

- It is critical that first responders and police officers are knowledgeable about the effects of complex trauma

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### Trauma in the Context of Domestic Violence

- These complex neurobiological and psychological effects interfere with the way that domestic violence victims
  - access safety,
  - make self-protective decisions
  - process information
  - and
  - remember details.

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### Trauma in the Context of Domestic Violence

- Affects help seeking and decision-making
- Prevents mobilization of resources
- Increases risk of being isolated & controlled
- Interferes with health and mental care

183

### Typical Questions:

- Why did she stay with him? (continue to live with him, still have sex with him . . . ?)
- Why did she fail to report or disclose the experience previously?
- Why is she recanting?
- Why is she not cooperating with the prosecution of the abuser?
- Why did you just lie there?
- Wasn't there something you could do?

Social judgment of chronically traumatized people can tend to be extremely harsh.

Herman (1992)

- Many people still expect a victim to present as scared, helpless, meek or blameless.
- So women who are connected to their anger or disconnected from their fear, often don't fit the "victim" stereotype and are less likely to be understood or believed.
- Some judges have a severe distaste for the victim-witness' range of aggressive emotions.

### Prevailing Myths about Typical Victim Demeanor

- Complexity of traumatic responses not well understood by judges, jurors, or even Crowns
- "When judges encounter what they perceive to be atypical victim-witness testimony, they may interpret it as lacking credibility simply because the victim's demeanor contradicts their expectations." (Kohn, 2003).

- Additionally, women who have a substance abuse problem or mental health issues often are seen as less credible.

- Many domestic violence victims are still under threat of ongoing abuse or stalking,
- this directly affects their physical and psychological safety and keeps them in a state of hypervigilance and hyperarousal.

### The dynamics of domestic violence . . .

- can often be misunderstood by the public at large and by service providers, including those in the criminal justice system.
- This lack of information and insight about domestic violence:  
*"creates serious risks of imperfect justice for domestic violence victims who do not present . . . in concordance with widely held expectations of the typical victim of domestic violence."*

(Kohn, 2003, 741)

### COMPLEX TRAUMA

### ONGOING FEAR, THREAT AND BRAIN CHANGES

- What if our experiences shape our brain to be in a constant state of fear.
- What if we can never relax?
- We are then left in a state of chronic stress & hyperarousal.

## Brain Development

- Brain hardwired to need social connections to grow well and develop resilience
- Genes determine architecture of brain but it needs caring relationships to grow well
- Experiences change the structure of the brain

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## How The Brain Is Changed

- Effect of ongoing stress results in high arousal and the secretion of stress hormones
- If the amygdala is overstimulated, the function of the hippocampus can be suppressed.
- These hormones affect brain development and traumatized people have smaller hippocampus (15% smaller)

191

## Complex Traumatic Stress

- Many people have experienced multiple abuse experiences in their lives.
- Chronic abuse typically results in *Complex PTSD*
- Ordinary, healthy people who experience chronic abuse survive by psychologically altering the way they adapt to stressful events

## Hyperarousal

- traumatic events recondition the human nervous system.
- Amygdala on permanent alert
- survivors do not have a normal baseline level of alert, or a state of relaxed attention.
- they have an elevated baseline of arousal

192

## Role of Hippocampus

- Two categories of memory play an important role in the development of trauma memory
- Explicit or declarative memory is the memory of facts, ideas, concepts, and events.
- We are consciously aware these memories (linked to language)
- The hippocampus processes explicit memory.

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## Hippocampus is..

- Necessary for new explicit memory
- Especially vulnerable to the destructive effects of cortisol
- Cortisol triggers hippocampal neurons to work harder and harder until they actually run out of energy, collapse and die.

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## Suppressed Hippocampus

- Person has no context for memories and past and present can become confused
- Dissociation of the sensory and affective elements from coherent narrative memories
- Results in fragmented traumatic memory that is saved within the limbic system or through the senses

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## Implicit Memory

- Left hemisphere does not develop (nor does Hippocampus) until the third year of life
- No explicit memories of these early years
- Implicit memory is stored in the amygdala
- Bypasses language
  - Has no narrative
  - Is unconscious

200

- The amygdala catalogues past threats to apply them to future situations.

This is a critical survival factor, enabling instant response to danger

- Unlike our fragile memory for names and dates, the amygdala has a tenacious memory for what has frightened us" and its very "activation results in chemical processes that enhance memory for fearful experiences"

(Cozolino, p. 151)

201

- Our body is designed to keep us out of danger.
- It remembers past signs of danger so that it can respond efficiently the next time something dangerous happens.
- If we're in constant danger, this efficient system is protective.
- However, sometimes something will remind us of a past danger even when we're not in actual danger:

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- Reminders of past dangerous experiences are called **triggers**.
- Triggers activate the alarm system.
- When someone is triggered they may feel and act as though they are back in the time of danger, even though they are not.

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## Triggers and Complex Trauma

- More reminders of past danger.
- Brain is more sensitive to danger.
- Thinking brain automatically shuts off in the face of triggers.
- Past and present danger become confused.

204

- When in this physiological state neutral faces appear to be angry
- our nervous system evaluates anything that may be neutral as dangerous, rather than pleasant.
- But once we become calm and engaged, we see neutral as being neutral

25

### When traumatized people are triggered

- their right brain reacts as if the traumatic event were happening in the present.
- Because the left brain is deactivated, they are not aware they are re-experiencing and reenacting the past.
- They are just furious, terrified, enraged, ashamed or frozen.

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### Amygdala Hijack

- When something is perceived as very threatening, we suffer what is called an amygdala hijack
- Can react with blind rage or intense fear.

What part of brain responds to threat first  
Neocortex or amygdala?

- pet scans found that amygdala responds 100 times faster
- Emotion comes before thought

27

### Common triggers may include:

- Reminders of past events.
- Lack of power/control.
- Separation or loss.
- Transitions and routine/schedule disruption.
- Feelings of vulnerability or rejection.
- Feeling threatened or attacked. Conflict in relationships.
- Loneliness.
- Sensory overload (too much stimulation).

