seriously wounded in Macerata, Italy. In 2019, 11 Jews were killed during Shabbat at the Tree of Life synagogue in Pittsburgh, United States. In 2020, a racist extremist killed nine Germans with a migration background and wounded five others in Hanau, Germany.

Considering the scale and gravity of such attacks, identifying victims, responding to their needs, and co-ordinating actions with multiple stakeholders will always be a demanding task. While no emergency preparedness is going to be ideally suited to a specific post-attack situation, a properly developed emergency preparedness plan will help maximize the potential for an effective recovery by the victims.

In this session, participants will develop an understanding of the importance of advance planning for emergency situations and be prepared to develop their own tailored plans for a potential emergency situation. Participants will be introduced to different categories of victims, types of victims' needs, and the roles different stakeholders play at different junctures of response and recovery. A mapping of victim support actors and services will be done, and the importance of co-operation will be explained.

Learning outcomes

At the end of this session, participants will:

- understand different categories of victims;
- understand types of support victims need;

- have become aware of different services other victim support providers offer;
- be prepared to create an emergency preparedness plan for their own organization.

Time

120 minutes

Activities

- Activity 8.1: Identifying victims (15 minutes)
- Activity 8.2: Identifying types of needs victims might have (15 minutes)
- Activity 8.3: Mapping service providers (15 minutes)
- Activity 8.4: Outlining the components of an emergency plan (15 minutes)

Activity 8.1: Identifying victims

Time

15 minutes

Materials

Corkboard, flip chart, pins or tape, printouts of the handout for each participant, index cards

Required preparation

Prepare four colourful circles (with a diameter of about 10 cm each) with letters A, B, C, D corresponding to different types of victims to be pinned to the corkboard. Prepare a flip chart entitled “Notes for an emergency preparedness plan”.

Online version

Use whiteboard or another online collaboration platform.

Instructions

1. Trainers will explain that being prepared to respond effectively and efficiently in the aftermath of a large-scale hate attack requires advance preparation. Ideally, Handout 8.1: Anti-Semitic attack should be substituted with a real case that took place in the country where the training is taking place. Alternatively, the description of this case should be customized to reflect the national context. Using the example of an anti-Semitic attack, participants will be guided through several elements of emergency preparation.
2. Trainers give participants two minutes to read Handout 8.1: Anti-Semitic attack.
3. Trainers explain that:

Hate crimes affect individuals, communities and societies. In the aftermath of a large-scale bias-motivated attack, identifying who is a victim is a complex task. It requires an understanding of the different ways people are affected. In a situation of panic, some victims may be overlooked. As people respond to trauma in unpredictable ways, it is possible that some victims may require support weeks and months after the attack. Having a tally of possible affected communities and engaging in targeted outreach to them constitutes an effective response.

4. Trainers divide participants into pairs. They give them a couple of minutes to identify those affected by this attack, and distribute index cards for them to write down individuals and groups identified.
5. Trainers ask participants to arrange the victims in four circles, for each category listed below, on the corkboard. Trainers instruct participants to put only one index card per victim (group), to keep the board easily readable.

- (A) Directly affected:** people present during the attack: survivors, injured and deceased
- (B) Indirectly affected:** close relations of direct victims, next of kin of the deceased and physically injured, witnesses, co-workers, co-students, business owners (restaurants, bars, shops) etc.
- (C) Affected communities:** Jewish, Muslim, Kurdish, Black, Roma and Sinti, refugees, asylum seekers, migrants, etc.
- (D) Others:** this may include; people living nearby, passers-by, neighbors of victims, family and neighbors of the perpetrator, people who saw a livestream of the attack, staff of counselling centres, law enforcement representatives, other first responders, wider society, etc.
6. Trainers ask participants whether there are people among those affected who their organization is not mandated to support.
 7. On a pre-prepared flip chart or board, start collecting considerations for preparing an emergency preparedness plan. For example: determine your clients.

In the plenary, offer a legal definition of a victim. As the definition is going to vary from one country or jurisdiction to another, for the purposes for the training trainers can use the definition from the country where the training is taking place and/or use the one from to Article 2 of the EU Victims' Rights Directive:²⁶

- a natural person who has suffered harm, including physical, mental or emotional harm or economic loss which was directly caused by a criminal offence;
- family members of a person whose death was directly caused by a criminal offence and who have suffered harm as a result of that person's death.

