POLYVICTIMIZATION ASSESSMENT TOOL

RESOURCE GUIDEBOOK

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OVERVIEW

CREATING PATHWAYS TO JUSTICE, HOPE, AND HEALING POLYVICTIMIZATION DEMONSTRATION INITIATIVE

The Creating Pathways to Justice, Hope, and Healing Polyvictimization Demonstration Initiative addressed the complex and interconnected needs presenting in survivors coming through Family Justice/Multi-Agency Centers (Centers). The current service provision system is often based on a linear model of problem solving which focuses on one victimization at a time, such as domestic violence, sexual assault, substance use, child abuse, or homelessness (Edmund & Bland, 2011). However, single-focus service models do not address the complex needs of those who have suffered multiple types of trauma, known as polyvictims. Cross-sector collaboratives such as the Family Justice Center model help bridge this gap and build partnerships among various agencies, providing relief and bringing together a fragmented system to simplify the healing journey for both adult and child survivors of violence.

The Office for Victims of Crime (OVC) has created a strategic vision, Vision 21, to challenge service providers to transform the way services are provided, to screen for polyvictimization, and to address the holistic needs of child and adult survivors of trauma. This Polyvictimization Assessment Tool (Tool) and Resource Guidebook were developed under the Creating Pathways to Justice, Hope, and Healing Polyvictimization Demonstration Initiative (Initiative) led by Alliance for HOPE International (Alliance) and six national demonstration sites, which include the Family Justice Center

Sonoma County, Stanislaus Family Justice Center, New Orleans Family Justice Center, Sojourner Family Peace Center, Tulsa Family Safety Center, and the Queens (NYC) Family Justice Center. The purpose of the Initiative was to 1) Identify and document the prevalence and impact of polyvictimization in adults served in Centers; 2) Help professionals tailor and better provide long-term holistic services that address the multiple forms of trauma survivors face; 3) Provide a feedback loop for Centers by identifying additional partners/services that Centers need to bring onsite; 4) Mitigate the impact of trauma by educating, normalizing, and contextualizing the lived experience of survivors through advocacy and services; and finally 5) Integrate survivors into a long-term community of support to increase hope and empowerment.

This Initiative would not have been possible without the tireless work, dedication, and leadership at each of the Centers, our National Advisory Board, the many consultants who provided input, guidance, and feedback, our Program Manager at OVC, and the team at the Alliance who helped spearhead and lead this transformative Initiative. We are especially thankful for the commitment of the frontline staff who continuously find ways to better support survivors, and the many survivors who chose to participate in pilot testing and implementation and were willing to share their experiences, lessons learned, and observations to make our Centers better and more inviting places for others. We are thankful for everyone's input and commitment to bringing hope to the lives of survivors in their communities.

Understanding Polyvictimization

Several terms have been developed to describe the complex and interconnected traumas a survivor may experience. Fields ranging from mental health, to victim advocacy, to substance use have adopted terms such as co-occurring issues, complex trauma, multi-abuse trauma, and polyvictimization to describe these interconnected traumas. While many of these terms are similar, they are not identical and often have different connotations. Polyvictimization is defined as having experienced multiple types of victimizations, such as sexual abuse, physical abuse, bullying, and exposure to family violence during a specific time frame and usually at the hands of different perpetrators (Finkelhor et al., 2011). The term polyvictimization best describes the intended use and framework for this Polyvictimization Assessment Tool (Tool) because it allows staff and service providers to look past the focus of intimate partner violence and expand services, education, and advocacy for survivors of multiple types of trauma.

Resource Guidebook

This Guidebook was developed as a "how-to" for frontline staff implementing the Polyvictimization Assessment Tool, with the understanding that they have already received comprehensive training on the basics of polyvictimization, Hope theory, Adverse Childhood Experiences (ACEs), and the importance of holistic, trauma-informed services. This Guidebook also contains an appendix of resources by national experts on the categories of trauma and symptomology that the Tool addresses. In addition to these resources, this Guidebook also contains resources that can be provided to survivors who seek further psychoeducation, healing modalities, and strategies for mitigating the effects of trauma and coping with adverse symptomology. It is our hope that Centers and frontline staff use this Resource Guidebook as a reference and starting point **before** ever utilizing the Tool with survivors. Implementing the Tool can be incredibly eye-opening and transformative both for Centers and for survivors; however, successful implementation requires time, investment, training, and ongoing supervision.

Language: Terms and Definitions

This Resource Guidebook and Tool were created for multidisciplinary professionals at Centers. The language used should make the information accessible and easy to understand across disciplines and levels of expertise in the field. We have attempted to use simplified language for terms used in a mental health setting, have spelled out acronyms the first time they are used, and included a glossary with definitions of commonly used terms.

While the initial user of this Tool may be an advocate, navigator, or screener at a Center, we recognize a broad spectrum of professionals may use the Tool during service delivery. Therefore, we will be referring to the users of the Tool as "frontline staff" or "staff" rather than individual titles such as Advocates, Case Managers, Therapists, Civil Legal Providers, etc. We recognize that different disciplines refer to the people they are working with in different ways (client, victim, patient, or survivor) and that these terms carry specific nuances and significance for each discipline. However, the goal of this Initiative and the Tool is to be survivor-centered and humanize the experience of people we serve, rather than categorize and label them. So, for the purpose of this Resource Guidebook, we will use the words "survivor" and "client" interchangeably. However, when working with survivors we recommend Centers use their names, as this not only builds community but also diminishes the power differential often felt when receiving services.

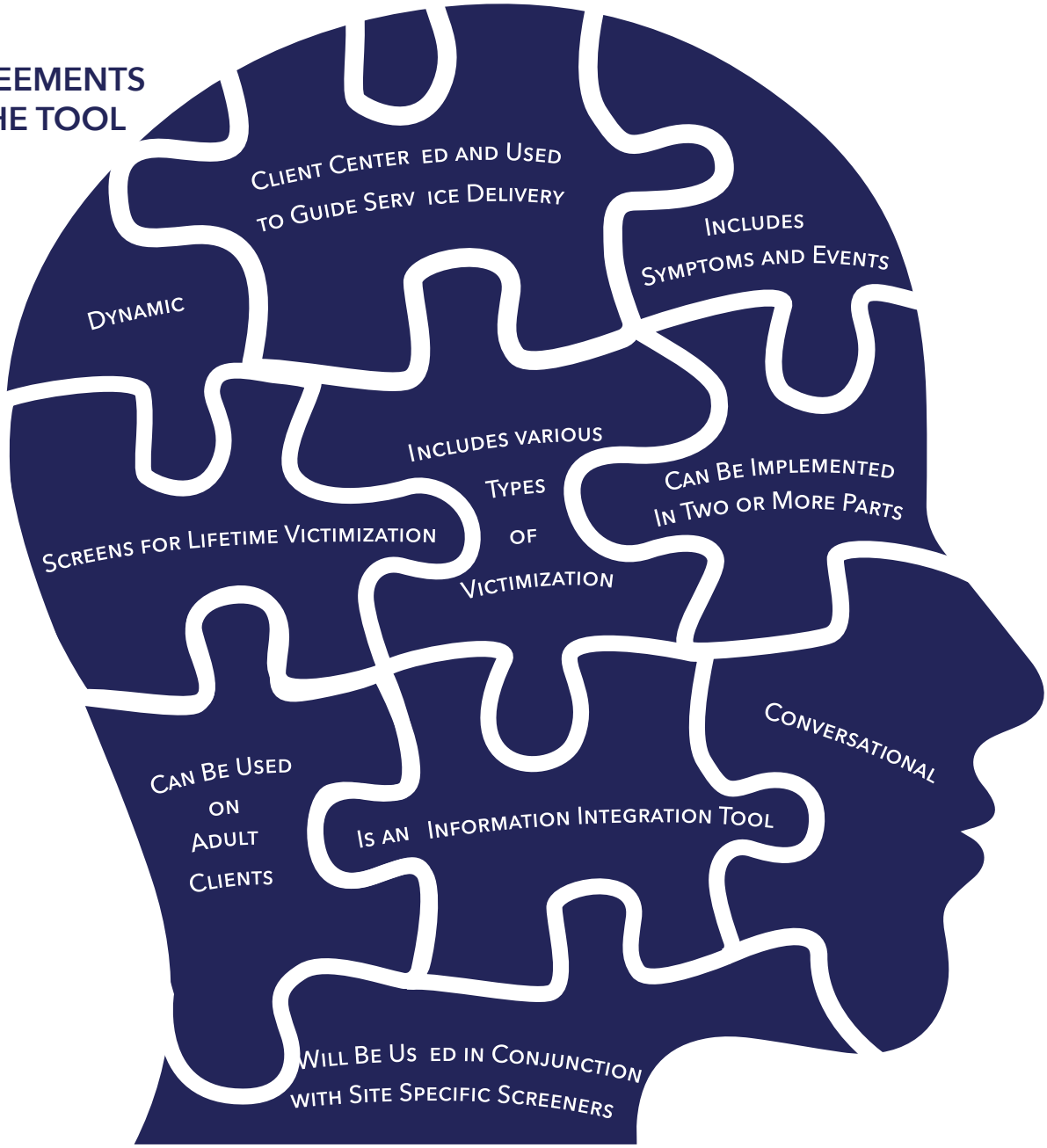
When completing the Polyvictimization Assessment Tool, staff should answer questions based on the survivor's perspective, and focus on the survivor's experience and the impact they believe situations had on their life. However, users may refer to definitions provided in the glossary, refer to state law, and ultimately make a judgment call on what they think is appropriate and note this on the notes section of the Tool. It is important to remember that the definition of a term is less important than the impact the experience has on a survivor and how it affects the staff's perceptions of need or services to be provided (Pilnik & Kendall, 2012). The definitions of symptoms are adapted and borrowed from the Identifying Polyvictimization and Trauma Among Court-Involved Children and Youth: A Checklist and Resource Guide for Attorneys and other Court-Appointed Advocates, the Clinician-Administered PTSD Scale

for DSM-5 (CAPS-5), the Adverse Childhood Experiences Questionnaire (ACEs), and the National Stressful Events Survey PTSD Short Scale (NSESSS). **Events and symptoms in the Tool should help inform thinking about a survivor's experience and help staff consider the impact of past traumatic experiences rather than label or diagnose survivors**. Users of the Tool are encouraged to work with mental health professionals in their Center, within the parameters of signed confidentiality and information sharing agreements. In addition, mental health professionals should provide frontline staff with ongoing training on psychoeducation and strengths-based strategies for working with survivors.

It is important to note that some of the symptoms included in the Tool (ex: easily distracted, jumpy) are associated with many other conditions besides trauma. However, the effects of traumatic experiences are often misdiagnosed as Attention Deficit Disorder or Attention Deficit/

Hyperactivity Disorder, particularly in children and teens (Pilnik & Kendall, 2012). Research has shown that traumatic experiences can lead to higher levels of post-traumatic stress disorder, depression, eating disorders, suicidality, or the creation of other unhealthy coping mechanisms (Pilnik & Kendall, 2012). Staff should keep in mind that some of the behaviors in the Tool may be typical for people recently exposed to traumatic experiences and/or have been developed as a coping mechanism for survival. **Only extreme, unusual, and new/sudden behaviors should be cause for concern.** Based on current symptoms identified, it is important to recommend that additional assessments be conducted by qualified mental health professionals. Frontline staff and partners should focus on helping survivors connect their traumatic experiences to their physical symptoms and finding ways to mitigate and ameliorate these symptoms through holistic services offered in Centers.

OUR AGREEMENTS ABOUT THE TOOL



Background and Context: The Polyvictimization Assessment Tool

This Resource Guidebook was created to provide guidance to staff and service providers about ways to improve services for polyvictims and educate the community about polyvictimization. This Initiative acknowledges that polyvictimization affects every part of a survivor's life. As such, the Tool covers both victimizations and adverse life experiences in order to capture a holistic picture of the survivor's life. Due to the complex nature of polyvictimization, OVC and the Alliance believe a multi-disciplinary team is better equipped to develop an integrated, responsive plan

to address all the needs of the survivor as opposed to a single professional. To learn more about Family Justice Centers and Polyvictimization, read Addressing Polyvictimization in a Family Justice Center Setting.

It is important to note that due to the length of this Assessment Tool, many sites who have implemented this framework have created shortened screeners to determine which clients might benefit from the entire Assessment Tool. The short screeners include anywhere from 1-10 questions that assess both whether a client may be a polyvictim, and whether a client would be interested in incorporating the Polyvictimization Assessment Tool into their service delivery and/or subsequent appointments. Site-specific short screeners utilized by the six sites during this Initiative can be found in Appendix C. Due to the additional time required to implement the Tool during intake, the resources and staff available in your Center, and the nature of the crisis for which the client is seeking services, frontline staff may choose to utilize the short screener.

While the Initiative had a goal of developing a tool that could be used with adult/child survivors, this Tool is intended to be used with **adult survivors only**. We hope that our future work will include an adaptation of this Tool for children. In addition, the Tool was developed to allow for flexibility for frontline staff utilizing the Tool. Center professionals and intake staff may complete this Tool over a period of time (for example, 1-3 intake sessions) with a survivor in order to build rapport and address immediate needs. This Tool is not meant to be read verbatim to clients or used as a self-report and as such, staff must take careful measures to understand each question and practice prior to utilizing it with a survivor. Additionally, this Tool is not diagnostic. It is a Tool to help Center staff and partners better understand a survivor's exposure to trauma and its influence on their behaviors and needs. The terms polyvictim and polyvictimization should never be used to label, diagnose, pathologize, or judge a person receiving services, but rather to acknowledge and validate survivors' experiences (Edmund & Bland, 2011). The Tool's greatest utility is that it allows frontline staff to document information provided by survivors in one place in order to give context and psychoeducation while helping providers think through tailored and customized service delivery. While collaboration and information sharing often helps survivors accomplish their goals and pushes them further in their journey to healing, the Polyvictimization Assessment Tool should **always** be used with informed consent, confidentiality regulations, and appropriate information sharing authorizations from survivors. Information on this Tool could potentially be compromising and/or have negative repercussions for survivors, so frontline staff should be aware of the unintended consequences and always advocate for survivor choice and decision-making.

Before implementing this Tool, Center leadership should ensure trauma-informed practices are in place, the presence of holistic and long-term services at the Center are available, support and debrief mechanisms are in place for frontline staff, extensive and appropriate trainings have been held for users of the Tool, and that all users reviewed, discussed, and understand this entire Resource Guidebook.

INSTRUCTIONS

USING THE POLYVICTIMIZATION ASSESSMENT TOOL

The Polyvictimization Assessment Tool is available in English, Spanish, Russian, and gender-neutral versions

It is critical that survivors in crisis first receive support and services that address safety, wellbeing, immediate housing, access to food and water, and/or medical care prior to frontline staff completing this Tool. As such, staff and leadership should feel comfortable in deciding when it is best to introduce this Tool with a client based on their best informed judgment of the situation. Since every person is different, implementation of this Tool requires a great deal of flexibility in the intake process as well as additional training and support for staff.

This Tool is an "information integration tool" and is meant to be a summary of information gathered during an intake(s) at a Center. It allows intake staff, advocates, and partners, with survivor/client consent, to use and organize information gathered about past/current victimizations and any symptoms. The Tool is designed to be completed by Center staff based on client information provided at various intakes rather than administered as a self-report form. However, it is important to note that all answers should be from the client's perspective.

THE POLYVICTIMIZATION ASSESSMENT TOOL **IS**
An information integration Tool for frontline staff
Created for use with adult survivors
A method for cataloging events and symptoms throughout the lifetime of the survivor for service coordination and greater understanding for staff
A way to introduce psychoeducation and resources for survivors around events and or symptoms they may be experiencing
Meant to be conversational
Designed for flexibility in implementation at different Centers
Able to be utilized over a span of time and various meetings and intake sessions
Should be used in a strengths-based manner and integrate hope centered resource cataloging

THE POLYVICTIMIZATION ASSESSMENT TOOL **IS NOT**
A self report form for survivors or should not be read verbatim to clients
Diagnostic
Meant to be shared between partners without consent and confidentiality explained and understood by survivor
Meant to simply gather details, but rather direct services and help provide information and context for survivors

The Tool examines a survivor's entire life experience from their childhood to adulthood and provides the ability to note experiences across their lifetime. The events portion of the Tool covers 26 events and is broken down into three categories: "Child and Teen," "Adult," and "In the last year". The symptoms section of the Tool covers 18 symptoms and is broken down into the same three categories, but also includes a "Current Symptom" category. The symptoms category allows staff to triage current symptoms and allows for a deep historical understanding of when these symptoms developed and how long they have been present in the survivor's life.

In order to facilitate a conversational approach to the Tool, each victimization in the events and symptoms sections is accompanied by examples that aim to make it easier to explain the event and symptom. Please note that the examples are not exhaustive and do not cover all possible scenarios. While this does not create standardization across users, it does allow for flexibility and survivor-led conversations. As such, please follow the survivor's lead on how they would like to define and identify an event or symptom. You can find further guidance and sample scripts for explaining polyvictimization and informed consent in the first item of the appendix: Final Implementation Administration and Collection Instructions.

Staff are encouraged to continue updating and adding information to the Tool at regular intervals. Staff should note progress in the healing journey and add new events, symptoms, and victimizations. This will help staff update the service plan as additional support and services are requested. Negative developments, lack of progress, or change in situations can be traumatic, and interactions with systems can be triggering; therefore, it is important for frontline staff to continue tracking changes with survivors and provide ongoing support (Pilnik & Kendall, 2012).

New symptoms may begin to appear after a prolonged amount of time, even with positive changes and improvements in a survivor's situation. It is important for users of the Tool to reassure survivors that changes in symptoms are part of the healing process and that Center staff are there to support them along the way. It is also important to keep in mind that a survivor who has experienced one or more types of victimizations but does not exhibit stress symptoms, or has no trouble in day-to-day functioning, may not need additional services other than for the specific incident or need(s) that brought them to the Center. However, staff should watch for new symptoms and continue utilizing the Tool throughout their contact with the survivor to identify changes.

This Tool is an "information integration tool" and is meant to be a summary of information gathered during intake(s) at a Center

Completing the Polyvictimization Assessment Tool

During and/or after each intake, FJC staff and/or partners should fill out as much of the Tool as possible. It is important that staff include:

- The name of their Center;
- The name of their client;
- The name of each staff member using the Tool;
- Whether the survivor is a new or returning client when the Tool was utilized -- please note that this status will not change if the rest of the Tool was completed on a subsequent visit;
- The number of sessions it took to gather the data; and
- Client ID, if applicable at your Center.

In order to have meaningful data in your Center it is critical that at the end of working with a survivor, every question has an answer. This could include a Y, N, A, B, C or Does not apply. It is up to every Center to decide how long they will attempt to utilize the Tool with a survivor prior to designating answers as A, B or C; however, it is important to note that in order to understand the clients coming to the Center, evaluate services at a Center, and to meaningfully understand polyvictimization every question must be answered prior to data analysis. The Alliance recommends having one person on staff who looks at every Tool prior to analysis in order to confirm and review every Tool.

