The Lessons of September 11th

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The tragedy of September 11 turned our world upside down. We entered a new era with an altered sense of our vulnerability and a deeper awareness of how hatred can turn to horror. But, we also experienced a new commitment to the values of our society and a new sense of national purpose.

We have been struck by the parallels to the reality in which we operate every day: the endless stories of victims who feel a loss of security and safety they once took for granted, who struggle with feelings of grief, anger, fear, and pessimism who feel traumatized, shaken to the core. Yes, I could be describing so many victims of crime in the United States.

The events have compelled those of us who work with crime victims to re-evaluate the purpose of our work. Victim service professionals have a unique understanding of the trauma experienced by our nation. Our experience working with victims of crime has taught us that traumatic events have long-lasting consequences. We know that the trauma that comes from exposure to human cruelty—whether it is stalking, rape, murder, identity theft, domestic violence, or terrorism—is not the same as the trauma caused by a natural disaster. Our sense of security and trust in our community is often shattered by acts of intentional cruelty for which we know that children are particularly vulnerable because for them such cruelty is that much more unfathomable.

After September 11, calls to the National Center’s Helpline doubled. We spoke with survivors normalcy: over the country who needed help coping. Some are having nightmares or feel intense anger. Some still can’t eat. Some have children who can’t get to sleep. Others don’t want to get out of bed in the morning. Some are displaced and don’t know how to return to their homes.

Two themes have emerged. First, many people with histories of victimization are having a particularly difficult time. The events of September 11 have returned to them the similar, harrowing periods of fear in their lives and they need help. Many victims are facing an especially difficult time, according to shelter directors. Immediately following September 11, many victims opted to stay in violent homes where they are secure at the day-to-day violence than face the unknown tension of the outside world. In contrast, rape crisis caseloads have increased, apparently attributable to a victim’s posttraumatic stress triggered by the targeted terrorist attacks. Victims of hate crime and assault, survivors of homicide, and rape crisis centers all reported an increase in the number of their clients. Some are having nightmares or feel intense anger. Some still can’t eat. Some have children who can’t get to sleep. Others don’t want to get out of bed in the morning. Some are displaced and don’t know how to return to their homes.

We dedicate this issue of NETWORKS to the victims of September 11 and to everyone who came to their aid. As we reflect on the inspiring stories of our fellow citizens, it is my hope that we take away a simple lesson: every crime has a victim and every victim needs our help.

—Susan Herman, Executive Director
Lessons from September 11th

New York City: Safe Horizon Goes to Work

Safe Horizon, one of the nation’s largest victim services agencies, is located about six blocks north of the World Trade Center. The collapse of the Twin Towers on September 11 had the agency evacuating all staff by ten o’clock that morning. With no phone service or e-mail and staff still desperately trying to locate missing colleagues who were feared trapped in the subway, Safe Horizon set up its headquarters at the agency’s conference center in Brooklyn. By week’s end, all staff were safe and accounted for—albeit shaken to the core—and Safe Horizon was fully operational, even while relying on cell phones to do business and going to neighboring businesses to borrow phones and fax machines.

“We were wounded, but not defeated,” said Gordon Campbell, Safe Horizon’s chief executive officer who directs a staff of 650 full-time and 350 part-time workers in 75 programs at 90 sites throughout New York City’s five boroughs. “Although we have never had to deal with a crime of such magnitude, we knew it was critical to start serving victims as quickly as possible.”

Back in their Manhattan office by September 17 and administrative operations once again functioning, Safe Horizon staff immediately began providing a wide range of victim services and disbursing financial assistance at New York City’s Family Assistance Center located at Pier 94 on Manhattan’s West Side. Here, September 11 victims could access much-needed support, such as mental health and grief counseling, housing assistance, and victim benefits. Numerous social service agencies provided information about the city’s hospital patient locator system, DNA collection to assist with victim identification, Social Security survivor benefits, tax relief from the Internal Revenue Service, and other programs designed to help those directly affected by the attacks.

In addition to the estimated 17,000 people Safe Horizon served at the City’s Family Assistance Center in Manhattan, the agency supported thousands more who were afraid or unable to come into Manhattan through its additional “borough assistance centers,” located in each of the city’s four other boroughs. “We couldn’t just wait for victims to come to us,” said Campbell. “We needed to go to them.”

Same-Day Victim Compensation

Through a unique partnership with the New York State Crime Victims Board, Safe Horizon disseminated victim compensation directly to people who had lost family members or who had been physically injured in the September 11 terrorist attacks.

Under this special arrangement, Safe Horizon was given the authority to cut checks on the spot, whereas with traditional victim compensation, benefits are not approved on-site and can take anywhere from a week to several months to process, once a claim has been approved.

Safe Horizon also was asked by the September 11th Fund to distribute charitable contributions to victims who needed emergency financial assistance. Established by the United Way and the New York Community Trust, the September 11th Fund provided emergency cash to people who had lost family members in the attacks or who had been injured, as well as to those who had lost homes and/or jobs if they lived or worked south of Canal Street in New York City (the official demarcation for the disaster area).

Most of the people who showed up at Safe Horizon’s doorstep had lost their jobs as a direct result of the attacks. Many were still frightened and becoming increasingly depressed. Stacks of bills were brought in by victims who had no idea how they would pay them. Safe Horizon’s primary objective was to help these individuals with their immediate financial needs and to get them through the next few weeks.

Safe Horizon established a system to ensure that victims received a speedy, same-day response. After reviewing documentation that verified a victim had a claim and that the victim was ready to receive benefits, a supervisor ratified the decision. Finally, a third person cut the check.

Getting past the first step—reviewing valid documentation—proved often to be the most challenging aspect of processing claims. While many victims showed up with a driver’s license, pay stub, Social Security card, apartment lease, hotel receipts, or documented medical expenses, many more couldn’t get to their personal papers which either had been destroyed in the rubble or were located in residences that were now restricted. Still others were undocumented workers who possessed no official record of their employment, making it virtually impossible for them to collect many of the benefits received by other victims.

Safe Horizon staff became very creative in tracking down proof of employment and salaries for these victims. Staff helped secure affidavits from co-workers, letters from employers, and verifications from labor unions. In one case, even a handwritten note on a napkin verifying a worker’s employment and salary provided the necessary validation.
Safe Horizon also worked with immigration experts and community activists to come up with a list of businesses known to employ undocumented workers. The community activists then contacted the businesses to verify the workers’ employment status. Businesses also provided lists of employees that were used for validation: when employees who were on one of the lists showed up for compensation, they were immediately approved.

