



ADDRESSING POLYVICTIMIZATION

in Family Justice Centers and Multi-Agency Models

A BRIEF DESCRIPTION

“POLYVICTIMIZATION DESCRIBES THE COLLECTIVE IMPACT OF LIFETIME VICTIMIZATION AND TRAUMA ON AN INDIVIDUAL”

An analysis of the current literature reveals there is no single definition of polyvictimization, but that polyvictimization is used to define the cumulative impact of diverse forms of traumas and victimizations on an individual. Much of the current literature in the field of polyvictimization focuses on the impact of collective trauma and victimization on children, as such, the definitions and concepts below have been adapted from this research to include adults and the Family Justice

Center/Multi-Agency Model (Centers). Though we cite various studies that focus on children, the impacts and effects of polyvictimization are believed to be the same for adult survivors. The Office for Victims of Crime (OVC) Polyvictimization Demonstration Initiative (Initiative) examines polyvictimization and its impact on both children and adults served at Family Justice Center/Multi-Agency Models and how they can better address and mitigate the impact on the life of survivors.



WHY SCREENING MATTERS

Polyvictimization impacts survivors on multiple levels such as mental health, behavioral and physical well-being, increased possibility of life adversities, and increases their chance of possible future victimizations. A study conducted between December 2002 and February 2003 by Finkelhor, Ormrod, and Turner, identified polyvictimization as a key predictor of trauma symptoms such as clinical rage, clinical levels of anxiety, and depressive symptoms thus significantly affecting and impacting survivors' mental health (2007, p. 16). The same study found that polyvictimization was more important in predicting [mental health] symptom levels than were other lifetime adversities" (Finkelhor, Ormrod, & Turner, 2007, p. 16). Furthermore, the cumulative impact on mental health, particularly in children, is evident "showing a relatively linear increase in symptoms with each additional form of victimization experienced" (Finkelhor, Ormrod, & Turner, 2010, p. 325). The elevated symptomatology of polyvictims "may merit priority attention" and could potentially shift the manner in which service delivery is currently being conducted in Centers (Finkelhor, Ormrod, & Turner, 2007, p. 19).

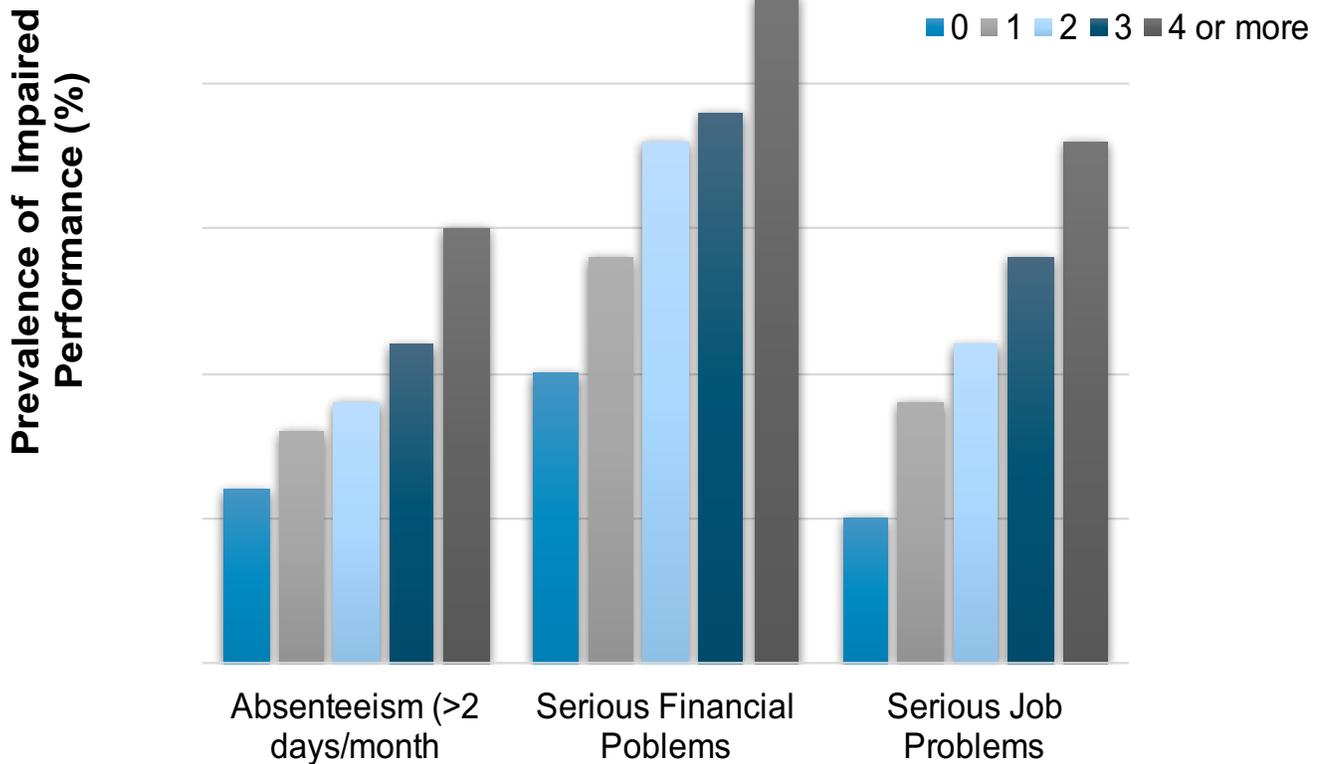
The cumulative impact of trauma and victimization can result in negative behaviors. According to a study