EVENTS Instructions for Completing the Tool

For each question in the events section, please circle "Y" for yes and "N" for no as applicable to the different stages of the client's life (Child and Teen, Adult, and In the Last Year). When marking an event "In the last year", please also mark the respective time period it would fall under. For example, if a survivor discloses "assault by a partner" in the last year and they are 22 years old, the user would mark "Y" for "In the last year" **and** "Y" for the adult category as well. The number of events calculated for "In the last year" is not a victimization score but should trigger a response at the Center. We recommend Centers think through this response prior to implementing the Tool.

Part A: Events					
		Child and Teen (0-17)	Adult (18+)	In the last year	Notes
1. Assault/battery by parent, caregiver, partner, or relative (completed or attempted) (ex: with a gun, knife, or other weapon including fist, feet, etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	Note if parent, caregiver, partner, or relative:

SYMPTOMS Instructions for Completing the Tool

For each question in the symptoms section, please circle "Y" for yes and "N" for no as applicable to the different stages of the client's life (Child and Teen, Adult, In the Last Year, and Current Symptom). When marking an event "Current Symptom" and "In the last year", please also mark the respective time period it would fall under. For example, if a survivor discloses currently experiencing pain and they are 22 years old, the user would mark "Y" for "Current Symptom", "Y" for "In the last year", and "Y" for the adult category as well. The number of symptoms for "In the last year" and "Current Symptom" are calculated and should assist in guiding service delivery and/or lead to additional assessments.

Part B: SYMPTOMS						
		Child and Teen (0-17)	Adult (18+)	In the last year	Current Symptom	Notes
1. Experiencing pain and/ or physical symptom(s) that have not been diagnosed or are resistant to treatment	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	Y N A B C	Note if parent, caregiver, partner, or relative:

OTHER ANSWER OPTIONS Instructions for Completing the Tool

The Tool also includes a coding system to facilitate the rotation of the Tool between various staff members. This system applies to both the events and symptoms sections of the Tool:

- If a client did not respond to a question, the user should circle A;
- If the user did not ask the question, the user should circle B; and
- If the question was not appropriate to ask, the user should circle C.

For questions that are not applicable to all clients, an additional "does not apply" response has been included.

		Child and Teen (0-17)	Adult (18+)	In the last year	Notes
25. Animal cruelty (ex: abuse or threats to pet in attempts to create fear or manipulate)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	Note if parent, caregiver, partner, or relative:
		Does not apply ☐			

EVENTS AND SYMPTOMS Practice Scenarios

The following scenarios were written to help you assess your level of comfort with filling out the Tool. We recommend frontline staff run through various scenarios as the ones listed below in order to ensure accuracy and consistency between staff in Tool completion. Please see the next page for the answer key.

1 Survivor Jane Doe, age 22, comes in and discloses recent physical abuse. She shares that physical abuse has been a constant in her life by those she loves (parents and partners). When beginning to broach the subject of strangulation, she says that she does not want to talk about it.

How would you fill out the following sections?

		Child and Teen (0-17)	Adult (18+)	In the last year	Notes
1. Assault/battery by parent, caregiver, partner, or relative (completed or attempted) (ex: with a gun, knife, or other weapon including fist, feet, etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	Note if parent, caregiver, partner, or relative:
2. Strangulation and/or positional asphyxia (pressure applied by any means to the neck or anywhere that made it difficult to breathe) (ex: choking, use of body weight or arms, sitting on top of you, etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	

2 Survivor Jane Doe, age 22, expresses that she has recently been feeling like she has no feelings and is having difficulty setting goals for the first time in her life.

How would you fill out the following sections?

		Child and Teen (0-17)	Adult (18+)	In the last year	Current Symptom	Notes
17. Numbing, dissociating (ex: limited emotional range, avoiding thinking or talking about the future or goal setting, "feeling flat," etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	Y N A B C	

ANSWER KEY Practice Scenarios

1		Child and Teen (0-17)	Adult (18+)	In the last year	Notes
1. Assault/battery by parent, caregiver, partner, or relative (completed or attempted) (ex: with a gun, knife, or other weapon including fist, feet, etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	(Y) N A B C	(Y) N A B C	(Y) N A B C	Note if parent, caregiver, partner, or relative:
2. Strangulation and/or positional asphyxia (pressure applied by any means to the neck or anywhere that made it difficult to breathe) (ex: choking, use of body weight or arms, sitting on top of you, etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B (C)	Y N A B (C)	Y N A B (C)	

2		Child and Teen (0-17)	Adult (18+)	In the last year	Current Symptom	Notes
17. Numbing, dissociating (ex: limited emotional range, avoiding thinking or talking about the future or goal setting, "feeling flat," etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y (N) A B C	(Y) N A B C	(Y) N A B C	(Y) N A B C	

Instructions for Collecting and Analyzing the Data

The Alliance strongly suggests Centers work with a local university or research partner to determine a process for data analysis. The Alliance and University of Oklahoma (OU), created an Excel Template Database for this Initiative that can be used as a template at Centers. We strongly suggest that sites develop a process for collecting and entering data on an ongoing basis. Reminder, that completed Tools shared outside of the Center should be de-identified. The Excel Template Database developed by OU uses a specific coding system to record data pertaining to symptoms, events, and unanswered or unasked questions. Please read the full set of instructions in the first item of the appendix: Final Implementation Administration and Collection Instructions.

Confidentiality and Information Sharing Considerations

The Assessment Tool is described by frontline staff as a basket for information. One of the utilities it offers is in organizing information disclosed to frontline staff to help provided context and guide service delivery. But due to the extensive nature of the Tool, Center leadership and staff must openly discuss how information gathered and/or shared can be beneficial to or negatively impact survivors. Care must be taken to ensure that clients are made fully aware of how their information will be used and that any disclosures do not negatively impact survivors. **It is recommended that those conducting the Assessment Tool be limited only to staff whose communications are protected by confidentiality and/or legal privilege.**

The Tool provides space for notes which staff can utilize to include additional information, symptoms, services needed, or potential follow-up questions. Notes should be kept in a private and secure place to ensure confidentiality and staff should not include information that could be used against the client.

For those clients where portions of information can be shared with partner agencies, the information shared can be a huge asset and benefit. Survivor-authorized information sharing helps improve communication and reduces the number of times survivors have to tell their stories. Prior to sharing any information, staff should explain confidentiality and information sharing to the client and obtain their written consent to share the Tool, or portions of the Tool with partners.

Ethical and Practice Issues

While the Tool is intended to be conversational and gather information that a client typically discloses during intakes, frontline staff may need to ask specific questions about some of the experiences listed in the Tool. This is often the case with questions that are traditionally outside the scope of Family Justice Center assessments (such as discrimination, community violence, etc). It may take professionals several meetings to gather information, build rapport, and learn about the extent of victimization a survivor overcame. Before asking survivors about a traumatic event, professionals should be clear about who they represent (agency and job title), what they will do with the information, and what would cause them to have to share the information with others. All professionals should be familiar with their jurisdiction's laws, the limits of confidentiality, and any mandated reporting obligations. Information should not be gathered or shared if the professional believes this Tool could be used against the survivor or against their wishes in the future. The Family Justice Center model is a survivor-driven approach and all users of the Tool should become familiar with the Guiding Principles of the movement that focus on accountability to survivors. Professionals administering the Tool should always weigh the benefit of gathering information.

Users of this Tool should not ask questions of survivors unless they have received appropriate training around strengths-based interviewing techniques, de-escalation, and how to handle a crisis should it arise during intake. Some questions in the Tool could be distressing to survivors, particularly if this information has never been previously shared. While triggering itself does not have to be a negative experience, but rather a reminder that trauma still lives in the minds and bodies of the people that we work with, staff should be prepared and trained to deal with triggering and use that opportunity to restore trust.

In addition, it is important for frontline staff to recognize the signs of triggering and disassociation and take the steps to bring a survivor back to the present moment. If a survivor experiences distress during intake, it is important that staff have resources, tools, and support in helping survivors process these emotions. Below are some grounding techniques that frontline staff should be familiar with in doing their work.

GROUNDING TECHNIQUES Adopted from Center for Substance Abuse Treatment, 2014

Staff may use grounding strategies to aid an individual who is overwhelmed by memories or strong emotions, or dissociating during intake. They help bring a client back to the present moment and reconnect their mind and body. Techniques include:

1 GUIDED MEDITATION

Ask the client to state what they observe in the present time.

Guide the client through this exercise: "You seem to feel very scared/ angry right now. You're probably feeling things related to what happened in the past. Right now, you are in a safe situation. Let's try to stay in the present. Take a slow deep breath, relax your shoulders, put your feet on the floor. Let's talk about what day and time it is. Today is [day, month, year]. It is approximately [x] time. You are here at the [Center] we are sitting in [interview room, nest, meeting space]. Notice what's on the wall, etc. What else can you do to feel okay in your body right now?"

2 HELP THE CLIENT RELEASE TENSION BY:

a. "Emotional dial": Help the client imagine turning down the volume of their emotions.

b. Clenching their fists and moving the energy of the emotion into their fists, which the client can then release.

c. Thinking about positive aspects of their life. Use strengths-based questions (for example, "How did you survive?" or "What strengths did you possess to survive the trauma?")

3 BREATHING TECHNIQUES Ask the client to use breathing techniques.

a. A particularly helpful technique is to exhale and expel all air from your chest. Keep your lungs empty for a four-count hold. Then inhale through your nose for four-counts. Hold the air in your lungs for four-counts. Exhale through your nose for four-counts and continue as needed. This breathing exercise for 2-5 minutes is a great grounding technique and helps calm and focus the survivor.

b. Have the client place their hands on their abdomen, breathe in through the nose and out of the mouth. As breathing occurs, watch the hands go up and down while the belly expands and contracts.

While triggering can occur, it is critical frontline staff remember that it is sometimes cathartic and healing for survivors to tell their stories and it is important for staff to provide a safe space to do so. As long as the survivor guides this process and is aware of any confidentiality limitations and mandatory reporting requirements, prior to disclosure, the process of sharing one's story can be extremely healing. This Tool provides users an opportunity to help survivors explore their past victimizations and help connect them with their current mental, emotional, and physical wellbeing.

The Tool should help inform users of a holistic and trauma-informed way of working with survivors. After completing the Tool, users should review the flowchart on page 29 for general guidance on immediate and long-term steps based on the information gathered. Please note that the flowchart does not provide all the possible next steps your Center should take and is only intended to be used as a guide.

WAYS TO BUILD RAPPORT WITH SURVIVORS:

- Active listening
- Verbal engagement
- Ask open-ended questions
- Allow room for silence during the session
- Use the client's name

Building Rapport

Establishing rapport and trust with a survivor is essential in the healing journey; it is only through relationship building that most people openly share their life experiences. Earning trust is a long-term process that takes time, especially with those who have experienced multiple forms of trauma and have been let down by systems, service providers, and loved ones. Staff can build rapport with the survivor through mutual attentiveness by getting to know the survivor and understanding their interests. Staff should always be aware of their language, both verbal and non-verbal, in order to create a safe and non-judgmental space. Using a warm tone, maintaining appropriate eye contact, mirroring the survivor's body movements to show engagement, and appropriately leaning in and out during the conversation all help show understanding, engagement, and help build rapport.

Psychoeducation and Validation

As mentioned previously, the Tool should help users provide survivors nuanced psychoeducation to assist in their healing process (Pilnik & Kendall, 2012). Psychoeducation should help survivors understand the interconnected nature of their traumas and help normalize the physical, emotional, and behavioral changes they may be experiencing. It can also help users build connections between a survivor's core beliefs about themselves, their lives, and their past experiences. When accompanied with in-depth advocacy, this Tool will help survivors contextualize the trauma they have experienced, connect it with current symptoms, provide them with an inventory of the strengths and resources they have, and help them articulate goals and pathways for the future. It is important to remember that there is no standard definition for success when working with survivors. Listening to a survivor's goals and using that information to help tailor resources will honor their definition of success and increase hope.

Validating the frustrations, feelings, physical ailments, and emotions of survivors during service delivery helps them overcome mistrust and build a transparent relationship with partners and staff at the Center. Helping survivors connect physical symptoms or behaviors to their trauma may help them build empathy for themselves and connect their trauma to their lived experience. Frontline staff should find ways to discuss this connection and seek training and support from other professionals if necessary.

Increasing Wellbeing Through the Use of Strengths-Based and Hope Centered Practices

In addition to understanding and addressing various victimizations, this Initiative and Tool seek to provide staff with a way to empower and increase hope in the lives of survivors. Staff can empower survivors by helping them unpack and analyze the trauma they have suffered and the physical, mental, and spiritual impact it has had on their lives. Staff should encourage survivors to be active participants in deciding the services they access, when they are provided, and by whom they are provided, while reassuring survivors of their autonomy and right to control the process of receiving services and support (Edmund & Bland, 2011). Staff should customize the service plan to address the unique needs of each client and walk the client through the entire service plan to ensure that they understand the process and timeline (Tickle-Degnen and Rosenthal,1990, p. 286). It is critical for frontline staff to include survivors in developing their service delivery plan; have open conversations with survivors of what they can and cannot provide; follow confidentiality regulations; be clear about consent and mandated reporting; and believe survivors' stories as this increases empowerment and hope for survivors (Edmund & Bland, 2011).

Empowerment is not only nurtured by frontline staff but by Centers and systems as well. To that end, it is critical that Centers build non-judgmental, non-punitive, and flexible policies and programs that allow survivors to identify what they need rather than providing a cookie-cutter approach (Edmund & Bland, 2011). Staff and Centers must remember that we cannot judge the actions or inactions of survivors, as they hold a more thorough understanding of their lives than we do. Leaving an abusive situation or oppressive environment may not always be the best solution to their problems. In these instances, staff can work on reducing harm, increasing safety and wellbeing, helping survivors establish goals, and creating a safe space where survivors can return once they are ready to move forward with other services. Staff must approach service delivery as a two-way street and work on reducing the power differential between staff and survivors.

While understanding how past experiences have impacted survivors' current lives and decisions, there is also value for survivors in helping them plan and think about the future and helping them catalogue the resources, strengths, and support systems they had throughout their lives. Conversations with survivors should not only be about looking back, but how survivors could look forward. Hope is a future-oriented, goal setting mindset (Gwinn, Hellman, 2017). Staff should broach subjects like: What goals do you have?, What does success look like for you?, What does healing look like for you? Frontline staff should help survivors set small goals and celebrate their successes, no matter the size. The Tool can provide a way to revisit survivor changes and accomplishments. Staff can use the Tool to revisit levels of symptoms displayed

and the changes a survivor has had in those symptoms. This could help survivors see the accomplishments they made and increase feelings of success.

A strengths-based and hope-centered approach allows frontline staff to do just that. A strengths-based approach is focused on helping survivors identify the strengths and resources in their lives while simultaneously acknowledging and working to address the injustices that have taken place. It helps re-frame this conversation to how they have survived and thrived even in the midst of such difficulties. Measuring and increasing hope for survivors, building coping skills, and increasing survivor empowerment and resiliency have been demonstrated as the best ways to mitigate the impacts of trauma.

CORE PRINCIPLES OF STRENGTHS-BASED PRACTICE

(Resiliency Initiatives, 2010)

1. An absolute belief that every person has potential and it is their unique strengths and capabilities that will determine their evolving story as well as define who they are - not their limitations.
2. What we focus on becomes one's reality – focus on strength, not labels – seeing challenges as capacity fostering (not something to avoid) creates hope and optimism.
3. The language we use creates our reality – both for the service providers and survivors.
4. Belief that change is inevitable – all individuals have the urge to succeed, to explore the world around them and to make themselves useful to others and their communities.
5. Positive change occurs in the context of authentic relationships, people need to know someone cares and will be there unconditionally for them. It is a transactional and facilitating process of supporting change and capacity building– not fixing.
6. The survivor's perspective of reality is primary (their story)– therefore, need to value and start change with what is important to them - not the expert.
7. People have more confidence and comfort to journey to the future (the unknown) when they are invited to start with what they already know.
8. Capacity building is a process and a goal – a lifelong journey that is dynamic as opposed to static.
9. It is important to value differences and the essential need to collaborate – effective change is a collaborative, inclusive, and participatory process.

After utilizing the Tool to identify events and symptoms, users of the Tool should help take an inventory of the character traits, resources, skills, and people that have helped the survivor throughout their life. The table below provides several examples of strengths a user of the Tool can help highlight in a survivor. Staff are encouraged to work with the survivors, as well as other service providers, to determine strengths and resources (Smith, 2006):

CHARACTER STRENGTHS

(VIA Institute on Character, 2018)

WISDOM	Creativity, curiosity, judgment, love of learning, and perspective
COURAGE	Bravery, honesty, perseverance, and zest
HUMANITY	Kindness, love, and social intelligence
JUSTICE	Fairness, leadership, and teamwork
TEMPERANCE	Forgiveness, humility, prudence, and self-regulation
TRANSCENDENCE	Appreciation of beauty, gratitude, hope, humor, and spirituality

Staff may also utilize the socio-ecological model to take inventory of the strengths and positive resources in a client's life.

As you utilize these various tools with survivors and become familiar with the concepts yourself, please keep in mind the overarching framework of healing and wellness are holistic, individualized, and ongoing. The chart below is adapted from the Full-Frame Initiative's Toolkit "From Safety Planning to Wellbeing Planning", and outlines the core principles of working with survivors within this paradigm.

TIPS ON APPROACHING WELLBEING AND SAFETY WITH SURVIVORS

Adapted from: The Fullframe Initiative Guidelines for Safety and Wellbeing Planning with a Client (Melbin, 2018)

DO'S

- Remember that wellbeing and safety are individualized experiences and feelings, not something objective you have or do not have.
- Approach wellness as an ongoing, living, and evolving process.
- Talk about tradeoffs in disclosure, services, and decisions made throughout service delivery (known and anticipated). What is worth it for the survivor?
- Actively address and help minimize any tradeoff.
- Document and identify resources, positive coping skills, support systems that survivors have and how they can help in increasing access to wellbeing.

DON'TS

- **Approach service delivery as a one-time activity** or conversation, or a contract.
- **Decide for other people** what safety/wellbeing or success is and feels like.
- **Prioritize your beliefs** of what should happen or what a client should do in order to achieve wellbeing.

FLOWCHART: TRAUMA-INFORMED ACTIONS

IMMEDIATE AND LONG-TERM STEPS

The following Flowchart provides general guidance on immediate and long-term actions for follow-up based on services available at the Center. This Flowchart is not meant to be exhaustive and only covers some potential disclosures and victimizations listed in the Tool. This Flowchart alone should not dictate action; users of the Tool should work with survivors to identify goals and discuss the possibility of accessing a variety of services from all Center partners.

The following Flowchart assumes that some basic and foundational steps have been taken post-disclosure, regardless of the type of victimization. These foundational steps include all survivors being referred to relevant onsite and offsite partners who can support them with any of their needs, such as mental health services, civil legal services, support groups, etc. Similarly, this assumes staff are providing education, resources, and information to survivors about interpersonal violence. Finally, we recommend that staff continue to reassess any additional victimizations and/or symptoms that may present themselves during future visits with a survivor.