Victims could receive up to $1,500 every two weeks to cover actual expenses and lost wages up to a total of $10,000. “Having a check in hand made a huge difference for people,” said Campbell. “Not worrying about immediate needs such as food, transportation, funeral expenses, and rent allowed people to focus on their emotional needs.” By the end of February 2002, Safe Horizon had distributed $62.1 million through a grant from the September 11th Fund to more than 35,500 people: “This program made a real difference.”

**Victim Trauma On An Unprecedented Scale**

In addition to providing compensation directly to victims, Safe Horizon provided crisis intervention to thousands of people who needed help coping with the emotional and psychological trauma of the terrorist attacks. “Victims were experiencing a tremendous amount of disbelief, fear, anxiety, shock, and sadness,” said Nancy Arnow, vice president of Safe Horizon’s clinical and trauma support programs. The agency also developed a trauma response training curriculum for crisis support providers, and provided a wide range of support services through its own licensed mental health facility, the Safe Horizon Counseling Center.

**Lessons Learned**

*Tend to your staff.* At the top of Safe Horizon’s recommendations for other victim service agencies is to take care of staff and keep in mind the emotional toll that such a crisis has on everyone. Safe Horizon staff members were putting in 12 to 16 hour days and struggling themselves to process the events of September 11 while serving a huge volume of victims. Recognizing that it may take more than one year for their front-line workers to feel the full affects of trauma, Safe Horizon has instituted ongoing measures to help ease the strain on staff, such as scheduling internal support groups, retaining the services of a massage therapist, and giving every staff member one additional day of leave.

*Don’t go it alone.* The level and breadth of Safe Horizon’s support to the victims of September 11 would have been impossible without the relationships with other social service and state government agencies it had established prior to the crisis. For example, despite its own dislocation and lack of access to its records and files, Safe Horizon was able—in collaboration with other organizations—to develop a resource guide to help victims with the confusing mass of toll-free numbers with which they were being inundated.

Develop contingency plans for internal operations before crises hit. Since September 11, Safe Horizon has put into place explicit contingency plans that address developing complete contact lists so all key personnel can be reached immediately, identifying which staff have home computers so electronic communications can continue; and notifying all staff as to the location of temporary headquarters.

Tune to local services to provide local help. When additional support is needed, draw from local providers that are equipped to handle large-scale crises. Safe Horizon found that the best outside help came from people who had direct experience assisting other community-based response agencies.

Use volunteers to supplement paid staff. Safe Horizon put more than 1,000 volunteers to work, providing training twice a day for new recruits. The volunteers worked at the Family Assistance Center to help clients with applications, process claims, and make referrals to other organizations offering assistance.

Support the long-term, changing needs of victims. Now that the realities of life after September 11 have sunk in, Safe Horizon staff are seeing much more anger, frustration and depression from victims. Many are still reeling from losing jobs or have high anxiety from the constant threat of losing their jobs. Others report that family members and friends are increasingly losing patience with the victim’s inability to move on. Marital discord and physical health problems appear to be on the rise. Safe Horizon maintains contact with these victims, refers them to long-term counseling and encourages them to attend bereavement and other support groups through the agency’s Families of Homicide Victims Program.

Safe Horizon’s main offices are located at 2 Lafayette Street, New York, NY 10007. For more information, call Becky Michaels, Director of Communications, 212-577-7351, or visit www.safehorizon.org.
A VICTIM’S VOICE

FALLING THROUGH THE CRACKS: 9/11 VICTIMS HAD DIFFICULTY FINDING HELP

In the wake of the September 11 attacks, the American people provided an amazing outpouring of material and emotional support for the victims’ families. This abundance of charity augmented an already significant array of services available to those affected by crime and disasters. Shortly after my wife was murdered on American Airlines Flight 77, however, I had difficulty getting timely help, because the system is missing key links between providers and the intended beneficiaries.

In the first few days after the attacks, I met with two members of an American Airlines care team and several representatives of the American Red Cross. They asked if I needed anything, but I was in such shock I didn’t know what I needed. They provided me with toll-free phone numbers for American Airlines, the Red Cross, the Department of Justice, and the Pentagon family assistance center.

After 12 days, the shock wore off and the anguish and rage hit me with full force. This occurred at 10 p.m. Sunday, and I immediately set to work calling the phone numbers I was given. At the Red Cross, a recording informed me that I needed to call back when they opened at 9 a.m. Eastern Time. The American Airlines care team had already been disbanded two days earlier, and when I called the airline’s help line, I was told (erroneously) that they had no grief-counseling program for the families of passengers killed in aviation disasters.

When I called the Justice Department phone number, I was given two more toll-free numbers to call. One turned out to be a number for people who want to make donations to a 9/11 charity. The other was a number for the crime victims’ compensation program in Michigan, which of course could not help me or understand why I was given their number.

A man with a thick Russian accent staffed the county mental health hotline I called that night. I had difficulty communicating with him but eventually learned that, unless I was planning to commit suicide before 8 a.m., I would have to call back during regular business hours.

I eventually got help on the phone that night from a friend’s sister, who is a psychologist. For longer-term care, I found a psychologist in the Yellow Pages. Other 9/11 families have told me similar stories. They have had difficulty finding providers that can help them, since each organization has a different mission. When they call the same provider at various times, they sometimes get radically different answers to the same questions.

I’d like to suggest that charities and government agencies make a few reforms that could improve service to future victims and their families:

1. Recruit people who lost family members in previous disasters to assist in the care of families. These people are best able to empathize with the victims’ families, and the families will be most likely to open up to them. These volunteers should go through psychological screening and training before they are assigned to a disaster. They should act as advocates for the families, helping them obtain the care they need.

2. At first contact, give each family a card with a list of all phone numbers they may need. Double- and triple-check the accuracy of the numbers before distributing the cards.

3. Establish a bank of on-call psychologists and provide a 24-hours-a-day, 7-days-a-week toll-free number for families to call for emergency counseling. The toll-free line should be staffed by people fluent in the major languages of those affected by the disaster, including English. The emergency psychologist should have access to a database of psychologists to whom families can be referred for long-term care.

4. Provide each family with a case manager as soon as possible after the disaster. The case manager should be prepared to help families gain access to all sources of aid.

5. Develop a universal claim form that all charities and government agencies will agree to honor. By establishing these links between providers and beneficiaries, relief agencies can multiply the effects of the generous aid that Americans always provide in times of crisis.

Stephen Push is cofounder and treasurer of Families of September 11, a nonprofit organization representing 800 injured victims and relatives of those killed in the attacks.
The Capital Area Crisis Response Team (CACRT) jumped into action immediately after terrorists crashed American Airlines Flight #77 into the Pentagon just across the Potomac River from the White House and U.S. Capitol. CACRT’s first task was to identify where their resources were already committed in response to the crisis, and to determine where the Team’s services were most needed.