by the Administrative Office of the Courts Center for Families, Children, and the Court, exposure to trauma among children can result in, "increased aggression, poor social skills, an inability to moderate emotional responses, attachment problems, and an increase in risk-taking behaviors and impulsivity" (2014, p. 7). Although this report is focused on children, it demonstrates that the implications of trauma can start in childhood and if not properly addressed its impacts on behaviors can continue into adulthood. Lisa Pilnik and Jessica R. Kendall note that, Adverse Childhood Experiences (ACEs) "have been linked to numerous issues in adulthood, with the likelihood of risky behaviors and diseases increasing as the number of ACEs increase" (2012, p. 8). Research also shows that survivors with high ACE scores have higher rates of smoking, alcoholism, and intravenous drug use when compared to low ACE score adults and adolescents (Felitti et al., 1998 p. 249 - 254). Furthermore, they have higher risks of impaired worker performance, teen pregnancy, sexually transmitted infections, sexual promiscuity, unintended pregnancy or elective abortions, all which add to the complications and life adversities faced by survivors served. Finally, polyvictims may not have an existing support system due to multifaceted forms of

POLYVICTIMIZATION



ACE Score



trauma they have faced in their lives. Research shows that the cycle of violence in the life of a polyvictim may result in an inadequate support system and that healthy peer relationships are connected to mental well-being (Turner, Shattuck, Finkelhor, & Hamby, 2015, p. 4 - 5)

While clients walking into Centers may share the most recent incident that brought them for services and not disclose other traumas, studies on polyvictimization show that individuals who have been exposed to one form of victimization have an increased risk of experiencing additional victimizations throughout their lifetime (Pilnik, L. & Kendall, J., 2012, p. 8; Finkelhor, Turner, Hamby, & Ormrod, 2011, p. 2). Because traumatic experiences are not idiosyncratic but fluid and interconnected, screening for polyvictimization in Centers may reveal more forms of trauma and victimizations and could provide staff the opportunity to provide more comprehensive and integrated services through partners. This is especially critical for clients

who may only visit the Center once and do not return. By focusing solely on one form of victimization providers may be amplifying its impact without accounting for other forms of trauma that interact and co-occur to create negative outcomes for clients (Finkelhor, Ormrod, & Turner, 2010, p. 323). More significantly in the context of serving survivors in Centers, the study revealed that including polyvictimization in assessments “either eliminated or greatly reduced the predictive power of individual types of victimization” (Finkelhor, Ormrod, & Turner, 2007, p. 16). As such, Centers should utilize polyvictimization screenings to address the multilayered and complex nature of traumas and adopt a holistic integrated approach to providing services that meets the immediate and long-term needs of survivors and mitigates future risk factors for victimization.

