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Men and Recovery from Sexual Abuse
IN MY VIEW

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Looking in the Mirror
MEN AND RECOVERY FROM SEXUAL ABUSE

BY JARAD W. PLATT

Before you read this article, allow me to lead you through a brief experiential exercise. Divide a piece of paper into four sections that you can tear into separate pieces when instructed. Write your answers, one each, in the four sections:

- Describe a possession of high value to you (i.e., a piece of jewelry, a family heirloom, a lock of hair).
- Write down your most closely guarded secret. It could be something you may have shared with a trusted friend, therapist, or spiritual counselor.
- Write down your favorite physical characteristic, such as the shine of your hair, the health of your body, the tone of your skin, or the sparkle of your smile.
- Write down the name of a person with whom you share a fulfilling and intimate relationship.

Now, go to the end of this article on page 7, to “Exercise,” and follow the instructions. Do not read ahead.

This exercise likely elicited feelings that approximate the shame, anxiety, fear, and self-loathing that male survivors of sexual trauma experience daily. As a facilitator for survivor support groups in Farmington, Maine, I work with many men who have been deeply traumatized by sexual abuse. In these groups, I help men address these feelings in a world that doesn’t give males permission to do what is essential to recovery—feel and express emotions.
The Challenges to Helping Men

The numbers of men who report having been sexually abused varies by study—anywhere from one in twelve to one in six.¹ It can be reasonably said, however, that for most male victims of sexual abuse, recovery is either never started or is stalled after initial attempts to begin the healing process. Before reaching out to men, victim service providers need to understand the formidable barriers that men must overcome to enter into the recovery process.

Inability to Experience and Express Emotions

Societal mores, social structure, peer expectations, and genetic imprinting all factor into men’s traditional difficulty identifying or describing emotions. This is particularly true of the “non-masculine” emotions such as sadness, fear, anxiety, and tenderness. A little girl who falls and starts to cry is quickly picked up and soothed by her parent, with comforting words and hugs. A young boy who falls and starts to cry is encouraged not to cry, told he is OK, and rewarded with a smile and told that he was such a good big boy for not crying.

Most men have a hard time identifying and experiencing emotions. What can’t be experienced in a cognitive manner will often be suppressed. Suppressed emotions appear as distortions. Fear becomes anxiety, panic, or phobia. Grief may present as remorse, guilt, self-pity, or depression. Love can become possessiveness, selfishness and aloofness.²

People who have little or no connection to their emotions often don’t know what they are feeling, and have no way to communicate how they feel.

Gender Role Expectations

Being abused runs counter to the masculine ideal in our culture. Society is more comfortable seeing men as strong, tough and in control, and encouraging them to be these things. Males are expected to be protectors. Men who have been abused are perceived as not having these attributes and, therefore, not viewed as “real men.” The abuse, through no fault of their own, has made them appear weak and ineffective.

Remember the difference in consolation the little girl and the little boy received? Society discourages men from feeling emotions, talking about feelings, or crying. They are taught to hide fear, and if they don’t are called “sissy” or “baby.” Take it like a man becomes a mantra for the modern man.

Further complicating matters is the pervasive attitude that abuse of males is not traumatic. Female to male sexual abuse is often seen as “he got lucky.” Male to male abuse is often ignored or considered consensual experimentation.

Homophobia

The majority of pedophiles abusing boys are heterosexual men, who also are often in adult heterosexual relationships.³ Since males perpetrate the majority of abuse against males, the question of sexual orientation looms large among victims: “Am I gay or will others think I am gay?”

Whether or not sexual abuse changes one’s sexual orientation is the subject of much debate. It has been my experience working with victims for over a decade that it does not. It is clear that, because so many males are abused during their sexual awakening period, male-to-male abuse does significantly confuse the orientation issue. Homosexual men may blame their sexual attraction to other men on the abuse, denying their true orientation. Heterosexual men may worry that they are gay and act out with “super-macho” behavior. Both situations create homophobia, internalized and externalized.

The answer to “Am I gay?” is that it truly doesn’t matter. What matters is that a man gains healing and self-acceptance.

Exacerbated Sense of Shame for Allowing and “Enjoying” the Abuse

Most men believe and accept the male gender role expectations that are thrust upon them. The expectation that a man must be strong and self-protective leaves males in anguish because they “allowed”
the abuse to occur. They have an intense belief that they should have prevented it from happening.

Many male survivors report active participation in the sexual activities taught them by their abusers. They feel horrific guilt and shame because they were stimulated, often to the point of orgasm. They may not understand that the male physiology is particularly responsive to physical stimulation, and that the emotional and developmental state of a child or adolescent did not allow them to actually make their own choices.

Substance Abuse and Sexual Abuse

Drug, alcohol, sexual, and food addiction affect many men who have been sexually abused. The use of substances to medicate emotional pain can be a major issue when dealing with untreated trauma, and the treatment of the addiction(s) must be concurrent with the treatment of the trauma.

It's important to recognize that persons entering substance abuse recovery may start remembering sexual abuse after years of repressing the memory, or start attaching intense feelings to the abuse. It is important to recognize that substance abuse may be a victim's only coping skill, and he may need to develop new skills to be able to stop the behavior. Victims do not need to be substance free to initiate the recovery process, although it is appropriate to require victims to be sober when you are working with them.

Jim’s Story

Jim entered the Male Sexual Abuse Survivors group suffering from severe depression, hallucinations, and agoraphobia. He had attempted suicide many times. After a year, he was able to tell his story.

Jim’s father raped him when he was five. He soon started cutting himself to relieve the emotional pain. When he was seven, his father was imprisoned for the abuse, only to resume abusing him when released from prison two years later. At 13, Jim’s mother began sexually abusing him for a period of 3 years.

Jim left home at 16, supporting himself as a male prostitute and making pornographic films. He participated in gay sex and self-identified as homosexual. He used drugs and alcohol abusively. He entered the Army at age 18, continued to abuse alcohol and drugs, married at 20, and fathered four children. After leaving the Army, Jim worked as a truck driver for 20 years.

In his early 40s, Jim was hospitalized after a series of suicide attempts. He was diagnosed with bipolar disorder, multiple personality disorder, and post-traumatic stress disorder. He stopped using alcohol and street drugs, but continued cutting himself for emotional relief.

Jim was referred to SAFE in Chicago (an inpatient program for people who self-mutilate), and returned to the program once more for additional
help. He has not cut himself for nearly two years.

For Jim, recovery has been a slow, painful process, but he has proven to be a survivor. He is functioning well and continues to gain awareness and develop coping skills.

Recovery Through Normalizing

Most men have a difficult time entering recovery, often denying the abuse or refusing to see how it has affected their lives. The first step is recognizing a need for and being willing to accept help. In many cases, their lives must become totally unmanageable, or their feelings so uncomfortable or painful, before they take the first step.

Healing from sexual trauma involves expressing and re-experiencing the feelings of shame, vulnerability, fear, guilt, and powerlessness — the “non-masculine” feelings. Most men need to go through a process that allows them to disconnect from male gender role expectations.

Normalizing is one example of such a process. To normalize traumatic events, one must associate with others with the same experience. In a group of other survivors, victims can speak about other-wise forbidden topics, such as sex with other men, inappropriate sex with women, and feelings about the abuse, then and now. Hearing other men speak about their own abuse experiences allows victims to feel accepted, without fear of judgment or ridicule. They have finally found other people they can relate to in a meaningful and healing way.

Reaching More Male Victims

To reach male sexual abuse victims we must help men overcome their natural reluctance to seek help from the criminal justice and mental health communities.

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Law enforcement professionals treat male sexual victims with dignity and respect. While these professionals most often are fair and respectful, there are still too many victims who are retraumatized by public servants.

Programs in schools and other public facilities receive funding to encourage behavioral changes, such as anti-bullying campaigns, volunteer work and social activism. Male and female children must be encouraged to express feelings appropriately, not suppress them.

More men’s trauma recovery groups are available. Running groups at less than full capacity may be necessary to establish the service’s availability.

Healing professionals, social service agencies, and hospitals are made aware of men’s groups so that appropriate referrals are made.

Healing professionals provide a safe, non-judgmental environment for their clients. Do not assume your clients will tell you about abuse. Ask gently if they have a history of sexual abuse.

