

Trauma-Informed Care for Children Exposed to Violence

Tips for Staff and Advocates Working With Children

Polyvictimization

What is polyvictimization?

Polyvictimization refers to having experienced multiple victimizations such as sexual abuse, physical abuse, bullying, and exposure to family violence. The definition emphasizes experiencing different kinds of victimization, rather than multiple episodes of the same kind of victimization.¹

Polyvictimization usually occurs during transitions when children are most vulnerable, such as the beginning of grade school and/or high school. It is often associated with children experiencing a cluster of adverse life circumstances such as living in a family with domestic violence, growing up in a distressed and chaotic family, living in a violent neighborhood, or experiencing mental health problems.

What happens when children are exposed to multiple types of victimization?

Children are very resilient—but they are not unbreakable. No matter their age, children are deeply hurt when they are physically, sexually, or emotionally abused or when they see or hear violence in their homes and communities.

Each child and situation is different, but exposure to violence can overwhelm children at any age and lead to problems in their daily lives.

Because children who experience repeated victimizations of several types are found to have more life adversities, they are at greater risk of developing intense and persistent symptoms such as anxiety, depression, anger, and posttraumatic stress disorder (PTSD). Polyvictimized children are more distressed than those who experienced frequent victimization of a single type.

What are some of the warning signs of exposure to violence?

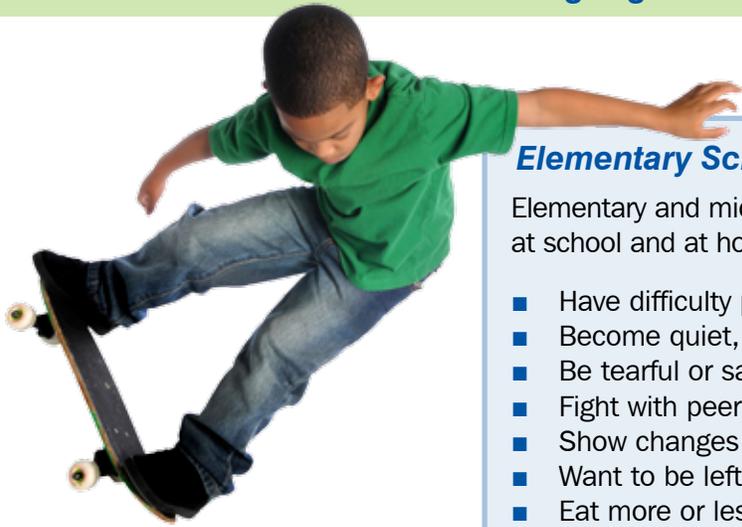
Children's reactions to exposure to violence can be immediate or may appear much later in life. Reactions differ in severity and cover a range of behaviors. People from different cultures may have their own ways of showing adverse reactions. How a child responds also varies according to age. Some of the symptoms associated with early exposure to violence (for example, distraction, changes in eating or sleeping patterns, and impulsivity) can be associated with

Young Children (5 and younger)

Young children's reactions are strongly influenced by their caregivers' reactions. Children in this age range who are exposed to violence may:

- Be irritable, fussy or have difficulty calming down
- Become easily startled
- Resort to behaviors common to when they were younger (for example, thumb sucking, bed wetting, or fear of the dark)
- Have frequent tantrums
- Cling to caregivers
- Experience changes in level of activity
- Repeat events over and over in play or conversation





Elementary School-Age Children (6–12 years)

