Understanding and Responding Proactively to Polyvictimization

On December 17, 2018, CANTASD (the National Child Abuse and Neglect Technical Assistance and Strategic Dissemination Center) hosted a Digital Dialogue with Natalia Aguirre, National Director of the Family Justice Center Alliance at the Alliance for HOPE International; and Stacy Phillips, Program Manager for the Justice Department’s Office for Victims of Crime. This dialogue focused on polyvictimization—when a single individual has multiple experiences with violence or abuse. This document summarizes the key concepts shared in conversation with 68 individuals from around the country who joined the call.

SETTING THE CONTEXT

While there is no clear consensus around the definition of polyvictimization, the term describes the collective experiences of multiple types of violence, usually in multiple settings, and often at the hands of multiple perpetrators. According to the National Survey of Children’s Exposure to Violence, out of all the children surveyed, 38.7% have recorded at least one incident of victimization, either direct or indirect. Of those children, 10.9% reported 5 or more direct exposures to different types of violence and 1.4% reported 10 or more direct victimizations.¹

EFFECTS OF AND PATHWAYS TO POLYVICTIMIZATION

The effects of polyvictimization include deterioration in mental health, changes in behavior, and decreased physical well-being. Polyvictims also are 2 to 7 times more likely to be victimized in the future and are 4 to 6 times more likely to have a more serious victimization occur in the next year than are non-polyvictims.²

Research has shown is that there are specific pathways to polyvictimization (see Figure 1 below). Understanding what these are can assist service providers as they consider prevention, screening procedures, and services provided to the families. Research points to four different polyvictimization pathways:

1. Dangerous families (child maltreatment, sibling assault, witness domestic violence/sibling maltreatment)
2. Family disruption and adversity (poor supervision, emotional deprivation)


3. Dangerous neighborhoods (property crime, witnessing violence, peer victimization, sexual victimization)
4. Emotional problems (burden for caregivers, poor social skills, impaired self-protection, stigma)

Figure 1. Pathways to Polyvictimization.

Service providers’ knowledge of the pathways that lead to polyvictimization will ensure that they can screen appropriately when they provide services. The pathways also demonstrate that victimizations tend to be cumulative for certain individuals and in certain environments. This opens the door to a more systemic approach to polyvictimization that addresses the societal issues that allow the burden of victimization to cluster in certain groups or neighborhoods.

THE POLYVICTIMIZATION DEMONSTRATION INITIATIVE AND CREATION OF A POLYVICTIMIZATION ASSESSMENT TOOL

After conducting a literature review of more than 90 tools, the Family Justice Center, in partnership with its six sites, created a trauma-informed, survivor-centered polyvictimization assessment tool. The tool was designed for adults and is intended to guide service delivery, be conversational, be flexible, and be used at various points in service delivery. The assessment includes different types of victimizations—such as natural disasters, racism, domestic violence, sexual assault, bullying or stalking, and others.

The Family Justice Center pilot-tested the polyvictimization assessment tool over the course of three months in 2018 in the six demonstration sites. Most of the survivors reported fear of physical violence (80.1%), emotional/verbal abuse (78.4%), and assault/battery (67.9%). Other events that stood out was the prevalence of chronic discrimination (40%), poverty (38.5%), and system-induced trauma (37.1%).
The pilot study also examined trauma symptoms in order to equip service providers to educate and provide psycho-education to survivors. The study found very high levels of sadness (87.9%), repeated disturbing thoughts (85.9%), anxiety (83.7%), avoidance (75.4%), sleep disturbances (72.4%), and feeling distant (68.6%).

**INITIAL KEY LESSONS FROM THE INITIATIVE**

- Use a holistic perspective, and remember that healing is not always linear.
- Listen deeply and let survivors tell their whole story to better support healing.
- Ensure that staff have the support they need.
- Don’t just ask what happened—help the client identify things that they are doing well and increase hope.
- Create community for survivors by including alternative healing modalities such as yoga, acupuncture, Reiki, singing groups, etc.

**Question and Answer**

**HOW DOES YOUR MODEL FOR POLYVICTIMIZATION MAP TO SYSTEMATIC VIOLENCE AND OPPRESSION?**

**Aguirre:** We trained front-line staff to screen for this. We had to spend a lot of time making sure we were all using the same language and ensure that everyone felt comfortable asking that question and knew how to ask that question in different ways. We’re also encouraging and working with our centers to address that in a more meaningful way when we’re providing services to survivors.

**HOW DOES WHAT YOU’VE LEARNED FROM THIS ASSESSMENT, THE PROCESS, AND YOUR FAMILY JUSTICE CENTERS GUIDE PREVENTION PRIORITIES?**

**Aguirre:** In our work at Family Justice Centers, because we largely work with the parent or the adult survivor, we focus on prevention by working with the whole family to ensure that we’re breaking the cycle of violence, and providing education to prevent something from happening again. From the children’s side we work through our program called Camp HOPE America, which is a year-long mentoring and camping model for children, engaging them in a community of support and building hope.