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#### Triggers

- Being blocked or feeling trapped in a room
- Someone standing over them while they sit
- sitting in a crowded room in a place in accessible to the door and exit
- Not being believed
- Being insulted/ put down/ belittled
- Loud or sudden noises, fire alarms, car backfiring

#### Trauma Responses

- Sense of helplessness  
Rage / anger, edgy
- Lower frustration
- quick to anger,
- quick to avoid, become numb
- Sense of despair, depression, tears
- appearing far away or "spaced out"
- Fear, anxiety, pacing. Restlessness, difficulty catching breath

29

### Triggers can lead to fight-flight responses

#### Fight:

- Extreme anger and/or aggression (seemingly disproportionate to the situation)

#### Flight:

- Avoidant behavior
- Withdrawal

30

### Women who are continuous states of danger have more Complex Responses

- When danger is ever-present, alarm goes off too frequently.
- Brain treats all potential threats as actual threats.
- Brain continues to release chemicals, so body becomes unbalanced.

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### The brain is exquisitely sensitive to stress.

Neural systems that are activated in a repetitive fashion can change in permanent ways-

- The more threat related neural systems are activated during development, the more they will become 'built in.'

212

### Hyperaroused-sympathetic nervous system

- Result of high levels of cortisol in the brain affect health, well being and the ability to cope throughout life
- Excessive or prolonged levels of stress hormones leads to wear and tear on biological systems, tissues and organs, resulting in long term chronic mental and physical illnesses.

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- In this state, life becomes a constant struggle that involves unbearable tension and ultimately emotional as well as physical exhaustion (hence the depression and physical health problems that so often occur with PTSD).

214

- While cortisol makes energy available for threat and danger, it results in shutdown of the protein synthesis required for learning & immunological functioning.

215

### Chronic danger and anticipation of violence

- stress the immune system
- which can lead to an increased susceptibility to autoimmune disorders (chronic fatigue, fibromyalgia) and other illnesses.

216

## Abuse & Brain Development

A child raised in perilous surroundings – whether a war torn country or in a household of neglect and abuse–will develop brain connections and chemical responses that are highly sensitive to danger.

217

- These brain connections or chemical tendencies laid down in a dangerous environment from early life ..become entrenched.
- Even if an individual ends up in a safe and secure adult environment her brain is likely to stay on constant lookout for signs of danger

218

Chronic abuse and neglect that occurs in childhood often leaves people with a host of intense responses and symptoms that tells the story of their abuse..... but without words and without knowledge about what is being remembered (Siegel, 1999).

219

**Because bodies express what cannot be verbalized, traumatic memories are often transformed into physical outcomes including:**

- Chronic pain (especially pelvic)
- Gynecological difficulties
- Gastrointestinal problems
- Asthma
- Heart palpitations
- Headaches
- Musculoskeletal difficulties

220

- Most traumatized people develop extreme coping strategies to manage the effects of overwhelming traumatic stress

221

- Behaviours that develop represent valiant neurobiological attempts to cope with the trauma:
  - self-injury and suicidality,
  - risk-taking, re-enactment behavior,
  - caretaking and self-sacrifice,
  - re-victimization, and addictive behavior.

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- All of these represent different ways of modulating a dysregulated nervous system: self-injury and planning suicide both induce adrenaline and endorphin responses;

- self-starvation and overeating each induce numbing;

- and addictive behaviors can be tailored to induce either numbing

- or increased arousal or a combination of both.

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## Addictions and Trauma

In the context of trauma, addictive behaviour arises not as a pleasure seeking strategy but as a survival strategy to:

- self soothe and self regulate
- numb hyperarousal symptoms: intolerable affects, reactivity, impulsivity, obsessive thinking
- wall off intrusive memories
- deal with hypoarousal symptoms of depression, emptiness, numbness
- intensify feelings of dissociation

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## Revictimization

Lifetime trauma

## Revictimization

- A number of studies explore link between histories of physical and sexual abuse in childhood and experiencing partner abuse as an adult

## Studies of battered women in both clinical and shelter settings

- Women who experienced childhood physical or sexual abuse were almost **6 times** more likely to experience adult physical or sexual victimization

- (Kimerling et al., 2007)

## This vulnerability also relates to sexual assault

- Women with a history of child sexual abuse are **four times** more likely to be sexually assaulted as adults (revictimization) than women who were not sexually abused in childhood.

(Filipas & Ullman, 2006).



## Revictimization

- This is the phenomenon of having repeated experiences of violence or abuse by different perpetrators.
- 80% of women incestuously raped in childhood experienced another sexual assault after the age of 16. (Haskell, 1997)

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## Girls and young women at highest risk of sexual assault

- The highest incidence of sexual assault is among young women 13-19 years of age
- The victimization rate increases through the teenage years, crests at around age 20, and steadily decreases through the remaining years.

## Human Trafficking Interpersonal and Relationship Risk Factors

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## Adolescents often run away from home because of

- parental neglect,
- physical or sexual abuse,
- family substance abuse,
- and/ or family violence
- Without resources or income, homeless /runaway youths may engage in sex in exchange for money or necessities
- This increases their vulnerability to traffickers who offer the immediate subsistence they need
- Clawson et al., 2009

22

- Young girls removed from their families of origin and placed in foster or group homes often experience intense feelings of emotional isolation and abandonment
- In an attempt to cope,
- they often run away from foster care, group homes, or treatment facilities,
- their resulting homelessness makes them particularly vulnerable

23

- The perpetrator commonly engages in small and sporadic acts of kindness
- Isolates the victim from perspectives other than those of the perpetrator,
- Creates a situation from which the victim feels she cannot escape.

24

### Over identifying with the abuser

- women who have been sexually, emotionally, or physically abused
- may find themselves feeling sorry for the emotional or psychological problems the abuser has
- They develop a sense of empathy or compassion for the abuser.