This Flowchart is not meant to override any current protocols at a Center, but rather to augment and supplement potential steps such as safety planning, triaging, and service delivery. As such, immediate and long-term actions below are very specific for the victimization or symptom disclosed and are not meant to be general actions.

THE FLOWCHART OF TRAUMA-INFORMED ACTIONS ASSUMES THAT SOME BASIC AND FOUNDATIONAL STEPS HAVE BEEN TAKEN POST-DISCLOSURE, REGARDLESS OF THE TYPE OF VICTIMIZATION.

STRANGULATION

Survivor discloses strangulation

IMMEDIATE

- Refer survivor to emergency medical professionals on/offsite, particularly if any signs or symptoms of injury are present.
- If the survivor discloses a very recent incident where there has been urination or defecation, loss of consciousness, loss of balance, trouble talking or understanding what people are saying, or numbness or weakness on one side of the body following a strangulation assault, Centers should follow an approved strangulation assault protocol and strongly encourage the survivor to obtain immediate medical services. (For more information, go to strangulationtraininginstitute.com).
- Conduct a Danger Assessment with the survivor to assess for other lethality markers.
- Utilize the additional information from the Danger Assessment, develop an immediate safety plan that addresses the immediate medical and safety issues.
- Identify other appropriate referrals to meet safety needs.

LONG-TERM

- Follow up with questions from the Tool that address when the assault occurred, number of times, and any signs or symptoms from strangulation incident(s).
- Connect survivor with law enforcement, legal services, medical, and mental health services as requested.
- Develop a safety plan with the survivor that includes physical and emotional safety for them and their children, if applicable.

SEX OR LABOR TRAFFICKING

Survivor discloses sex or labor trafficking

IMMEDIATE

- Mandated reporting rules must be followed if the survivor is a child or senior.
- Follow-up questions should include asking if the survivor is currently being trafficked, including any relevant information for current victimization and whether their safety is currently compromised.
  - In situations of immediate, life-threatening danger, follow your Center's policies for reporting to law enforcement. When possible, make an effort to involve the survivor in the decision of contacting law enforcement.
- Address any immediate needs such as access to food, clothing, emergency medical needs, family concerns, and language access.
- Contact human trafficking services providers if they are not located in your Center; focus on having the providers come to the Center.
- Develop a safety plan with the survivor that includes physical, emotional, and financial safety for them and their children.
- Establish follow-up strategies and next steps.

LONG-TERM

- Complete the Tool and assessment forms. Follow-up with questions on events such as sexual abuse/assault, financial abuse, substance use, and homelessness, as well as any symptomology for appropriate referral to partner agencies.
- Provide information and referrals for medical needs such as TB and HIV testing for sex and labor trafficking, and help schedule medical appointments or mental health appointments (Edmund & Bland, 2011).
- Continue to assess and re-assess level of danger and adjust safety plan.
- Connect survivor with advocates/experts, law enforcement, legal services, housing/shelter services as requested, spiritual services, etc.
- If survivor is or was a trafficking victim and has any criminal convictions because of their victimization, refer to appropriate post-conviction relief services if applicable in your state.
- Continue to meet with the survivor to help them develop goals and address their needs.
  - Work with the survivor to help them find employment.
  - Connect survivor with professional development resources such as GED courses, certification courses, computer classes, etc.
  - Work with the survivor to help them build a community/network of people they can trust, to help serve as a protective factor and pull them out of harm.
- Reassess any victimizations and symptoms present during future visits.

HELD AGAINST WILL

Client discloses being currently held against their will

IMMEDIATE

- If the client discloses being currently held against their will, support the client in contacting local law enforcement immediately. Contacting law enforcement during a critical incident will help ensure their safety and wellbeing.
- Mandated reporting laws must be followed if the client is a child or senior.
- Accompany client to the law enforcement partner and provide them with support as they report the incident.
- Work with law enforcement to make sure the client is safe and has all the necessary immediate support.
- Work with law enforcement to address the client's immediate needs, such as access to food, clothing, emergency medical needs, family concerns, and language access.
- Work with law enforcement to develop a safety plan that includes physical, emotional, and financial safety for survivor and children.
- Establish follow-up strategies and next steps.

LONG-TERM

- Complete the Tool with follow-up questions about other types of victimizations and symptoms the survivor may be experiencing.
- Work with the survivor to update and reassess safety plans and connect them with housing options on/offsite.
- Connect survivor with: medical services, mental health services, law enforcement, and legal services as requested.
- Continue to meet with the survivor to develop goals and help them address any needs.
- Reassess any victimizations and symptoms during future visits.
- Work with the survivor on grounding and breathing exercises that they can practice anywhere including at home, on the way to work, etc.

SUBSTANCE USE

Client discloses substance use

IMMEDIATE

- Ensure and safeguard privacy while communicating respect and trust with survivor. It is critical that the survivor not feel judged or shamed for disclosure of current or past use.
- Staff should follow any reporting protocols at the Center as appropriate. Refer here for Federal Reporting Laws.
- Adhere to confidentiality laws that protect client data in regards to substance use – Click here for more details.
- Follow-up questions should include open-ended questions which include the duration of substance use, if substance use is impairing the survivor's ability to live their day-to-day life, and any relevant/appropriate referrals to partner agencies.
- If the survivor is interested, provide connection with higher levels of care which might include mental health services and substance recovery programs.
- Offer overdose prevention education and referrals to access Naloxone if client discloses use of opioids and/or stimulants.

LONG-TERM

- Work with the survivor to feel empowered and support them in developing a range of coping skills.
- Through open-ended questions and reflective listening, assess what role the substance use plays in the survivor's experience. What does it help them to be able to do?
- Attend to the survivor's experiences of shame/guilt, and help to neutralize these through communicating empathy and unconditional positive regard.
- If the client is interested, help them to access support groups, treatment, and/or harm reduction resources in your Center or through partner agencies.
- Continue to meet with survivor to develop goals and help address any needs.
- Affirm any positive change, as defined by the client.
- Provide opportunities both within the Center and in the greater community for the survivor to develop their recovery-oriented social support network.
- Reassess any victimizations and symptoms during future visits.

SCHOOL VIOLENCE OR BULLYING

Client discloses they are experiencing school violence or bullying

IMMEDIATE

- Listen to story about incident without judgment or assumptions.
- Follow up with survivor on whether they have any intentions to harm themselves or someone else.
- Identify the length and duration of bullying, and the type of violence as well as any symptoms they may be experiencing such as sadness, anxiety, low self-esteem, self-harming behaviors, and feeling distant.
- If the survivor is a child, ask them if they are comfortable with the intake staff alerting their parents of the bullying.
- Work with parents and school administrators and teachers, if possible.
- Work with client to problem-solve and empower them to think through solutions, whether that includes walking away, using a buddy system, etc.
- Identify a support person for the child at school.

LONG-TERM

- Reassess any victimizations and symptoms during future visits.
- Connect survivor with age-appropriate services as needed.

COMMUNITY VIOLENCE

Client discloses experiencing and/or witnessing community violence

IMMEDIATE

- Work with the survivor to identify the type of community violence they experienced or witnessed (gangs, mass shootings, street riots, stabbings, or hearing gunshots).
- Work with the survivor to develop a safety plan (identifying safe streets, safe times to move around, reporting gang violence to police, etc.)
- Provide education about potential mental health or physical symptoms they may experience due to stress or exposure to violence.

LONG-TERM

- Offer comprehensive services at the Center, such as specialized support related to PTSD (e.g. Cognitive Processing Therapy, Prolonged Exposure).
- Continue to meet with survivor to develop goals and help address any needs.
- Reassess any victimizations and symptoms during future visits.

SUICIDE IDEATION

Client discloses they have attempted suicide or are contemplating suicide

IMMEDIATE

- If the survivor has recently attempted suicide within the last 3 months, has not received intervention or sought help, and is actively considering suicide, do NOT leave that person alone. Follow Center protocol on reporting.
- Do NOT contact emergency services without first informing the client and clearly explaining what will happen if emergency services are contacted.
- If someone has been thinking about suicide, stay calm, be supportive, and use trauma-informed language. Utilize a more extensive Suicide Assessment to identify potential risk. Some questions should include:
  - Ask directly if they are thinking of harming themselves. Do not give advice or ask why (Nguyen, 2017).
  - Ask if they have a plan and assess the severity and immediacy of the situation.
  - Ask if there are lethal means available to them, discuss ways to remove them and precautions that can be taken.
  - Phrases you can use when talking to a client (Berry, 2018):
    - "Thanks for opening up to me."
    - "Is there anything I can do to help?"
    - "I'm sorry to hear that. It must be tough."
    - "I'm here for you when you need me."
    - "I can't imagine what you're going through."
    - "How are you feeling today?"
- If someone discloses suicidal ideation but does not have a plan, stay calm, be supportive, and use trauma-informed language. It is important to note that suicidal ideation can often be a coping mechanism for trauma. Therefore, it is critical to assess and identify the appropriate response. Utilize a more extensive Suicide Assessment to identify potential risk.
- With the survivor's permission, connect them with a crisis intervention counselor and follow your Center's suicide protocol.
  - Utilize a Suicide Risk Assessment
- Develop a safety and wellbeing plan with the survivor that includes physical, emotional, and financial safety for client and children.
- Establish follow-up strategies and next steps.

Continued on next page

SUICIDE IDEATION

Continued from previous page

LONG-TERM

- Complete the Tool and assessment forms. Follow up with questions on event-based trauma and symptomology for appropriate referral to partner agencies.
- Provide information and connection to any other survivor identified needs.
- Continue to assess and re-assess level of danger and changes in behavior and symptomology.
- Continue to meet with survivor to develop goals and address any needs.
- Reassess any victimizations and symptoms during future visits.

SELF-HARM

Client discloses self-harming behaviors

IMMEDIATE

- Validate feelings and emotions and express concern about self-harming behavior in calm tones. It is critical to differentiate between suicidal behavior and self-harm. A client practicing self-harm does not intend to commit suicide. Self-harm is a coping mechanism. (Berry, 2018)
- Do not characterize self-injury/harming as bad or inappropriate, but rather as a coping mechanism that is learned to cope with trauma. (Ernhout & Whitlock, 2014)
- Follow-up questions should address when the self-harming behaviors began, how frequently they occur, what triggers may be contributing, and what type of self-harm techniques they use.
  - Referral to clinicians should be made for further assessment.
- With the survivor's permission, connect them with a counselor/therapist for additional assessment and help in dealing with self-harming behaviors. The counselor/therapist and the survivor should work together to identify and address the underlying causes of self-harming behaviors and work towards establishing healthy coping mechanisms.

LONG-TERM

- Complete the Tool and other assessment forms. Follow up with questions on event-based trauma and symptomology for appropriate referral to partner agencies.
- Continue to meet with survivor to develop goals and help them address any needs.
- Provide services onsite around mindfulness, visualization, arts, etc.
- Reassess any victimizations and symptoms during future visits.

SYMPTOMOLOGY

Client answers YES to questions 1-9 on the symptomology section

- Referral to clinicians should be made for further PTSD assessment.
- Education around the pervasiveness of PTSD in survivors should be provided.
- Provide education on therapy and what to expect when seeing a clinician.
- If applicable, acknowledge that injuries sustained may help explain symptoms the client has reported experiencing.
- Tips and tools for emotional safety and healthy coping mechanisms should be shared with the client.
- Provide education, identification of triggers, and potential safety planning for the survivor and their children.

DISCRIMINATION

Client discloses experiencing discrimination

IMMEDIATE

- Ensure language access barriers are met prior to service delivery.
  - Please note that the Tool has been made available in English, Spanish, Russian, and Spanish gender-neutral iterations.
- Validate and listen to the client's concerns, feelings, and/or experiences.
- Refer survivor to professionals on/offsite if any symptoms are present, such as depression or PTSD.
  - Referral to clinicians may be necessary based on symptomology present.
- Help survivor identify:
  - Support network and spiritual support, as requested;
  - Healthy coping mechanisms during times of stress and anxiety; and
  - Personal strengths and successes.
- Work with the survivor to develop a safety plan (documenting instances of discrimination at work, identifying allies, etc.)
- Follow up with questions on interpersonal violence and other event and symptom-based questions.
- If survivor discloses discrimination in housing or place of work, help them complete the appropriate complaints and connect with appropriate legal professionals.

LONG-TERM

- Connect survivor with mental health services, legal providers, support groups, and community building programs, as requested.
- Continue to meet with survivor to develop goals and help them address any needs.
- Reassess any victimizations and symptoms during future visits.

USING INFORMATION GATHERED

While there is not a set number of "yes" answers in the Tool to trigger a specific Center response, Centers should work internally to identify the number of victimizations that could warrant adjustment or expedited Center processes. Other Centers have created a specific polyvictimization track in Center delivery services that pairs a polyvictim to a specific long-term case manager who helps them throughout their work with the Center. Finally, other Centers have developed holistic services such as reiki, yoga, or grounding and meditation classes until survivors are able to see a clinician. According to the literature, survivors who experienced seven or more victimizations in the last year are at higher risk for future victimizations and may be eligible for a multidisciplinary team (MDT) meeting to establish a coordinated response (Finkelhor). This response should include partners with whom the survivor consented to work after all confidentiality and information sharing agreements have been explained and signed. All confidentiality agreements, boundaries, and limitations should be followed according to Center, state, and federal law. This MDT meeting should help professionals better streamline, plan for, and organize services and survivor-identified goals. In addition, survivors with seven or more victimizations should be provided long-term case management if desired.

As frontline staff use this Tool in their Centers with more survivors, staff will begin to identify common experiences and symptoms throughout the intake process. Staff will also begin to identify survivors who are displaying greater levels of trauma-related symptoms and stress and may need further assessments, follow-up, or specific interventions. It is critical for the Center to maintain clear policies and partnerships in order to meet the specific needs of survivors. Leadership should provide frontline staff with a process and voice in sharing the need for additional partners onsite to better serve the needs of survivors.

STAFF WELLBEING

Staff administering this Tool should also be aware of their own emotional wellbeing, as it could affect their ability to use this Tool and perform intakes at their Center. Listening to traumatic experiences from survivors can take a toll and affect the user's ability to function either in a professional or personal capacity. Leadership at Centers must be particularly attuned to this possibility and ensure that the appropriate processes, activities, and protocols are in place to support staff after they implement a polyvictimization framework in the Center. Training on vicarious trauma and its impacts should be conducted regularly at Centers. In addition, Centers should be responsible for facilitating, upholding, and modeling self-care practices. This could include designated debrief meetings, ongoing supervision and feedback, appropriate capacity building, and staff appreciation events. Vicarious trauma is common among frontline professionals and they too may experience PTSD symptoms (Pilnik & Kendall, 2012). The scope of this Tool increases the chances of frontline staff experiencing secondary trauma, particularly during the beginning of implementation. As such, it is important for Family Justice Centers and management staff to debrief with staff conducting intakes and provide resources to alleviate stress and promote staff wellbeing.

SELF-CARE TIPS FOR INTAKE STAFF

(Center for Substance Abuse Treatment 2014)

PEER SUPPORT	Creating systems of support with staff will help prevent isolation and depression.
SUPERVISION & CONSULTATION	Leadership at Centers should develop systems for supervision and debrief with all intake staff in order to identify needs, gaps, or immediate issues. This should include everyone from reception staff to advocates and navigators. Staff should have a formal/ informal mechanism for reaching out to mental health professionals to process their responses to clients and traumatic cases, and discuss strategies for self-care.
MAINTAIN A HEALTHY LIFE/ WORK BALANCE	Leaving work at work, unplugging, and spending time on enjoyable activities will help refresh staff and increase resilience in difficult situations.
SET CLEAR BOUNDARIES WITH CLIENTS	It is natural for staff to want to help clients in any way they can but they should be encouraged to define boundaries with clients.

ACKNOWLEDGMENTS

It is only because of the innovative and extraordinary leadership of the six demonstration sites participating in this OVC Polyvictimization Demonstration Initiative that this Tool and Resource Guidebook were possible. The participating sites not only challenged their Centers and partner agencies to transform and rethink the way things are done, but have changed their communities in the process. We want to thank the Directors and all of the staff at the Family Justice Center Sonoma County, Stanislaus Family Justice Center, New Orleans Family Justice Center, Sojourner Family Peace Center, Tulsa Family Safety Center, and the Queens (NYC) Family Justice Center for their tireless work and dedication to bringing HOPE to the lives of survivors in their communities.

For assistance in implementing this Tool in FJCs, please contact the Alliance at info@allianceforhope.com for targeted training and technical assistance.

GLOSSARY

ANIMAL CRUELTY— Includes overt and intentional acts of violence towards animals and animal neglect or the failure to provide for the welfare of an animal under one's control. Many times, animal cruelty is used as a way to exert control over the owner and to cause emotional harm (RSPCA, 2017). Animal cruelty is not restricted to cases involving physical harm. Causing animals psychological harm in the form of distress, torment or terror may also constitute animal cruelty.

ANXIETY — An overwhelming sense of apprehension and fear often marked by physical signs (such as tension, sweating, and increased pulse rate). (Merriam-Webster Dictionary 2017).

ASSAULT — A violent physical or verbal attack. A threat or attempt to inflict offensive physical contact or bodily harm on a person that puts the person in immediate danger or in apprehension. (Merriam-Webster Dictionary 2017).

ATTACHMENT PROBLEMS — Refers to the ability to form emotional bonds and empathic, enjoyable relationships with other people, especially close family members. Attachment patterns are established in early childhood attachments and continue to function as a working model for relationships in adulthood. (Pilnik & Kendall, 2012).

ATTENTION/CONCENTRATION DIFFICULTIES — Easily distracted/ inattentive leading to trouble forming strong friendships or completing work. (Pilnik & Kendall, 2012).

AVOIDANCE — Refers to the practice or an instance of keeping away from particular situations, activities, environments, individuals, things, or subjects of thought because of either (a) the anticipated negative consequences of such or (b) the anticipated anxious or painful feelings associated with those things or events. Psychology explains avoidance in several ways: as a means of coping- as a response to fear or shame- and as a principal component in anxiety disorders. (Nugent, 2013).

BATTERY — Offensive touching or use of force on a person. (Merriam-Webster Dictionary 2017).

BULLYING — Unwanted, aggressive behavior that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time. Trauma can be a consequence of bullying, which can lead to mental health issues, substance use, and suicide, particularly if there is a prior history of depression or delinquency. (SAMHSA, 2014).

CAPTIVITY — The state or period of being held, imprisoned, enslaved or confined. (Merriam-Webster Dictionary 2017).

CARETAKER — A person who provides direct care (as for children, elderly people, or the chronically ill). (Merriam-Webster Dictionary 2017).

COMMUNITY VIOLENCE — Violence in the community, including exposure to gang-related violence, interracial violence, police and citizen altercations, and other forms of destructive individual and group violence is a recognized form of trauma. (SAMHSA, 2014).

