

Meeting the Unique Needs of Polyvictimization Survivors in a Family Justice Center Setting

September 2019



Thank You OVC

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Your Presenter:



Kelsey Price

Client Services Coordinator
Family Justice Center Sonoma
County
One of Six Sites Polyvictimization
Demonstration Initiative



Self-Care is Important:

**Topics and stories can be
overwhelming. Please be sure
to take care of yourself!**

I want to know a little more about you!

How many of you are:

1. Advocates
2. Law Enforcement
3. Mental Health (MSWs)
4. Attorneys
5. Medical
6. Other

Objectives

1. Trauma overview as it relates to ACES and polyvictimization
2. Define the polyvictimization framework, our project overview, and explain what it entails for service provision
3. Recognize the importance of integrating hope centered and strength based approaches to service delivery
4. Tips and suggestions for your work

**Do you work with “difficult”
clients/victims/survivors?**

**How does that “look” when you
are working with them?**

People with high levels of trauma (ACEs and Polyvictimization) often respond with:

- **Inability to trust** others
- Perception that **danger** is everywhere
- **Difficulty with change and transitions**
- Guarded and **anxious**
- **Difficult to re-direct**, reject support
- Highly **physically** reactive
- Highly **emotionally** reactive
- **Difficulty “calming down”** after outbursts
- Hold onto grievances
- Make the **same mistake over and over**

An iceberg floating in a blue ocean. The tip of the iceberg is above the water line, and the much larger, jagged base is submerged. The sky is a clear, light blue with a few birds flying in the distance. The water is a deep, dark blue. The overall image conveys the idea that what is visible (behavior) is only a small fraction of what is hidden (trauma).

BEHAVIOR

**TRAUMA
(ACES)**

The three types of ACEs include

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently

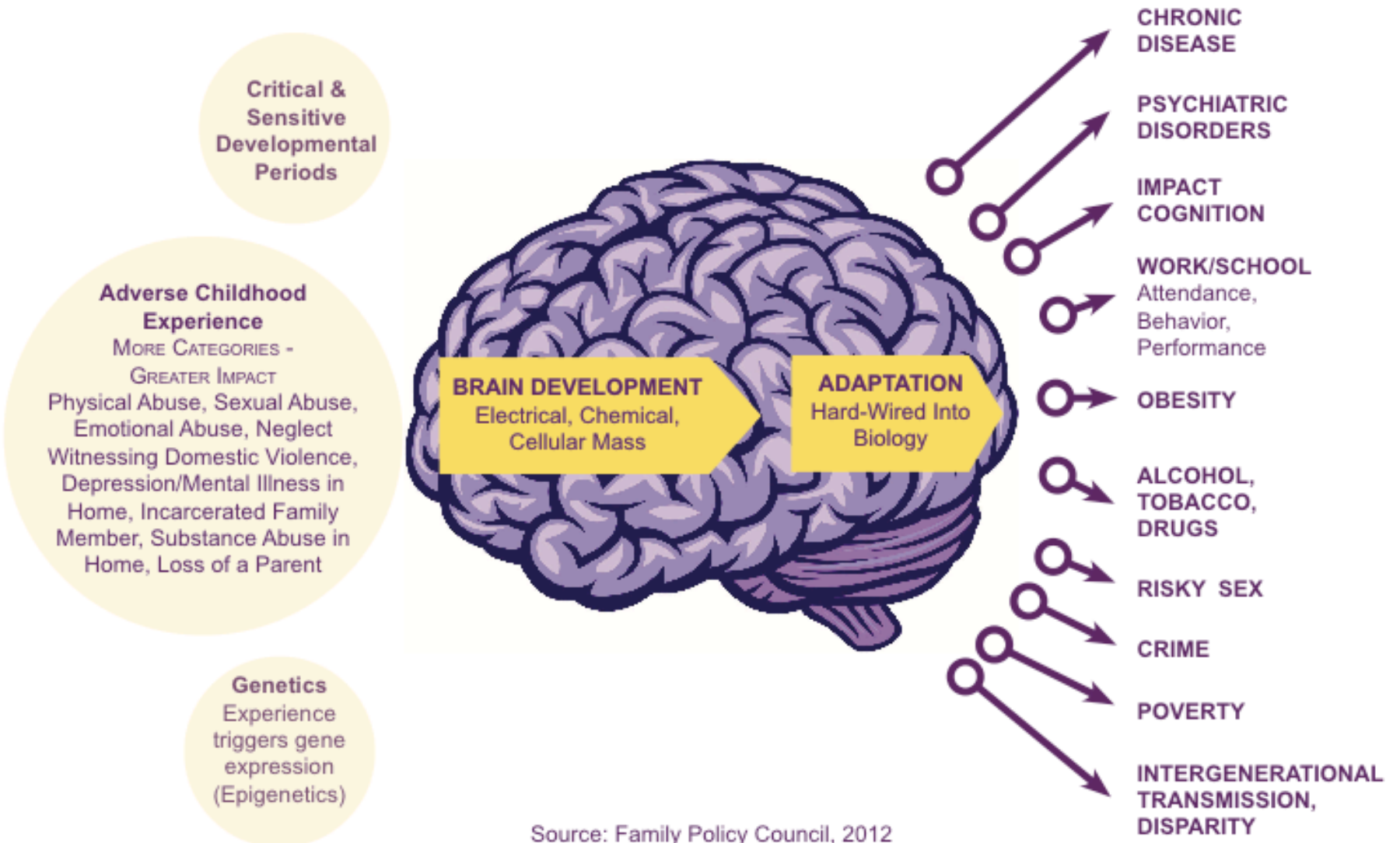


Substance Abuse



Divorce

Lifespan Impacts of ACEs





WHAT IS POLYVICTIMIZATION

Defining Polyvictimization

Domestic Violence

Bullying

Neglect

Harassment

Sexual Violence

Community Violence

Polyvictimization:

Describes the **collective** experiences of multiple types of violence and adverse experiences, usually in multiple settings, and often at the hands of multiple perpetrators

Child Abuse

Drug Trafficking

Arson

Robbery

Fraud

Identity Theft

Gangs

Elder Abuse

Discrimination and Racism

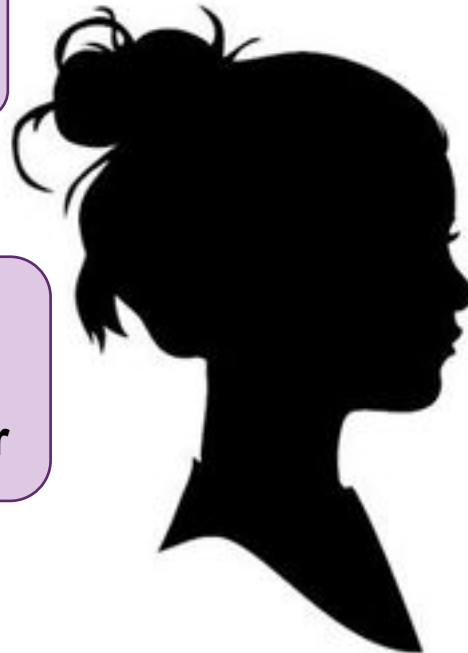
Let's look at Julia as a child: who in the span of 12 months...

**Catastrophic
wildfires in her
town**

**Watched a gang fight on
her walk home from
school**

**Was often put down
and emotionally
abused by her father**

**Was sexually assaulted
by her high school
boyfriend**



**Bullied by girls at
school**

Polyvictimization Framework

Polyvictimization calls
attention to “**everyday
trauma**”

– Sherry Hamby



POLYVICTIMIZATION

Deteriorates
Mental Health

Changes
Behavior

Decreases
Physical Well-being

Increases Future
Victimization

2-7 TIMES MORE
LIKELY TO BE
VICTIMIZED IN THE
FUTURE

Increases Life
Adversities

4-6 TIMES THE
LEVEL OF SERIOUS
VICTIMIZATION



Trauma Adaptive Responses When Overwhelmed



Why Look at Polyvictimization

- Victimizations are not randomly distributed but tend to accumulate for certain individuals and in certain environments
- To identify survivors where victimization is more of a “**condition**” than an “event” so we can accurately provide services



The Polyvictimization Demonstration Initiative

Start Small

Dream Big

FAMILY JUSTICE CENTERS AND MULTI-AGENCY MODELS

Advocacy

Law
Enforcement

Prosecutor
and
Civil Legal
Services

Counseling
Child
Resource
Room
Adult Therapy

MDT
Child Abuse
and
Sexual
Assault

Social
Services
DCF
Housing
Services
Cultural and
Linguistic

Wellness
Center
Mental
Health Center
Interfaith
Counseling
Meditation

Medical
Forensic
Medical
Examination
Room
Prevention

Self
Sufficiency
Job Training
Dress for
Success
Childcare
Camping and
Mentoring

PROJECT GOAL

Build a comprehensive, culturally responsive, trauma-informed intake process and service delivery approach for Centers to address the complex needs of polyvictimization survivors and create pathways to justice, healing, and hope.

SYSTEMS

Create a screening and assessment tool;
Change *HOW* we deliver services based on the tool;
Develop a trauma-informed understanding of polyvictimization;

ORGANIZATIONS

Integrate culturally responsive and survivor centered approaches to service delivery;
Expand self-care and attention to vicarious trauma;
Expand community building and holistic services.

INDIVIDUALS

Create individualized service delivery with measurable outcomes;
Increase hope, justice and healing;
Improve collaboration and integration at Centers.