Rebecca, William C., and Slap, Gail B. (1998). “Sexual Abuse of Boys: Definition, Prevalence, Correlates, Sequelae, and Management.” JAMA, 280: 1855-1862. Researchers found eight to 16 percent of general male population had a history of sexual abuse, and that boys at highest risk were younger than 13 years, nonwhite, of low socioeconomic status, and not living with fathers. Perpetrators tended to be known, but unrelat-ed, males.


Victim’s name has been changed. Poem used with his permission.
**Exercise**

1. Look at the answer you gave for your most valued possession. Let yourself fully understand and feel why this is important to you. Now, imagine that, through no fault of your own, this possession has been taken away and is no longer yours. Tear the answer from the sheet of paper and rip it to shreds.

2. Look at (or think about) your secret. Now, carefully tear this piece from the sheet of paper, imagine you are reading this as a front-page headline in your local newspaper today. Destroy the piece in any manner you wish.

3. Tear off the piece of paper identifying your most pleasing physical characteristic. Erase, cross out or smudge your answer. Imagine your pleasing characteristic being compromised, losing its appeal, changing shape, or losing luster—whatever would take away your pleasure in it.

4. Crumple your most valued relationship and throw it into a waste receptacle. This relationship is over. The person is no longer in your life.

5. Think about how you are feeling now. Go back to the point in the article where you left off and continue reading.

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**Helpful Resources**

Self-Abuse Finally Ends (S.A.F.E.) Alternatives, a trauma sensitive treatment program for self-injurers, (800) 366-8288.

National Organization on Male Sexual Victimization (NOMSV), P.O. Box 2098, New York, NY 10116; www.malesurvivor.org.


Male Rape from National Center for Victims of Crime Get Help Series, www.ncvc.org/Infolink/Infolink_frames2.htm. Call Victim Services Helpline at 1-800-FYI-CALL or email at gethelp@ncvc.org.


Substance Abuse Treatment for Persons with Child Abuse and Neglect Issues. Treatment Improvement Protocol Number (TIP) 36; Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, DHHS Publications, 1-800-729-6686.

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Jarad Platt is the Maine Association of Substance Abuse Programs (MASAP) Substance Abuse Coordinator for Region II of the Maine Department of Behavioral and Developmental Services. He also facilitates sexual abuse survivor groups for Sexual Abuse Victims Emergency Services (S.A.V.E.S.), the rape crisis center in Farmington, Maine. He is the primary facilitator of a Male Trauma Recovery Empowerment Model (M-TREM) group, a psychoeducational and skills-oriented program. The program is offered free to male adult trauma survivors within commuting distance of Farmington. Jarad Platt can be reached at jardan25@yahoo.com or through S.A.V.E.S. at 207-778-9522.
A n astonishing number of people in the United States are affected by stalking, a crime that can devastate and destroy lives. The 1998 National Violence Against Women Survey estimated that nearly one in 12 women and one in 45 men are stalked at least once in their lifetime.\(^1\) Its findings suggested that over one million women and 375,000 men are stalked annually. While these statistics reveal that stalking is "gender-neutral," undoubtedly, women are the primary victims.

Public perceptions of stalking have been strongly influenced by media reports. Highly publicized cases, especially those involving celebrities, give the impression that stalking is principally a crime committed by strangers. Yet, evidence indicates that in only a minority of cases—23 percent of cases involving female victims and 36 percent of cases involving male victims—are the stalkers strangers. Furthermore, 59 percent of female victims and 30 percent of male victims are stalked by current or former intimate partners.

But what exactly do we mean by stalking and how is it defined? The National Violence Against Women Survey suggests the following definition:

* A course of conduct directed at a specific person that involves repeated visual or physical proximity; non-consensual communication; or verbal written or implied threats; or a combination thereof that would cause a reasonable person fear.\(^2\)*

Stalking is distinguishable from many other crimes in two distinct ways. First, it involves repeat victimization by a
perpetrator against a targeted victim. It is this pattern of behavior that makes stalking criminal. Second, it is a crime defined partly by its impact on the victim, by the fear it induces. A clear grasp of these characteristics is critical to the development of effective anti-stalking policing strategies.

All 50 states and the federal government now have some stalking-related provisions in their criminal codes. (For federal and state stalking laws, visit the National Center’s Stalking Resource Center website at www.ncvc.org/src.) Stalking laws and their enforcement vary greatly from state to state, and the majority of police departments in the United States lack clearly defined policies to deal with stalking.

**Challenges of Policing Stalking**

Stalking can be difficult to recognize, investigate, assess, and prevent for many reasons. It is not a single, obvious, easily identifiable criminal act, such as assault, robbery, or theft, so law enforcement must be alert to patterns of behavior, a necessary component of the crime.

A key element of the crime is the impact on the victim. This is not a component of most crimes and, therefore, not something officers are used to assessing carefully.

A stalker’s behavior is often complex, varied, and unpredictable. There is no single or standard “stalker profile” to assist investigators.

The stalker may commit criminal acts in different locations and be under investigation in multiple jurisdictions.

In domestic violence cases, more obvious manifestations of abuse such as physical injuries often eclipse the investigation of stalking incidents involving the same victim and offender. Yet, stalking almost invariably is involved in domestic violence cases.

Effective investigation of stalking cases depends on being able to see “the big picture,” collecting evidence from different sources about a series of incidents that form a pattern.

Stalkers are not easily deterred and victim safety must always be the priority. Traditional incident-based, “reactive” policing methods are not well suited to the challenges. Stalking by its nature calls for preventive action, early intervention, and pro-active problem solving that are the hallmarks of community policing.

To strengthen law enforcement’s response to this insidious crime, the National Center developed a community policing-oriented protocol designed to increase police officers’ understanding of stalking behavior and its impact on victims. The protocol stresses the two foundational principles of community policing: partnerships and problem-solving.

To respond effectively organizationally, police departments are encouraged to develop working relationships not only with other criminal justice agencies, but also with community-based service providers. And to respond effectively to individual cases, officers and detectives must be able to partner with victims, family members, neighbors, and employers. For example, the protocol encourages officers to ask victims if they would like to share photographs of their stalker with friends and neighbors and also encourages their involvement in reporting violations of orders of protection. In the United Kingdom, where it was first developed, this kind of approach is often called “cocooning.” Good problem-solving stresses working closely with victims to keep their safety paramount.

**The Philadelphia Story**

To test the protocol in action, we set our sights on Philadelphia, a city of approximately 1.4 million. It is the fifth largest city in the nation and the second largest on the East Coast. Its police department is the fourth largest in the country, with about 7,000 law enforcement officers and a civilian staff of 900. Given the large, diverse metropolitan population it serves and the volume of cases (especially domestic violence cases) it processes, the Philadelphia Police Department was an ideal agency with which to launch a demonstration project of the stalking protocol.

Under the leadership of then Police Commissioner John F. Timoney, the Department was actively looking for innovative ways to enhance police-community partnerships. Commissioner Timoney was very receptive to the idea of a stalking protocol involving a collaborative community response. With his decision to move forward, he appointed Inspector Patricia Fox to oversee the implementation of a new protocol.

Inspector Fox (since promoted to Deputy Commissioner) led the Department’s effort to enlist community participation and fostered a solid team approach characteristic of successful community policing strategies. Community-based victim advocates and other criminal
justice agencies were brought in early to participate in strategy discussions. Another key element of the Philadelphia project was a carefully planned training rollout designed to reach all the key players in the implementation of the new protocol.

Some of the training content was fairly straightforward, such as the legal definition of stalking, what behaviors constitute stalking, and the relationship between stalking and domestic violence. Other areas, such as the crime reporting process and the role of different officers in that process, required careful consideration and analysis.

The Philadelphia Police Department decided to hold two separate training courses, which were conducted by the Department with assistance from the District Attorney’s office, community organizations, and the National Center for Victims of Crime.

The first was a three-hour training for approximately 75 domestic violence detectives who would be investigating the stalking cases, and victim assistance officers whose job is to review crime reports and ensure victims receive the information they need. The second training was a one-hour session for about 600 patrol officers. This training aimed to improve the initial recognition of stalking when officers first respond.