CONDUCT PROBLEMS — Aggressive behavior that causes or threatens harm to other people or animals, such as bullying or intimidating others, often initiating physical fights, or being physically cruel to animals. Non-aggressive conduct that causes property loss or damage, such as fire-setting or the deliberate destruction of others' property. Deceitfulness or theft, such as breaking into someone's house or car, or lying or "conning" others. Serious rule violations, such as staying out at night when prohibited, running away from home overnight, or often being truant from school. (Mental Health America, 2017).

CYBERCRIME — Online identity theft, financial fraud, hacking, cyber-stalking, online child pornography and sexual exploitation, and information piracy and forgery. (United States Department of Justice, Office of Justice Programs, and the Office for Victims of Crime, 2013).

DISCRIMINATION — The unjust or prejudicial treatment of different categories of people, especially on the grounds of race, age, or sex. (Oxford Dictionaries 2017).

DISSOCIATION — A mental process that causes a lack of connection in a person's thoughts, memory and sense of identity. Dissociation seems to fall on a continuum of severity. A defense mechanism—were survivors separate out of their memory things that they do not want to or cannot deal with. (Mental Health America, 2018).

DISTANT— Feelings of detachment or estrangement from others. (Weathers et. al., 2015)

EMOTIONAL ABUSE OR PSYCHOLOGICAL MALTREATMENT— Acts of commission (other than physical or sexual abuse) against an individual. These kinds of acts, which include verbal abuse, emotional abuse, and excessive demands or expectations, may cause an individual to experience conduct, cognitive, affective, or other mental disturbances. These acts also include acts of omission against a minor such as emotional neglect or intentional social deprivation, which cause, or could cause, a child to experience conduct, cognitive, affective, or other mental disturbances. (SAMHSA, 2014).

FAMILY JUSTICE CENTERS— Multi-agency collaboratives that bring services together under one roof – allowing survivors to access multiple services in one location. To be considered an affiliated Family Justice Center, by Alliance for HOPE International, a Center must, have a centralized intake process and an information sharing process with a minimum of the following full-time, co-located partner agencies: A community-based organization (at least one: DV or SA Program), Law enforcement investigators/detectives, Specialized prosecution unit, and civil legal services. Adhere to and demonstrate the implementation of Family Justice Center Guiding Principles in service delivery. Engage meaningfully with Alliance for HOPE's technical assistance team. Provide requested statistics and data to Alliance for HOPE International.

FEAR OF PHYSICAL VIOLENCE — Acting in a manner that makes someone feel afraid they may be physically hurt. The behaviors may include swearing, insulting, or humiliating someone. (Felitti, et. al., 1998).

HEALTH-RISK BEHAVIOR(S) — Any activity undertaken by people with a frequency or intensity that increases risk of disease or injury. Health risk behaviors might cluster together into a risky lifestyle. It can range from smoking, to use of drugs, to not wearing seatbelts or risky sexual practices (Steptoe & Wardle, 2004).

HISTORICAL TRAUMA— A form of trauma that impacts entire communities. It refers to the cumulative emotional and psychological wounding, as a result of group traumatic experiences, that is transmitted across generations within a community. Unresolved grief and anger often accompany this trauma and contribute to physical and behavioral health disorders. This type of trauma is often associated with racial and ethnic population groups in the United States who have suffered major intergenerational losses and assaults on their culture and well-being. (SAMHSA, 2014).

HOMELESS— According to the United States Department of Housing and Urban Development Homeless is defined as (U.S. Department of Housing and Urban Development Homeless, n.d):

1. HOMELESS
An individual or a family who lack a fixed, regular, and adequate nighttime residence, meaning:

• Has a primary nighttime residence that is a public or private place not meant for human habitation;

• Is living in a publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or

• Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

2. IMMINENT RISK OF HOMELESSNESS
An individual or family who will imminently lose their primary nighttime residence, provided that:

• Residence will be lost within 14 days of the date of application for homeless assistance;

• No subsequent residence has been identified; and

• The individual or family lacks the resources or support networks needed to obtain other permanent housing

3. HOMELESSNESS UNDER OTHER FEDERAL STATUTES
Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

• Are defined as homeless under the other listed federal statutes;

• Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;

• Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and

• Can be expected to continue in such status for an extended period of time due to special needs or barriers

4. FLEEING/ATTEMPTING TO FLEE DOMESTIC VIOLENCE
Any individual or family who:

• Is fleeing, or is attempting to flee, domestic violence;

• Has no other residence; and

• Lacks the resources or support to obtain other permanent housing

HOPE — Is the belief that your future can be brighter and better than your past and that you have a role to play in making it better. Hope involves goal setting, agency (willpower to pursue goals), and pathways thinking (strategic ability to find ways to achieve goals even in the face of barriers or obstacles). Hope is measurable, malleable, and cultivatable. (Snyder, 2002).

HUMAN TRAFFICKING — Is a crime involving the exploitation of someone for the purposes of compelled labor or a commercial sex act through the use of force, fraud, or coercion. (SAMHSA 2014).

IMPULSIVITY — Has been defined as fast reaction without thinking and conscious judgment, acting without enough thinking, and a tendency to act with less thinking compared to the others who have similar levels of knowledge and ability. (Bakhshani, 2014).

INTAKE PROCESS — A process in FJCs which includes building a relationship and rapport with a client and orientation about the services available and identifying the professionals they wish to talk to within a Center. Intakes are usually conducted by an intake specialist. The Intake Specialist is usually responsible for assessing risk level and providing safety planning for every client. Intake Specialists may also provide individual support and crisis counseling when needed. Intake Specialist help create a link between the current symptoms a survivor is experiencing, their lived experiences, and how their beliefs impact their life. It is helpful for the Intake Specialist to have a clinical background or a masters level supervision. (Family Justice Center – Alliance for HOPE International, 2016).

IRRITABLE/ANGRY — Behavior or outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects. (Weathers et. al., 2015).

JUMPY — The state of being highly or abnormally alert to potential danger or threat. On guard, or constantly on the lookout for danger. Sometimes described as hypervigilance, this is common in trauma survivors. (Merriam-Webster Dictionary, 2017).

LABOR TRAFFICKING — The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purposes of subjection to involuntary servitude, peonage, debt bondage, or slavery. (22 USC § 7102) (National Human Trafficking Hotline, n.d).

LOW SELF-ESTEEM — Is a debilitating condition that keeps individuals from realizing their full potential. A person with low self-esteem feels unworthy, incapable, and incompetent. (UC Davis Health. Self-Esteem, n.d.).

MULTI-AGENCY CENTER — To be considered an Affiliated Multi-Agency Center by Alliance for HOPE International, a Center must have at least three different co-located service providers; adhere to and demonstrate the implementation of Family Justice Center Guiding Principles in service delivery; engage meaningfully with Alliance's technical assistance team; and provide requested statistics and data to Alliance. (Affiliation Process).

NATURAL OR MAN-MADE DISASTERS — Trauma can result from a major accident or disaster that is an unintentional result of a man-made or natural event. Disasters can occur naturally (such as tornadoes, hurricanes, earthquakes, floods, fires, mudslides, or drought) or be human-caused (such as mass shootings, chemical spills, or terrorist attacks). (SAMHSA, 2014).

NEGLECT — Is the most common form of abuse reported to child welfare authorities. However, it does not occur only with children. It can also happen when a primary caregiver fails to give an adult the care they need, even though the caregiver can afford to, or has the help to do so. Neglect also includes exposing someone to dangerous environments, abandoning a person, or expelling them from home. (SAMHSA, 2014).

NEGLECT MAY BE:

- Physical (e.g., failure to provide necessary food or shelter, or lack of appropriate supervision
- Medical (e.g., failure to provide necessary medical or mental health treatment)
- Educational (e.g., failure to educate a child or attend to special education needs)
- Emotional (e.g., inattention to a child's emotional needs, failure to provide psychological care, or permitting the child to use alcohol or other drugs). (Child Welfare Information Gateway, 2013).

NUMBING — Limited emotional range, avoiding thinking or talking about the future or goal setting, "feeling flat". (Pilnik & Kendall, 2012).

PARTNERS — Entities and/or individuals who are onsite or offsite partners of the Family Justice Center and agree to provide services to those who come to the Center. In a Center, this includes governmental and non-governmental organizations and can provide crisis intervention to long term services such as civil legal support, mental health counseling, housing, or life skills. (Gwinn & Strack, 2012, p. 71).

PHYSICAL ABUSE OR ASSAULT — Defined as the actual or attempted infliction of physical pain (with or without the use of an object or weapon), including the use of severe corporeal punishment. Federal law defines child abuse as any act, or failure to act, which results in death, serious physical or emotional harm, sexual abuse, or exploitation of a child. (SAMHSA, 2014).

POVERTY — For purposes of this Tool poverty should be defined by the experiences of the survivor. Many times, this can include hunger, lack of shelter, being sick and not being able to see a doctor, not having access to school and not knowing how to read and/or not having a job. Can sometimes be described as fear for the future and living one day at a time. Most often, poverty is a situation people want to escape. (Brunswick, 2010).

ROBBERY — Taking or attempting to take anything of value from the care, custody, or control of a person or persons by force or threat of force or violence and/or by putting the victim in fear. (U.S. Department of Justice Federal Bureau of Investigation, 2010).

SADNESS — Feeling down or unhappy in response to grief, discouragement, or disappointment. If ongoing, may indicate depression. Despair or regret.

SCHOOL VIOLENCE — Is described as violence that occurs in a school setting and includes, but is not limited to, school shootings, bullying, interpersonal violence among classmates, and student suicide. (SAMHSA, 2014).

SELF-BLAME — Thinking that one is responsible for bad things that happened, or for surviving when others did not. Feeling guilty for what you did or did not do, often connected to feelings of shame. (U.S. Department of Veterans Affairs, Common Reactions After Trauma, 2015).

SELF-HARMING BEHAVIORS — Non-suicidal self-injury, often simply called self-injury, is the act of deliberately harming the surface of one's body, such as cutting or burning one's self. It is typically not meant as a suicide attempt. Rather, this type of self-injury is an unhealthy way to cope with emotional pain, intense anger and frustration. While self-injury may bring a momentary sense of calm and a release of tension, it's usually followed by guilt and shame and the return of painful emotions. Although life-threatening injuries are usually not intended, with self-injury comes the possibility of more serious and even fatal self-aggressive actions. (Weathers et. al., 2015).

SEX TRAFFICKING — Occurs when someone uses force, fraud, or coercion to cause a commercial sex act with an adult or causes a minor to commit a commercial sex act. A commercial sex act includes prostitution, pornography, and sexual performance done in exchange for any item of value, such as money, drugs, shelter, food or clothes. (Shared Hope International n.d.).

SEXUAL ABUSE OR ASSAULT — Unwanted or coercive sexual contact, exposure to age-inappropriate sexual material or environments, and sexual exploitation. The Department of Justice's (DOJ) Office on Violence Against Women defines sexual assault as "any type of sexual contact or behavior that occurs without the explicit consent of the recipient." (SAMHSA, 2014).

SEXUAL HARASSMENT — Unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature. Harassment does not have to be of a sexual nature, however, and can include offensive remarks about a person's sex. For example, it is illegal to harass a woman by making offensive comments about women in general. Both victim and the harasser can be either a woman or a man, and the victim and harasser can be the same sex. (U.S. Equal Employment Opportunity Commission, n.d).

SLEEP DISTURBANCE — Difficulty falling or staying asleep or restless sleep. (Weathers et. al., 2015).

STALKING — A course of conduct directed at a specific person that involves repeated (two or more occasions) visual or physical proximity, nonconsensual communication, or verbal, written, or implied threats, or a combination thereof, that would cause a reasonable person fear." Stalking behaviors also may include persistent patterns of leaving or sending the victim unwanted items or presents that may range from seemingly romantic to bizarre, following the victim, damaging or threatening to damage the victim's property, defaming the victim's character, or harassing the victim via the Internet by posting personal information or spreading rumors about the victim. (Office of Justice Programs - National Institute of Justice, 2007).

STRANGULATION AND/OR POSITIONAL ASPHYXIA — Is pressure applied to the neck, by any means, that blocks airflow or blood flow. Asphyxia is deficiency of oxygen in the cells of the body including the brain. Strangulation is one of the most lethal forms of domestic violence and, often occurs in sexual assault, child abuse, and elder abuse cases. Positional asphyxia refers to pressure placed on a person's body that makes it difficult to inhale (bellows motion) in order to bring air into their lungs. Victims will refer to strangulation as "choking" and may not even know that pressure applied to their chest or body also causes asphyxia. (Training Institute on Strangulation Prevention, 2017).

LOSING CONSCIOUSNESS — Victims may lose consciousness by any one or all of the following methods: blocking of the carotid arteries in the neck (depriving the brain of oxygen), blocking of the jugular veins (preventing deoxygenated blood from exiting the brain), and closing off the airway, making breathing impossible.

Very little pressure (4-11 lbs. per square inch) on both the carotid arteries and/or veins for ten seconds is necessary to cause unconsciousness. However, if the pressure is immediately released, consciousness will likely be regained within ten seconds. To completely close off the trachea (windpipe), three times as much pressure (33 lbs.) is required. Brain death can occur in 1 to 2.5 minutes, if strangulation persists. Many victims suffer internal injuries including brain damage and are unaware unless informed by intervention professionals. Medical assessment should always be done if a strangulation victim has any signs or symptoms.

STRONG NEGATIVE BELIEFS — Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad, "No one can be trusted, "The world is completely dangerous, "My whole nervous system is permanently ruined"). (Weathers et. al., 2015).

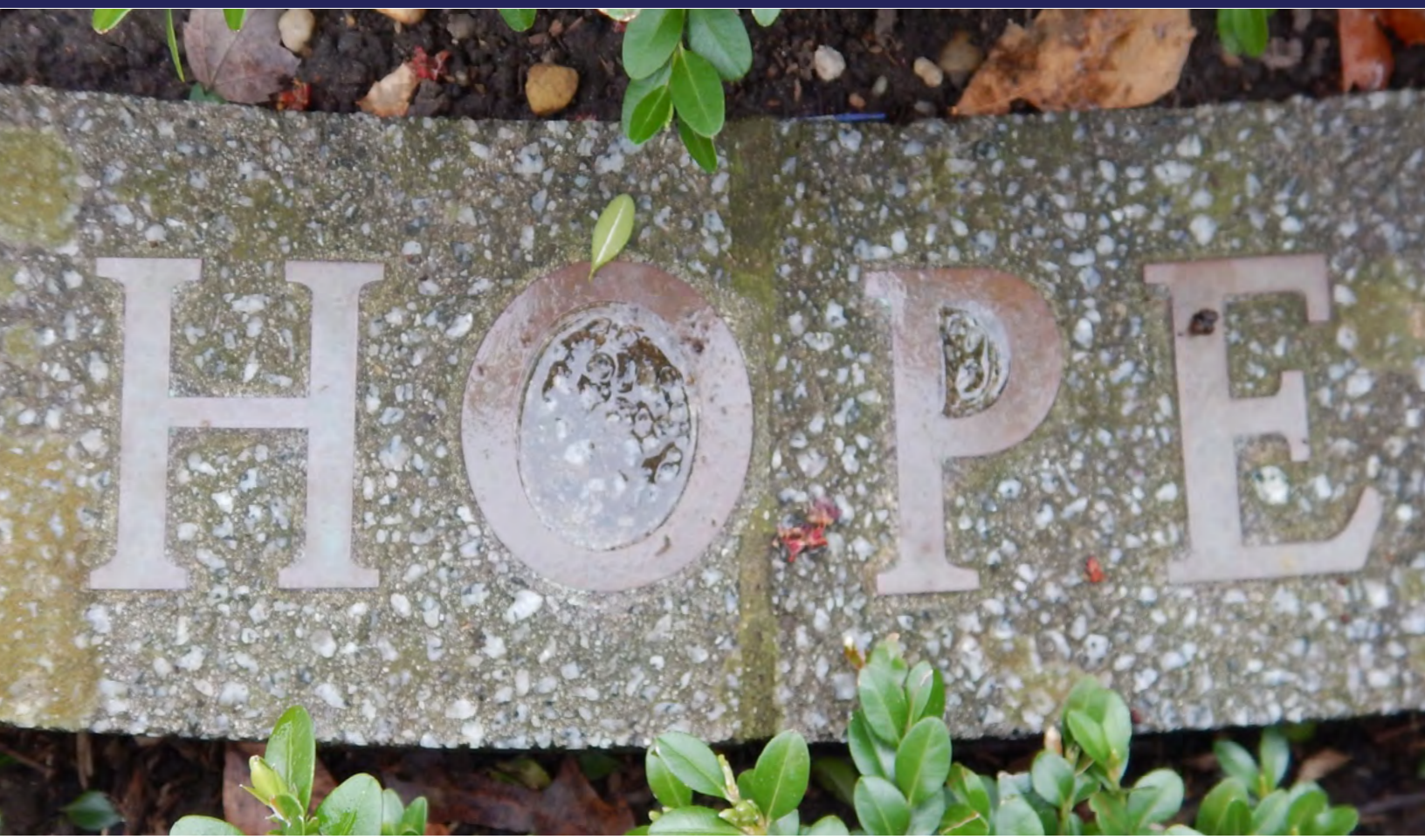
SUBSTANCE ABUSE — A maladaptive pattern of substance use leading to significant impairment or distress including a failure to fulfill major role obligations at work, school, or home (e.g. repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household)

- Use in situations in which it is physically hazardous (e.g. driving an automobile or operating a machine when impaired)
- Substance-related legal problems (e.g. arrests for substance-related disorderly conduct)
- Continued substance use despite persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g. arguments with spouse about consequences of intoxication, physical fights). (LIFE, n.d).

SYSTEM-INDUCED TRAUMA — Many systems that are designed to help individuals and families can actually cause trauma. For example, in child welfare systems, abrupt removal from the home, foster placement, sibling separation, or multiple placements in a short amount of time can re-traumatize children. In mental health systems, the use of seclusion and restraint on previously traumatized individuals can revive memories of trauma. Further, invasive medical procedures on a trauma victim can re-induce traumatic reactions. (SAMHSA, 2014).

VICTIM OR WITNESS TO DOMESTIC VIOLENCE — According to DOJ's Office on Violence Against Women, domestic violence is defined as: "a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone." Domestic violence includes violence and abuse by current or former intimate partners, parents, children, siblings, and other relatives. (SAMHSA, 2014).

APPENDICES



APPENDIX A

POLYVICTIMIZATION FRAMEWORK

- Addressing Polyvictimization in Family Justice Centers
- Literature Review on Polyvictimization

SUPPLEMENTAL ASSESSMENT TOOL MATERIALS

APPENDIX 1B: Excel template database

This document was used as the template database for data collection across all six demonstration sites.
Click here

APPENDIX 2B: Final Implementation Administration and Collection Instructions

This document provides a detailed description of the procedures that will be used to collect data for the Creating Pathways to Justice, Hope, and Healing Project in your community.

