Treatment Models for Poly-victimization

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Poly-victimization is an important new concept for the field of maltreatment prevention and intervention. It is defined as experiencing several different types of victimization regardless of the duration or frequency of each.¹ Poly-victims have many more mental health symptoms than other victimized children and in many cases it is the poly-victimization rather than the individual type of trauma that gives the most clinically relevant information about how the client is doing.²

The purpose of this paper is to describe treatment models that are promising for addressing poly-victimization in the lives of children and families.

Treatment Conceptualization

Because poly-victimization is a relatively new concept, treatment models that look at it specifically are just starting to be developed and researched. To date, many interventions for children are categorized either by a specific form of victimization (e.g. child sexual abuse) or by the broad term trauma (a term which itself may or may not indicate poly-victimization). Hamby and Grych talk about the need to move from “trauma-informed care” to “victim-informed care” (p.93) which requires practitioners to not only evaluate violence exposure across multiple settings but also to move beyond an exclusive focus on elevated levels of trauma symptoms.³

This is important because not all victims are comfortable disclosing psychological symptoms. For example, males from many cultures may be reluctant to endorse trauma symptoms but still experience considerable aftereffects of victimization. An exclusive focus on trauma can also narrow the focus to physical and psychological symptoms while ignoring the financial and social costs of victimization. Clinicians should consider interventions for poly-victimization that not

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only deal with current symptoms but that may prevent future victimization and distress. Poly-victimization provides a new lens for treatment, one that moves beyond focusing on just one type of victimization or that focuses only on alleviating trauma symptoms. There are several key components of a poly-victimization approach to treatment:

- Working with families rather than focusing only on children when providing treatment
- Engaging and planning interventions across multiple contexts including schools
- Multi-pronged treatment approaches that may require a longer time frame and that are developmentally specific
- Looking ahead to prevention of future victimization

The hallmark of poly-victimization is that it occurs in many different places and involves a number of different perpetrators and different types of harm. Although research on this idea is ongoing, a number of hypotheses have been proposed to explain why poly-victimization has dramatic negative effects on mental health. Victimization across many relationships and different settings is thought to have a profoundly negative impact on an individual’s internal cognitive models for relationships. This can lead to isolation and other negative consequences. For example, poly-victimization can erode trust in others because safe social supports may be fewer in number. Poly-victimization interferes with a person’s ability to develop strong skills to regulate and cope with emotions because many different overwhelming emotions from different forms of victimization bombard the individual in their daily life. For example, a child who is abused at home and bullied at school does not have the chance to use one or the other setting as a place to manage smaller stresses and to build a foundation of self-esteem and coping confidence. Everywhere they turn, the stresses they confront are overwhelming. Poly-victimization also
likely has ongoing effects on the more basic foundation of how individuals view themselves and their abilities. To use the previous example, a child abused at home may still have a chance to form positive school relationships. School may be a place where that child finds opportunities to use her or his abilities and get positive feedback and chances to practice new abilities. For the poly-victimized child, both victimized at home and bullied at school, however, these more positive opportunities may be few in number or may not exist at all. Interventions, then, must focus on these different settings where risk can and often does occur in the lives of poly-victimized children (family, school, neighborhood) and not just the individual. A wide range of victimization consequences must also be the focus of intervention – not just mental health symptoms but social competencies, self-concept and social support network building. Further, these pieces of the intervention puzzle need to be systematically considered together as a more comprehensive package of intervention tools. Below we first describe key components of a treatment model. We then discuss specific therapy models that have appeared in the field in a later section along with their relevance for poly-victims.

- A focus on family intervention. This has two separate but equally important parts.

  o The first is the need to educate caregivers about what poly-victimization is, how it affects children, and why interventions need to look different from traditional therapy models that target single trauma types or incidents or therapy for other issues. Banyard, Englund, and Rozelle for example, describe a psycho-educational model for working with non-offending parents that can be adapted for addressing poly-victimization. The model highlights providing information to parents, helping them build coping and parenting skills that support children coping with problems like poly-victimization, and giving parents a space to get
emotional and social support from other parents coping with victimized children. The support that parents and other caregivers give to children is very helpful in promoting children’s recovery from victimization. But these caregivers also need information and support in order for them to do so effectively. Given that poly-victimized children typically experience more intense negative consequences and higher numbers of symptoms, parents are likely to be particularly challenged in trying to provide positive parenting and support. This has been recognized in trauma focused cognitive behavioral therapy for children that includes psycho-education for parents. For poly-victims, it is particularly important that interventions assist these parents as well as provide direct services to poly-victimized children.

