PODCAST TRANSCRIPT:
CREATING TREATMENT MODELS FOR POLY-VICTIMIZATION
FEATURING VICTORIA BANYARD, PH.D

Intro: Hello, and welcome to the National Children’s Advocacy Center’s new podcast series on Poly-victimization: Creating Treatment Models for Poly-victimization; made possible with support from the Office for Victims of Crime.

The NCAC models, promotes, and delivers excellence in child abuse response and prevention through service, education, and leadership. I am Muriel Wells, Research Librarian for the National Children’s Advocacy Center and the host of this series which will showcase current poly-victimization topics, and discuss cutting-edge research.

Question: I am pleased to welcome Dr. Victoria Banyard, who will join us today to talk about Creating Treatment Models for Poly-victimization. Dr. Banyard is a Professor in the Department of Psychology at the University of New Hampshire and a licensed clinical psychologist who has experience working with children and families exposed to trauma. Dr. Banyard, thank you so much for joining us today.

Answer: I am pleased to be here. Thank you for inviting me, Muriel.

Question: Poly-victimization involves experiencing multiple different types of victimization such as physical abuse at home, bullying at school, and witnessing violence in the community. It is the strongest predictor of mental health symptoms in national samples. So it makes sense that we would need treatment models for poly-victimization. To what extent do these models exist?

Answer: These are good points, yet to date, most models of trauma treatment focus on only one type of victimization. While practitioners are beginning to talk about complex trauma and some innovative approaches are being investigated, we still don’t really have a lot of specific examples of treatments that have been developed with poly-victimization as the focus.

Question: What are some of the key components of a poly-victimization approach to treatment?
Answer: There are several important pieces to consider. The first is to expand the focus of who we work with. We need to be working more intentionally with families to both educate caregivers about poly-victimization and how they can support their children in recovering from multiple traumas but also because caregivers may be poly-victims themselves and may need assessment, safety planning, and their own support. We also need resources to support treatment models that are multi-pronged, longer in duration, and that are tailored to specific developmental needs of different groups of poly-victims.

Question: A central feature of poly-victimization is that children are experiencing trauma in many different settings in their life, victimization by many different people. So, to what extent is
there a role for schools and other community settings in our thinking about treatment for poly-victimization?

**Answer:** Practitioners should be engaging and planning interventions across multiple contexts. This can include educating school personnel and other youth professionals about what poly-victimization is, coordinating services across different contexts in a child’s life (connecting children to community resources like Big Brothers, Big Sisters, making sure professionals at school and in the community have treatment plans that intersect and work together), and thinking about how to prevent future victimization.

**Question:** Trauma treatment has received a great deal of attention from many different professions. Are there treatment models out there already that can work?

**Answer:** There are a number of promising treatment models to help children exposed to trauma. Some of these specifically focus on complex trauma, which is related to poly-victimization. Programs like Child-Parent Psychotherapy, Integrative Treatment of Complex Trauma and others show promising results. These models can be a foundation for treatment that is developed for and evaluated with poly-victims. Children’s Advocacy Centers, with their collaborative approach, are uniquely positioned to take next steps in developing these treatments and examining their effectiveness. We must continue to work against traditional compartmentalization of services and their frequent focus on one type of victimization. CACs can work to develop treatment models that involve multiple settings in a coordinated way and multiple relationships in a child’s life.

**End:** That is a wonderful note to end on. I really appreciate you time. Thank you so much.