Team members—a multidisciplinary group of volunteer educators, victim services specialists, mental health professionals, law enforcement officials, allied professionals, and others from across the Washington, D.C., metropolitan area—were put on alert via e-mail and phone communications, and were ready to go wherever and whenever needed. Team members who came from law enforcement had already been deployed to secure many of the federal buildings in Washington, D.C. To fill in for those and other members who were responding throughout the city, the Georgia State Crisis Response Team sent nine of its members to join the Capital Area’s efforts.

Recognizing that emergency services were still on the ground at the Pentagon dealing with the injured and dead, and would be for some time, CACRT decided to direct its efforts toward addressing the next level of needs: (1) individuals connected personally with those injured or dead, and (2) first responders, primarily hospital personnel who were treating victims of the attack.

“This approach allowed us to help many people who were at particular risk for emotional or psychological trauma as a result of this horrendous tragedy,” said CACRT’s president Diane Alexander, who is also library and field services director for the National Center for Victims of Crime. “Like everyone in the country, we were all still reeling from the shock of the attacks, but we knew we needed to reach out to our community in crisis.”

The need and demand for the team’s services quickly became apparent. Within 24 hours, CACRT helped the Bethesda Naval Hospital design and set up a 24-hour crisis hotline. CACRT members also staffed the hotline phones taking calls from Navy personnel who needed emotional support to cope with the attacks.

The team also provided crisis intervention to several local businesses that had lost employees on the destroyed plane. These co-workers were in a state of shock and disbelief that one of their own had been killed. And, within the first seven days following the attack, team members joined another local services program to conduct a group crisis intervention for personnel at one of the northern Virginia hospitals that had received many of the injured. Immediately after the attack, doctors, nurses and other staff began treating more casualties than they had ever seen in their own backyard at one time. “By the very nature of their jobs, medical personnel didn’t have the opportunity to fully understand what had happened to our country that day until after the medical crises subsided,” said Alexander. “Our crisis intervention helped them through that necessary process.”

CACRT also recognized that their own team members were at risk for vicarious trauma and gave each member ample opportunity to process their reactions to the attacks and to the people they were assisting.

One of the unexpected challenges that CACRT faced was the number of people who called or just showed up at sites volunteering to help. “I received hundreds of calls from people who wanted to support our efforts in some way,” said Alexander, “but we had no way to put all those people to work because they lacked crisis intervention experience.” Before providing direct services to victims, CACRT members must go through an intensive 40-hour training program based on a model designed by the National Organization for Victim Assistance (NOVA). The program addresses the crisis reaction, crisis intervention, responses to death, spirituality issues, and the group crisis intervention model. What CACRT did do, however, was refer these individuals to other organizations that very much wanted, and could use, additional volunteers.

Throughout the team’s response efforts, finding out who was doing what, checking out rumors, trying to reduce duplication of services, and calling attention to the lack of services proved a particularly daunting task. “There were so many different channels of information, there was no simple path for the victims,” said Alexander. Noting the critical need to streamline the process to make information more easily accessible to victims, Alexander said that all of the groups involved in the September 11 response now are meeting regularly in a variety of different venues throughout Washington, D.C., to work toward a more coordinated response for possible future events. “Hopefully, our services will never again be needed on the scope of September 11, but, if they are, the entire crisis response community will be even stronger and better equipped to meet the challenge.”
CACRT has also tripled the number of trainings it will sponsor during 2002 to increase their pool of team members who possess the skills to provide crisis response.

Supporting Flight Attendants

The Association of Flight Attendants, which represents 50,000 flight attendants at 26 airlines, was seeking help in calming the fears of attendants who regularly fly into northeast airports.

Within three weeks of the September 11 terrorist attack, the Capital Area Crisis Response Team organized three group crisis interventions for more than 75 flight attendants who flew for multiple airlines, some directly affected by the attacks, others not. The groups, which included flight attendants whose length of service ranged from one to thirty years, also included representatives from the airline unions and employee assistance programs.

At the time of the interventions, airlines were flying again, although most were not yet up to full schedules and many flights were half empty. Many flight attendants who participated had returned to work on both domestic and international flights, others were on extended leaves of absences to give themselves time to recover.

Each crisis team included a facilitator, a scribe, and four additional members. The facilitator opened the program by explaining to the group, seated in a circle, the purpose of the session was to discuss, in a supportive environment, their responses to September 11. The facilitator also laid down two ground rules that all participation was voluntary and that anything discussed was confidential.

She then led a group discussion centered on three main questions:

1. Where were you at the time of the September 11 attacks?

2. How did you respond when you heard the news?

3. How did you move forward?

The scribe’s role was to write on flipchart paper the participants’ exact words, to which the facilitator referred throughout the session. The four additional members on each crisis intervention team did not actively participate in the discussions, but were available to provide individual assistance should anyone need it.

Even though the flight attendants flew for different carriers, a deep sense of connection and shared loss pervaded each of the three sessions. “This was a sisterhood, a brotherhood,” said Lynn Ianarelli, director of the National Center’s Twin Victim Project, who was part of one of the six-member crisis intervention teams. “The cohesion of this group and the validation they gave each other was very affirming. With every nod of agreement, they recognized they were not alone in this experience.”

Members of the three teams reported a commonality of responses among the flight attendants. As with most crimes, the September 11 attacks sparked multiple problems for its victims. The flight attendants’ fears of having terrorists as passengers were compounded by worries they would be fattigued soon because of financial losses by the airlines. Family pressures added to the stress of potentially losing a job they loved and now feared. Marital problems appeared to be on the rise, and most participants reported less from family members to find a new and safer livelihood.

Most expressed a deep sense of vulnerability, recognizing that any one of them could have been on any one of the terrorists’ flights. Now when they had on flights, they could be hiding on their lives.

They shared how their own behaviors had changed in startling ways since September 11. Many attendants reported hypervigilance and extreme over-reactions to passengers who appeared suspicious in the post-September 11 days. One went at the recollection of how she and her fellow flight attendants had been frightened by a passenger whose appearance they didn’t quite trust, even though he turned out to be harmless.

Participants at the session also conveyed anger at an industry that they accused of making pilot safety its priority. Flight attendants and passengers are put at risk, they said, by policies that call for cockpit doors to be locked. Some felt abandoned by the airlines.

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The Oklahoma City Experience: A Victim’s Voice

Marsha Kight’s 23-year-old daughter, Frankie Merrell, was one of the 168 people who died in the 1995 bombing of the Alfred P. Murrah Building in Oklahoma City. Surrounded by grief, depression, and a judicial ruling barring the testimony of survivors at the offenders’ trials, Mrs. Kight founded Families and Survivors United to advocate for victims’ rights, and later compiled the personal accounts of 81 surviving families into *Forever Changed* (Amherst, NY: Prometheus Books, 1998). Kight currently works as a public policy assistant for the National Organization for Victim Assistance in Washington, DC. One of her responsibilities involves meeting with and being a companion to survivors of homicide to validate their feelings of anguish and offer guidance. “I have walked in their shoes,” Kight says. “The message from people who have not experienced tragedy is too often, ‘Get on with your life.’” NETWORKS spoke with Marsha Kight about the lessons of the Oklahoma City bombing for September 11 victims.

