

# First, Do No Harm: The Neurobiology of Trauma, and Trauma Informed Investigations

David R. Thomas, Program Manager, IACP

# Knowledge is Power

- We know what we know, but we don't know what we don't know
- "What am I missing that's in plain sight?"
- Where do I go for answers, where I go to get insight?



A hand is pointing at the text "ASK ALWAYS SEEK KNOWLEDGE" written on a chalkboard. The text is arranged in three lines: "A ALWAYS", "S SEEK", and "K KNOWLEDGE". Each letter is preceded by a small square containing the letter itself.

A ALWAYS  
S SEEK  
K KNOWLEDGE

# Preparing for the Magicians Tricks

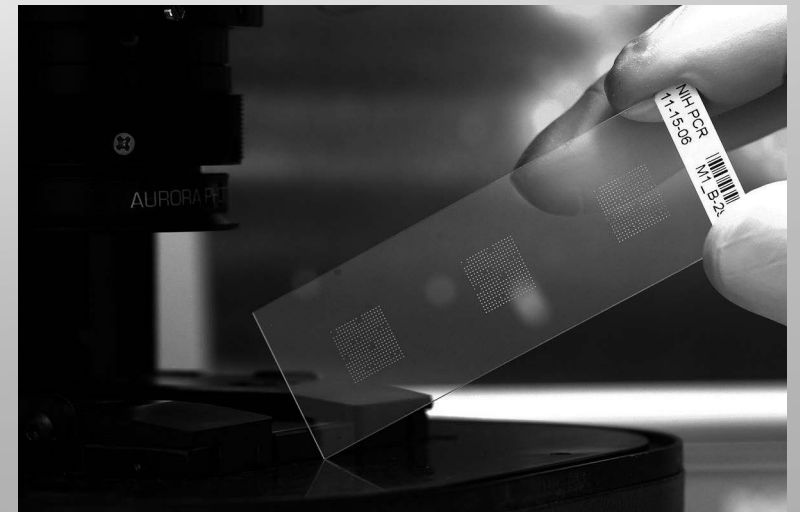
- Criminals and LE
- They're ready for us:
- Are we ready for them?



# Promising Practices

- Revolutionizing investigations
- Widespread change and adaptations
- Neuroscience
- Victim interviews
- Common victim responses
- Fear and trauma

*Understanding the Neurobiology of Trauma and Implications for Interviewing victims. (Wilson, Lonsway, & Archambault. 2016)*





## First Responder Detective On-Call

1000 SA's  
344 reports  
63 arrest  
13 prosecuted  
7 convictions  
6 serve time  
994 walk

"He's calm, cool, and collected..."

"She's all over the place..."

"He seems like a great guy..."

"She can't get her story straight..."

"It sounds like she is making it up..."

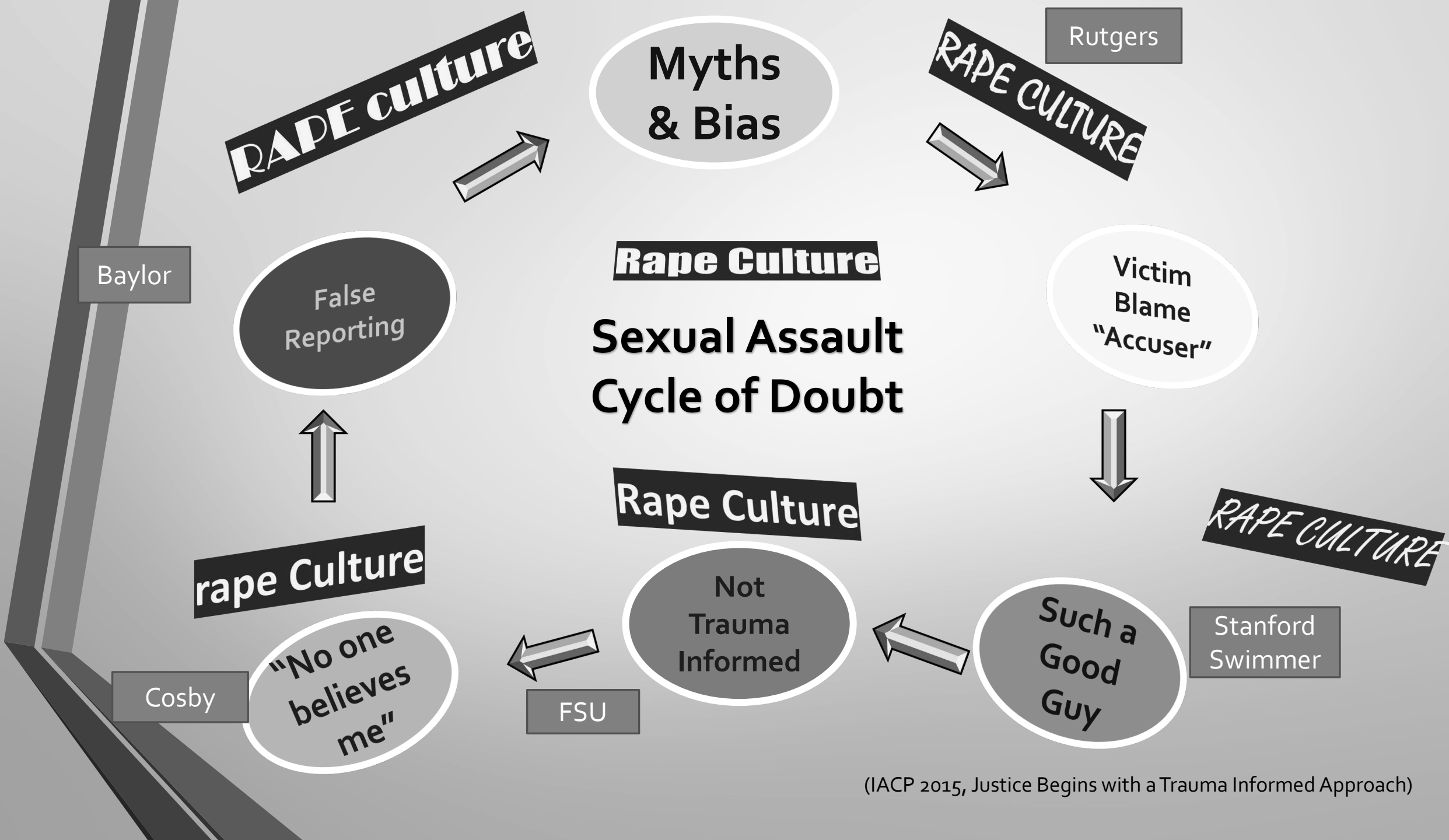
"She didn't scream, fight, or run away..."

"She isn't acting the way I would expect..."

- "ALLEGED..."
- "ALLEGED..."
- "ALLEGED..."
- "It all sounds suspicious..."

(IACP 2015, Justice Begins with a Trauma Informed Approach)





# Breaking the Sexual Assault Cycle of Doubt...

Sexual assault myths, misconceptions and victim blaming impact the pursuit of justice...

Trauma informed sexual assault response and investigations **policy & training**

(IACP 2015, Justice Begins with a Trauma Informed Approach)





# Sexual assault Case Attrition



## Voices from the field:

What happens when victims come in to report SA:

- *"The stuff they say makes no sense. So no I don't always believe them and yeah I let them know that. And they say 'Never mind. I don't want to do this.' Okay, then case closed."*

Seasoned Detective

(Dr. Rebecca Campbell, NIJ for the Real World Seminar, December 2012)

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# Sexual assault Case Attrition



## Voices from the field:

What happens when victims come in to report SA:

- *"Its hard trying to stop what police do to victims. They don't believe them and they treat them so bad that the victim gives up. It happens over and over again."*

## Victim Advocate

(Dr. Rebecca Campbell, NIJ for the Real World Seminar, December 2012)

1000 SA's  
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# Sexual assault Case Attrition



## Voices from the field:

What happens when victims come in to report SA:

- *"He didn't believe me and he treated me badly. It didn't surprise me when he said there wasn't enough to go on to do anything. It didn't surprise me but it still hurt."*

## Victim

(Dr. Rebecca Campbell, NIJ for the Real World Seminar, December 2012)

1000 SA's  
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# Quantitative Findings



NIJ funded project – 6 Communities – All with SANE"s – 12 year period

- 86% went further than the police
- Vast majority – never referred for prosecution



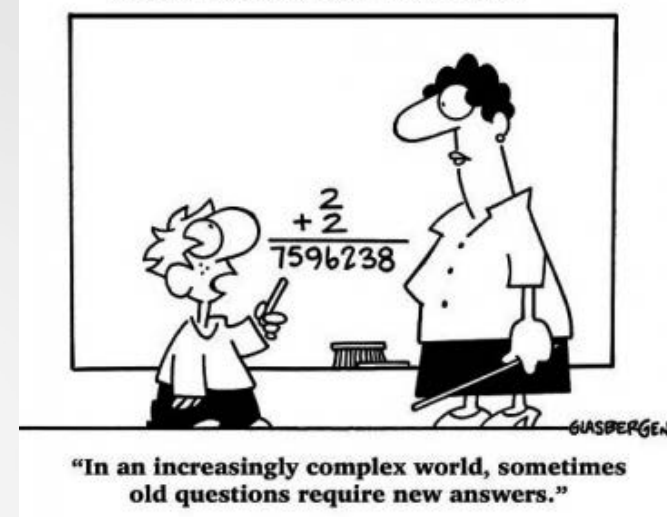
(Dr. Rebecca Campbell, NIJ for the Real World Seminar, December 2012)

# What's going on?

## Secondary Traumatization

Attitudes, beliefs and behaviors of social system personnel that victims experience as victim blaming and insensitive. It exacerbates their, and makes them feel like what they're experiencing is a second rape.

- What happened in the interview?
- All agreed
- Did you do these things? *"Oh yeah, I did that."* Law Enforcement
- Did you experience this? *"Oh yeah I encountered that."* Victim



(Dr. Rebecca Campbell, NIJ for the Real World Seminar, December 2012)

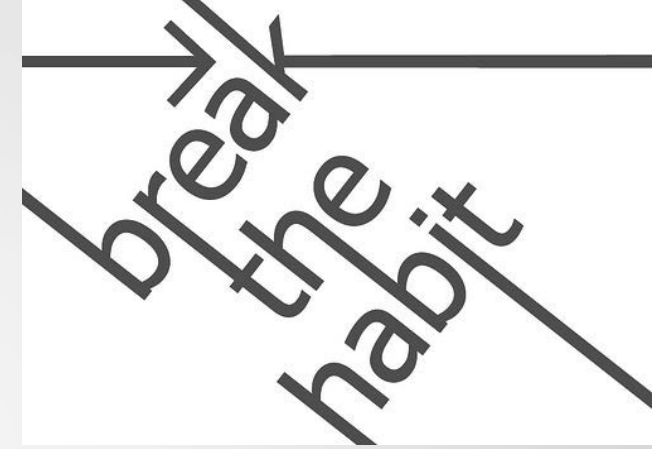
# What Was being Done?

## Regional Data

### Common Secondary Trauma Behaviors:

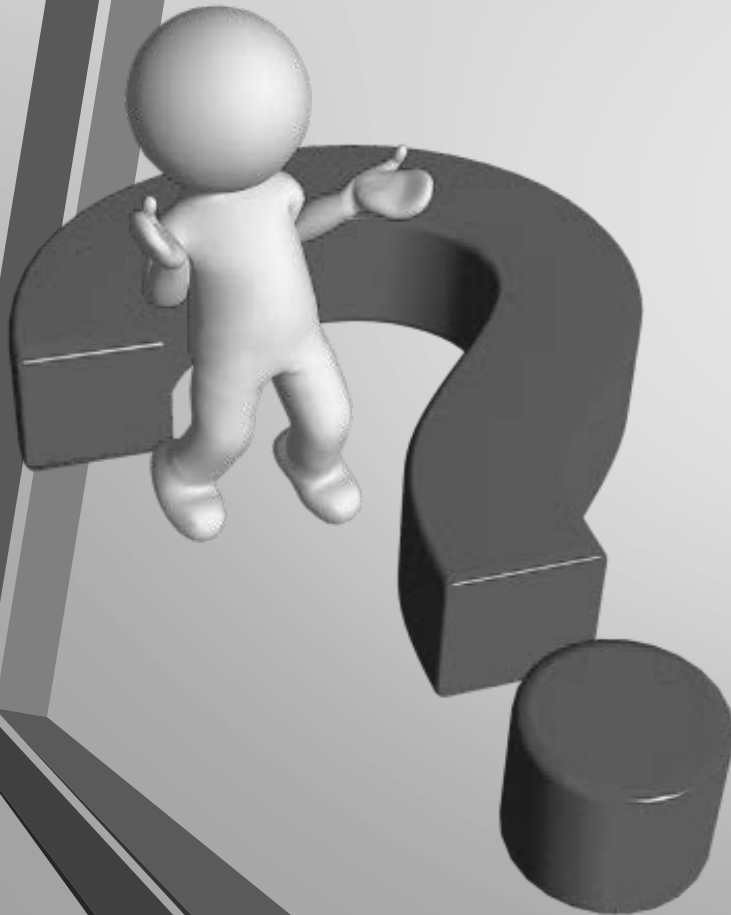
- 69% - *"Don't do this."*
- 51% - *"The incident is not serious enough to pursue."*
- 70% - *"How were you dressed? What did you do?"*
- 90% encountered at least 1 secondary victimization behavior in their first interaction with LE

(Dr. Rebecca Campbell, NIJ for the Real World Seminar, December 2012)



FSU  
J. Winston

# Insight Into How Case Attrition Might be happening

- 
- *"The stuff they say makes no sense. What victims say when they come to me, it doesn't make sense to me. It's puzzling. I don't understand it. It makes no sense."*

## Sampling of quotes

- *"I see them hedge, making it up as they go along."*
- *"They lie all the time. I can tell."*
- *"No way it's true. No one would act like that if it's true."*
- *"They can't get their story straight."*

## Seasoned Detectives

(Dr. Rebecca Campbell, NIJ for the Real World Seminar, December 2012)

# Overlapping Nature of Abuse

- Over 50% of **batterers** *sexual abuse* their **partners**
- In over *50% of homes w/children* in which an adult is being abused, the **children are also being physically abused**
- 32% of rapist **sexually assaulted a child**
- *Family members* account for 65% of **elder abuse**





# Intimate Partner Violence Investigations:

## Justice Starts by Understanding Victim Trauma

- Memory
- Cognition
- Emotion



(Dr. Rebecca Campbell, NIJ for the Real World Seminar, December 2012)



# Why Start with Trauma?



Chief Tom Tremblay



Intimate partner violence myths, misperceptions and victim blaming impact the pursuit of justice...

