

Title: Creating Pathways to Justice, Hope and Healing Through a Polyvictimization Framework

Presenters: Casey Gwinn, Esq.; Gael Strack, Esq.; and Natalia Aguirre, MPA

Course Description:

This webinar will provide an overview of the first year of this paradigm-shifting Initiative funded by the Office for Victims of Crime (OVC) in the U.S. Department of Justice. Polyvictimization has been identified as one of the focus areas for OVC in their Vision 21 strategic plan due to the negative long-term impacts on child and adult survivors. In this webinar, Casey Gwinn, President of the Alliance; Gael Strack, CEO of the Alliance; and Natalia Aguirre, Director of the Polyvictimization Initiative, will provide an overview of polyvictimization and its relationship to the Adverse Childhood Experiences (ACE) Study, share the initiative framework, and report on changes we have already seen across the six demonstration sites as they have applied a trauma-informed, hope-centered approach to working with survivors. Casey, Gael and Natalia also will share initial findings from the implementation of a new screening and assessment tool and provide concrete ways you can improve holistic, relationship-based programming in your Centers and agencies.

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Creating Pathways to Justice, Hope, and Healing

Office for Victims of Crime
Polyvictimization Demonstration Initiative
March 19, 2018



Thank You to our Sponsor for making this webinar possible!!

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Your presenters today:



Casey Gwinn, JD
President



Gael Strack, JD
CEO



Natalia Aguirre, MPA
Director of the Polyvictimization
Initiative

The Alliance Team



Casey Gwinn



Gael Strack



Natalia Aguirre



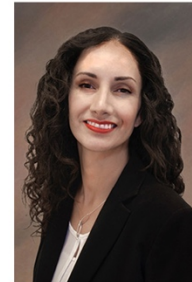
Michael Burke



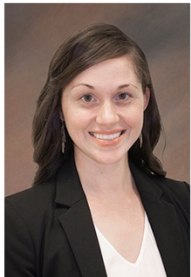
Jackie Anderson



Karianne Johansen



Yesenia Aceves



Patricia Bauer



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Maddie Orcutt



Raeanne
Passantino



Gloria Kyallo



Chelsea
Armstrong



Melissa Aguiar



Alison Bildsoe



Sarah Dillon



Katie Kirkwood



Ashley Ziegler



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Stacy Phillips
Grants Management Specialist, OVC

Defining Polyvictimization

Domestic Violence

Harassment

Neglect

Bullying

Sexual Violence

Community Violence

Polyvictimization:

Describes the **collective** experiences of multiple types of victimizations, usually in multiple settings, and at the hands of multiple perpetrators

Child Abuse

Drug Trafficking

Arson

Robbery

Identity Theft

Gangs

Fraud

Discrimination and Racism

Elder Abuse

Before We Start: Additional Definitions

- **Single victims** have only one victimization of only one type (e.g., physical assault)
- **Chronic victims** have multiple episodes of one type of victimization (e.g., more than one physical assault)
- **Low and high polyvictims** have one type of victimization (e.g., physical assault) coupled with low to high numbers of additional different kinds of victimizations (e.g., physical assault, plus discrimination, sexual violence, etc.)

Why Look at Polyvictimization

- Research has shown that victimizations tend to cluster among adults and children
- To identify survivors where victimization is more of a “**condition**” than an “event” so we can accurately provide services

Let's look at Sally: She is a 16 year old girl who in the span of 12 months...

**Was sexually
molested by her
mom's boyfriend**

**Watched a gang fight on
her walk home from
school**

**Has a boyfriend who
has been verbally
and emotionally
abusive**

**Had her cell
phone stolen**



**Has witnessed violence
between her mom and her
mom's boyfriend**

**Has been bullied
at school**

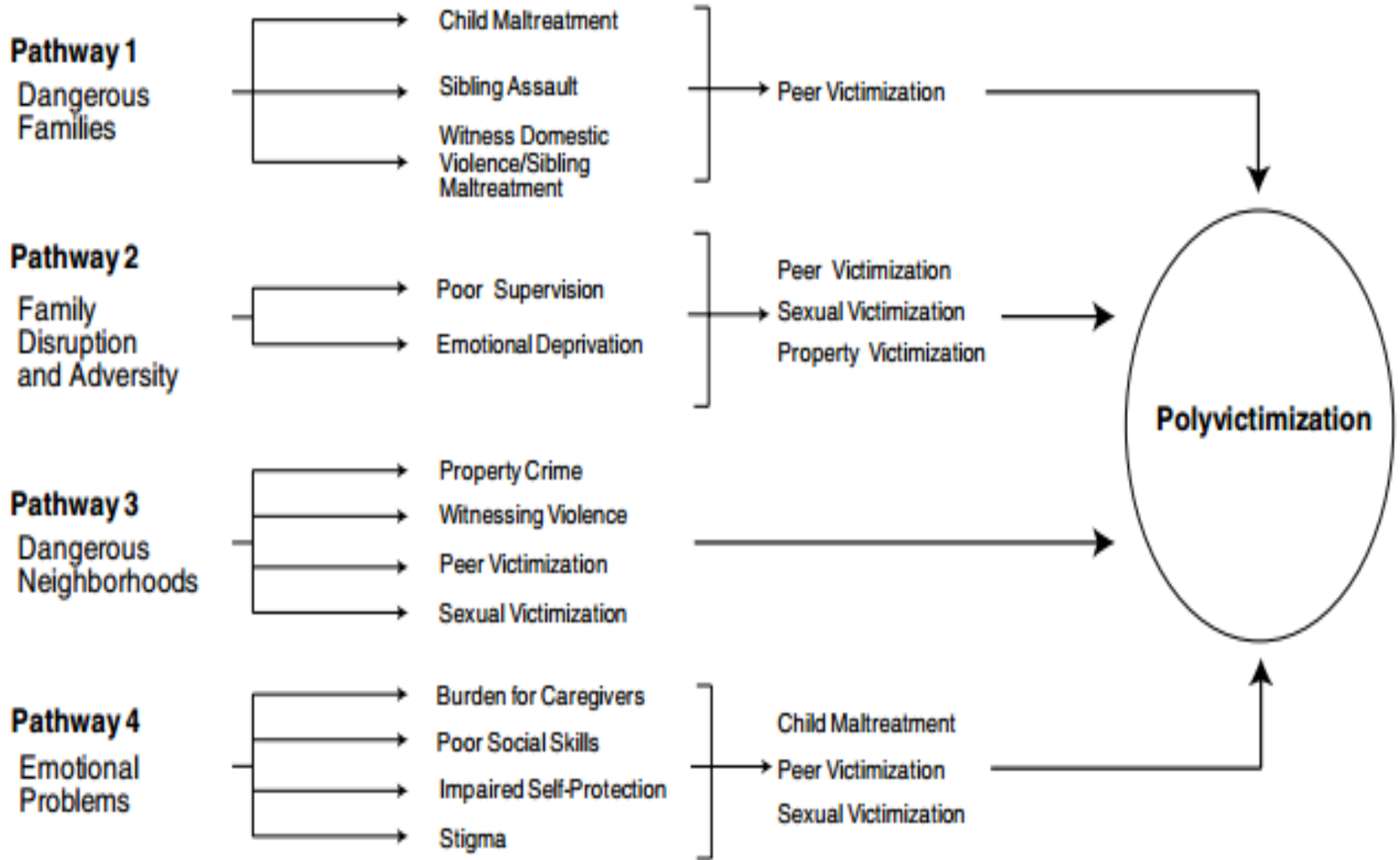


So, what do we know about Polyvictimization?