Victims need ways to empower themselves.

“The sight of people walking around holding pictures following the Trade Center attack brought it all back,” said Marsha Kight. “Hoping against hope that your loved ones are just missing...You feel a horrible, overwhelming sense of powerlessness, as if your life is completely out of control.” Founding Families and Survivors United several months after the disaster was a way of expressing what she terms “active grief”—a process helpful to overcoming the loss of control that sweeps over victims. One of the group’s activities involved inviting organizations that had donated money on the victims’ behalf to explain their guidelines. Not only did this mobilize survivors, it had the practical effect of dealing with the perception they were being overwhelmed by the financial process. “The accusations that arose in New York, a lot of (Oklahomans) felt the charities were exploiting the deaths of their loved ones to raise money for their own purposes.” Ultimately in Oklahoma, a special committee made up of a variety of agency and victim representatives was formed to coordinate donations. “The victims’ group also made their own thank-you videos to firefigthers and rescue workers after an official event failed to include victim representatives. “We fought to get victims on committees...it felt like the bureaucracies had taken over, had taken things away from victims. ‘Victims need a sense of ownership.'”

High-profile cases delay the grieving process.

Shock, denial and disbelief first delay the process of grief, but the loss is compounded when the media and public seize upon the victims’ loss as public property. “The sight of people walking around in Oklahoma City, strangers were comforting each other’s homes to do the paperwork.” For the first three months, Kight said, calling the media’s continual replay of violent images of the events “abusive.” Emotional public reactions magnified by media coverage often minimize the suffering of the actual victims. “In Oklahoma City survivors were constantly coming up and pulling their arms around you. It felt so invasive. I wanted them to go away.”

Grieving families need space.

“Do many caretakers descend on victims too fast. Families need to know who will be there to meet their needs over the long haul, even though it might be necessary to hire temporary staff to process immediate needs. “For the first three months, I wasn’t ready to do anything. Knowing who will be there for you later helps you feel cared about.” It would also be helpful if rescue people came in smaller groups instead of in ‘swarms.'”

Separate counselling groups for people with similar losses.

People feel a hierarchy of grief. Kight observed. Victims can relate better to those who have suffered a similar loss and shouldn’t have to sit in sessions where they hear others say or imply things that aren’t true.”

Equal treatment for all crime victims.

The disproportionate distribution of resources for crime victims, victims of domestic terrorism and victims of foreign terrorism makes no sense and creates a “lot of sideways anger among victims.” “As a parent whose child was murdered yesterday, less deserving than a parent whose child was lost in a national tragedy,” Kight commented. “How can you put a priori on people’s lives? It incenses me to think in terms of more or less deserving victims.”

The toll of victimization.

Substance abuse, depression, physical ailments, and myriad other fall-outs of victimization often beset survivors. In Kight’s case, she lapsed into uncontrolled spending. “I turned to shopping to fill the void. I tried to make myself feel better by buying things.” Financial ruin, she said, is an often-ignored product of grief and loss.

Having lived through a mother’s worst nightmare, Marsha Kight now can view the Oklahoma City bombing as a gift to the world. “I walked in their shoes. ‘Get on with your life.'”

“I have walked in their shoes. The message from people who have not experienced tragedy is too often, ‘Get on with your life.'”

**Marsha Kight**

“Getting on with your life.”

Networks spoke with Marsha Kight about the lessons of the Oklahoma City bombing for September 11 victims.
here is little doubt about it. The collective trauma of September 11 ushered in a new spirit of collective caring in America. We’ve seen it not merely in unprecedented levels of charitable giving, blood donation, and volunteering, but in the extraordinary public concern about the psychological impact of the terrorist attacks. Advice on how to cope emotionally has poured out from TV and radio stations and filled newspaper columns and web pages. Everyone is talking about the issue that is so familiar to victim service providers. And with good reason.

Consider some of the research findings. Following the Oklahoma City bombing, almost half the survivors reported anxiety, depression, or alcohol problems; more than one-third reported posttraumatic stress disorder (PTSD), and two years after the bombing, 16 percent of children and adolescents living within 100 miles of Oklahoma City reported significant PTSD symptoms. Following the Lockerbie disaster in Scotland (Pan Am Flight #103), three-quarters of victims seeking damages for psychological harm reported symptoms of PTSD, and more than 50 percent still had symptoms three years after the crash. After the poisonous gas attack in a Japan subway, victims reported anxiety, fear, nightmares, sleep disturbance, depression, and fear of subways. That’s the bad news. The good news is that those suffering from PTSD and other trauma-related symptoms can get help.

The concept of therapy, looked at broadly, can embrace many types of intervention. It may include, for example, educating victims about the effects of trauma and the principles of holistic health, giving information about victim rights and services, and enhancing social and family networks. For a lot of people, however, therapy primarily means treatment. Victim service providers usually offer trauma-specific supportive counseling, but do not often provide clinical therapy. Yet, in order to help victims make informed choices, victim advocates need a basic understanding of the current therapeutic options. Not all victims will have access to all types of therapy, but many will undoubtedly have more and better choices today than in the past.

PTSD and other trauma-related symptoms

Exposure to trauma has many effects. Anxiety, depression, irritability, anger, guilt, emotional numbness, nightmares, insomnia, headaches, stomachaches, dizziness, chest pain, and excess use of alcohol or drugs, for example, are all common responses. Sometimes, such symptoms signal psychiatric disorders that are distinct from, but commonly occur with, PTSD. Clinical treatment can help alleviate symptoms of PTSD and other disorders.

PTSD itself is characterized by three specific sets of responses that persist for at least a month. The characteristic “symptom clusters” are repeated re-experiencing of the traumatic event (intrusive memories, flashbacks, and nightmares); avoidance of reminders of the trauma (for example, through social withdrawal, loss of interest in everyday activities, emotional numbing or detachment); and, exaggerated arousal responses—being easily startled, continuously “on guard,” unable to concentrate or sleep.

Treatment Approaches

The “therapy landscape” is large and complex. Some interventions have been widely used over many years. Others are newer treatments whose effectiveness has been convincingly demonstrated by research. A few are controversial techniques whose popularity rests more on anecdotal evidence and the enthusiasm of practitioners than on scientific evidence. The brief summaries below do no more than highlight distinctive features of the better-known treatment options now available.