²⁶ The EU Victims' Rights Directive pays special attention to the most vulnerable victims, including victims of hate crimes. EU "Victims' Rights Directive", *op. cit.*, note 2.

Handout 8.1.1: Anti-Semitic attack²⁷

On Yom Kippur, a German neo-Nazi sat in his car close to the Jewish community centre and synagogue in Halle, a town of around 241,000 inhabitants in Germany, and started a livestream of what he thought would be a spectacular attack on a Jewish community.

At about noon, the perpetrator arrived at the synagogue. Fifty-one people from across and outside Germany were inside the building, celebrating the holiest day of the year in the Jewish calendar.

After several failed attempts to force entry into the building through the main wooden door, using his firearms and improvised explosive devices, the perpetrator shot and killed Jana L., a 40-year-old woman who happened to walk by.

The community leader, who was watching the perpetrator on a video camera as he was trying to break into the synagogue, later described what he saw: "The perpetrator shot at the door several times and also threw several Molotov cocktails, firecrackers or grenades in an attempt to break in." He told members of the congregation to take cover and placed emergency calls to alert the police.

Within minutes, police officers arrived at the synagogue, outside of which they found Jana L.'s body.

By this time, the perpetrator was already on his way to "Kiez Döner," a kebab snack restaurant nearby. He threw an explosive device in front of the restaurant and shot dead Kevin S., a 20-year-old man who was a guest of the restaurant.

A few minutes later, police officers arrived at the scene and engaged in a firefight with the perpetrator, during which he received a minor neck injury, but was able to escape. A police patrol car was damaged. The perpetrator managed to steal a car and drove in the direction of Munich. About half an hour later, on the highway, he caused a traffic accident, at which point the police apprehended and arrested him. During interrogations, the perpetrator reportedly said he was a racist and anti-Semite, "but not a Nazi."²⁸

Appearing before the investigating judge, the perpetrator made his anti-Semitic and conspiracy views obvious. He claimed that the Jews were striving for world

27 Reconstructed based on Philipp Seibt and Jean-Pierre Ziegler, "Attentat in Halle: Hundert Minuten Terror," Spiegel Online, October 10, 2019 (in German).

28 Martin Lutz, "Attentäter besaß 45 Sprengvorrichtungen – und will 'kein Nazi' sein" Die Welt, October 16, 2019 (in German).

domination. He believed that Jews were behind major financial institutions and international governmental bodies as well as national political parties. He also believed the refugee crisis was controlled by Jews as they had lured migrants to Germany to turn it into a multicultural state.²⁹

29 "Aussage vor Ermittlungsrichter: Halle-Attentäter glaubt an jüdische Weltverschwörung," Spiegel Online, October 25, 2019 (in German).

Activity 8.2: Identifying types of victims' needs

Time

15 minutes

Materials

Flip chart, pins, index cards

Required preparation

Prepare a flip chart with headings for categories of needs.

Online version

Using an online collaboration tool, prepare a board where participants can enter their ideas. Optionally, prepare various boards corresponding to the categories of needs.

Instructions

1. Trainers divide participants into pairs (these can be the same pairings from the previous exercise or new ones), and give them five minutes to list the types of needs they think affected people might have based on the case.

Ask participants to think beyond the legal definition of a victim and consider how to support those affected who do not fall under the definition.

2. Trainers engage with those who pin their responses in a brief dialogue, inviting them to explain their reasoning.

Trainers should make it clear that all of those affected will have needs, even if they are not recognized as victims in a legal sense. Some form of “triage” is unavoidable, as resources are limited. It is important, therefore, that supporting organizations are clear before the emergency occurs on who they can support and tailor their approach accordingly to reaching these victims. Some victims will not come forward and seek support. On a flip chart note: **reaching out to victims with offers of support.**

Other victims, who your organization is not in the position to support, will also seek support. These people should be referred for support to other service providers. On a flip chart note: **create a list of service providers.**

Possible needs include:

