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**NO MORE RIGHTS WITHOUT REMEDIES:  
AN IMPACT EVALUATION OF  
THE NATIONAL CRIME VICTIM LAW INSTITUTE'S  
VICTIMS' RIGHTS CLINICS**

**Executive Summary**

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## Abstract

The National Crime Victim Law Institute (NCVLI) victims' rights clinics are an effort to clarify and enforce victims' rights legislation. Although all states have laws protecting victims' rights and many have constitutional amendments establishing rights for victims, many victims still do not receive the rights they are entitled to under law. The NCVLI clinics were intended to promote awareness, education, and enforcement of crime victims' rights in the criminal justice system.

Assessing the impact of the NCVLI clinics is a difficult task in part because the clinics have two distinct foci: To alter the "legal landscape" with respect to victims' rights and to promote the rights of victims in individual cases. To try to capture the scope of clinic activities, the impact evaluation employed multiple methods. First, the research team examined notations of rights in prosecutor case files in which victims were represented by clinic attorneys with similar cases in which victims did not have representation. Second, victims in the two samples of cases were surveyed to elicit their perspectives on whether their rights were observed and on their satisfaction with the justice process. Surveys were also conducted with prosecutors, judges, victim advocates, and defense attorneys to ascertain their opinions about victims' rights and about the NCVLI clinics. Legislation, court rules, and appellate decision pertaining to victims' rights before and after the start of the clinics were examined. The treatment of victims' rights in the print media pre- and post-clinic was examined. Finally, victim clinic directors were interviewed to obtain and synthesize their thoughts on sustainability of the clinics.

Key findings from the evaluation include the following:

- Survey results indicated a shift toward more favorable attitudes toward victims' rights and greater enforcement of victims' rights by the courts and compliance with victims' rights by criminal justice officials. The changes were small with respect to attitudes toward victims' rights, but larger with respect to perceptions of compliance with victim rights.
- Based on our analysis of prosecutor case files, there were differences in compliance on some measures in some jurisdictions between cases in which victims were represented by an attorney and those in which they were not. In the aggregate, however, the analysis of prosecutor files did not suggest an increase in compliance as a result of having a victim attorney.
- Based on surveys of victims from the prosecutor case file sample, victims represented by clinic attorneys more often reported that they were notified of defendants' release from jail, that they had made a victim impact statement, that they were notified of the case disposition, and that they were referred to counseling services. Victims represented by clinic attorneys also were less satisfied with the way they were treated by court officials, less satisfied with the court process, and less satisfied with the outcome of their case.
- There was some, but inconsistent evidence that clinics made a difference in the expansion of victims' rights both in terms of legislation related to victims' rights and in terms of appellate decisions
- The study did not find a consistent increase in the number of articles in the print media about victims' rights, nor did we observe a change in the proportion of articles sympathetic to victims' rights.

The results of the impact evaluation indicate that victims' rights clinics can make a difference in promoting the rights of victims in individual cases; they may help more generally to promote a more sympathetic view of victims' rights among court officials; and they have had some influence in

expanding the rights of victims in the states where they reside through their involvement in influential appellate decisions and legislative efforts.

## Introduction

Once considered only witnesses to the state's case, victims have increasingly been recognized in statute as having rights in the criminal disposition process. But the rights that exist in statute seldom have effective remedies and therefore often have not been honored in practice. Kilpatrick and Otto (1987), writing about victims' rights, noted that:

*Legislators should be careful... to insure that any rights conferred are real, that is, the victim has an avenue of redress should those rights be denied. Providing rights without remedies would result in the worst of consequences, such as feelings of helplessness, lack of control, and further victimization (pp.26-27).*

The National Crime Victim Law Institute with funding from the Office for Victims of Crime established a demonstration project that provides attorneys to advocate for the rights of individual victims and establish a body of case law that expands the rights for victims. The demonstration project clinics aim to make the rights that victims have in statute a reality in the courtroom.

### A Brief History of Victims' Rights

The legal rights of crime victims have been significantly expanded within the past 30 years. Within this period of time, multiple pieces of legislation at the federal and state level have begun to provide victims with rights including the right to be informed, heard, and protected throughout the criminal justice process. Although the landscape of victims' rights has advanced considerably at the legislative level, the criminal justice system has been slow to adapt the adjudicative process to incorporate the rights and opinion of crime victims.