Ongoing Technical Assistance and Immediate Trouble-Shooting

For several months following the training, National Center project staff met regularly with Philadelphia Police Department officials to identify successes and obstacles. One early issue that surfaced was confusion among supervisors in the Northeast Division. Many remained unfamiliar with the requirements and expectations of the new protocol. A quickly scheduled meeting between the National Center team and key Police Department staff to review the protocol in depth along with information sent to the commanders by police headquarters addressed these issues.

Equally important were a series of meetings with the victim assistance officers and domestic violence detectives. These case reviews highlighted problems encountered on the ground and pinpointed effective case tracking as one of the most significant challenges. As a result of these sessions, the Police Department agreed to equip victim assistance officers with their own computers and a special database so they could track cases more efficiently.

Lessons Learned

Implementing new protocols is always a learning process. Most notable among the many lessons from Philadelphia are the importance of the Police Department’s enthusiastic involvement and willingness to commit significant resources to the endeavor; the crucial role of strong leadership at the top and involvement of key officers early in the process; the critical need to share ownership of the process with community partners; the significance of careful planning and high-quality officer training; the benefit of access to good educational resources and materials; and the value of ongoing assessment after a new protocol is first released.

The Philadelphia experience also highlighted the special challenges involved in policing stalking. It disclosed, for example, a need for particularly clear guidance for officers on how to handle cases where domestic violence and stalking are both present. It also underscored the difficulty of teaching them to detect a pattern of threatening criminal behavior from a series of (sometimes) apparently innocent acts, such as sending gifts or writing letters and the fear that can be instilled in the victim. Police officers often have to make judgments when they investigate crimes, but stalking cases involve inherently different assessments than most crimes.

The National Center is continuing its work in Philadelphia and other cities to find creative local approaches that use the full force of the law, make safety their focus, and tap a wide range of community resources to protect stalking victims and their families. The lessons learned in the Philadelphia pilot project are particularly instructive for jurisdictions developing a community policing approach to stalking. The complete community policing-oriented stalking protocol, and a much more comprehensive analysis of the implementation process, including a process evaluation conducted by the Police Foundation, can be found on the National Center’s website www.ncvc.org.

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2 Ibid.
or more than 12 years, our Violent Death Support Service program in Seattle, Washington has been helping families and loved ones cope with the shattering experience of having someone close to them die a violent death. This community-based program provides a safe, supportive experience for family members in their struggle with the trauma of the violent dying and to somehow find a way to move on despite the tragedy of their loss.

With the cooperation of the local medical examiner’s office, we receive the names, addresses and phone numbers of anyone who has experienced a violent death in their family. Within two to three months of the death, we contact the bereaving family to offer our screening and intervention services. Through semi-structured interviews, we identify those individuals who are having an extremely difficult time adjusting and are at high risk for future problems. These individuals are invited to participate in either group or individual intervention sessions,
Group interventions run for ten sessions, with new groups forming every three to four months. Groups are made up of mostly strangers, with mothers outnumbering other group members four to one. Individual interventions run between five to 15 sessions, again depending on the need. Supported by Victim of Crime Act (VOCA) funding, our program charges no fees to participating family members.

**THE STORIES OF VIOLENT DYING**

Violent dying from homicide, suicide or accident, accounts for nearly 10 percent of annual deaths in the United States. The initial weeks or months following a violent death are enormously stressful times for most family members and loved ones. Anyone who was intensely attached to the victim, particularly mothers and young children, is forever changed. Each time the memory of their loved one is summoned it carries the traumatic image of their dying—alone, terrified and unprotected.

The mind first tries to cope with the reality of this overwhelming event by imagining the event and then by retelling it as a story. The “story form” is perhaps the most basic mental paradigm of the human mind. Constructing a narrative around any human experience gives it order and meaning. A story has a beginning, middle and end, with characters who share and mutually resolve needs and conflicts. Social values can be celebrated and endorsed at the same time through a story.

After a violent death, the mind reflexively relives the dying moments of the person as a story. When there was a caring relationship, it can be intolerable to imagine the terror and helplessness their loved one might have experienced. There is no way that the violent death of a loved one can end with meaning—only an empty absurdity: this story never should have happened.
The Reenactment Story

The reenactment story of the violent dying is a common primary response, and it recurs as a repetitive thought, flashback, or nightmare for days or weeks after the death. Reenactment typically ends with the vivid imagining of the thoughts, feelings and actions of the loved one as they are dying. The details are necessarily surreal and imagined for most, with less than five percent of family members actually witnessing the violent dying.

Compensatory Stories

Compensatory stories, secondary stories whose purpose is to make the dying “unhappen,” often occur in combination rather than alone:

- Remorse story – “I am somehow responsible for the dying. I should have prevented it from happening, and I wish that I had died instead.”
- Retaliation story – “Someone else is responsible for the dying. I am going to find that person and get even.”
- Rescue story – “I imagine how I could have stopped the dying and saved my loved one.”
- Reunion story – “I need my loved one here with me so we can be safe from what’s happened.”
- Protection story – “I can’t allow this to happen to anyone else who is close to me. I need them close to me so I know that we are safe.”

These repetitive stories fill the mind during the first days and weeks of traumatic grief. But, with the support of family and friends and the finality of the funeral and memorial service, the memory of the violent dying and its stories subside. Most people are able to adjust by engaging in a spontaneous restorative retelling through meaningful rituals and commemoration of the deceased with friends and family. The living memory of the person gains ascendancy and becomes stronger than the memory of their dying, but the dying memory never fully disappears.

If the violent dying was a homicide or accident, the media, police, and the courts are also involved in the retelling. News accounts include increasingly graphic reports about the violent event, personal profiles of the victims and, in many cases, of their families, and whatever information is known about the perpetrator, in the case of a violent crime. Law enforcement authorities and legal spokespersons frequently speak out publicly on retribution for the deceased and punishment for the perpetrator.

Sometimes the public retelling of the dying by the media, police, and the courts is inaccurate, insensitive, and misleading. The onslaught of public attention can complicate and prolong the private retelling. It is difficult for the friend or family member to adjust to the violent death until the public processing of the dying story has been completed.

Some affected family members are unable to stop themselves from retelling stories related to the dying and become so exhausted by their persistent traumatization that they can no longer carry on their necessary functions at home or at work. Prospective studies of parents after the violent death of their child demonstrate persistent responses of trauma. For example, one study showed that 20 percent of mothers continued to meet the diagnostic criteria for posttraumatic stress disorder five years after the violent death of their child.
MAGGIE’S STORY

The ultimate objective of restorative retelling is to help a co-victim restore stability and a sense of control over his or her life. The person you are supporting should really drive the process; each must follow their own particular path that builds their resilience and moves them toward a place of increased certainty. In some cases, this may mean not bringing the traumatic images of the violent death to the surface at all. Consider Maggie’s story.

Maggie was referred to our clinic by the employee assistance program in the factory where she worked because she was unable to return to work after the homicide of her son. She insisted on bringing her mother and daughter to my office because she could not bear to be separated from them.

As soon as she arrived for our first meeting, Maggie experienced a panic attack and looked stricken while her mother and daughter looked to me with a combination of desperation and relief. Maggie was sure she was having a heart attack. I reassured her it was more probably an anxiety attack related to leaving home and seeing me. I invited all three of them into my office so we could sort things out together. She was hyperventilating and her pulse was rapid, but strong and steady.

It was clear from Maggie’s demeanor that she did not want me to ask a lot of questions that would force her to mentally relive the tragedy of losing her son in such a violent manner. I reassured her that this was not the time for me to ask questions, but a time to help her find some way to feel safe.

We spent the next hour in family consultation trying to establish where and how we might help Maggie feel protected. All three of them dreaded returning to their house that had been transformed into a death scene after watching Maggie’s son murdered two months before in a drive-by shooting as he sat on their front porch.

Maggie’s older sister had urged them to move in with her until they could begin looking for another place. We called her from my office, and it was decided that they would go there that afternoon. Maggie agreed to start on a low dose of anti-anxiety medication to control her panic attacks and insomnia and we would meet after the weekend. We all agreed that it was mandatory that her daughter return to school and arranged to have one of her schoolmates escort her to and from her aunt’s house so Maggie knew she was not alone. As they left, I called the employee assistance program at Maggie’s place of work and endorsed a medical leave of absence for at least one month.