- Orientation in a situation of shock
 - Information/communication/translation
 - Restoration of security and safety (physical, psychosocial, financial, practical)
 - Repair to damaged property
 - Regaining a sense of agency
 - Medical treatment and aid
 - Practical support
 - Specific offers of therapy, including in foreign languages and provided by members of the Jewish community
 - Trauma recovery and the development of individual coping strategies
 - Help in navigating the criminal justice system
 - Recognition of the harm suffered
 - Compensation
 - Preservation of privacy
 - Long-term support needs
 - Others
3. Ask participants to pin the needs on the board. Engage with participants as they come forward with responses.
 4. Have a short discussion about victims' needs, stressing that needs change over time, in type and extent.³⁰ Some needs are clear and unambiguous, while others are incoherent, and may even seem illogical. Some needs may emerge months, if not years, later. Some needs can be addressed immediately and quickly (repairing damaged property, for example), while others will require long-term engagement (such as long-term mental health services, planning commemorations and memorials). Reiterate the importance of identifying needs for each individual on a case-by-case basis, employing an organization-wide approach to an individual needs assessment.³¹

30 For more information on the needs of hate crime victims, see the EStAR project publication *Understanding the Needs of Hate Crime Victims* (Warsaw OSCE/ODIHR, 2020).

31 For guidance on an Individual Needs Assessment, please consult the EStAR project publication *Model Guidance on Individual Needs Assessments of Hate Crime Victims* (Warsaw OSCE/ODIHR, 2021).

Activity 8.3: Mapping service providers

Time

15 minutes

Materials

Corkboard, pins, index cards

Required preparations

Prepare flip charts with various headings (see the categories below).

Online version

Participants prepare their contributions to the different categories in breakout rooms. White board or another online collaboration tool is used for the plenary discussion.

Instructions

1. Prepare index cards for the following categories: Acute care and Religious/Spiritual support; Criminal Justice System; Health/Mental Health; Community Support; Specialist Victim Support; Others – to be pinned on the corkboards in columns.

The previous activities will have illustrated that, after a large-scale bias-motivated attack, a large number of people will be affected. Many of them will have various needs that will require immediate attention from a number of different stakeholders and service providers. Some of the needs will require mid-term and long-term engagement. To be able to signpost victims to the right service providers, organizations should keep an up-to-date register of service providers.

2. In this activity, participants will be divided into groups of four or five (e.g., count 1 to 4 or 5 around the table). Each group should be tasked with identifying actors under one or two (depending on number of groups of participants) of the aforementioned six categories. One representative from each group then places the cards per category under each column. To save time, this should be done quickly and by all of the group representatives at the same time.

These service providers should be primary candidates for inclusion in the co-ordinated response. They include criminal justice agencies, health services, counselling services, translators, NGOs working with different communities (refugees, LGBTQI+, ethnic,

religious communities, etc.), community-based organizations, youth/sport clubs, opinion makers, etc.

Possible service providers include:

- Emergency hotlines set up by the authorities
- Psychosocial emergency care (fire departments, rescue services and police)
- Medical personnel
- Emergency spiritual/religious counsellors
- Psychologists/psychotherapists
- Victim counselling hotlines
- Generic victim support organizations
- Specialized victim support organizations
- Federal and state victim commissioners
- Special commissioners dedicated to hate crime
- Anti-discrimination agencies
- Foreigners' registration office, if such exists
- Embassies
- Local government authorities
- Social services
- Education professionals
- Criminal justice authorities
- Lawyers
- Civil society organizations
- Community champions (not gatekeepers)
- Religious or belief communities and organizations
- Translators
- School teachers/school administrations
- Others

3. As group representatives pin their index cards under the respective columns, trainers should identify the most relevant ones, and exclude – if necessary – those that do not fall under service providers. Trainers explain the importance of having contact information for or, ideally, well-established relations with main service providers. While it may be sufficient to keep an up-to-date contact list with basic information (name, position, contact details, services offered, office address/directions, availability) of most of the entities from the list above, more attention should be paid to mapping victim support/counselling services.
4. In the plenary, ask participants to name factors that should be included in the mapping of victim support/counselling services. Participants should be encouraged to name a few factors. If there are no answers right away, trainers can provide one or two of the examples listed below. Trainers should write down answers on index cards and pin them on the board (alternatively, trainers can prepare index cards beforehand).

- Capacity: How many victims can be helped?
- List of services
- Languages in which services can be offered
- Waiting times
- Information about costs, if there are services that are not free
- Quality of service: standards/accreditation/word-of-mouth reporting
- Confidentiality of services
- Accessibility for persons with disabilities
- Accessibility for all vs. that only for certain groups
- Limitations
- Others

The discussion during this activity should make it clear that the mapping exercise should lead not only to the creation of the contact list, but also focus on establishing proper working relationships that include delineating responsibilities and establishing communication channels. A formal agreement on these arrangements can be concluded and used as a reference point in case of an emergency.