ADDRESSING NEEDS

Family Justice Centers and Similar Multi-Agency Models, are collaborative holistic service delivery spaces where survivors and their children can access services that create pathways to hope and healing under one roof. They often have co-located agencies such as representatives from the District Attorney and Police Department, Domestic Violence Advocates/Experts, Chaplains, Medical Professionals, Child Abuse Experts, Human Trafficking Advocates, and other service providers that provide an array of social services (Gwinn & Strack, 2010, p. 46, p. 64 - 67). Clients seeking services from Centers generally come after the crisis or looking for assistance with domestic violence, child abuse, sexual assault, elder abuse, or human trafficking. In addition to these victimizations, many clients may have also experienced other forms of trauma during their lifetime such as community violence or trauma, and/or trauma and victimization on an environmental/ systemic level (for example exposure to natural disasters, racism, discrimination, etc.). As such, Centers are uniquely and ideally suited to identify and assess the complex and long-term needs of polyvictims. By screening for polyvictimization, Centers can utilize a multi-pronged approach and address mental health symptoms and behavioral and physical well-being, as well as mitigate possible future symptoms, victimizations, or life adversities for polyvictims. This approach would translate into efficient and integrated services that are survivor-centered and provide long-term sustainable outcomes for clients. The synergetic nature of Centers could not only provide positive outcomes for survivors, but also result in conversations and teamwork that build relationships and trust between partners, improve professional development and provide insight on how to work together. Together, this leads to system changes, improvements in communication, and tailored holistic services to serve the needs of polyvictims (Gwinn & Strack, 2012, p. 71- 72)

Though the intent of this initiative is to implement a screening tool for survivors, it is critical that Centers first address and assess their use of a trauma-informed approach as an organization. Trauma-informed approach principles should be the foundation for any Center and be infused into the work with partners, staff, and survivors