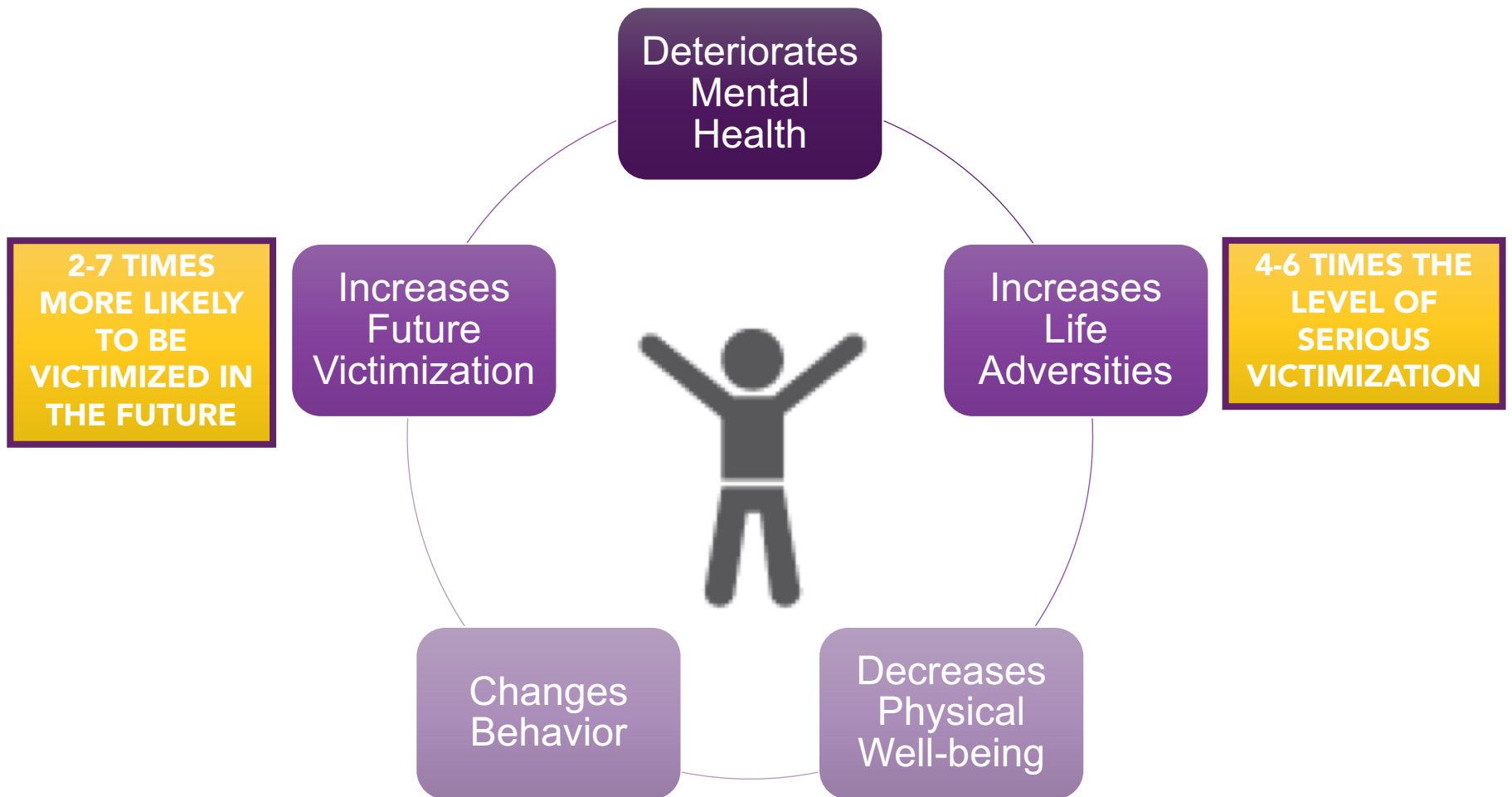
The Findings



Figure 6: Conceptual Models of Pathways to Polyvictimization



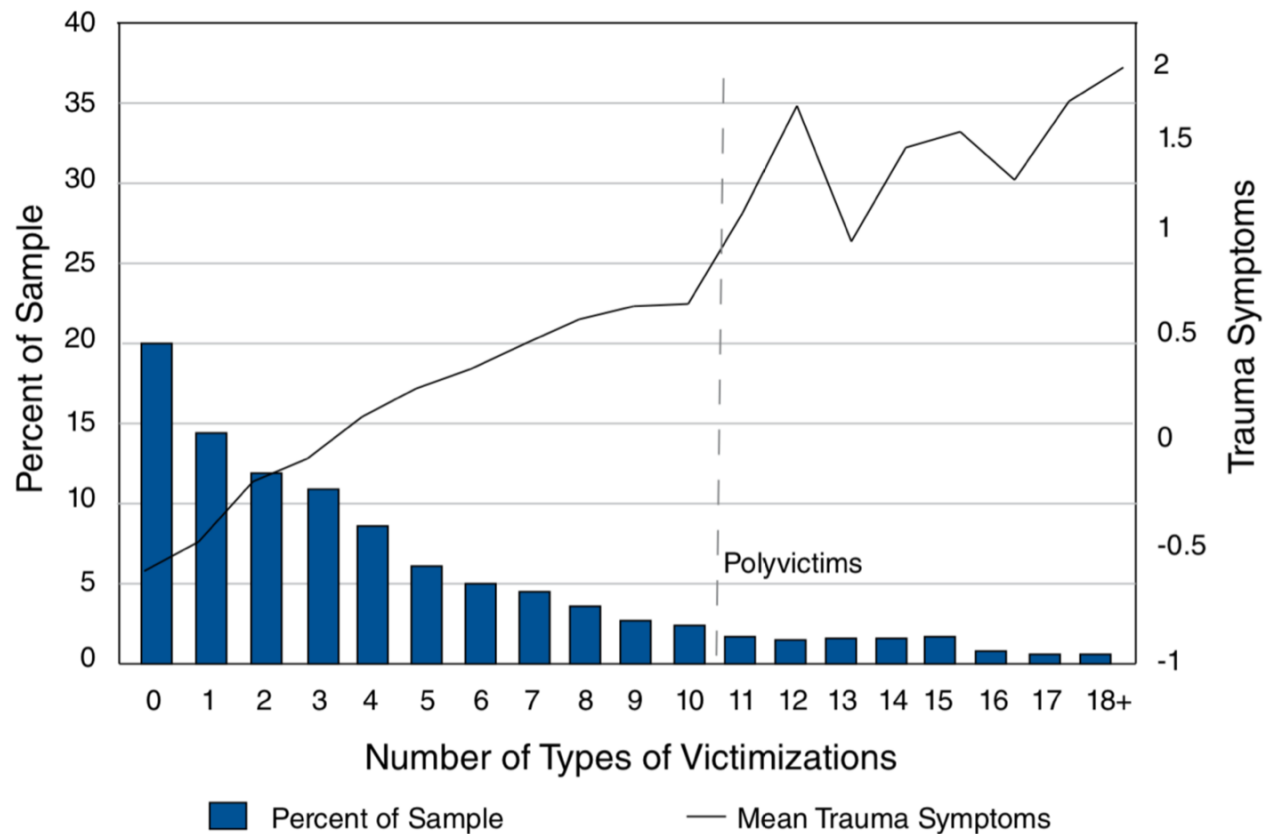
Polyvictimization



Polyvictimization over a Lifetime

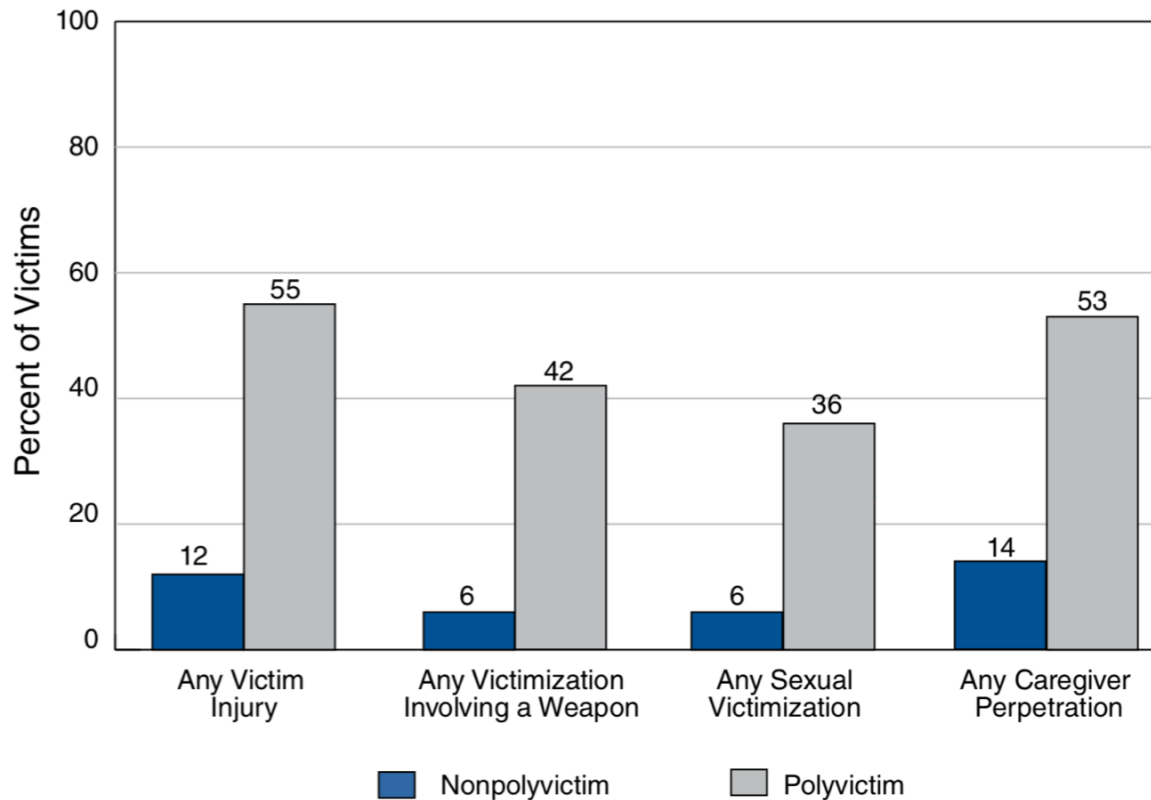
Number of Types of Victimizations

1b. Lifetime



Increases Life Adversities

Figure 2: Seriousness of Polyvictims' Victimization Experiences



Source: NatSCEV data for children age 2 and older, weighted.

