

Forensic Experiential Trauma Interviews

A Trauma Informed Experience



Trauma Informed Interviews, Investigations
& Prosecutions

WARNING
Possible Trigger Zone Ahead

CAUTION

CAUTION

**This presentation
Contains graphic images
and disturbing content**

R RESTRICTED 
UNDER 17 REQUIRES ACCOMPANYING
PARENT OR ADULT GUARDIAN

Strong Sexual Content Including Nudity,
Dialogue, Violence And Language

Scenario

- 14 year old Kristie came home from school one day and went to the back door. As she was preparing to unlock the door, a man named Paul (acquaintance of her 16 year old sister Stacie) opened the door.
- Paul was a man Kristie did not like as he “freaked her out”. Kristie was stunned and asked Paul where her sister was.
- Paul told Kristie her sister was upstairs. Kristie then runs upstairs and noticed her sister in a pool of blood in her room – dead. Kristie does not run, but stands there until Paul came up behind her and tells her to lay down.
- Kristie did what she was told, she laid down and Paul raped her and subsequently strangled her and cut her throat leaving her alive.

Questions

- Paul was a man Kristie didn't like at all. Does it make sense that Kristie didn't run when Paul opened the door to her house?
- Does it make sense that Kristie didn't try to run from the house when she saw that her sister was dead?
- Does it make sense that Kristie didn't fight back or try to resist Paul in any way?
- What else may not make sense to you?
- What information do you want to know to better understand what happened?

The Victim's Narrative



What, When, How

Fatal Flaws
A study found that the average police interview had 3 open-ended questions, 136 closed questions with an average of 1-second pauses between each question. Most detectives interrupted responses with follow-up questions every 10 seconds on average of 4 questions per response. Not one of the interviews studied had a victim that was allowed to complete an uninterrupted response.

Trauma informed interviews?



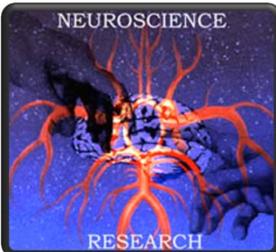
All good traditional interviews include...



What Should Be Happening



The Problem Statement



Problem
prob·lem

noun
1. A matter or situation regarded as unwelcome or harmful and needing to be dealt with and overcome.