Sites

- **Family Justice Center Sonoma County – Santa Rosa, CA**
- **Stanislaus Family Justice Center - Stanislaus, CA**
- **Family Safety Center – Tulsa, OK**
- **New Orleans Family Justice Center – New Orleans, LA**
- **Sojourner Family Peace Center – Milwaukee, WI**
- **Queens Family Justice Center – Queens, NY**

Experts and Partners

NATIONAL EXPERTS



Dr. David Finkelhor

Dr. Vincent Felitti



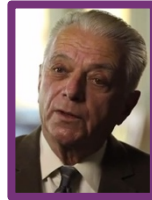
Kim Roth, LMFT

Dr. Linda Chamberlain



Dr. Brent Crandal

Dr. Ted Corbin



The Hope Research Center
University of Oklahoma

- Dr. Chan Hellman -



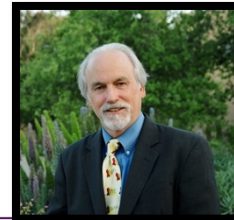
National Council for Juvenile
and Family Court Judges

- Eryn Branch -



Center for Innovation in
Trauma-Informed Care

- Raul Almazar -



Chadwick Center for
Children and Families

- Charles Wilson -



Polyvictimization Assessment Tool

Why the Polyvictimization Screening Tool was Developed



Holistic Services

Help professionals tailor and better provide long-term holistic services that address the multiple forms of trauma survivors face



Community building

Integrate survivors into a long-term community of support to increase hope and empowerment.



Feedback Loop

Provide a feedback loop for Centers by identifying additional partners/services that Centers need to bring onsite



Mitigate

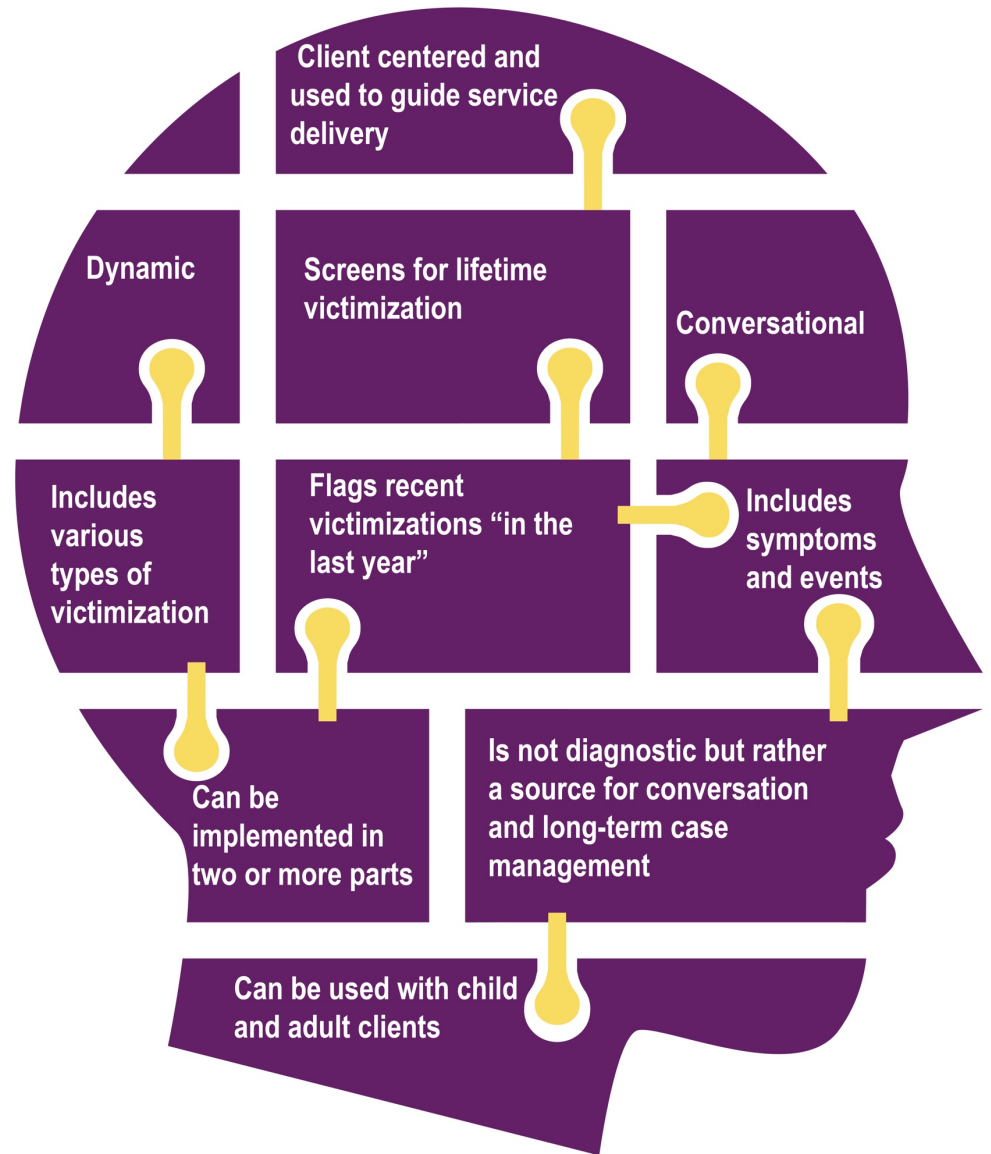
Mitigate the impact of trauma by educating, normalizing and contextualizing the lived experience of survivors through advocacy and services



Prevalence

Identify and document the prevalence and impact of polyvictimization in adults and children served in Centers

Our Agreements About the Tool



The Polyvictimization Assessment Tool

ALLIANCE for HOPE INTERNATIONAL

**Pilot Testing
Polyvictimization Screening Tool**

Name of Center: _____ Dates Completed: ____/____/____

Client Name: _____ Over the age of 18? Yes No

Name of Primary Staff Member: _____ Number of sessions it took to gather the information below: _____

Did you ask ALL of the questions? Yes No Did you complete all of the MANDATORY questions? Yes No

New Client: Returning Client:

Instructions:
The Polyvictimization Screening Tool is an *information integration tool* and should be completed by a Center staff member. For each event circle "Y" for yes or "N" for no in one or more of the boxes to the right as indicated during intake(s) by the client. A) it **happened** to them personally; B) they **witnessed** it happen to someone else; C) it **doesn't apply** to them. The calculated Polyvictimization score for "in the last year" is not a victimization score but should trigger a response at the Center.
*The column "in the last year" is **required** for all events questions and may require additional follow up for pilot testing.*

Part A: Events						Notes
		Child and Teen (0-17)	Adult (18+)	In the last year		
1. Assault/battery by parent, caregiver, partner or relative* (completed or attempted) (ex: with a gun, knife or other weapon including fist, foot, etc.)	Happened	Y N	Y N	Y N	<input type="checkbox"/> Didn't respond <input type="checkbox"/> Didn't ask	
	Witnessed	Y N	Y N	Y N		
	Doesn't apply	<input type="checkbox"/>				
2. Assault/battery by non-relative/non-intimate partner* (completed or attempted) (ex: with a gun, knife or other weapon including fist, foot, etc.)	Happened	Y N	Y N	Y N	<input type="checkbox"/> Didn't respond <input type="checkbox"/> Didn't ask	
	Witnessed	Y N	Y N	Y N		
	Doesn't apply	<input type="checkbox"/>				
3. Strangulation and/or positional asphyxia* (pressure applied by any means to the neck or anything that made it difficult to breathe) (ex: choking, use of body weight or arms, sitting on top of you, etc.)	Happened	Y N	Y N	Y N	<input type="checkbox"/> Didn't respond <input type="checkbox"/> Didn't ask	
	Witnessed	Y N	Y N	Y N		
	Doesn't apply	<input type="checkbox"/>				
4. Fear of physical violence* (ex: a parent, partner, or someone at home often acts or acted in a way that created fear, verbally threatened to harm or kill)	Happened	Y N	Y N	Y N		
	Witnessed	Y N	Y N	Y N		

- 26 Event Based Questions
- 18 Symptom Based Questions

Events Section

CATEGORIES:

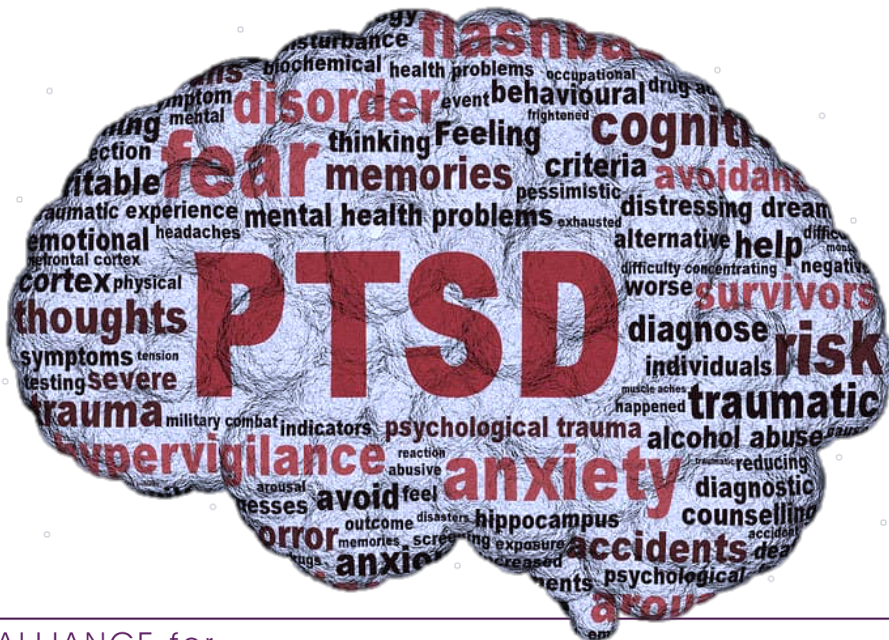
1. Physical violence including strangulation and captivity
 2. Sexual violence
 3. Emotional violence
 4. Financial abuse
 5. Neglect
 6. Substance abuse
 7. Stalking
 8. Poverty, homelessness
 9. Traumatic losses and injury/illness
 10. Community violence, including discrimination
 11. Natural and man made disasters
- Questions distinguish partner and parent/ caregiver in order to account for childhood vs adult experiences
 - Covers all topics/ victimizations assessed in ACES, AES, Vision 21 as well as some mandatory reporting questions
 - Covers lifetime victimization
 - Also allows for further questions on when victimization happened to client or other scenarios for additional case management clinical assessment