Decreases Physical Well-Being

- Increased risk of becoming an **intravenous (injection) drug user**
- Greater likelihood of **attempting suicide** as an adult
- More likely to become an **alcoholic**
- More likely to have **sex before age 15**
- Greater likelihood of **emphysema or chronic bronchitis**
- More likely to have **chronic obstructive pulmonary disease**
- More likely to **contract HIV** and other **sexually transmitted diseases**
- More likely to become **smokers**
- Greater likelihood of **severe obesity**
- More likely to have **heart disease**
- Greater risk of suffering from an **auto-immune disease**

Changes in Behavior

- Impaired worker performance
- Development of new fears
- Separation anxiety (particularly in young children)
- Sleep disturbance, nightmares
- Loss of interest in normal activities
- Reduced concentration
- Decline in schoolwork
- Somatic complaints
- Irritability
- Dysfunctional adaptation strategies such as the use of drugs and alcohol and risk-taking behaviors

Future Victimizations

Of the children the researchers categorized as polyvictims, **55% were still polyvictims** in one of the next two studies.

This suggests that many youth find it hard to escape polyvictimization.



**Given the correlation between
additional victimizations
(*polyvictimization*) and negative long-
term health outcomes, polyvictims
merit priority attention**

Current limitations in our work

- **Fragmentation (and working in silos)** does not allow for a comprehensive trauma assessment
 - Many times we screen for domestic violence, sexual assault, human trafficking or child abuse alone
- Our work is many times **focused on past traumatic events**, ignoring the present, ongoing traumatic stressors
 - The focus on the past traumas tends to obscure the dynamics of the ongoing traumatic events that have unique effects that may modulate, add to, or amplify the effects of trauma

Polyvictimization screening

broadens

our framework (and is consistent with a trauma-informed approach)

Including polyvictimization in assessments “either eliminated or greatly reduced the predictive power of individual types of victimization”.

(Finkelhor, Ormrod, & Turner, 2007, p. 16)

It Allows Us to...

- View a person in the context of their life experiences and potential risk in the future
 - Allows us to **SEE** the person – not **WHY** are you here, but **WHAT** happened to you?
- Help survivors contextualize the trauma they have experienced
- Have a better understanding of the interconnections should inform prevention, intervention, and policy (Hamby, et al).
- Move Family Justice/Multi-Agency Centers from:
 - Triage and Crisis Intervention to **holistic approaches to meeting the needs of survivors**

PROJECT GOAL

Build a comprehensive, culturally responsive, trauma-informed intake process and service delivery approach for Centers to address the complex needs of polyvictimization survivors and create pathways to justice, healing, and hope.

SYSTEMS

Create a screening and assessment tool;
Change *HOW* we deliver services based on the tool;
Develop a trauma-informed understanding of polyvictimization;

ORGANIZATIONS

Integrate culturally responsive and survivor centered approaches to service delivery;
Expand self-care and attention to vicarious trauma;
Expand community building and holistic services.

INDIVIDUALS

Create individualized service delivery with measurable outcomes;
Increase hope, justice and healing;
Improve collaboration and integration at Centers.

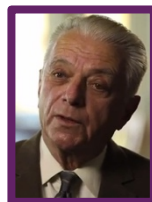
Experts and Partners

NATIONAL EXPERTS



Dr. David Finkelhor

Dr. Vincent Felitti



Kim Roth, LMFT

Dr. Linda Chamberlain



Dr. Brent Crandal

Dr. Ted Corbin



The Hope Research Center
University of Oklahoma

- Dr. Chan Hellman -



National Council for Juvenile
and Family Court Judges

- Eryn Branch -



Center for Innovation in
Trauma-Informed Care

- Raul Almazar -



Chadwick Center for
Children and Families

- Charles Wilson -

Sites and Directors



Wes Winter
Sonoma, CA



Carol Shipley
Stanislaus, CA



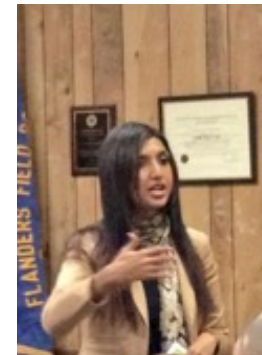
Suzann Stewart,
Tulsa, OK



Mary Claire Landry
New Orleans, LA



Carmen Pitre
Milwaukee, WI



Susan Jacob
Queens, NY

Polyvictimization Initiative 2017

January

Sites identify their Learning Exchange Team Members. Alliance TA team is finalized!



March

Alliance visits: Sonoma and New Orleans



May

Alliance works on producing site profiles and literature review. Jason Featherngill from University of Oklahoma joins us!

July

Top 30 tools and Addressing Polyvictimization in Family Justice Centers shared with sites



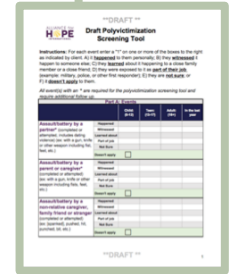
September

Alliance works on developing the Polyvictimization Screening Tool. Leadership Summit in New Orleans



November

Alliance shares first draft of Polyvictimization Screening Tool with sites



April

Alliance finishes site visits with Milwaukee. Annual Conference and the OVC Kick-off in Milwaukee

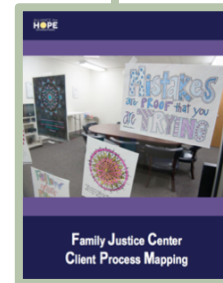


June

Train the Trainers on Trauma Informed Care takes place in San Diego. Alliance reviews 199 tools and articles

August

Creating Cultures of Trauma Informed Care Adaptation released to



December

Client Process Mapping continues. Sites share tool with partners and other staff members for feedback.

October

Alliance shares Family Justice Center Client Process Mapping Packet

February

Alliance plans and begins conducting site visits with sites. Alliance visits: Tulsa, Queens, and Stanislaus



Year 1: Focused on Building a Solid Foundation

- **Building Relationships!**
- **Creating a shared language**
- **Assessing Center's current processes and services**
- **Establishing a solid foundation**
 - Trauma informed and hope-centered approaches and organizations
 - Customer service
 - Addressing turnover and vicarious trauma
 - Obtaining client feedback / Focus Groups / VOICES

Trauma Informed Organizations



Screen for trauma exposure and related symptoms



Provide evidence-based, culturally responsive assessment, treatment, and support



Make **resources** available to survivors, their children, families, and providers on trauma response, its impact and treatment

Hope

Strengthen **resilience, hope** and **protective factors** of survivors, their children and families

Adapted from: Lisa Conradi

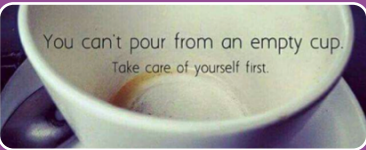
Trauma Informed Organizations



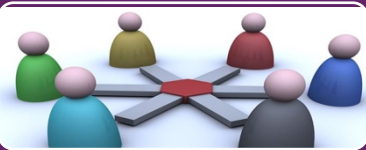
Address **child and caregiver trauma** and its impacts



Emphasize continuity of care and **collaboration all systems and professionals**



Maintain an environment of care for staff that addresses, minimizes, and treats **secondary traumatic stress**, and increases staff wellness