When undertaking this mapping activity in their organization, it is important to stress that mapping is useful only if the information contained in the list is kept up-to-date and relations with stakeholders are established beforehand. It is a simple, but time-consuming task that requires identifying and contacting service providers to keep track of services they offer, how many people they can serve, languages in which services are offered, and practical information about who can be contacted, when and how. Staying informed and engaged with other service providers is a precondition for a system of support providers that is able to ensure effective referrals.

Activity 8.4: Outlining components of an emergency preparedness plan

Time

30 minutes

Materials

Flip chart, pins, index cards

Required Preparations

Prepare the following index cards: “Victim-centred approach”, “Pro-active”, “Continuous”, “Realistic” and “Collaborative” to be pinned on the corkboard during the discussion.

Online version

Use an online collaboration tool, such as Post-it notes, and prepare a board.

Instructions

1. Ask participants to name principles that should guide the development of an emergency plan. Give them a couple of minutes to think of answers, and collect responses on a flip chart. If no one responds right away, suggest the following (collect additional answers from participants on index cards and pin to the board):

Victim-centred approach	It is vital to keep a victim’s needs and rights at the centre of any action.
Pro-active	Some victims will not come forward seeking support; victims should be pro-actively identified and support offered. Repeated attempts, at reasonable intervals, may be necessary.
Continuous	The impact can be long-lasting; victims need to be reassured that support will be provided throughout the healing process, even if it takes years.

Realistic

Victims should be provided with reliable, honest information, without over-promising and downplaying the difficulties that may need to be overcome.

Collaborative

No one actor is in a position to address all of the needs of a victim. Referrals should be seamless.

2. Ask participants to name key elements of an emergency preparedness plan. It is important to stress that a generic plan will not be useful for any one particular service provider, as each organization is unique, has different resources and staff, with different skill sets, and is engaged with other stakeholders to varying degrees. Such plans should be developed and maintained as a team effort, dedicating sufficient time to this undertaking.
3. Before venturing into the development of an emergency preparedness plan, service providers should be clear on what kind of support they can provide, and design a plan with the following in mind (the list below is not exhaustive and is meant to indicate the direction in which the organization should think while designing its own plan):
 - Who the services are for – **identify your clients**. This is to ensure that no time is wasted on discussing who your organization can support and to ensure that protocols exist to refer other victims to other service providers.
 - Pro-active engagement – **reach out to victims with offers of support**. Keep a victim list updated.
 - **Description of services** – this should be available in all relevant languages, and should be easy to understand. These should be available both in print and online.
 - Collaboration – **create a list of service providers** for referrals, based on the mapping carried out. The list should be kept up to date.
 - **Networking** – establish and maintain professional working relationships with key stakeholders. Ensure that representatives of your organization are included in the crisis management group, if one exists. If not, initiate the establishment of such a group. Make sure that key stakeholders are aware of the role your organization can play in an emergency and can involve you pro-actively, should an emergency occur.
 - **Communication strategy** – see Session 7.
 - **Solidarity activities** – these call for volunteers, donations, demonstrations, etc. Donations should be collected only if an organization has a donations management system in place.

- **Long-term support** – for victims and communities. This includes the planning of commemoration events and memorials.
 - **Staff responsibilities and procedure development.**
 - **Staff self-care** – see Session 6.
4. Finish the session by reiterating that providing comprehensive support to victims in the aftermath of a large-scale bias-motivated attack is a complex task. It can only be accomplished if multiple stakeholders engage in earnest co-operation, based on trust and recognition of each other's role in the process. Such relationships are not built overnight; they require engagement and commitment to work together for the benefit of the victims. Responses and their effectiveness are going to improve, and victims will have the feeling not of being left alone but, instead, of being supported by professionals who recognize their unique needs if all stakeholders embrace a victim-centred approach and are aware of the other's capacities and work to complement each other. Developing an emergency preparedness plan in this spirit is the first step in being prepared for what, hopefully, will never have to be put in practice.

Session 9: Monitoring and evaluation

The victim-centred approach to hate crime victim support necessitates a continuous monitoring of the quality of services offered to clients. The quality of services is reflected by the outcome of the counselling process and the degree of client satisfaction of clients with the support they received.³² Service providers may also want to monitor the contribution their organization makes on the community and general public levels. For the evaluation to be objective, reliable and in-depth, service providers should seek the services of an external evaluator.