Symptomology Section

CATEGORIES:

1. Suicidality
2. Self-harming behaviors
3. PTSD Screening

- 5 question validated PTSD Screening included in the questions
- Includes symptoms that can be addressed by clinicians



Impact on Service Delivery

The Polyvictimization Screening Tool creates a feedback loop for Centers



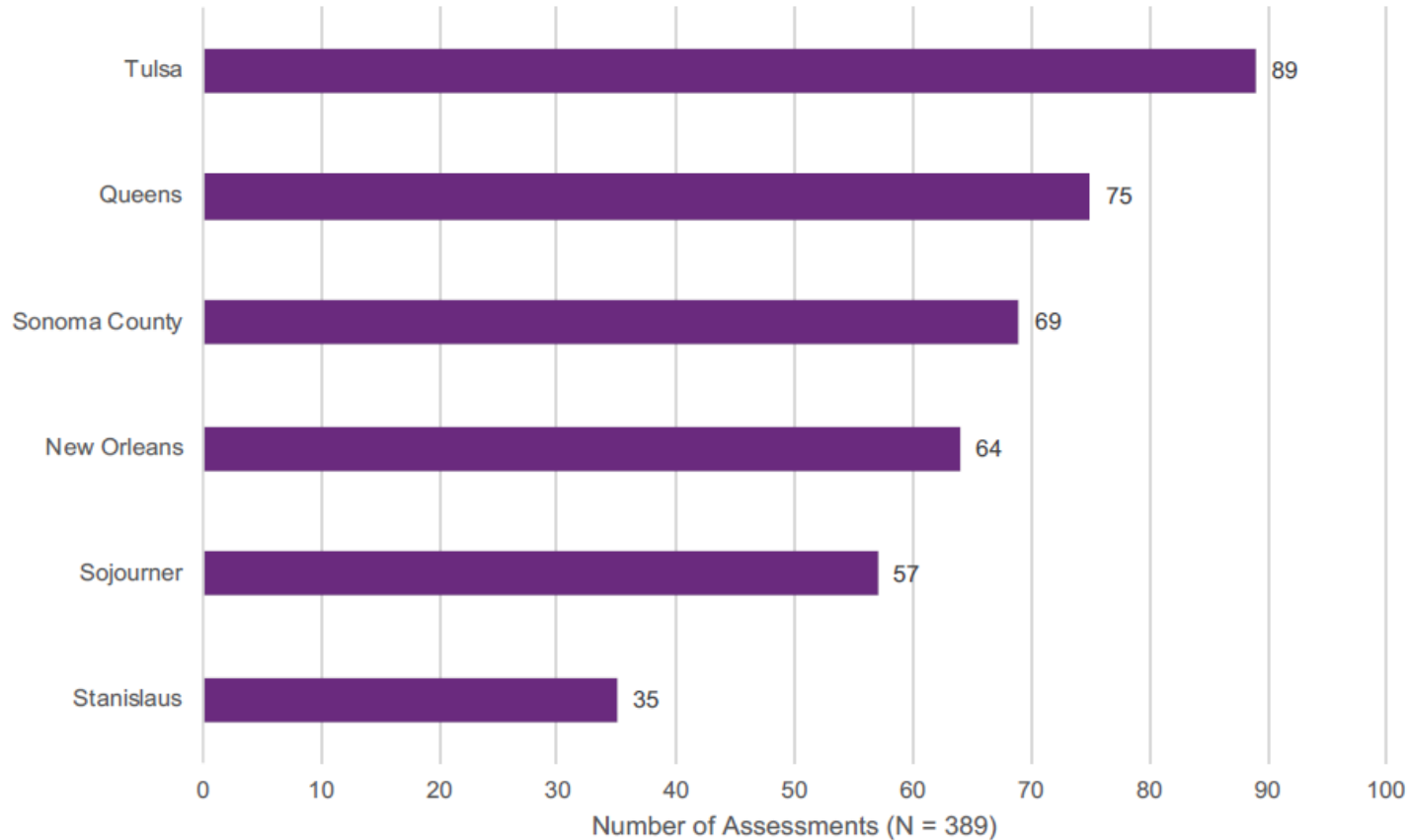


Results from Implementation

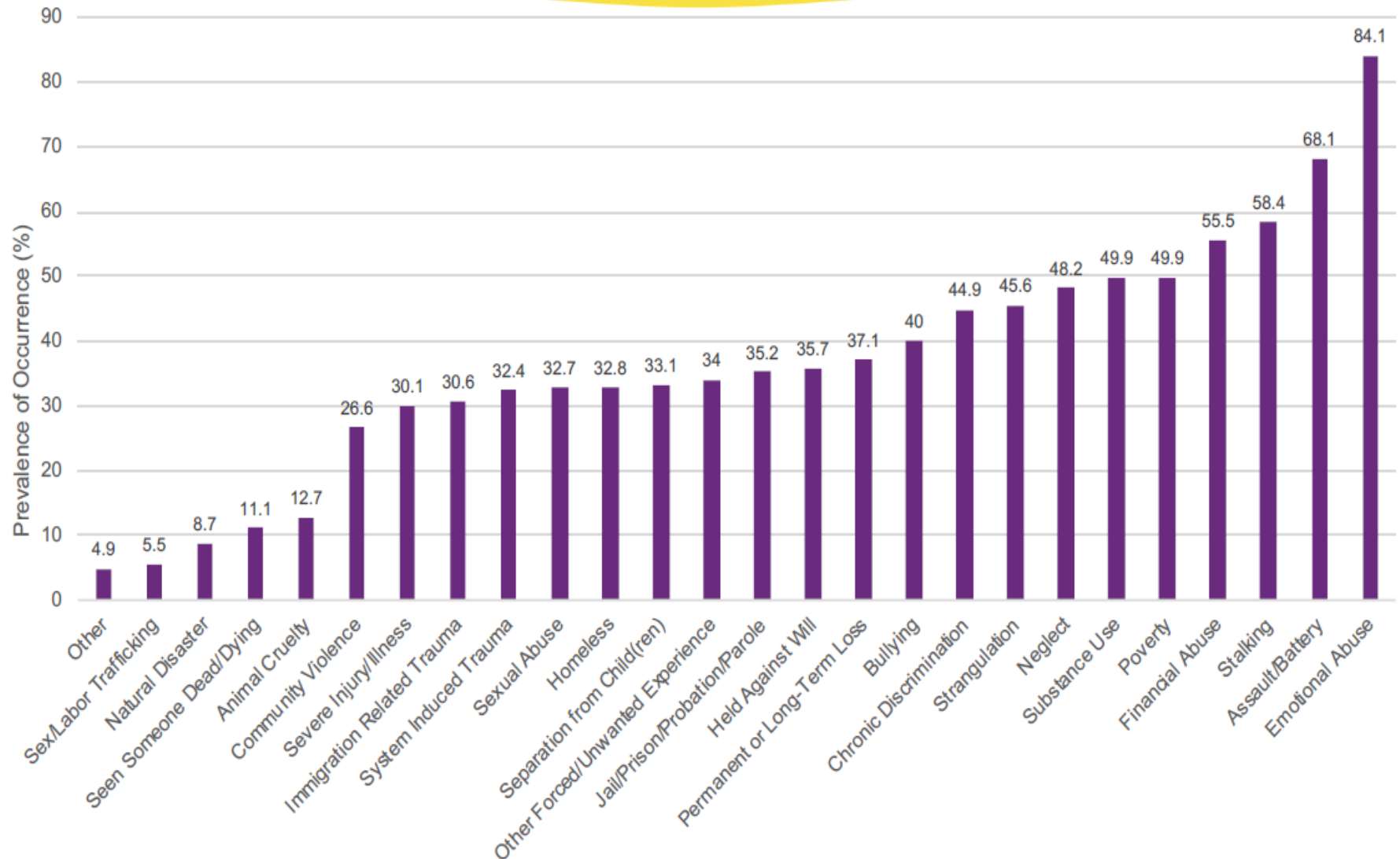


Analyses of Completed Assessments

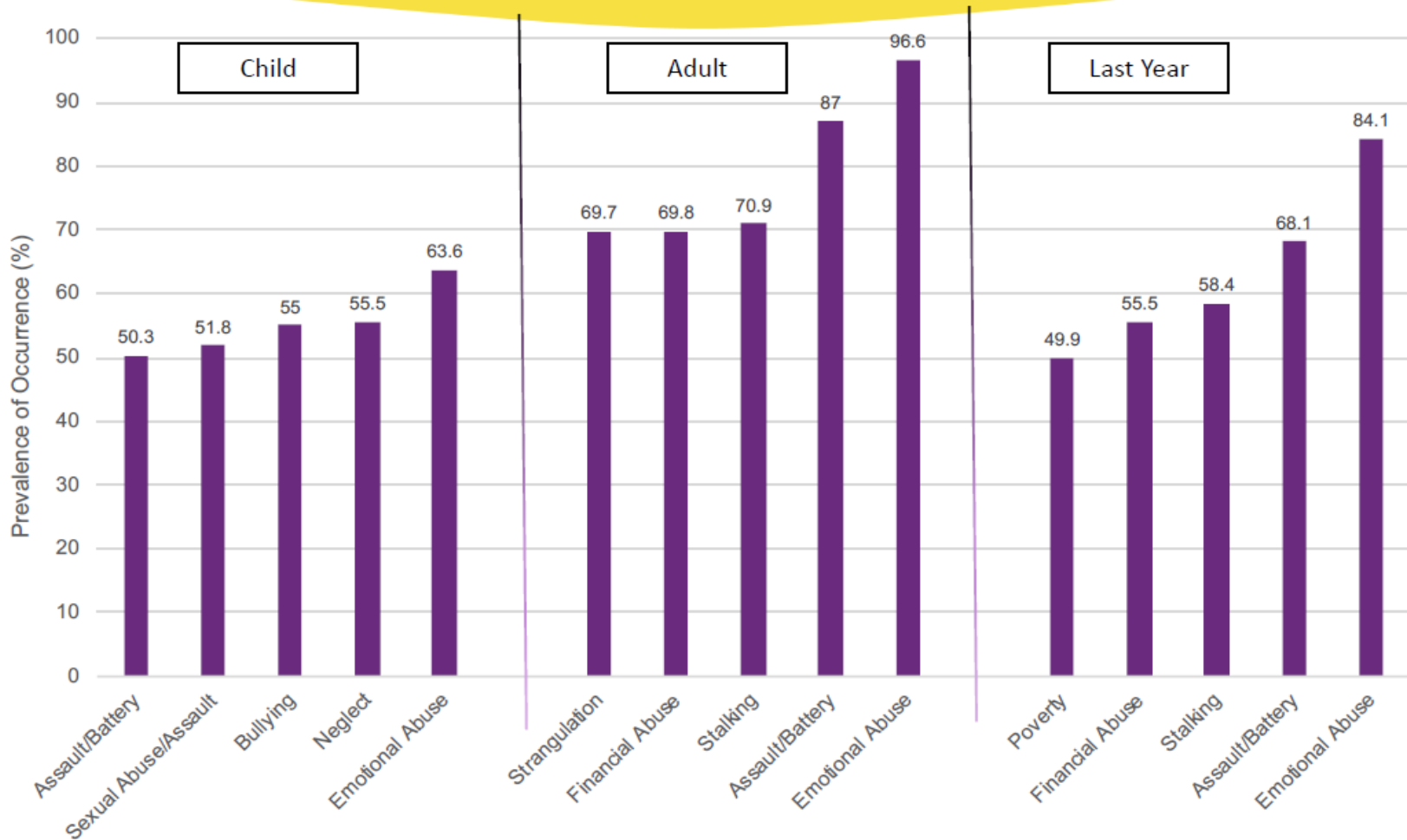
Count of Completed Assessments By Site



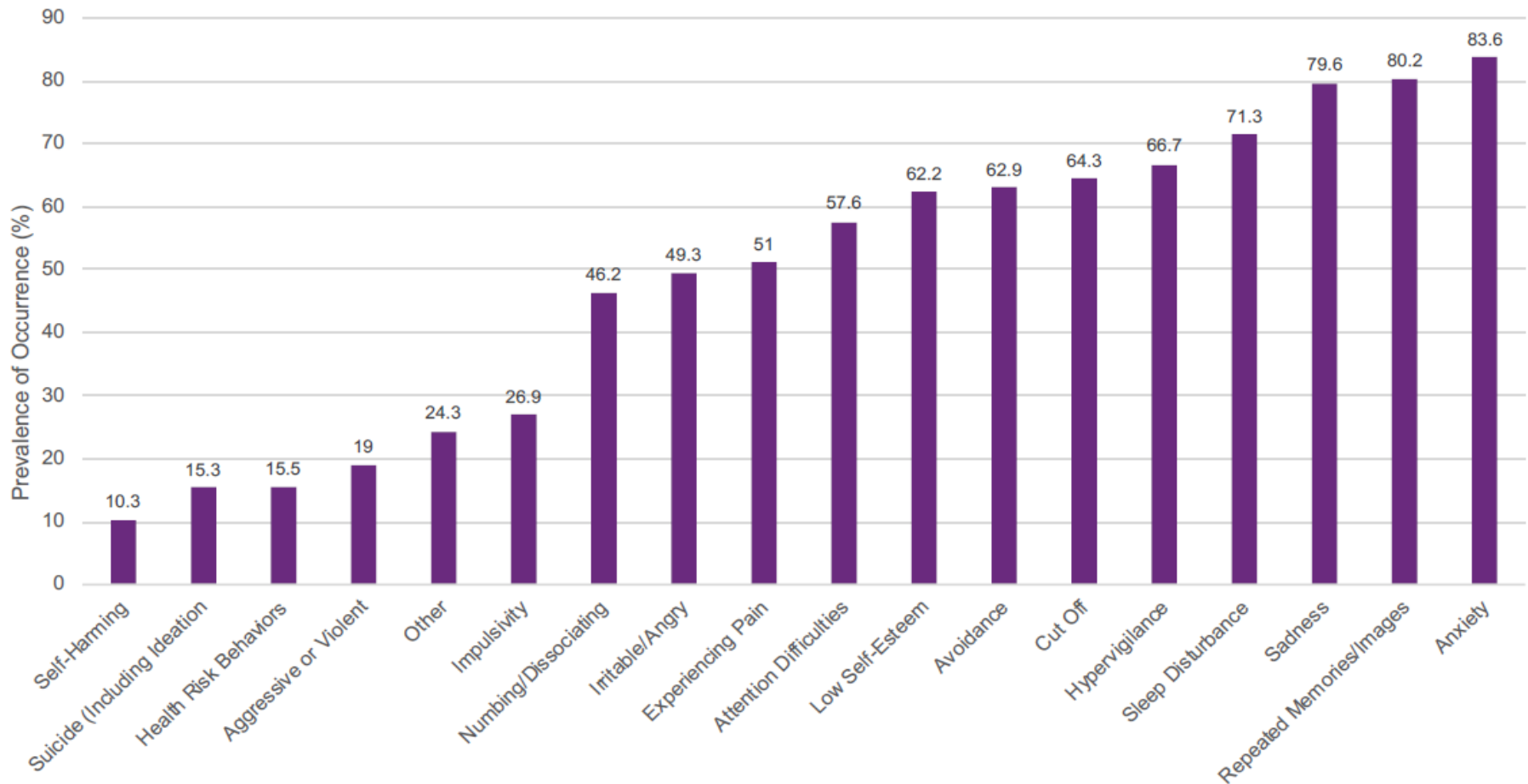
Prevalence of Event Occurrence (In The Last Year)