- The second part focuses on parents as poly-victims themselves. Research shows that parents often have their own victimization histories. Although studies have not specifically examined poly-victimization and parenting, there is a large amount of literature on how a parent’s’ own victimizations can have negative consequences for their own sense of themselves as parents and their parenting behaviors. This needs to be considered in treatment planning for children. For example, in one study of families seeking assistance from a Navy-based family services center because of allegations of domestic violence or child maltreatment, a high percentage of non-offending mothers reported multiple different types of victimization in their lifetimes. Having a child who has experienced victimization may be particularly likely to trigger distress and create problems in functioning for these parents. They may need supportive interventions themselves
so that they can best help their children recover. Further, Hamby and Grych remind practitioners that parents who come to attention when they seek services for their children may themselves be coping with immediate victimizations including domestic violence. Thus they may be facing the elevated risks of harm and death that exist when victims seek help and consider separation from their partner. Interventions for children should include assessment and safety planning for parents and interventions that bolster and support parents’ strengths. Programs like “Zero to Three” are holistic family approaches to promoting successful child development that may serve as a model for these practices (National Center for Infants, Toddlers and Families cited in Hamby & Grych). More specific to violence, Graham-Bermann and colleagues found that a supportive intervention for children exposed to domestic violence in the home had a more helpful impact on a child’s mental health if her/his mother participated in a parallel parenting intervention group.

- Poly-victims have also likely experienced victimization in schools and neighborhoods. Because victimization can make children feel isolated and separated from others, poly-victimized children may feel this isolation in many different settings in their lives rather than just one. This more pervasive isolation requires professionals to take interventions to these locations and settings rather than just focusing on intervention with children in a therapists’ office in a community mental health or Children’s Advocacy Center. A key piece of such interventions is education for school personnel about poly-victimization so that they can create more supportive learning environments where victims can build on their strengths and skills. Intervention may be shared between practitioners in the
community, who work on treatment goals outside of school, and professionals who address learning-based treatment goals in schools (e.g. social skills building lunch groups, coping skills focused on interventions for improving emotion regulation while learning in the classroom). Schools and neighborhoods are also key sites for the prevention of additional victimization. Part of any intervention for poly-victimization needs to focus on eliminating further exposure to violence.

Practitioners who work with children exposed to poly-victimization can consult with schools and communities to help choose effective prevention curricula that will not only educate children about violence but that will be sensitive to the needs of poly-victimized children who will take part in them. For example, some bullying prevention and relationship violence programs help reduce violence exposure.7-9 Practitioners should also consider connecting victimized youth to community resources as part of their package of intervention tools. For example, the Big Brothers Big Sisters program has research evidence that supports the effectiveness of high quality mentoring programs (Tierney & Grossman, 1995 cited in Hamby & Grych).3 Although not a substitute for therapeutic interventions provided by mental health professionals, engaging children in these types of programs may be a particularly effective component of intervention for children who are poly-victimized. Such programs connect children and youth to natural healers and can provide supportive safety nets that exist outside of the mental health clinic in the communities where they learn and play.3 While all children need such resources, those who have been poly-victimized may be particularly isolated from these ties and thus may benefit even more.
• Developmentally appropriate interventions. How children think about and cope with poly-victimization will vary with age. The National Child Traumatic Stress Network http://www.nctsn.org/ has fact sheets on a number of promising approaches to treating victimized children. Most of these interventions are age specific and tailored to the needs of children at different ages.

• The most important implication of poly-victimization is to integrate approaches and avoid the compartmentalization and separation of services that is still all too common in many communities. Children need services within the mental health center, Children’s Advocacy Center, or other mental health treatment settings but also outside. Professionals working within the Children’s Advocacy Center model are particularly well-located to design and facilitate the different pieces of this more holistic approach. Children’s Advocacy Centers, with their focus on inter-agency collaboration, provide an excellent base from which to develop a victim-informed care response that addresses children’s complete burden of victimization and trauma.

• Finally, thinking about prevention should become part of our framework for intervention. One of the ways that poly-victimization can continue to be a part of so many children’s lives is the disconnected way the community systems approach the problem. For too long our assessments and intervention models have focused on one type of victimization at a time. By raising awareness of the problem of poly-victimization we will become better at identifying it. That is a first step toward reducing it. A next step requires using what we know about poly-victimization to create policies that reduce its incidence. For example, teen dating violence prevention efforts now often include the prevention of sexual harassment and assault, as well as physical and psychological aggression. How can we
further connect this type of approach to bullying prevention programs that appear in schools and communities and to family-centered prevention efforts aimed to reduce violence at home? Creating this web of prevention will help keep vulnerable children from becoming poly-victims by preventing perpetration and reducing perpetration opportunities.