One week later at our next meeting, Maggie and her mother attended without Maggie’s daughter. Maggie was markedly improved with the combination of the move and the physical effect of the medication. Without the panic, she had slept for the first time since her son’s murder and was beginning to feel less disintegrated. She no longer felt a pervasive dread of imminent death and could appreciate that she and her daughter could survive what had happened. She not only brought in pictures of her son, but also of her husband who had died the year before her son’s murder, and over the next several weeks we commemorated both of their lives.

At the end of that first month Maggie was no longer taking medication. She purchased a new home closer to her daughter’s school, which diminished her protective concern, and now that her daughter was back in school full time, Maggie felt ready to return to work. Her return to her church for Sunday services and prayer meetings during the week brought back her faith that her son was at peace with his father, “and they’re waiting for me there,” said Maggie.

I continued to see her for counseling for another 10 sessions and at my urging we focused on her husband’s death rather than her son’s murder. We knew that her relationship with her husband had been foundational and I wanted to summon that relationship as a source of stabilizing...
time, the trial for her son ed against further treatment. By that self-confidence had returned. She decid-ed against further treatment. By that time, the trial for her son’s murder was finished and with the support of her church and her surviving family members she would be all right. I agreed, but with the provision that she call if her panic recurred or she began to retell her son’s murder with overwhelming reenactment or remorse.

I met with Maggie, her mother, and daughter for a final session. This time Maggie took the lead as they came into my office. They were satisfied that Maggie could manage. She was still overprotective of her daughter and we agreed that she probably would remain so. I emphasized to Maggie’s mother and the daughter that now that Maggie was stabilize, it might be their turn for some help in their adjustment, and not to hesitate in calling for assistance or referral. I haven’t heard from any of them since that visit.

Maggie was so traumatized after wit-nessing her son’s homicide that she exhausted herself and her mother and daughter with her frantic over-protectiveness. Violent dying was an external preoccupation more than an internal memory for Maggie and she felt more distress for her daughter’s safety than her own traumatic despair.

Engaging someone this terrorized demands direct and immediate measures to relieve the distress. In Maggie’s case, it was critically important to reinforce a sense of safety—a secure home, assur-
Support for collaboration among police, victims, and victim service organizations (VSOs) has been growing since the 1970s. Resources that once sustained isolated grassroots organizations now support national networks of victim services. There is now widespread recognition of the importance of encouraging victims and victim service organizations to work with police to reduce fear and victimization and share in maintaining public safety.¹

While victim service providers have sought greater collaboration between VSOs and police as a way of easing the suffering of crime victims, support also exists for the position that such cooperation strengthens the crime prevention capabilities of the police. By enlisting support from victims and VSOs, police benefit from victims’ understanding of patterns of crime and disorder in their neighborhoods. VSOs are attuned to the ways in which fear and violence undermine a community, and can serve as a valuable resource in developing problem-solving strategies.

While it is generally assumed that police today work closely with victims and VSOs, studies to date have not provided a systematic view of the extent or nature of such collaboration. Based on a national survey of police agencies and VSOs conducted by the Police Foundation and the National Center for Victims of Crime, this article presents a broad snapshot of police-VSO partnerships.² We attempt to answer questions relating to the prevalence of victim-oriented policing practices, approaches that police use in working with victims, and police executives’ views about the role of victims in crime prevention.

There are many reasons for police to collaborate with victims and VSOs, three of which are noteworthy. First, police have an ethical obligation to treat victims humanely and inform them about services and the status of their cases.³ Studies have documented examples of hardships suffered by victims as the result of insensitive policing practices, lengthy court proceedings, and poorly handled investigations.⁴ Involving victims in policing may help prevent the criminal justice system from inflicting a “second wound” on the victim.⁵ Second, the way police relate to victims affects public satisfaction, an important measure of police performance. Victims are perhaps the most visible consumers of the criminal justice system; therefore, their impressions of police performance weigh heavily on public opinion. Finally, victims and VSOs may be a valuable resource for gathering information, identifying crime problems, developing innovative strategies, and providing feedback.
Survey Methodology

The Police Foundation and the National Center for Victims of Crime surveyed 423 police agencies and 253 victim service organizations to establish a baseline of policies and practices regarding the involvement of victims and VSOs in community policing. The survey was designed for the top executive of each agency or someone who could accurately represent his or her views. If the top executive was unavailable, we surveyed employees who were knowledgeable about how their agency worked with victims, such as those who coordinated partnerships or programs. Our sample of police agencies was randomly selected from a national database of police agencies, with an even proportion of agencies of different sizes, and from different regions of the country. Police executives in the sample provided us with the name of the victim service organization that their agency worked with most often, and these became our sample of victim service organizations.

Findings

At first glance, police executives supported involving victims in crime prevention. When asked whether they strongly agree, agree, disagree or strongly disagree with the statement, “Citizens who have been crime victims can contribute more to police efforts than citizens who have not been victims,” 87 percent of police executives responded positively (see Table 1). Presented with the same response options to the statement, “Crime victims have something special to add to police efforts to solve crime problems,” 95 percent of police executives responded positively.

However, probing deeper into their views about victims, we asked police executives, “In solving crime problems, which do you think is more useful for police officers to do: distinguish between crime victims and other members of the community or interact with community members without special attention to who has been a crime victim?” The intention was to remove potential bias toward a positive answer by asking police executives to choose between two politically appealing options. The majority (81 percent) of police executives reported that in solving crime problems, it is more useful for officers to interact with community members without special attention to who has been a crime victim (see Table 2). This suggests that while police executives believed there are benefits to involving victims in community policing, they did not believe the spe-

### TABLE 1

<table>
<thead>
<tr>
<th>Police Executives’ Views about the Role of Crime Victims in Policinga</th>
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<tbody>
<tr>
<td>STRONGLY AGREE</td>
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<tr>
<td>----------------</td>
</tr>
<tr>
<td>Citizens who have been crime victims can contribute more to police efforts than citizens who have not been victims</td>
</tr>
<tr>
<td>Crime victims have something special to add to police efforts to solve crime problems</td>
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</tbody>
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Note: Data weighted to accurately represent the distribution of U.S. police agencies by size and region.

### TABLE 2

<table>
<thead>
<tr>
<th>Police Executives’ Views about Crime Victims in Problem Solving</th>
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<tbody>
<tr>
<td>IN SOLVING CRIME PROBLEMS, WHICH DO YOU THINK IS MORE USEFUL FOR OFFICERS TO DO:</td>
</tr>
<tr>
<td>Distinguish between crime victims and other members of the community or</td>
</tr>
<tr>
<td>Interact with community members without special attention to who has been a crime victim?</td>
</tr>
</tbody>
</table>

Note: Data weighted to accurately represent the distribution of U.S. police agencies by size and region.
cial knowledge of victims is more useful than that of other community members.

We asked police executives if their agencies provided a range of victim services, such as policies, training and specialized personnel to assist specific types of crime victims. One indicator of the growing emphasis on victims is the number of agencies that have a victim service coordinator. We found that almost one-third of agencies surveyed had a victim service coordinator, with the largest agencies twice as likely to have one as the smallest agencies.9

Two-thirds of police executives reported that their agency provided training to officers for assisting crime victims. There was a positive relationship between the size of an agency and the amount of training provided to officers. Not surprisingly, larger agencies had greater resources to support programs that drew from the expertise of victims and VSOs.10 Agencies that had training reportedly used several methods, including classroom instruction (60 percent), short roll-call training (56 percent) and conferences (45 percent). Only 27 percent of the agencies included actual crime victims in their training program.

Police agencies often create policies or guidelines stating how officers are to interact with specific types of crime victims, and to regulate how officers conduct interviews and investigations, and counsel victims about safety and social services. We found that three-fourths of agencies had formal policies or guidelines for specific types of crime victims (see Table 3). More than two-thirds of agencies had policies for victims of domestic violence, and about half had policies for rape, child abuse, school violence, and burglary.

While our study focused on the role of victims and VSOs in policing, we also sought to gain a more comprehensive understanding of factors related to the development of police-VSO partnerships. Does the size of police agencies or the availability of VSOs predict such partnerships? Does a city’s size, crime rate or regional location affect the likelihood of partnerships? We sought to identify conditions that are most strongly related to the development of partnerships.