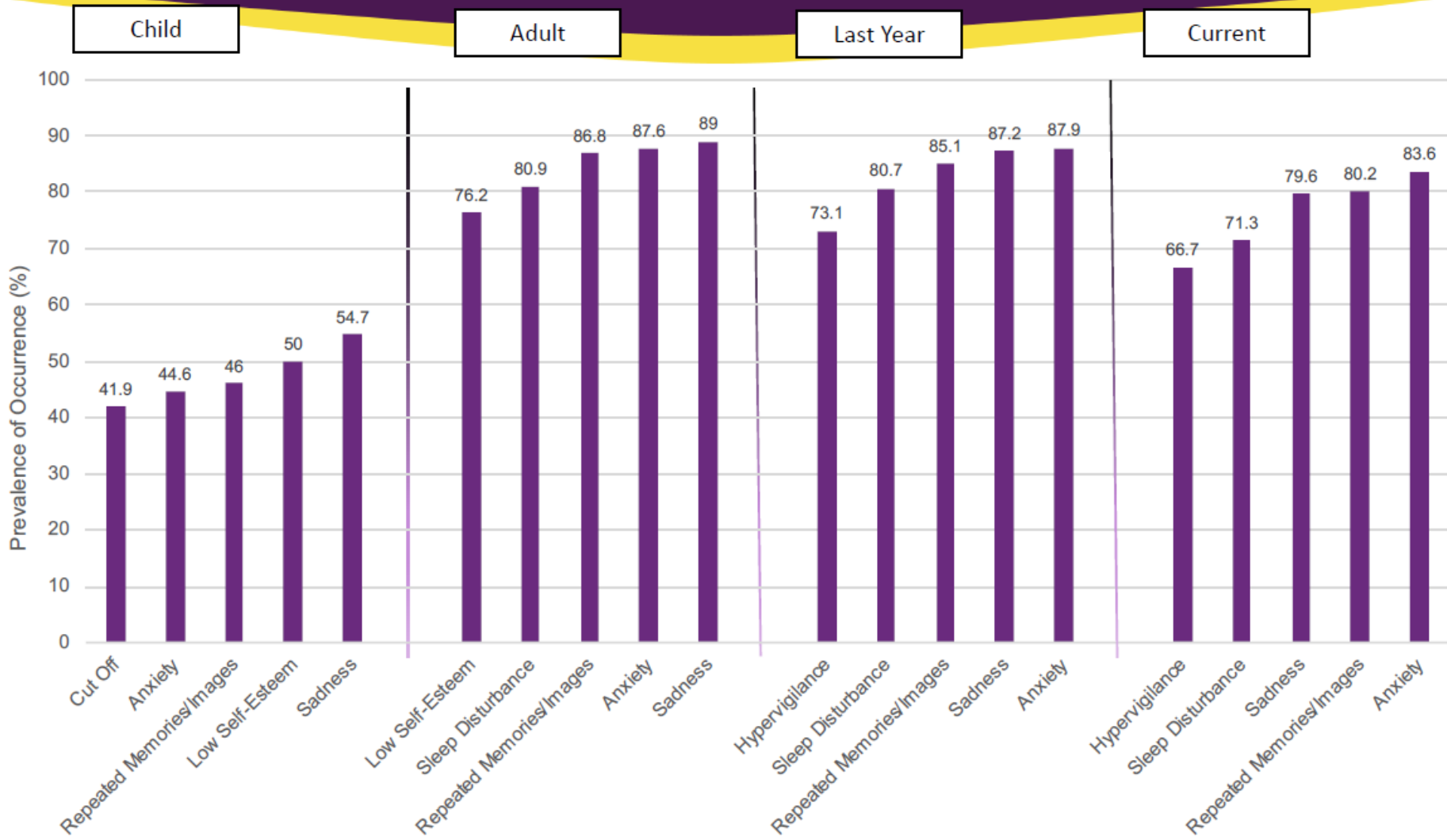
Top 5 Most Prevalent Events



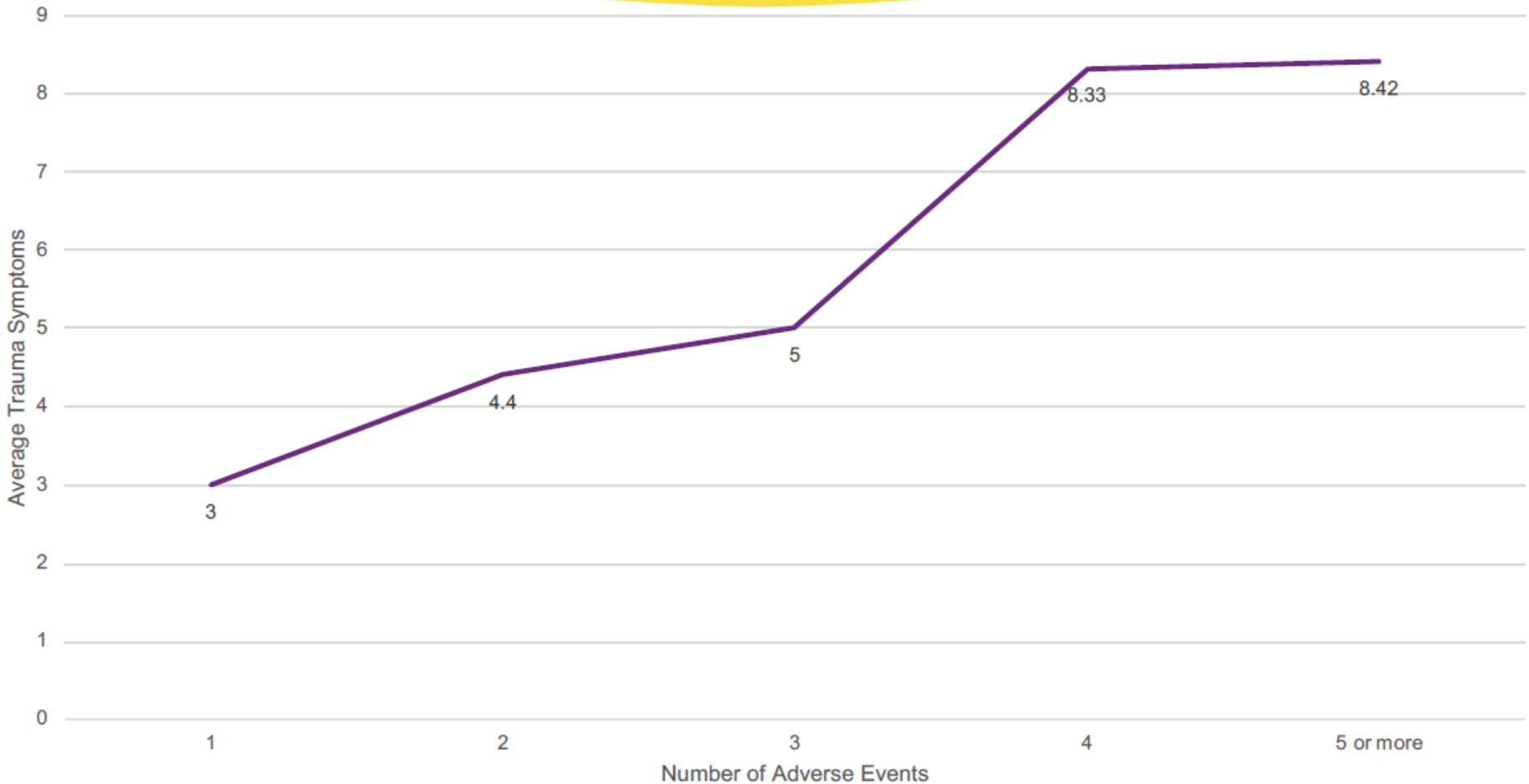
Prevalence of Current Symptoms



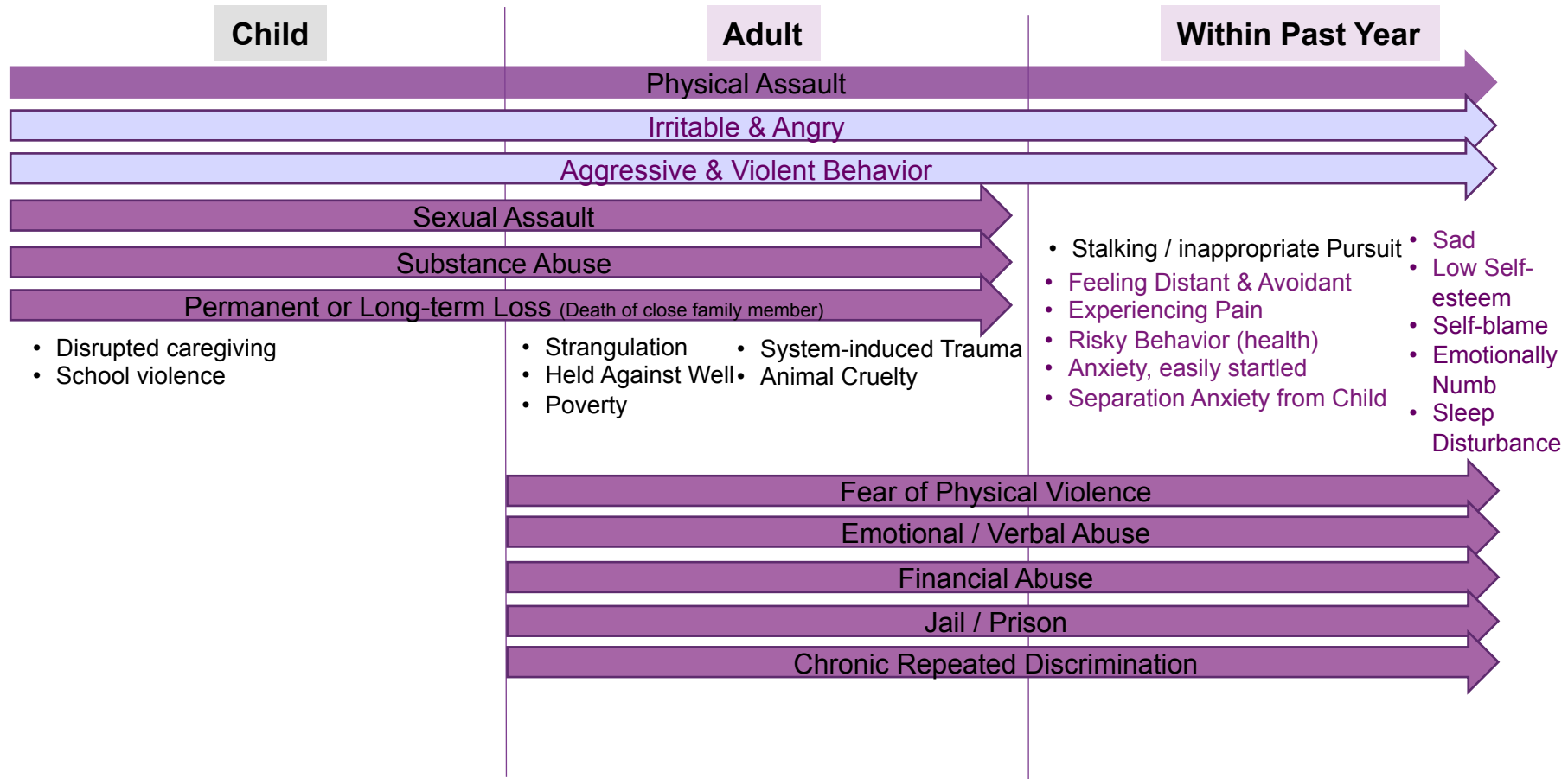
Top 5 Most Prevalent Symptoms



Current Trauma Symptoms By Number of Adverse Events Experienced In The Last Year



Single Case Analysis - Tulsa Family Safety Center, 2018





Accomplishments Across Demonstration Initiative Sites

Family Justice Center Sonoma County



Permanent receptionist



Trauma Informed Environment



Team working on the
Polyvictimization Assessment Tool

Stanislaus Family Justice Center



New Lobby



New Reception and Kids Zone Area



Queens Family Justice Center



Therapy Dog



Decorated Reception Area





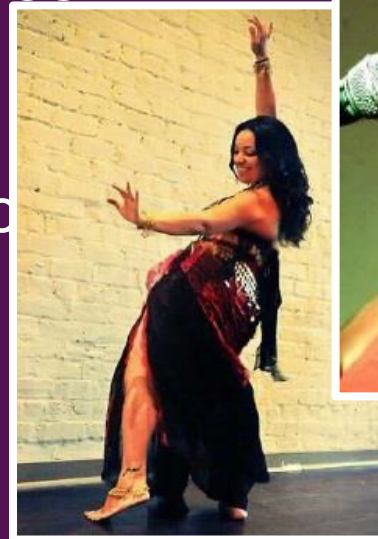
New Orleans Family Justice Center

Assigned staff member to greet people, check in clients, and allow them into the building



Added additional holistic services

- Yoga, reiki, NADA ear acupuncture, art group, massage, belly dancing, improv comedy, and singing!