Specifically, we are seeking to collect and understand:

1. Data from your site's completed Tools and completed Screeners, as applicable (optional)
    a. with an answer filled out for each question (even if the answer is "User did not ask");

2. Prevalence and impact of polyvictimization in adults served at Centers;

3. Information on how the Tool was administered in conjunction with your site-specific Screener;

4. How the Tool and Screener are used to tailor services for survivors, and in particular how professionals tailor and better provide long-term holistic services that address the multiple forms of trauma that survivors face;

5. How a feedback loop was created for Centers to identify additional partners/services that Centers need to bring onsite; and,

6. Lessons learned, tool viability, and anything else relevant for the field and potential future users of the Tool.

Information gathered will allow your site's research partners, OU, and the Alliance to better understand implementation of the Polyvictimization Assessment Tool, its replicability, patterns of polyvictimization in participating Family Justice Centers, and lessons learned for the field as a whole.

To gain detailed insight on the Tool, the Alliance will be conducting interviews with those administering the Tool throughout final implementation. We plan to document lessons learned, answer questions, collaborate in problem solving, and gather insight about the process and outcomes of final implementation.

WHAT ARE WE ASKING OF YOU?
Your Center has identified a minimum goal for completed Polyvictimization Assessment Tools to collect during final implementation. Target numbers are listed below for your Center:

You should determine with your research partner when you will submit completed Tools to them for analysis as well as any internal processes that must be developed in order to accurately share the Tool among different staff and/or partner agencies.

SITE	GOAL FOR COMPLETED TOOLS
Tulsa	150
Stanislaus	60
Sonoma	50
Queens	75
New Orleans	75
Milwaukee	54

Sample Use of the Polyvictimization Assessment Tool

Survivor Jane Doe comes to the FJC for an intake. The designated user conducts the FJC intake and utilizes their Center's Polyvictimization Screener, if applicable, to determine if the client is appropriate for the Polyvictimization Assessment Tool. User explains the Assessment Tool and, as applicable, receives consent from survivor to use Assessment Tool. User may utilize Tool in a way that is most conducive to Survivor Jane's needs and can break up the Tool into multiple sessions if most appropriate.

This Tool should be used in conjunction with service delivery, case management, and support requested by Survivor Jane. If information sharing consent is provided by Jane, the Assessment Tool may be shared with and/or completed by other partner agencies providing services.

Information may be gathered and entered into the Tool any time during final implementation. Survivor Jane's completed Assessment Tool must be submitted to local research partner for analysis at the local level. De-identified information will then be shared with OU and the Alliance.

Sample Consent Script for Client

The following script was developed by staff at the New Orleans Family Justice Center to introduce clients to the Polyvictimization Assessment Tool. Centers may develop a modified version of this and/or add other language explicit to the sharing of information between partners and/or researchers if they so choose. Please note that this can be added to consent and confidentiality conversations used at the Center but should not be used in lieu of any existing forms.

The New Orleans Family Justice Center (NOFJC) has partnered with the Institute of Women & Ethnic Studies (IWES) to participate in a national demonstration initiative supported by the Office for Victims of Crime (OVC) to develop a way to better understand survivors' experiences with polyvictimization. Polyvictimization generally describes the experience of different types of victimization such as sexual abuse, physical abuse, bullying, and/or exposure to violence.

As a part of this project, we will screen adult clients for experiences of polyvictimization. With your consent, we would like to ask you questions from a polyvictimization tool (survey). Your responses will help inform the development of trauma-informed, holistic services needed to best support survivors.

What is learned from this study will help service providers across a variety of sectors to adapt the services they offer so that they are responsive to the holistic needs of adult and child survivors of trauma.

The questions pertain to your environment, things that may have happened [or are happening] to you or people you know, thoughts/feelings/reactions to what you have experienced [or are currently experiencing], and ways you cope and/or have difficulty with coping.

There are no penalties or consequences of any kind if you decide that you do not want to participate. Your current or future relationship with the New Orleans Family Justice Center will not be compromised; your access to services remains the same.

Filling Out the Tool

Because the Tool is developed with the intention of being an information integration tool, rather than a checklist, the time of completion for the Tool will vary by client. As such, it may take the designated FJC Staff and/or partner agencies 1-3 sessions to gather information for submission. Centers should work with their research partners to determine the best internal process for submitting completed Tools to them.

If the Tool is utilized by more than one staff person, it is important that Centers and staff members create a clear process for completing the Tool. To help in this process, the Tool has a section for staff to note the number of sessions it took to complete the Tool, spaces for the dates the Tool was used, as well as spaces for the names of all staff who have utilized the Tool.

1 During and/or after each intake, FJC Staff and/or partners should fill out as much of the Assessment Tool as possible. It is especially important for staff to fill out:

a. Name of Center;

b. Client name;

c. Name of each staff member utilizing the Tool;

d. Date(s) Tool was utilized with survivor;

e. Whether the survivor is over 18;

f. Whether the survivor is a new or returning client when the Tool is first utilized (first touch point). This status will not change if the rest of the Tool was completed on a second or third visit;

g. In case it may be of use to the Center, the Tool also provides an area for a Client ID. If not applicable, this should be left blank.

2 If the Assessment Tool is not completed during the first intake, staff should review information gathered and attempt to gather information from the consented partner agencies, or from future meetings with the survivor.

3 Before submission to your research partner, users should ensure all questions (including all time frames: Child and Teen, Adult, and In the last year) have an answer marked for all event and symptom questions. Answers can include:

a. Yes;

b. No;

c. Client did not respond;

d. User did not ask;

e. Not appropriate to ask; and

f. Does not apply. This is only applicable for specific questions and is noted on the Tool.

Filling Out the Tool continued

4 When marking an event or symptom as "In the last year" or "Current Symptom," please also mark the respective time period that it would fall under (Child and Teen OR Adult).

a. For example, if a survivor discloses "bullying" in the last year and they are 22 years old, the user would mark "Y" in the last year and "Y" in the adult category as well.

b. Similarly, if a survivor discloses being "irritable/angry" currently, and they are 22 years old, the user would mark "Y" in current symptom; "Y" in the last year; and "Y" in the adult category.

5 All answers provided should be from the client's perspective.

a. The "Notes" section is where staff can share additional input or thoughts, particularly around minimizing.

b. The "Notes" section can also serve as a place to note who the perpetrator of an event was (partner, parent, friend, etc.)

6 The number of events experienced by a survivor is calculated for each time frame (Child and Teen, Adult, and In the last year). These are not victimization scores, but rather the number of events experienced "In the last year."

This number should trigger a response at the Center. The number of symptoms "In the last year" and "Current Symptoms" are calculated and should assist in guiding service delivery. During implementation, Center staff and researchers should begin to analyze and track what number of events/symptoms lead to different actions (prioritizing access to services, etc.)

7 At the top of the Tool, the final user should note the number of times it took to gather the information collected before submitting to local researcher.

Paper Version of the Assessment Tool

For each event or symptom circle "**Y**" for yes or "**N**" for no in the boxes to the right as applicable for the different stages of the client's life. In addition to "**Y**" and "**N**" user may circle other possible responses which include "**A**" for the client did not respond to the question; "**B**" for the user did not ask due to time constraints or other limitations; and "**C**" for the user did not ask since it was not appropriate to ask. For event questions that are not applicable to all clients, an additional "**Does not apply**" response has been included. Centers should internally have a process of deciding when "**A**," "**B**," and "**C**" are circled during implementation so as to not create confusion among various users of the Tool.

Answers should be from the client's perspective. If the user has additional input or thoughts, particularly around minimizing, this should be included in the "**Notes**" section.

When marking an event or symptom as "**In the last year**" and/or "**Current Symptom**," please also mark the respective time period that it would fall under (**Child and Teen** OR **Adult**).

Instructions for Collecting and Submitting Tool Data

Prior to final implementation, Centers should come to a consensus with their research partners on how to collect and input data from completed Tools. It is the site's responsibility to ensure all data is collected and compiled in the Excel Template Database created by OU and shared by the Alliance. The Alliance and OU strongly suggest sites and local researchers develop a process and make this an ongoing activity as data collection and data entry are extremely time consuming.

When deciding the collection process for your site please keep in mind that all data needs to be entered and shared with OU no later than July 1, 2019. Depending on the agreement with your research partner, you can either submit completed Tools for your partner to enter into the Database or you can enter the completed Tools directly into the Database. Unless otherwise specified in an agreement with your research partner, all completed Tools shared should be de-identified.

Data should be submitted to OU via the Excel Template Database created by OU and shared by the Alliance. It is crucial all data is submitted either via the excel template or an identical SPSS output. This will allow OU to analyze the aggregate data from each site's specific data and to compile trends at the national level.

Filling Out the Database

	A	B	C	D	E	F	G	H	I
1	Center	Survey Number	Over Age 18	Staff Names	Client	Sessions	Q1A_EVENT	Q1B_EVENT	Q1C_EVENT
2	*Name of Center*	*Identifier*			*New or Returning*	*# to gather info*	*A=0-17*	*B=18+*	*C=In the Last Year*
3									
4									
5									
6									
7									
8									

Dr. Chan Hellman and Jason Featherngill of OU have created an Excel Template Database which should be used in either Excel or SPSS for inputting data.

The first six columns (A-F) of the Excel Template Database list the preliminary questions located at the top of the Tool. Columns G-EZ list the event and symptom questions from the Tool with their respective time frames. As such, each answer and its respective time frame should be listed in one cell. Centers and their local researchers should decide if they are utilizing and inputting the information for the "Survey Number Identifier" (for some sites this is the ETO Client ID). If this is not being used, this column should be left blank. If multiple staff members are completing the Tool and Centers and local researchers would like to track this information, additional columns should be inserted to the right of the "Staff Names" column listed above. This information will not be tracked nationally.

Filling Out the Database continued

EVENT EXAMPLE

QUESTION 1 on the events section of the Tool is "Assault/battery by parent, caregiver, partner, or relative." It is listed in the following ways in the Excel Template Database:

Q1A_EVENT = Assault/battery by parent, caregiver, partner, or relative for "Child and Teen (0-17)"

Q1B_EVENT = Assault/battery by parent, caregiver, partner, or relative for "Adult (18+)"

Q1C_EVENT = Assault/battery by parent, caregiver, partner, or relative for "In the last year

Respective answers to the question should be noted in each of the appropriate columns using the answer coding key below (see "Answers should be entered with the following coding" section).

SYMPTOM EXAMPLE

QUESTION 2 on the symptom section of the Tool is "Suicide attempt, discussion, or thoughts of suicide." It is listed in the following ways in the Excel Template Database:

Q2A_SYMPTOM = Suicide attempt, discussion, or thoughts of suicide for "Child and Teen (0-17)"

Q2B_SYPMTOM = Suicide attempt, discussion, or thoughts of suicide for "Adult (18+)"

Q2C_SYMPTOM = Suicide attempt, discussion, or thoughts of suicide for "In the last year"

Q2CURRENT_SYMPTOM = Suicide attempt, discussion, or thoughts of suicide for "Current Symptom"

Respective answers to the question should be noted in each of the appropriate columns using the answer coding key below (see "Answers should be entered with the following coding" section).

QUESTIONS

are listed in the following coding:

- **Q#** = the number following the **Q** corresponds to the question number on Assessment Tool (Events 1 - 26; Symptoms 1 - 18)
- **A/B/C** or **Current** = the time frame during which the event or symptom occurred
  - **A** = Child and Teen
  - **B** = Adult
  - **C** = In the last year
  - **Current** = Current Symptom
- **_EVENT** or **_SYMPTOM** = indicates whether the question corresponds to the event or symptom section of the Tool

ANSWERS

should be entered with the following coding:

- No = **0**
- Yes = **1**
- Client did not respond = **2**
- User did not ask = **3**
- Not appropriate to ask = **4**
- Does not apply = **5**
  - When "**Does not apply**" is the selected answer, 5 should be entered for each of the time frames in the survivor's life (Child and Teen, Adult, and In the last year).

Frequently Asked Questions

WHAT IF A SURVIVOR DOES NOT ANSWER OR DOES NOT WANT TO ANSWER THE QUESTIONS OR FOLLOW UP QUESTIONS INCLUDED IN THE POLYVICTIMIZATION ASSESSMENT TOOL?

The survivor's choice is to be respected and valued. If the survivor does not acknowledge and/or indirectly avoids the question when asked, circle "A" for "client did not respond." If the user of the Tool ran out of time when using the Tool, or if the they started the Tool and the client never returned for follow up, users should circle "B" for "user did not ask." If the survivor explicitly expresses that they do not want to address the topic or shares that they are uncomfortable talking about a specific type of victimization or age, user should circle "C" for "not appropriate to ask." Answer option "C" was created with the intention of ensuring that a client is not asked by a future clinician/user of the Tool about a topic that they have explicitly said that they do not want to discuss.

Every Tool should always be a completed Tool regardless of the survivor's choice to answer or not answer a question. Remember, our goal is to get a specific number of Tools from your Center. Keep collecting data and ensure there is an internal process for circling "A", "B", or "C" on the Tool itself.

WHAT IS A COMPLETED TOOL?

A completed Tool is one that has an answer of "Y", "N" or "A", "B", "C" for every question in the "Child and Teen", "Adult", "In the last year," and "Current Symptom" categories.

WHAT IS THE CONSENT PROTOCOL?

Internal consent forms should suffice during implementation if all data shared between Centers and researchers is de-identified. Additionally, OUs IRB is not concerned since OU will ONLY receive de-identified data from each site via the Excel Database Template for statistical analysis.

At the local level, sites are encouraged to speak with their researcher about additional consent processes. The local consent protocol depends on what information researchers are accessing and whether they require consent forms and other identifying information.

WHAT IF THE USER OF THE TOOL BELIEVES THE SURVIVOR IS MINIMIZING THEIR EXPERIENCES?

It is not uncommon for survivors to minimize the painful experiences they had in their lives. Other times it takes several sessions for survivors to disclose their full story. If your Center is utilizing the Tool over an extended period of time, you as the user can update the Tool as disclosures occur. However, if you are utilizing the Tool during one intake, all answers should be completed from the perspective of the client. You may add additional notes and comments about minimizing in the "Notes" section of the Tool.

Frequently Asked Questions continued

HOW TO NOTE EVENTS/SYMPTOMS THAT OCCURRED IN THE LAST YEAR?

All events/symptoms that occurred in the last year or are currently being experienced by survivors should also be noted in the respective age categories. This will allow for more accurate analysis of the types of experiences survivors have had throughout their lifetime.

Examples: If a survivor discloses "bullying" in the last year and they are 22 years old, the user would mark "Y" in the last year and "Y" in the adult category.

Similarly, if a survivor discloses being "irritable/angry" currently, and they are 22 years old, the user would mark "Y" in current symptom; "Y" in the last year; and "Y" in the adult category.

WHAT QUESTIONS WILL STAFF ADMINISTERING THE TOOL BE ASKED DURING CALLS WITH ALLIANCE FOR HOPE?

As part of final implementation, we need feedback from staff administering the Tool. This feedback will help us learn what works well and what needs improvement. During the interview sessions, we will at a minimum ask the following questions:

1. On average, how long does it take you to complete the Tool with a client?
    a. How many sessions did it take to capture the data?
2. How has the Tool impacted service delivery? What changes have you noticed in how services are being provided to clients?
3. In your opinion, has your site-specific Screener successfully identified polyvictims?
4. Out of the Screeners used at your Center, how many identified a client as a polyvictim?
5. Is there a threshold your site is using to identify high polyvictims and low polyvictims with the Polyvictimization Assessment Tool?
6. Have there been any changes to the process (Screener, Tool, implementation, etc.) since final implementation began?
7. Do you have any lessons learned for someone looking to implement the Tool?
8. Have you had any survivor feedback on the Tool?
9. Please share at least one story of how the Tool has impacted a survivor.

For any questions about confidentiality, design, or content of the Tool, contact the Alliance at info@allianceforhope.com

APPENDIX C

SITE SPECIFIC SHORT SCREENER EXAMPLES

New Orleans Family Justice Center

Short Polyvictimization Screener

Screener Question:

One of the things we've learned from our clients is they've been hurt or abused at other times over the course of their life. Is this something you identify with?

Follow up prompt (for any response: yes, no, unsure), affirmation of any client's response and giving context to the question:

Here at the FJC we want to support you as a whole person in your healing process. This is the space we're trying to create, that you feel comfortable to talk about your life.

Stanislaus Family Justice Center

Short Screener for Polyvictimization Tool

This short screener will be used on our initial intake. If a client answers Yes to any of these questions we will move forward and attempt to complete the Polyvictimization Tool.

Has there been other incidents of abuse with this partner or any other, similar to the incident that brought you here today? **YES** **NO**

Were you exposed to abuse as a child or teen? **YES** **NO**

Tulsa Family Safety Center

Polyvictimization Screener

1. Have you experienced any physical harm?
2. Have you experienced any type of emotional abuse?
3. Have you experienced any type of traumatic loss?
4. Have you felt threatened?
5. Have you experienced any type of sexual abuse?
6. Have you been the victim or perpetrator of a crime?
7. Have you experienced any financial difficulties?
8. Did you experience any type of abuse or neglect as a child?
9. Have you experienced a natural or man-made disaster?
10. Have you experienced any other adverse situations?

Family Justice Center of Sonoma County

Your answers below can help us ensure that you receive all of the assistance and services that you need while here at the Family Justice Center. None of the information that you provide here will be reported to any law enforcement or child protective agency. You may interpret and answer the questions in the way that fits you best and no further explanation beyond answering "YES" or "NO" is necessary at this time. You may answer any or all of the questions below.

Please fill in the bubble for either "YES" or "NO" as such: ●
Please DO NOT put a check mark (✓) or "X" (⊗)

	YES	NO
1. Have you experienced any physical harm or assault?	○	○
2. Have you experienced any type of emotional or verbal abuse?	○	○
3. Have you experienced any natural or man-made disaster?	○	○
4. Have you experienced any type of sexual abuse?	○	○
5. Have you felt threatened?	○	○
6. Have you experienced the long-term loss of someone close to you?	○	○
7. Have you experienced any financial difficulties?	○	○

By signing below, you understand that the information provided above is not required and that you will not be denied services for not providing answers. You consent that the information provided above may be used for the purposes of research and education, but that the information used for these purposes will not include your name and will not be able to be traced back to you.