Police and VSOs do not always agree on what constitutes a partnership, and even when they have a common definition, they may disagree over whether a partnership actually exists. In our survey, partnership was defined as a collaborative program between a police agency and a VSO, where the relationship was reciprocal and they worked together frequently. This excluded referral-based arrangements where the VSO was a resource for police but not vice versa. We identified as a partnership only those arrangements in which both the police agency and VSO in a jurisdiction agreed according to this definition that they had a partnership. We believe this identified jurisdictions in which real partnerships were present. As a result, we found that 28 percent of jurisdictions reported having an ongoing partnership (see Table 4). When considering only the responses of police agencies, almost half reported having a partnership.11

<table>
<thead>
<tr>
<th>POLICIES FOR SPECIFIC TYPES OF CRIME VICTIMS</th>
<th>PERCENTAGE OF POLICE AGENCIES (N=423)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies that have policies for specific types of crime victims</td>
<td>74.4</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>73.2</td>
</tr>
<tr>
<td>Child Abuse</td>
<td>61.9</td>
</tr>
<tr>
<td>Rape</td>
<td>61.7</td>
</tr>
<tr>
<td>School Violence</td>
<td>55.7</td>
</tr>
<tr>
<td>Burglary</td>
<td>50.7</td>
</tr>
<tr>
<td>Hate Crime</td>
<td>50.0</td>
</tr>
<tr>
<td>Theft</td>
<td>47.2</td>
</tr>
<tr>
<td>Elder Abuse</td>
<td>41.6</td>
</tr>
<tr>
<td>Homicide</td>
<td>31.9</td>
</tr>
<tr>
<td>Kidnapping</td>
<td>27.8</td>
</tr>
<tr>
<td>Gun Violence</td>
<td>26.4</td>
</tr>
</tbody>
</table>

Note: Data weighted to accurately represent the distribution of U.S. police agencies by size and region.
We used logistic regression to identify the factors that were most strongly related to the establishment of partnerships. Two groups of variables were examined. The first group consisted of variables relating to police practices and philosophy. These included: (1) whether or not the agency had a victim service coordinator, (2) the amount of victim-related training provided to officers, and (3) the police executive’s view concerning the use of crime victims in problem-solving. Training was considered a measure of an agency’s investment in the needs and concerns of victims. Similarly, the presence of a victim service coordinator was considered a measure of an agency’s commitment to collaborating with VSOs. We viewed these variables to be critical in determining how the broader philosophy and approach taken by an agency influences its involvement in partnerships.

The second group consisted of contextual variables: (1) the size of the police agency, (2) the availability of VSOs in the jurisdiction, (3) population of the city or town, (4) crime rate, and (5) region of the country. We found that two of three variables relating to police practices were significant predictors of police-VSO partnerships. Training had the strongest effect on the likelihood of partnership. Whether an agency had a victim service coordinator also significantly impacted the likelihood of partnership. Contrary to what may be expected based on earlier research, this analysis did not find that police executives’ views about the use of victims in problem-solving affected the likelihood of partnership.

Of the contextual variables, only the availability of VSOs had an impact on the likelihood of partnership. Jurisdictions with greater VSO availability were more likely to evidence partnerships. A larger network of VSOs in a jurisdiction could create political or grassroots pressure to build partnerships, or sensitize police to the benefits of collaboration.

Although a partnership cannot exist without a VSO, the absence of VSOs in a jurisdiction was not the main reason police agencies did not establish partnerships. Of the 271 police agencies in our sample that did not have a partnership, only 22 percent reported that there were no VSOs in their jurisdiction. None of the other contextual variables impacted partnerships in the multivariate analysis (e.g., size of police agency, population of city or town, crime rate, region of country).

There is now widespread recognition of the importance of encouraging victims and victim service organizations to work with police to reduce fear and victimization and share in maintaining public safety.

### TABLE 4

<table>
<thead>
<tr>
<th>Reporting of Partnerships</th>
<th>Percentage of Police Agencies (N=423)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police agency reported having a partnership</td>
<td>47.8</td>
</tr>
<tr>
<td>Police agency and VSO both reported having a partnership</td>
<td>28.1</td>
</tr>
</tbody>
</table>

*Note: Data weighted to accurately represent the distribution of U.S. police agencies by size and region.*
Conclusion

Our research indicates that while a majority of police executives believe there are benefits to involving victims in crime prevention, most also report that it is more useful for officers to interact with community members without special attention to who has been a victim when it comes to problem-solving. Nonetheless, a large proportion of police agencies supported a broad set of practices emphasizing crime victims.

This study reinforces the position that a police agency’s broad philosophy and approach toward victims play a central role in the establishment of partnerships. Police agencies that invest in victim-related training and victim service coordinators are more likely to establish partnerships with VSOs. This suggests that development of real cooperation between police and VSOs must begin with a broader police commitment to victims, their problems and their potential contribution to crime prevention.

Finally, our study illustrates the importance of strong victim service networks for establishing partnerships. While a city’s population and crime rate did not influence the likelihood of partnership, the number of victim service organizations in a community strongly impacted the establishment of partnerships. Our findings show that successful community crime prevention must be based not only on the organizational capabilities of police agencies, but also on that of community organizations with which police seek to partner.

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David Weisburd is a professor at Hebrew University Law School, senior research fellow at the University of Maryland, and senior fellow at the Police Foundation. He may be reached at Msefrat@mscc.huji.ac.il.

1 Sebba, L. (1996), Third Parties: Victims in the Criminal Justice System. Columbus, OH; Ohio State University Press.
6 The data were subsequently weighted to accurately represent the distribution of U.S. police agencies by size and region of country.
8 The estimates presented in Table 1 and the descriptive tables that follow are weighted to accurately represent the distribution of U.S. police agencies by size and region. This correction increases the representation of smaller agencies in the sample because they constitute a larger overall proportion of agencies in the United States.
9 It is interesting to note that a higher percentage of agencies in the Southeast (42%) had a victim service coordinator than agencies in the Midwest (20%), West (24%) and Northeast (30%). A chi-square test showed this difference to be significant at the .01 level.
10 Police agencies in the Western region of the United States involved both victims and VSOs in the training of officers more than agencies in other regions of the country (p < .01).
11 This discrepancy may be due to the fact that some police executives were inclined to report having a partnership when their relationship with the VSO was positive but a collaborative program was not currently in place.
13 An average of 2.2 VSOs were operating in jurisdictions where partnerships were not present, compared to 3.0 in jurisdictions where they were present.
In **Alabama**, adult sex offenders are now prohibited from living within 1,000 feet of another adult sex offender unless the offenders are residing in supervised housing such as a halfway house. AL Code § 15-20-26.

**Washington** also passed a child sex abuse measure that makes leaving a child in the care of a sex offender a misdemeanor offense. A person who is the parent of a child, has physical custody of a child, or is employed to provide a child with the basic necessities of life is guilty of the offense if he or she leaves the child in the care of a person who is not the child’s parent, guardian, or lawful custodian knowing that the person is registered or is required to register as a sex offender for committing a sex offense against a child. Sub. H.B. 2379.

**Florida** adopted a law designed to ensure that victims are informed of their rights under the state Constitution. The new law, patterned after a similar law enacted in Connecticut last year, requires courts to make a scripted announcement regarding the rights of victims at any arraignment, sentencing, or case-management proceeding or post the information prominently on courtroom doors. FL Code § 960.0021.

**Hawaii** lawmakers passed legislation tolling the statute of limitations for a civil action against a person convicted of a felony, a sexually violent offense, or a criminal offense against a minor. The statute of limitations in actions brought by a victim, survivors of the victim, or the victim’s estate against such convicted offenders is tolled until the offender is released from imprisonment, parole, or probation, and is no longer under the court’s jurisdiction. The bill also requires that a good faith effort be made to notify crime victims when an imprisoned offender receives or accumulates any income in excess of $10,000 in one year. In addition, an offender’s parole release is preconditioned on the payment of restitution and judgments in favor of the victim or the victim’s family members, if the paroling authority determines that the offender is financially able to pay. H.B. 2427.

**Oklahoma** juries may now view photos of homicide victims taken during the victim’s life. Under the Kristie LeGrange Act, a district attorney may admit an appropriate photograph of the victim into evidence. The bill is named in honor of Kristie LeGrange, a mental health worker who was beaten to death by a client. OK Code § 12-2403.