Example Practices

To date, specific treatment models designed to address poly-victimization have not been developed. Many models of trauma treatment for children have been designed around a focus on one trauma or type of trauma. However, poly-victims experience many different types of victimizations in many different settings at the same time. How do we create a treatment model that can hold all of these pieces and help children move forward in their recovery? In the trauma literature the term “complex trauma” is a concept that is similar to poly-victimization. Complex trauma generally refers to experiences that go beyond single types and single incident victimizations. But it differs from poly-victimization because complex trauma often refers to one specific type of victimization that has a long duration. The duration of the trauma, and usually its onset in early development, means the victimization is likely to have effects on developing attachment frames, personality characteristics and sense of self – more persistent and ingrained effects on the individual. These farther reaching impacts suggest that models of complex trauma treatment may be helpful to consider when working with poly-victims. However, since complex trauma can involve only a single type of trauma of a long duration it does not always address all the problems around poly-victimization. Therefore, current models of trauma treatment, even ones that include complex trauma components, need to be expanded to consider issues specific to poly-victimization.
As mentioned above, the National Child Traumatic Stress Network is a resource for professionals working with victimized children. Many of their fact sheets on evidence-based or promising treatment approaches are described as useful for children with complex trauma, and therefore may represent a starting point for poly-victimization treatment. We present them below as examples of promising approaches that could be expanded for this purpose. They share some key common elements related to helping children process victimization experiences and, although they involve therapists, they can also be used in settings like schools.

Child-Parent Psychotherapy (CPP) is a treatment model with growing evidence to support it. It is designed for young children (up to age 6) and treatment is provided to children in sessions with their caregiver. Sessions are conducted with parent and child together to work on emotion regulation strategies, establishing safety, improving the relationship between parent and child and helping parent and child create and examine a trauma narrative together. Given the intensive work with both parents and children together, research showed both participants improved on mental health measures following treatment.

For school-aged children the Integrative Treatment of Complex Trauma has been used in clinic and school settings. It uses principles and techniques of cognitive behavior therapy to address trauma but also addresses aspects of complex trauma. For example, components of the treatment are designed to address issues such as attachment problems, identity, and the chronic negative views of relationships that can accompany poly-victimization. Children who participated in this form of treatment showed decreased mental health symptoms.

Trauma Focused Cognitive Behavior Therapy is designed for children ages 6 to 21. In addition to trauma processing, cognitive coping, and help with emotion regulation, the treatment model provides psycho-education for non-offending parents, work on parenting skills, as well as
relaxation training for parents and children. Parents and children can be seen in session together. This form of treatment has been rigorously evaluated with children experiencing different types of traumas. Expanding on this model in light of what we know about poly-victimization, highlights the importance of teaching caregivers about what poly-victimization is if a child is found to have multiple types of victimization during the assessment of trauma exposure (for a discussion of assessment of poly-victimization).\(^{13}\)

A group treatment model for adolescents is called Structured Psychotherapy for Adolescents Responding to Chronic Stress.\(^{14}\) In the program teens are helped to manage feelings, build positive relationships, expand their coping skills, and build a positive sense of self. Preliminary research is promising.

Conclusion

Treatment models to address poly-victimization need to be comprehensive and developmentally timed. They need to address both the complex internal symptoms caused by victimization (negative views of self, coping with overwhelming feelings), repair and build connections to social networks, help children to develop skills to avoid victimization, and address safety concerns in all environments in which the child lives. This is a new area of study and there is much that remains to be learned about how best to treat the effects of poly-victimization and promote resilience and recovery. There are a number of promising evidence-based practices that have proven effective in helping children process and cope with victimization. Many of these, however, have been based on having one type of victimization as the focus of the therapy. These models should be expanded to address poly-victims. In this paper we have outlined a number of components of that expansion. For example, to address poly-victimization, clinicians should make sure that treatment plans address home, school, and
neighborhood to ensure that safety is built in all areas of the child’s life. Some of the treatment models can be adapted for poly-victimization simply by making sure that multiple settings and multiple relationships are addressed. For example, treatment providers should be careful to include peer relationships and not just parent-child relationships in assessment and treatment. In the case of skills building or structured exercises, simply expanding the range of examples might be helpful. Many experienced practitioners are probably already adopting more flexible and holistic approaches with their clients, but we recommend that a more explicit poly-victimization approach be formally incorporated into treatment models so that even novice providers will be aware of the need to address the full spectrum of relationships, and experienced providers do not spend time "reinventing the wheel" as they each individually learn to cast a wider net. Treatment will require collaboration with adults across these contexts including non-offending parents and teachers. Treatment goals should focus not only on decreasing mental health symptoms but also on creating new opportunities for children to build important developmental skills and strengths that have been suppressed by the burden of victimization they are carrying.
References


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