Despite substantial progress made within the federal and state legislatures towards providing crime victims with rights, significant issues remain. As a whole, recently enacted legislation has considered a wide range of victims' rights, most individual states do not address the full gamut of victims' rights issues. In addition, most states limit the types of crimes and victims who are eligible to receive rights. Although all states have afforded some victims at least some rights, states do not have mechanisms in place for victims to enforce those rights or seek redress when their rights are violated.

Recognizing the need for legal advocacy to further the protection of victims and the progression of victims' rights, in 2000 the National Crime Victim Law Institute (NCVLI) was established to be a national resource for crime victims and their attorneys. NCVLI's overall mission is to "promote balance and fairness in the justice system through crime victim centered legal advocacy, education, and resource sharing". NCVLI carries out its mission through a number of activities, including hosting conferences and training programs to educate criminal justice officials; conducting and promoting legislation; litigating to enforce victims' rights; and providing technical assistance to victims' attorneys.

In 2002, NCVLI furthered its mission when it received support from DOJ's Office for Victims of Crime to create the State and Federal Clinic and System Demonstration Project, which lasted until 2009. As part

of this project, funds were appropriated to establish pro bono victims' rights clinics in several states across the country. By 2005, eight state clinics had been established in Arizona, Maryland, New Mexico, South Carolina, Idaho, New Jersey, and Utah. During the demonstration project, Arizona was selected to additionally handle federal work. The purpose of these clinics was to demonstrate the viability of operating pro bono legal clinics that could successfully protect and enforce local victims' rights. To identify particularly successful models, the clinics were all tasked with implementing NCLVI's mission and goals, but they were allowed leeway in how they chose to operate their clinics and carry out their work.

Overall, NCLVI envisioned that the clinics' work would increase criminal justice officials' acceptance of victims' rights and subsequently, officials' observance of victims' rights within the courts. These goals would be carried out by the state clinics in several ways. First, the clinics' attorneys would work towards ensuring rights for the individual victims they served. It was the hope that attorney representation of clinic clients would also have a more widespread impact on criminal justice officials and the courts. Successful representation of clients in these cases would establish precedent for recognizing victims' rights in future cases. Additionally, the presence of the victims' attorneys in these cases would increase local court officials' acceptance of victims' rights, which would extend beyond to cases in which the victim was not represented by a clinic attorney. Second, NCLVI hoped that each clinic would selectively bring forth cases at the appellate level, pushing judges to expand or clarify victims' rights through written decisions. Well-argued appeals had the potential to benefit victims' rights in one of two ways. A favorable decision would establish precedent for future cases in which victims' rights were at issue. NCLVI could use unfavorable rulings to make the case for expansion and/or clarification of victims' rights and subsequently partner with advocacy groups to push for change at the legislative level.

It was also the vision of NCLVI that the clinics would to the extent possible employ several common strategies for operating the clinics. First, NCLVI encouraged the clinics to utilize the services of pro-bono attorneys and law students as much as possible. There were several reasons behind NCLVI's desire to make use of these individuals. First, pro bono attorneys and law students would reduce initial operating costs, and if a sufficient pool of pro bono attorneys and law students could be cultivated, the work of the clinic could continue to be carried out beyond the support of the demonstration project. Second, NCLVI hoped that working with the clinic would increase these individuals' advocacy for victims' rights in their current or future legal professions. To change attitudes toward victims' rights, the clinics were also instructed to conduct outreach efforts, including ongoing training programs with criminal justice professionals and law students and programs to inform members of the community about victims' rights. These interactions were intended to educate current and future criminal justice officials about victims' rights and increase acceptance of the clinics' work within the local community and legal system.

As advocates for victims' rights, all clinics would push for victims' standing to enforce their rights within their jurisdiction. As previously mentioned, most states do not have mechanisms in place for victims to enforce their rights or seek redress when their rights are violated. This is because states vary in whether they expressly allow victims standing to assert their rights in court or to seek appellate decisions. Traditionally, there has been significant resistance on the part of criminal justice officials to accept victims standing to assert their rights. Criminal justice officials have expressed concern that allowing

standing would provide victims with too much control over case outcomes and would infringe on defendants' guaranteed rights. The clinics would need to work to change officials' attitudes on victim standing. In addition, the legal system has been slow to adapt to victims' rights legislation, and as a result the legal process is often not set up to effectively recognize victims' rights. For example, the window of time in which a victims' rights issue is deemed relevant by the courts can be fairly small. In order to even be considered, a victim's rights request must be presented to the court at the proper procedural stage – too soon and the court can rule the issue not yet ripe, too late and the court can deem the issue moot. Therefore, clinic attorneys would need to devise strategies to begin to change the legal systems' procedures to allow for victim participation. Finally, all clinics would need to consider victims' current standing within trial and appellate courts. If a particular jurisdiction did not explicitly grant victims standing, then the clinics' attorneys would need to weigh the risks of pushing for standing and receiving an unfavorable decision against the benefits of gaining precedent for standing with a favorable decision.