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### Psychological Explanations for Revictimization

- Lack of trust so develop few sustaining and supportive relationships
- Hypervigilance (see everything as a threat so miss danger cues)
- Dissociation (disconnect when faced with threat)
- Substance abuse

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### Psychological Explanations for Revictimization

- Traumatic Sexualization
- Lack template for healthy relationship

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### Contextual Explanations

- Context of pervasive male sexual violence
- Lack of affordable therapy
- Early prevention focus is cognitive & ineffective
- Early stigmatization-(racism, poverty, sex trade)
- Early experiences of inadequate or punitive responses from law enforcement or social services (creating reluctance to trust the system)

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- When traumas accumulate over time, they may be associated with more severe and complex psychological reactions

- (Briere & Spinazzola, 2009; Brodland, 2010).

- This creates risk factors for re-victimization in the future and for responding to later traumas with more extreme symptoms (Herman, 1997).

### Sociocultural Issues

- One of the more overlooked issues in treatment of trauma survivors is that people with lesser social status are more likely than others to be victims.
- Social, sexual and racial discrimination often have negative psychological effects that are in a sense, posttraumatic.

(Loo et al. 2011)

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## Inequality

- Environments that are characterized as violent, degrading, exploitive or invalidating, such as:
  - Sexism and racism
  - Poverty
  - Social inequality
  - Homelessness
  - Prostitution
- increases the likelihood of victimization
- can exacerbate the aftereffects of victimization.

(Briere & Jordan, 2004)

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- Gender inequality, racism, and poverty render many men & women less powerful, less valued and with fewer resources available to them—throughout their lives

242

- Experiences of racism, sexism, homophobia and class are often highly relevant to the process and content of trauma-focused psychotherapy.
- People seeking help for trauma therapy are likely to reflect a wide range of cultures and ethnic groups.
- Such cultural difference are not merely a function of race:
  - people of low socioeconomic status often have different worldviews and experiences than those of the same race or ethnicity who have more economic and social opportunities

243

## One of the pervasive deleterious effects of traumatic events on the peoples of Canada's First Nations

- Is the multi-leveled harm to the health and well-being of Aboriginal individuals as well as to Aboriginal communities in general.

■ Haskell & Randall, (2009)

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## Negative Effects On Both...

### Cultural identities

- loss of language, traditions, and connection to family and community.

### Individual

- shame, rage, lack of trust, and engagement in negative coping patterns ie. substance abuse.

245

## The Adverse Childhood Experiences (ACE) Study

- The largest study of its kind ever done to examine the health and social effects of adverse childhood experiences over the lifespan (18,000 participants)

### ACE Questionnaire

- 10 types of child abuse (score 1 for each)

Three types of abuse:

- sexual
- physical
- emotional

Two types of neglect:

- Physical
- emotional

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### Five types of family dysfunction

- Having a mother who was treated violently
- Household member (HM) who is drug user or alcoholic
- HM has been imprisoned
- HM has diagnosed mental illness
- Parents who are separated or divorced

288

- The published research showed that for every category of trauma that happens to a child, they are two to four times more likely to grow up to be an addict –
- and multiple traumas produced a massive risk.
- The correlation for addiction was startling. Nearly two-thirds of injecting drug use, they found, is the result of early childhood trauma.

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### ACE (Adverse Childhood Experience)

- 30 % of participants physically abused as children
- 20 % sexually abused.
- Almost every fourth person had an alcoholic in his or her immediate family
- Every fifth person had a relative with psychiatric problems.
- Every eighth respondent witnessed domestic violence...

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### ACE

the more adverse childhood experiences a person reported, the more likely they were to have mental and physical health problems

the greater the likelihood that this person will -

- suffer from depression later in life,
- from obesity or addiction, from heart disease, cancer, diabetes....
- Six 'yes' answers means a shortening of life expectancy by 20 years

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### ACE

- Male children with ACE score 6 or more have
- a 4,600% increased likelihood of later becoming an injection user compared to
- male child with an ACE score of 0

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This suggests that addiction is

- experience dependent and not
- substance dependent

Higher ACE scores correlate to

- smoking (250%),
- self-defined alcoholism (500%),
- and self-defined injection drug use.

253

“A person who experienced any six or more of the categories” of childhood trauma, Dr Felitti reports, “was 4600 percent more likely to become an IV [injecting] drug user later in life than a person who experienced none of them.”

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### Adverse Childhood Experiences Score

Number of categories adverse childhood experiences are summed ...

ACE score	Prevalence
0	48%
1	25%
2	13%
3	7%
4 or more	7%



- More than half have at least one ACE
- If one ACE is present, the ACE Score is likely to range from 2.4 to 4

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Adverse Childhood Experiences determine the likelihood of the ten most common risk factors for death

- Top 10 Risk Factors:
- smoking, severe obesity, physical inactivity,
- depression, suicide attempt, alcoholism, illicit drug use, injected drug use,
- 50+ sexual partners, history of STD (sexually transmitted disease).

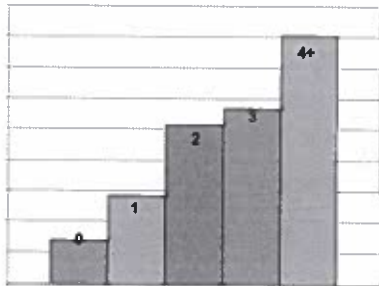
258

- With an ACE Score of 0, the majority of adults have few, if any, risk factors for these diseases.

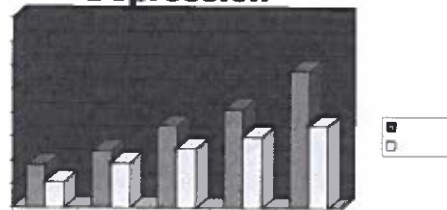
Adverse experiences don't just add up, they actually multiply each other.