- Delayed reporting, inability to recall details and sequence of events is common as a result of victim trauma – Impacts of trauma can be life long
- Impacts of trauma are frequently misinterpreted as not telling the truth = false reporting

(Thomas Tremblay, Commissioner of Public Safety(ret.), Vermont, 2015)

# Why Start with Trauma?

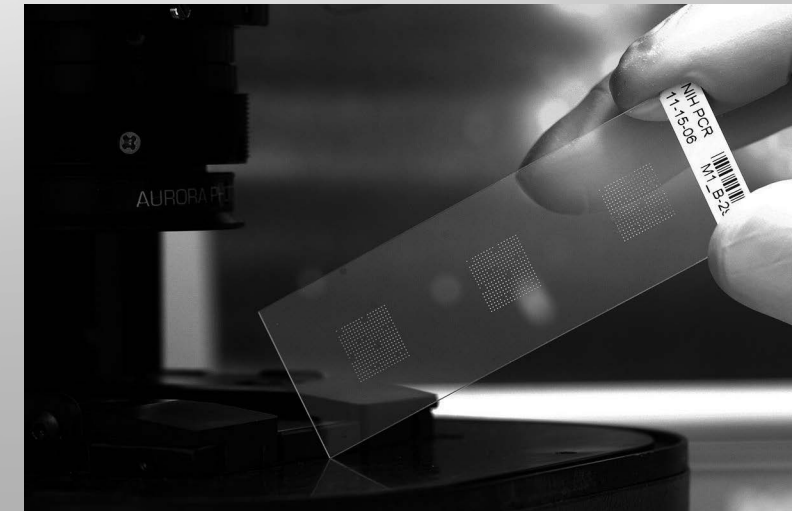


- The victim's first impression matters...
- Understanding the impact of victim trauma promotes:
  - victim healing – more reporting
  - better interviews & investigations
  - greater offender accountability = public safety
- Not understanding leads to bad outcomes and potentially long-term, devastating consequences for victim and community...

# Promising Practices

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- Common victim responses
- Fear and trauma

*Understanding the Neurobiology of Trauma and Implications for Interviewing victims. (Wilson, Lonsway, & Archambalut. 2016)*





# Let's Talk About Trauma

Lisa Ferentz

- A traumatic event either witnessed or experienced, representing a fundamental threat to one's physical integrity or survival
- Responses involve intense fear, helplessness or horror
- The meaning of the event may be as important as the actual physical act/experience

(Lisa Ferentz, *Institute for Advanced Psychotherapy Training and Education*, 2008)



# Trauma

- Subjective Experience
  - Coping Ability
  - Fears
  - Overwhelming
  - Subjective Experience/Objective Events (Jon Allen, Copir  
with Trauma: A Guide to Self Understanding)
1. Single Trauma
  2. Repetitive Trauma
  3. Environmentally Induced Trauma



# Understanding Trauma

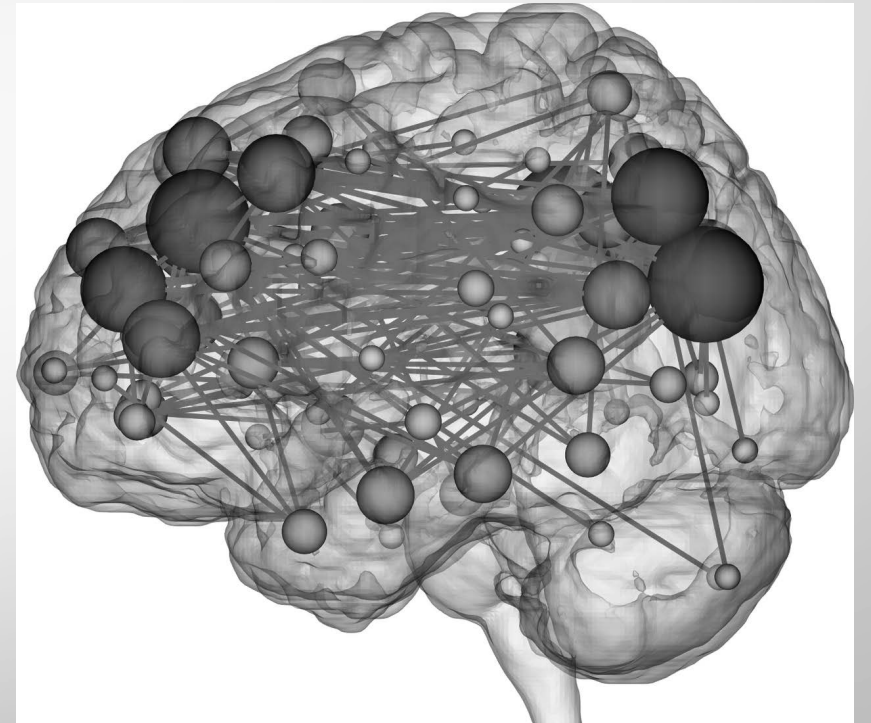
Trauma physically changes our brain...

- Trauma triggers chemicals...
- Chemicals influence perception, reaction, and memory...
- Memory becomes fragmented
- Memory is stored in the brain differently
- We do not control how the **brain** and **body** responds to trauma...



# Neural Networks or Brain Circuitry

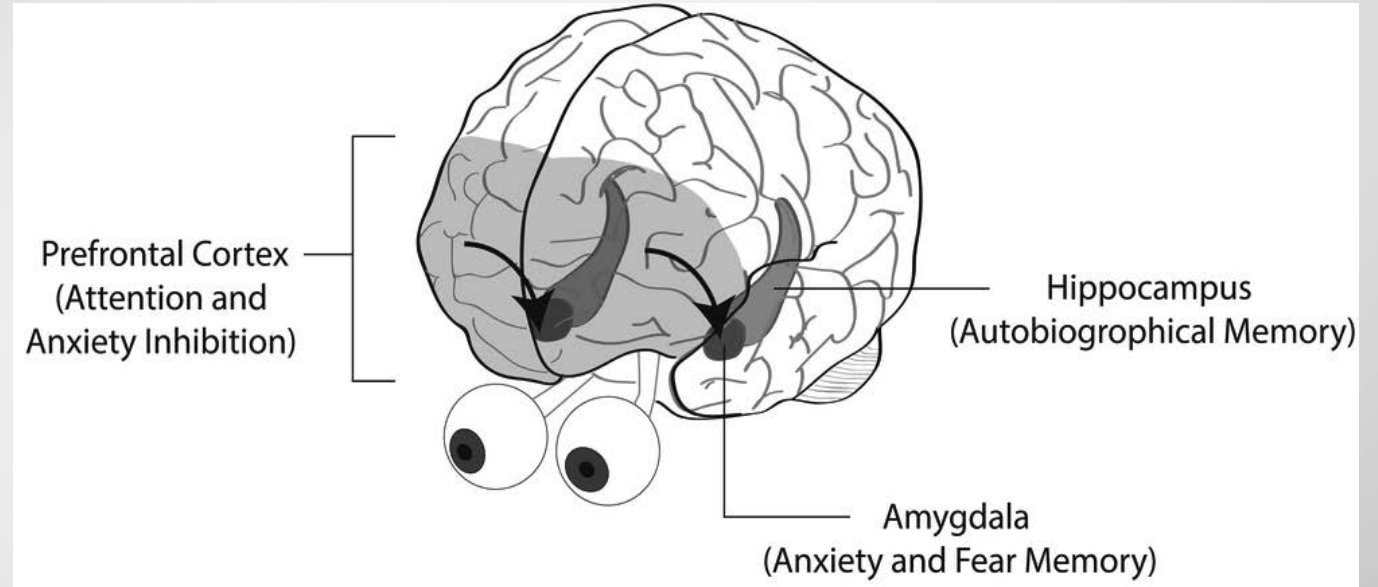
- Automatic responses
- Protection from attack
- They stay with us
- Victimization
- Veterans startled by sound
- Possible life-long impact



*Understanding the Neurobiology of Trauma and Implications for Interviewing victims. (Wilson, Lonsway, & Archambault. 2016)*

# Prefrontal Cortex

- Logical thinking
- Integration of data points
- Memory
- Controlling attention
- *Top-down attention*
- Focus and memory



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# Memory Storage

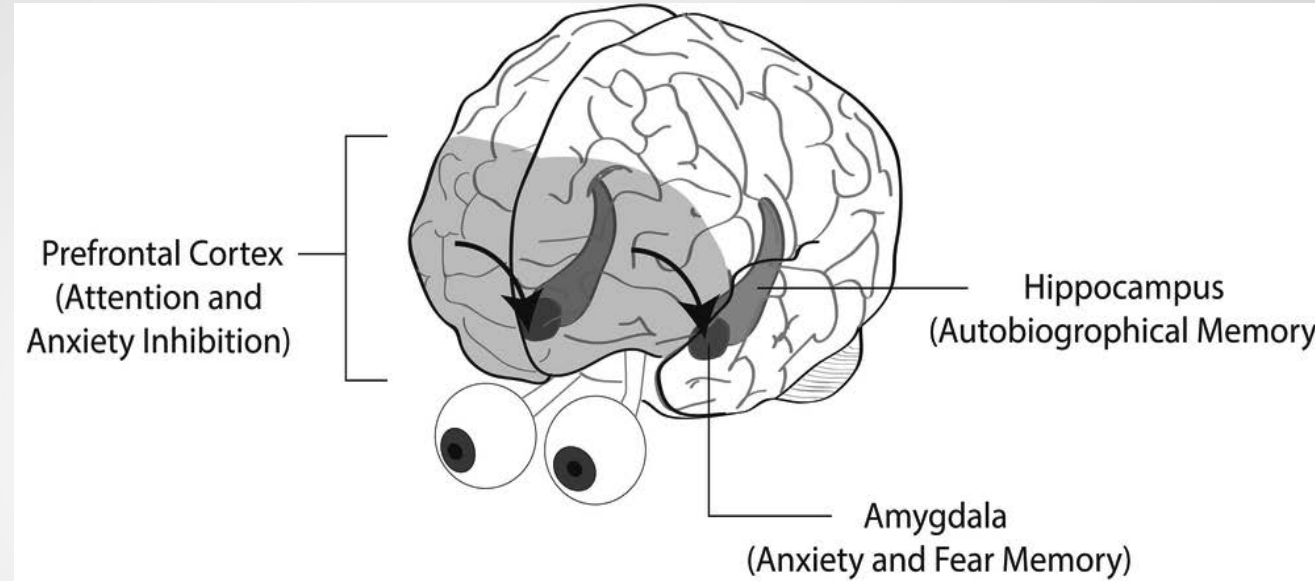
- Adaptive Memory
- Non-Adaptive Memory
- Traumatic Memory = Non-Adaptive Memory



# Prefrontal Cortex

## Summary

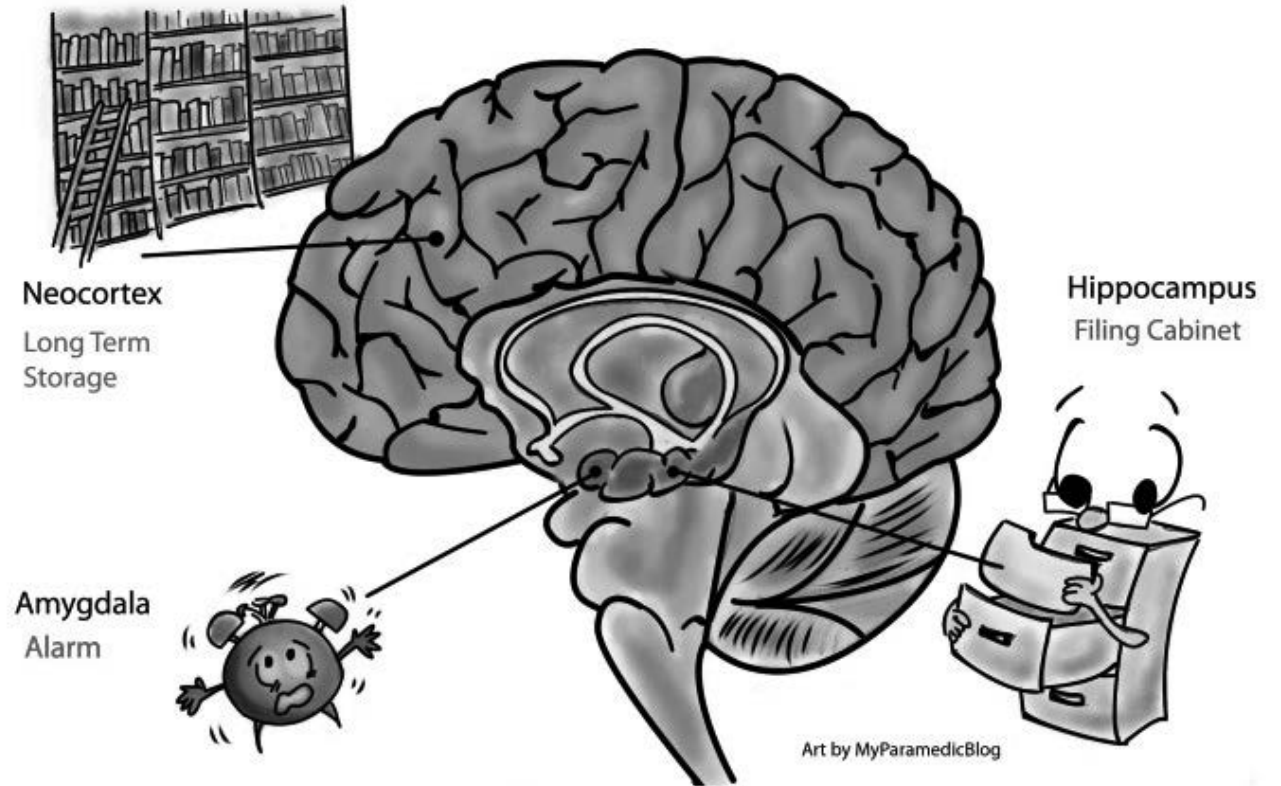
1. Controlling our attention,
2. Integrating memory data into narrative “stories,” and
3. Planning/making logical (or rational) decisions



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# Limbic System

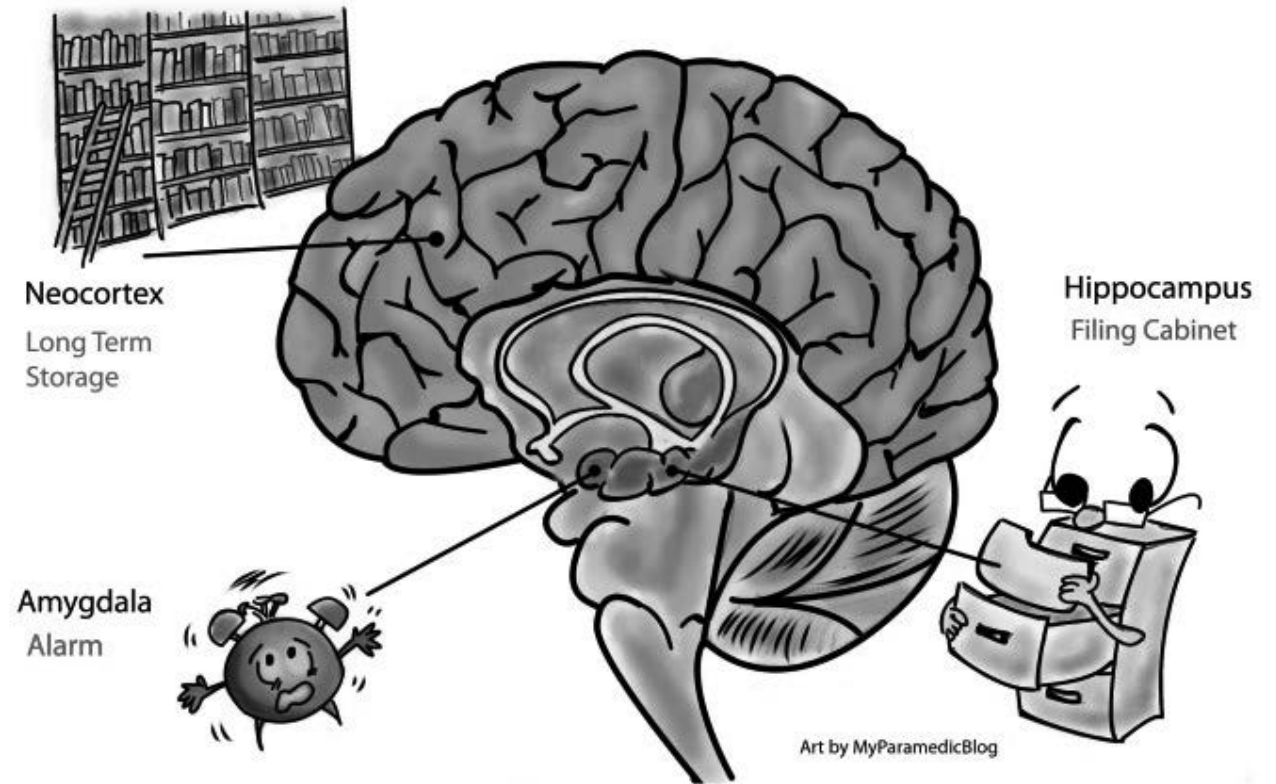
- Circuitry for defense
- Threat detection
- Response
- Prefrontal cortex may not be involved
- Unreasoned reaction