In **Utah**, legislators passed the “Unsolicited Sexually Explicit Email Act” imposing requirements on individuals who send emails that promote or contain an electronic link to material that is harmful to minors without the recipient’s express permission. In addition to the sender’s legal name, street address, and valid Internet domain name, the email must include a subject line containing “ADV:ADULT” as the first nine characters and provide the recipient with a convenient, no-cost mechanism to request exclusion from future sexually explicit email from the sender. A violation of any of these requirements or other prohibited conduct outlined in the Act is a class B misdemeanor. Civil remedies for violations of the Act are also available to recipients of unsolicited emails and email service providers through which the unsolicited transmissions are made. Plaintiffs may recover actual damages, or in lieu of those, elect to receive $10 for each unsolicited sexually explicit email received or transmitted, or $25,000 for each day a violation occurs, whichever is less, as well as costs and reasonable attorney fees. H.B. 143.

**Washington**’s legislature created a state task force on funding for community-based services to victims of crime. The task force includes members representing various victim populations, including homicide survivors, victims of child abuse, drunk driving, domestic violence, and sexual assault, disabled victims, and victims to whom English is a second language. The task force is to evaluate the state’s funding to community-based victim services programs; identify programs that provide services to underserved victim populations; locate federal and private funding for such programs; make recommendations on methods of providing as well as the funding needed to provide cost-effective assistance to victims; and identify barriers to improving cost-effective, coordinated services for crime victims. S.B.6763.
Civil Lawsuits by September 11 Victims

BY JIM FERGUSON

Victims of the September 11, 2001 terrorist attacks face a critical choice. If they submit a claim to the federal compensation fund, they waive their right to file a civil lawsuit for damages resulting from the attacks. The one exception is that victims may receive compensation from the fund and still pursue a lawsuit against “any person who is a knowing participant in any conspiracy to hijack any aircraft or commit any terrorist act.”

This article reviews the legal procedures a September 11 victim might use to file a civil lawsuit against a state sponsor of terrorism or a party whose negligent conduct contributed to the attacks.

Prior to September 11, many terrorism victims had sued countries or organizations that were allegedly behind terrorist acts. Victims can bring such suits because of a federal law called the Foreign Sovereign Immunities Act (FSIA). Foreign countries used to enjoy almost blanket immunity from liability in U.S. courts. FSIA began to chip away at that immunity. While FSIA did not originally contain a terrorism exception, Congress changed that by passing the Antiterrorism and Effective Death Penalty Act of 1996. This legislation amended FSIA by adding a “state sponsored terrorism exception” to the list of enumerated exceptions. Only those countries which are formally designated by the U.S. State Department as state sponsors of terrorism can be sued. Currently, the State Department gives seven countries this designation: Cuba, Iran, Iraq, Libya, North Korea, Sudan, and Syria.

This 1996 law did not address the question of how victims could collect whatever damages a U.S. court might award to them. In many cases, victims brought lawsuits against countries that had allegedly sponsored terrorism, but the countries did not respond to the suits, resulting in default judgments. The plaintiffs in these cases were left with large compensatory and punitive damages awards, but no means of collecting.

In 2000, Congress passed the Justice for Victims of Terrorism Act, a law which enables some terrorism victims to collect on judgments which they have been awarded. The law only applies to a very small group of victims. In order to be covered, victims must have received a final judgment in a FSIA suit against Iran or Cuba by July 20, 2000. The law also applies to several other lawsuits that were filed on five specific dates. In exchange for giving up rights related to the collection of their compensatory and punitive damages from the foreign countries, the victims receive their compensatory damages awards in payments from the U.S. government—with the payments coming from funds secured by the foreign countries’ frozen assets. In several cases, this payment mechanism has resulted in victims receiving payments of tens of millions of dollars. Any suits by September 11 victims against alleged state sponsors of terrorism—victims have already filed cases against Iraq, Iran, Sudan, Afghanistan, and others—are not included under the payment mechanism of the Justice for Victims of Terrorism Act. It will likely require new legislation if these suits are going to provide victims with meaningful compensation. In the mean time, September 11 victims do not give up their right to make a claim to the federal compensation fund by pursuing such suits.

They will give up their right to the fund if they file negligence-based suits against defendants like the airlines, aircraft manufacturers, airport security companies, or the Port Authority of New York City. Despite this harsh consequence, many victims have already opted to pursue such suits. For the September 11 victims who do pursue negligence-based lawsuits, the same federal law that created the compensation fund also establishes various procedural ground rules for such suits. For example, the law creates “a Federal cause of action for damages arising out of the hijacking and subsequent crashes of American Airlines flights 11 and 77 and United Airlines flights 93 and 175.”

This federal cause of action is the “exclusive remedy” for damages arising out of the September 11 attacks. Any suit filed under this cause of action shall be governed by the substantive law, including choice of law principles, of the state in which the crash occurred, unless that state’s law is contrary to or inconsistent with federal law. The U.S. District Court for the Southern District of New York has “original and exclusive jurisdiction over all actions brought for any claim resulting from or relating to” the September 11 attacks.

Thus, regardless of where victims currently live, they must file suit in federal court in New York City.
The most notable restriction on negligence-based September 11 suits is a cap on the available damages. Specifically, the law limits the liability of airlines, aircraft manufacturers, airport sponsors, and persons with ownership interests in the World Trade Center. For each such entity, damages are capped at the limits of their liability insurance coverage.

September 11 victims are faced with the decision of which mode of compensation is right for them based upon their individual circumstances. The options differ significantly, and there are risks and benefits to each. Civil lawsuits may offer accountability and potentially high levels of compensation, but there is no guarantee of recovery. The federal fund guarantees recovery for almost all eligible claimants, but no attempt is made to hold parties accountable or resolve questions about what happened on September 11. This is clearly a choice which victims should make in as informed a manner as possible.

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Terrorism Victim’s Family Awarded More Than $321 Million
Stethem v. Islamic Republic of Iran

Robert Stethem, a U.S. Navy petty officer, was returning from a routine maintenance assignment in Greece when his plane was hijacked and diverted to Beirut. Upon landing in Beirut, the hijackers, members of Hizbollah, a radical Shiite Muslim paramilitary organization, beat, shot, and killed Stethem and then dumped his body from the plane to the runway. Footage of this tragedy was broadcast on televisions around the world. Stethem's family, and several other U.S. servicemen who were brutalized aboard the hijacked plane, filed suit under the Foreign Sovereign Immunities Act against Iran and its Ministry of Information and Security. The hijackers were recruited, trained, and financially supported by the defendants. Iran did not respond to the suit, resulting in a default judgment. The trial court found that the hijackers' actions had been guided and controlled by Iran and that the country was, therefore, liable for Stethem's death and the other plaintiffs' injuries. In addition to substantial compensatory damages awards for the other victims, the court entered a judgment of more than $21 million for Stethem's estate and family and a $300 million punitive damages award.
NATIONAL CENTER PARTNERS WITH MISS AMERICA 2003 ON ANTI-BULLYING INITIATIVE

The National Center has become a formal partner with Erika Harold, Miss America 2003, on her antibullying, antiharassment campaign. When she was in the ninth grade, Erika was subjected to an incessant barrage of racial slurs, unwanted touching, assault, and purposeful exclusion. The bullying and harassment escalated to vandalism and a threat on her life, and she was forced to change schools. Erika is now using this painful experience to launch her national platform, “Empowering Youth Against Violence: Respect Yourself: Protect Yourself.”

The National Center is supporting Erika in her new role by helping to draft state model antibullying, antiharassment legislation that Erika will encourage state legislators to introduce. We also plan to feature Erika in an upcoming public service campaign for the Teen Victim Project.

The National Center’s relationship with Erika Harold began when she was Miss Illinois and became the national spokesperson of the Teen Victim Project, a role she continues as Miss America 2003.

Critical Choices Forums

The National Center for Victims of Crime continues to hold its Critical Choices Forums for the victims of the September 11 terrorist attacks. These forums have been attended by hundreds of victims, more than 95 percent of whom said that they would recommend the program to all victims of September 11. This program provides objective information about the September 11th Victim Compensation Fund and information about pursuing civil remedies. The National Center is offering these forums to help ensure that victims understand their options and have the support they need to make thoughtful, informed decisions. We are not advocating any particular choice.