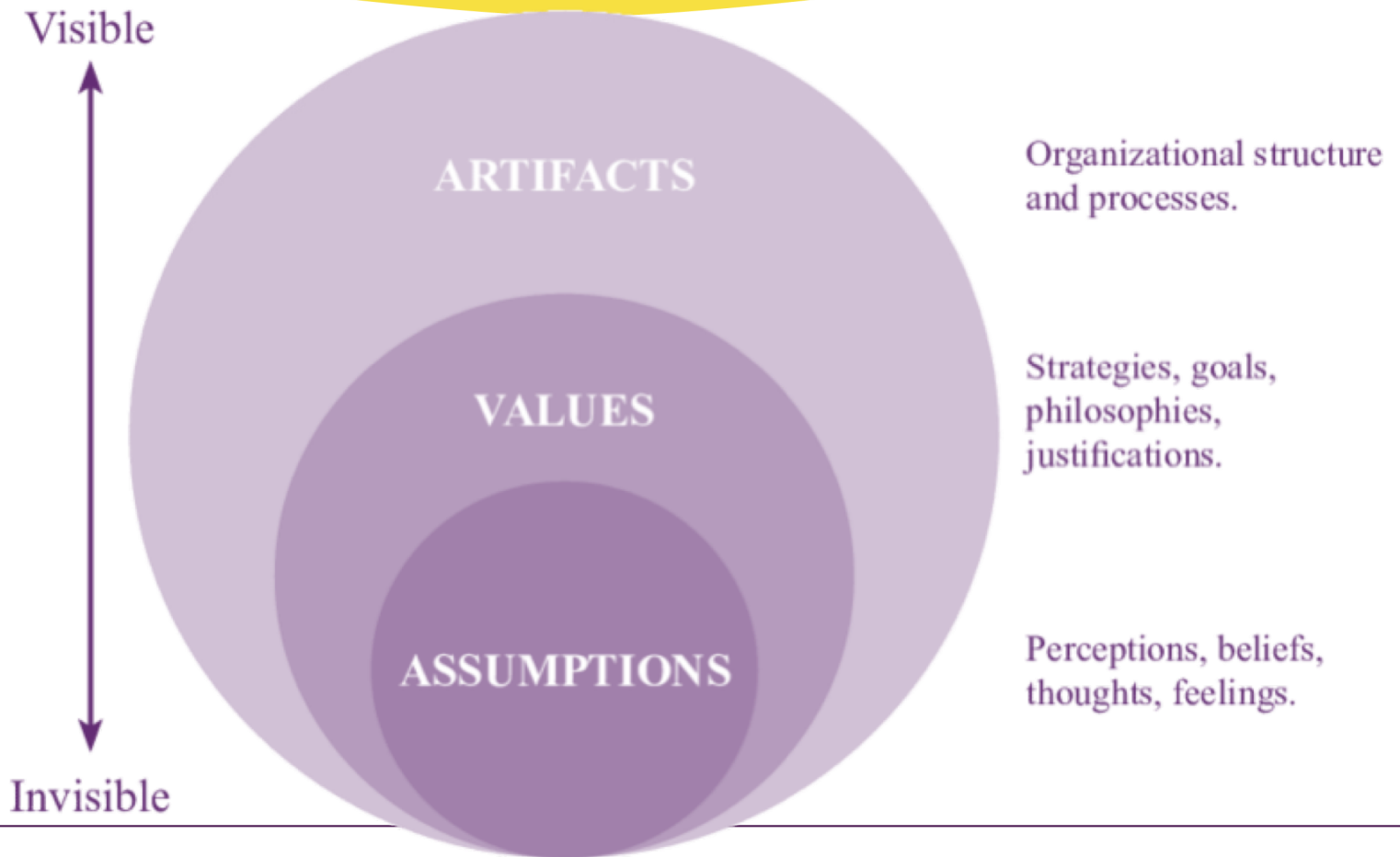
Build meaningful partnerships that create **mutuality among survivors, children, families, and professionals** at an individual and organization level; and



Address the **intersections of trauma** with culture, history, race, gender, and language; Acknowledge the compounding impact of inequity; and be **responsive** to the needs of diverse communities.

Adapted from: Lisa Conradi

So, we are talking about Organizational Culture Change!



Train the Trainer on Trauma Informed Care

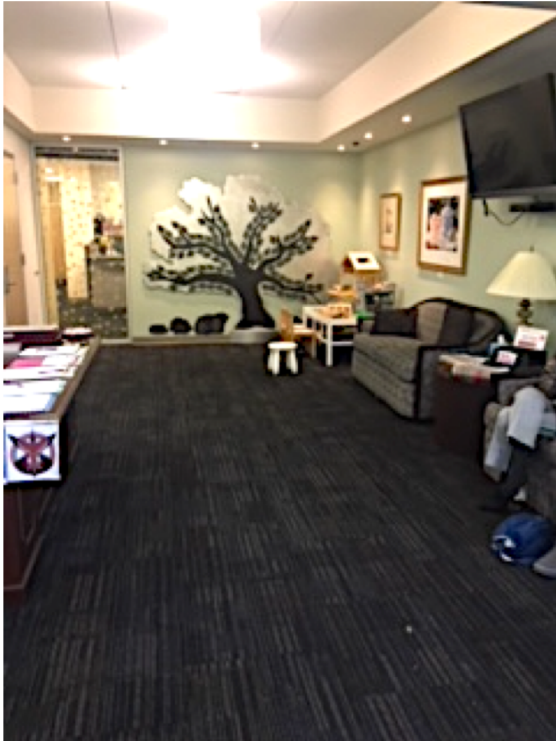


It brought about many changes: Queens



- Environmental and aesthetics
- Different hiring focus
- Supervision of Intake/Reception staff
- Training for FJC partners on Trauma and Trauma Informed Approaches
- Staff wellness/community building activities
- Camp HOPE America – New York
- After hours support – extension of service delivery
- Community building programming: Yoga, reading programs, computer time etc.

It brought many changes: Sonoma



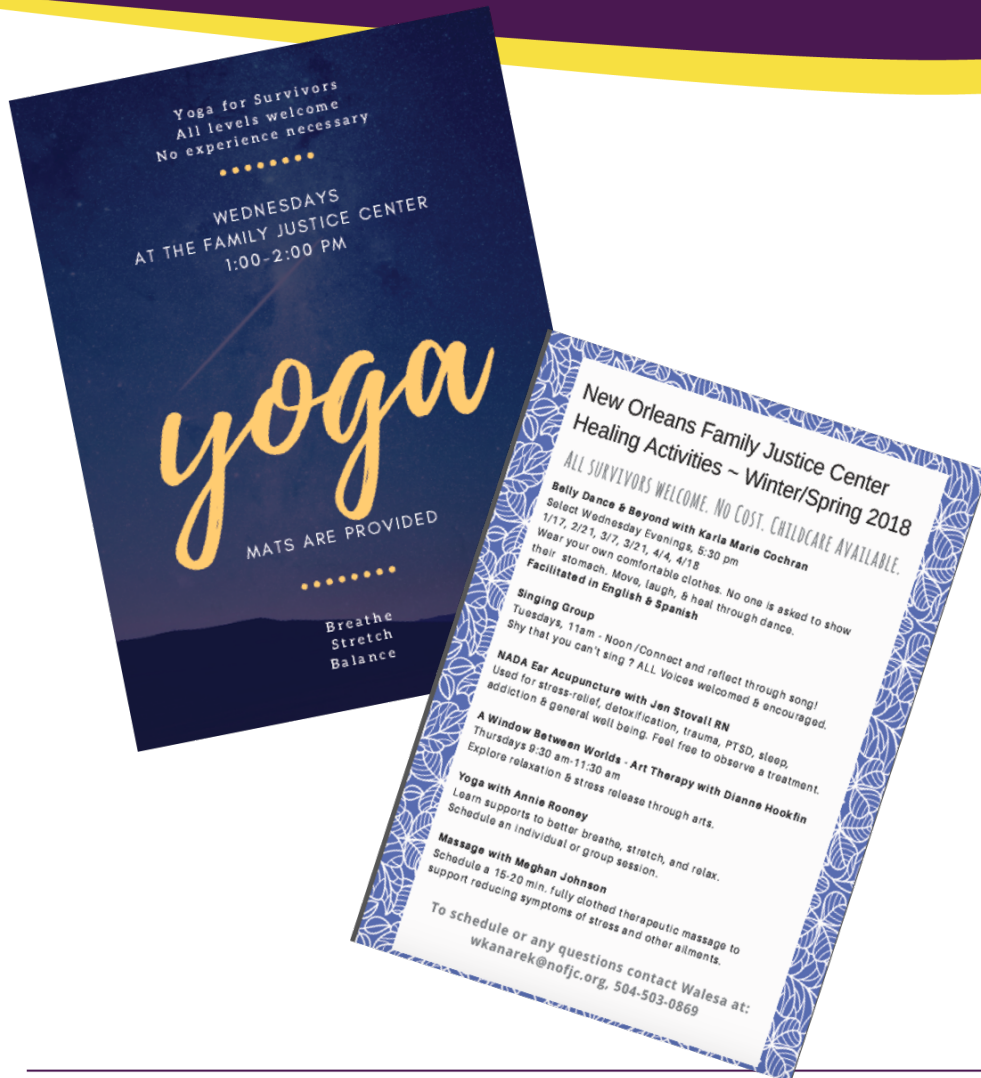
BEFORE: LOBBY



AFTER: LOBBY

- Environmental and aesthetics
- Supervision of Intake staff
- Addition of mental health professional for clients
- Client Screening and Assessment practices

It brought many changes: New Orleans

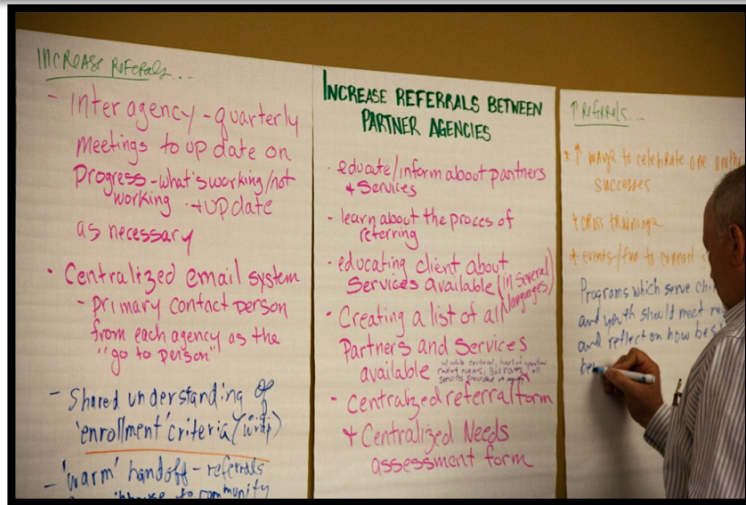


- Training of intake and receptionist staff on customer service and trauma informed care
- Supervision of intake and therapists
- Hiring survivors to welcome new clients to the FCJ
- Self care and community building activities for staff

It brought many changes: Milwaukee



- Mapping of a centralized intake process
- New staff hired to work on this initiative
- Training on Trauma Informed Care and customer service



It brought many changes: Tulsa



- Training on Hope Theory for all staff
- Development of VOICES committee
- Child welfare liaison
- Re-thinking flow at intake

It brought many changes: Stanislaus

KID'S ZONE



New Building!