Learning outcomes

At the end of this session, participants will:

- be able to recognize the importance of monitoring and evaluating support services, in order to maintain or develop quality standards; and
- be able to develop tools to gather client and staff feedback for further organizational development.

Time

55 minutes

Activities

- Activity 9.1: Mindmapping (30 minutes)
- Activity 9.2: Developing indicators (25 minutes)

³² See ODIHR, *Model Quality Standards for Hate Crime Victim Support*, *op cit.*, note 4, p.35.

Activity 9.1: Mindmapping activity

Time

50 minutes

Materials

Flip charts or sticky boards, Post-it notes

Required preparation

Prepare two flip charts and a stack of post-it notes.

Online version

Use an online mindmapping tool/collaboration platform to collect ideas, e.g., Sticky Board in Miro.

Trainers can either prepare a PowerPoint presentation with the main information listed in the bullet points below, or prepare a flip chart listing these bullet points. Participants receive Handout 9.1.1 as a summary of the training content.

Instructions

1. Trainers start the session by posing the following questions to set the ground for peer-learning and, at the same time, introduce monitoring and evaluation concepts and terminology to be explored in the subsequent part of the session.

Ask the participants:

- What are the goals of your organization?
- How do you know you have achieved these?

The trainers will organize the answers to the second question (how do you know you have achieved your goals) into three possible categories:

- The tools with which to collect data (questionnaires to clients, INA documentation, newspaper articles, etc.).
- The outcomes and results of services provided (e.g., clients had an increased sense of self-efficacy after the counselling).
- Indicators that measure whether or not their objectives have been achieved (for example, whether clients were able to resume employment after having

received support from the provider is an indicator of whether a restoration of self-efficacy was achieved).

Trainers ensure that there is a common understanding among the participants of what constitutes an indicator, i.e., a factor (quantitative or qualitative) that provides a means to measuring achievement. The indicator reflects the changes connected to an intervention.

2. In a second round of organizing the participants' input, trainers sort the items on the flip chart/sticky board according to the different levels of intervention by the service provider:
 - Micro-level: support services (counselling, referrals, accompaniment, etc.).
 - Meso-level: public relations, networking with partners, lobbying, educational work and analyses.
 - Macro-level: monitoring hate crime, political and policy engagement

The goals of the organization are those objectives to be achieved by interventions on three different levels. Not all organizations will have the capacity to establish activities and corresponding objectives on all three levels. An assessment of whether the goals have been achieved will, depending on the level of intervention, take into consideration the individual client, the community, and the local and the national situation.

3. Trainers proceed to setting the stage by clarifying role and function of monitoring and evaluation, using Handout 9.1.1: Monitoring and evaluation.
4. Trainers note that the appraisal of data collected for an evaluation will usually be carried out with regard to the following aspects:
 - Relevance;
 - Effectiveness;
 - Efficiency;
 - Impact; and
 - Sustainability.

Depending on the scope of activities of the organization, the evaluation in the context of hate crime victim support services will look at one or each of the levels of intervention. Information gathered in relation to these aspects during the monitoring process provides the basis for the evaluative analysis. The purpose of the evaluation is mainly to facilitate institutional learning and continuous capacity-building and organizational development with regard to the activities of the hate crime victim service provider on the three levels.

Hate crime victim support organizations, due to their own limited internal capacities, should require external evaluation services to undergo an objective and independent assessment of their work. Such external evaluations will include a range of relevant stakeholders in the assessment, such as affected communities, partner professionals and partner organizations, municipal bodies, etc.

5. Trainers discuss the assessment of client satisfaction with service

Victim-centred hate crime victim support services will seek to monitor the quality of their services by routinely gathering client feedback. This will have to be done either by a staff member not involved in counselling or by an external entity, as the clients will be asked to assess the counselling services of individual counsellors.

It is crucial to be aware that client satisfaction might differ from what the counsellor perceives as a good outcome. At the beginning of all service provider interaction with a client, they have to work based on realistic expectations as to what can be achieved. It is important to clarify the aims and objectives of the services provided, and the limits and/or risks entailed, e.g., with regard to a possible indictment or conviction of the perpetrator(s), or the award of financial compensation.

Facts such as socio-economic status or gender may influence expectations towards service provision. For example, an evaluation of counselling centres' services in Germany showed that men were comparatively more likely to have concrete ideas and expectations, that they knew the legal system better, and that they formulated their expectations of the counselling outcome based on this.³³ If the defined objectives were not achieved and the expected outcome did not materialize, clients felt insufficiently supported, and they had a poorer ability to process the consequences of the crime.