Signature _____ Date _____

Queens Family Justice Center

Polyvictimization Screening Questions

	YES	NO
1. **ASSAULT:** Have you ever been **assaulted or harmed** with a gun, knife, or any other weapon, or has someone hit you with a fist or kicked you? This could be completed or attempted incident, by a partner, dating partner, family member, caregiver, non-relative,or stranger:	○	○
2. **SEXUAL ABUSE/ASSAULT:** Have you ever been forced or coerced to engage in unwanted **sexual activity?** This could be completed or attempted incident, by a partner, dating partner, family member, caregiver, non-relative,or stranger:	○	○
3. **STALKING:** Have you ever been **stalked** or inappropriately pursued by a partner, friend, or someone else? Stalking refers to unwanted repeated contact, including through text messages, phone calls, social media, or in person:	○	○
4. **STRANGULATION:** Have you ever experienced **strangulation**, or having someone put pressure on your neck or anywhere that made it hard to breathe**?** This could be through choking, use of body weight or arms, by sitting on you, or another way:	○	○
5. **ROBBERY:** Have you ever been **robbed, mugged,** or had your home or car **burgled?** This could be completed or attempted incident:		
6. **CYBERCRIME:** Have you ever experienced **cybercrime,** such as cyber bullying, bullying on social media (such as Facebook), or online theft, where someone has used your email, bank account, or other online account without your permission:	○	○
7. **WITNESSING VIOLENCE:** Have you ever seen or heard (in person, not on TV) violence, such as **shootings or gunshots, stabbings, beatings, sexual assaults**, etc. inside your home or in your neighborhood:	○	○

THE SCREENER SHOULD COMPLETE THE FOLLOWING QUESTION:

In your opinion, to what extent did this client experience polyvictimization? (with 1 being not at all and 10 being very severe experiences of polyvictimization)

NOTE: *Polyvictimization has been defined as multiple victimizations of different kids.*

○	○	○	○	○	○	○	○	○	○
1	2	3	4	5	6	7	8	9	10

ALLIANCE for HOPE INTERNATIONAL

THE POLYVICTIMIZATION ASSESSMENT TOOL

Name of Center: _____ **Dates Utilized:** _____/_____/_____/_____

Client Name: _____ **Client ID:**_____ **Over the age of 18? YES ☐ NO ☐**

Name of Staff Member(s): _____/ _____/ _____/ _____

New Client: ☐ **Returning Client:** ☐ **Number of sessions it took to gather the information below:** _____

The Polyvictimization Assessment Tool is an information integration tool. Please ensure confidentiality is explained and honored for each client. For each event below circle "Y" for yes or "N" for no in the boxes to the right as applicable for the different stages of the client's life (Child and Teen, Adult, and In the last year). In addition to "Y" and "N" user may circle other possible responses which include "A" for the **client did not respond** to the question; "B" for the **user did not ask** due to time constraints or other limitations; and "C" for the user did not ask since it was **not appropriate to ask**. For questions that are not applicable to all clients, an additional "Does not apply" response has been included. When marking an event "In the last year," please also mark the respective time period that it would fall under (Child and Teen OR Adult). Answers should be from the client's perspective. If the user has additional input or thoughts, particularly around minimizing, this should be included in the "Notes" section. The number of events calculated for "In the last year" is not a victimization score but should trigger a response at the Center.

Part A: Events

		Child and Teen (0-17)	Adult (18+)	In the last year	Notes
1. Assault/battery by parent, caregiver, partner, or relative (completed or attempted) (ex: with a gun, knife, or other weapon including fist, feet, etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	Note if parent, caregiver, partner, or relative:
2. Strangulation and/or positional asphyxia (pressure applied by any means to the neck or anywhere that made it difficult to breathe) (ex: choking, use of body weight or arms, sitting on top of you, etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	
3. Sexual abuse/assault by parent, caregiver, partner, relative, friend, or other (completed or attempted) (ex: rape, made to perform any type of sexual act through force or threat of harm)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	Note if parent, caregiver, partner, relative, friend, or other:
4. Sex or labor trafficking (ex: being prostituted, forced involvement in sexual performances, forced pornography, involved in domestic servitude or other exploitative labor, etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	
5. Other forced/unwanted experience(s) related to your body not including abuse or assault (ex: touching, flashing, reproductive coercion such as forced abortions and family planning, revenge pornography, sexual remarks, sexual jokes, or demands for sexual favors by someone at work or school like a coworker, boss, customer, another student, teacher, etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	

		Child and Teen (0-17)	Adult (18+)	In the last year	Notes
6. Held against will (ex: being kidnapped, abducted, held hostage, held captive, prisoner of war, etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	
7. Emotional/verbal abuse by parent, caregiver, partner, relative, friend, or other (ex: putting down, fear of physical violence, name calling, mind games, humiliating, guilt trips, spiritual abuse, etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	Note if parent, caregiver, partner, relative, friend, or other:
8. Financial abuse (ex: forbidden from working, given allowance, not allowed to access bank accounts, online financial fraud, other financial cybercrimes, etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	
9. Neglect by parent, caregiver, partner, relative, friend, or other (ex: being left unattended for long periods, lack of love or support system at home, very often feeling like not loved by family, malnutrition due to lack of adequate food/water, failure to provide necessary medical care that results in hospitalization, etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	Note if parent, caregiver, partner, relative, friend, or other:
10. Substance use (ex: you, partner, or a close family member misuse prescription drugs, alcohol, or illicit drugs)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	Note if client, parent, caregiver, partner, or relative:
11. Stalking/inappropriate pursuit by parent, caregiver, partner, relative, friend, or other (ex: unwanted repeated contact in-person or via text messages, phone calls, social media, other online platforms including email, etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	Note if parent, caregiver, partner, relative, friend, or other:
12. Poverty (ex: did not have enough food to eat, lack of basic needs such as clothes, shoes, etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	
13. Homeless (ex: transitional housing, shelter, hotel/motel paid by voucher, someone else's home, a vehicle, an abandoned building, anywhere outside, or anywhere not meant for people to live without having any other options)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	

		Child and Teen (0-17)	Adult (18+)	In the last year	Notes
14. Severe physical injury/illness and/or mental illness resulting in hospitalization or incapacitation (ex: severe pain requiring treatment at home, due to an accident, mental health condition, etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	
15. Permanent or long-term loss (ex: of a spouse, romantic partner, child, parent or caregiver, due to incarceration, deportation, illness, suicide, death, etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	
16. Immigration-related trauma (ex: separated from support network, language barriers, trouble finding a job, unfamiliar environment and food, deportation, etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	
	Does not apply ☐				
17. Separation from child(ren) or disrupted caregiving as a child (ex: the loss of custody, visitation, or kidnapping/ abduction of a child; a change of custody among family members, numerous changes in foster care placements, or deportation as a child)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	
	Does not apply ☐				
18. Jail/prison/probation/parole/ detention time (ex: you, partner, close family member, etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	Note if client, parent, caregiver, partner, or relative:
19. Bullying (ex: verbal or physical violence in-person or online via social media and other online platforms in the workplace, school, etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	
20. Chronic or repeated discrimination (ex: discrimination based on race, ethnicity, where family comes from, gender, gender identity/expression, sexual orientation, ability/disability, etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	
21. Community violence (ex: physical assault/battery by a stranger; robbery, burglary, mugging, or identity theft; victim of terrorist attack; mass shootings; street riots; drive-by shootings; stabbings; beatings; heard gunshots; etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	

		Child and Teen (0-17)	Adult (18+)	In the last year	Notes
22. System-induced trauma (ex: violent arrest situations, difficult experiences testifying against abuser at trial, police brutality, etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	
23. Seen someone who was dead, or dying, or watched or heard them being killed (in real life not on TV. or in a movie, etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	
24. Natural and/or man-made disaster (ex: a hurricane, earthquake, flood, tornado, fire, train crash, building collapse, etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	
25. Animal cruelty (ex: abuse or threats to pet in attempts to create fear or manipulate)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	
	Does not apply ☐				
26. Other (ex: anything really scary or very upsetting that occurred that is not included above or any other experiences that were not covered)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	
TOTAL LIVED VICTIMIZATIONS BY AGE GROUP:					

For each symptom circle "Y" for yes or "N" for no in the boxes to the right as applicable for the different stages of the client's life (Child and Teen, Adult, In the last year, and Current Symptom). In addition to "Y" and "N" user may circle other possible responses which include "A" for the client did not respond to the question; "B" for the user did not ask due to time constraints or other limitations; and "C" for the user did not ask since it was not appropriate to ask. When marking a symptom as a "Current Symptom" and "In the last year," please also mark the respective time period that it would fall under (Child and Teen OR Adult). Answers should be from the client's perspective. If the user has additional input or thoughts, particularly around minimizing, this should be included in the "Notes" section. The number of symptoms for "In the last year" and "Current Symptoms" are calculated and should assist in guiding service delivery.

Part B: Symptoms						
		Child and Teen (0-17)	Adult (18+)	In the last year	Current Symptom	Notes
1. Experiencing pain and/or physical symptom(s) that have not been diagnosed or are resistant to treatment	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	Y N A B C	
2. Suicide attempt, discussion, or thoughts of suicide	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	Y N A B C	
3. Self-harming behavior(s) (ex: cutting, eating disorder including overeating, etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	Y N A B C	
4. Health-risk behavior(s) (ex: excessive use of drugs/ alcohol, sharing needles, unprotected sex with multiple partners, etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	Y N A B C	
5. Repeated disturbing memories, thoughts, or images of a stressful experience	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	Y N A B C	
6. Avoidance (ex: avoiding places, people or other stimuli associated with past trauma, feelings, or physical sensations that remind you of the trauma, etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	Y N A B C	
7. Cut off (ex: feeling distant or isolated)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	Y N A B C	
8. Irritable/angry (ex: feeling irritable, having angry outbursts, or rage)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	Y N A B C	

		Child and Teen (0-17)	Adult (18+)	In the last year	Current Symptom	Notes
9. Attention/concentration difficulties (ex: easily distracted/inattentive)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	Y N A B C	
10. Sleep disturbances (ex: night terrors, sleeplessness, excessive sleepiness, etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	Y N A B C	
11. Anxiety (ex overly tense, worried, or stressed to the point of withdrawal from activities, experiencing panic attacks, or needing excessive reassurances)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	Y N A B C	
12. Hypervigilance (ex: jumpy, startles easily, overly aware or concerned about potential dangers, etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	Y N A B C	
13. Aggressive or violent behaviors, even if done so unintentionally or unexpectedly (ex: physically or verbally aggressive, destroys property, etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	Y N A B C	
14. Impulsivity (sudden, strong, even irrational urge to engage in behavior without considering consequences first) (ex: stealing, truancy, etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	Y N A B C	
15. Sadness (apathy/despair)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	Y N A B C	
16. Low self-esteem (ex. I am bad, there is something seriously wrong with me, self-blame for the experience, etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	Y N A B C	
17. Numbing, dissociating (ex: limited emotional range, avoiding thinking or talking about the future or goal setting, "feeling flat," etc.)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	Y N A B C	
18. Other (ex: any changes in behavior, physical well being, or mood that have occurred since the incident(s)that are not included above)	Client did not respond = **A** User did not ask = **B** Not appropriate to ask = **C**	Y N A B C	Y N A B C	Y N A B C	Y N A B C	
SYMPTOMS PRESENT IN THE LAST YEAR AND CURRENT SYMPTOMS:						

HERRAMIENTA DE EVALUACIÓN DE VICTIMIZACIÓN MÚLTIPLE

Nombre del Centro: _____ Fechas de Visitas: _____/_____/ _____/ _____

Nombre del Cliente: _____Número de identificación del Cliente:_____ ¿Mayor de 18 años? **SI** □ **NO** □

Nombre de el(los) miembro(s) del personal: _____/ _____/ _____/ _____

Nuevo Cliente: □ Cliente Habitual: □ Número de sesiones que tomó recopilar la información a continuación: _____

La herramienta de evaluación de victimización múltiple es una herramienta de integración de la información. Por favor asegúrese de explicar y honrar la confidencialidad para cada cliente. Para cada evento abajo haga un círculo alrededor de la "S" si su respuesta es sí o alrededor de la "N" si su respuesta es no, en las casillas a la derecha, según sea el caso para las diferentes etapas de la vida del cliente (niño y adolescente, adulto y en el último año). Además de marcar "S" y "N" el usuario puede hacer un círculo en otras respuestas posibles que incluyen "A" **si el cliente no respondió** a la pregunta; "B" si el **usuario no hizo la pregunt**a debido a las limitaciones de tiempo o a otras limitaciones; y "C" si el usuario no hizo la pregunta puesto que **no era apropiado hacerl**a. Para las preguntas que no son aplicables a todos los clientes, se ha incluido la respuesta adicional "No aplica". Al marcar un evento "en el último año", por favor también marque el período de tiempo respectivo bajo el cual aplica (niño y adolescente O adulto). Las respuestas deben ser desde la perspectiva del cliente. Si el usuario tiene aportes o comentarios adicionales, particularmente si se trata de minimizar los hechos, esto debería incluirse en la sección de "Notas". El número de eventos calculados para "En el último año" no es una calificación de victimización pero debería desencadenar una respuesta en el centro.

Parte A: Eventos

		Niño y adolescente (0-17)	Adulto (18+)	En el último año	Notas
1. Ataque/agresión por los padres, cuidadores, pareja o familiar (realizado o intentado) (ejemplo: con una pistola, cuchillo u otra arma como el puño, los pies, etc.)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	Anotar si es el padre o madre, cuidador, pareja, o pariente:
2. Estrangulación o asfixia posicional (presión aplicada por cualquier medio en el cuello o en cualquier lugar que dificulte la respiración) (ejemplo: asfixia, uso del peso del cuerpo o los brazos, sentarse encima de usted, etc.)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	
3. Abuso sexual/agresión por los padres, cuidadores, pareja, familiar, amigo u otra persona (realizado o intentado) (ejemplo: violación, forzado a realizar cualquier acto sexual por medio de la fuerza o amenaza de daño)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	Anotar si es el padre o madre, cuidador, pareja, pariente, amigo u otro:
4. Explotación sexual o laboral (ejemplo: ser prostituido, ser forzado a participar en actos sexuales, ser forzado a la pornografía, la servidumbre doméstica u otro trabajo explotador, etc.)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	
5. Otra(s) experiencia(s) forzada(s)/ no deseadas relacionadas con su cuerpo, sin incluir el abuso o agresión (ex: ejemplo: ser tocado, exhibicionismo, coerción reproductiva tal como el aborto forzado y la planificación familiar, pornografía por venganza, comentarios sexuales, chistes sexuales o exigencias de favores sexuales por alguien en el trabajo o la escuela como un colega de trabajo, jefe, cliente, otro estudiante, maestro, etc.)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	

		Niño y adolescente (0-17)	Adulto (18+)	En el último año	Notas
6. Detenido contra su voluntad (ejemplo: ser secuestrado, raptado, tomado como rehén, en cautiverio, prisionero de guerra, etc.)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	
7. Abuso emocional/verbal por parte de padres, cuidadores, pareja, familiar, amigo u otro (ejemplo: menosprecio, miedo de violencia física, insultos, juegos mentales, humillaciones, hacer sentir culpable, abuso espiritual, etc.)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	Anotar si es el padre o madre, cuidador, pareja, pariente, amigo u otro:
8. Abuso financiero (ejemplo: prohibirle trabajar, limita dinero, prohibir el acceso a cuentas bancarias, fraude financiero en línea, otros ciberdelitos financieros, etc.)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	
9. Negligencia o descuido por el padre o madre, cuidador, compañero, pariente, amigo u otro (ejemplo: ser desatendido por períodos prolongados, negarle amor o un sistema de apoyo en casa, con mucha frecuencia no sentirse amado por la familia, desnutrición debido a la falta de alimentos y agua suficiente, falta de atención médica necesaria que resulta en hospitalización, etc.)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	Anotar si es el padre o madre, cuidador, pareja, pariente, amigo u otro:
10. Drogadicción (ejemplo: usted, su pareja o un familiar cercano usa medicamentos, alcohol o drogas ilícitas indebidamente)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	Anotar si es el cliente, padre o madre, cuidador, pareja o pariente:
11. Acecho/Acoso, o ser persiguida por padres, cuidadores, parejas, familiares, amigos u otros (ejemplo: contacto repetido indeseado en persona o a través de mensajes de texto, llamadas telefónicas, por redes sociales, otras plataformas en línea, incluyendo el correo electrónico, etc.)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	Anotar si es el padre o madre, cuidador, pareja, pariente, amigo u otro:
12. Pobreza (ejemplo: no tenía suficiente comida para comer, falta de necesidades básicas tales como ropa, zapatos, etc.)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	
13. Sin hogar (ejemplo: vivienda transitoria, albergue, hotel/motel pagado por bono, casa de otra persona, un vehículo, un edificio abandonado, en cualquier lugar afuera, o en cualquier lugar no destinado para que las personas vivan sin tener otras opciones)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	

		Niño y adolescente (0-17)	Adulto (18+)	En el último año	Notas
14. Lesión/enfermedad física severa y/o enfermedad mental que resulta en hospitalización o incapacidad (ejemplo: dolor severo que requiere tratamiento en el hogar debido a un accidente, estado de salud mental, etc.)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	
15. Pérdida permanente o a largo plazo (ejemplo: de un cónyuge, pareja romántica, hijo, padre o cuidador, debido a encarcelamiento, deportación, enfermedad, suicidio, muerte, etc.)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	
16. Traumas relacionados con inmigración (ejemplo: ser separado de la red de apoyo, barreras lingüísticas, problemas para encontrar un trabajo, ambiente y alimentos desconocidos, deportación, etc.)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C No aplica ☐	S N A B C	S N A B C	
17. Separación del(los) niño(s) o cuidado infantil interrumpido cuando era niño (ejemplo: la pérdida de la custodia, visitas, o secuestro/rapto de un niño; un cambio de custodia entre familiares, numerosos cambios en la custodia adoptiva, o la deportación cuando era niño)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C No aplica ☐	S N A B C	S N A B C	
18. Tiempo en la cárcel/prisión/ libertad condicional/libertad vigilada/ detención (ejemplo: usted mismo, pareja, familiar cercano, etc.)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	Anotar si es el cliente, padre o madre, cuidador, pareja o pariente:
19. Intimidación, Bullying, o Acoso (ejemplo: violencia verbal o física en persona o en línea a través de las redes sociales y otras plataformas en línea en el lugar de trabajo, la escuela, etc.)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	
20. Discriminación crónica o repetitiva (ejemplo: discriminación basada en la raza, grupo étnico, origen geográfico familiar, género, identidad/ expresión de género, orientación sexual, capacidad/discapacidad, etc.)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	
21. Violencia comunitaria (ejemplo: ataque físico/agresión por un extraño; asalto, robo, atraco, o robo de identidad; víctima de atentado terrorista; tiroteos masivos; disturbios callejeros; disparos desde un vehículo; puñaladas; golpes; escuchar disparos; etc.)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	

		Niño y adolescente (0-17)	Adulto (18+)	En el último año	Notas
22. Trauma inducido por el sistema (ejemplo: situaciones de detención violenta, experiencias difíciles testificando en contra de un agresor en un juicio, brutalidad policial, etc.)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	
23. Haber visto a alguien que estaba muerto, o muriendo, o haber visto o escuchado que los mataban (en la vida real no en la televisión o en una película, etc.)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	
24. Desastres naturales o provocados por el hombre (ejemplo: huracán, terremoto, inundación, tornado, incendio, choque de trenes, colapso de edificio, etc.)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	
25. Crueldad hacia los animales (ejemplo: abusos o amenazas a la mascota en un intento de crear miedo o de manipular)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C No aplica ☐	S N A B C	S N A B C	
26. Otros (ejemplo: algo realmente espantoso o muy perturbador que ocurrió y que no está incluido en las experiencias anteriores o cualquier otra que no fue cubierta)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	
TOTAL DE VICTIMIZACIONES VIVIDAS POR GRUPO DE EDAD:					

Para cada síntoma haga un círculo alrededor de la "S" si la respuesta es sí o alrededor de la "N" si la respuesta es no en las casillas a la derecha según sea el caso para las diferentes etapas de la vida del cliente (niño y adolescente, adulto, en el último año y síntoma actual). Además de marcar "S" y "N" el usuario puede hacer un círculo en otras respuestas posibles que incluyen "A" **si el cliente no respondió** a la pregunta; "B" si el **usuario no hizo la pregunta** debido a las limitaciones de tiempo o a otras limitaciones; y "C" si el usuario no hizo la pregunta puesto que **no era apropiado hacerla**. Al marcar un síntoma como un "síntoma actual" y "en el último año", por favor, también marque el período de tiempo respectivo bajo el cual aplica (niño y adolescente O adulto). Las respuestas deben ser desde la perspectiva del cliente. Si el usuario tiene aportes o comentarios adicionales, particularmente si se trata de minimizar los hechos, esto debería incluirse en la sección de "Notas". El número de síntomas "En el último año" y "Síntomas actuales" se calculan y deberían ayudar a orientar la prestación de servicios.