- Environmental and aesthetics (new building!)
- Addition of mental health staff and interns
- Development of a survivor community after the crisis group (VOICES)

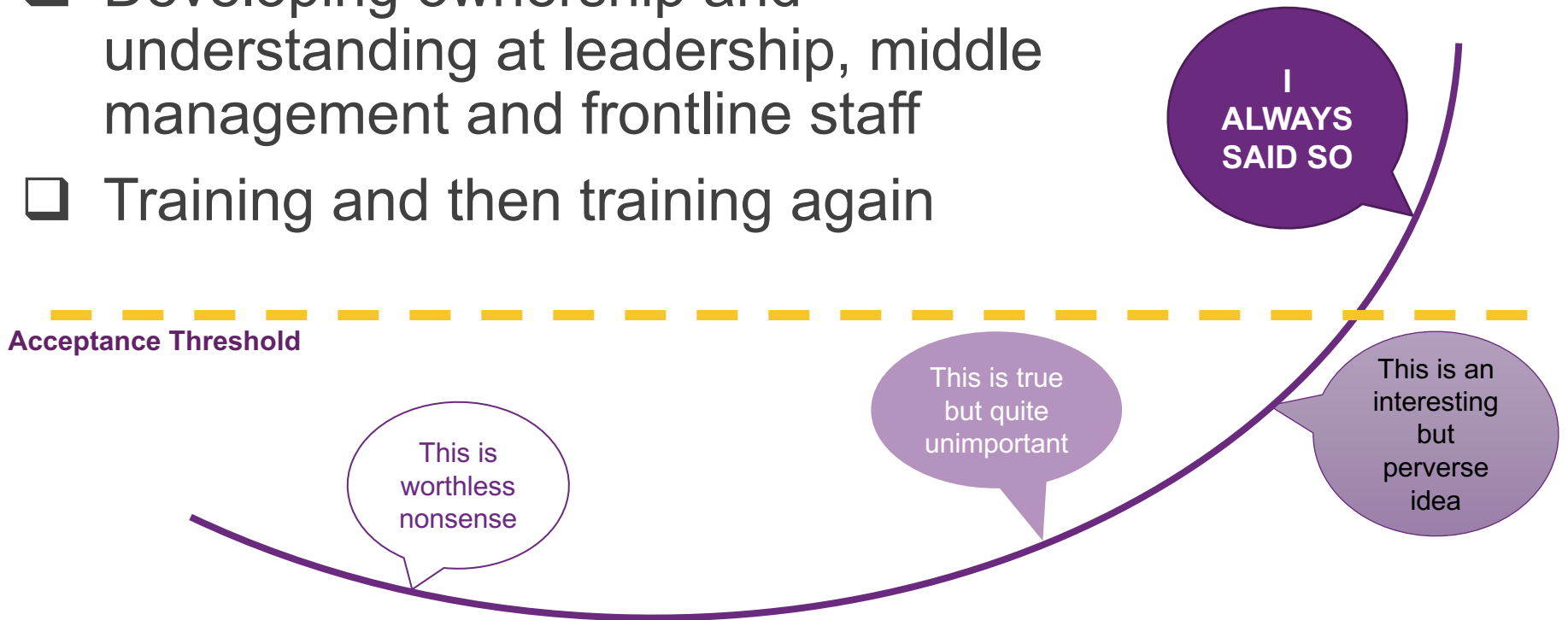
Client Process Mapping



- Sites identified gaps between *what is* and *what should be*
- Identifies potential improvements and strengths
- Promotes deeper understanding of jobs, roles, tasks etc.
- Engagement, buy-in and ownership by all participating

It's All About Buy-In

- ❑ Engaging partners
- ❑ Developing ownership and understanding at leadership, middle management and frontline staff
- ❑ Training and then training again





Developing the Tool


Literature Review

- 199 Articles and validated tools were reviewed
- 121 Screening/Assessment Tools
- 44 Tools were excluded for being identified as Children's Measures only
- Ultimately, comprehensively reviewed 77 Tools

Recommended A Deep Review Of 30 Tools

- 12 screening/assessment tools that focused on symptomology
- 12 screening/assessment tools that focused on events
- 6 screening/assessment tools that had a mix of symptom and event screening

Polyvictimization Screening Tool


Pilot Testing
Polyvictimization Screening Tool

Name of Center: _____ Dates Completed: ____/____/____
 Client Name: _____ Over the age of 18? Yes No
 Name of Primary Staff Member: _____ Number of sessions it took to gather the information below: _____
 Did you ask ALL of the questions? Yes No Did you complete all of the MANDATORY questions? Yes No
 New Client: Returning Client:

Instructions:
 The Polyvictimization Screening Tool is an *information integration tool* and should be completed by a Center staff member. For each event circle "Y" for yes or "N" for no in one or more of the boxes to the right as indicated during intake(s) by the client. A) it **happened** to them personally; B) they **witnessed** it happen to someone else; C) it **doesn't apply** to them. The calculated Polyvictimization score for "in the last year" is not a victimization score but should trigger a response at the Center.
 The column "in the last year" is **required** for all events questions and may require additional follow up for pilot testing.

Part A: Events					Notes
	Child and Teen (0-17)	Adult (18+)	In the last year		
1. Assault/battery by parent, caregiver, partner or relative* (completed or attempted) (ex: with a gun, knife or other weapon including fist, foot, etc.)	Happened	Y N	Y N	Y N	Note if parent, caregiver, partner or relative:
	Witnessed	Y N	Y N	Y N	
	Doesn't apply	<input type="checkbox"/>			
2. Assault/battery by non-relative/non-intimate partner* (completed or attempted) (ex: with a gun, knife or other weapon including fist, foot, etc.)	Happened	Y N	Y N	Y N	
	Witnessed	Y N	Y N	Y N	
	Doesn't apply	<input type="checkbox"/>			
3. Strangulation and/or positional asphyxia* (pressure applied by any means to the neck or anything that made it difficult to breathe) (ex: choking, use of body weight or arms, sitting on top of you, etc.)	Happened	Y N	Y N	Y N	
	Witnessed	Y N	Y N	Y N	
	Doesn't apply	<input type="checkbox"/>			
4. Fear of physical violence* (ex: a parent, partner, or someone at home often acts or acted in a way that created fear, verbally threatened to harm or kill)	Happened	Y N	Y N	Y N	
	Witnessed	Y N	Y N	Y N	
	Doesn't apply	<input type="checkbox"/>			

- 39 Event Based Questions
- 22 Symptom Based Questions

Events Section

CATEGORIES:

1. Physical violence including strangulation and captivity
2. Sexual violence
3. Emotional violence
4. Neglect
5. Substance abuse
6. Stalking
7. Poverty
8. Traumatic losses and injury/illness
9. Community violence
10. War and terrorism
11. Natural and man made disasters