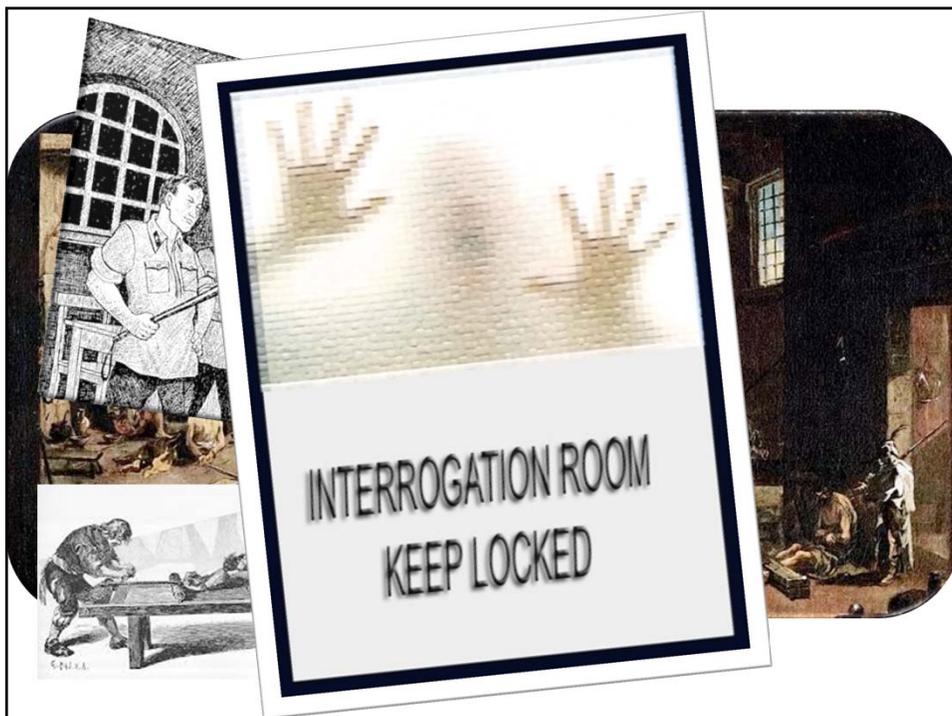
What Is Actually Happening

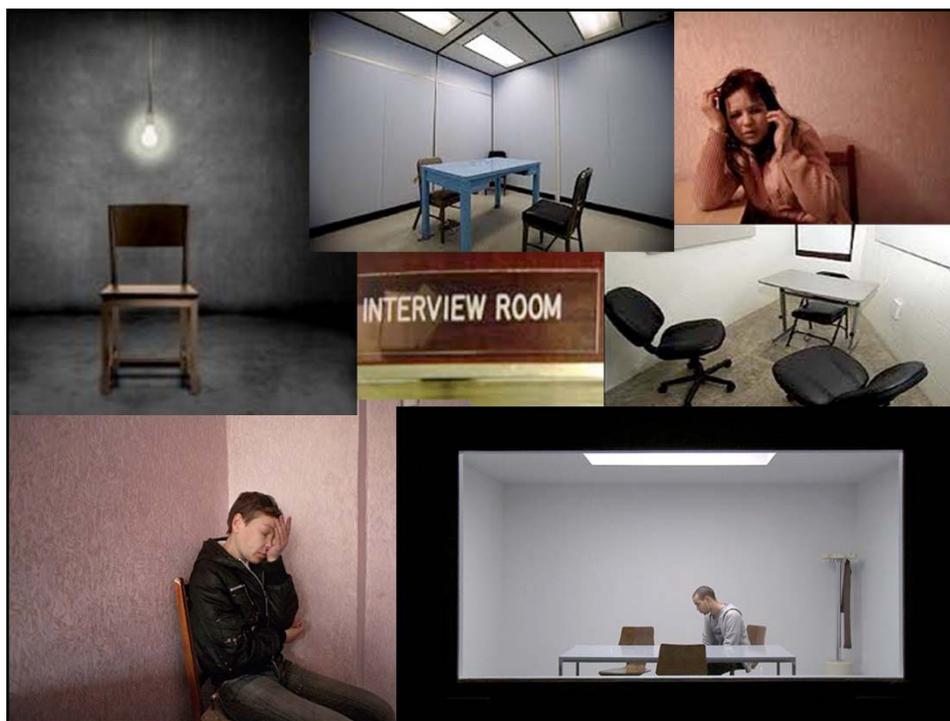
VICTIM INTERVIEWS



**A JOURNEY FROM
RE-VICTIMIZATION TO**

**TRAUMA INFORMED PROMISING BEST
PRACTICES**

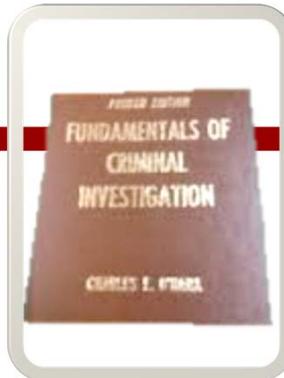




Victim Interviews

- **Where a vigorous woman alleges ravishment it is to be expected that signs of violence such as wounds, bruises and scratches will be present and their absence should induce a moderate degree of skepticism unless the girl avers that she fainted from fear, became panic stricken or was otherwise rendered incapable of physical resistance. The acts and demeanor of the female immediately after the alleged commission should be subjected to very critical investigation in these cases.**