Sojourner Family Peace Center



Impact of Initiative

Action Steps

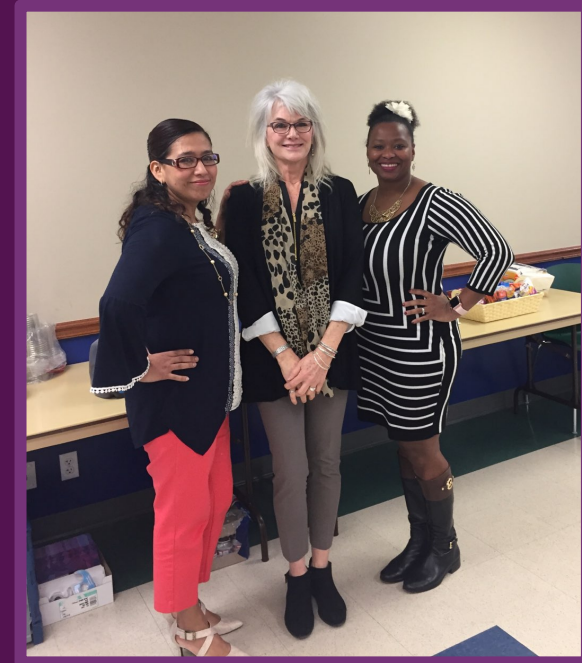
- Established relationships with co-located partners
- FPC structure and operation
- Evaluated client path and response to families
- Improved supports for FPC staff to process and manage vicarious trauma
- Create an agreed upon and shared FPC organizational culture

- Assessed the strength and growth opportunities of the center and developing their strategic plan.
- Developed an all building email list to improve building wide communications
- Intentionally decided to improve staff wellness activities and provided training for FPC staff on the impacts of trauma.
- In process of developing a centralized intake system and solidified referral processes between co-located partners.
- Identified shared values and organizational culture among agencies and partners

Tulsa Family Safety Center



- Provided trauma training to staff and partners.
- Changed client flow process and involved all staff and partners in the process
- Hired licensed mental health professionals as navigators to introduce and perform screens and assessments
- Identified non-fatal strangulation as a significant indicator for clients
- We have served a greater number of returning clients since the Polyvictimization Demonstration Initiative.
- Shift from a Protective Order Focus
- Implemented an employee evaluation process that encourages self-evaluation and allows for inclusion of self defined trauma inform self care as a goal



Tulsa VOICES Committee

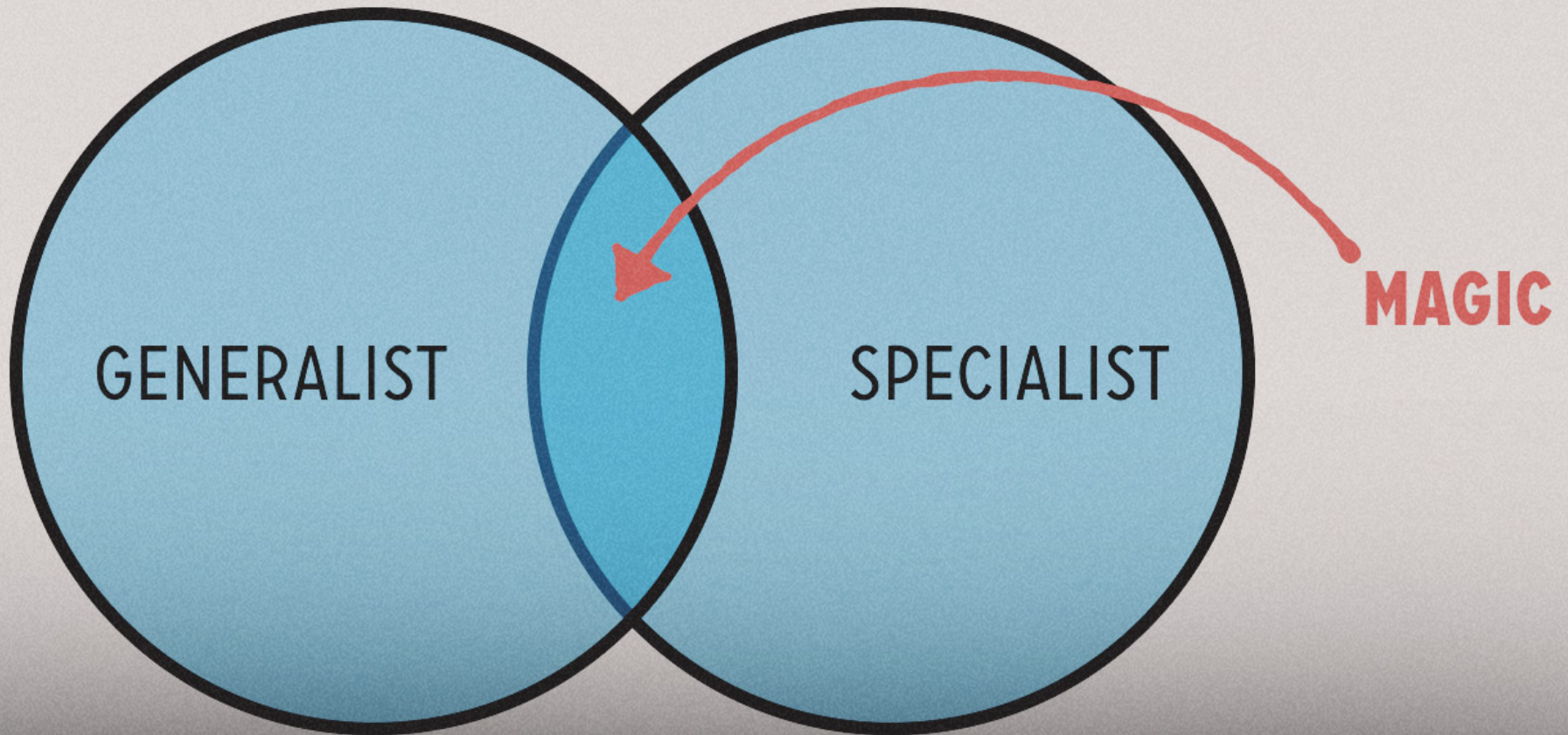



What we've learned:



Polyvictimization Initiative has led to a change in FRAMEWORK!

Services and professionals often look at only 1 type of victimization and services are often linear.



A woman in silhouette stands in a field of tall grass, her arms raised in a gesture of joy or release. She is surrounded by numerous birds in flight against a bright, golden sunset sky. The sun is low on the horizon, creating a strong backlighting effect on the woman and the birds. The overall mood is one of hope, freedom, and healing.

Survivors want to tell their whole story, but it takes time! And it is healing.



**Number of
returning
clients have
dramatically
increased!**

“I went from seeing an average of 3-5 returning clients per month; but in June during pilot-testing of the Tool I saw 21 returning clients.”

- Maria Thomas, Navigator at
Family Justice Center
Sonoma County



**The Tool has
helped most
clients connect
the dots...**

"I love using the tool because it helps with education about polyvictimization. It is very affirming for clients. A client once said 'I really hope this helps other people.'"


**- Walesa Kanarek, Adult Trauma
Therapist at NOFJC**

Increased psychoeducation for survivors

A-Z OF TRAUMA SYMPTOMS



- A:** Anxiety
- B:** Bottling up emotions
- C:** Change in personality or mood
- D:** Depression
- E:** Eating patterns change (along with drinking/smoking)
- F:** Fatigue
- G:** Guilt, shame or self-blame
- H:** Heartbeat racing
- I:** Insomnia
- J:** Jumpy or being startled easily
- L:** Lack of concentration
- M:** Memory lapse
- N:** Nightmares (along with flashbacks, panic attacks or disturbed sleep)
- O:** Obsessive compulsive behaviours
- P:** Post traumatic stress disorder (PTSD)
- Q:** Quiet and introverted
- R:** Relationships are suffering
- S:** Shock and stress
- T:** Tension in muscles
- U:** Unusual behaviour such as self-destructive or substance abuse
- V:** Verbal skills deteriorating
- W:** Withdrawn and becoming unsociable



**What Frontline Staff have
known for years is now backed
up with research!**



**It is important
to add Non-
Traditional
Partners To Fill
Identified Gaps**

- **Healthcare system and healthcare engagement**
- **Substance use**
- **Community violence**
- **Discrimination**
- **System induced trauma**
- **Prison/parole/jail**
- **Acupuncture**
- **Yoga**