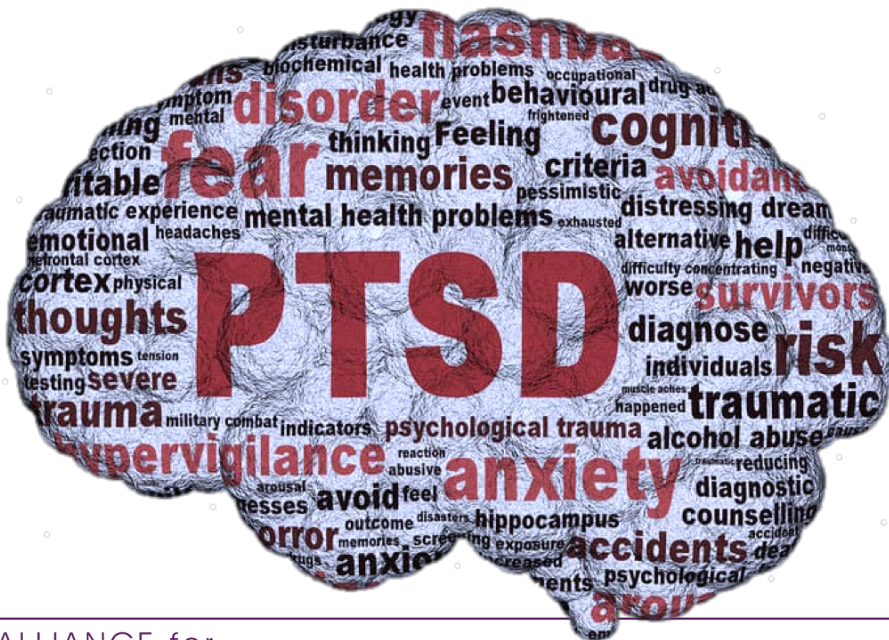
- Questions distinguish partner and parent/ caregiver in order to account for childhood vs adult experiences
- Covers all topics/ victimizations assessed in ACES, AES, Vision 21 as well as some mandatory reporting questions
- Covers lifetime victimization
- Also allows for further questions on when victimization happened to client or other scenarios for additional case management clinical assessment

Symptomology Section

CATEGORIES:

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

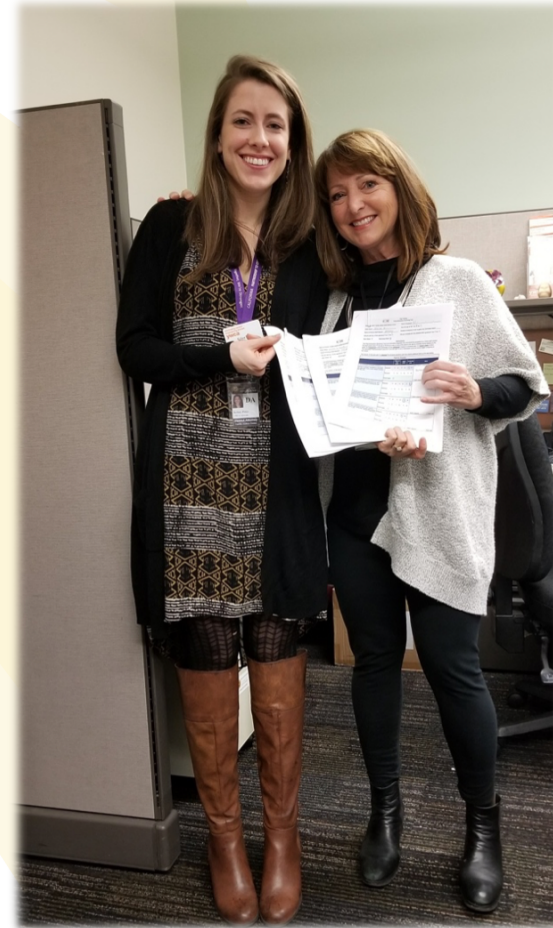
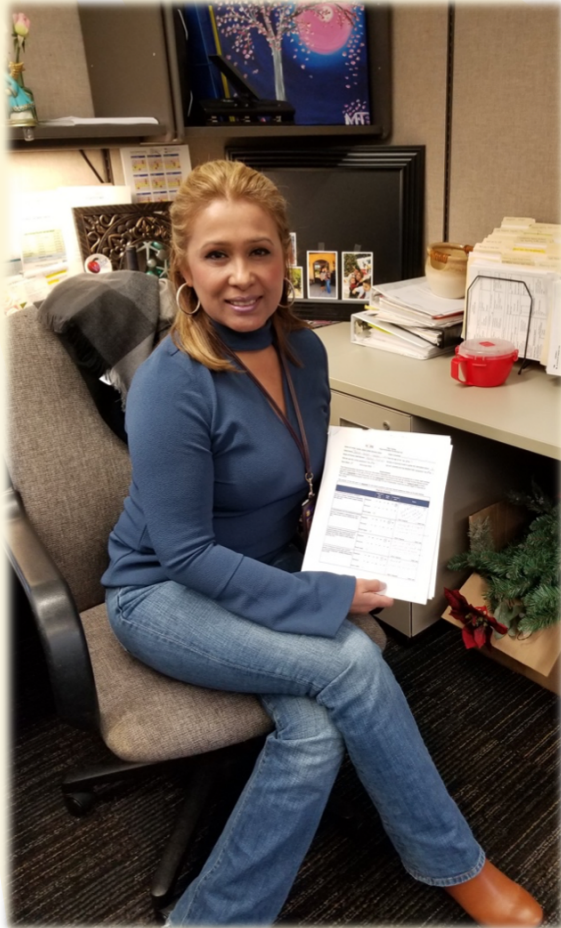
- 5 question validated PTSD Screening included in the mandatory questions
- Includes symptoms that can be addressed by clinicians



Our Agreements about the Tool:

- Be **client centered** and used to guide service delivery
- Screens for **lifetime victimization** (including ACES and AES)
- Includes **symptoms and events**
- Includes **various types of victimization** including community violence, discrimination, natural disasters, incarceration, etc.
- Is **not diagnostic** but rather a source for conversation and long-term case management – **not meant to be a checklist** during intake – think “information integration tool”
- Is **conversational** and the client did not fill this out on their own
- Can be **implemented in two or more parts** by both front line staff or clinicians, partners, or staff over **multiple sessions**
- Is **dynamic** and can be adapted to the Center so it produces a change in service delivery rather than research alone
- Has the ability to be **used with child** clients as well as adults
- Flags the most recent victimizations with the category “**in the last year**”

Pilot Testing from March 1 – May 31st



Feedback so far from survivors:



- ✓ Thank you for asking me about my whole life!
- ✓ This explains what has been happening to me
- ✓ While some of these questions seem unrelated, they are an important part of my experience (when in relation to discrimination)
- ✓ This will take building a relationship, some of these things can take a long time to talk about. So a conversation is critical



How to Change the Outcome for Polyvictims in a Family Justice Center?

Whole Person Care



The Science of Hope



THE POWER OF HOPE

The Science of Hope

Hope is a cognitive process requiring the capacity to develop pathways toward a desirable goal and the ability to direct and sustain mental energy toward those paths.

HOPE = Will Power + Way Power

With Hope
 Hope improves coping skills, buffers against stress, predicts achievement, enhances positive relationships, and promotes healthy adaptive behaviors and resiliency.

Without Hope
 Difficulty in developing pathways, feel discouraged about achieving goals, experiences negative emotions, focused on potential of failure.

The Healing Power of Hope

- Higher Goal Attainment
- Higher Positive Affect
- Greater Coping Skills
- Higher Life Satisfaction
- Higher Resilience
- Higher Self-Efficacy
- Higher Self-Esteem
- Higher Self-Confidence
- Higher Self-Compassion
- Higher Self-Forgiveness
- Higher Self-Respect
- Higher Self-Worth
- Higher Self-Value
- Higher Self-Trust
- Higher Self-Understanding
- Higher Self-Reflection
- Higher Self-Insight
- Higher Self-Knowledge
- Higher Self-Awareness
- Higher Self-Regulation
- Higher Self-Monitoring
- Higher Self-Expression
- Higher Self-Communication
- Higher Self-Organization
- Higher Self-Management
- Higher Self-Direction
- Higher Self-Motivation
- Higher Self-Empowerment
- Higher Self-Efficacy
- Higher Self-Confidence
- Higher Self-Respect
- Higher Self-Worth
- Higher Self-Value
- Higher Self-Trust
- Higher Self-Understanding
- Higher Self-Reflection
- Higher Self-Insight
- Higher Self-Knowledge
- Higher Self-Awareness
- Higher Self-Regulation
- Higher Self-Monitoring
- Higher Self-Expression
- Higher Self-Communication
- Higher Self-Organization
- Higher Self-Management
- Higher Self-Direction
- Higher Self-Motivation
- Higher Self-Empowerment

Hope is a social gift that we benefit from and share with others.