Parte B: Síntomas						
		Niño y adolescente (0-17)	Adulto (18+)	En el último año	Síntoma actual	Notas
1. Tiene dolor o síntomas físicos que no han sido diagnosticados o son resistentes al tratamiento	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	S N A B C	
2. A intentado suicidio, o habla sobre suicidio, o tiene pensamientos de suicidio	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	S N A B C	
3. Alguna vez a tratado de hacerse daño fisico (ejemplo: cortarse, trastorno alimentario como comer en exceso, etc.)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	S N A B C	
4. Comportamiento(s) con riesgos para la salud) (ejemplo: uso excesivo de drogas y alcohol, compartir agujas, sexo sin protección con múltiples parejas, etc.)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	S N A B C	
5. Repite recuerdos, pensamientos o imágenes inquietantes de una experiencia estresante	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	S N A B C	
6. Evasión (ejemplo: evitar lugares, personas u otros estímulos asociados con el trauma pasado, o con sentimientos o sensaciones físicas que le recuerdan el trauma, etc.)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	S N A B C	
7. Distanciarse (ejemplo: sentirse distante o aislado)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	S N A B C	
8. Irritable/enojado (ejemplo: sentirse irritable, tener estallidos de enojo, o ira)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	S N A B C	

		Niño y adolescente (0-17)	Adulto (18+)	En el último año	Síntoma actual	Notas
9. Dificultades de atención/ concentración (ejemplo: falta de atención/distraerse fácilmente)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	S N A B C	
10. Disturbios del sueño (ejemplo: terrores nocturnos, insomnio, somnolencia excesiva, etc.)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	S N A B C	
11. Ansiedad (ejemplo: excesivamente tenso, preocupado o estresado hasta el punto de retirarse de actividades, sufrir ataques de pánico, o necesidad de ser reconfortado excesivamente)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	S N A B C	
12. Hipervigilancia (ejemplo: asustadizo, se sobresalta fácilmente, demasiado consciente o preocupado por los peligros potenciales, etc.)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	S N A B C	
13. Comportamientos agresivos o violentos, incluso si son sin querer o son inesperados (ejemplo: physically or verbally aggressive, destroys property, etc.)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	S N A B C	
14. Comportamiento(s) con riesgos para la salud (ejemplo: uso excesivo de drogas y alcohol, compartir agujas, sexo sin protección con múltiples parejas, etc.)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	S N A B C	
15. Tristeza (apatía/desesperación)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	Y N A B C	Y N A B C	Y N A B C	Y N A B C	
16. Baja autoestima (ejemplo: yo soy malx, hay algo seriamente mal conmigo, auto culparse por la experiencia, etc.)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	Y N A B C	Y N A B C	Y N A B C	Y N A B C	
17. Adormecimiento, disociación (ejemplo: rango emocional limitado, evitar pensar o hablar sobre el futuro o fijación de metas, "sentirse planx", etc.)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	Y N A B C	Y N A B C	Y N A B C	Y N A B C	
18. Otros (ejemplo: cualquier cambio en el comportamiento, bienestar físico o estado de ánimo desde el incidente o incidentes que no están incluido(s) anteriormente)	El cliente no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	Y N A B C	Y N A B C	Y N A B C	Y N A B C	
LOS SÍNTOMAS QUE SE PRESENTAN EN EL ÚLTIMO AÑO Y LOS SÍNTOMAS ACTUALES:						

HERRAMIENTA DE EVALUACIÓN DE VICTIMIZACIÓN MÚLTIPLE

Nombre del Centro: _____ Fechas de Visitas: _____/_____/ _____/ _____

Nombre de lx Clientx: _____Número de identificación lx Clientx:_____ ¿Mayor de 18 años? **SI** □ **NO** □

Nombre de lx(lxs) miembrx(s) del personal: _____/ _____/ _____/_____

Nuevx Clientx: □ Clientx Habitual: □ Número de sesiones que tomó recopilar la información a continuación: _____

La herramienta de evaluación de victimización múltiple es una herramienta de integración de la información. Por favor asegúrese de explicar y honrar la confidencialidad para cada clientx. Para cada evento abajo haga un círculo alrededor de la "S" si su respuesta es sí o alrededor de la "N" si su respuesta es no, en las casillas a la derecha, según sea el caso para las diferentes etapas de la vida de lx clientx (niñx y adolescente, adultx y último año). Además de marcar "S" y "N" lx usuarix puede hacer un círculo en otras respuestas posibles que incluyen "A" **si lx clientx no respondió a la pregunta**; "B" si lx **usuarix no hizo la pregunta** debido a las limitaciones de tiempo o a otras limitaciones; y "C" si lx **usuarix no hizo la pregunta puesto que no era apropiado hacerla**. Para las preguntas que no son aplicables a todos **lxs clientxs**, se ha incluido la respuesta adicional "No aplica". Al marcar un evento "en el último año", por favor también marque el período de tiempo respectivo bajo el cual aplica (niñx y adolescente O adultx). Las respuestas deben ser desde la perspectiva de lx clientx. Si lx usuarix tiene aportes o comentarios adicionales, particularmente si se trata de minimizar los hechos, esto debería incluirse en la sección de "Notas". El número de eventos calculados para "En el último año" no es una calificación de victimización pero debería desencadenar una respuesta en el centro.

Parte A: Eventos

		Niñx y adolescente (0-17)	Adultx (18+)	En el último año	Notas
1. Ataque/agresión por los progenitorxs, cuidadorxs, pareja o familiar (realizado o intentado) (ejemplo: con una pistola, cuchillo u otra arma como el puño, los pies, etc.)	Lx clientx no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	Anotar si es lx progenitxrs, cuidadorxs, pareja, o pariente:
2. Estrangulación o asfixia posicional (presión aplicada por cualquier medio en el cuello o en cualquier lugar que dificulte la respiración) (ejemplo: asfixia, uso del peso del cuerpo o los brazos, sentarse encima de usted, etc.)	Lx clientx no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	
3. Abuso sexual/agresión por los progenitorxs, cuidadorxs, pareja, familiar, amigx u otra persona (realizado o intentado) (ejemplo: violación, forzadx a realizar cualquier acto sexual por medio de la fuerza o amenaza de daño)	Lx clientx no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	Anotar si es lx progenitxrs, cuidadorx, pareja, pariente, amigx u otrx:
4. Explotación sexual o laboral (ejemplo: ser prostituidx, ser forzadx a participar en actos sexuales, ser forzadx a la pornografía, la servidumbre doméstica u otro trabajo explotador, etc.)	Lx clientx no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	
5. Otra(s) experiencia(s) forzada(s)/ no deseadas relacionadas con su cuerpo, sin incluir el abuso o agresión (ex: ejemplo: ser tocadx, exhibicionismo, coerción reproductiva tal como el aborto forzado y la planificación familiar, pornografía por venganza, comentarios sexuales, chistes sexuales o exigencias de favores sexuales por alguien en el trabajo o la escuela como unx colega de trabajo, jefx, clientx, otrx estudiante, maestrx, etc.)	Lx clientx no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	

		Niño y adolescente (0-17)	Adulto (18+)	En el último año	Notas
6. Detenidx contra su voluntad (ejemplo: ser secuestradx, raptadx, tomadx como rehén,en cautiverio, prisionerx de guerra, etc.)	Lx clientx no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	
7. Abuso emocional/verbal por parte de progenitorxs, cuidadorxs, pareja, familiar, amigx u otrx (ejemplo: menosprecio, miedo de violencia física, insultos, juegos mentales, humillaciones, hacer sentir culpable, abuso espiritual, etc.)	Lx clientx no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	Anotar si es el padre o madre, cuidador, pareja, pariente, amigo u otro:
8. Abuso financiero (ejemplo: prohibirle trabajar, limita dinero, prohibir el acceso a cuentas bancarias, fraude financiero en línea, otros ciberdelitos financieros, etc.)	Lx clientx no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	
9. Negligencia o descuido por el progenitorxs, cuidadorx, compañerx, pariente, amigx u otrx (ejemplo: ser desatendido por períodos prolongados, negarle amor o un sistema de apoyo en casa, con mucha frecuencia no sentirse amadx por la familia, desnutrición debido a la falta de alimentos y agua suficiente, falta de atención médica necesaria que resulta en hospitalización, etc.)	Lx clientx no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	Anotar si es el padre o madre, cuidador, pareja, pariente, amigo u otro:
10. Drogadicción (ejemplo: usted, su pareja o un familiar cercano usa medicamentos, alcohol o drogas ilícitas indebidamente)	Lx clientx no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	Anotar si es el cliente, padre o madre, cuidador, pareja o pariente:
11. Acecho/Acoso, o ser persiguidx por progenitorxs, cuidadorxs, parejas, familiares, amigxs u otrxs (ejemplo: contacto repetido indeseado en persona o a través de mensajes de texto, llamadas telefónicas, por redes sociales, otras plataformas en línea, incluyendo el correo electrónico, etc.)	Lx clientx no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	Anotar si es el padre o madre, cuidador, pareja, pariente, amigo u otro:
12. Pobreza (ejemplo: no tenía suficiente comida para comer, falta de necesidades básicas tales como ropa, zapatos, etc.)	Lx clientx no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	
13. Sin hogar (ejemplo: vivienda transitoria, albergue, hotel/motel pagado por bono, casa de otra persona, un vehículo, un edificio abandonado, en cualquier lugar afuera, o en cualquier lugar no destinado para que las personas vivan sin tener otras opciones)	Lx clientx no respondió = **A** El usuario no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	

		Niñx y adolescente (0-17)	Adultx (18+)	En el último año	Notas
14. Lesión/enfermedad física severa y/o enfermedad mental que resulta en hospitalización o incapacidad (ejemplo: dolor severo que requiere tratamiento en el hogar debido a un accidente, estado de salud mental, etc.)	Lx clientx no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	
15. Pérdida permanente o a largo plazo (ejemplo: de un cónyuge, pareja romántica, hijx, progenitorxs o cuidadorx, debido a encarcelamiento, deportación, enfermedad, suicidio, muerte, etc.)	Lx clientx no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	
16. Traumas relacionados con inmigración (ejemplo: ser separadx de la red de apoyo, barreras lingüísticas, problemas para encontrar un trabajo, ambiente y alimentos desconocidos, deportación, etc.)	Lx clientx no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	S N A B C No aplica ☐	S N A B C	S N A B C	
17. Separación de lx(lxs) niñx(s) o cuidado infantil interrumpido cuando era niñx (ejemplo: la pérdida de la custodia, visitas, o secuestro/ rapto de unx niñx; un cambio de custodia entre familiares, numerosos cambios en la custodia adoptiva, o la deportación cuando era niñx)	Lx clientx no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	S N A B C No aplica ☐	S N A B C	S N A B C	
18. Tiempo en la cárcel/prisión/ libertad condicional/libertad vigilada/detención (ejemplo: usted mismx, pareja, familiar cercanx, etc.)	Lx clientx no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	Anotar si es lx clientx, progenotorxs, cuidadorx, pareja o pariente:
19. Intimidación, Bullying, o Acoso (ejemplo: violencia verbal o física en persona o en línea a través de las redes sociales y otras plataformas en línea en el lugar de trabajo, la escuela, etc.)	Lx clientx no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	
20. Discriminación crónica o repetitiva (ejemplo: discriminación basada en la raza, grupo étnico, origen geográfico familiar, género, identidad/expresión de género, orientación sexual, capacidad/ discapacidad, etc.)	Lx clientx no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	
21. Violencia comunitaria (ejemplo: ataque físico/agresión por unx extrañx; asalto, robo, atraco, o robo de identidad; víctima de atentado terrorista; tiroteos masivos; disturbios callejeros; disparos desde un vehículo; puñaladas; golpes; escuchar disparos; etc.)	Lx clientx no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	

		Niñx y adolescente (0-17)	Adultx (18+)	En el último año	Notas
22. Trauma inducido por el sistema (ejemplo: situaciones de detención violenta, experiencias difíciles testificando en contra de uxn agresorx en un juicio, brutalidad policial, etc.)	Lx clientx no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	
23. Haber visto a alguien que estaba muerto, o muriendo, o haber visto o escuchado que los mataban (en la vida real no en la televisión o en una película, etc.)	Lx clientx no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	
24. Desastres naturales o provocados por el hombre (ejemplo: huracán, terremoto, inundación, tornado, incendio, choque de trenes, colapso de edificio, etc.)	Lx clientx no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	
25. Crueldad hacia los animales (ejemplo: abusos o amenazas a la mascota en un intento de crear miedo o de manipular)	Lx clientx no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	S N A B C No aplica ☐	S N A B C	S N A B C	
26. Otros (ejemplo: algo realmente espantoso o muy perturbador que ocurrió y que no está incluido en las experiencias anteriores o cualquier otra que no fue cubierta)	Lx clientx no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	
TOTAL DE VICTIMIZACIONES VIVIDAS POR GRUPO DE EDAD::					

Para cada síntoma haga un círculo alrededor de la "S" si la respuesta es sí o alrededor de la "N" si la respuesta es no en las casillas a la derecha según sea el caso para las diferentes etapas de la vida del cliente (niño y adolescente, adulto, en el último año y síntoma actual). Además de marcar "S" y "N" el usuario puede hacer un círculo en otras respuestas posibles que incluyen "A" **si el cliente no respondió** a la pregunta; "B" si el **usuario no hizo la pregunta** debido a las limitaciones de tiempo o a otras limitaciones; y "C" si el usuario no hizo la pregunta puesto que **no era apropiado hacerla**. Al marcar un síntoma como un "síntoma actual" y "en el último año", por favor, también marque el período de tiempo respectivo bajo el cual aplica (niño y adolescente O adulto). Las respuestas deben ser desde la perspectiva del cliente. Si el usuario tiene aportes o comentarios adicionales, particularmente si se trata de minimizar los hechos, esto debería incluirse en la sección de "Notas". El número de síntomas "En el último año" y "Síntomas actuales" se calculan y deberían ayudar a orientar la prestación de servicios.

Parte B: Síntomas						
		Niñx y adolescente (0-17)	Adultx (18+)	En el último año	Síntoma actual	Notas
1. Tiene dolor o síntomas físicos que no han sido diagnosticados o son resistentes al tratamiento	Lx clientx no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	S N A B C	
2. A intentado suicidio, o habla sobre suicidio, o tiene pensamientos de suicidio	Lx clientx no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	S N A B C	
3. Alguna vez a tratado de hacerse daño fisico (ejemplo: cortarse, trastorno alimentario como comer en exceso, etc.)	Lx clientx no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	S N A B C	
4. Comportamiento(s) con riesgos para la salud) (ejemplo: uso excesivo de drogas y alcohol, compartir agujas, sexo sin protección con múltiples parejas, etc.)	Lx clientx no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	S N A B C	
5. Repite recuerdos, pensamientos o imágenes inquietantes de una experiencia estresante	Lx clientx no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	S N A B C	
6. Evasión (ejemplo: evitar lugares, personas u otros estímulos asociados con el trauma pasado, o con sentimientos o sensaciones físicas que le recuerdan el trauma, etc.)	Lx clientx no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	S N A B C	
7. Distanciarse (ejemplo: sentirse distante o aislado)	Lx clientx no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	S N A B C	
8. Irritable/enojado (ejemplo: sentirse irritable, tener estallidos de enojo, o ira)	Lx cliente no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	S N A B C	

		Niño y adolescente (0-17)	Adulto (18+)	En el último año	Síntoma actual	Notas
9. Dificultades de atención/ concentración (ejemplo: falta de atención/distraerse fácilmente)	Lx clientx no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	S N A B C	
10. Disturbios del sueño (ejemplo: terrores nocturnos, insomnio, somnolencia excesiva, etc.)	Lx clientx no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	S N A B C	
11. Ansiedad (ejemplo: excesivamente tenso, preocupado o estresado hasta el punto de retirarse de actividades, sufrir ataques de pánico, o necesidad de ser reconfortado excesivamente)	Lx clientx no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	S N A B C	
12. Hipervigilancia (ejemplo: asustadizo, se sobresalta fácilmente, demasiado consciente o preocupado por los peligros potenciales, etc.)	Lx clientx no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	S N A B C	
13. Comportamientos agresivos o violentos, incluso si son sin querer o son inesperados (ex: physically or verbally aggressive, destroys property, etc.)	Lx clientx no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	S N A B C	
14. Comportamiento(s) con riesgos para la salud (ejemplo: uso excesivo de drogas y alcohol, compartir agujas, sexo sin protección con múltiples parejas, etc.)	Lx clientx no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	S N A B C	S N A B C	S N A B C	S N A B C	
15. Sadness (apathy/despair)	Lx clientx no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	Y N A B C	Y N A B C	Y N A B C	Y N A B C	
16. Low self-esteem (ex. I am bad, there is something seriously wrong with me, self-blame for the experience, etc.)	Lx clientx no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	Y N A B C	Y N A B C	Y N A B C	Y N A B C	
17. Numbing, dissociating (ex: limited emotional range, avoiding thinking or talking about the future or goal setting, "feeling flat," etc.)	Lx clientx no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	Y N A B C	Y N A B C	Y N A B C	Y N A B C	
18. Other (ex: any changes in behavior, physical well being, or mood that have occurred since the incident(s) that are not included above)	Lx clientx no respondió = **A** Lx usuarix no preguntó = **B** No es adecuado preguntar = **C**	Y N A B C	Y N A B C	Y N A B C	Y N A B C	
SYMPTOMS PRESENT IN THE LAST YEAR AND CURRENT SYMPTOMS:						

ОПРОСНИК ОЦЕНКИ МНОГОРАЗОВОЙ ТРАВМАТИЗАЦИИ

Название центра: _____ Даты применения: _____/ _____/ _____/ _____

ФИО клиента: _____ Номер клиента:_____ Старше 18 лет? Да ☐ Нет☐

ФИО сотрудника(ов): _____/ _____/ _____/_____

Новый клиент: ☐ Повторный клиент: ☐ Число сессий, за которые была собрана информация ниже: _____

Опросник оценки многоразовой травматизации разработан с целью сбора и интеграции информации. Не забудьте объяснить каждому клиенту про конфиденциальность такой информации и не нарушайте ее конфиденциальность. Напротив каждого описанного ниже события обведите кружком “Да” или “Нет” в расположенных справа квадратиках в соответствии с этапами жизни клиента (ребенок или подросток, взрослый, за последний год). В дополнение к “Да” или “Нет” опрашивающий может обвести кружком другие возможные ответы, что включает “A”, если клиент не ответил на вопрос; “B”, если опрашивающий не спросил из-за недостатка времени или по другим причинам; и “C”, если опрашивающий не спросил, поскольку это был неподходящий вопрос. В отношении ответов, применимых не ко всем клиентам, был включен дополнительный ответ “Неприменимо”. Помечая событие “за последний год”, также укажите период времени, под который оно подпадает (ребенок или подросток ИЛИ взрослый). Ответы должны даваться с точки зрения клиента. Если опрашивающий хочет добавить собственные дополнения или соображения, в частности, по минимизации, их следует внести в графу “Примечания”. Число событий, подсчитанных “за последний год”, не является оценкой травматизации в баллах, но должно послужить основанием для ответа в Центре.