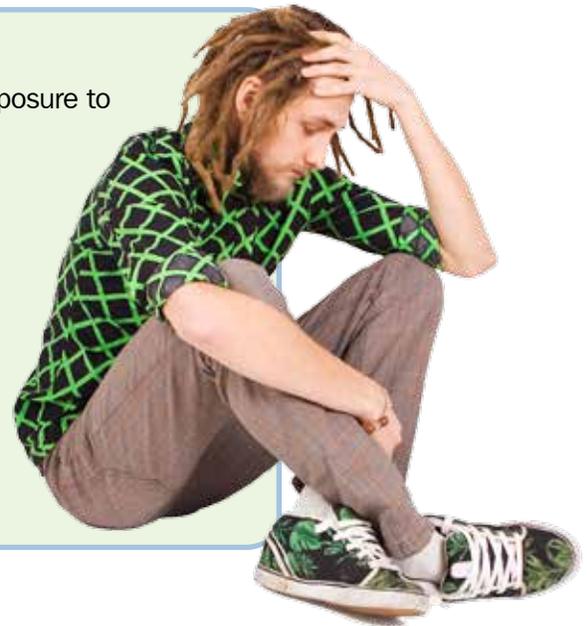
Elementary and middle school children exposed to violence may show problems at school and at home. They may

- Have difficulty paying attention
- Become quiet, upset, and withdrawn
- Be tearful or sad and talk about scary feelings and ideas
- Fight with peers or adults
- Show changes in school performance
- Want to be left alone
- Eat more or less than usual
- Get into trouble at home or at school

Teenagers (13–18 years)

Older children may exhibit the most behavioral changes as a result of exposure to violence. Depending on their circumstances, teenagers may:

- Talk about the event constantly or deny that it happened
- Refuse to follow rules or talk back with greater frequency
- Complain of being tired all the time
- Engage in risky behaviors
- Sleep more or less than usual
- Demonstrate increase in aggressive behavior
- Want to be left alone, not want to spend time with friends
- Experience frequent nightmares
- Use drugs or alcohol, run away from home, or get into trouble with the law



many other conditions. In adolescence, these may be typical of the developmental stage. Furthermore, as the child grows and is confronted with multiple types of violence, these symptoms may have been misdiagnosed as attention deficit/hyperactivity, oppositional defiant behavior or conduct disorders, among others. It is critical to consider each symptom for its severity, chronicity, and its impact on the child's functioning within the context of the victimization history of the child. (For more information, see *Identifying Polyvictimization and Trauma among Court Involved Children and Youth*)

Post-Traumatic Stress Disorder (PTSD)

Post-traumatic stress disorder (PTSD) symptoms are generally grouped into three types: intrusive memories,

avoidance and numbing, and increased anxiety or emotional arousal (hyperarousal).

Symptoms of intrusive memories may include:

- Flashbacks, or reliving the traumatic event for minutes or even days at a time
- Nightmares (related to traumatic event)

Symptoms of avoidance and emotional numbing may include:

- Trying to avoid thinking or talking about the traumatic event
- Feeling emotionally numb
- Hopelessness about the future
- Trouble concentrating

Symptoms of anxiety and increased emotional arousal may include:

- Self-destructive behavior, such as drinking too much
- Being easily startled or frightened
- Hearing or seeing things that aren't there

What can we do?

Understanding the prevalence and impact of polyvictimization can help families, advocates and practitioners identify the most seriously victimized children and protect them from additional harm. It will also help target intervention and prevention to the full range of trauma-causing events that children are at risk of or have experienced to provide needed services and supports.

Expand Assessment Beyond the "Presenting" Problem

Children exposed to violence enter service systems through different entry points i.e. school, child welfare, and juvenile justice. Typically they are assessed for the impact of a specific victimization such as sexual abuse or bullying.

As mentioned above, many of the symptoms of exposure to violence can be associated with other conditions.

Agencies working with vulnerable children need to ensure that they are not responding only to the "presenting" issue (i.e., sexual abuse) because it is likely that they are also experiencing other types of victimization concurrently (i.e., bullying and physical assaults).

It is critical to recognize the need for more comprehensive assessment to identify them as potential polyvictims and to ensure that their treatment accounts for the possibility of multiple domains of victimization.

Emphasize Prevention/Early Intervention

It is generally acknowledged that not all children who are

exposed to violence require mental health intervention. However, because of their higher vulnerability for mental health, behavioral, school performance and other problems, children who have been exposed to multiple types of victimization must be formally assessed and referred for intervention when needed.