### **Evaluation of Demonstration Clinics**

RAND Corporation and the National Center for Victims of Crime conducted a two part evaluation of NCLVI's state and federal victims' rights clinics. The first stage of this study consisted of a process evaluation of all eight victims' rights clinics to examine how the clinics have been implemented, problems they have had to overcome, and how different clinic models affect the work they do. We completed our process evaluation in 2009, and began work on the second part of this research and the focus of this report, an evaluation of the impact that the clinics have had on changing criminal justice officials' acceptance and observance of victims' rights.

The purpose of the victim rights clinics was to advance victims' rights through education, litigation, and direct representation of victims in individual criminal cases. Table 1 sets out more specifically our understanding of the goals of the NCVLI clinics. These include:

- Aid in enforcing rights for individual victims and getting them help for crime-related needs, thereby increasing satisfaction of victims with the justice process
- Change attitudes of criminal justice officials toward victims' rights and increase their knowledge about rights
- Change the legal landscape
- Increase compliance of criminal justice officials with victims' rights
- Sustain the clinic through developing alternate sources of funding

This list was developed through consultation with a variety of sources including NIJ's evaluation solicitation and the grant proposals of the individual clinics to NCVLI. In addition, we discussed clinic goals with clinic staff during site visits. The preliminary list was vetted with NIJ and OVC staff and finally with the director of NCVLI.

The right hand column of Table 1 details the methods that we used to gauge the success of the clinics in attaining each goal. To assess clinic effects on increasing satisfaction of victims with the criminal justice process through actions to ensure that rights are enforced, we conducted surveys with two groups of



victims – one sample of victims represented by clinic attorneys and another sample of victims who had no representation. We used the same victim surveys to determine whether clinic assessments of social service needs and referrals made a difference in terms of increasing contacts between victims and service programs.

We also used surveys to measure changes in attitudes and behavior of criminal justice officials toward victim rights. We conducted comprehensive surveys of prosecutors, judges, prosecutor victim advocates, and public defenders through their state-wide membership associations. In one state where the victim rights clinic had not yet begun taking cases, we conducted surveys pre- and post-clinic opening so that we could measure changes in attitudes over time. In other states where this was not feasible, we conducted a single survey that asked respondents to gauge how much their attitudes had shifted since the clinic began operations. To gauge shifts in community opinion, we examined changes in the frequency and tone of victims' rights coverage in major print media before and after clinics opened their doors.

To determine the role that clinics have had in changing the legal landscape in their states, we updated work we included in the process evaluation report that identified and analyzed appellate decisions, court rules, and statutes favorable to victims' rights. We developed metrics to measure impact in this area and also examined the role that clinic staff had in any victims' rights legislation passed since the clinic began.

The "bottom line" for the clinics is increasing enforcement of victims' legal rights. To gauge enforcement and compliance, we compared observance of victims' rights as recorded in three samples of prosecutor case files: (a) a sample of cases represented by a clinic attorney, (b) an archival sample of cases that pre-date the clinic, and (c) a sample of current cases in which victims were not represented by an attorney.

Finally, we examined progress that clinics have made in sustaining their activities through soliciting and developing sources of funding beyond OVC dollars. We assessed success in obtaining funds from state government and private sources as well as innovative ways to generate revenue.