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# Limbic System

- Memory encoding
- Memory encoding effect
- Role in emotions
- Awareness of emotions

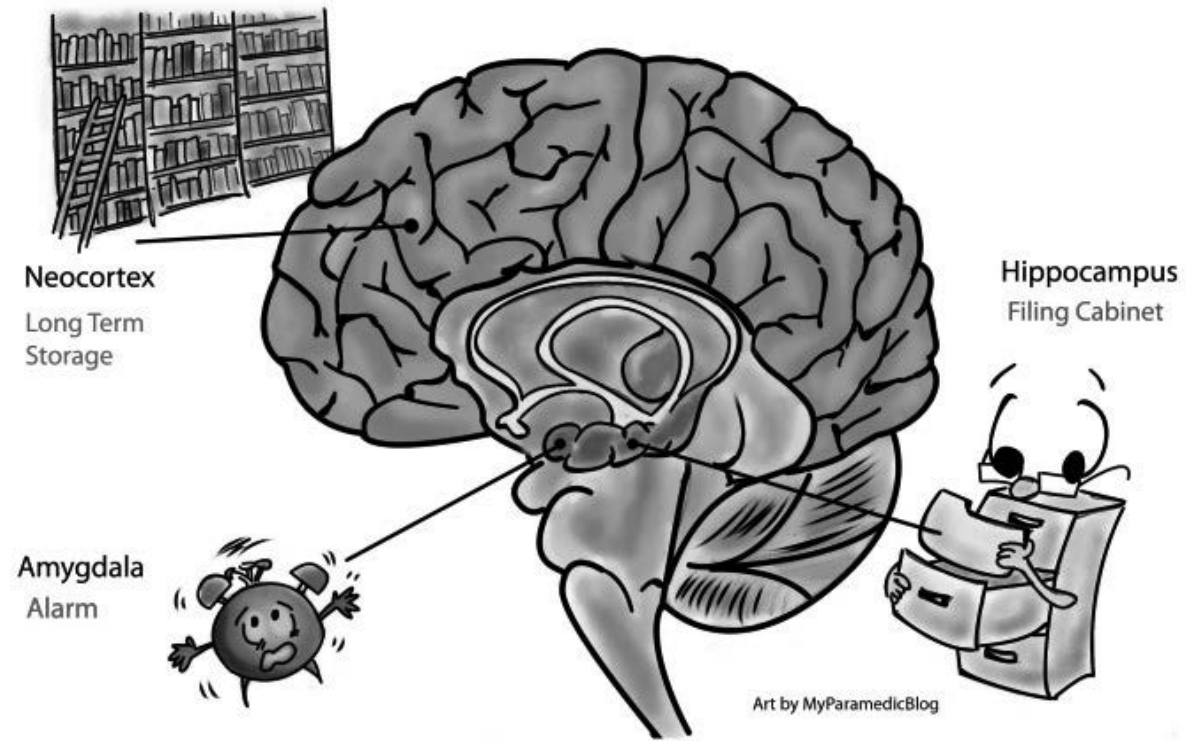


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# Limbic System

## Summary

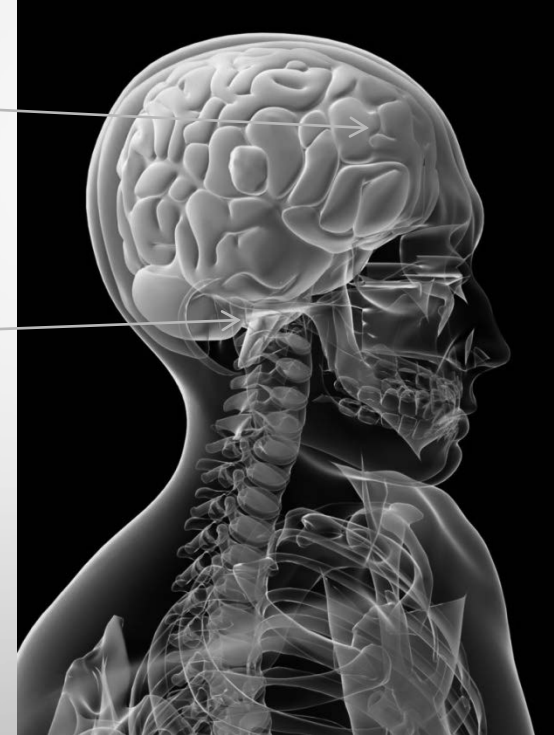
1. Emotion,
2. Memory encoding, &
3. Defense circuitry



*Understanding the Neurobiology of Trauma and Implications for Interviewing victims. (Wilson, Lonsway, & Archambalut. 2016)*

# Decision making

- Pre-Frontal Cortex
- Limbic System



(Lisa Ferentz, Maryland Victims Assistance Academy, 2013)(Police Chiefs Magazine 2016)



# Rational Thought

*"When the functioning of the frontal lobes deteriorates, simple task like understanding questions and formulating coherent answers can be severely compromised."*

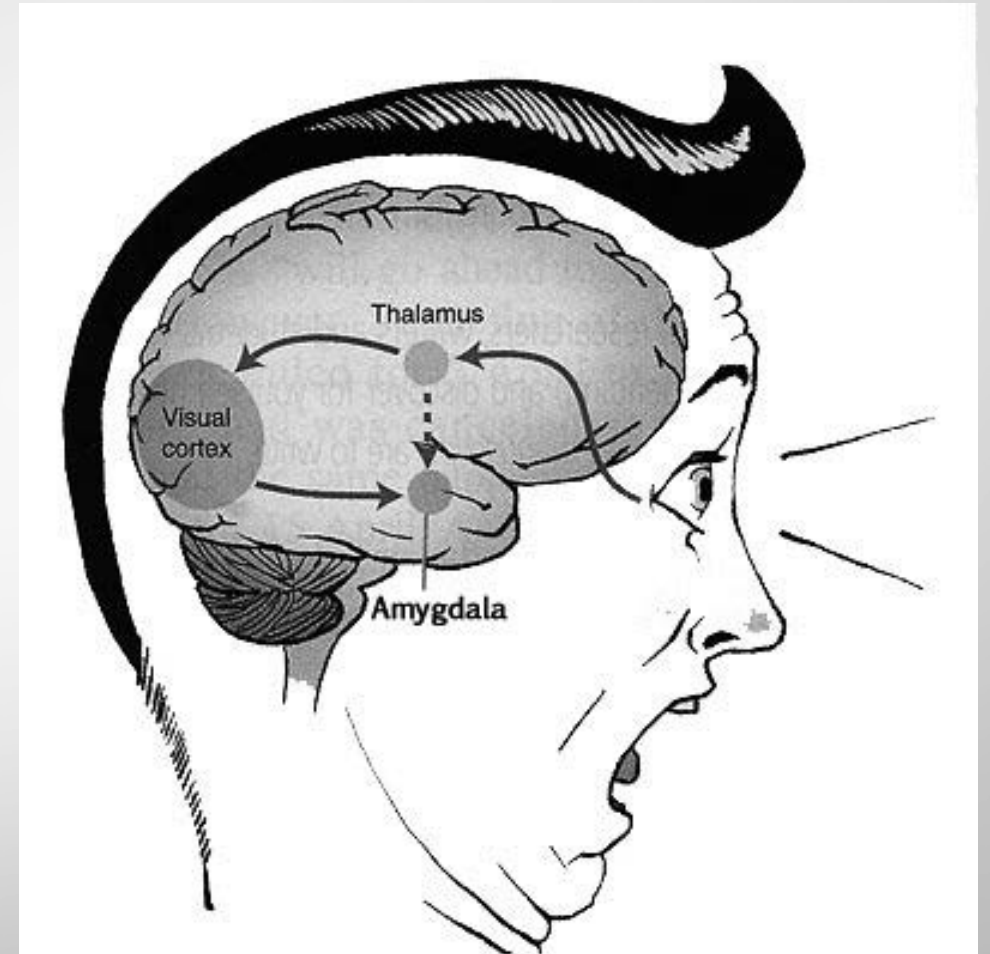
(Dr. David Lisak, Police Chief Magazine, January 2016)

- Alteration of function may be lasting



# The Amygdala

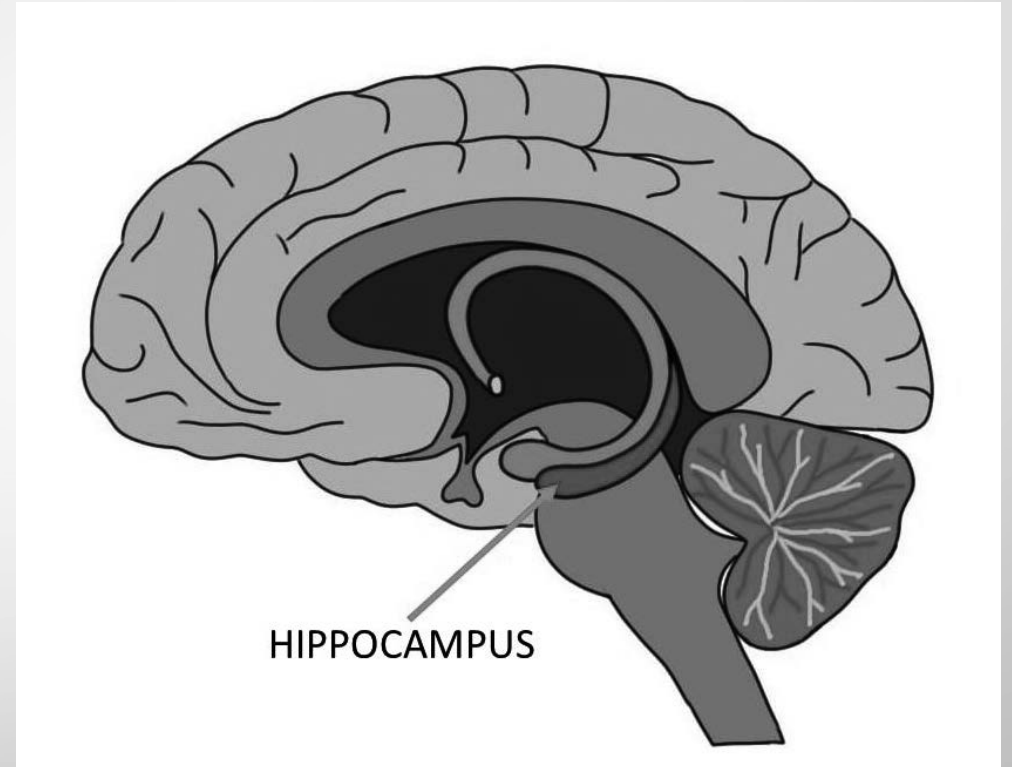
- Early warning system
- Threat detection
- Smoke alarm
- Chemical release



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# Scanning and Response

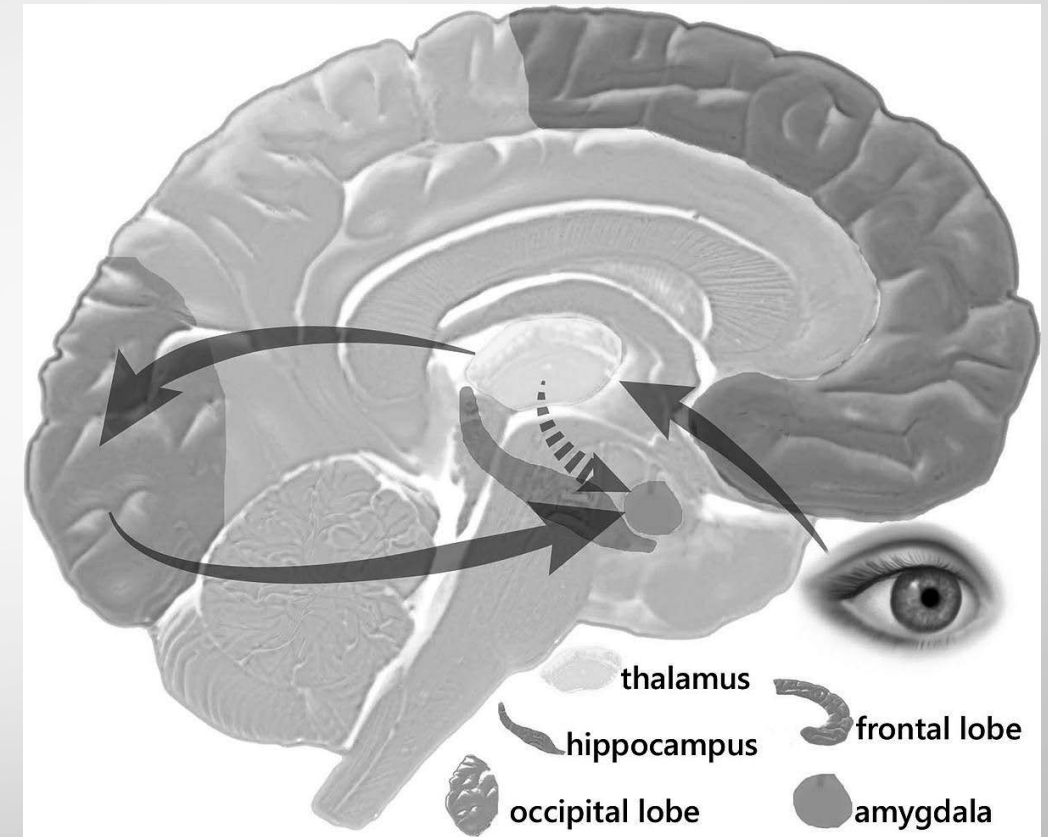
- Threat identified
- The Hippocampus
- Safety or Danger?
- Freeze!
- Efficiently = acting w/o thinking
- Prefrontal involvement
- Integrating the experience