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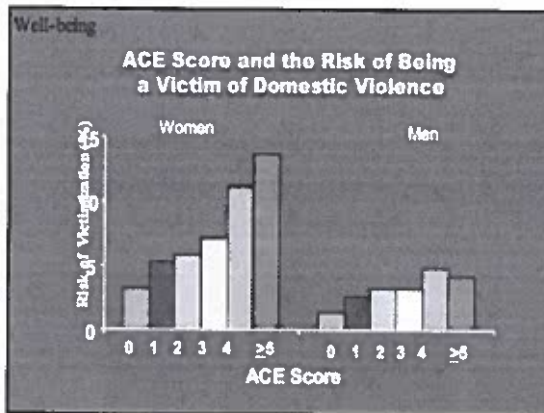
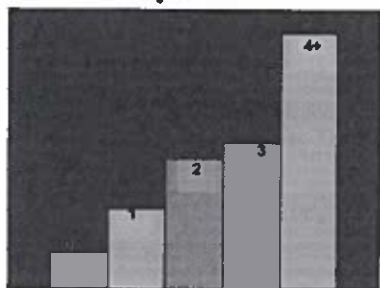
### Childhood Experiences vs. Adult Alcoholism



### Childhood Experiences Underlie Chronic Depression



### Childhood Experiences Underlie Rape



### Criminal Justice Problems and Unaddressed Sexual/Physical Abuse

- More than 75% of girls in juvenile justice system  
Calhoun et al, 1993
- 80% of women in prison and jails  
Smith, 1998
- 100% of men on death row  
Freedman, Hemenway, 2000
- 95% of Boys who commit violence  
van der Kolk, 1996

In terms of contemporary research, there are myriad studies documenting the fact that

- Aboriginal peoples suffer disproportionately high adverse health effects relative to the general population, including higher levels of what has been described as "severe trauma."
- Haskell & Randall, (2009)

## Reactions of First Responders

25

*Things are never so bad they can't be made worse.*

~From the movie *The African Queen*

26

## Common Errors in Interviewing Victims

27

Police learn to interview victims based on interrogation practices, which emphasize establishing a timeline and key facts.

Victim interviews often start with skepticism

This is communicated non verbally

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## Interviewing the Victim

- Standard interrogation methods do not work well with trauma victims
- Example- Asking victim to repeat narrative from different points in the sequence
- Or
- Asking victim questions designed to confuse/test their narrative
- Police officers with no specialized training often antagonize victims as they zero in on discrepancies

29

- Police may treat victims with suspicion and interrogate them when confronted with gaps in their story, thus sabotaging the investigation.

30

## Remembering the Experience

- If victims feel unsafe when questioned, they may not be able to use their prefrontal cortex to understand the questions and retrieve certain memories.
- If victims feel traumatized by questioning, this may trigger the bottom-up retrieval of fragmentary sensations and emotions that are nearly as intense as the assault itself.

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## Effect of Investigator attitude

Victims acknowledged omitting significantly more information during interviews with officers they perceived as :

- ◆ Rushed
- ◆ Aggressive
- ◆ Brusque
- ◆ Impatient
- ◆ unfriendly

Study by Veteran Swedish Police Officer (2004)  
178 male & female victims of rape or aggravated assault  
(International Journal of Police Science and Management)

272

- Women often feel intimidated, ashamed or afraid when responded to with harshness, disbelief or dismissal.
- Insufficiently trained service providers who are unaware of their own demeanor, can contribute to assaulted women experiencing secondary victimization
- Also poor memory retrieval (stress = high arousal and PFC going offline)

- Domestic violence victims frequently encounter services that mirror the power and control experienced in the abusive relationships that caused the past trauma.

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## Interruptions- Fatal Flaw

- Interruptions impede memory
- Often the focus is on peripheral details –when the focus needs to be on central details
- A study found that the average police interview had 3 open-ended questions & 26 closed ended questions
- with an average of only **1 second** pauses between each question.

275

- Most detectives interrupted responses to open-ended questions after 7.5 seconds with an average of 4 interruptions per response.
- Not one of the interviews studied had a victim that was allowed to complete an uninterrupted response.

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## Interviewing the Victim

- Don't push for what the victim is not able to provide
- (Sequence, context, peripheral details)

Why questions..shuts down the victim. Need to use PFC and that is stressful.

- Pushing for a linear narrative can lead to errors, guesses, assumptions--because the victim will attempt to answer your questions

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## Insensitive questions....

### Examples

- What did you do after you performed fellatio?  
(victim did not perform a sexual act, she had a penis forced into her mouth)

Asking how long the perpetrator touched them?  
It doesn't matter how long his finger was in her vagina? Why ask this?

Time distortion common. Defense will focus on the distorted time frame.

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## Trauma Informed Victim Interviews

### Application of Neurobiological Information

279

- If you want justice, it is essential to understand helpful and sensitive ways to respond to traumatized women.

280

- It is vital that you recognize the effect and impact you may have on victims (both positive and negative).

281

- The attitude conveyed by law enforcement is "the single most important factor in determining the success of the victim interview, and therefore the entire investigation."

- Sergeant Joanne Archambault, Dr. Kimberly Lonsway, and End Violence Against Women International (EVAWI), "Interviewing the Victim," Online Training Institute, May 2007, p. 6.

282

**A Model Policy published in 2005 by  
the International Association of Chiefs  
of Police (IACP)**

*Stresses the importance of -*

- officers' and investigators' attitudes towards victims in ensuring victims' cooperation and ability to cope with the emotional effects of the crime.

263

**Building  
Rapport  
Importance of Empathy &  
Connection**

264

**The guidelines suggest ...**

- that validation from authorities may be a more critical element of a successful response and investigation than a criminal prosecution or conviction because "regardless of the investigative results, responding officers and investigators have the power to help a person heal from sexual assault."

■ International Association of Chiefs of Police (IACP), "Investigating Sexual Assaults Model Policy," May 2005

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**Starting Point....**

**Acknowledge their trauma/pain/embarrassment**

- Example: "You've been through a terrible experience. I'm sorry we're having to meet under these circumstances."

**Normalize these responses**

- Empathy exercise ...

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**Some possible responses..**

- I can see this is really difficult for you
- Sorry this happened to you
- I don't know what you have experienced, and I want to learn today
- Don't start with questions, start with empathy, compassion

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**Do No Further Harm**

- You can not tell if someone is traumatized or not by looking at them
- Best to assume victims have been traumatized
- Paramedics do this with people in order to avoid spinal cord injuries

268

- Be neutral and impartial
- AND
- Be compassionate & empathic

- ### Trauma Informed Practice Recognizes
- Disclosure is a process
  - Delayed reporting, unable to recall details, lack of sequencing
  - Additional details may come later

- the first interview with the patrol officer or with the sex crimes unit detective
- slow the interview down — create a safe space, by allowing for time and patience.
  - Balance victim needs with investigation pace
  - Interview allows the victim to express her experience
  - This will assist the investigation itself.