A client questionnaire that captures the quality of aspects of the counselling process can ask clients to respond whether they agree or disagree with the following statements:

- I was able to determine all counselling steps together with the counsellors.
- My wishes and problems have been taken seriously.
- I have received the kind of support I had hoped for.
- Overall, I have found the counselling/support helpful.
- I could rely on support from the counsellors.
- The counselling has helped me to better deal with the consequences of the crime.
- If I needed support in the future, I would turn to the counselling centre again.
- If a friend needed similar support, I would recommend the counselling service.

6. Trainers explain what is understood by an output in monitoring and evaluation terminology:

An organization monitors the direct "products" and services that are a result of their work, called "outputs". Outputs are often quantifiable, and the collection of these data

³³ Ursula Bischoff, Katrin Haase, Frank König, Ina Weigelt: *Wissenschaftliche Begleitung der Landes-Demokratiezentren. Abschlussbericht 2019 Programmevaluation "Demokratie leben!"*, (Halle: Deutsches Jugendinstitut, 2020), p.63 ["Scientific Support of the Centres for Democracy. Final Report 2019 Programme Evaluation "Live Democracy!"", German Youth Institute, 2020] (in German).

points are useful when it comes to reporting (e.g., annual reports, reports to donors). On the micro level – that of individual clients – these outputs can be:

- The counselling services are known to the relevant target groups.
- The counselling and support services are used by those directly and indirectly affected by hate crime and are perceived as helpful and empowering.
- Hate crime victims experience reliable support in the counselling process.
- A trusting professional working relationship is established between the client and the counsellor in the counselling and support process. This relationship is developed and maintained throughout the counselling process.
- Clients are referred to appropriate support structures and assistance facilities (treatment by doctors, appointment of legal representatives, etc.).

7. Trainers define the term “outcome” in monitoring and evaluation terminology:

The service provider can analyze the effect their work had on clients, i.e., the benefits for their clients. These benefits are called “outcomes” and are often qualitative in nature. Here, monitoring seeks to establish which changes the counselling sought to achieve, measured against the situation of the client after the hate crime and before counselling. The INA results ahead of the counselling process can be considered the baseline. The outcome analysis helps to understand whether the counselling services are in line with the quality standards of the organization.

Possible outcomes to be considered are:

- Hate crime victim clients have (re)discovered their strengths and social and personal resources, and use them in the process of coping.
- Hate crime victim clients experience and articulate experiences of self-efficacy.
- Those affected are (more) emotionally stable. They do not (no longer) feel abandoned.
- The subjective feeling of security of those affected has increased.
- Hate crime victim clients have gained more power to act. Their perspective has been heard (e.g., when filing charges or questioning witnesses).
- Hate crime victim clients have expanded their knowledge of their own rights and of the ways in which hate crime works.
- Hate crime victim clients’ emotional and mental capacities have been strengthened, allowing them to make their own decisions in their everyday actions, and have been relieved of everyday practical challenges in connection with the experienced act of violence.
- The mental health of the clients has been strengthened.
- The material damage caused by the crime has been reduced.
- Hate crime victim clients receive the necessary support in the support structures relevant to them by referral from the support organization.

Handout 9.1.1: Monitoring and evaluation

Monitoring

Monitoring is conducted at regular intervals and systematically collects information about the progress of an activity/service provision. Monitoring that captures outcomes of activities/services should be a routine process for any organization. Monitoring of activities will also be necessary to achieve accountability, both towards the clients served and towards the funding entities who finance these activities. In the monitoring process, progress is checked against plans, which, in the support service setting, will require recording all data related to casework and other services.

Activities of the service provider can take place at three levels:

- The micro level: the individual counselling process;
- The meso level: their support activities with communities and the local social setting; and
- The macro level: their engagement with the broader socio-political system.

An organization monitors the direct “products” and services that are the result of their work, called “outputs” in monitoring and evaluation terminology. Outputs are often quantifiable, and the collection of these data points are useful when it comes to reporting (e.g., in annual reports and reports to donors).

The service provider can analyze the effect their work has had on clients, i.e., the benefits for their clients. These benefits, in monitoring and evaluation terminology, are called “outcomes” and are often qualitative in nature. Here, monitoring seeks to establish which changes the counselling sought to achieve, measured against the situation of the client after the hate crime and before counselling.

