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
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

Critical & Sensitive Developmental Periods

Adverse Childhood Experience
More Categories - Greater Impact
- Physical Abuse, Sexual Abuse, Emotional Abuse, Neglect
- Witnessing Domestic Violence, Depression/Mental Illness in Home, Incarcerated Family Member, Substance Abuse in Home, Loss of a Parent

Genetics
Experience triggers gene expression (Epigenetics)

BRAIN DEVELOPMENT
Electrical, Chemical, Cellular Mass

ADAPTATION
Hard-Wired Into Biology

- CHRONIC DISEASE
- PSYCHIATRIC DISORDERS
- IMPACT COGNITION
- WORK/SCHOOL Attendance, Behavior, Performance
- OBESITY
- ALCOHOL, TOBACCO, DRUGS
- RISKY SEX
- CRIME
- POVERTY
- INTERGENERATIONAL TRANSMISSION, DISPARITY

Source: Family Policy Council, 2012
WHAT IS POLYVICTIMIZATION
Defining Polyvictimization

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.
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
- Bullied by girls at school
- Was sexually assaulted by her high school boyfriend
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

- Agitation
- Insomnia
- Hypervigilance
- Depression
- Numbing
- Generalized Anxiety
- Panic Attacks
- Substance Abuse
- Intrusive Memories
- Nightmares
- Shame & Self Hatred
- Somatic Symptoms
- Dissociation
- Self Destructive Behavior
- Eating Disorders

Traumatic Event
Trauma Adaptive Responses When Overwhelmed

- Agitation
- Hopelessness
- Intrusive Memories
- Nightmares
- Numbing
- Hypervigilance
- Depression
- Generalized Anxiety
- Panic Attacks
- Substance Abuse
- Eating Disorders
- Shame & Self Hated
- Somatic Symptoms
- Dissociation
- Self Destructive Behavior
- Insomnia

ALLIANCE for HOPE INTERNATIONAL
allianceforhope.com
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

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

Adapted from:
The Center for Women and Families of Eastern Fairfield County, Inc.
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

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Dr. Vincent Felitti
Kim Roth, LMFT
Dr. Linda Chamberlain
Dr. Brent Crandal
Dr. Ted Corbin

PARTNERS

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 -

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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

- Client centered and used to guide service delivery
- Screens for lifetime victimization
- Dynamic
- Flags recent victimizations “in the last year”
- Conversational
- Includes various types of victimization
- Can be implemented in two or more parts
- Includes symptoms and events
- Can be used with child and adult clients

Is not diagnostic but rather a source for conversation and long-term case management
The Polyvictimization Assessment Tool

- 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
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

Step One: Tool used with client

Step Two: Tool informs services client receives

Step Three: Tool provides feedback on most utilized services and additional needed partners

Step Four: Center grows and expands
Results from Implementation
Analyses of Completed Assessments

Count of Completed Assessments By Site

<table>
<thead>
<tr>
<th>Site</th>
<th>Number of Assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tulsa</td>
<td>89</td>
</tr>
<tr>
<td>Queens</td>
<td>75</td>
</tr>
<tr>
<td>Sonoma County</td>
<td>69</td>
</tr>
<tr>
<td>New Orleans</td>
<td>64</td>
</tr>
<tr>
<td>Sojourner</td>
<td>57</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>35</td>
</tr>
</tbody>
</table>

Number of Assessments (N = 389)
Prevalence of Event Occurrence (In The Last Year)

Prevalence of Occurrence (%)

- Other: 4.9
- Sex/Labor Trafficking: 5.5
- Natural Disaster: 8.7
- Animal Cruelty: 11.1
- Seem Someone Dead/Dying: 12.7
- Community Violence: 26.6
- Severe Injury/Illness: 30.1
- Immigration Related Trauma: 30.6
- System Induced Trauma: 32.4
- Sexual Abuse: 32.7
- Homeless: 32.8
- Separation from Children: 33.1
- Violent Intimate Partner: 34
- Juvenile Probate Parole: 35.2
- Held Against Will: 35.7
- Permanent or Long-Term Loss: 37.1
- Chronic Discrimination: 40
- Strangulation: 44.9
- Substance Use: 45.6
- Neglect: 48.2
- Financial Abuse: 49.9
- Poverty: 55.5
- Stalking: 58.4
- Assault/Battery: 68.1
- Emotional Abuse: 84.1

Graph showing the prevalence of different types of events in the last year.
Top 5 Most Prevalent Events

- Assault/Battery
- Sexual Abuse
- Neglect
- Emotional Abuse
- Strangulation

- Financial Abuse
- Stalking
- Assault/Battery
- Emotional Abuse

- Poverty
- Financial Abuse
- Stalking
- Assault/Battery
- Emotional Abuse

Relationship Between Multiple Types of Victimizations (In The Last Year) and Number of Trauma Symptoms (Blue Items):