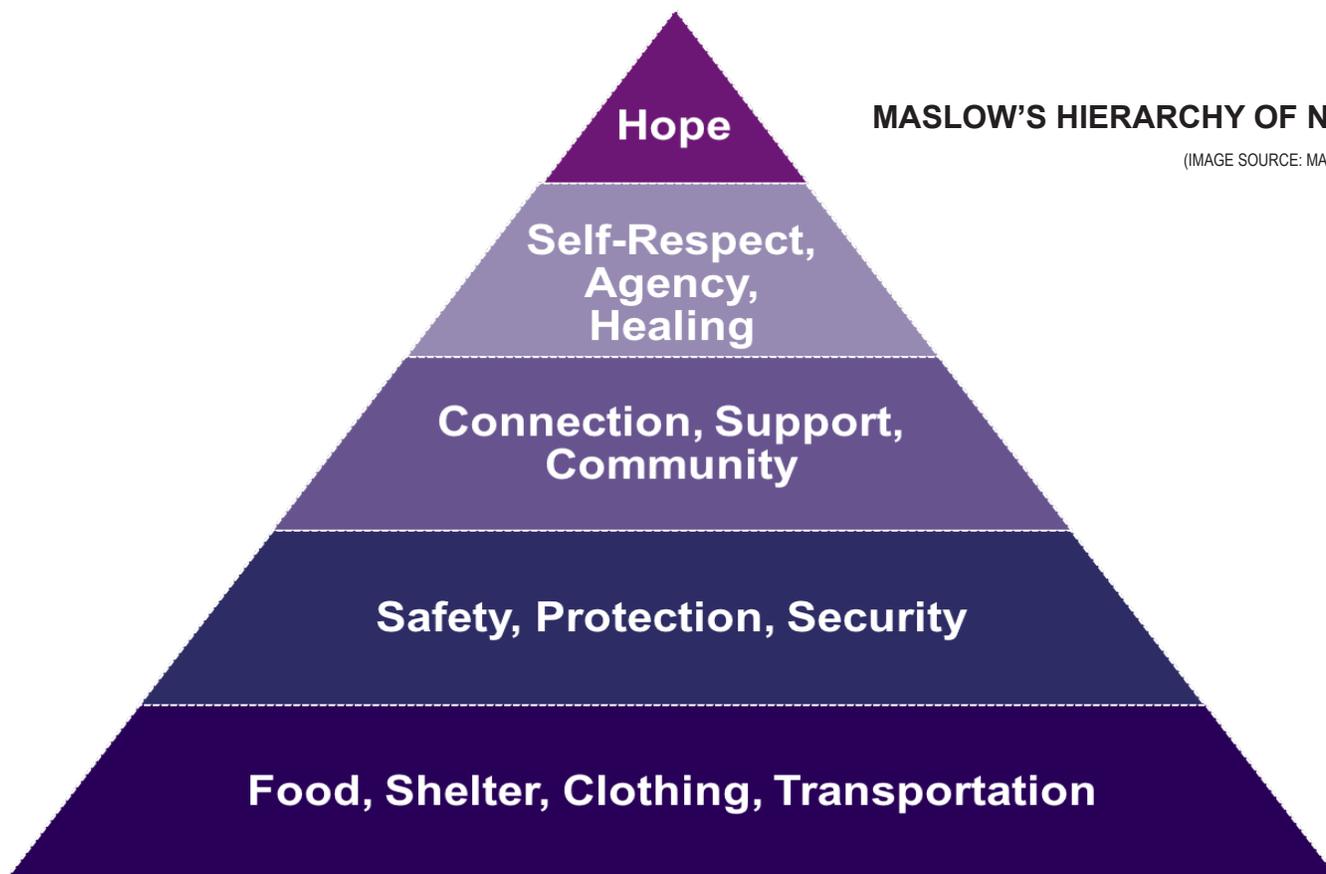
before changes to policies, protocols or assessments are made. By ensuring Centers are utilizing a trauma-informed approach, practitioners will have the tools and skills to include a polyvictimization screening tool that best serves the clients, staff and partners. SAMHSA's six key principles of a trauma-informed approach include: safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice, and cultural, historical and gender issues (Huang et al, 2014, p. 9 – 10). These principles should serve as the building blocks for implementing a trauma-informed approach at Centers. Each Center should strive to ensure that staff and clients feel physically and psychologically safe, so that interactions with clients, staff and partners foster safety in their Center. Center operations and decisions should be based on transparency, with the goal of building and maintaining trust among clients and staff. Staff and partners onsite should collaborate to create programs and services that provide peer support and promote mutual self-help for clients through programs such as VOICES that encourage true survivor empowerment. Moreover, collaboration onsite should not only occur across partners at the Center, but should also include collaboration between staff and clients in order to level power differences and encourage healing through healthy relationships. It is critical that staff and partners in Centers see themselves as partners on the healing journey for survivors. Centers should also strive to recognize clients' experiences and strengths and build programs and services that foster a belief in resilience. Services provided by the Centers should aim to actively move past cultural stereotypes and biases, offer gender-responsive services, leverage the healing value of traditional cultural connections, and recognize and address historical trauma (Alliance for HOPE International & Almazar Consulting, 2017, p. 53 - 60). The six Centers participating in this Initiative have sent representatives to Train the Trainers on Trauma-Informed Approaches held in San Diego in June 2017 and should implement training for all partners and staff before implementing the polyvictimization screening tool. This will allow for services, procedures, and operations to be rooted in a trauma informed approach.

In addition to including a trauma-informed approach, research has shown that Centers must provide holistic interconnected services to survivors that tend to their immediate needs as well as long-term and complex needs. Adopting Maslow's Hierarchy of Needs provides a valuable framework for service delivery that helps address a client's physiological needs such as food, shelter, clothing and transportation then moving forward to address their need for safety, community, self-respect and agency, and hope all through a trauma-informed approach. Each layer of Maslow's Hierarchy of Needs addresses a core need that builds upon the other, and once each need has been met the individual is able to reach self-actualization (Maslow, 1943, p. 382 - 383). In the Polyvictimization Initiative our goal is that survivors reach their apex at hope because hope is the cornerstone of healing and research has demonstrated that hope is a critical factor in mitigating the impact of trauma in the life of survivors.

Trauma-informed approaches, processes, and procedures informed by Maslow's Hierarchy of Needs and Barbara Hart's Access to "Hope" List address a client's immediate and long-term needs. These fundamental services are then strengthened

by offering programs that build community, foster a sense of belonging, and provide clients with a base of cheerleaders that empower the client (Gwinn, 2015, p. 10, p 182 – 183). Ultimately, the cumulative force of meeting polyvictims psychological, safety, community, and agency needs create pathways to hope. Pathways, ways to achieve goals, coupled with agency result in hope (Snyder, 2000, p. 8 and Snyder, 2002, p. 250). As such, Centers must focus on diversifying and expanding services to include partners who address the needs of survivors at every level of Maslow's Hierarchy of Needs.