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# Summary

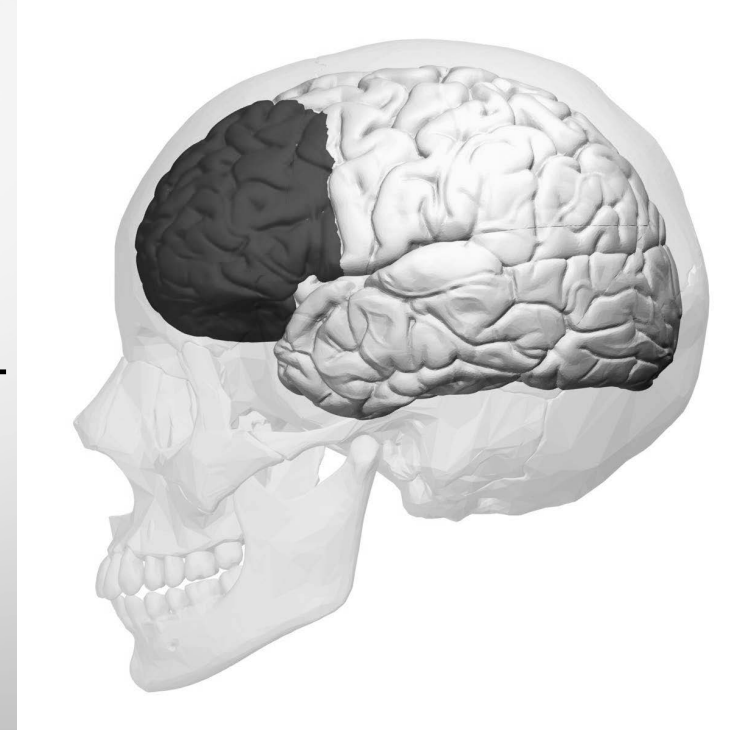
1. Vigilance
2. Threat
3. Freeze and Scan
4. Danger
5. Safety



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# Ramifications for a Traumatized Brain

- Prefrontal Cortex Impaired
- 1.Highly stressful situation vs. 2.Highly stressful + threat/danger
- 1.Stress reduction techniques      2.Threat/fear = dynamic change
- Loss of focus



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# Habitual Behavior

- Impaired prefrontal cortex leaves us with habit
- 2 to the chest & 1 to the head on the range results in 2 to the chest and one to the head in the field
- Habit determining behavior
- Traumatic event – brain goes to automatic pilot
- Defense cascade – fight or flight

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# The Reaction Formerly Known as Fight or Flight

- Fight or Flight
- Defense cascade
- Freeze
- Hiding from detection
- Environmental assessment
- Confirmed threat



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# Not really “Fight or Flight”

- People assume we choose an option
- Often no conscious choice involved
- Logical brain impaired
- Thinking in progress
- Not a matter of “Either/Or”
- Context is everything





# Trauma Response and Intimate Partner Violence

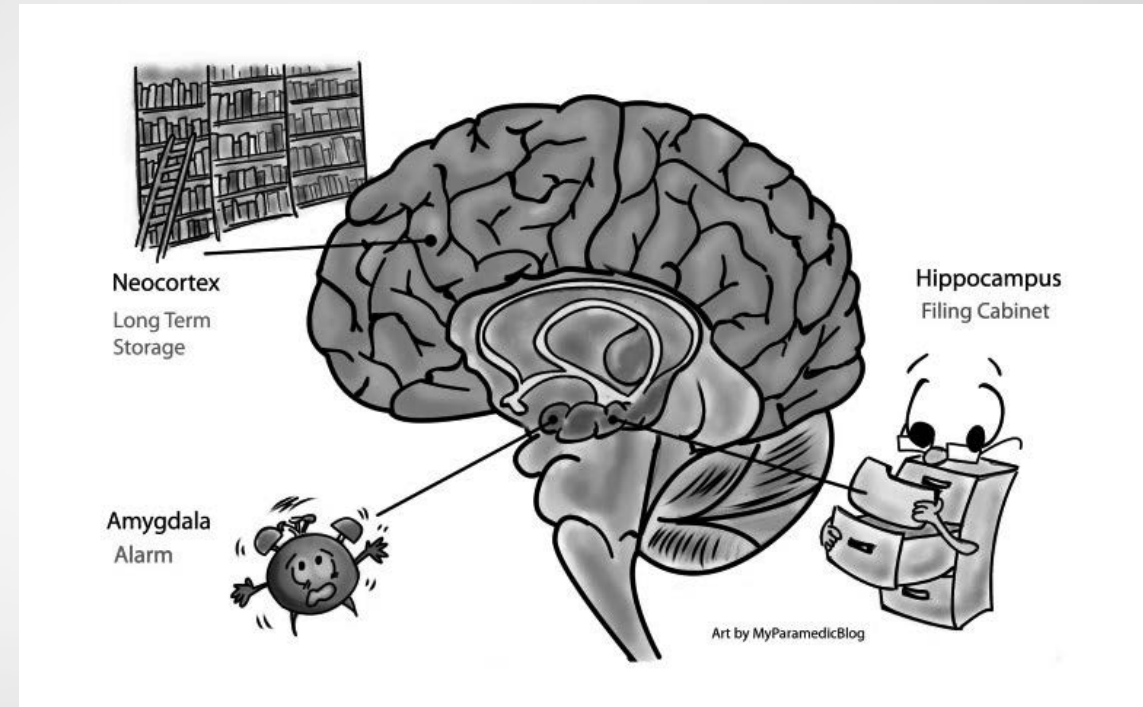
- Victims often don't choose
- Thought and analysis off-line
- Impaired due to trauma
- Some victims become immobilized
- Possible lack of conscious control



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# Three Survival Reflexes

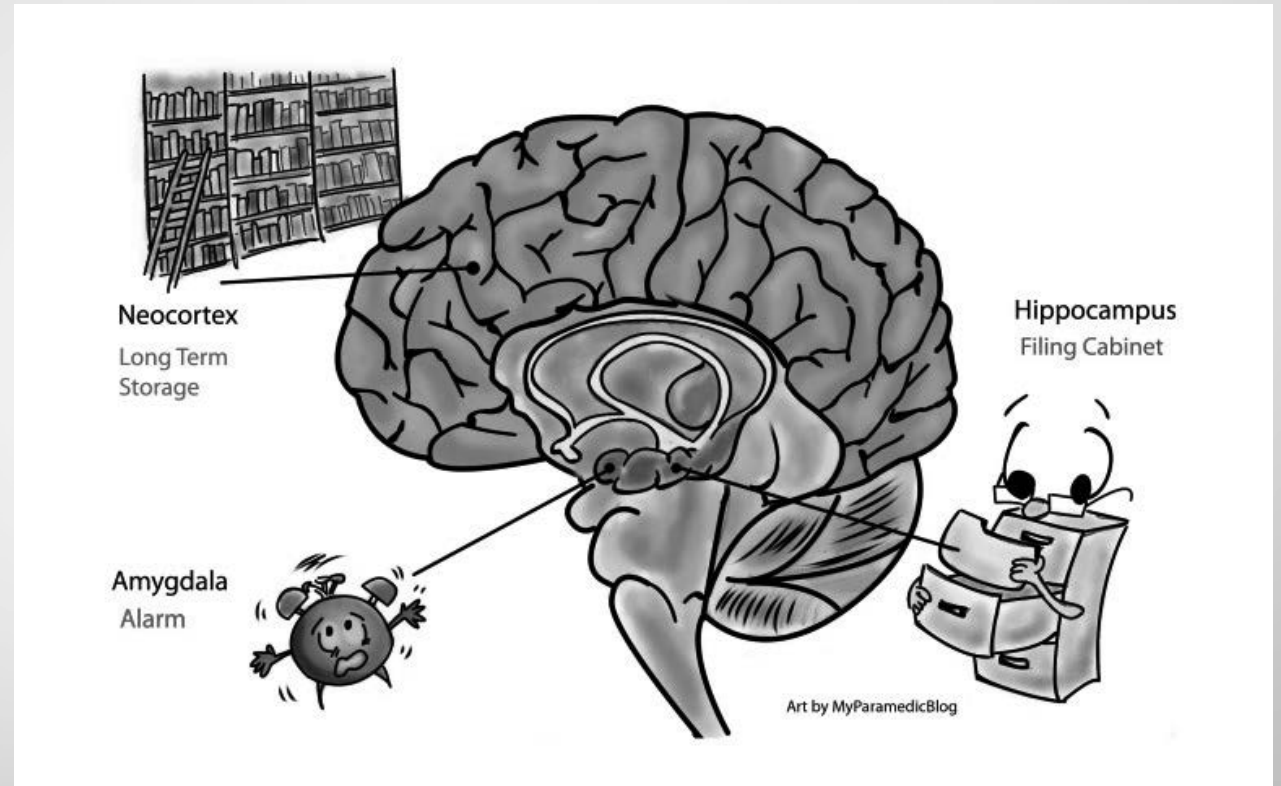
- Making sense of V response
- Offender dynamics
- Surprise attack
- Wolf in sheep's clothing
- *Attachment Circuitry*
- IPV creates confusion in the brain & suppressed defense circuitry
- Perp begins to push boundaries
- Neurobiological conflict



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# Three Survival Reflexes (cont.)

- Confusion
- Fear intensified
- Terrifying realization
- Mental defeat
- Inevitable
- Perception matters
- Perps psychological web
- Flee mentally
- Reflex is a key concept here

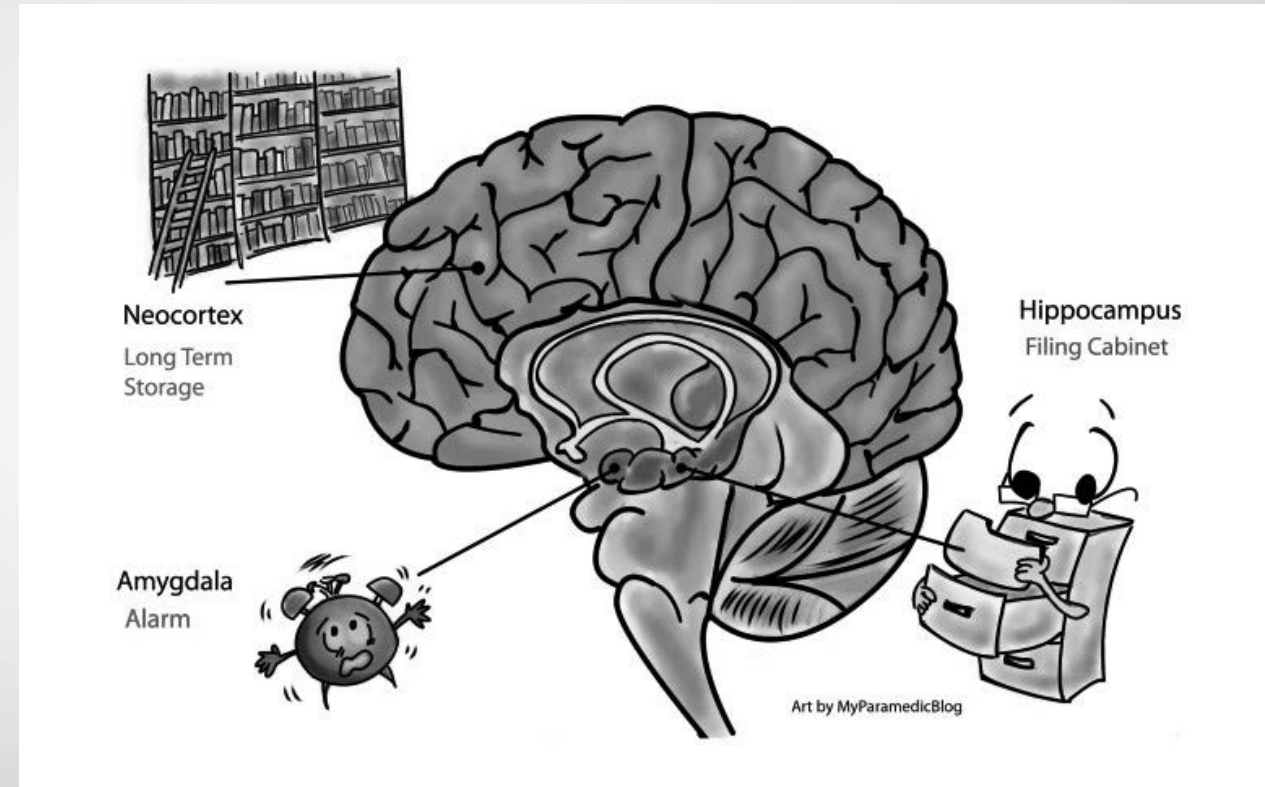


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# Survival Reflexes (cont.)

## Dissociation

- Coping mechanism
- Disconnection
- Perception of no escape
- Detaching
- Coping
- First documented in soldiers
- Survival mechanism
- Misinterpreted



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# Survival Reflexes (cont.)

## Tonic Immobility

- Animal kingdom
- Evolutionary process
- Alert and aware
- Totally present
- Some don't dissociate
- Explain some recall
- Waxy mobility
- Fixed/unfocused staring
- Failed struggle
- Last seconds to hours
- Terminate suddenly

## 4 Specific Conditions

1. Extreme fear
2. Physical contact with perpetrator
3. Physical restraint
4. The perception of inescapability



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# Survival Reflexes (cont.)

## **Collapsed Immobility**

- Playing possum
- Reflexive response

## **4 Specific Conditions**

1. Extreme fear
2. Physical contact with perpetrator
3. Physical restraint
4. The perception of inescapability

- Sudden onset
- Cannot speak or move
- Loss of muscle tone, decrease in heart rate
- In the wild, predator's brain attack stimuli lowered
- Among humans, this is unlikely to deter sexual assault
- Appearance of consent
- Self blame

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**Survival**



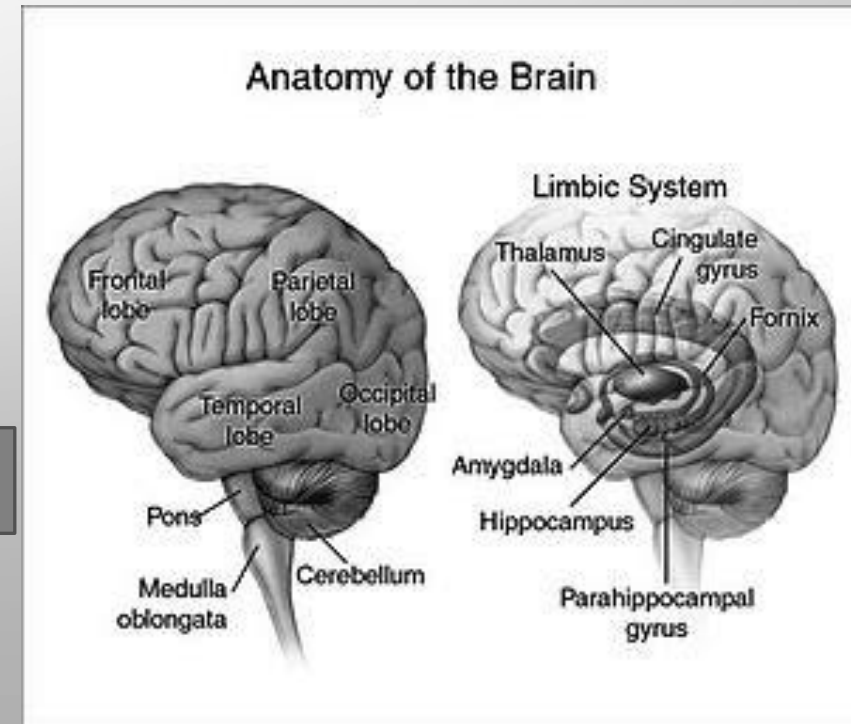
# Summary of Survival Reflexes

Some individual's response to a traumatic event:

- Perceive escape impossible, & resistance futile
- Extreme, but relatively common survival reflexes

1. Dissociation,
2. Tonic Immobility, or
3. Collapsed Immobility

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# Self-Protection Habits

- Routine behaviors
- Root of habitual behaviors
- Action without thought
- Behavior engaged in when stressed
- Driving a standard car
- Sexual assault victim habitual behavior



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# Attachment vs. Defense Circuitry

- Confusion
- Reality
- Sudden or Gradual
- Grooming
- Similar process
- Escalation of behavior
- Defense circuitry activation
- Prefrontal cortex slow down



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# Attachment vs. Defense Circuitry