Critical Choices Forums have been held, so far, in Manhattan, N.Y., Bucks County, Pa., Edison, N.J., and Arlington, Va. Location/schedule for future forums: Long Island, N.Y. (November 8), Staten Island (November 17), Manhattan (January 9), and Arlington, Va. (February 22). Spanish translation services and information about financial planning will be added to the 2003 forums. Victim service providers and allied professionals may attend, but advance registration is required. For more information and the latest updates, visit www.ncvc.org.

New PTSD Public Awareness Campaign

In partnership with the Dart Center for Journalism and Trauma, the National Center for Posttraumatic Stress Disorder, and Gift from Within, the National Center for Victims of Crime supported a new public awareness campaign to inform the public about emotional trauma and posttraumatic stress disorder (PTSD). The campaign,
which was launched to coincide with the one-year anniversary of the September 11, 2001 terrorist attacks, features three new television public service announcements that are currently airing nationwide and a website of essential information and resources on PTSD at www.ptsd.info.

National Center Executive Director Susan Herman was interviewed about the campaign on the top-ranking national Hispanic network, Univision, during which she discussed the potential risk of PTSD to victims who may be re-traumatized by exposure to September 11 media images.

2002 Training Institute
A Huge Success

More than 425 victim service providers and allied professionals, representing 37 different states, attended the National Center’s 2002 Training Institute. Some of the most popular training sessions focused on coping with vicarious trauma, working with teenage victims, learning new funding strategies, and understanding civil justice for crime victims. Don’t miss the 2003 Training Institute. National Center members receive a generous registration discount for this top-quality training. Stay tuned to www.ncvc.org for 2003 dates and locations.

Appointment of Stalking Resource Center Director

We are pleased to announce that Tracy Bahm has joined the National Center for Victims of Crime as its new director of the Stalking Resource Center. Prior to coming to the National Center, Ms. Bahm was a senior attorney at the American Prosecutors Research Institute, where she worked on violence against women issues. Before that, she was a deputy prosecuting attorney in Kitsap County, Washington, where she also chaired the Kitsap County Domestic Violence Task Force. Tracy Bahm can be reached at tbahm@ncvc.org.

New Victim Compensation Poster

The National Center’s new public education poster, “You’ve Paid Enough,” focuses on victim compensation, a critically important, but little known resource for victims of crime. This 8.5” x 11” black-and-white, camera-ready poster can be reproduced with your local contact information. Copies may be ordered on-line at www.ncvc.org or by calling 202-467-8700. (See back cover of NETWORKS to view poster.)
Rick Rescorla Honored Posthumously for September 11 Heroism

At its 2002 Annual Leadership Awards ceremony held in New York City this past June, the National Center for Victims of Crime recognized the heroism of Rick Rescorla amidst the chaos and horror of the September 11 terrorist attacks against the World Trade Center.

On September 11, Rick Rescorla, first vice president for security for Morgan Stanley’s offices in the World Trade Center, helped lead nearly 3,000 victims of the attack to safety. In an attempt to raise the spirits and ease the fears of those fleeing the building, he sang Cornish songs from his native England as thousands filed down the stairwells. Rescorla’s life was ultimately lost, however, when the South Tower collapsed after he reentered the building, making one last sweep to ensure that all his coworkers had evacuated safely.

Rick was a decorated war veteran, whose honors included the Silver Star, the Bronze Star with oak-leaf cluster, a Purple Heart, and the Vietnamese Cross of Gallantry. He was the last man out of the South Tower after the World Trade Center bombing in 1993.

Rick’s widow, Susan Rescorla, accepted the Leadership Award on behalf of her husband.

Susan Rescorla accepting 2002 National Center Leadership Award on behalf of late husband, Rick Rescorla:

After greeting distinguished guests, family and friends, I personally acknowledge the loved ones and friends, and honor the other security men who were murdered with Rick. They are all heroes.

My husband would object to being called a victim. He would consider himself a casualty, a casualty of the good fight that he fought all his life. From the beaches of Cyprus as a young British soldier, to the streets of London as a bobby/detective, to the heart of Africa as a Colonial Police officer, to the jungles of Vietnam as a legendary cavalry officer, to the first World Trade Center bombing in 1993, until September of last year when he fell in the attack of 9/11. Rick spent his life defending the good people of this earth—fighting the good fight.

Rick was a soldier and a top flight international security professional, so it’s correct to say he was a casualty, not a victim. For several months after the attacks, I tried desperately to hold onto that distinction myself. I rejected that word “victim.” Had never in my life considered that I would be a victim. Refused to consider myself in those terms. It injured my pride. It threatened my comforting illusion that I was somehow in charge of the most important things in my life. Rick would refuse to be a victim and I thought I should too.

Well, I was wrong. I’m not a soldier. I’m a wife who loved her husband, who expected him to come home the night of 9/11, who expected to live out the wonderful dreams that we had for our future. It’s taken awhile, but I’ve had to face the fact: I am a victim. I’m one of the innocents, one of the tens of thousands of innocents who lost their lives or dear ones. And it hurts in ways that can’t be described—and it always will.

After September 11th, various charities asked me, “Are you in dire need?,” implying that a victim was a poor person. I then realized that we who lost loved ones on that day were victims of war, not poverty. I was watching a documentary after the Queen Mother had passed away, and in it they discussed that after Buckingham Palace was bombed during World War II, when she was queen, she referred to being glad that incident had happened so she could realize what it meant to be an East Ender. I feel a little like that myself. I feel a little like that myself. I am so grateful for what victims of crime have done for us, and how the people, and in turn the charities reacted for all of us. Most of all, I can tell you that the voices have been caring and gentle each and every time I have had to speak to someone, especially in the beginning when we had to go to Pier 94. And I thank you all so much for that.

God bless you. God bless America.
TEENAGERS AT GREATEST RISK FOR CRIME VICTIMIZATION

Teenagers are twice as likely as any other age group to be victims of violent crime, and one in five teenagers report being the victim of a violent crime, according to Our Vulnerable Teenagers: Their Victimization, Its Consequences, and Directions for Prevention and Intervention, a new and comprehensive analysis of existing—but largely unnoticed—research and data on the crime experiences of American teenagers ages 12 to 19. These young people make up about 14 percent of the general population, but represent 25 percent of victims of violent crime.

The report, prepared by the National Council on Crime and Delinquency (NCCD) and released jointly by the National Center for Victims of Crime and NCCD, also shows that victimization during adolescence can be more detrimental than at other times in one’s life. Victimization may negatively influence school performance and physical and mental health, and lead to substance abuse and delinquent behavior.

“This report serves as a wake-up call to all of us that teenagers are particularly vulnerable to crime, and affirms that teenage victimization can profoundly alter the course of lives,” said Susan Herman, executive director of the National Center for Victims of Crime. “We must now take the necessary steps to protect our young people as they make the transition to adulthood. The Teen Victim Project moves us in the right direction.”

Established by the National Center for Victims of Crime and the National Council on Crime and Delinquency, the Teen Victim Project will focus on developing a coordinated, national response to teen victimization. The Project’s two major components include:

- Sponsoring a nationwide educational campaign to build public and political awareness about the pervasiveness and impact of teen victimization, and
- Building the capacity of national youth-serving and victim service organizations to serve teenage victims of crime through formal partnerships and hands-on training and technical assistance.

The Teen Victim Project is not only designed to help the astounding numbers of teens who are victimized in this country, said Dr. Barry Krisberg, president of the National Council on Crime and Delinquency. “With what we now know about the relationship between victimization and future delinquent behavior, this initiative may also turn out to be one of the most effective ways to prevent further crime and violence.”

The report also outlines 17 promising prevention and intervention strategies, including: targeting high-risk families, training school resource officers in violence prevention and victim identification and response, and encouraging important adults in children’s lives to recognize and respond to teen victimization.

Other Key Report Findings

- Past victimization is the best predictor of future victimization, with women who reported being raped before the age of 18 significantly more likely to report being raped as adults. Thirty-eight percent of women who were sexually victimized in college said that they had first been victims prior to entering college.
- One in six women has been the victim of rape or attempted rape. The majority (54 percent) of these occurred before the age of 18.
Almost as many girls reported being raped as boys reported being robbed. Girls were approximately seven times more likely than boys to be a victim of rape.