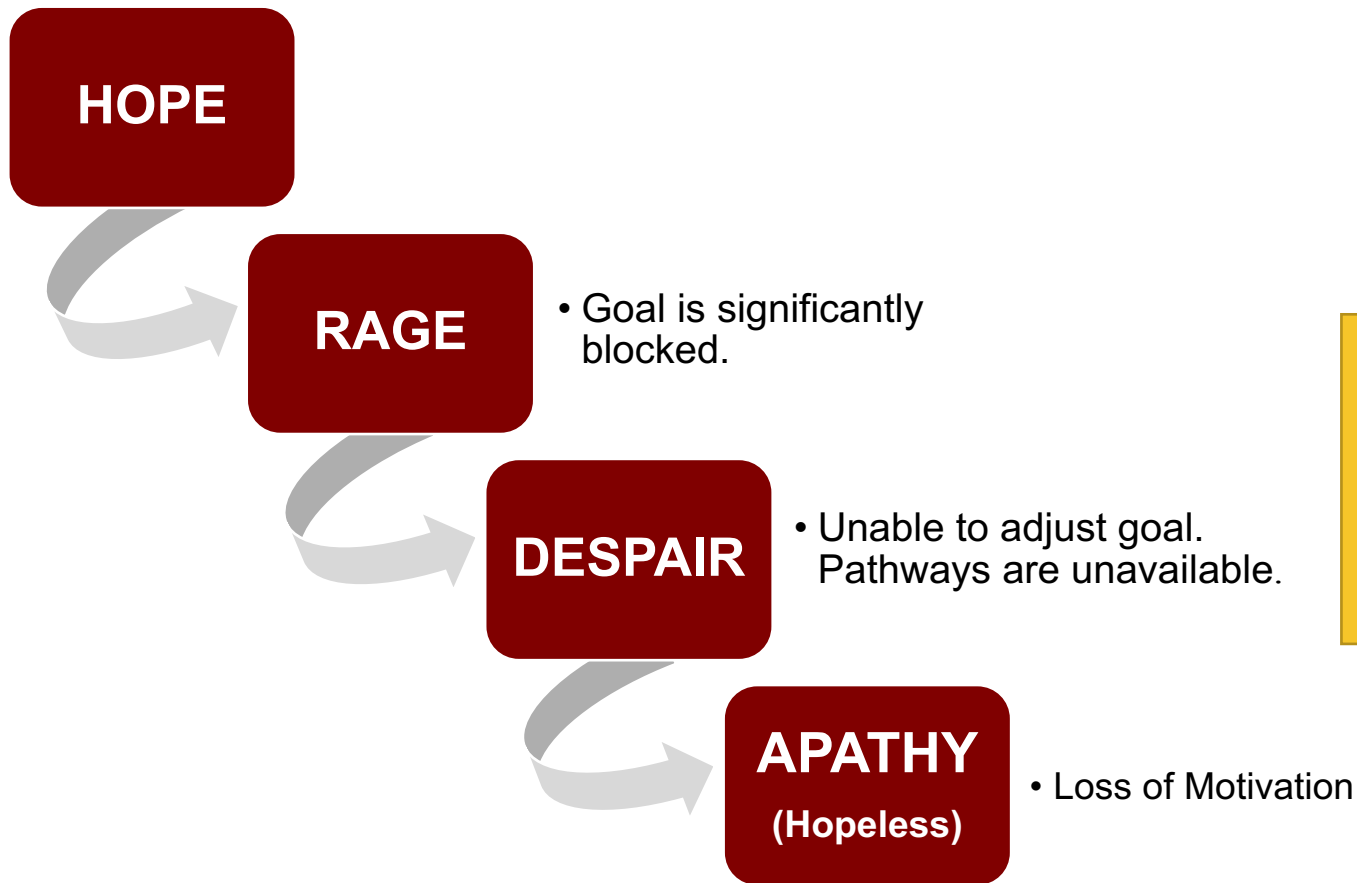
The Loss of Hope
 Repeated unsuccessful goal pursuits
 ↓
 Hopelessness

For more information contact:
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 Center of Applied Research for Young Adult Organizations
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Chan Hellman, Ph.D.

The Science of Hope



Repeated failures at goals result in a general expectation that future goal attainment is not likely – “Why try?”

Increase Hope scores in the lives
of survivors...

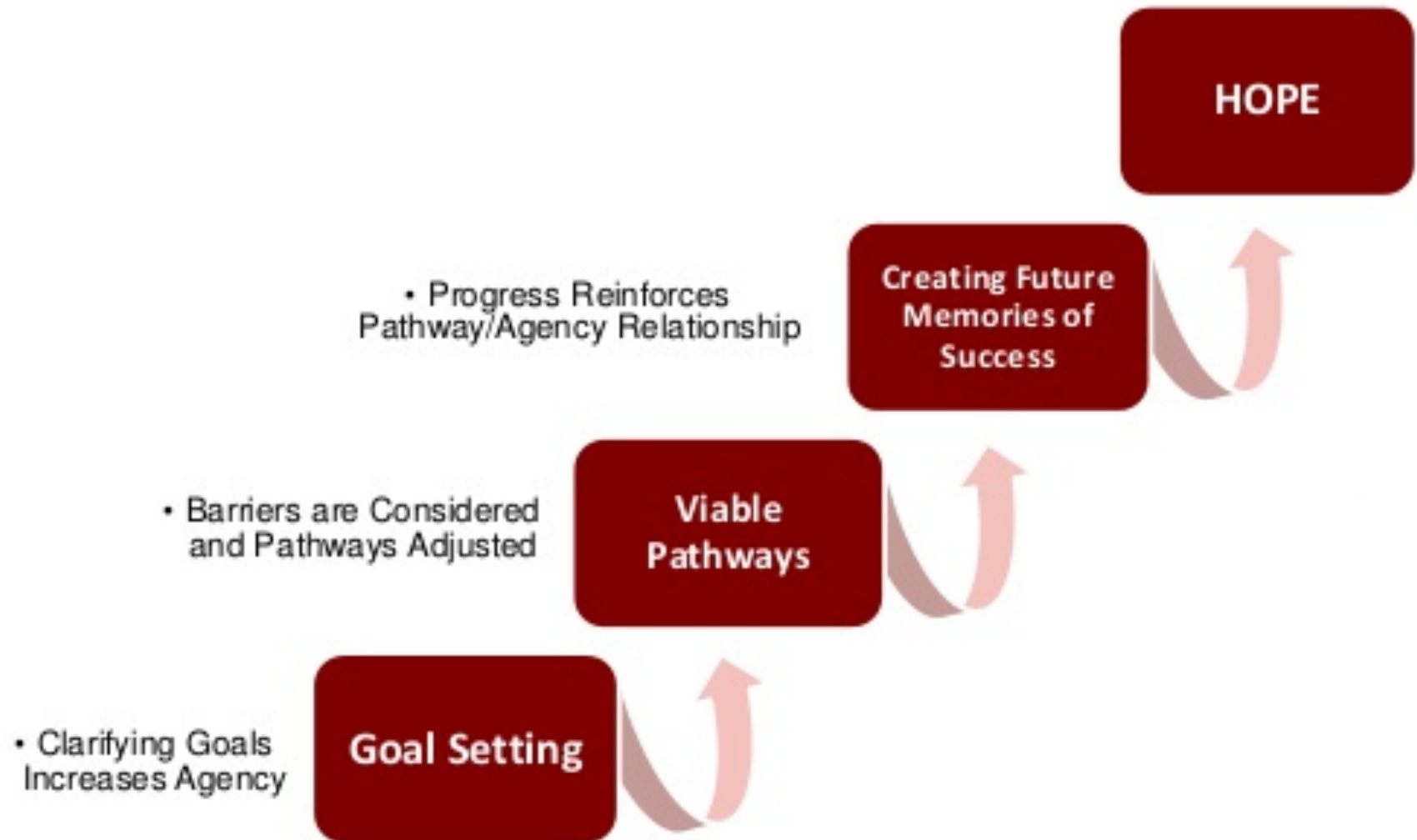
2,000 Published Studies on the Science of HOPE

“In every published study of hope, every single one, **hope is the single best predictor of well-being** compared to any other measures of trauma recovery. This finding is consistently corroborated with other published studies from top universities showing that hope is the best predictor for a life well-lived.”

Casey Gwinn & Chan Hellman

Hope Rising: How the Science of HOPE Can Change Your Life (2018)

Hope: Teach it, Use it, Measure it!



A large, stylized graphic on the left side of the slide, resembling a fan or a sunburst. It consists of several overlapping, semi-transparent yellow and light orange curved segments that radiate from the top left towards the center. The segments are arranged in a way that creates a sense of depth and movement.

**Work on and Build Protective
Factors such as:**



**Building a Community
of Hope
(Without shame or blame)**



Screening

Maintaining Relationship

Engaging Member & Caregiver

Coordinating Care

Managing Symptoms

Supporting Well-being and Building Relationships "Holding Space"

Assuring Continuity

Educating & Promoting Self-Management

Collaborating

Support and Model Healthy Coping Skills

Self-Soothing

(Comforting yourself through your five senses)

1. Something to touch
(ex: stuffed animal, stress ball)
2. Something to hear
(ex: music, meditation guides)
3. Something to see
(ex: snowglobe, happy pictures)
4. Something to taste
(ex: mints, tea, sour candy)
5. Something to smell
(ex: lotion, candles, perfume)

Distraction

(Taking your mind off the problem for a while)

Examples:

Puzzles, books, artwork, crafts, knitting, crocheting, sewing, crossword puzzles, sudoku, positive websites, music, movies, etc.

Opposite Action

(Doing something the opposite of your impulse that's consistent with a more positive emotion)

1. Affirmations and Inspiration
(ex: looking at or drawing motivational statements or images)
2. Something funny or cheering
(ex: funny movies / TV / books)

Emotional Awareness

(Tools for identifying and expressing your feelings)

Examples:

A list or chart of emotions, a journal, writing supplies, drawing / art supplies

Mindfulness

(Tools for centering and grounding yourself in the present moment)

Examples:

Meditation or relaxation recordings, grounding objects (like a rock or paperweight), yoga mat, breathing exercises.