**Table 1: Impact Assessment of Victim Rights Clinics**

Clinic Goals	Methods of measurement
<i>(1) Assist individual victims by (a) advocating for rights through representation in court and calls/inquiries on behalf of victims and (b) assessing social service needs and referring victims to clinicians and other service programs</i>	Survey victims in clinic cases versus cases without clinic representation in order to assess extent to which rights were observed, satisfaction with the justice process, and social service needs met
<i>(2) Change knowledge, attitudes &amp; behavior of criminal justice officials and the larger community through trial court advocacy work, trainings &amp; presentations; distribution of information about the clinic through brochures, e-mail blast websites, and newsletters</i>	Surveys of judges, prosecutors, victim advocates, & public defenders either pre- and post-clinic, or retrospective in those states where the clinic is well-established.  Media coverage of victim rights stories before and after opening of clinic
<i>(3) Change legal landscape through filing appellate cases and amicus briefs, and promoting legislative and court rule changes</i>	Appellate decisions favorable to victims  Changes to court rules  Legislation in which clinic staff had a hand or which arose from clinic cases
<i>(4) Increase compliance with victim rights by criminal justice officials through all of above activities</i>	Victim rights observed coded from prosecutor files, comparison of clinic cases, concurrent non-clinic cases, and archival pre-clinic cases.
<i>(5) Sustain clinic through developing proposals, meeting with potential funders, developing innovative sources of financing</i>	Level of funding  Diversification from OVC funding

Of the eight NCVLI demonstration clinics, we determined that the best choices for the impact work were the clinics in Utah, South Carolina, and Maryland. Together these sites had opened about 300 cases since the clinics’ inceptions within either two or three counties within their states – the kinds of numbers needed for the planned analysis of prosecutor case files and victim interviews.

These clinics made sense as subjects of the evaluation for other reasons as well. The Maryland clinic has done significant work on the appellate level and its founder has been a strong force for legislative change in his state. But it is also true that the founder of the Maryland clinic was very involved with the issue of victim rights and representation long before NCVLI funded the clinic. For that reason, it would have been difficult at this point to demonstrate a sharp contrast with the pre-clinic period. Thus, it made sense to include two clinics in states where there was not such a strong history of victim rights

work by a clinic director. Utah and South Carolina fit that bill and also represented interesting contrasts in approaches to their work: Utah’s work is more based on filing motions while South Carolina takes a less adversarial approach to trying to gain compliance with victim rights.<sup>1</sup>

In addition to these three sites, when conducting surveys of criminal justice officials, we added Colorado to the set. Since the Colorado clinic was just getting underway, we had a unique opportunity to gather baseline survey data on attitudes of criminal justice officials at the beginning of the evaluation period and to compare those results to a second round of survey results obtained a year after the clinic started accepting clients.

## **Findings**

### Surveys of Criminal Justice Officials

In Colorado, where we had both pre—and post-clinic data on opinions about victim rights, we found a shift toward more favorable attitudes toward victim rights following the opening of the NCVLI clinic. Similarly, we found in Colorado a shift toward greater perceived compliance with victim rights statutes after the clinic opened. Knowledge of specific victim rights contained in Colorado statutes did not increase pre-clinic to post-clinic.

In the three states where we had to rely on respondents’ retrospective reports, we also observed shifts toward more positive attitudes toward victim rights in each of the three states following the opening of the victim rights clinics. The change was small, but consistent within each professional group – prosecutors, victim advocates, and judges. In contrast, defense attorneys in each state believed that their opinions about victim rights had become more negative over time. We observed larger shifts when asking about compliance with victim rights. Each group of professionals – including defense attorneys – in all three states believed that compliance with victim rights legislation had improved since the clinics had been founded. Of course, we cannot know for certain whether the shift in perceptions was caused wholly or in part by the clinics. But the observed changes are consistent with the stated purpose of the clinics.

### Compliance with Victim Rights Based on Prosecutor Case Files

We found that, in the seven prosecutors’ offices in which we worked on this study, information about observance of victims’ rights is at best spotty and at worst virtually non-existent. Few offices had well-organized files on victims’ rights and in those that did, the information was often lost after cases were disposed. This is not the situation that we expected to find, but one that we were forced to adjust our data collection plans to accommodate.

The poor state of records kept on compliance with victims’ rights likely reflects the fact that victims’ rights statutes do not contain enforcement mechanisms: There are no clear consequences for court

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<sup>1</sup> NCVLI’s director objects to the inclusion of the South Carolina clinic since it focused less on litigation than the other clinics – one of the reasons that we felt it useful to include in the evaluation.

officials when victims are denied their rights so there is no compelling reason to track compliance. Being able to track compliance accurately is a first step in ensuring that victims' rights are honored. As the Maryland clinic director told us, "What gets counted is what gets done."

Across jurisdictions we found no overall effect of having a victim attorney on whether rights were honored reflected in the case files. This was true when we compared cases with victim attorneys to an archival sample of similar cases as well as when we compared cases with victim attorneys to concurrent cases in which victims were not represented. We did find a few significant differences within the three sites on observance of some rights when victims were represented by a clinic attorney. We also found, across sites, that cases in which victims had attorneys were less likely to be dismissed and more likely to result in convictions than in cases without a victim attorney, be they archival or concurrent cases.