- ### Trauma informed Victim Interview
- Explain the interview process
  - Accuracy and truthfulness as well as amnesty.
  - (example-You are not doing a drug investigation)
  - Introduce clarifying questions, they will be asked later.
  - It doesn't mean you don't believe them

- ### Victim Interview
- Victim should talk 90% of the time
- Facilitate with cues
- I am really sorry
  - Help me understand
  - Pause. ....
  - Examine a piece of what they have disclosed and pause.
  - They will make associations

- ### Contextual Information
- Before/ During/ Afterwards
  - A torn dress doesn't prove a sexual assault but it corroborates that something happened
  - Psychophysiological evidence helps make more informed decisions.
  - More subtle than DNA
  - Different sliding scale of evidence

### Example

- Victim will say they showered many times post assault
- This can be important information (may be corroborated by family member or roommate)
- In consensual sex people don't feel a need to compulsively shower

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### Explore Barriers

- Fear – what if they are not believed or there is not enough evidence and the offender knows they made a report. (example, young woman harassed at school. Snapchat)
- Embarrassment- young woman not wanting parents to know. Lives at home
- Not wanting parents or friends to know they use drugs

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### Create a soft room.

- Do not interview victims in an interrogation room

Make sure the victim has a support person with them

227

### New 'soft' interview room to help victims of violence in West Valley

- "Being in a comfortable and non-threatening setting can help aid victims in recounting more information surrounding what has happened to them and can help make them better witnesses," said West Valley police spokeswoman Roxeanne Vainuku.

228

### Baltimore Police create soft room

- they may choose their own seat — a rocking chair, perhaps, or one made from plush fabric — in a room designed from top to bottom with the science of trauma, and how the brain and body best handle it, in mind.

229





- "It not only puts the survivor in a mind frame, it puts the detective and the investigator in a mind frame that is going to help facilitate that victim-centered, trauma-informed response and investigation,"

### Best Practices

People speak more freely and fully

- When they feel they are being listened to (don't use word alleged crime/reported crime)
- When they feel the listener can tolerate what they have to say
- When the listener understands what they have to say
- When they can imagine it to be true

### How much you connect depends on:

- Your empathy & compassion for the victim
- Your comfort level while hearing about and imagining her horrible memories and painful emotions
- Your comfort level with emotions and memories of your own that may be triggered by her

### Helpful Responses

- **Encouragements-** To demonstrate that you are listening attentively and are focused on their words you either convey this with body language or brief verbal replies that relate interest and concern.
- **Nonverbally:**
  - Maintaining a calm facial expression.
  - Nodding.
  - Leaning in toward the victim.

### First Impression Matters

- **Body language and tone**
- **Build Trust**
- **The first meeting sets the tone for the rest of the investigation**

### Your verbal & nonverbal behaviour during the interview will affect her...

- Baseline level of physiological distress
- Intensity of her emotions(containment)
- Likelihood of disconnecting , spacing out
- Important to be mindful of your demeanor (appearing bored, disbelieving, or pressed for time)

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### Within the appropriate confines of your role, consider:

- How well are you empowering the complainant?
- Remember the assault involved traumatic helplessness
- Do you tell her what to expect during the overall process?
- Do you give her options and choices?

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### Need for control/ choice

- Even giving her simple options and choices,
- for example about whether she wants a drink
- whether it's water or something else,
- or
- when to take breaks,
- or where to sit, can be experienced as compassionate and empowering.

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### Neuroscience of Attunement

- to make people calmer, we talk to them softly
- modulate our voices and tones to trigger listening behaviors
- Create an empathic environment that inhibits the amygdala.
- loud background noises will trigger physiological states and defensive behaviors.

310

### Social Engagement

- hand gestures, facial expressions and vocalizations that appear safe turn off the brain stem and the limbic areas that include fight, flight and freeze responses.
- Social engagement behaviors--making eye contact, listening to people--require that we give up our hypervigilance.

311

### Victim Interview Best Practices

- The capacity to hear about trauma (rape/DV) does not come easily
- It must be developed. Having empathy does not make you biased.
- Developing this capacity requires willingness and skills to tolerate feelings of emotional pain and vulnerability
- Practice

312

### Relevance of Neurobiological Information for Police Practice

- Delay statement taking
- Change method of interviewing
- Elaborate on documenting victim's demeanor to include emotional and physiological responses. These responses are important evidence.

313

### Interviewing Trauma Survivors

- Memories of personal trauma are particularly durable & accurate (so don't worry about getting everything in the 1<sup>st</sup> meeting).
- Traumatic events are first organized in memory on a perceptual or sensory level.
- This often depends on the way trauma was first received.
- Visual images, smells, pain, taste, body positions, sounds. Recalling sensations initially.

314

### Recognizing Trauma Specific Responses

- Flat affect  
(opiate levels body, can stay very elevated for 96 hours post assault)
- Dissociation (viewed themselves from a distance, talk about them self in 3<sup>rd</sup> person)
- Hyperarousal (jumpy, irritable, difficulty concentrating)

315

### Collecting Psychophysiological Evidence

- Flashbacks, freezing, dissociation these reactions are evidence of trauma & fear
- Make a statement like, "Help me understand what you are able to remember. All your responses are important to this investigation".
- Don't treat the victim like a witness to the experience.

316

### Collecting Psychophysiological Evidence in Trauma Cases-both mental and bodily processes

- |                 |                    |
|-----------------|--------------------|
| Sight           | ■ Flashbacks       |
| Sound           | ■ Tonic Immobility |
| Thought         | ■ Nausea           |
| Smell           | ■ Memory Gaps      |
| Feeling         | ■ Trembling        |
| Body Sensations | ■ Terror           |

317

- For police to delay interviewing is a deviation from typical practice.
- Police officers can explain that they have had trauma informed training and the changed practice and procedures

318

## Interviewing the Victim

- Don't push for what the victim is not able to provide
- (Sequence, context, peripheral details)

Why questions..shuts down the victim. Need to use PFC and this is stressful.