For any of you who don’t know about the science of hope or haven’t heard about it, you can measure hope, you can build hope, and it’s an actual science. It’s not just a fluffy term that we throw around, but something that we have built into every aspect of our work. In Alliance for HOPE International, we are thinking about hope and how to create hope-centered organizations and programming. One way that we have worked on that is on building programming that increases hope in the life of children and their parents.

I think what this tool has provided frontline staff with is a tool and an approach to talk about psycho-education in a way that maybe traditionally hasn’t been done. Because we’re bringing up different topics and we’re talking about things [with families], this tool offers a platform for us to provide more education and support to people that we’re working with in a very intentional and meaningful way. I think from our angle at this point in our demonstration initiative—after two years and going into our last year—we’ve taken it as a learning lesson as to how we can build these hope-centered programming and interactions with survivors, and what that information will provide us for moving forward from the policy angle or to increase in capacity to serve survivors.
Phillips: We’ve seen a shift in the paradigm. It’s no longer just crisis intervention and event based. We’re looking at the whole person holistically over their entire lifespan and moving from being a domestic violence advocate or a child advocate to being a trauma advocate and being able to assist with healing over the lifespan.

**I WORK IN A HEAD START ORGANIZATION. WHAT DOES IMPLEMENTATION LOOK LIKE IN THIS SETTING?**

Aguirre: I would encourage a Head Start program to work with other agencies that work with the whole family as well. We have not used this assessment with children. There are assessments for very, very young children who you can investigate and we’re happy to provide more resources and assessments. But I would encourage anybody who’s working with families to connect with other agencies who might have different interactions with them, to make sure that they’re accessing all those services as well.

**WHEN WE’RE EXPERIENCING FAMILIES WHO ARE EXPOSING AN INITIAL VICTIMIZATION TO US, WHAT ARE SOME WAYS WE CAN ENGAGE WITH THEM IN A WAY THAT CAN SHIFT THEM AWAY FROM THAT PATHWAY?**

Aguirre: For us at the Family Justice Centers, it’s about building these communities of support that you can be a part of for a very long time. So, if somebody is coming in with one thing, and that’s the only thing we’re addressing and we’re not partnering with others that are providing different services or even screening for what that may look like, it’s easier for us to miss. When somebody comes in for domestic violence, for example, we usually ask questions regarding that event with that specific time, and we don’t do a lot of triaging or ask questions about different symptoms or events that are occurring at the same time as domestic violence.

I think that a polyvictimization framework allows any service provider to think outside of what we traditionally provide services for. Once we can understand the scope of the victimizations or the life of the people that we’re working with, it’s easier for us to provide this kind of place where we can break the cycle. Then we can involve them and wrap them with resources that address all those different aspects of their life that may be occurring, whether it’s advocacy, safety planning, financial support, or other needs. We can partner with people that can provide those services, and then provide the survivors with skills and programs that build on hope and also illustrate the strengths that they already have. We have a larger chance of breaking the cycle long-term, but it’s been about long-term case management, service provision, and hope-centered programming.

**MY PROGRAM IS WORKING WITH THE PARENTS WHO ARE MANDATED TO TAKE PARENTING CLASSES. I CAN SEE THAT THE PARENTS HAVE BEEN EXPOSED TO THE SAME TRAUMAS THAT THEIR CHILDREN ARE NOW EXPERIENCING. IT IS DIFFICULT TO EDUCATE THE PARENTS ABOUT THESE ISSUES IN THEIR CHILDREN, WHEN THEY ARE VICTIMS THEMSELVES. WHERE DO WE BEGIN?**

Phillips: These issues are best addressed through a two-pronged approach. First, addressing the parents and their trauma is critical. That should include psychoeducation, raising awareness, and then supporting parents in processing and healing from their trauma. In addition, we have seen success in giving parents skills for parenting their children who have trauma. Sometimes through these trainings – and understanding how trauma works and its effects--a parent can connect the dots about their own life. Finally, for the children, it is really about providing healing and ongoing support. We know that the cycle of violence for many people continues, especially when they are polyvictims. Ensuring that the systems the children are interacting with are coordinating and providing preventive services and support is critical to breaking the cycle of violence.

**WHEN WE ONLY HAVE A SHORT TIME TO WORK, HOW DO WE ASSESS CLIENTS?**

Aguirre: Through this Initiative, our six pilot sites have developed six different screening tools that are much shorter in length. We will be publishing these in the coming months, and your agency can choose one that best suits your needs. It is critical to remember though that the assessment is a very small part of what needs to happen, and that often more critical is the relationship that is built and the ongoing long-term management.
Additional Resources

- Tip Sheet for Polyvictimization. [https://www.ojjdp.gov/programs/safestart/TipSheetForPolyvictimization.pdf](https://www.ojjdp.gov/programs/safestart/TipSheetForPolyvictimization.pdf)
- Polyvictimization and Complex Trauma webinar: [https://www.nctsn.org/print/1466](https://www.nctsn.org/print/1466)
- Family Justice Center Alliance. [www.familyjusticecenter.org](http://www.familyjusticecenter.org)
- Background on ACES. [https://www.cdc.gov/violenceprevention/acestudy/index.html](https://www.cdc.gov/violenceprevention/acestudy/index.html)

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