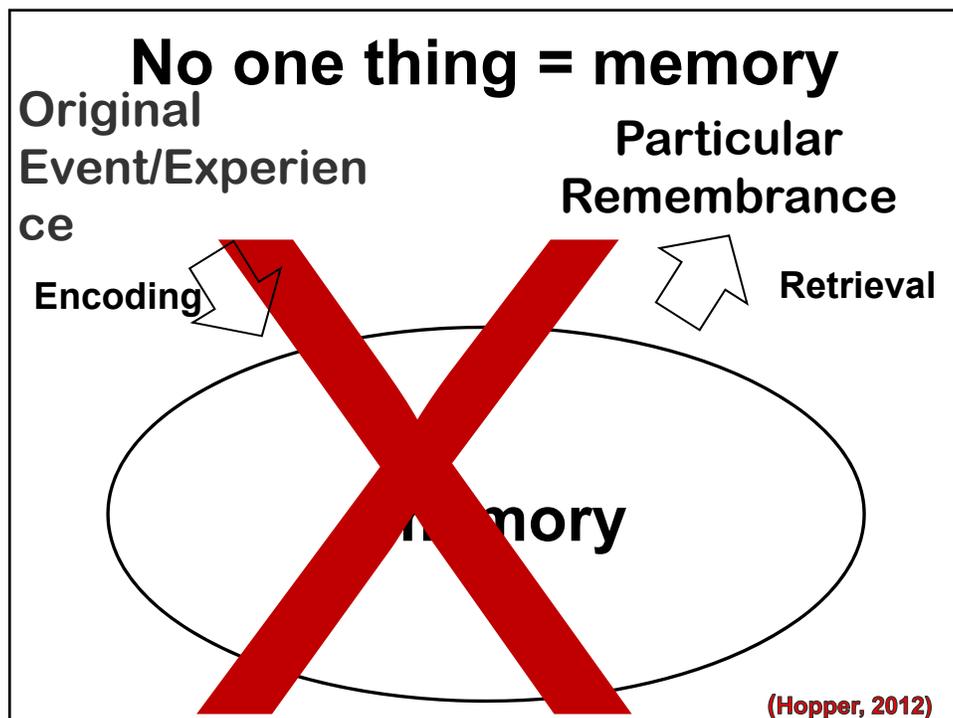
Victim Interviews

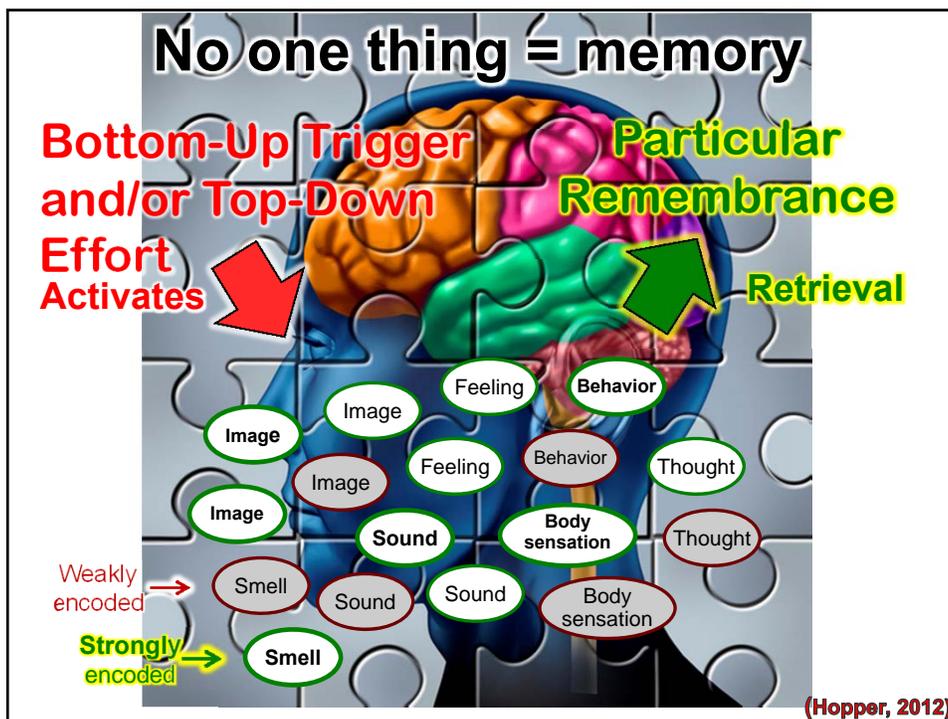


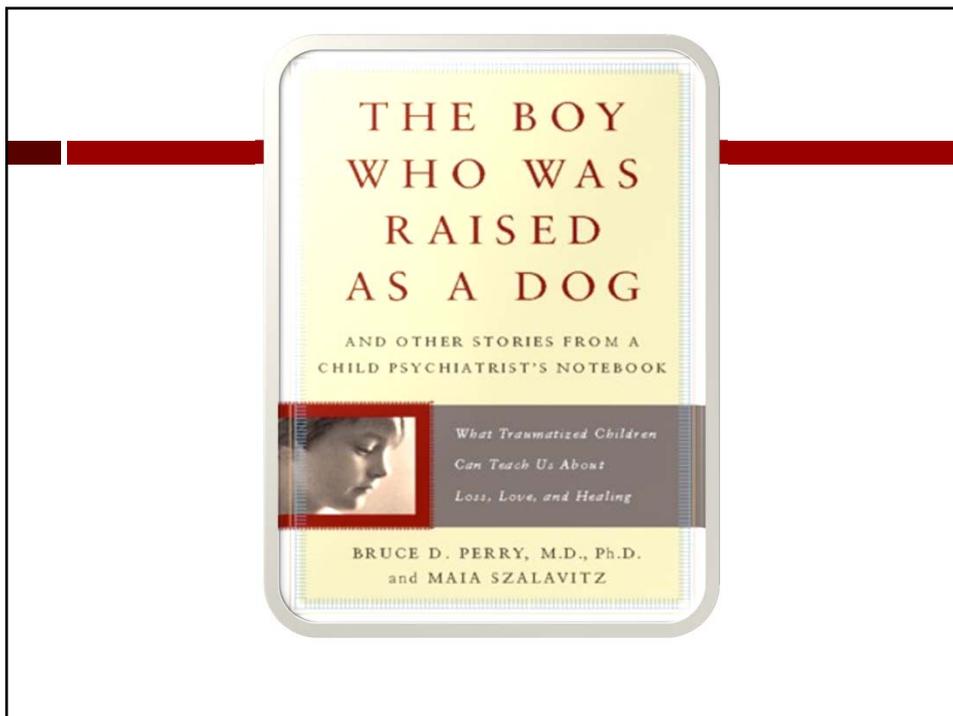
1970

**O'Hara, C. (1970).
*Fundamentals of Criminal
Investigation*. Charles C.
Thomas: Springfield, IL.**







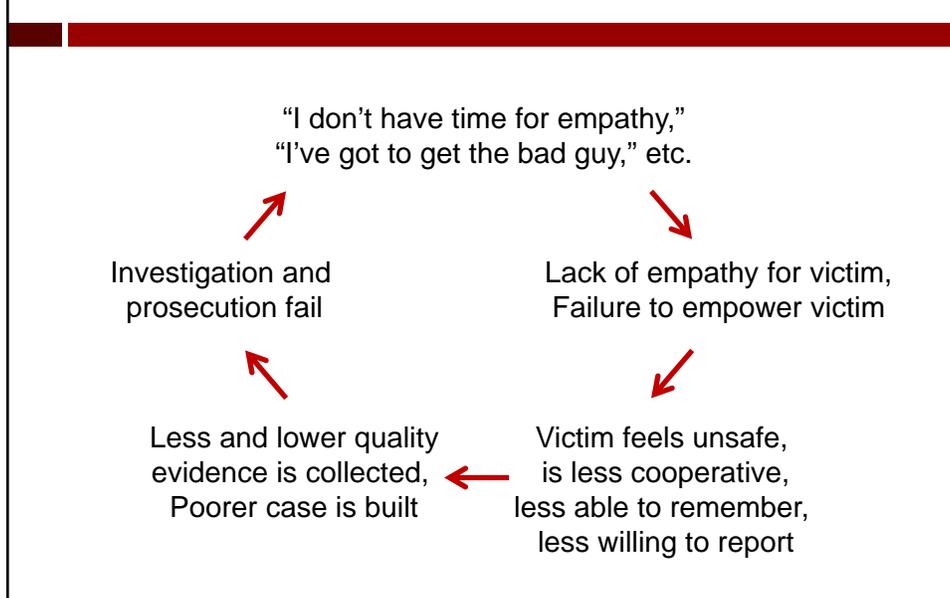