- Pushing for a linear narrative can lead to errors, guesses, assumptions---because the victim will attempt to answer your questions

319

## Interviewing

- Need to interview in a way that is consistent with the underlying architecture of the memory

320

## Victim Interview

What are you able to tell me about your experience?

- Where would you like to begin?
- Uninterrupted narrative in their own words
- Active Listening
- Open ended questions
- Avoid victim blaming language/questions and assumptions
- Why did you...?

321

## Starting Point....

Tell me more about ... (be very interested)

What was your thought process during this experience?

What are you able to remember (with your 6 senses)  
What remember smelling? What did your arms feel like?

What were your reactions to this experience

- Physically
- Emotionally

322

## Interviewing the Victim

Focus on eliciting raw data:

Sensory experiences, sights, smells, sounds

- Do you recall hearing anything? What do you recall hearing?
- Do you recall smelling anything? What do you recall smelling?
- What are you able to remember about the smell?

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## Key Questions

What was the most difficult part of this experience for you?

What can't you forget?

Clarify other information and details not until after you facilitate all you can about the experience.

Suggest victim keep a journal. Meet in a week.

Disclosure is a process, unblocked memories lead to more memories.

324



- An open-ended, narrative approach that elicits sensory details and allows a victim to describe the assault in her own words, is recommended.

■ (Lisak and Tremblay)

325

Where there is a **FRAGMENT**  
there was usually...

**FEAR**

**HORROR**

**PAIN**

So listen and explore for them

326

This means asking questions  
about.....

- what the victim smelled, felt, or heard as a way of delicately gathering evidence that may corroborate her account.
- Victims will recall many micro details
- Listen for them
- Look for way to corroborate them

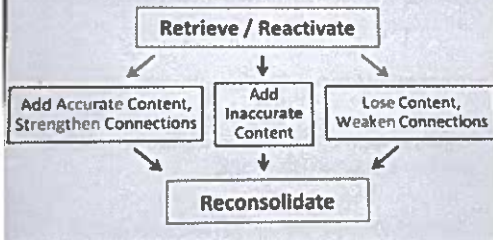
327

- It can actually support the victim's account

- says Dr. Rebecca Campbell, a professor of ecological-community psychology at Michigan State University who recently trained the Houston Police Department.

328

**Reconsolidation = Potential Revision**



329

**Triggering a Victim**

- Whether traditional interview techniques or more trauma-informed approaches are used, victims who are being interviewed by investigators or prosecutors are often overwhelmed.
- Although some of the sensory questions may be difficult for some victims to answer, many victims, including highly traumatized victims, report experience was actually a cathartic experience.

330

## Inconsistent Statements

- Victim reaction to the interviewer a big factor
- If not safe, Not trusting. Brain activates threat responses, interferes with memory recall
- Creates inconsistencies

329

## Inconsistent Statements

- Was the interviewer empathic?
- Had the victim slept?
- Were context or peripheral questions the focus?

330

- victims who have experienced a freeze response (tonic immobility) during a sexual assault have much higher levels of self-blame

- "Why did I just lie there"

333

## Complicated Responses

- Exhibit no physical evidence of injury from the assault
- Unable to identify the perpetrator to police
- Exhibit no apparent emotional expression following the assault
- Provide apparently inconsistent statements at different points in time
- Continue a relationship with the perpetrator after the assault
- Blame oneself for the assault
- Recant

334

## Post Sexual Assault Contact With Offender

335

## Post Sexual Assault Contact With Offender

- Unconscious faulty attempt to restore a sense of control and autonomy after being overpowered and betrayed
- an attempt to keep self in tact.
- The meaning of traumatic events changes the person's experience of self
- Attempt to have mastery of the experience. Turn the tables, "you kicked my ass and that makes me want to fuck your brain out."

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### Dissociation

- the incredible difficulty of integrating the reality that someone you care about and feel attracted has created physical threat (choking) .
- the psychological priority of not losing the person or displeasing them takes a higher psychological priority than acknowledging the anger and violation and betrayal.
- Especially true if this was required in childhood with one's caretakers.

337

### Female accommodation

- Feeling that it's more important to live with your own discomfort rather than making the other person (male) feel badly.
- Many women doubt there initial experiences as intentional sexual assaults and think perhaps he didn't mean it, or they have misunderstood.

338

- The shock of the experience is psychologically destabilizing and confusing and this can override the cognitive appraisal of the experience as an act of violence.
- Often women do not feel ongoing fear in cases where the offender generally does not respond with aggression, and hostility but rather with seduction and affection.

339

- The sense of liking someone and feeling attracted to them and not wanting to lose their approval takes higher priority over acknowledging the sense of loss and betrayal and violation.
- Gender socialization, can result in feeling validated because wanted & desired by a powerful man.

340

- Non consensual sexual touch and assault doesn't necessarily mean a victim is going to feel fear. She may feel anger. Shock, betrayal.
- Women trained to split from their anger.
- It is not safe to express it first of all and secondly, you will take a loss of the person (offender) .
- fear of loss. In Lucy's testimony it seems that she is worried that she has offended him (by not being compliant). She attempts to reassure him, saying "I like your hands." Which I did not interpret as saying, I like when you choked me.

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### What Ghomeshi victims said about their own responses

- Embarrassed
- Not sure what happened to them fit into legal definition
- Give people another chance
- Normalize what happened
- Blamed myself
- Believed it was a one off
- Fear I could have my career hurt- negative repercussions
- Never admitted still liking him

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## PART IV

### A TRAUMA INFORMED APPROACH

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### A trauma informed approach

- shifts the focus to a more contextualized view of an individual
- and away from some limited aspect of her functioning
- It gives the message that her life is understandable, and her behaviors make sense when they are understood as part of a whole picture.