- What does “no” look like?
- Non-verbal communication
- Prior victimization
- Habitual responses
- Prior abuse = vulnerability
- Old habits die hard



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# Trauma, Attention and Memory

- Gender socialization

## Bottom-Up vs. Top Down Processing

- Conscious control
- Phone rings
- *Top-down processing*
- **THREAT**
- Attention
- Habitual
- *Bottom-up attention*



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# Trauma, Attention and Memory

- Defense Circuitry Focus
- Central Details
- Weapon Focus Effect
- Detail
- Survival

## Central vs. Peripheral Details

- Coping with the threat
- Memory and attention
- Lack of memory = lack of attention



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# Trauma, Attention and Memory

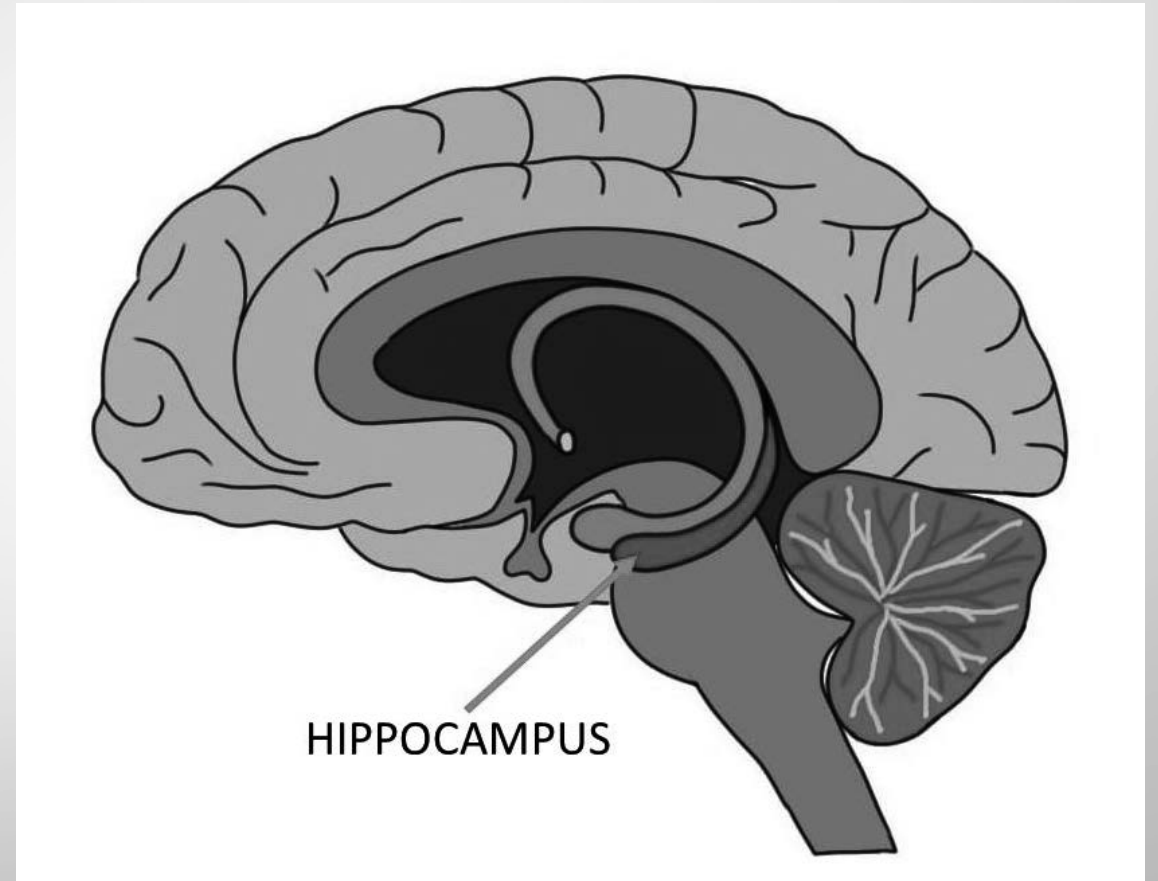
- Central details over time
- Peripheral details likely to fluctuate
- Leading questions effect
- Filling in the gaps
- Victim's perspective
- Interview focus



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# The Hippocampus

- Memories
  - data points
  - recall
- Traumatic event
- Defense circuitry
- Flashbulb memory
- Fragmented memory
- Context and time sequence



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# Other memory factors to keep in mind

- Sense and tracking time  
seconds, minutes, hours, etc.
- What's central to survival?
- Passage of time
- Relevant questioning
- High speed pursuit



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# Integrating Memories



- Building a puzzle  
detectives' interview  
what's it look like?
- Sexual assault victim  
frame of reference  
suspect's account
- Flashbulb to Fragmentary mode  
little to no narrative
- Peripheral details
- Not remembering doesn't feel ok to victims
- Some encoding done in the amygdala
- Sensory-based questions
- Time, space, prompts
- Be advised: It may never come together



# Recalling and Relaying Traumatic Memories

- Victim's account
- Arranging puzzle pieces
- Disjointed initial recall
- Peeling away layers
- Initial layer disjointed
- Each memory may prompt others
- Central details



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# “Layers” of Memory: Cues for Recall

- First layer
- Crucial information
- Sounds, smells, other sensory data...
- Peel back from there
- Relevance
- Smell of cologne
- Another layer

images, sounds, body sensations



*Understanding the Neurobiology of Trauma and Implications for  
Interviewing victims. (Wilson, Lonsway, & Archambalut. 2016)*

# Implications for Law Enforcement

- Direct questions
- Stress
- Reassurance may fail
- Possibly affect the pre-frontal cortex
- Hinder recall
- Look for central details



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# Implications for Law Enforcement

- Talking to LE
- STRESSFUL
- Possibly affect the pre-frontal cortex
- Safe environment  
physically and emotionally



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# Summary and Conclusion

## 1. Defense circuitry in control

- Attention and thoughts - Perpetrator's behavior
- Victim's behavior – survival responses and habits
- Recall impaired
- Difficulty talking about it  
unable to sequence
- Understanding trauma

- Dissociation, Tonic Immobility, or Collapsed Immobility

lack of resistance, consensual?

- Hippocampus, top-down vs. bottom-up attention

basic or crucial details

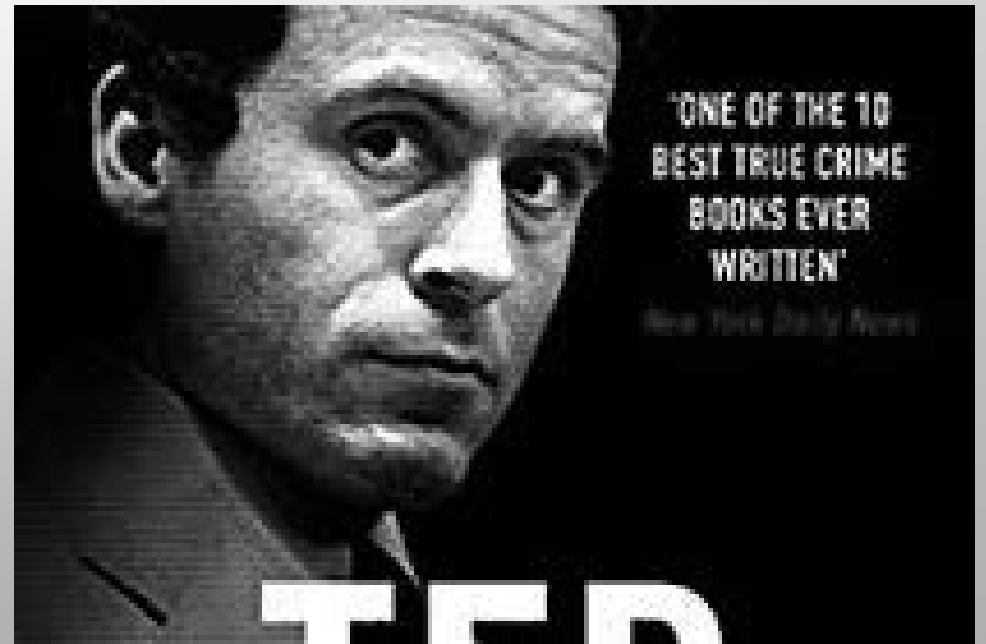
Fragmented or Refractory mode

initial moments clear

- Brain-science transforming knowledge

# Who does he want to respond to the scene?

- Beware of the magician's tricks
- IPV = 's Criminal behavior
- A sound response = 's accountability



# Gabby Petito Case

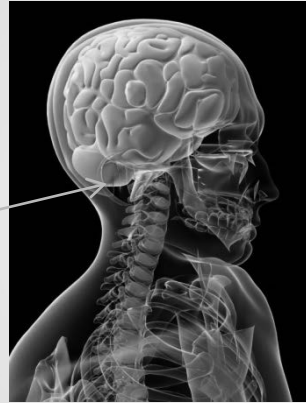


- 911 – “The gentleman was slapping the girl
- Witness – It appeared Laundrie took her phone and locked her out of the van.
- Witness – Saw Petito hitting Laundrie as she fought to get back inside the van. (her home at the time)
- Petito determined to be the aggressor after a short period
- Laundrie got a fist pump from the officers.



# At the time of the event

Victim



- Amygdala
- Survival Brain
- Fragmented Recall
- Memory aps

Suspect



- Pre-frontal Cortex
- Rational Thought
- Linear Articulation
- Complete Story



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# Case Example

- College student house party
- 20 yr. old woman
- Met a guy
- *"Want to go to my room?"*
- Messing around
- *"No, no, no. I don't know you. I don't want to do this."*
- He doesn't listen



(Dr. Rebecca Campbell, NIJ for the Real World Seminar, December 2012)

# Case Example

- Frozen
- He finishes assault

*"Hey I just had sex with so-and-so and she's still there!"*

- Line forms
- Word gets out; Friend to the rescue

*"I felt like I was lifting a dead body. I was like shaking her, trying to get her to kind of snap out of it. I had to sort of physically drag her out of there."*

(Dr. Rebecca Campbell, NIJ for the Real World Seminar, December 2012)



# Case Example

- Transport to hospital
- Forensic evidence collection kit
- Police report
- Kit denied
- *"Sloppy mess"*
- Too difficult
- Case closed



*"Well she just laid there, so she must have wanted it? No one wants a train pulled on them, so if she just laid there and took it she must have wanted it?"*

(Dr. Rebecca Campbell, NIJ for the Real World Seminar, December 2012)



# Use of Force

## Law Enforcement



1. Physical Presence
  2. Verbal Commands
- 86% Suspect compliance rate
  - Why = Fear of consequences

**TV and Movies portray  
100% involving violence**

## IPV/SA Perpetrator



1. Physical Presence
  2. Verbal Commands
- 90-93% Victim compliance rate
  - Why = Fear of consequences, and/or TI

**TV and Movies portray  
100% involving violence**

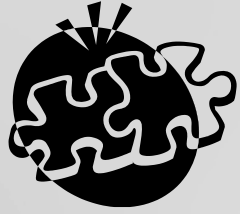
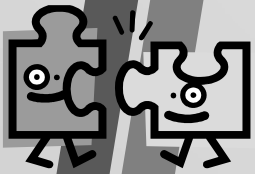
# Impact on Interview?

- Do we expect victims to remember what occurred when an event is reported?
- Do we understand the way the primitive brain works and how it can impact memory?
- Might the victim perceive (whether real or not) that there is pressure to provide a complete narrative?
- What steps might we take to inhibit victims from feeling they must fill in the blanks?
- What lessons can we take away when it comes to the creditability of sexual assault victims?

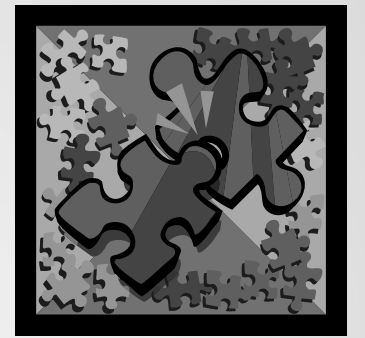
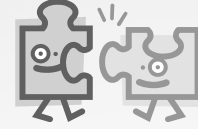
# Recall: Slow & difficult why?

- Stress Hormone Release = Difficulty encoding information
- Fragmented memories
- Recall – slow & difficult
- Take notes on legal pad
- Take notes on post-its
- Scatter
- Put in order
- Recall

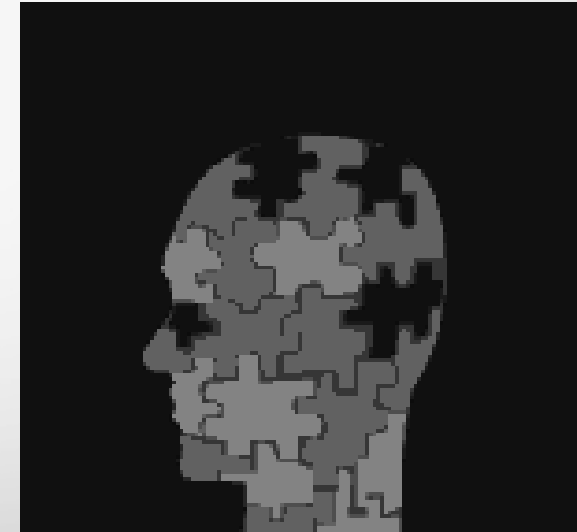




# Recall: Slow & difficult why?

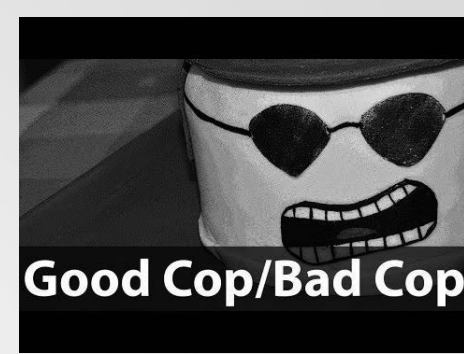


- Fragmented memories
- Post its – Puzzle pieces
- Sort through
- Pieces out of place
- It takes awhile
- Slow and difficult
- Accuracy
- Recall
- Alcohol



(Dr. Rebecca Campbell, NIJ for the Real World Seminar, December 2012)

# Real world case example



## Issue: Memory Fragmentation

- 25 year old – Raped by brother's friend
- Report filed

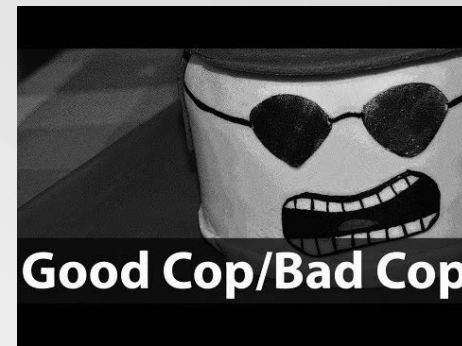
*"He wouldn't let up, pounding me with question after question. Trying to trick me. Trying to get me to mess up. I wanted to say, 'Hold on, give me a minute to think,' No, he kept coming at me."*

- Transcriptionist flagged it
- Secondary Victimization
- Victim hesitates – Detective responds "Aha!" [snaps fingers]



# Real world case example

## Issue: Memory Fragmentation



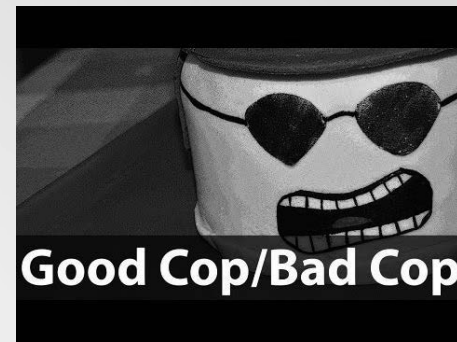
*"Then it was classic good cop, bad cop. He, the one detective stormed off, and another detective sat down next to me. He offered me a cup of coffee. Coffee? Okay fine. How do you take it? What? Why does he care how I take my coffee? Well, he did. So he made me coffee, and he gave me time just to sit and collect my thoughts."*

*"And he talked me through, and I didn't feel rattled or freaked out. I'm sure I was incoherent, and he just let it roll. He was patient. I felt like I was piecing things together. Like a puzzle. Like we were putting a puzzle together drinking coffee."*

(Dr. Rebecca Campbell, NIJ for the Real World Seminar, December 2012)

# Real world case example

## Issue: Memory Fragmentation



- So, why'd you do that? Why'd you give her the coffee?