### The Experience of Victims in the Justice System

The victim interviews yielded mixed results. Having a victim attorney did lead to greater observance of some rights, according to victims surveyed. Specifically, victims who had attorneys were more likely to report that they were notified of defendants' release from jail, that they had made a victim impact statement, and that they were notified of the case disposition. Also, victims who had an attorney were more likely to be referred to counseling services. However, victims who had attorneys were found to be less satisfied with the way they were treated by court officials, were less satisfied with the court process, and less satisfied with the outcome of their case.

We suspect that the reason for lower satisfaction with the court process among victims represented by clinic attorneys is that victims who sought out attorneys were already dissatisfied with their treatment in the criminal justice system. An alternative explanation is that the clinic attorneys increased victims' awareness of their rights and of what might be achieved through prosecution, but then victims were disappointed by what actually happened in court.

### Community Impact

When examining the media coverage across the three states, it appears overall that the opening of the clinics did not coincide with more frequent or more sympathetic coverage of victim rights in the print media. We did observe a significant increase in the number of victim rights articles in Utah, but actually a decline in the number of articles in South Carolina. In Maryland, there was no change, but that is not unexpected since the primary clinic attorney had been involved in victim rights work long before the clinic began as a separate entity. We did not observe a change in the proportion of articles sympathetic to victims' rights in any of the three states. The clinics and clinic attorneys were most in the news in Maryland, least in South Carolina.

### Impact of Clinics on the "Legal Landscape"

We observed a decrease in the annual number of victims' rights statutes and court rules in each of the three states following introduction of the clinics. Given that each of these states had already passed significant victims' rights legislation prior to the opening of the clinics (and, in fact, that may have been one of the reasons why these states were chosen to have clinics), this is not surprising. We found

evidence that clinic attorneys did play a role in most of the legislation in South Carolina and a good portion of the legislation in Maryland. We also found some indication that statutes enacted post-clinic had greater positive impact on the expansion of victims' rights, especially in Maryland.

There were modest increases in the annual number of appellate cases in Maryland and South Carolina (but not in Utah). Clinic attorneys were involved in a small proportion of these cases in each state. Measures of the impact of the decisions indicated greater impact of cases decided following the opening of the clinics, particularly in Maryland and Utah.

### Clinic Sustainability

Clinic directors were asked about their outlook two years from now. The Maryland clinic director is confident the clinic will still exist, but probably as a smaller operation. The Utah director characterized herself as "cautiously optimistic" it will still be in existence. And the South Carolina director was making long range plans with the United Way to become sustainable.<sup>2</sup>

But aside from their own clinics, their outlook for victims' rights clinics, generally, was pessimistic. The Maryland director noted that, although the clinics were authorized under the federal Justice for All Act, they had never been included in the President's budget proposal. The ability of advocates to get funding appropriated by Congress for a program not included in the President's budget is very limited, especially in the current financial climate. So the clinic directors and NCVLI felt that it was unlikely the full network of clinics could be maintained, which would mean a loss of the structure that allows clinic directors and attorneys to interact, problem-solve, and share knowledge and experiences.

## **Conclusions**

The evaluation produced mixed results. Before summarizing them, we acknowledge that most of the research designs that we were able to use were less rigorous than we would have liked to employ. The evaluation was funded several years after the start of most of the clinics, making it impossible in many cases to obtain pre-clinic data to use as a benchmark for assessing impact of the clinics. This means that the best we can say is that, in some cases, the pattern of results is consistent with the hypothesis that the clinics had an impact.

Surveys of court officials in four states generally indicated a shift toward more favorable attitudes toward victims' rights and greater compliance by court officials. The attitudinal changes were small, but consistent within each professional group – prosecutors, victim advocates, and judges. (In contrast, defense attorneys in each state said that their opinions about victim rights had become more negative over time.) We observed larger shifts when asking about compliance with victim rights, this time among all professional groups including defense attorneys.

To measure clinic effects on the community, we examined coverage of victims' rights in the print media, where we would be able to use archives to compare pre- and post-clinic coverage. We found an increase in the number of articles about victims' rights in one state (Utah), but no change in Maryland

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<sup>2</sup> Since the time that the interviews were conducted, the South Carolina clinic has closed.

and a decline in South Carolina. We did not observe a change in the proportion of articles sympathetic to victims' rights in any of the three states. Coverage of the clinics and clinic attorneys was most prevalent in Maryland, least in South Carolina.