Часть A: События

		Ребенок и подросток (0-17)	Взрослый (18+)	За последний год	Примечания
1. Нападение/избиение родителем, воспитателем, партнером или родственником (совершенное или его попытка) (напр., с ружьем, ножом или другим оружием, включая кулак, ноги и т.п.)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	Отметьте, если родитель, воспитатель, партнер или родственник:
2. Удушение и/или позиционная асфиксия (давление, оказываемое с помощью любых средств на шею или другое место и вызывающее трудности с дыханием, напр., удушение, использование веса тела или рук, сидение сверху на человеке и т.п.)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	
3.Сексуальное посягательство/насилие со стороны родителя, воспитателя, партнера, родственника, друга или другого лица (совершенное или его попытка) (напр., изнасилование, принуждение выполнить сексуальное действие любого типа силой или угрозами причинения вреда	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	Отметьте, если родитель, воспитатель, партнер, родственник, друг или другое лицо:
4. Торговля людьми с целью сексуальной или трудовой эксплуатации (напр., принуждение заниматься проституцией, насильственное вовлечение в действия сексуального характера, порнографию, бытовое рабство или другая трудовая эксплуатация и т.п.)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	
5. Другой опыт насилия/недобровольных действий, связанных с вашим телом, не включающий сексуальное посягательство или нападениен (напр., дотрагивание, оголение половых органов, репродукционное насилие, такое как аборт или планирование семьи по принуждению, порнография с целью мщения, замечания и шутки сексуального характера или требования сексуальных услуг со стороны кго-либо на работе или в учебном заведении, например, сотрудника, начальника, заказчика, другого студента, преподавателя и т.п.)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	

		Ребенок и подросток (0-17)	Взрослый (18+)	За последний год	Примечания
6. Удержание против воли(напр., киднеппинг, похищение, удержание в заложниках, в плену, в качестве военнопленного и т.п.)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	
7. Эмоциональное/словесное оскорбление со стороны родителя, воспитателя, партнера, родственника, друга или другого лица (напр., “опускание”, страх физического насилия, брань, манипулирование сознанием, унижение, вызывание чувства вины, религиозное насилие и т.п.)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет Да Нет	Да Нет Да Нет	Да Нет Да Нет	Отметьте, если родитель, воспитатель, партнер, родственник, друг или другое лицо:
8. Финансовое насилие (напр., запрет работать, выдача содержания, недопущение к банковским счетам, финасовое мошенничество в интернете, другие финансовые киберпреступления и т.п.)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	
9. Отсутствие заботы со стороны родителя, воспитателя, партнера, родственника, друга или другого лица (напр., оставление без внимания на длительные периоды времени, отсутствие любви или системы поддержки дома, очень частое чувство нелюбимого в семье, истощение из-за отсутствия адекватного питания/воды, непредоставление необходимой медицинской помощи, приведшая к госпитализации, и т.п.)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	Отметьте, если родитель, воспитатель, партнер, родственник, друг или другое лицо:
10. Употребление психоактивных веществ (напр., вы, ваш партнер или близкий родственник злоупотребляете рецептурными лекарствами, алкоголем или наркотиками)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	Отметьте, если клиент, родитель, воспитатель, партнер или родственник:
11. Травля/недопустимое преследование со стороны родителя, воспитателя, партнера, родственника, друга или другого лица (напр., нежелательный повторный контакт лично или путем текстовых сообщений, телефонных звонков, социальных сетей, других онлайновых платформ, включая электронную почту, и т.п.)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	Отметьте, если родитель, воспитатель, партнер, родственник, друг или другое лицо:
12. Бедность (напр., отсутствие достаточного количества продуктов питания, предметов базовых потребностей человека, таких как одежда, обувь и т.п.)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	
13. Бездомность (напр., временное жилье, приют, отель/мотель, оплачиваемый ваучером, чужой дом, машина, заброшенное здание, жизнь на улице или в другом месте, непредназначенном для проживания людей, при отсутствии каких-либо других вариантов)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	

		Ребенок и подросток (0-17)	Взрослый (18+)	За последний год	Примечания
14. Серьезная физическая травма/болезнь и/ или психическое заболевание, приводящие к госпитализациии или ограничению дееспособности (напр., сильные боли, требующие лечения на дому, вследствие несчастного случая, психического состояния и т.п.)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	
15. Постоянная или долгосрочная потеря (напр., супруга, возлюбленного, ребенка, родителя или воспитателя из-за заключения в тюрьму, депортации, болезни, самоубийства, смерти и т.п.)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	
16. Травма, связанная с иммиграцией (напр., отлучение от системы поддержки, языковой барьер, трудности с поисками работы, незнакомая обстановка, непривычная еда, депортация и т.п.)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	
17. Разлучение с ребенком (детьми) или разрыв связи с воспитывающим его человеком для ребенках (напр., потеря опеки, посещений или киднеппинг/похищение ребенка, смена опекуна в пределах семьи, многочисленные перемены патронажных семей или депортация в детском возрасте)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Неприменимо ☐			
		Да Нет A B C	Да Нет A B C	Да Нет A B C	
		Неприменимо ☐			
18. Предварительное заключение/тюрьма/ условный срок/досрочное освобождение/ содержание под стражей (напр., вас, партнера, близкого родственника и т.п.)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	Отметьте, если клиент, родитель, воспитатель, партнер или родственник:
19. Травля (напр., словесное или физическое насилие, личное или с помощью интернета в социальных сетях или посредством других онлайновых платформ на работе, в школе и т.п.)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	
20. Хроническая или повторная дискриминация (напр., дискриминация на основе расы, этнического происхождения, места прежнего жительства семьи, пола, гендерной идентичности/ самовыражения, сексуальной ориентации, возможностей/инвалидности и т.п.)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	
21. Насилие в публичных местах (напр., физическое нападение/избиение незнакомым; ограбление, кража со взломом, уличный грабеж или кража идентичности; жертва террористической атаки; масовая стрельба; уличные мятежи; стрельба из проезжающей машины; ножевые удары; избиения; звуки выстрелов и т.п.)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	

		Ребенок и подросток (0-17)	Взрослый (18+)	За последний год	Примечания
22. Травма, обусловленная системой (напр., ситуации ареста с насилием, трудный о пыт дачи показаний против обидчика в суде, полицейский произвол и т.п.)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	
23. Видеть мертвого или умирающего человека или видеть или слышать, как его убивалип (в жизни, не по телевизору, в кино и т.п.)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	
24. Стихийные бедствия и/ или техногенные катастрофы (напр., ураган, землетрясение, наводнение, торнадо, пожар, крушение поезда, обрушение здания и т.п.)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	
25. Жестокость к животным (напр., насилие или его угрозы по отношению к домашним животным с целью устрашения или манипулирования)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C Неприменимо ☐	Да Нет A B C	Да Нет A B C	
26. Другое (напр., что-либо очень пугающее или расстраивающее, не включенное выше, или любые другие события, здесь не упомянутые)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	
ОБЩЕЕ ЧИСЛО ПЕРЕЖИВШИХ ВИКТИМИЗАЦИЮ ПО ВОЗРАСТНЫМ ГРУППАМ:					

Напротив каждого описанного ниже симптома обведите кружком “Да” или “Нет” в расположенных справа квадратиках в соответствии с этапами жизни клиента (ребенок или подросток, взрослый, за последний год, текущий симптом). В дополнение к “Да” или “Нет” опрашивающий может обвести кружком другие возможные ответы, что включает “A”, если **клиент не ответил** на вопрос; “B”, если **опрашивающий не спросил из**-за недостатка времени или по другим причинам; и “C”, если опрашивающий не спросил, поскольку это **был неподходящий вопрос**. Помечая симптом как “текущий симтом” и “за последний год”, также укажите период времени, под который он подпадает (ребенок или подросток ИЛИ взрослый). Ответы должны даваться с точки зрения клиента. Если опрашивающий хочет добавить собственные дополнения или соображения, в частности, по минимизации, их следует внести в графу “Примечания”. Число симптомов “за последний год” и “текущие симптомы” подсчитывается и должно помочь в определении необходимых услуг.

Часть Б: Симптомы						
		Ребенок и подросток (0-17)	**Взрослый (18+)**	**За последний год**	**Текущий симптом**	**Примечания**
1. Боль и/или другие физические симптомы, которые не были диагностированы или не поддаются лечению	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	Да Нет A B C	
2. Попытка самоубийства, его обсуждение или суицидальные мысли	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	Да Нет A B C	
3. Самоповреждающее поведениео (напр., нанесение порезов, расстройство пищевого поведения, включая переедание, и т.п.)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	Да Нет A B C	
4. Угрожающее здоровью поведение (напр., неумеренное потребление наркотиков/алкоголя, пользование одним шприцем, незащищенный секс с множественными партнерами и т.п.)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	Да Нет A B C	
5. Повторяющиеся тревожные воспоминания, мысли или образы перенесенного стресса	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	Да Нет A B C	
6. Избегание (напр., избегание мест, людей или других стимулов, связанных с травмой, чувствами или физическими ощущениями в прошлом, которые напоминают о травме, и т.п.)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	Да Нет A B C	
7. Оторванность (напр., чувство отдаленности или изолированности)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	Да Нет A B C	
8. Irritable/enojado (ejemplo: sentirse irritable, tener estallidos de enojo, o ira)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	Да Нет A B C	

		Ребенок и подросток (0-17)	Взрослый (18+)	За последний год	Текущий симптом	Примечания
9. Трудности с вниманием/ концентрацией (напр., лего отвлекается/невнимателен)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	Да Нет A B C	
10. Нарушения сна (напр., ночные страхи, бессонница, повышенная сонливость и т.п.)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	Да Нет A B C	
11. Тревожность (напр., излишняя напряженность, беспокойство или стресс, доходящие до прекращения активности, панических атак или потребности в чрезмерном успокаивании)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	Да Нет A B C	
12. Сверхнастороженность (напр., нервный, легко пугается, излишнее осознание потенциальных опасностей или тревоги по их поводу и т.п.)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	Да Нет A B C	
13. Агрессивное или буйное поведение, в том числе ненамеренное или неожиданное (напр., физическая или словесная агрессия, ломание имущества и т.п.)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	Да Нет A B C	
14. Импульсивность (внезапная сильная, даже иррациональная, потребность совершить что-либо, не подумав о последствиях, например, украсть, совершить прогул и т.п.)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	Да Нет A B C	
15. Печаль (апатия/отчаяние)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	Да Нет A B C	
16. Низкая самооценка (напр., я плохая, со мной что-то серьезно не так, самообвиния по поводу пережитого и т.п.)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	Да Нет A B C	
17. Оцепенение, дисассоциация (напр., ограниченный диапазон эмоций, избегание мыслей или разговоров о будущем или постановки целей, чувство вялости и т.п.)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	Да Нет A B C	
18. Другое (напр., любые изменения в поведении, физическом состоянии или настроении, случившиеся после инцидента(ов) и не вкюченные выше)	Клиент не ответил = **A** Опрашивающий не спросил = **B** Неподходящий вопрос = **C**	Да Нет A B C	Да Нет A B C	Да Нет A B C	Да Нет A B C	
СИМПТОМЫ ЗА ПОСЛЕДНИЙ ГОД И ТЕКУЩИЕ СИМПТОМЫ:						

APPENDIX E

ADDITIONAL RESOURCES FOR FRONTLINE STAFF

AIDING SURVIVORS OF SEX TRAFFICKING

- Post-Conviction Relief for Human Trafficking Victims Convicted of Crimes Coerced by a Trafficker

  - Identifies crimes that a victim of human trafficking may be coerced into committing by a trafficker and provides information on how survivors can access post-conviction relief.

- National State Law Survey: Expungement and Vacatur Laws

  - Provides information on national state laws on expungement and vacatur laws.

AIDING SUICIDE SURVIVORS AND CLIENTS WITH SUICIDAL IDEATION

- Suicide Prevention Resource Center

  - Details resources for dealing with suicide prevention in a variety of environments from American Indian/Alaska Native Settings to workplaces.

- Suicide Risk Screening Tools

  - Provides access to the Columbia-Suicide Severity Rating Scale (C-SSRS), a questionnaire for suicide assessment and SAFE-T, a suicide assessment, five-step evaluation, and triage.

- Patient Safety Plan Template

  - Six-step planning guide for advocates to fill out with survivors to increase their emotional and physical safety during periods of crisis.

- Columbia-Suicide Severity Rating Scale

  - Triage tool that allows service providers to assess a client's potential risk for attempting suicide.

AIDING CLIENTS WITH SELF-HARMING BEHAVIORS

- Cornell Research Program on Self-Injury and Recovery – Bringing Up Self-Injury With Your Clients

  - Provides techniques for working with clients who are practicing self-injury behaviors

- Cornell University College of Human Ecology: Self-Injury and Recovery Research and Resources (SIRRR)

  - Provides tools and assessments for self-injury as well as research on self-harm.

- Self-Injury and the Role of the Human Service Professional

  - Equips staff with the tools they need to work with clients who practice self-injury in a non-judgmental and supportive manner.

MOTIVATIONAL INTERVIEWING RESOURCES

- Motivational Interviewing Resources and Webinars

  - Provides access to tools on motivational interviewing based on the four guiding principles of expressing empathy and avoiding arguing, developing discrepancy, rolling with resistance, and supporting self-efficacy.

- VIGOR – The Victim Inventory of Goals, Options, and Risks

  - This is a strengths-based safety planning tool that helps survivors assess their risk factors, draw upon their strengths, and decide how to cope with their circumstances.

BUILDING CULTURAL COMPETENCY

- A Treatment Improvement Protocol – Improving Cultural Competence

  - A toolkit that helps front line staff understand cultural competence and how to build cultural competence at their Centers.

- Domestic Violence in Communities of Color

  - Discusses the myths, barriers, and interventions when advocating for survivors who are women of color.

- Life in the Margins

  - Analysis of the disproportionate rates of violence amongst communities of color, accompanied by methods for service providers to use this data to better reach and serve women of color.

STAFF SELF-CARE AND VICARIOUS TRAUMA RESOURCES

- Compassion Fatigue Test for Family Justice Center Staff - The ProQol Measure in English and Non-English Translations

  - The ProQOL a tool used to measure the negative and positive effects of helping survivors and contains sub-scales for compassion satisfaction, burnout, and compassion fatigue.

- Mindfulness Exercises

  - Mindfulness exercises and strategies that can be downloaded in pdf and/or mp3 format.

- Confronting Vicarious Trauma

  - Provides information on understanding and dealing with vicarious trauma for front line staff.

- Mindfulness-Based Stress Reduction Training Program

  - Empowers frontline staff with knowledge on meditation, body awareness, and yoga to build mindfulness and reduce stress.

WORKING WITH SURVIVORS OF NATURAL DISASTERS

- Tips for Survivors of a Disaster or Other Traumatic Event: Coping with Re-traumatization

  - Covers signs and symptoms of re-traumatization, resources for support, and resilience building.

WORKING CLIENTS WITH SPECIFIC SYMPTOMS

- Utilizing Trauma-Informed Approaches to Trafficking-Related Work

  - Provides trauma-informed approaches for working with clients who have been victims of trafficking and are experiencing specific symptoms.

- Advocate Training for Multi-Trauma Survivors

  - A toolkit that provides frontline staff with in-depth techniques for working with survivors of multiple forms of trauma.

- TeachTrauma – The Impact of Trauma

  - A collection of resources that detail the impact of different types of trauma on emotional wellbeing, physiological wellbeing, and attachment.

WORKING WITH CLIENTS WHOSE CHILD/CHILDREN WERE ABDUCTED

- Federal Resources on Missing and Exploited Children: A Directory for Law Enforcement and Other Public and Private Agencies, Sixth Edition

  - Provides information on all federal agencies that assist in helping families locate their missing children.

WORKING WITH SURVIVORS OF COMMUNITY VIOLENCE

- Preventing Violence: A Review of Research, Evaluation, Gaps, and Opportunities

  - Report that provides research on prevalence, symptoms, co-morbidity, and interventions for survivors of community violence.

APPENDIX F

ADDITIONAL RESOURCES FOR CLIENTS

RESOURCES FOR SURVIVORS OF HUMAN TRAFFICKING

- Safehorizon Human Trafficking

  - Provides community-based programs, immigration legal help, programs for homeless youth, and counseling centers specifically for survivors of human trafficking.

RESOURCES FOR CLIENTS VICTIMIZED BY ABDUCTION

- You're Not Alone: The Journey for Abduction to Empowerment

  - Provides survivors with support towards the journey of healing and empowerment after abduction.

- What About Me? Coping with the Abduction of a Brother or Sister

  - A toolkit that provides front line staff with in-depth techniques for working with survivors of multiple forms of trauma.

- When Your Child is Missing: A Family Survival Guide

  - Provides steps for families to take if a child is abducted.

RESOURCES FOR SURVIVORS OF NATURAL DISASTERS

- Tips for Survivors of a Disaster or Other Traumatic Event: Coping with Retraumatization

  - Covers signs and symptoms of re-traumatization, resources for support, and resilience building.

RESOURCES FOR SURVIVORS VICTIMIZED BY DISCRIMINATION

- Experiencing Discrimination as a Survivor

  - Know Your IX provides resources for queer survivors of violence who are navigating the legal system and facing potential discrimination.

- Dear Black Women – Mental Health Resources

  - "An affirmation movement for black women by black women", assistance in finding therapists and crisis hotlines, mind and body wellness resources, and affirming reads and podcasts.

- Discrimination: What it is and How to Cope

  - American Psychological Association article providing psychoeducation and coping strategies for survivors of discrimination.

APPENDIX G

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