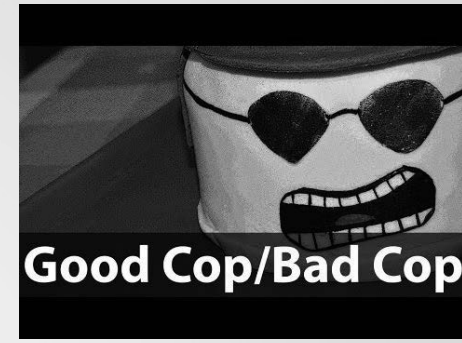
*"It helps. Not the coffee so much, just the moment to let it all come together in their heads."*

- What do you mean?

*"I don't know why it's like that— I just noticed that over the years. If you give them a few minutes to breathe, it starts to make more sense. I don't know why. It just does."*

- 15 years experience -- 15 years of research
- Memory consolidation – slow fragmented process

# Real world case example



## Issue: Memory Fragmentation

- Well, were you worried that if you gave her some time, she'd just make something up?

*"Nah, not really. I mean, some victims lie, but most don't. Besides if they're lying, we'll catch them at it eventually. I think it's just hard for victims to talk about, and we need to have a little patience."*

- Memory fragmentation – Documented neurobiological condition
- He didn't make an assumption about her truthfulness

(Dr. Rebecca Campbell, NIJ for the Real World Seminar, December 2012)

# Understanding Memory formation and recall

*"In the midst of assault, the  
brain's fear*

*circuitry takes over while other  
key parts are*

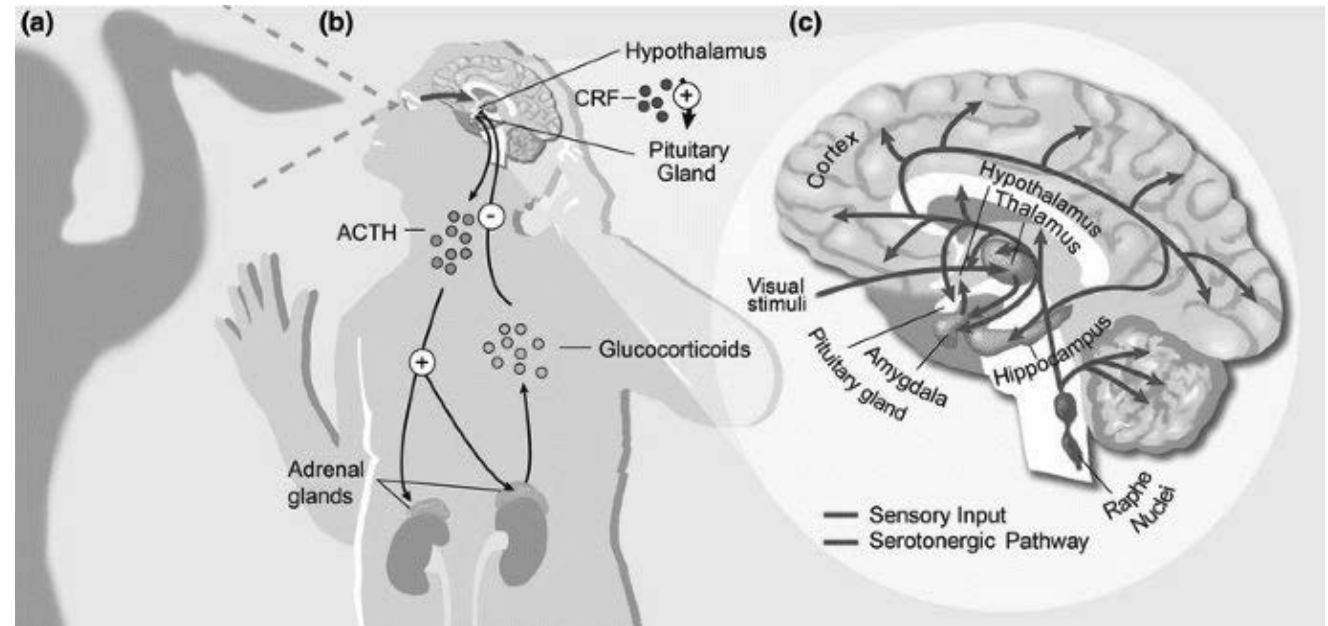
*impaired or even effectively shut-  
down.*

*This is the brain reacting to a life-  
threatening*

*situation just the way it is  
supposed to."*

Hopper & Lisak, 2014

(The Neurobiology of Trauma: What You Need to Know About the Brain and Trauma,  
Part 2; Dr. Rebecca Campbell, Ph.D. Professor of Psychology, Michigan State  
University)



# Your memory at work

## **Attention:**

What are we paying attention to?

What we attune to affects what we remember

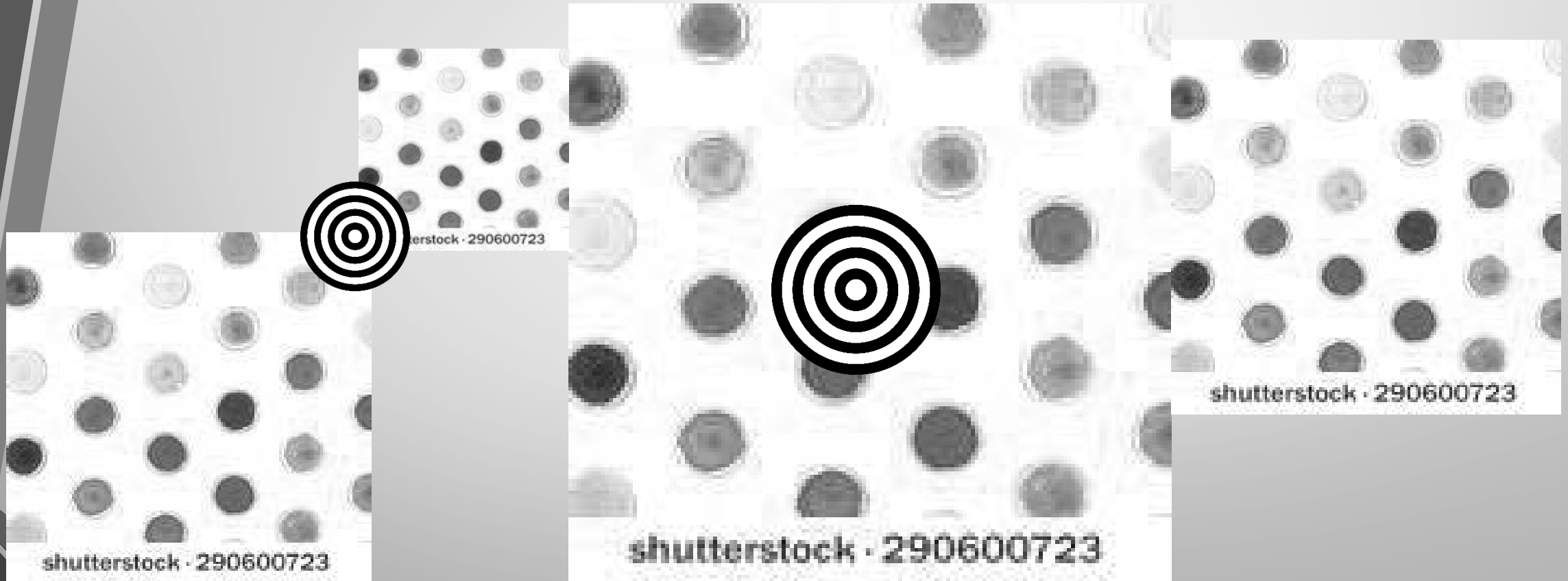
## **Memory Encoding:**

How the hippocampus captures what we're attending to to start forming memory

SOURCE: Diamond et al., 2007; Wilson et al. 2016

*(The Neurobiology of Trauma: What You Need to Know About the Brain and Trauma, Part 2; Dr. Rebecca Campbell, Ph.D. Professor of Psychology, Michigan State University)*

# Inputs to the brain detected by the 5 senses



*(The Neurobiology of Trauma: What You Need to Know About the Brain and Trauma, Part 2; Dr. Rebecca Campbell, Ph.D. Professor of Psychology, Michigan State University)*

# Memory: Encoding

## **Central Details:**

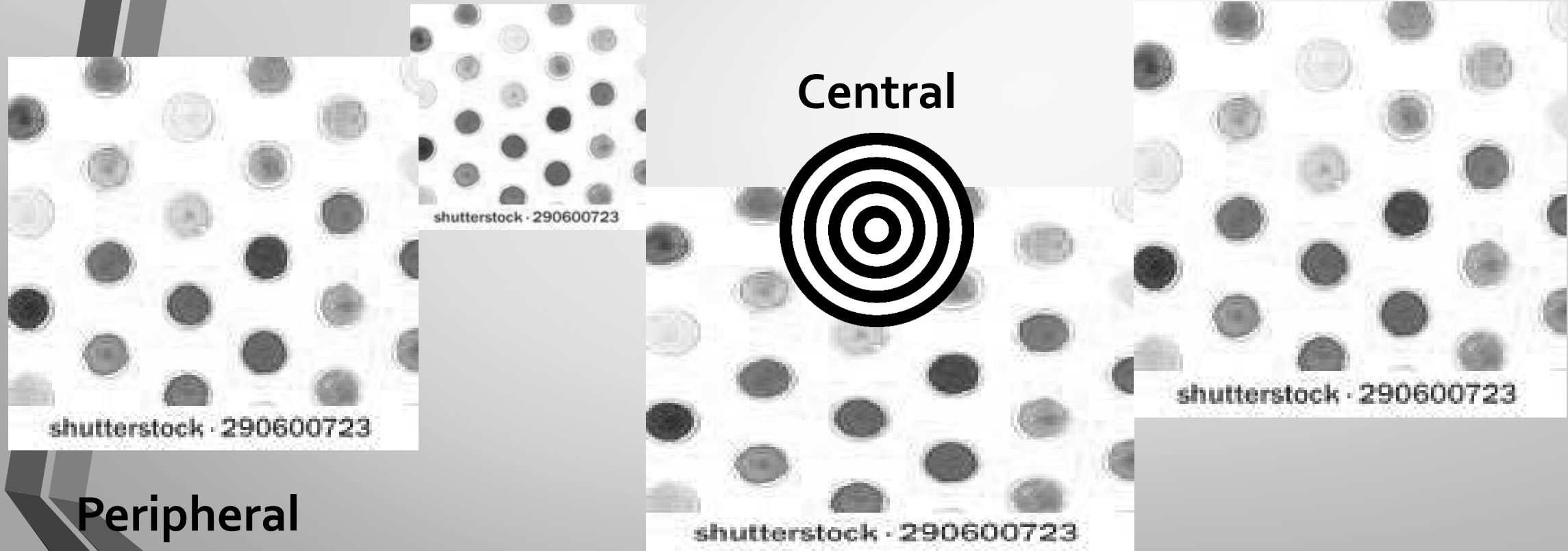
Core aspects of an experience that captured our attention (more likely to be encoded)

## **Peripheral Details:**

What's happening around the core experience that didn't capture our attention (less likely to be encoded, not as strongly encoded)

SOURCE: Diamond et al., 2007; Wilson et al. 2016

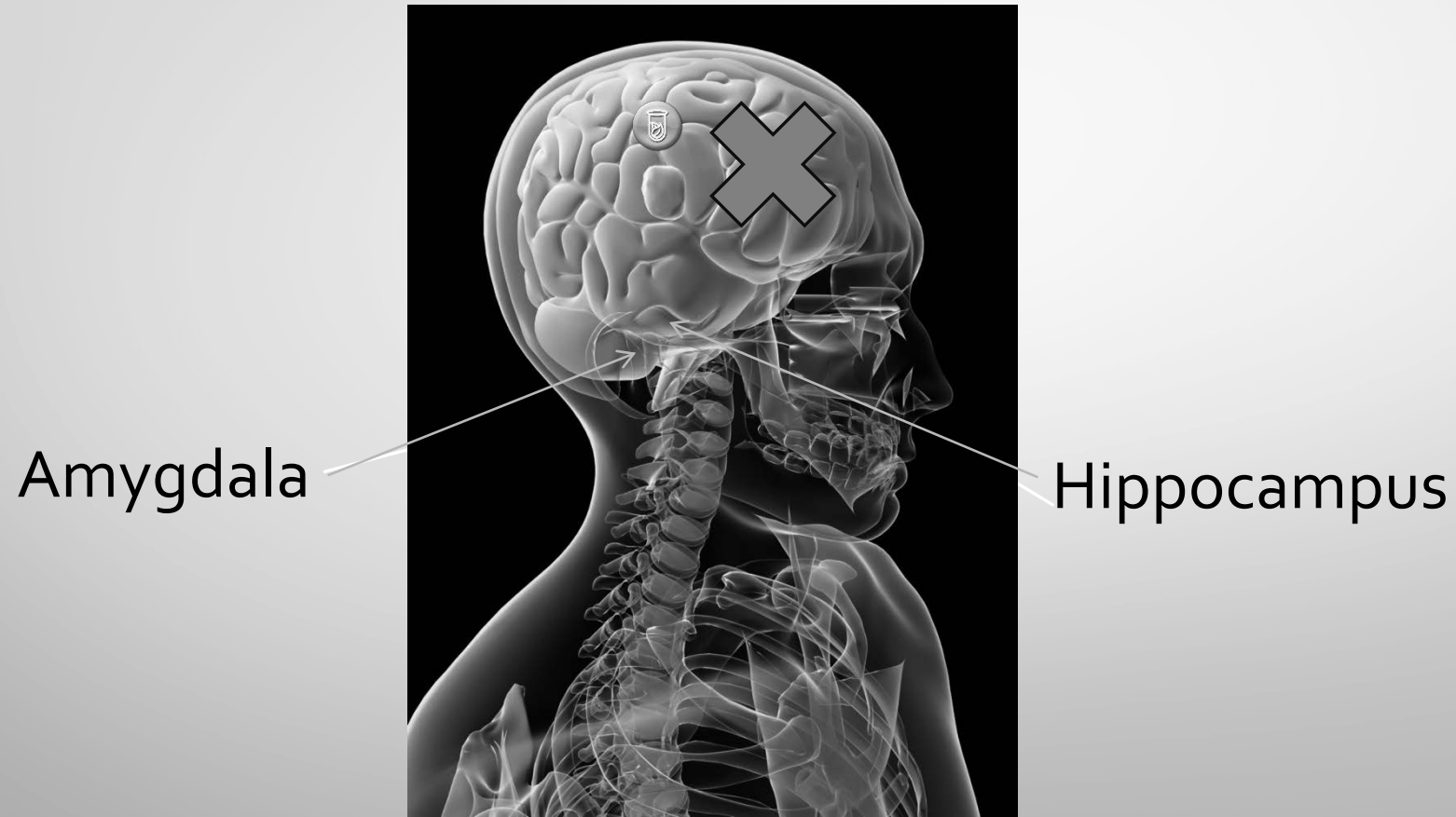
# Inputs to the brain detected by the 5 senses