Crisis Plan

(Contact info of supports and resources, for when coping skills aren't enough.)

Family / Friends
Therapist
Psychiatrist
Hotline
Crisis Team / ER
911

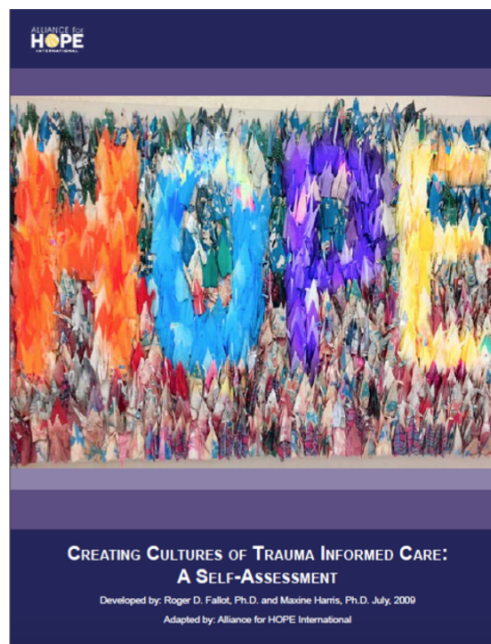
Screen for Polyvictimization!



Questions?

Want to Learn More?

- Chat with OVC Sites at FJC Conference in Fort Worth, Texas in April!
- Assess Your Center/Agency's Level of Trauma Informed/Hope-Centered Practices
- Evaluate Your Screening/Intake Tools
- Go to our Resource Library!
- Delve into Our Research and Follow Our Work on this National Demonstration Initiative!



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TOPICS COVERED:

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Thank You!

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Casey Gwinn, Esq. serves as the President of Alliance for HOPE International.

Casey has been recognized by *The American Lawyer* magazine as one of the top 45 public lawyers in America. He is an honors graduate of Stanford University and UCLA School of Law. Casey served for eight years as the elected City Attorney of San Diego from 1996 to 2004. Prior to entering elected office, Casey founded City Attorney's Child Abuse and Domestic Violence Unit, leading the Unit from 1986 to 1996 – prosecuting both misdemeanor and felony cases. The National Council of Juvenile and Family Court Judges honored his specialized prosecution unit as the model prosecution unit in the nation in 1993.

In 2002, Casey saw his vision of a comprehensive Center for services to victims of family violence become a reality in San Diego as he led the effort to open the nationally acclaimed San Diego Family Justice Center with professionals from 25 agencies together under one roof. His leadership has been widely credited for the 90% drop in domestic violence homicides in the City of San Diego. In October 2003, President George W. Bush announced a national initiative to begin creating Family Justice Centers across the country and asked Casey to provide leadership to the effort. Today, Casey and his team support more than 130 open and developing Family Justice Centers in the U.S. and around the world. He is also an expert in the handling of near-fatal strangulation assaults.

Casey has served on the U.S. Attorney General's National Advisory Committee on Violence Against Women and the American Bar Association Commission on Domestic Violence. He chaired the California Attorney General's Task Force on Domestic Violence. He also served on the congressionally created Department of Defense task force, studying the handling of family violence throughout the Department of Defense. His work has been profiled nationally on the Oprah Winfrey Show, CBS The Early Show, USA Today, The Huffington Post, New Yorker Magazine and a host of other news outlets.

He has authored or co-authored a host of articles and media commentaries and nine books on domestic violence and the Family Justice Center movement. The first book entitled "Hope for Hurting Families" calls for the creation of Family Justice Centers across America to help hurting and violent families. His second book, co-authored with Gael Strack, was released in April 2007, "Hope for Hurting Families II: How to Start a Family Justice Center in Your Community." Casey's fourth book, "Dream Big: A Simple, Complicated Idea to Stop Family Violence" was published in 2010. All ten of his books are available at www.familyjusticecenter.org or www.allianceforhope.com.

Casey's most recent book, "Cheering For the Children: Creating Pathways to HOPE for Children Exposed to Trauma" is a clarion call to all caring people to become cheerleaders for children exposed to adverse childhood experiences (ACEs). In the book, Casey explains why childhood trauma should be the preeminent public health issue in America today and how we can all help change the lives of children for the better. This book was the result of one of Casey's great personal passions, Camp HOPE America, the unique camping initiative he founded at the San Diego Family Justice Center that is now expanding across the nation. Camp HOPE America is the first specialized camp in the country focused exclusively on children exposed to domestic violence and child abuse.

Casey and his wife, Beth, have three grown children: Kelly; Karianne; and Chris. Casey is a proud



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grandfather of three grandchildren – Kayden, Evan, and Claire.



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Gael B. Strack is the Chief Executive Officer and Co-Founder for Alliance for HOPE International. Programs of the Alliance include: National Family Justice Center Alliance, Training Institute on Strangulation Prevention, Camp HOPE America, Justice Legal Network and VOICES Survivor Network.

- The National Family Justice Center Alliance provides consulting to over 150 existing and pending Family Justice Centers across the world, helping communities open and sustain their Family Justice Center. www.familyjusticecenter.org
- The Training Institute on Strangulation Prevention provides basic and advanced training on strangulation prevention to 5,000 professionals annually. www.strangulationtraininginstitute.com.
- The Justice Legal Network is an innovative public interest law firm made up solo attorneys who have pledged to work with the Alliance in providing civil legal services to victims and their children.
- Camp HOPE America, under the leadership of Casey Gwinn, provides summer camping, mentoring, hope and healing to children exposed to violence.
- The VOICES Survivor Network is comprised of survivors who volunteer their time to provide awareness, education, outreach and feedback to their local Family Justice Center.

Prior to launching the Alliance for Hope with Casey Gwinn, Gael served as the Founding Director of the San Diego Family Justice Center from October 2002 through May 2007. In that capacity, she worked closely with 25 on-site agencies (government and non-profit) who came together in 2002 to provide services to victims of domestic violence and their children from one location. The San Diego Family Justice Center was featured on Oprah in January 2003, recognized as a model program by President Bush and was the inspiration for the President's Family Justice Center Initiative launched in Oct 2003.

Prior to her work at the Family Justice Center, Gael was a prosecutor at the San Diego City Attorney's Office. She joined the office in 1987 and served in many capacities including Head Deputy City Attorney responsible for the Child Abuse and Domestic Violence Unit. Gael has also worked as a deputy public defender and a deputy county counsel for the San Diego County Counsel's office handling juvenile dependency matters. She graduated from Western State College of Law in December 1985.

Gael is a former board member of the California Partnership to End Domestic Violence, past President of the San Diego Domestic Violence Council and former commissioner of the ABA's Commission on Domestic Violence. In her spare time, Gael is an adjunct law professor for California Western School of Law teaching "Domestic Violence and the Law." Gael has been honored with numerous awards, including San Diego Attorney of the Year for 2006 and most recently by United States Attorney General Eric Holder as the 2010 Recipient of the National Crime Victim Service Award for Professional Innovation in Victim Services.

Gael has also co-authored a series of strangulation articles in the Journal of Emergency Medicine, the National College of District Attorney's Practical Prosecutor, and the Journal of the California Dental Association. Gael has co-authored five books with Casey Gwinn, JD, on the Family Justice Center movement including a Guide to Co-Located Services in the Middle East and in Mexico. Gael has also co-authored a book with Judi Adams, called "The Big Girls Club – Little Girl Rules for the Big Girl Workplace" which describes the ten rules of friendship that can help women thrive and succeed in the changing workplace.



Natalia Aguirre, MPA

Director of the Polyvictimization Initiative

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Natalia Aguirre joined the Alliance for Hope team September 2011. As part of the leadership staff Natalia works on several initiatives, but focuses on the Alliance's Creating Pathways to Hope and Healing Polyvictimization Initiative funded by the Office for Victims of Crime. Her previous work in developing and planning for Family Justice Centers in the United States and Mexico have given her a unique experience and understanding of the impact of Family Justice Centers and similar multi-agencies have on the lives of survivors and their children.

Before joining the Alliance team, Natalia worked at the National Alliance for Hispanic Health, where she helped carry out the Mobilizing Communities to Reduce Diabetes Initiative. Natalia graduated from University of Southern California with her Masters in Public Administration. During her free time, she enjoys traveling and learning about foreign cuisines and culture.



**Certificate of Attendance
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**Creating Pathways to Justice, Hope
and Healing Through a
Polyvictimization Framework**

1.5 Hours

A handwritten signature in black ink, appearing to read "Casey Gwinn".

Casey Gwinn, J.D.
Co-Founder and President
Alliance for HOPE, International

A handwritten signature in black ink, appearing to read "Gael Strack".

Gael Strack, J.D.
Co-Founder and CEO Alliance
for HOPE, International

March 19, 2018