This means moving trauma from the periphery to the centre of our understanding

345

### *Trauma Framework*

- Views "symptoms" as adaptations
- Adaptations are an attempt to solve a problem
- Symptoms occur in response to something, not randomly. There is a function & a purpose to the responses
- Symptoms are an attempt to solve a problem

348

- The most seemingly bizarre or strange presentations have meaning and given the right context or perspective will make sense.

- Even if now they don't, they will.

347

### Adaptations to Domestic violence and ongoing threat

- An assaulted woman may cope by:
  - Not expressing opinions
  - Never disagreeing
  - Becoming smaller, diminishing herself
  - Don't ask for things
  - Becoming isolated, cut off friends and family
  - Accommodating unwanted sex
  - Placating and appeasing
  - Trying to be a better spouse/partner/housekeeper/mother/cook
  - Minimizing and denying the fear

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## An Adaptation Model

- Emphasizes resiliency in human response to stress
- Helps survivors recognize their strengths and inner resources, instead of defining themselves by weakness and failure
- Reduces shame
- Engenders hope for client and helper
- Helps reinforce a framework in which everything is part of a whole

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## More Examples of Adaptations

- Dissociation
- Substance abuse
- Self-Harm
- Denial
- Lying
- Avoiding/numbing responses- avoid feeling. Need feelings to guide behaviour.

## Behavioural Adaptations Associated with Homeless People

- Layering of clothes
- Hypervigilance
- Seeking anonymity of large shelters
- Fear of shelters
- Not bathing
- Not willing to seek medical or dental attention

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- these adaptations are often perceived as pathological conditions by people who don't understand the nature of abuse and what women do to survive it

## Working From A Strengths Based Approach:

- A strengths based perspective demands a different way of seeing clients, their environments, and their current situations.
- We must be genuinely interested in and respectful of our client's stories, narratives, and accounts, as well as the interpretive angles they take on their experiences

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- The literature is characterized by deficit-based discussions of victimized people, generally overlooking how they display tremendous strength and courage on a daily basis.

354

- In a strength-based approach, rather than diagnosing deficits and prescribing treatment to address them, we help clients identify and build on their capacities
- Clients understand that they have skills, experiential knowledge, hopes, interests, and that they are able to do some things masterfully.

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- ### Recognizing and Naming Client Strengths Involves:
- Ability to have perspective and see alternative viewpoints
  - Ability to have empathy for self and/or others
  - Ability to set appropriate boundaries in relationships with others
  - Willpower and initiative
  - Awareness of own psychological needs

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- ### Keeping clients in their neuroplastic sweet spot is a core element in therapy
- Overall stress, anxiety and fear are all enemies of learning. They impair cortical processing, problem solving, and the underlying biochemistry of neuroplasticity.
  - What ever therapists can do to minimize anxiety and stress in themselves and their clients will enhance positive change.

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- If a client plunges into the core of the memory this will activate the amygdala, trigger the arousal system of the fight/flight response and may lead to freeze or dissociation

358

- ### The Importance of Self Regulation
- The primary antidote for trauma clients is to learn how to regulate emotional & sensory experiences and to calm themselves so the limbic fear and rage systems in the amygdala deactivate
- (Levine, 2012)

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- ### Resourcing Trauma
- Focus on resources that bring arousal back into the window of tolerance
  - Identify a strength or competency to make it possible to keep from engaging in dysregulated arousal/defenses

360

- Treatments focus on somatic (body) processing to teach clients how to calm their nervous system.

## PROTECTIVE STRATEGIES

- Police, crown attorneys and other front line professionals need to actively use strategies & resources to buffer the more negative effects of the work

## Imagery & Optimal Brain Response

- Guided imagery sends healing messages into the right hemisphere of the brain
- Its effectiveness occurs from its ability to sidestep limited thinking, logical and illogical assumptions, and psychological barriers such as fear and resistance

- Imagery has been shown to lower blood pressure and heart rate, decrease anxiety and depression, to enhance autoimmune function and reduce pain.

- Brain scans show that in action and imagination many of the same parts of the brain are activated.

So going for a walk results in the same activation in the brain as imagining it.

That is why visualizing can improve performance

- Brain scans show that in action and imagination many of the same parts of the brain are activated.

- That is why visualizing can improve performance

- Another experiment people imagined strengthening muscles

## Experiment – had people imagine strengthening muscles

- One group did physical exercise and one group imagined doing exercise
- At the end of the study subjects who did physical exercise increased their muscular strength 30 percent
- those who imagined doing the exercise increased their muscle strength by 22 percent.

- This research has led to the development of the first machines that read peoples thoughts.

- The machined decodes the distinctive electrical signature of the thought, and broadcast an electrical command to a device that puts the thought into action

- Permits people who are paralyzed to move objects with their thoughts

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## Sensory Anchor

- Choose a memory of something pleasant

- Remember brain plasticity in Doidge's book The Brain that Changes Itself. Chapter on Imagination

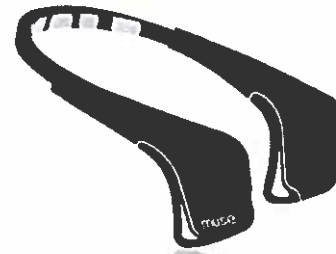
- The thoughts in mental practice strengthen the existing neuronal connections and create new ones

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## MUSE the brain sensing headband

- Muse is the first tool in the world that gives you accurate, real-time feedback on what's happening in your brain when you meditate.

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- Inner control of one's own brain activity may be learned with the aid of a brain-computer interface, which acts to display a person's instantaneous brain activation on a computer screen through what is known as a "neurofeedback" loop.

- During brainwave neurofeedback, a visual display on a computer screen behaves like a virtual "mirror" to real electrical oscillations produced by neurons in the cerebral cortex, which are recorded by surface sensors on the scalp.

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MUSE discount code

<http://mbsy.co/muse/Haskell>

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## Part V

### Vicarious Trauma

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- First responders and helpers bear witness on a daily basis to human cruelty, injustice and the resulting emotional pain, they can become emotionally overwhelmed and may experience to a certain degree the same terror, rage and despair as the people they serve.

