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

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Thank You OVC

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Your Presenters:

Stacy Phillips, Victim Justice Program Specialist, Office for Victims of Crime

Natalia Aguirre, National Director, Family Justice Center Alliance

Casey Gwinn, Esq, President, Alliance for HOPE International
Shout out to our OVC Team

Gloria Kyallo, Program Assistant Polyvictimization Initiative
Alison Bildsoe, Program Assistant Polyvictimization Initiative

Office for Victims of Crime’s Vision 21: Transforming Victim Services

• First assessment of the larger victim assistance community in 15 years

• Call to action for addressing key findings, including:
  o Institutionalize an evidence base in the victim assistance field;
  o Provide more comprehensive and holistic services to victims;
  o Ensure ALL victims are reached
  o Provide more flexible federal grant funding; and
  o Invest in technology and other capacity needed by the victims' field.

Self-Care is Important:
Topics and stories can be overwhelming. Please be sure to take care of yourself!
We 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. Interpret the Adverse Childhood Experiences Survey and its long term negative consequences
2. Define the polyvictimization framework 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

Case Scenario

Julia is a new client at your agency and expresses that her husband struck her last night during the course of an argument. As you conduct intake, you find out that this is not the first time she has experienced domestic violence and that her husband strangled her a few months ago. Julia opens up and shares that as a child she witnessed domestic violence and that her father often called her names and put her down. She also shares that as a child she was often afraid of walking to school because there were incidences of gang violence in her community. As Julia continues to share her story she discloses that when she was a child her family immigrated to the United States and they often felt discriminated against.
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
Polyvictimization Framework

Polyvictimization calls to attention to “everyday trauma”
– Sherry Hamby

Defining Polyvictimization

Polyvictimization: Describes the collective experiences of multiple types of violence, 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…

- Had her house broken into
- Watched a gang fight on her walk home from school
- Was often put down and emotionally abused by her father
- Has witnessed violence between her mom and her father
- Was bullied at school
Why Look at Polyvictimization

- Victimization is not randomly distributed but tends 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.

Figure 6: Conceptual Models of Pathways to Polyvictimization
Given the correlation between additional victimizations (polyvictimization) and negative long-term health outcomes, polyvictims merit priority attention.

The Polyvictimization Demonstration Initiative

Start Small

FAMILY JUSTICE CENTERS AND MULTI-AGENCY MODELS

Dream Big

Advocacy
Prosecutor and Civil Legal Services
MDT
Child Abuse and Sexual Assault
Medical Forensic Medical Examination
Prevention
Social Services
DCF
Housing Services
Cultural and Linguistic Counseling
Child Resource Room
Adult Therapy
Wellness Center
Mental Health Center
Interfaith Counseling
Meditation
Self Sufficiency
Job Training
Dress for Success
Childcare
Camping and Mentoring
Law Enforcement

FAMILY JUSTICE CENTERS AND MULTI-AGENCY MODELS
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 – Sonoma, County
• Stanislaus Family Justice Center – Stanislaus, CA
• Family Safety Center – Tulsa, OK
• New Orleans Family Justice Center – New Orleans
• 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 Crandall
Dr. Ted Corbin

PARTNERS
The Hope Research Center
University of Oklahoma
- Dr. Chan Heilman -

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 -
What makes your organization trauma informed?

6 Principles of Trauma Informed Care

1. Safety
2. Trustworthiness and transparency
3. Peer support and mutual self help
4. Collaboration and mutuality
5. Empowerment, voice, and choice
6. Cultural, historical, and gender issues

Ultimately, the Polyvictimization Initiative has led to a change in FRAMEWORK!
Polyvictimization Screening Tool

Literature Review Process

After extensive review of 198 articles and tools the Alliance and the University of Oklahoma identified the top 30 tools that sites reviewed and provided feedback.

- 198 Articles and Tools were initially reviewed
- 77 Articles analyzed
- 121 Tools underwent an in-depth evaluation
The Polyvictimization Assessment Tool

- 26 Event Based Questions
- 18 Symptom Based Questions

Events Section

- 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
Section

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

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

Results from Pilot Testing
Pilot Polyvictimization Assessment
Relationship Between Multiple Types of Victimizations (in The Last Year)
and Number of Trauma Symptoms (Blue Items):

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

Single Case Analysis -
Tulsa Family Safety Center, 2018
Accomplishments Across Demonstration Initiative Sites

Family Justice Center Sonoma County

- Permanent receptionist and a mental health counselor
- Trauma-informed redecoration process
- Client Flow Evaluation
- Strategic Planning meetings
- Adapted MOUs with partners
- Policy and procedure shifts in light of Polyvictimization Framework
- Holistic services and increased hours for On-site Therapist
- Team-centered approach to Implementation
- Broader off-site referrals

Impact of Initiative

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Action Steps

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Stanislaus Family Justice Center

Impact of Initiative and Action Steps

- Identification of client needs - therapy
- Updated screening procedures
- Strengthening of client engagement/relationships
- Identified the need to better support the children of polyvictims

- Moved into a new space
- Deep examination of our service delivery & intake process
- Added MFT Trainees and a supervisor for adult mental health services
- Legal department expanded to include one attorney, 2 legal advocates, and 1 paralegal
- Expansion of services within Trauma Support Services Unit to include youth

Queens Family Justice Center

- Therapy Dog
- Decorated Reception Area
Queens Family Justice Center

Impact of Initiative

- Changes to the building at QFJC to enhance customer service from a Trauma Informed Lens
- Customer Service and Trauma Informed Trainings

Action Steps

- Added support for staff members as well as increased trainings
- Improved collaborations with partner agencies onsite through partner committee meeting
- Ongoing Client Support Groups
- Long-term case management
- New programming: Computer Time Program, New York Therapy Animals, Added New Additional Counseling Programs, Strengthened Partnership with Queens Hospital Center, Added New Legal Agencies, and Quarterly Wellness Events

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, improve/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
- Interactively 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 so far:

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.

“'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 Sonoma at Family Justice Center Sonoma County

Number of returning clients have dramatically increased!
"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

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

Increased psychoeducation for survivors

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

Addressing polyvictims needs is hard and requires investment of time, resources, and staff.
Staff support is critical!

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

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, and we have the power to make this future happen.
• 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

Why is Hope Important?
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.

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Hope Theory

- Will Power (Agency)
  - Expectation for goal attainment
- Way Power (Pathways)

...agency without pathways is a wish!

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The Continuum of Hope

- **HOPE**
  - Goal is significantly blocked.
- **RAGE**
  - Unable to adjust goal.
  - Pathways are unavailable.
- **DESPAIR**
  - Loss of motivation.
- **APATHY**
  - 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, Gillett
Reliability Generalization

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.
When working with survivors it helps to:

1. Use eye contact
2. Be respectful
3. Be kind
4. Be patient
5. Reassure
6. Be empathetic
7. Voice acceptance
8. Listen Actively
9. Hear them
10. Remember them
11. Just listen
12. Don’t judge

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?
Help survivors set small goals and celebrate their successes, no matter the size.

Remember the Human Connection

Want to Learn More?

- Assess Your Center's Level of Trauma Informed Approaches
- Map Your Center’s Current Survivor Flow
- Delve into Our Research and Follow Our Work

allianceforhope.com
Questions?

THANK YOU!

Casey Gwinn
Casey@allianceforhope.com

Stacy Phillips
Stacy.phillips2@usdoj.gov

Natalia Aguirre
natalia@allianceforhope.com