Evaluation

Evaluation collects quantitative and qualitative data in a systematic and, often, scientific manner and can, beyond the level of outcomes, also measure impact. In the cast of support services, an evaluation usually assesses the work after the completion of an implementation cycle, for example, annually or after a funding period has ended. An evaluation usually works with indicators, i.e., concrete qualitative or quantitative factors that can be measured and that are used to find out whether any changes have been achieved. Indicators can be set that determine changes both on the level of outcome and results, as well as at the level of impact.

Activity 9.2: Developing indicators

Time

25 minutes

Materials

Flip chart

Required preparation

List the bullet points of possible outcomes (noted in Activity 9.1 learning instruction 7) on a flip chart. Prepare one or more empty sheets on the flip chart for participants to note down indicators.

Online version

Invite participants to note down their ideas, collect them in plenary and use an online collaboration platform for listing them.

Instructions

1. Trainers ask participants to take 15 minutes to note down some indicators that can measure outcomes. The indicators should be the factors that can show that change has taken place.
2. In plenary, participants are invited to note indicators on the flip chart, while the group tries to associate the indicator to a certain outcome.

Examples (an extended version of the examples is listed above):

- The client has received support in other support structures by referral. (outcome)
 - The client mentioned having consulted the attorney whose contact details they received from the counsellor. (indicator)
- Material damage caused by the crime has been reduced. (outcome)
 - The client has received compensation. (indicator)
- The subjective feeling of security of those affected has been increased. (outcome)

- Clients report being able to leave their apartments unaccompanied. (indicator)
 - The mental health of clients has been strengthened. (outcome)
 - Clients report being able to sleep again without medication. (indicator)
3. In closing this activity, trainers will emphasize that, if monitoring these outcomes is to be systematically and routinely implemented, it is of utmost importance to hold a concluding session with the clients that reviews the counselling process and collects the kind of information necessary for establishing the results of their casework.

Conclusion and Evaluation

Trainers are encouraged to evaluate the training delivered both by assessing knowledge and skills acquired, as well as the participants' satisfaction. It is mandatory for each participant to auto-evaluate the skills and competencies acquired during the training and share their satisfaction using the self-assessment and satisfaction chart.

Trainers can also invite participants to look back on the knowledge and skills acquired during the training using some of the optional debriefing activities offered below. People learn through repetition and by being active participants in training they receive. It is useful to conclude the training by inviting the participants to review and acknowledge what they have learned over the day(s) and explore how this new set of skills will be put to use once the training is over.

Option 1: Group conversation (5 -15 minutes)

Invite participants to take a moment to individually reflect on key lessons that they retain from this training. In plenary, invite participants to share with the group.

Option 2: Stop, Start, Continue (15-20 minutes)

Hang three flip chart pages on the wall, and identify them with the following headings: "Stop", "Start" and "Continue". Distribute Post-it notes to the participants, and invite them to reflect on what they have learned during the training on support service provision to hate crime victims. Based on the skills developed in the training, invite them to write (one idea per Post-it note):

- one thing they will stop doing;
- one thing they will start doing; and
- one thing they will continue doing.

Ask participants to put their Post-It notes on the corresponding flip chart, and share a couple with the group.

In online training, prepare three columns/boards in an online collaboration tool and invite participants to note down their comments.

Option 3: Learning ball toss activity (20-30 minutes) - presence-based only

For this activity, you will need a ball of yarn.

Clear the room of tables and chairs and ask participants to form a circle. One participant starts with a ball of yarn in their hands and is asked to name something important they have learned during the training, and to throw the wool yarn to another participant they want to thank for their contribution during the training, for example by sharing a concrete example or asking a question that has provided more insight into an issue. Participants will do the same until everybody is connected through the wool thread. Trainers will then debrief, drawing parallels between the fact that participants are now all connected by the wool yarn, and how learning is a complex process created by the sum of experiences.

SELF-ASSESSMENT AND SATISFACTION FORM

Name	Gender	Organization	Profession	Date of training

Training satisfaction	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
The content was relevant to my professional work.					
The time/content ratio was acceptable.					
The level of participation and interactivity was adequate.					
I am satisfied with this training.					
The tools provided by this training will be useful to my work.					
The training had a gender perspective incorporated in its learning points and activities that I consider to be adequate.					
Training sessions ** Only answer the questions corresponding to the sessions in which you participated. **					
1 I understand the concept of a victim-centred approach and its importance when providing support for hate crime victims.					
I can recognize the main elements constituting a victim-centred approach to which my organization needs to adhere.					