Pharmacological Interventions

A variety of medications are used to help patients with symptoms of posttraumatic stress. Anti-depressants (both the older generation of tricyclic antidepressants and monoamine oxidase inhibitors and the newer drugs like Zoloft and Paxil) are prescribed for depression, anxiety, insomnia, and PTSD. They can be used in two ways. First, they may directly alleviate symptoms such as exaggerated startle responses and intrusive memories. Second, they can work as an adjunct to other therapies, providing enough relief to allow the patient to participate in other types of therapy.

Anti-anxiety medications, known as benzodiazepines, may also be prescribed to alleviate symptoms like insomnia or panic attacks. Research suggests that short courses of these drugs—five days, for example—can help recent trauma survivors. Prolonged use is not recommended since it may interfere with natural recovery processes.

Psychotherapy

Different kinds of psychotherapy are commonly used to treat psychological and emotional problems. Focus and style may differ significantly, but they are all forms of “talking therapy.” Psychotherapy can be used on its own or in combination with prescribed medication.
Talking therapy for the treatment of trauma has a long history. Military doctors began using it during World War I to help soldiers traumatized by their experiences on the frontline of battle. It continues to be popular, notwithstanding the advent of newer interventions that appear to produce quicker and notably effective results. No doubt, one explanation for the continuing popularity of psychotherapy is the fact that “good therapists establish rapport easily, facilitate discussion of painful material gently, and help their clients or patients to make informed choices about critical decisions, such as the use of medication.”

Traditional models seek to help individuals gain insights into the underlying causes of their distress, thereby gradually changing their outlook and behavior. Brief “psychodynamic” psychotherapy, on the other hand, focuses more directly on the trauma and factors that trigger traumatic memories and aggrivate symptoms. Although there is very limited research on its effectiveness, this form of psychotherapy has become a recognized method for treating trauma.

Group psychotherapy has also become well entrenched. Here, individual insights are gained and recovery promoted through the sharing of “traumatic material” with others who have been through similar experiences. Group therapy is seen as an effective way to enhance perceptions of the normality of individual responses and reduce feelings of isolation. Group participants, by listening to the “trauma narratives” of others, quickly become aware that their own reactions are not abnormal, that they are not “alone.” Research has demonstrated the efficacy of various kinds of group therapy in relation to psychological distress, depression, anxiety, and social adjustment, although not necessarily PTSD.

Cognitive Behavioral Therapies (CBT)

Traditional psychotherapy is based on the idea that personal insight can alter feelings, thoughts and behaviors. Cognitive behavior therapy (CBT) seeks to secure beneficial change in individuals by focusing directly on the way they think about and respond to traumatic memories. It aims to alleviate distress by teaching skills that help cope with symptoms such as anxiety, fear, and negative thoughts.

As implied in the name, CBT is both “behavioral” and “cognitive.” Behavioral therapies aim to break or weaken the connection between traumatic memories and reactions such as fear, depression, and anxiety. The emphasis is on gaining control of emotional responses so that victims can approach their problems in a calm, rational manner. Cognitive therapies focus on the ways in which thought patterns affect feelings and behavior. They teach how changes in thinking can affect the way people feel and act, even when their situation hasn’t changed. Used in combination, these techniques help victims learn to control their dysfunctional, negative responses and feel better.

CBT has been the subject of extensive research and its efficacy is widely acknowledged. PTSD experts claim that the “magnitude and permanence” of the treatment effects of CBT are greater than for any other treatments. Short courses of CBT treatment (four or five sessions) conducted within a few weeks of a traumatic event have been shown to prevent the onset of PTSD in victims of sexual assault, assault, and motor vehicle accidents. As with other types of psychotherapy, CBT techniques can be used in groups as well as individually. The principal techniques (typically used in some combination) are cognitive restructuring, stress inoculation training, and exposure therapy.

- **Cognitive therapy or restructuring.** This technique focuses on helping victims identify and change negative or irrational feelings such as anger, guilt, or distrust. It aims to reduce mental distress by replacing unhelpful, negative thoughts and beliefs with rational, constructive responses.

- **Stress Inoculation Training (SIT).** This technique teaches anxiety and stress management through “self-talk,” breathing, and muscular relaxation exercises. It seeks to “inoculate” individuals against ongoing (or future) stressors in three phases. The first phase establishes the therapeutic relationship, educates the victim about the nature and impact of stress, and examines presenting symptoms, such as anxiety.
anger, and physical pain. The second phase focuses on teaching and practicing coping skills—relaxation training, self-instructional training, cognitive restructuring, and problem solving. The final phase provides opportunities to practice the newly learned coping skills by applying techniques such as imagery, behavior rehearsal, and role-playing. STS has been used with individuals, couples, and groups, typically in eight to fifteen sessions, plus follow-up sessions for up to a year.

■ Exposure Therapy. In many CBT treatments, exposure therapy is regarded as the critical element for reducing disabling symptoms (such as crying anxiety or fear) that are triggered by traumatic memories. It operates by using "careful, repeated, detailed re-imagining of the trauma (exposure) in a safe, controlled context, to help the victim face and control of the fear and distress that was overwhelming in the trauma. 5) Trauma survivors learn to control their fears, anxiety, and other dysfunctional responses by repeatedly confronting their traumatic memories in the safe environment of the therapeutic setting. Numerous research studies have demonstrated the effectiveness of exposure therapy.

The term "exposure therapy" does not denote a single method or procedure but a series of techniques with intriguing names: in vivo or imaginal systematic desensitization, flooding, implosive therapy, graduated extinction, covert extinction, participant modeling, and image habituation. If reminders of the trauma are addressed gradually, the technique is known as "desensitization." If they are confronted all together, it is called "flooding." Systematic desensitization combines behavioral relaxation strategies with procedures that cause victims to relive the traumatic event. In "in vivo" desensitization, emotions associated with the trauma are revived through exposure to real-life triggers (e.g., revisiting the scene of the trauma) while cued relaxation responses are simultaneously performed. In "imaginal" desensitization, images and cognitive representations of the trauma are combined with the relaxation techniques. Flooding can also entail in vivo or imaginal traumatic cues. Implosive therapy is an imaginal technique used to access traumatic memories when in vivo exposure is not possible. It is distinguished from flooding by its use of cognitive variables such as hopelessness or loss of control. All these exposure techniques are variations on a theme: They seek, in different ways, to teach victims how to confront reminders of the trauma instead of avoiding them, thereby learning to control their responses. Exposure therapies have been described as "empirically documented, effective treatments for PTSD."