**Violent Victimization Significantly Affected by Race**

- African-American youths were twice as likely as White youths to be victimized by aggravated assault in 1999.
- African-American girls ages 12-18 are more likely than all other youths to be victims of violence and the violent victimization for young African-American girls ages 12-15 was more than 30 percent greater than the rate for African-American girls ages 16-19.
- The juvenile homicide rate for African-Americans was five times the White rate in 1998.
- American Indians are more likely than other minority groups to be the victims of violent crime.
- Twenty-eight percent of Hispanic and twenty-five percent of African-American high school students reported being a victim of violent crime, compared to eleven percent of Asians and sixteen percent of Whites.

The full text of the report, *Our Vulnerable Teenagers: Their Victimization, Its Consequences, and Directions for Prevention and Intervention,* is available at [www.ncvc.org/teens](http://www.ncvc.org/teens).

### Rape, HIV, and Post-Rape Services to Victims

Rape is primarily a crime against women. Depending on the study, an average of 13 percent to 17.6 percent of U.S. women have been raped at least once in their lifetime. Given that most rape is male-to-female rape and that the incidence of HIV among heterosexual men is less than one percent, the risk of HIV transmission during rape is not considered very high. Yet, rape poses a potential direct risk. A recent study examined the HIV risk concerns among recent female rape victims.

A majority (70 percent) of the rapes in the study had been committed by strangers. Victims were recruited from a post-rape forensic medical examination facility. For the purposes of the study, rape was defined as "unwanted vaginal, anal, or oral penetration that was forced or involved threat of force or harm."

Concerns among victims about contracting HIV were various. About 69 percent of women reported being somewhat or extremely fearful during rape that the perpetrator might be HIV positive or have AIDS. A total of 73 percent were extremely fearful either at the time of the rape or afterwards. The study did not find any demographic variable that was associated with fear or concern about contracting HIV due to rape. However, fear of contracting HIV was more frequent among women who were raped by strangers (81 percent) than among those raped by a known assailant (53 percent). Regardless of any variables, an overwhelming majority of the victims (82 percent) expressed the desire to receive more information about HIV at the time of the post rape exam.

How does victims’ concern about HIV infection compare to the quality of medical care, specifically screening and treatment for sexually transmitted diseases (STDs)? A nationally representative survey based on seven years of data from the National Hospital Ambulatory Medical Care Survey looked at emergency departments’ treatment of 643,828 women who experienced sexual assault. The results are striking. They reveal that only one-third of the victims received some type of STD screening. Of those, 35 percent received STD medication, which translates into a total of 13 percent of those who were both screened and received an STD medication.

**Editor’s Note:** Victim service providers should be prepared to discuss the risk of HIV transmission with all sexual assault victims and be able to refer them for appropriate testing and treatment.

The National Criminal Justice Reference Service (NCJRS) distributes publications for the National Institute of Justice (NIJ), Office of Juvenile Justice and Delinquency Prevention (OJJDP), Office for Victims of Crime (OVC), Bureau of Justice Statistics (BJS), Bureau of Justice Assistance (BJA), and the Office of National Drug Control Policy (ONDCP). Contact NCJRS at: P.O. Box 6000, Rockville, MD 20849-6000, or call 1-800-851-3420 for personal assistance and fax-on-demand service. Send e-mail orders for print publications to puborder@ncjrs.org and e-mail questions to askncjrs@ncjrs.org or the Justice Information Center at www.ncjrs.org. Many publications are available on the Justice Information Center’s website. Use the document’s “NCJ,” “FS,” or “BC” number when ordering. If a document is out of stock, it may be available through interlibrary loan or by purchasing a photocopy if copyright is granted.

**Hispanic Victims of Violent Crime, 1993-2000.**
Rennison, Callie.
Using the National Crime Victimization Survey, this report examines violent crimes committed against Hispanic victims, including rape, sexual assault, robbery, aggravated assault, and simple assault. BJS. NCJ 191208. [http://www.ojp.usdoj.gov/bjs/pub/pdf/hvvc00.pdf].

**Jails in Indian Country, 2001.**
Minton, Todd.
This report presents data for each facility, including rated capacity, number of adults and juveniles held, number of persons under community supervision, inmate characteristics (such as conviction status, DWI/DUI offense, and seriousness of offense), number of inmate deaths, facility crowding, and renovation and building plans. BJS. NCJ 193400. [http://www.ojp.usdoj.gov/bjs/pub/pdf/jic01.pdf].

**Perspectives on Crime and Justice: 2000-2001 Lecture Series, Volume V.**
Blumstein, Alfred; Steinberg, Laurence; Bell, Carl; Berger, Margaret.
The “Perspectives” series features speakers from a broad cross-section of the criminal justice field who are invited to speak on topics of interest to them. NIJ. NCJ 187100. [http://www.ncjrs.org/pdffiles1/nij/187100.pdf].
Reaves, Brian; Hickman, Matthew. Describes trends from 1990 to 2000 among local police departments serving U.S. cities with 250,000 or more residents. Comparisons are made in terms of number of sworn and civilian personnel, female and minority representation among sworn personnel, UCR crime rates, etc. BJS. NCJ 175703. [http://www.ojp.usdoj.gov/bjs/pub/pdf/pdlc00.pdf].

Beck, Allen; Karberg Jennifer; Harrison, Paige. Presents data on prison and jail inmates. This report provides the number of inmates and the overall incarceration rate per 100,000 residents. It offers trends since 1990 and percentage changes in prison populations since midyear and yearend 2000. It also provides findings on rated capacity of local jails, percent of capacity occupied, and capacity added. BJS. NCJ 191702. [http://www.ojp.usdoj.gov/bjs/pub/pdf/pjim01.pdf].

DeFrances, Carol. The study summarizes the number of professionals and support staff employed and the size of budget. Survey data include special categories of felony offenses prosecuted, types of nonfelony cases handled, number of felony cases closed, number of felony convictions, number of juvenile cases proceeded against in criminal court, and work-related threats or assaults against staff. BJS. NCJ 193441. [http://www.ojp.usdoj.gov/bjs/pub/pdf/psc01.pdf].

Recidivism of Prisoners Released in 1994.
Langan, Patrick; Levin, David. Reports on the rearrest, reconviction, and reincarceration of former inmates who were tracked for three years after their release from prisons in 15 states in 1994. The report includes prisoner demographic characteristics, criminal record, types of offenses for which they were imprisoned, the effects of length of stay in prison on likelihood of rearrest. BJS. NCJ 193427. [http://www.ojp.usdoj.gov/bjs/pub/pdf/rpr94.pdf].

What You Can Do if You Are a Victim of Crime.
Office for Victims of Crime. This helpful fact sheet lists crime victims’ rights, financial compensation options, and a list of national organizations which offer assistance to victims of crime. OVC. FS 000301. [http://www.ojp.usdoj.gov/ovc/publications/factsheets/whatyoucando/fs000301.pdf].

PRIVACY & DIGNITY:
Privacy and Dignity: Crime Victims and the Media
The National Center’s popular Privacy & Dignity: Crime Victims and the Media is now in its second printing. This practical 45-page handbook is designed for victim service providers who are called on to help crime victims navigate the media attention that often accompanies many crimes. It provides practical guidance on interacting with the media, building effective media relations, giving successful media interviews, setting boundaries, special considerations regarding children, and much more. Privacy and Dignity may be ordered on-line at www.ncvc.org or by calling 202-467-8700. Please have your credit card information available. (Product No.: RE101; Price: $10.00 each)
Membership in the National Center for Victims of Crime gives you a national voice and a ready resource base. Join at either the Membership or Membership PlusCivilJustice level:

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Membership gives you priority access to individualized technical assistance. As a National Center member, you can turn to us for information about best practices, model programs, public policy strategies, and resources. Our team of staff experts stands ready to help, whatever your particular need.

For more information, call the National Center membership desk at 202-467-8700 or visit our website at www.ncvc.org.

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Please make check or money order payable to the National Center for Victims of Crime and mail to: 2000 M Street, NW, Suite 480, Washington, DC 20036.
Let victim compensation help with the rest.

If you or someone you know is a victim of a violent crime, such as assault, rape, domestic violence, or homicide, you may be eligible for financial assistance. Victim compensation may help cover the cost of funerals, medical bills, counseling, relocation, job retraining, lost wages, and other out-of-pocket expenses.

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The mission of the National Center for Victims of Crime is to forge a national commitment to help victims of crime rebuild their lives.

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