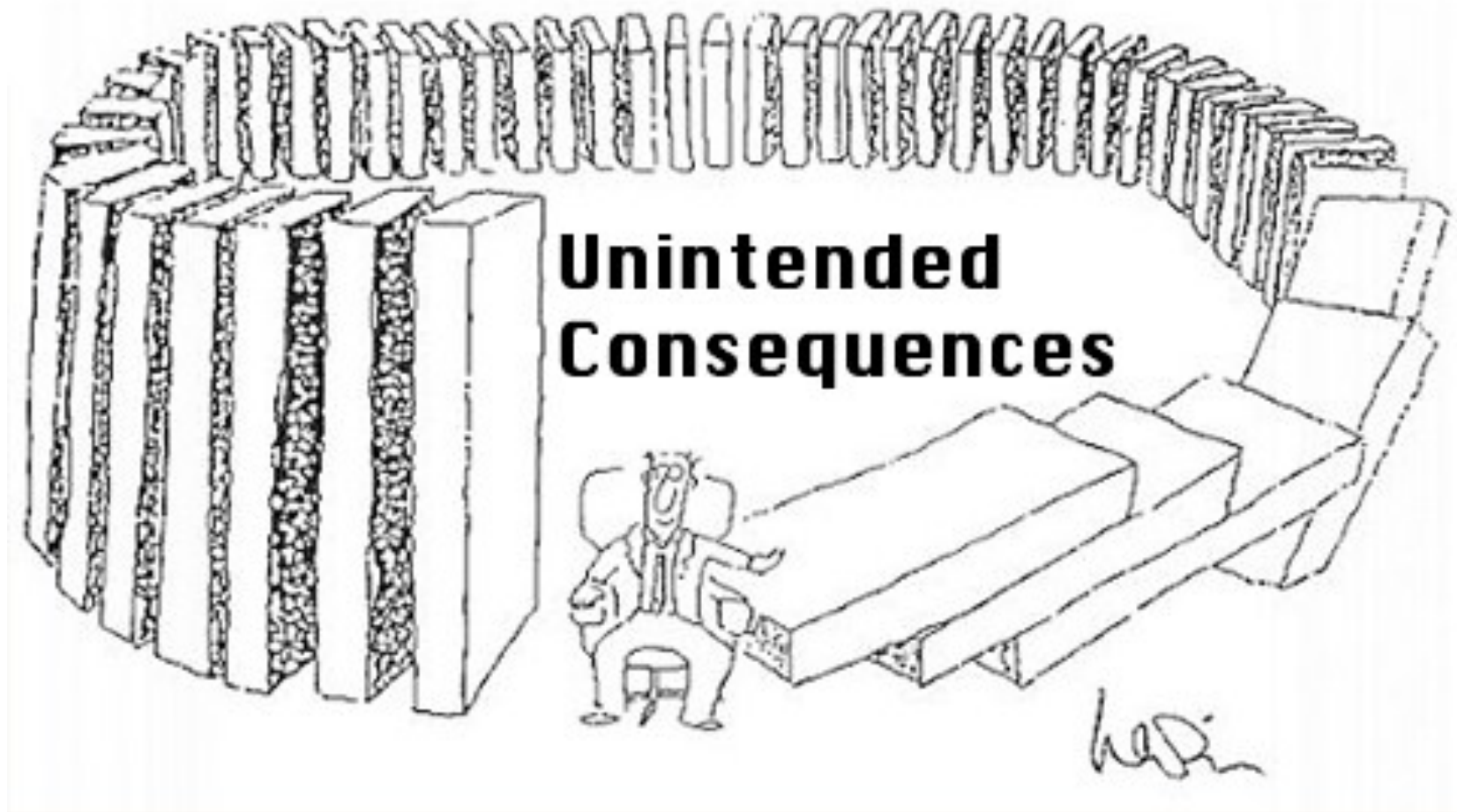


Tool functions as a way to hold information



**Deeper engagement and
collaboration between partners**

Staff support is critical!



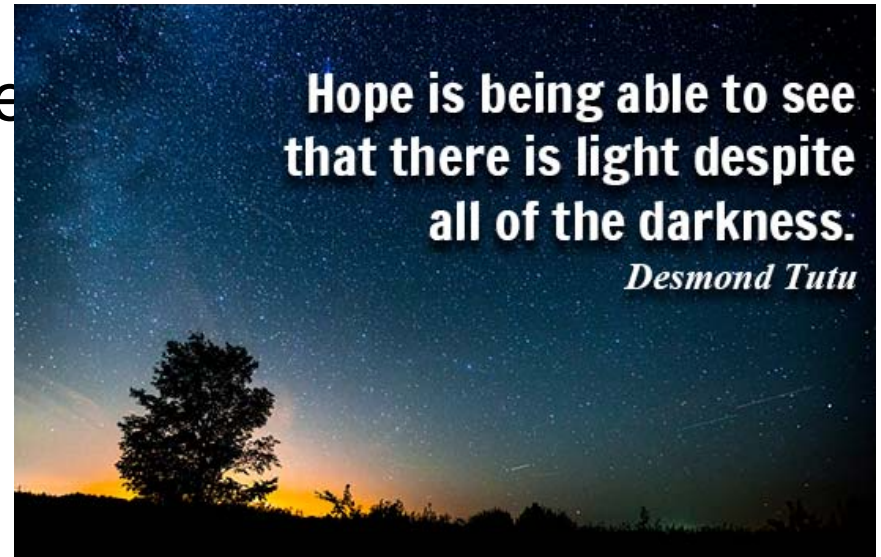
How do you mitigate high levels of trauma (ACEs and Polyvictimization)?

Trauma can be mitigated with trauma-informed, hope-centered efforts to increase hope, resilience, self-efficacy, and protective factors...

HOPE

Hope Defined

- Hope is a **belief** that our future will be better than our past, and we have the power to make it so.
- Hopeful individuals identify one or more **pathways** toward the goal; and can dedicate **agency** (will power) toward these pathways.





2,000 Published Studies on the Science of HOPE

“In every published study of hope, every single one, hope is the single best predictor of well-being compared to any other measures of trauma recovery. This finding is consistently corroborated with other published studies from top universities showing that hope is the best predictor for a life well-lived.”

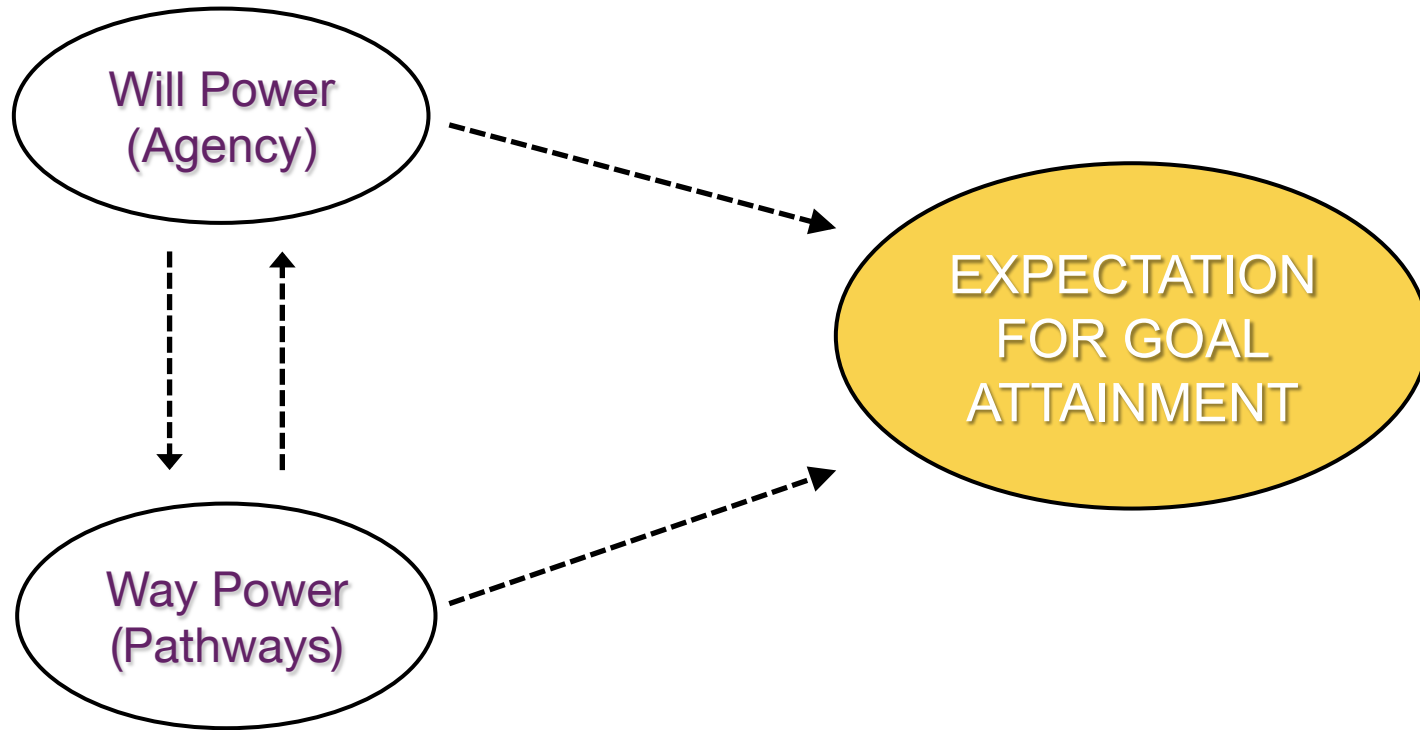
Casey Gwinn & Chan Hellman

Hope Rising: How the Science of HOPE Can Change Your Life

The Science of Hope

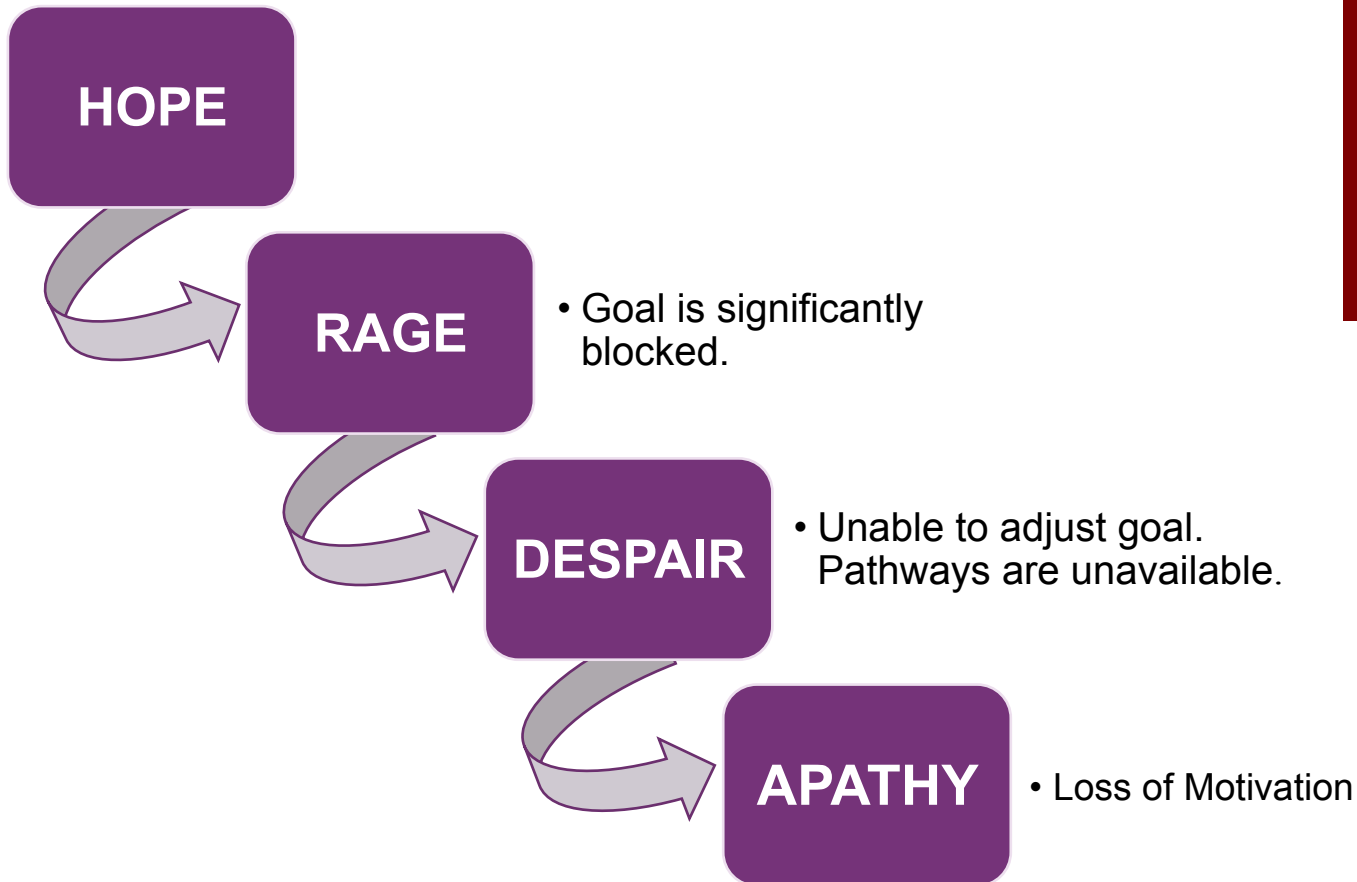
- **Goals:** Cognitive endpoint of **purposeful** behavior.
 - Can be either short - or long-term in nature.
 - Must be of sufficient value to motivate behavior.
- **Pathways Thinking** = Mental roadmaps to goal attainment.
 - Ability to consider potential barriers with workable solutions.
 - Ability to consider multiple pathways.
- **Agency Thinking** = Mental energy (will power) to our pathway pursuits.
 - Ability to self-regulate thoughts, emotions and behaviors.
 - Connected to glucose levels in the blood.