■ Eye Movement Desensitization and Reprocessing (EMDR). EMDR is a therapy pioneered by Francine Shapiro after she accidentally discovered that her own distressing memories and thoughts faded when she moved her eyes rapidly from side to side. EMDR combines rapid back and forth eye movements (or "attention-switching" tags or sounds) with other psychotherapeutic approaches that incorporate elements of cognitive behavioral therapy, including exposure therapy. As the patient's eyes move back and forth across the visual field, he or she is asked to focus on distressing aspects of the trauma. The basic procedure gets repeated until distress and negative beliefs diminish. 11 Various, not necessarily consistent, explanations have been suggested to explain how EMDR works to stimulate or facilitate psychological recovery. Skeptics still regard it as a pseudoscientific technique. They are inclined to attribute any alleged therapeutic effects either to chance or to other components—such as the cognitive-behavioral elements—not the rapid eye movements. Other observers remain cautiously optimistic, nonetheless. Research that suggests EMDR is less effective than CBT, especially in the longer term. Despite controversy, EMDR has gained popularity and is used to help with grief, anxiety, depression, as well as PTSD. Practitioners claim it is effective on its own and can enhance the effectiveness of other techniques, like hypnosis. 12

Decisions about Treatment

An individual’s choice of treatment will be influenced by a variety of factors, including the severity and character of presenting symptoms, age, psychological history, financial circumstances, accessibility of particular therapists, personal preferences, and cultural traditions. In some cases, the first treatment chosen may not work and another must be tried. In other cases, the nature of the problem demands that two approaches are used at the same time. For example, where symptoms of PTSD are accompanied by another significant problem, such as depression or substance abuse, a single therapeutic approach is unlikely to be effective. But, whichever approach or approaches are chosen, the goal is always the same: to alleviate mental and physical distress and enable those who have been traumatized regain control of their lives. When therapy is successful, there is a sense of mastery and control. But, most significantly, there is a shift from victim status to survivor status.

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A VICTIM’S VOICE

IT ALL COMES BACK:

BY KIMBERLY GOLDMAN HAHN

Could I tune into Leno tonight? Is it safe to watch The Practice or NYPD Blue? Is Howard Stern feeling feisty this morning? All very normal questions that run through my brain daily. Why? Quite frankly, because I am at the mercy of everyone who feels like making a joke, issuing a commentary, or simply recalling the event...all because someone famous killed my brother.

When my brother Ron was murdered in June of 1994, never in my wildest dreams did I think that his case and all of the proceedings would be as far reaching as they have continued to be over the last seven years. I always felt that his death and the trials should have remained more private and more intimate. I always felt that it was nobody’s business to know the intricacies of Ron’s life, my life, or my family. I always believed that Ron’s murderer would be put to death himself.

I now grapple with the reality that Ron’s death is still as public as it is. The ongoing notoriety of his repugnant assailant and the sustained outcry of support over the unjust verdict maintains its fervor. I am angry about it, comforted by it and confused by all of its components. How does one deal with the loss of a loved one on such a public stage? How do you cope with the emotional roller coaster? How does one prepare for being re-traumatized when it is completely out of your control?

With the September 11th attacks, I was struck with intense feelings of sadness, remorse, anger, and familiarity. With every name announced, every image of the planes crashing, every sight of the gaping hole in the Pentagon, the pain went deeper. The empathy that I felt for the victims’ families was overwhelming. The urgency to assist in some way made me anxious. At times, I felt pure hatred for the terrorists. The fact that there was nothing I could do to fix it, paralyzed me.

It’s difficult to put into words what it feels like “to be a victim again.” The lack of control over loss and grief is tremendously debilitating for some, and can be more difficult to handle than the loss itself. I have somewhat adjusted to it being a constant in my life, but it’s still difficult to deal with the angst of not knowing when pain will rear its ugly head or interrupt my thoughts, or wondering when the emotional breakdown of the day will happen.

I hear people telling me, “it gets better with time, Kim.” And my answer was and still is, “No, it just gets more permanent with time.” Too often, people say it’s not “normal” to still be grieving five, seven, ten years after a loved one is killed or passes away. But what is normal? And what is the definition of grieving anyway? And how do you predict or prevent a song or a scent or a specific phrase from sneaking its way into your memory and devastating your ordinarily happy moment? It makes me resentful on all levels and it makes me crazy.

I feel like I can never have any reprieve from it.

The Oklahoma City bombing, the 9/11 tragedies, and my family’s terrible loss are all high profile cases that generated an enormous amount of media involvement. You take a tragedy of mass proportion, sic all the pundits onto it and dissect it, spice it up with splashy headlines and fancy music, throw in a couple of jokes on Letterman, Leno and Saturday Night Live, and there you have the making for a book and a movie of the week...wait, we forgot to mention the victims. When the media is covering a national tragedy, or any kind of tragedy for that matter, priorities shift.

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I do not feel like I can ever have any reprieve from it.

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I choose to use my grief, anger, and my passion to make a difference. I can’t control when the tumultuous feelings will find their way to the surface, nor can I always protect myself from media attention. However, I can take it baby step by baby step. It’s a process that I make a healthy part of my continued grieving. It’s a prom-

A VICTIM AGAIN

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I know that I have not only survived, but that I am thriving.”
Hate Crimes and Civil Lawsuits

By Jim Ferguson

After September 11, the number of reported hate crimes against Muslims, Arabs, and other victims who were perceived to be members of these groups increased dramatically. In the four months after the attacks, federal law enforcement officers investigated more than 230 incidents of violent backlash against victims who had nothing to do with the terrorists. Criminal charges are being pursued in seven federal cases and about sixty state or local cases. One post-September 11 murder, that of a Sikh in Mesa, Arizona, has been officially labeled a hate crime, and as many as nine more are suspected to be hate crimes motivated by bias against Muslims or Arabs.

Hate crimes are violent criminal acts motivated by bias. Almost every state and the federal government have hate crime statutes. While criminal prosecutions are an obvious way to combat this serious problem, an additional, perhaps equally powerful recourse, is the civil justice system. Civil lawsuits can provide a different kind of accountability to victims. They can also result in monetary awards which can both help victims begin to rebuild their lives, and hold perpetrators in a place that really matters—their wallets. The Southern Poverty Law Center and other champions of justice have long used civil lawsuits as a weapon to stop perpetrators of hate crimes in their tracks. See accompanying case summary.) Indeed, the law provides ample tools for holding those who would commit hate crimes accountable in civil courts.

In every state, there are recognized categories of lawsuits (or causes of action) which can be used to sue the perpetrator of a hate crime. For example, a victim (or a victim’s survivors) might sue for assault and battery, trespass, intentional infliction of emotional distress, or even wrongful death. In the civil justice system, an assault is when a person acts physically to threaten another person, and the other person is thereby put in fear of immediate harm. A battery is when the threaten actually carries through and harms the person. According to the FBI, hate crimes involve a higher level of assaults against persons than crimes generally.