- Herman, 1997

374

### Vicarious trauma

- repeatedly hearing stories of clients or learning about threats, harm, destruction, injury, or death that has affected a client or someone close to you can be traumatizing
- Nightmares, flashbacks, hypervigilance

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### Vicarious Traumatization

- VT is an inescapable effect of trauma work
- VT damages hope and optimism, which are essential resources we bring to our work
- The single most important factor in the success or failure of trauma work is the attention paid to your needs and reactions
- Addressing VT is an ethical imperative

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### Individual Indicators of Distress

Emotional Indicators	Physical Indicators
<ul style="list-style-type: none"><li>· Anger</li><li>· Sadness</li><li>· Prolonged grief</li><li>· Anxiety</li><li>· Depression</li></ul>	<ul style="list-style-type: none"><li>· Headaches</li><li>· Stomach aches</li><li>· Lethargy</li><li>· Sleep problems</li></ul>
Personal Indicators	Work Indicators
<ul style="list-style-type: none"><li>· Self-isolation</li><li>· Cynicism</li><li>· Irritability with spouse/family</li></ul>	<ul style="list-style-type: none"><li>· Avoidance of certain clients</li><li>· Missed appointments</li><li>· Tardiness</li><li>· Lack of motivation</li></ul>

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### What are some signs/symptoms of vicarious trauma?

- Increased isolation from others
- Apathy, sadness, no longer finding activities pleasurable
- Forgetfulness
- Irritability
- Experiencing work as a heavy burden
- Alienated, impersonal, uncaring and cynical attitude towards clients
- Affected deeply by stress of clients
- Lost sense of hopefulness and optimism;

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- Difficulty concentrating on anything
- Mentally and physically tired
- Nightmares or flashbacks of traumatic event
- Substance abuse used to mask feelings
- Compulsive behaviors such as overspending, overeating, gambling, addictions

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- Providers may also begin to experience health problems – increased illness or fatigue, aches and pains

- (Warshaw & Pease, 2010b).

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### Who develops compassion fatigue/vicarious trauma

- Those of us who have empathy and are exposed to trauma and the traumatized
- Trauma workers (police, fire, emergency workers, therapists, child welfare workers)
- People who have unprocessed traumatic experiences
- Most vulnerable are those who deal with children

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### Why is it important for us to understand our own responses?

- Witnessing and hearing about the effects of abuse and violence negatively affects us. This is an inescapable consequence of working with abuse victims.
- We all tend to protect ourselves by distancing, minimizing and emotional numbing.

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### Understanding Your Negative Reactions

- These might include:
  - Feeling ineffective and hopeless
  - Feeling frustrated and angry
  - Feeling not appreciated
  - Becoming highly skeptical of the victim's story

- Beginning to minimize or rationalize the abuse, or becoming inured to it
- Feeling contempt for the woman's perceived helplessness

- The ability to be more sensitive in our responses to victimized women can not be achieved without an increased awareness and understanding of why many of us have negative reactions or an understanding of our own triggers.

385

- Insulating ourselves from other people's feelings can result in us appearing disinterested, or worse, disbelieving of their experiences
- When we are unaware of our negative emotional reactions we are more likely to respond in ways that are unhelpful.

386

- Our effectiveness is not only based on our knowledge of skills and theory but on self-awareness.
- This means having a deep understanding of your emotions, strengths and limitations.
- Our ability to be attuned, reassuring and validating

387

- Knowledge is power
- The more you understand how you are affected by your clients, the better equipped you will be to address it effectively
- Neuroscience and psychology have contributed greatly to our understanding of how we are neurobiologically effected

388

### How do we prevent being triggered?

- We need Mental preparation- if you know you are going into a conversation or situation that will set you off...
- Analyze what it is that will bother you and ask your self how you want to respond? Use the frontal cortex to help keep amygdala in check.

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### Notice your physical reaction

- When threatened, notice physical cues early on. A flush feeling in your face, your jaw tightens or feel tension in your stomach.

390

### Use the 6-second rule.

- It takes amygdala hijacking chemicals in the brain approx. 6 seconds to dissipate.
- Use those 6 seconds to take 6 deep breaths, think about 6 fun things you want to do over the weekend or anything that will help you focus on something else until the initial reaction to lose control subsides.

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- **Identifying the stimulus** that caused the amygdala hijack can help the person to think it through and keep the cortex involved in the process rather than allowing the amygdala to completely take over.
- **After the situation occurs, think about it more.** The amygdala operates on past information if the cortex is not involved. If you can identify the triggers, you can learn to prevent those same triggers from emitting the same response by storing that information for future use.

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### Breathe Deeply and intentionally

- This oxygenates your brain in a way that will reduce the effect of the chemicals stimulated by the amygdala and gives your frontal cortex a chance to function

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## CONCLUSION

394

### Connection to Others

Reducing the Sense of Threat

395

*How little can be done under  
the spirit of fear*

*Florence Nightingale*

396

### Why Empathy matters

- Stress is regulated by social systems.
- Our brain require others to help us cope with stress.
- We influence each other's ability to manage stress in a very real, very measureable way.
- These connections are written in the architecture of our nervous system.

### The single most consistent factor in calming our nervous system

- . . . is a caring, attuned relationship with someone who can contain and regulate us

### when an upset, dis-integrated brain. . .

- comes into the presence of a calm, integrated brain,
- the upset brain has a good chance of being supported and calmed

### The human brain. . .

functions to connect us to one another.

- Half century ago attachment was not understood.
- Drs. at orphanages ordered children to be separated from one another and contact with nurses was kept to a minimum
- While fewer children died of diseases, the death rate soared.

### The power of attachment/connection to others

- Famous example of premature twin girls physically separated in hospital in different incubators
- Baby Brielle was waning, had difficulty breathing and had heart rate problems



- A nurse put her twin sister Kyra in with Baby Brielle (on the left).
- Kyra wrapped her arm around her smaller sister ...
- Brielle began to calm down and thrive.

Life Magazine, June 1998

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**The End!**

*Thank you . . .*

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