*(The Neurobiology of Trauma: What You Need to Know About the Brain and Trauma, Part 2; Dr. Rebecca Campbell, Ph.D. Professor of Psychology, Michigan State University)*



# Implications for memory



(Dr. Rebecca Campbell, NIJ for the Real World Seminar, December 2012)

# How Trauma Affects Memory

## **Central Details in Trauma:**

Central to survival

Often are SENSORY-based

“Small” details that may not seem important to others

## **Peripheral Details:**

Not central to survival

Often are CONTEXT-based

Details that others may see as important

SOURCE: Schwabe et al. 2012; Wilson et al. 2016

*(The Neurobiology of Trauma: What You Need to Know About the Brain and Trauma, Part 2; Dr. Rebecca Campbell, Ph.D. Professor of Psychology, Michigan State University)*

# Inputs to the brain detected by the 5 senses



## Peripheral: Context

(*The Neurobiology of Trauma: What You Need to Know About the Brain and Trauma, Part 2*; Dr. Rebecca Campbell, Ph.D. Professor of Psychology, Michigan State University)

# Recalling Traumatic Memories

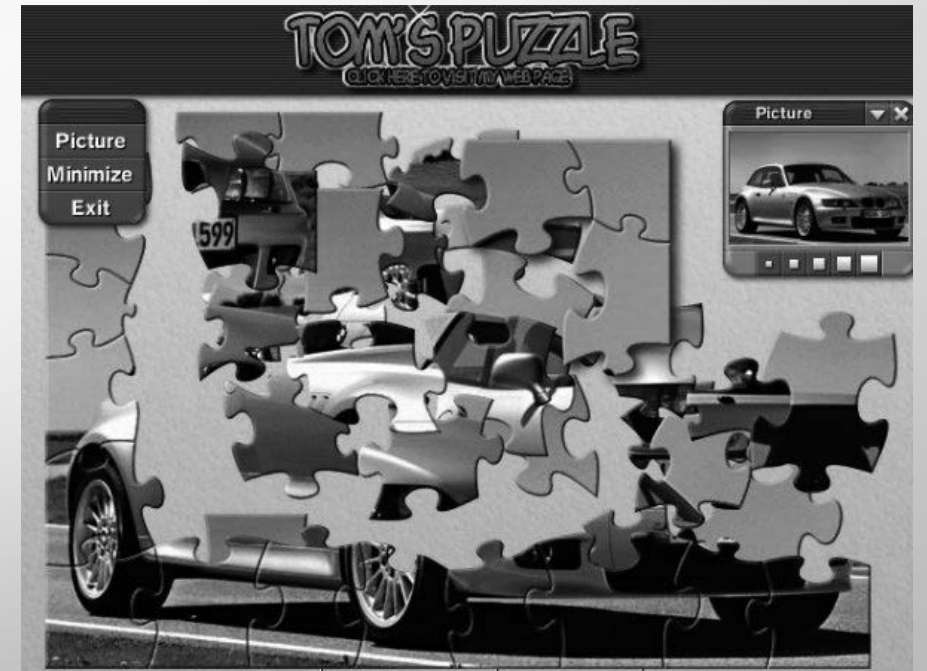
**Fragmented:**

Not organized in linear sequence

**Incomplete:**

Some details are missing

Why? Peripheral



# Inputs to the brain detected by the 5 senses



(The Neurobiology of Trauma: What You Need to Know About the Brain and Trauma, Part 2; Dr. Rebecca Campbell, Ph.D. Professor of Psychology, Michigan State University)

# Recalling Traumatic Memories

**Fragmented:**

Not organized in linear sequence

**Incomplete:**

Some details are missing

**Why?**

Peripheral

Alcohol/Drug Use

Can't Find *Right Now*



Stressed, No Sleep, Lack of Trust



Withheld

Embarrassed, Ashamed, Lack of Trust



# Recalling Traumatic Memories

## **Fragmented:**

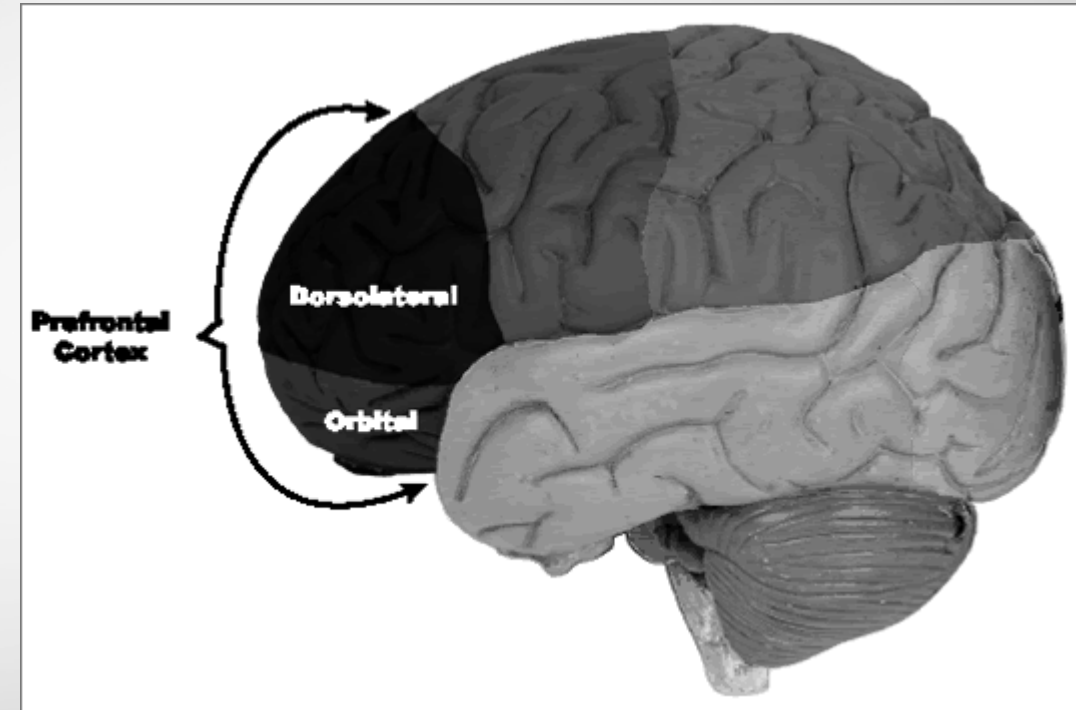
Not organized in a linear sequence

## **Incomplete:**

Some details are missing

## **Incorrect:**

Peripheral details could be wrong



WHY? “Filled In” by Victim (unconsciously)

Feel Pressured to Answer

Lying

*(The Neurobiology of Trauma: What You Need to Know About the Brain and Trauma, Part 2; Dr. Rebecca Campbell, Ph.D. Professor of Psychology, Michigan State University)*

# Memory Summary

**Victims are in survival mode:**

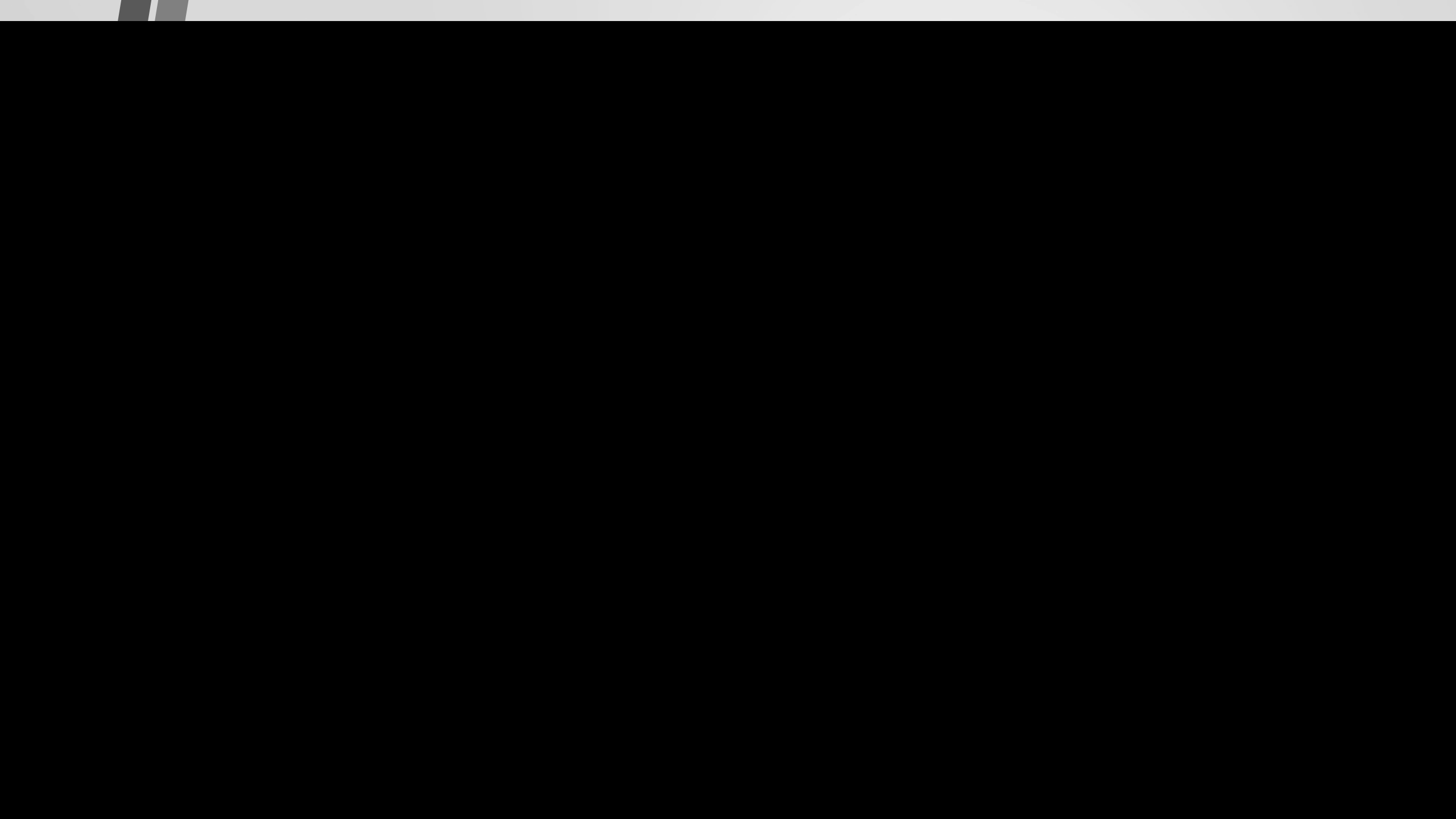
Brain shutting down conscious control & fear circuitry takes over

What is central vs. peripheral varies from victim to victim,  
assault-to-assault

**Reasons for why story is fragmented & scattered:**

Re-evaluate through a neurobiological lens





# Implications for Law Enforcement

- Direct questions
- Stress
- Reassurance may fail
- Possibly affect the pre-frontal cortex
- Hinder recall
- Look for central details



*Understanding the Neurobiology of Trauma and Implications for Interviewing victims. (Wilson, Lonsway, & Archambalut. 2016)*

# Interview or Interrogation?

When a victim of IPV attempts to tell their story to the police, they are often “interviewed” with the Reid Technique..

# John E. & Associates. INC.

- Founder John E. Reid Associates. INC.
- Polygraph Examiner – taught by Fred Inbau, former Director of the Chicago Police Scientific Crime Detection Laboratory
- Reid established a private polygraph practice in 1947
  - Criminal Justice System Mantra
    - "*Inconsistent statements equals a lie*"
  - What about when stress and trauma enter the equation?

# the physical lay-out of an interrogation/interview room

Julia Layton

- maximize discomfort and powerlessness
- sterile environment to create isolation, exposure, and unfamiliarity
- heighten the “get me out of here” sensation
- increase a sense of vulnerability



# the physical lay-out of an interrogation/interview room

Julia Layton

- seated in an uncomfortable chair
- out of reach of light switch/thermostat to increase sense of dependence
- one-way mirror increases anxiety and sense of being “watched”
- increase a sense of being “at the mercy of” the interviewer



# the attitude of the interviewer

Julia Layton

- close physical proximity to establish control
- good cop/bad cop to create false ally
- use of leading or inaccurate information to promote confusion or encourage recanting
- sustained eye contact to command attention
- physical gestures and words of sincerity to build rapport and get person's guard down



# goals of the Reid Technique

Munch, Margolis and Thomas, 2009

- determine the truthfulness of the subject
- identify inconsistencies and discrepancies
- observe and evaluate verbal and non-verbal behavior
- create an environment that encourages communication
- get confession of guilt or complicity, recanting of “false” reporting



# The Reid Technique

## Principles of Behavior Symptom Analysis

1. Non-verbal behavior is responsible for more than half of total communication
2. Non-verbal behavior is more reliable than verbal behavior
3. The meaning of a verbal response is either supported or contradicted by non-verbal behavior
4. The behavior of the interviewer has an influence on the behavior of the subject
5. The behavior symptoms of the subject become clear as the anxiety of the subject increases

# The Reid Technique

## Behavioral Attitudes Common to Both Truthful and Deceptive Subjects

### A. Nervous

- determine whether nervousness is increasing or decreasing

### B. Angry

- determine reason for the anger
- evaluate whether anger is justifiable
- attempt to diffuse the anger

### C. Fearful

- may be withholding knowledge others involvement
- may be involved in other misconduct

# The Reid Technique: typical truthful behavioral attitudes

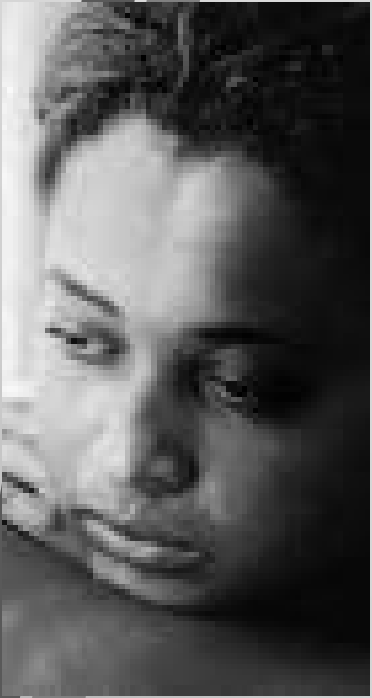
Munch, Margolis and Thomas, 2009

- composed
- concerned
- cooperative
- direct and spontaneous
- open
- sincere
- unyielding

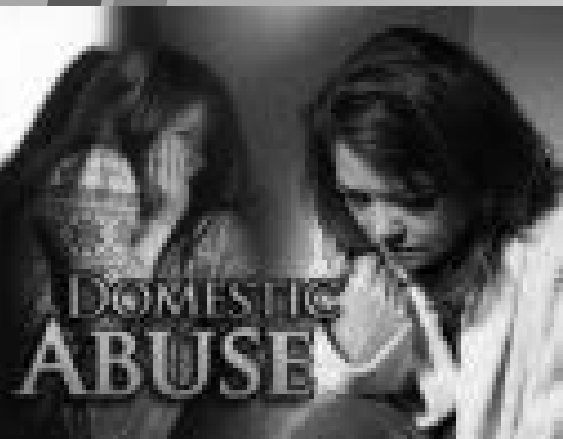


# The Reid Technique: typical deceptive **behavioral attitudes**

Munch, Margolis and Thomas, 2009



- overly anxious
- overly polite
- defensive
- evasive
- complaining
- defeated
- rationalizing
- unconcerned
- accepting
- apologetic
- quiet
- guarded
- crying