Hope Theory



...agency without pathways is a wish!

The Continuum of Hope



Repeated failures at goals result in a general expectation that future goal attainment is not likely – “Why try?”

Measuring Hope

ADULT HOPE SCALE (Snyder, et. al., 1991).

8 item scale report measure

Hellman, Pittman, & Munoz (2013)

Reliability Generalization

CHILDREN'S HOPE SCALE (Snyder, et.al., 1997)

6 item self-report measure

Hellman, Munoz, Worley, Feeley, Gillert

Reliability Generalization

For more info on Hope Theory: chellman@ou.edu Chan Hellman

Hope Theory Webinar in Alliance for Hope International's Resource Library



How to Translate this to Your Work



Stress relief activities



- Read a good book
- Watch a your favourite film
- Engage your visual senses in painting or photography
- Allow yourself to day dream for 10 mins
- Use visualisation techniques
- Evoke good memories from look at memory or story board



- Sit outside and enjoy the sounds
- Listen a a favourite piece of music
- Listen to some sounds, lapping water ...
- Listen to a motivational recording
- Play a relaxation cd
- Listen to a radio programme with your eyes closed



- Burn some aromatherapy oils
- Enjoy the aroma of scented candles
- Do some baking - the mixture of aromas and soothing movements
- Enjoy outdoor smells from walks in the country or near the sea ...
- Freshly brewed tea or coffee

Engage one or more of your senses to relieve stress



- Sing
- Laugh
- Have a chat with someone who listens
- Chew a piece of sugarless gum
- Use deep breathing exercises
- Eat a piece of dark chocolate
- Use deep breathing exercises
- Repeat affirmations out loud



- Exercise
- Squeeze a stress ball
- Stroke a pet - particularly cats, dogs, rabbits
- Wear soft warm clothing.
- Bake - enjoy the soothing, repetitive movements
- Play a musical instrument
- Have a massage
- Yoga or pilates

Help Staff Identify Stress Relievers

Tips for Stress relief in tense situations, and in your center's environment, utilizing the Five Senses as your guide.

What else is going on?

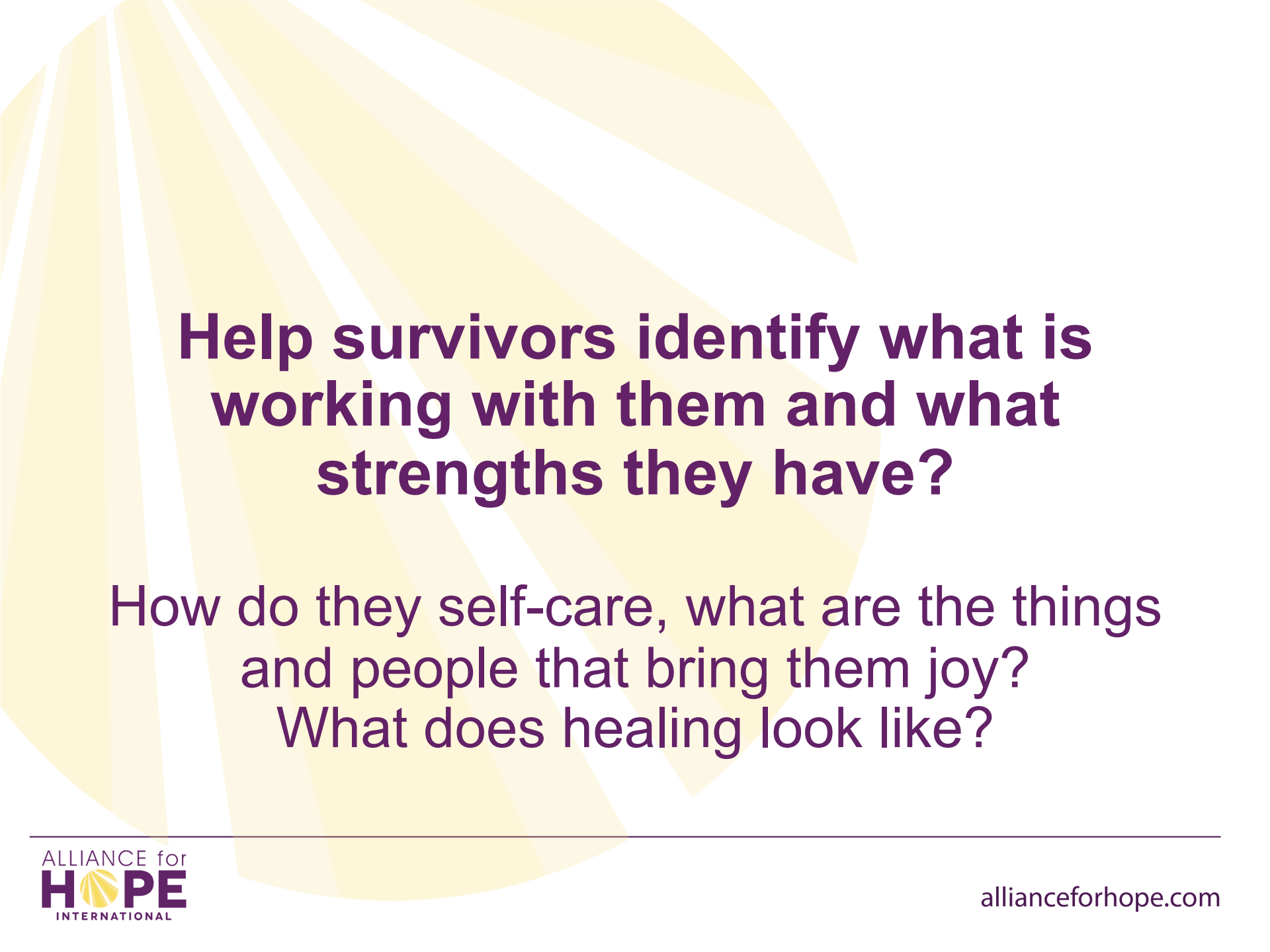
- Open the door to conversation with clients about the intersecting realities in their lives
- Led to broader referrals, deeper relationships, advanced healing, more meaningful service delivery

Community Building

- Utilize creative approaches to move from crisis management to community building
- Holistic Care and hope building activities
- Create connections with broader referrals in community

On Empathy:



A large, stylized sunburst graphic in shades of yellow and white, radiating from the top left towards the bottom right, serving as a background for the text.

Help survivors identify what is working with them and what strengths they have?

How do they self-care, what are the things and people that bring them joy?
What does healing look like?

It is not enough to just ask what happened– but also important to help identify things that are right!

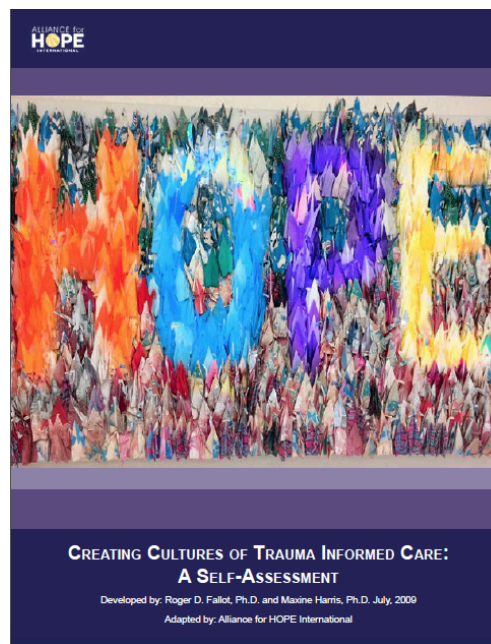


Remember the Human Connection



Want to Learn More?

- Assess Your Center's Level of Trauma Informed Approaches
- Sign up for Alliance for Hope Newsletter
- Resource Guidebook coming out at the end of September!





Questions?



THANK YOU!

Kelsey Price

Kelsey.price@Sonoma-county.org

Natalia Aguirre

natalia@allianceforhope.com

Brynne Spain

brynne@allianceforhope.com