Many hate crimes also involve the defacement or destruction of property. A civil suit for trespass can be used to respond to such actions. Simply put, a trespass is entering onto the land of another without permission. Trespass may be a useful claim for hate crime victims in cases where the perpetrators have broken into their homes or otherwise intruded on their property. A victim might also have a claim for trespass to personal property. This happens when a perpetrator steals or damages a victim’s personal property.

Another type of civil lawsuit which is clearly applicable to many hate crimes is intentional or reckless infliction of emotional distress. “One who by extreme and outrageous conduct intentionally or recklessly causes severe emotional distress to another is subject to liability for such emotional distress, and if bodily harm to the other results from it, for such bodily harm.”

This statute is applicable to many hate crimes. It is not hard to see how the violent, bigoted conduct involved in hate crimes can cause severe emotional distress to many victims. It is used to be that when a victim of a violent crime died, the right to file a civil lawsuit on behalf of that person ended. Now, every state has some form of wrongful death statute which allows the victim’s survivors to sue on his or her behalf. A wrongful death suit can be considered even if a criminal prosecution produced an unsatisfactory outcome, including outright acquittal, or was not pursued at all.

Recently, some states have enacted statutes which create a special civil cause of action for hate crime victims. For example, Washington and South Dakota have enacted statutes prohibiting “malicious harassment.” These statutes provide for a civil action when the victim was harassed because of his or her race, religion, ancestry, or national origin. Under both statutes, a victim would have to prove that the perpetrator “maliciously, and with the specific intent to intimidate or harass.”

5. RESTATEMENT (SECOND) OF TORTS § 217 (1965).
7. id. (2000).

The Keenans received a large monetary award when the United States government seized their family compound at Kent, Washington, to make way for the new FBI headquarters.

In the aftermath of the September 11 tragedies, many of the American people’s finer qualities surfaced: compassion, charity, patriotism, and even tolerance. To a much smaller degree, the attacks highlighted traits about which none of us can feel proud: misunderstanding, suspicion, and even hatred of those who are different. In addition to criminal prosecutions, the civil justice system is one way to combat such hate.

Jim Ferguson is the director of the National Crime Victim Bar Association. He can be contacted at (202) 467-8753 or jferguson@ncvc.org.

The Southern Poverty Law Center specializes in using civil lawsuits to hold perpetrators of discrimination and hate crimes accountable. The Center has been particularly successful in winning substantial monetary damages which severely hamper a defendant’s ability to continue hurting others. For example, in July of 1999, Virginia Kreaman and her son, Jason, were driving near the twenty-acre Aryan Nations compound in Idaho. The notorious hate group used the compound as a base for carrying out many hate crimes. As the Kreamans drove past the compound, they were attacked, brutally assaulted, and shot by Aryan Nations thugs. Represented by the Southern Poverty Law Center, the Kreamans sued Aryan Nations and its leader, Richard Butler. In September 2000, a jury found for the Kreamans and awarded them $230,000 in compensatory damages and 50 million in punitive damages. Faced with this judgement, Butler tried to protect the property by filing for bankruptcy. The Kreamans defeated this tactic, successfully holding upon and purchasing the compound at a public bankruptcy sale.
news from the national center

September 11th Fund Guidelines Issued

- March 8, Special Master Kenneth Feinberg released the final regulations governing the September 11th Victim Compensation Fund of 2001. Interim regulations issued earlier in December came under fire by victims who believed the fund fell short of victims’ needs, and by members of the media and general public for being too generous in scope. The National Center for Victims of Crime issued the following statement on the final regulations:

“The final regulations governing the federal September 11th Victim Compensation Fund are an improvement over the interim regulations. With commendable responsiveness to victims’ concerns, the Fund has been changed to now cover more people, make fewer unfair collateral source deductions, and provide greater levels of compensation for most claimants.”

- One notable improvement which the Special Master sets forth in the preamble to the final rule is that claimants can now, without waiving their right to sue, receive from the Special Master a general indication of how collateral source deductions will be treated, thereby having a much better sense of what their final awards might be should they decide to pursue a claim. “The federal compensation fund is still lacking in several fundamental respects:

- The level of compensation remains inadequate given the nature of the loss and the fact that victims accessing the fund are foreclosed from filing lawsuits, and that for those who do sue, potential awards have been capped.

- Victims who have suffered solely emotional and psychological harm that resulted in physical manifestations probably are not eligible to make claims, even though posttraumatic stress disorder and similar conditions are serious medical problems which can harm victims as much as physical injuries;

- Most victims with latent symptoms will not be covered and similar conditions are serious medical problems which can harm victims as much as physical injuries; and

- The regulations failed to provide explicit protections for undocumented aliens who, although theoretically eligible to make a claim, may be reluctant to come forward.

- All victims who are eligible for the fund should seek out competent legal advice as they face the critical decision of whether to make a claim. Part of this decision-making process with an attorney should include receiving from the Special Master—prior to committing to the Fund—an indication of how collateral source deductions will be treated, in as much detail as possible.”

For a full listing of the new regulations, including loss calculation tables, see www.usdoj.gov/victimcompensation/index.html.

Critical Choices: Educational Forum on Victims Compensation Fund and Civil Lawsuits

The National Center is holding its first in a series of educational forums on the Federal compensation fund and civil litigation on April 7 in New York City. The forum will serve as a resource to victims of September 11 who face this very difficult choice. The National Center plans to hold a second forum in the Washington, DC area. For more information and the latest updates, please call 202-467-8753 or check our website, www.ncvc.org.

Fund Is Good Model
By Susan Herman

The September 11th Victim Compensation Fund was created to help victims of the terrorist attacks who were losing their jobs or could no longer work due to their injuries. The Fund was a national response to one of the worst terrorist attacks in history. The September 11th Fund moves in the right direction by adopting several key principles: In addition to covering immediate out-of-pocket expenses, the Fund will compensate for pain and suffering; for future lost earnings and for non-economic losses. Also, the Sept. 11 aid will have a unique opportunity to express their needs in a public forum.

The regulations failed to provide explicit protections for undocumented aliens who, although theoretically eligible to make a claim, may be reluctant to come forward. The National Center for Victims of Crime fully acknowledged a societal obligation to victims challenges us to think about how we as a society address victims’ needs. This National Center establishes a new website for September 11 victims and those who came to their aid. Check out the wide range of resources at www.ncvc.org.

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Building Capacity in the Field

The National Center issued a series of e-mail bulletins to victim service providers on a wide range of issues including trauma recovery for adults, children and communities, selecting a mental health professional, hate crimes, compensation legislation, compassion fatigue, posttraumatic stress disorder, and coping with the holidays. If you missed these e-mails, you can still get copies on our September 11th web pages at www.ncvc.org.