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Child Prevalence (%)</th>
<th>Adult Prevalence (%)</th>
<th>Last Year Prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assault/Battery</td>
<td>50.3</td>
<td>51.8</td>
<td>49.9</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>65.5</td>
<td>63.6</td>
<td>55.5</td>
</tr>
<tr>
<td>Neglect</td>
<td>63.6</td>
<td>69.7</td>
<td>70.9</td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>70.9</td>
<td>69.8</td>
<td>68.1</td>
</tr>
<tr>
<td>Strangulation</td>
<td>96.6</td>
<td>87.0</td>
<td>84.1</td>
</tr>
</tbody>
</table>
Prevalence of Current Symptoms

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Harming</td>
<td>10.3</td>
</tr>
<tr>
<td>Suicide (including ideation)</td>
<td>15.3</td>
</tr>
<tr>
<td>Health Risk Behaviors</td>
<td>15.5</td>
</tr>
<tr>
<td>Aggressive or Violent</td>
<td>19</td>
</tr>
<tr>
<td>Other</td>
<td>24.3</td>
</tr>
<tr>
<td>Impulsivity</td>
<td>26.9</td>
</tr>
<tr>
<td>Numbing/Dissociating</td>
<td>46.2</td>
</tr>
<tr>
<td>Irritable or Angry</td>
<td>49.3</td>
</tr>
<tr>
<td>Experiencing Pain</td>
<td>51</td>
</tr>
<tr>
<td>Attention Difficulties</td>
<td>57.6</td>
</tr>
<tr>
<td>Low Self-Esteem</td>
<td>62.2</td>
</tr>
<tr>
<td>Avoidance</td>
<td>62.9</td>
</tr>
<tr>
<td>Cut Off</td>
<td>64.3</td>
</tr>
<tr>
<td>Hypervigilance</td>
<td>66.7</td>
</tr>
<tr>
<td>Sleep Disturbance</td>
<td>71.3</td>
</tr>
<tr>
<td>Sadness</td>
<td>79.6</td>
</tr>
<tr>
<td>Repeated Memories/Imagery</td>
<td>80.2</td>
</tr>
<tr>
<td>Anxiety</td>
<td>83.6</td>
</tr>
</tbody>
</table>

Pilot Polyvictimization Assessment

Principal Components Analysis of 21 Item Polyvictimization In The Last Year (20% Criteria):

- KMO = .76
- Bartlett's Test of Sphericity: $\chi^2 = 637.55 (210); p < .001$
- Extracted Factors: K1 > 1.0 account for 60.91% of variance.
- Varimax Rotation with structure coefficients > .40: One dual loading Strangulation for components II (.57) and VI (.53).
- Internal Consistency Reliability for 21 items = .80
Top 5 Most Prevalent Symptoms

- Cut Off: 41.9%
- Anxiety: 44.6%
- Low Self-Esteem: 46%
- Sadness: 54.7%
- Sleep Disturbance: 76.2%

- Repeated Memories/Imagery: 80.9%
- Anxiety: 86.8%
- Sadness: 87.6%
- Hypervigilance: 89%

- Sleep Disturbance: 73.1%
- Sadness: 80.7%
- Anxiety: 85.1%
- Repeated Memories/Imagery: 87.2%

- Hypervigilance: 66.7%
- Sleep Disturbance: 71.3%
- Sadness: 79.6%
- Anxiety: 80.2%

- Repeated Memories/Imagery: 83.6%
Current Trauma Symptoms By Number of Adverse Events Experienced In The Last Year

Number of Adverse Events

Average Trauma Symptoms

3  4.4  5  8.33  8.42

1  2  3  4  5 or more

allianceforhope.com
Single Case Analysis - Tulsa Family Safety Center, 2018

**Child**

- **Physical Assault**
- *Irritable & Angry*
- **Aggressive & Violent Behavior**
- **Sexual Assault**
- **Substance Abuse**
- **Permanent or Long-term Loss** *(Death of close family member)*
  - Disrupted caregiving
  - School violence

**Adult**

- **Physical Assault**
- *Irritable & Angry*
- **Aggressive & Violent Behavior**
- **Sexual Assault**
- **Substance Abuse**
- **Permanent or Long-term Loss** *(Death of close family member)*
  - Strangulation
  - Held Against Well
  - Poverty
  - System-induced Trauma
  - Animal Cruelty

**Within Past Year**

- Stalking / inappropriate Pursuit
- Feeling Distant & Avoidant
- Experiencing Pain
- Risky Behavior (health)
- Anxiety, easily startled
- Separation Anxiety from Child
- Sad
- Low Self-esteem
- Self-blame
- Emotionally Numb
- Sleep Disturbance

**Fear of Physical Violence**

**Emotional / Verbal Abuse**

**Financial Abuse**

**Jail / Prison**

**Chronic Repeated Discrimination**
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

• 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

Action Steps

• 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.
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.
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: 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!

Unintended Consequences
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 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.

Hope is being able to see that there is light despite all of the darkness.  
*Desmond Tutu*
“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

Will Power (Agency)

Way Power (Pathways)

EXPECTATION FOR GOAL ATTAINMENT

agency without pathways is a wish!
Repeated failures at goals result in a general expectation that future goal attainment is not likely – “Why try?”

HOPE

RAGE
• Goal is significantly blocked.

DESPAIR
• Unable to adjust goal. Pathways are unavailable.

APATHY
• Loss of Motivation

The Continuum of Hope
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
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:
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!

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