2	I understand how counsellors can contribute to the secondary victimization of their clients and recognize how they can prevent it in the counselling setting.					
3	I understand what an individual needs assessment (INA) is and how it helps assess a hate crime victim's needs.					
	I have built skills in conducting an INA with a hate crime victim.					
4	I understand the importance of effective referrals mechanisms and of stakeholder co-ordination and co-operation.					
	I am aware of the support needs a victim of hate crime might have before, during and after criminal proceedings.					
5	I know of practical measures that can help a client prepare for court proceedings and that can mitigate the impact of trial-related stress, as well as of secondary victimization.					
6	I am aware of safety and security measures service providers need to put in place to protect staff and office.					
	I am aware of the importance of the prevention of secondary traumatization and burnout.					

7	I have built my knowledge and skills with regard to the strategic media engagement of my organization.					
	I know how the victim-centred approach of my organization plays out in interaction with journalists.					
8	I am aware of the main considerations of an emergency plan my organization needs to draw up for crisis situations.					
	I understand the need for effective co-ordination and co-operation among all partners in victim support in the event of a crisis situation.					
9	I am aware of the main elements of monitoring and evaluation processes.					
	I am aware of possible means to gather client feedback and of ways to measure the success of counselling work.					

Comments

Annex 1: Model agenda for training sessions

Agendas are to be designed by the trainers on the basis of a needs assessment and the capacity building requirements of the particular target group. Trainers will select a set of sessions tailored to the training needs of the specific group of participants. The agendas below are, therefore, by no means prescriptive, but rather provide a possible model for training schedules.

Model Agenda 1 caters mostly to participants who would like to enhance their technical and soft skills in service provision. The training starts off with the mandatory first session, which relates to the foundation of all client-oriented services. The following two sessions build skills on client support procedures that all hate crime victim service providers need to expertly apply, namely, individual needs assessments and referrals to other service providers. The training day closes with a session on the specific service of support during criminal justice procedures, which is an important part of many service providers' portfolios.

Model Agenda 2 places an emphasis on the integrity and self-reflection of service providers, both in terms of the quality of relationships they build with clients, as well as in terms of safeguarding their own health and safety. The agenda includes a session on monitoring and evaluation, which provides the opportunity to reflect on the ways and means to assess the quality of services provided. The training day closes with, depending on the priorities of the group of participants, either a session that builds skills on media relations or a session that supports service providers in developing emergency plans for the event of a large-scale hate crime incident.

Model Agenda 1 and Model Agenda 2 can be combined into a 2-day training course, covering all thematic sessions. In the case one day of training is foreseen, agendas can be implemented individually, bearing in mind that Session 1: A victim-centered approach to hate crime victim support services is always mandatory. If Model Agenda 2, for example, is implemented as stand-alone training, optional Sessions 7/8 need to be replaced by Session 1.

AGENDA 1/DAY 1		
Time	Duration	Content
09:00 – 09:15	15 minutes	Opening and welcome
09:15 – 10:45	90 minutes	Session 1: A victim-centered approach to hate crime victim support services
10:45 – 11:00	15 minutes	Break
11:00 – 12:45	105 minutes	Session 3: Individual needs assessment
12:45 – 13:45	60 minutes	Break
13:45 – 15:25	40 minutes	Session 4: Referrals
15:25 – 15:40	15 minutes	Break
15:40 – 17:10	90 minutes	Session 5: Support during criminal justice procedures
17:10 – 17:30	20 minutes	Closing and evaluation (not applicable if there are 2 days of training)
AGENDA 2/DAY 2		
Time	Duration	Content
09:00 – 10:50	110 minutes	Session 2: Preventing secondary victimization
10:50 – 11:05	15 minutes	Break
11:05 – 12:20	75 minutes	Session 6: Occupational health and safety
12:20 – 13:20	60 minutes	Break
13:20 – 15:00	100 minutes	Session 9: Monitoring and evaluation
15:00 – 15:15	15 minutes	break
15:15 – 17:15	120 minutes	Session 7: Public relations and media engagement Media (option 1)
15:15 – 17:25	130 minutes	Session 8: Emergency preparedness (option 2)
17:15 – 17:35	20 minutes	Closing and evaluation