September 11 Response Cards Widely Distributed Across the Country

The National Center distributed more than half a million copies of its new September 11 Response Card, developed to reach out to victims of the terrorist attacks and others trying to cope with these horrific events. The American Red Cross distributed more than 250,000 of these cards throughout New York City.

After September 11: Rebuilding Lives

The National Center for Victims of Crime fully mobilized its resources to help the victims of the September 11 terrorist attacks, and those who served them.

- 1-800-FYI-CALL. Immediately after the attacks, the National Center’s toll-free Helpline, 1-800-FYI-CALL, began taking calls from individuals directly affected by the terrorist attacks. Callers received supportive counseling and information from trained victim advocates, and referrals to victim service organizations in their local communities. Nearly 600 September 11 victims have received assistance through the National Center’s Helpline.

- September 11 Website. The National Center established a new website for September 11 victims and those who came to their aid. Check out the wide range of resources at www.ncvc.org.

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City and to its call center in Northern Virginia. The card discusses some of the common emotional and physical reactions to trauma and provides suggestions for coping with the aftermath of such a tragedy. This card is available online at www.ncvc.org.

Training the professionals who work with victims of terrorism. More than 3,000 trial attorneys have offered to provide pro bono legal counsel to victims of the terrorist attacks. Many of these lawyers have never before worked directly with victims of crime, and no one has dealt with a tragedy of the magnitude of the September 11 terrorist attacks. The National Center will train these attorneys to help them understand the special needs of crime victims, the impact of posttraumatic stress disorder (PTSD), the potential for attorneys to experience vicarious trauma, and benefits that are regularly available to crime victims. Check out www.ncvc.org for the latest details.

NATIONAL CRIME VICTIMS’ RIGHTS WEEK PREPARATIONS IN FULL SWING

Get ready for the 22nd annual observance of National Crime Victims’ Rights Week, April 21-27, 2002. The National Center has entered into an exciting new partnership with the Department of Justice’s Office for Victims of Crime to develop a striking new commemorative poster and the 2002 National Crime Victims’ Rights Week Resource Guide. National Center members were mailed these materials in January. This year’s theme, “Bringing Honor to Victims,” reflects the country’s renewed spirit of patriotism, and gives voice to advocates opportunities to articulate what honoring victims of crime really means: justice, voice, respect, participation, choices, resources, advocacy, support, information, safety, counseling, restitution. An electronic version of the Resource Guide is available in PDF and HTML formats on the National Center’s members-only website at www.ncvc.org. Additional copies of the 24” x 30” multicolor poster can be ordered on-line for $5.50 each. Or, call us at (202) 467-8700.

DON’T MISS THE NATIONAL CENTER’S 2002 TRAINING INSTITUTE

The National Center kicked off its 2002 Training Institute in Atlanta, Georgia, March 12-13. This year’s Training Institute features a significantly expanded—content-rich—curriculum at even more training sites across the country. A Training Institute registration brochure has been mailed to all National Center members who can choose to attend either the Institute’s spring or fall series according to proximity and relevance to their work. To register online or for more information, please go to www.ncvc.org or e-mail training_institute@ncvc.org. National Center members receive a $25 discount for this 1-1/2 day top-quality training.

DIRECTOR OF STALKING RESOURCE CENTER

The National Center for Victims of Crime is seeking a seasoned professional to become a valued member of its team. Help communities throughout the country develop coordinated and more effective responses to stalking. Must have experience in stalking or domestic violence and knowledge of criminal justice system. Superb communications skills, bachelor degree, and minimum five years experience required. Relevant Graduate degree preferred. Send resume with salary history to Director of Personnel, National Center for Victims of Crime, 2000 M Street, NW, Suite 480, Washington, DC 20036; or fax to (202) 467-8701.

Abuse by Siblings and Subsequent Experiences of Violence Within the Dating Relationship

BY CATHERINE J. SIMONELLI, THOMAS MULLIS, ANN N. ELLIOTT, AND THOMAS W. PIERCE

This study looked at the association between emotional, physical, and sexual abuse by siblings (often overlooked as perpetrators of childhood abuse) and subsequent emotional, physical, and sexual violence in the dating relationship. It also compared this association to the link between parental abuse and dating violence. For males, sibling abuse (by brothers or sisters, younger or older) is correlated with expressed and received emotional and physical violence in the dating relationship. For females, the correlation is age and gender-specific: abuse by older brothers is highly correlated with expressed and received physical dating violence, and abuse by older sisters is highly correlated with received sexual dating violence. Overall, for women, parental abuse is much more highly correlated with subsequent dating violence than sibling abuse, while sibling abuse is a better predictor of future dating violence for men. The study also found that the receipt of one type of aggression (emotional, physical, or sexual) in childhood (by either parents or siblings) is not directly related to the expression or receipt of that same type of aggression in future dating relationships. It is also interesting to note that being sexual-ly abused by siblings did not prove to be associated with any type of expressed or received dating violence, for men or women.

The Toll of Stalking: The Relationship Between Features of Stalking and Psychopathology of Victims

BY ERIC BLAUV, FRANS W. WINKEL, ELLA ARENSMAN, LAURENCE SHELDON, AND ADRIENNE FREEVE
JOURNAL OF INTERPERSONAL VIOLENCE, VOL. 17 NO. 1, JANUARY 2002.

Even though it is often stated that stalking causes harm to victims, information about the specific toll of stalking on victims is scarce. A recently published study of Dutch stalking victims examined the degree to which stalking is associated with an increased prevalence of psychopathology among victims. It showed that the stalking victims’ scores for somatic symptoms, anxiety and insomnia, social dysfunctions, and severe depressions were much closer to those of institutionalized psychotic patients than those of the general Dutch population. Furthermore, a diagnosable psychiatric disorder was present in 78 percent of the stalking victims, and 31 percent of the victims had recurring thoughts about suicide. The investigation of the relationship between stalking features (telephone calls, sending letters, surveillance of victim’s home, following, unlawful entry in home, destruction of property, direct unwanted approach, physical assault, threats to harm or kill victim, duration) and psychopathology revealed that the presence of following or theft/destruction of property is associated with higher symptom levels. Also, when six or more behaviors were present or when the frequency of stalking was high and had not decreased, the levels of psychopathology were higher. The type of stalking-victim relationship or the occurrence of physical assault were not found to be associated with higher symptom levels.
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Addressing Youth Victimization. Osolinsky, J. OJJDP. NCJ 186667. [http://www.ncjrs.org/pdf/files1/ncj186667.pdf]. This bulletin reports on the psychiatric, psychological, and criminalistic research linking animal abuse to juvenile- and adult-perpetrated violence.


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