# The Reid Technique:

non-verbal behavioral symptoms  
indicative of truth

Munch, Margolis and Thomas, 2009

- upright posture
- open and relaxed
- lean forward on occasion
- frontally aligned with interviewer
- casual posture changes
- look up with eyes to right when remembering
- look up to left when thinking



# **The Reid Technique: non-verbal behavioral symptoms indicative of deception**

Munch, Margolis and Thomas, 2009

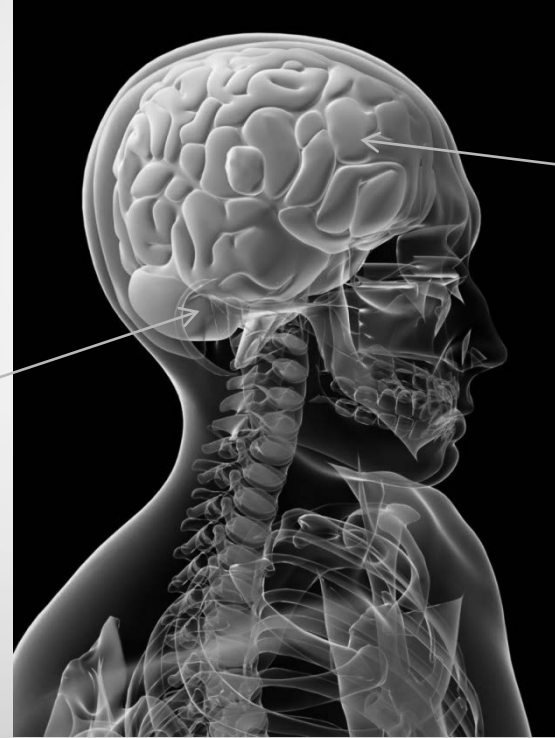
- slouching
- very rigid
- runner's position
- no frontal alignment
- closed/barrier posture
- lack of interest
- erratic and rapid posture changes
- head and body slump



# The Source of the Behavior matters!

When dealing with subjects who have a prior history of abuse and trauma, ALL the “deceptive” behavioral attitudes resonate with their victim mentality and are the learned coping responses of disempowered people who are triggered, threatened and being re-traumatized by authority figures.

# Preparing for the Interview



Pre-Frontal Cortex

Limbic System

- Putting things into context
- In what part of the brain were the minds of the involved parties during the event?



# PPCT Management Systems: Critical Incident Report guidelines

- First version – (Verbal only) *Preliminary* report
- Second version – *Supplemental* report, following officer's 1<sup>st</sup> sleep cycle
- Third version – *Final* report, prepared after the officer's 2<sup>nd</sup> full sleep cycle

(Koss, M.P., Tromp, S., & Tharan, M. (1995). Traumatic memories: empirical foundations, forensic and clinical impressions. *Clinical Psychology: Science and Practice*, 2 (2), 11-132.)

# Perceptual Data Survey

Number of Officers: 157

- Diminished Sound 84%
- Tunnel Vision 79%
- Automatic Pilot 74%
- Heightened Clarity 71%
- Slow Motion Time 62%
- Memory Loss/Event 52%
- Memory Loss/Own Actions 46%
- Dissociation 39%
- Intrusive Thoughts 26%
- Memory Distortion /False Memories 21%
- Intensified Sounds 16%
- Fast Motion Time 17%
- Temporary Paralysis 7%

*FBI Bulletin, 2002*

# Officer Involved Shooting: Officer Trauma



(Thomas Tremblay, Commissioner of Public Safety(ret.),  
Vermont, 2013)

# Victim Trauma

*I am a  
survivor  
of rape.*

(Thomas Tremblay, Commissioner of Public Safety(ret.),  
Vermont, 2013)

# Officer Trauma & Victim Trauma

## Officer:

- “I don’t remember pulling my weapon”
- “I don’t remember squeezing off the first 5-6 shots”
- “I had a vision of my wife at my funeral”

## Victim / Survivor:

- “Not exactly sure what happened”
- “I don’t really know how long it lasted”
- “I kinda just blanked out / I just went somewhere else”

(Thomas Tremblay, Commissioner of Public Safety(ret.), Vermont, 2013)

# How Victim Trauma Impacts Investigations

**Victims may experience certain responses during and after the assault:**

Negative experiences with police/conduct

Lack of trust for police, courts, or student conduct

Anger/frustration directed at police, institution

# How Victim Trauma Impacts Investigations

- Most victims who report do so after some delay
- Most victims do not physically resist:
  - Freeze
  - Tonic immobility
  - Submit - Negotiate
  - Dissociation
- Prosecutors/colleges can use expert witnesses to explain the impact of trauma

# Trauma Informed Approach

- People don't experience impacts of trauma as a result of consensual sex!
- Common traumatic responses, changes in routine, appearance, behavior, etc...
- The **trauma informed approach** changes the way we respond and investigate, and most importantly the way we interview victims.



# Victim's First Impression Matters!

- The victim will be evaluating your response to determine if you are capable of a compassionate and professional response
- Who will be the first impression of your multi-disciplinary response team?
- What level of training/understanding do they have?

# Preliminary Victim Interview

## **Goal of preliminary interview:**

- Serve the victim/survivor; assistance and protection
- Inform and reassure victim/survivor of reporting options and capabilities
- Determine the initial facts to further the investigation
- Work with victim advocate to build rapport and serve the victim/survivor

# The Detailed Trauma Informed Interview

## Begin by acknowledging the trauma

- *"I'm sorry this has happened to you."*

## Open-ended questions

- *"When you are ready, can you tell me everything you are able to recall about your experience?"*



# The Detailed Trauma Informed Interview

Focus on the *experience*



- *"What are you able to tell me about the experience?"*
- *"Help me understand what you are able to remember about your experience?"*

# Questions to avoid

- “*Tell me what happened from beginning to end?*” – Contextual Narrative
- “*Why did you/didn’t you ....?*” – but what if the “why” is important?



# Getting to Why – Reframe the Question

- Why did you take your clothes off?
- *Can you tell me what was going on in your mind when you took off your clothes?*
- Why didn't you report this right away?
- *Can you tell me your thinking on when to report the event?*
- Why didn't you scream or fight back?
- *What was going on in your mind when you realized that you were in danger?*



# The Detailed Trauma Informed Interview

Provide the opportunity to tell you the full depth and breadth of their experience

- *"What was the most difficult part of the experience for you?"*
- *"What about this experience will you never forget?"*

**Central: Survival**



# The Detailed Trauma Informed Interview

## Capturing the *sensory details*

Specificity - strengthens credibility

*(Establishing Penetration in Sexual Assault Cases, J. Long, JD, V. Kristiansson, JD and C. Whitman-Barr, JD)*

- Sensory details that can be corroborated
- Sensory details that explain behavior and/or emotions
- Sensory details that are evidence of trauma

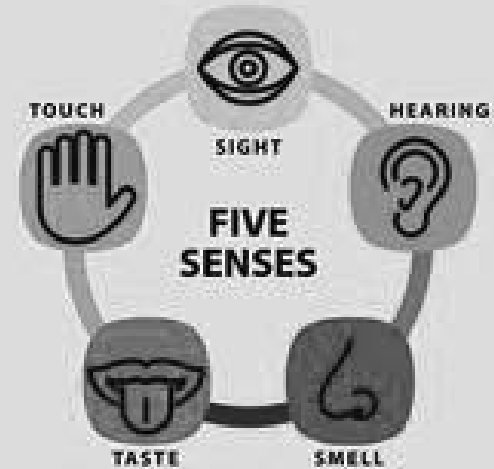




# The Detailed Trauma Informed Interview

## Capturing the *sensory details*

- “*What are you able to remember about... (the five senses)?*”
- “*When this happened, do you remember hearing anything?*”
- “*Tell me more about...(the sensory detail remembered).*”



# The Detailed Trauma Informed Interview

Capturing the *emotional memory*

- Lay foundation for explaining the reason for behavior
- Can establish an element – fear, force or coercion
- Developing evidence of long-term impact
- "*What did it feel like you were physically capable of doing?*"



# The Detailed Trauma Informed Interview

Capturing the *emotional memory*

- "*When this happened, what were you feeling?*"
- "*Was there anything that you focused on?*"
- "*Tell me your thoughts when...?*"
- "*Can you tell me more about that?*"



# Closing the Interview

How you close your communication is just as important as all the other parts of your response.



- *"How would you like to maintain communication?"*
- Connect to advocacy
- *"Is there anything you would like to add, or do you have any questions of me?"*



David R Thomas

Program Manager II

International Association of  
Chiefs of Police

[thomas@theiacp.org](mailto:thomas@theiacp.org)

703-647-6837

# Preliminary Victim Interview

- Quote victim's exact words on key elements
- Establish elements of offenses: consider trauma, crime scene, evidence, injuries
- Identify witnesses: who was there – before and after, who else knows anything about the assault
- Expect fragmented memory...

# Trauma Informed Interview

The interview is a way to allow the victim to express what their experience was rather than just what they remember or do not remember. Capturing the **trauma** and the **sensory and peripheral details** of the event is **compelling evidence**.

# Follow-Up Victim Interview

Trauma informed interview recognizes:

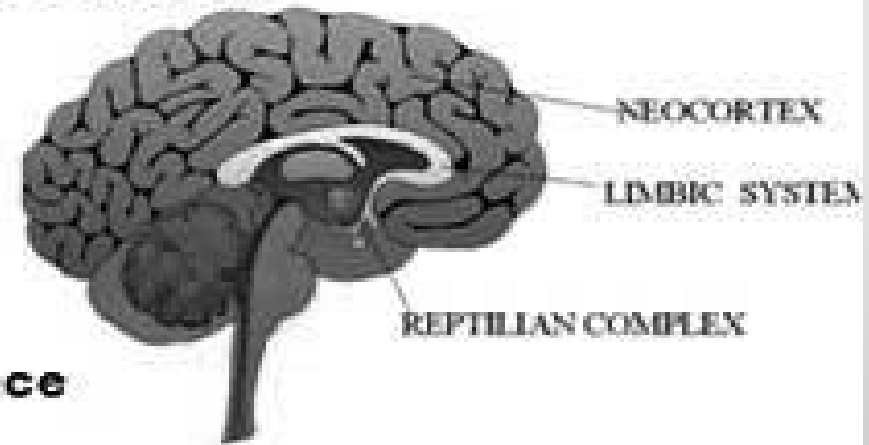
- **Disclosure is a process, not an event!**
- Delayed reporting, inability to recall details and sequence of events is common as a result of **victim trauma**
- Victim may remember additional details over time, keep options open for continued disclosures
- Traumatic memory is stored in the brain differently



# A Paradigm Shift...

## Forensic Experiential Trauma Interview

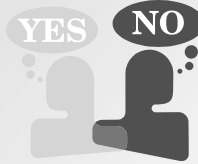
- **Acknowledge their trauma/pain/difficult situation**
  - **What are you able to tell me about your experience?**
    - **Tell me more about ... or that...**
  - **What was your thought process during this experience?**
  - **What were your reactions to this experience**
    - **Physically**
    - **Emotionally**
  - **What are you able to remember about...the 5 senses**
  - **What was the most difficult part of this experience for you?**
  - **Clarify other information and details...after you facilitate all you can about the "experience"**



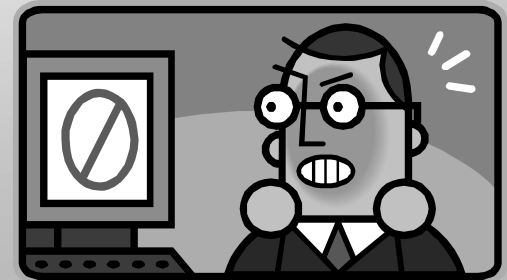
# Interview or Interrogation?

<http://www.youtube.com/watch?v=GhpZjpRd420>

# Micro-Examining “No”



- What did “No” look like?
- Who is responsible for stopping the attack?
- Can you effectively communicate “No” without verbally expressing it?



# Trauma Informed Interview

## Documenting the victim's **experience**

- What did no look like? (absence of yes)
- What did fear feel like? (paint the picture)
- How did that make you feel?
- What did you think was going to happen?
- What was your thought process...?

# Trauma Informed Interview

## Documenting the victim's **experience**

- Interviewing for sensory and peripheral details
  - *What did you see, hear, smell, taste, touch*
- What were your reactions to this experience?
  - *Physically & emotionally*
- Documenting the psychological aftereffects of trauma...
  - *What has changed / family & friends observations?*

# Trauma Informed Interview

- Clarify information and details
  - Who, what, where, when...
- Focus on the offender...
  - Offender demeanor, tone, facial expression, posture...
  - Look for interconnected and co-occurring crimes
  - Look for serial nature of offenders / other victims
  - Use the same style for interviewing offenders

# If a Robbery was Treated as a Rape Report

[https://www.youtube.com/watch?v=AoL4V5BWIT](https://www.youtube.com/watch?v=AoL4V5BWITM)

M

# Be mindful: Victim Trauma Affects Your Investigation

While there is no “normal” victim response, most experience the following concerns/fears:

- “I can’t believe this is happening...”
- “It’s my fault... I’m so ashamed...”
- “No one will believe me...”
- “How can I trust anyone...”

(Thomas Tremblay, Commissioner of Public Safety(ret.), Vermont, 2013)



# Be mindful: Victim Trauma Affects Your Investigation

While there is no “normal” victim response, most experience the following concerns/fears:

- “I thought I was going to die / be killed...”
- “I’m afraid and so overwhelmed...”
- “What are people going to think...”

(Thomas Tremblay, Commissioner of Public Safety(ret.), Vermont, 2013)

# Be Mindful: How Victim Trauma Affects Your Investigation

Victims may experience certain responses during and after the assault:

- Traumatic Memory is fragmented, can't provide narrative – misinterpreted as lying
- Sensory memories may be more detailed
- Demeanor: lack of emotion or odd or inappropriate affect –misinterpreted as lying or “not being upset”

(Thomas Tremblay, Commissioner of Public Safety(ret.), Vermont, 2013)

# Be Mindful: How Victim Trauma Affects Your Investigation

Victims may experience certain responses during and after the assault:

- A range of emotions-fear, self blame, shame
- Exacerbated by alcohol/drug use
- Disastrous disclosures and victim blaming: Why did you...? Why didn't you...?
- Could result in victim not being forthright –"saving face"

(Thomas Tremblay, Commissioner of Public Safety(ret.), Vermont, 2013)

# Be Mindful: How Victim Trauma Affects Your Investigation

Victims may experience certain responses during and after the assault:

- Negative experiences with police
- Lack of trust for police or court system
- Anger/Frustration directed at Police

(Thomas Tremblay, Commissioner of Public Safety(ret.), Vermont, 2013)

# Trauma informed interview: Sensory and peripheral details

- What are you **able** to tell me about your experience?  
(uninterrupted if possible)
- Tell me **what you can't forget** about your experience?
- Can you help me understand what your thought process was at that point? Tell me more about that?
- What are you able to tell me about what you **saw? Smelled? Tasted? Heard? Felt (touched)?**
- How did that make you feel?

(Thomas Tremblay, Commissioner of Public Safety(ret.), Vermont, 2015)