In addition to mental health interventions these children might receive to address their victimization experiences and associated symptoms, health professionals can take advantage of the opportunity to refer children and their families to preventive services. These can address individual, relationship, and community factors that predict and prevent future violence exposure.

Provide Comprehensive Services

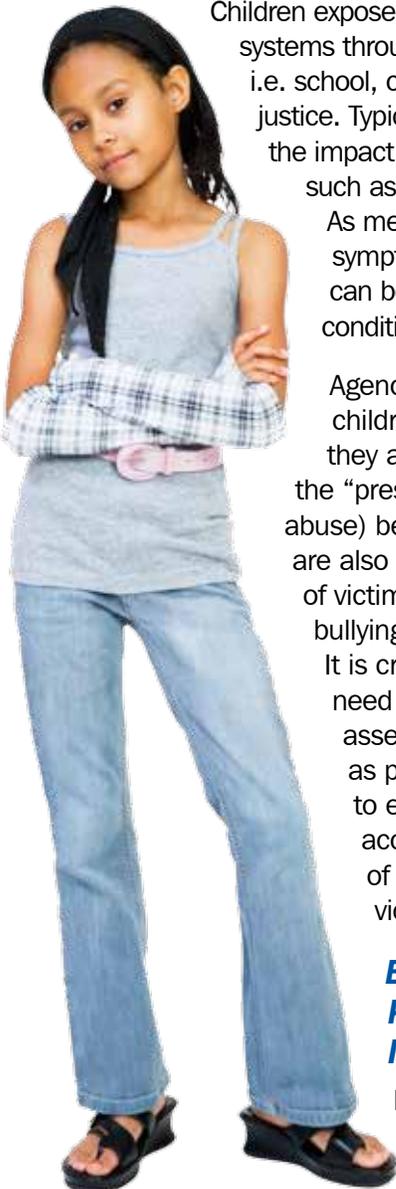
Treatment for polyvictimized children is multifaceted, addressing multiple types of victimizations, as many of the risk factors for one type of victimization are shared among multiple types of victimization. Interventions that focus on addressing common underlying risk factors are likely to have the greatest benefit. Strategies for reducing stigma or traumatic reminders also need to be applied to the full range of victimization exposures.

Develop Community-Based Partnerships

Services for polyvictims must recognize that such children not only suffer from victimization trauma, but may also be trapped in families, circumstances or environments or that may increase the likelihood of repeated victimization. Agencies must work together with other community-based providers and families to assess environmental conditions and develop strategies—for example, teaching parenting and guardianship skills to parents and other adult caregivers—that address them.

Expand the Mission of Child Welfare

The traditional child protective services (CPS) approach might benefit from some broadening of its capacities. Only protecting children from child abuse and neglect alone may be too narrow. Although it is unrealistic to expand CPS to respond to reports of all forms of child victimization, children within the current CPS system may benefit if child protection workers are trained to assess them for exposure to multiple forms of victimization in the same way that police are trained to assess for multiple crimes. CPS systems could then design and implement service responses that are pertinent to the variety of threats children face. They have to be prepared to work with law enforcement, educators, and mental health professionals.



Break the cycle

All agencies working with vulnerable families must help build the supervision and protection capacities of family members, legal guardians, caregivers, teachers, and other adults who may be in a position to intervene to help children, and thus stop the progression toward polyvictimization. Early intervention and primary prevention are always helpful, as are awareness of dangerous and disrupted families and violent neighborhoods. These environments are early warning indicators of current or future polyvictimization.



**For more information and resources, please contact the Safe Start Center,
a National Resource Center for Children’s Exposure to Violence:**

<http://www.safestartcenter.org>

1-800-865-0965

info@safestartcenter.org

Reference

¹ Finkelhor, D., Turner, H., Ormrod, R., Hamby S. & Kracke, K. (2009) *Children’s Exposure to Violence: A Comprehensive National Survey*. U.S. Department of Justice, Office of Juvenile Justice and Delinquency Programs