The evaluation contained two measures of actual compliance with victims' rights to check on the self-descriptions of behavior provided by court officials in the surveys. One measure was derived from records of victims' rights in seven prosecutors' offices that handled the bulk of clinic cases in Maryland, South Carolina, and Utah. Gathering these data proved to be difficult because, in general, we found the information on compliance in prosecutor files to be poorly organized and incomplete. When we did manage to assemble the data, we found significant differences in compliance on some measures in some sites. Nonetheless, we did not find an overall effect on compliance of having a victim attorney. We did find that, across sites, cases in which victims had attorneys were less likely to be dismissed and more likely to result in convictions than in cases without a victim attorney.

In contrast to the generally null findings from the case file analysis, when we interviewed victims, we found that having a victim attorney led to greater observance of some rights, according to those surveyed. Victims represented by clinic attorneys more often reported that they were notified of defendants' release from jail, that they had made a victim impact statement, and that they were notified of the case disposition. Victims who had an attorney were more likely to be referred to counseling services. However, contrary to expectations, victims represented by clinic attorneys were less satisfied with the way they were treated by court officials, less satisfied with the court process, and less satisfied with the outcome of their case.

We found some evidence that clinics made a difference in the expansion of victims' rights. Overall, we did not observe changes in the annual number of statutes and court rules following the opening of the clinics. However, clinic attorneys did play a role in most of the legislation in South Carolina and a good portion of the legislation in Maryland. We also found limited evidence that statutes enacted post-clinic had greater positive impact on the expansion of victims' rights, especially in Maryland.

We observed that there were modest increases in the annual number of appellate cases in Maryland and South Carolina (but not in Utah). However, clinic attorneys were involved in a small proportion of these cases in each state. Particularly in Maryland and Utah, we found on measures of the impact of the decisions a greater effect of published rulings following the opening of the clinics.

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The results of the impact evaluation indicate that victims' rights clinics can make a difference in promoting the rights of victims in individual cases; they may help more generally to promote a more sympathetic view of victims' rights among court officials; and they have had some influence in expanding the rights of victims in the states where they reside through their involvement in influential appellate decisions and legislative efforts. Based on these results, the demonstration project was, on balance, successful.

The policy question now is how to build on the experience of the demonstration project to ensure that victim rights are honored in the criminal justice process. The demonstration placed clinics in only a small number of states; the clinics are in just one location in those states; and, even in those locations, they serve only a handful of victims. As a provider of services to individual victims, clinics are resource intensive, raising questions about whether they could ever be built out sufficiently to provide services to a significant proportion of victims. One way forward would be to create an expanded set of clinics comprising one part of a comprehensive effort to ensure that victim rights are honored. Another component could include wide-scale use of pro bono attorneys or law school clinics, a model much less costly than the NCVLI clinics staffed with dedicated attorneys. NCVLI could play a role in educating attorneys and students in victim law. A third component could include the creation or expansion of the role of state victim ombudsmen with power to sanction agencies that exhibited a pattern of failure to comply with victims' rights requirements.

There are significant problems with both use of pro bono attorneys and victim ombudsmen. It can be argued that, even if a state-wide network of pro bono attorneys could be recruited and maintained, they would lack the expertise of dedicated victims' rights attorneys. Moreover, if cases require more time than expected, pro bono attorneys might not have the time needed to dedicate to their assigned victims' rights cases. Law clinic students graduate and may terminate their involvement in a case before it is decided or before rights issues have been resolved. Victim ombudsmen are likely to get involved only after someone's rights have been violated, when it may be too late to help that individual. These are valid criticisms and, for these reasons, NCVLI's director does not favor this approach. But our earlier process evaluation finds that some of the clinics made successful use of pro bono attorneys in well-defined situations. Moreover, widespread protection of the rights of individual victims may only be achievable using a model that is far less expensive than providing funding for a network of dedicated victims' rights attorneys that has true statewide or national coverage.

In this model, victims' rights clinics would do what they are best-equipped to do: Fight for victim standing in court and in other ways work to expand victims' rights through appellate & legislative work. With this focused approach, clinics could be situated at the state level, the regional level, or even consolidated at the national level, depending on the availability and amount of funding. This model would continue to grow the body of victim rights case law and may, as issues are defined and narrowed, make pro bono or law clinic representation of victims at the trial court level more feasible in the future.