By properly assessing polyvictims and their needs, Centers will produce tailored services that result in measurable survivor centered outcomes and encompass the whole life experience of a person rather than fragmenting any trauma and victimization. This holistic and comprehensive service delivery model has not only shown to be more effective in meeting survivor's needs but also mitigating the impact of trauma in their future. Survivor defined service delivery and support increase agency and empowerment in survivors and equip them with pathways to their goals.



MASLOW'S HIERARCHY OF NEEDS

(IMAGE SOURCE: MASLOW, 1943).

DEFINITIONS

Family Justice Centers: To be considered an affiliated Family Justice Center, by Alliance for HOPE International, a Center must have a centralized intake process and an information sharing process with a minimum of the following, full-time, co-located partner agencies: A community-based organization (at least one: DV or SA Program), Law enforcement investigators/detectives, Specialized prosecution unit, and Civil legal services. Adhere to and demonstrate the implementation of Family Justice Center Guiding Principles in service delivery. Engage meaningfully with Alliance for HOPE's technical assistance team. Provide requested statistics and data to Alliance for HOPE International. (Family Justice Center- Alliance for HOPE International, n.d.)

Hope Theory: Hope is defined as the perceived capability to derive pathways to desired goals, and motivate oneself via agency thinking to use those pathways. The adult and child hope scales that are derived from hope theory (Snyder, 2002, p. 250).

Intake Process: Intake assessments generally take place in a private interview room. Family Justice Center intakes are not "incident-based interviews" but the primary focus of the initial intake process in most Centers is to build a relationship with the client and help orient the client with the available services and identify the professionals they wish to talk to within a Center. Intakes are usually conducted by an intake specialist. The role of an Intake Specialist (also referred to as a Navigator/advocate) is to assess clients' needs and navigate clients through the available services provided at a Center in a coordinated fashion. The Intake Specialist is usually responsible for assessing risk level and providing safety planning for every client. The Intake Specialist works with clients to assess their needs and match those needs with services available from FJC partner agencies. Intake Specialists may also provide individual support and crisis counseling when needed. It is helpful for the Intake Specialist to have a clinical background or a masters level supervision. (Family Justice Center – Alliance for HOPE International, 2016, p. 12).

Multi-Agency Models: To be considered an Affiliated Multi-Agency Model, by Alliance for HOPE International, a Center must have at least three different co-located service providers. Adhere to and demonstrate the implementation of Family Justice Center Guiding Principles in service delivery. Engage meaningfully with Alliance for HOPE's technical assistance team. Provide requested statistics and data to Alliance for HOPE. (Family Justice Center - Alliance for HOPE International, n.d.)

Partners: the entities and/or individuals who are onsite or offsite partners of the Family Justice Center and agree to provide services to those who come to the Center. In a Center this includes governmental and non-governmental organizations and can provide crisis intervention to long term services such as civil legal support, mental health counseling, housing, or life skills. (Gwinn & Strack, 2012, p. 71).

Survivor Defined Success: According to a report on the Full Frame Initiative in California, survivor defined moments of success were defined as, "Being Connected and Belonging to Something Bigger than me, and Accomplishment and Opportunity." The study found that, "survivors' moments of success reflected a blend of autonomy and self-agency, with connection to family and friends and to God and faith figuring very prominently." (Melbin, Jordan, & Smyth, 2014, p. 19).

Trauma-Informed Approach: SAMHSA defines a Trauma Informed Approach as, "A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization" (Huang et al, 2014, p. 9 – 10). The Six Key Principles of a Trauma-Informed Approach are: Safety; Trustworthiness and Transparency; Peer Support; Collaboration and Mutuality; Empowerment, Voice and Choice; Cultural, Historical, and Gender Issues (Huang et al, 2014, p. 9 – 10; Alliance for HOPE International & Almazar Consulting, 2017, p. 53 - 60).

VOICES Survivor Network: Represents a network of survivors of intimate partner violence and sexual assault who celebrate their strength and survival. VOICES chapters across the country help advocate for local Family Justice Centers and multi-agency models and provide accountability for the work of local agencies in their implementation of policies and procedures that impact survivors. (Alliance for HOPE International, n.d.)

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