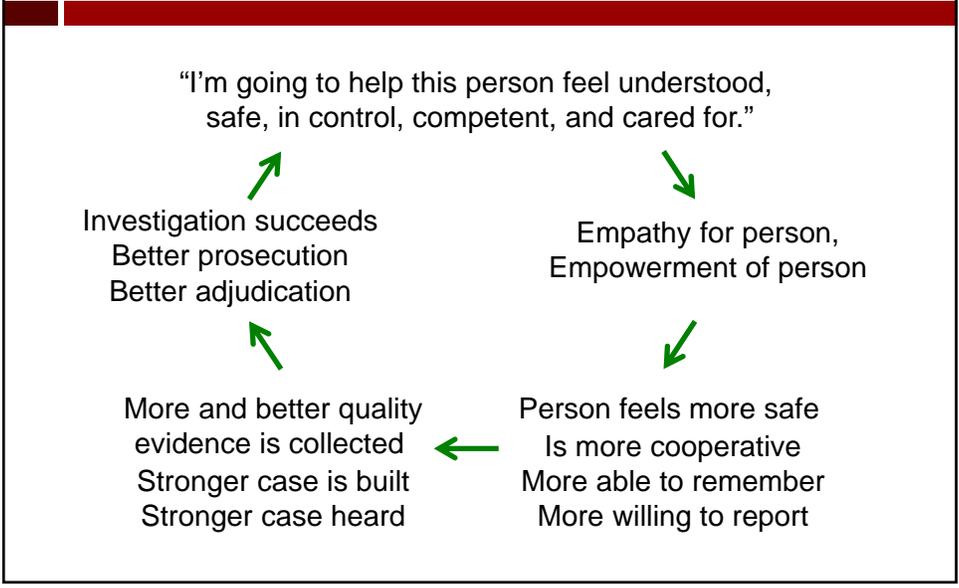
When the
fear
kicks in



**“I Don’t Have Time for Empathy” =
More Time, Less Understanding, Worse Case**



Empowerment, Empathy, Compassion = More Objective Evidence, Better Case



Trauma informed interviews?



Trauma Trauma Trauma

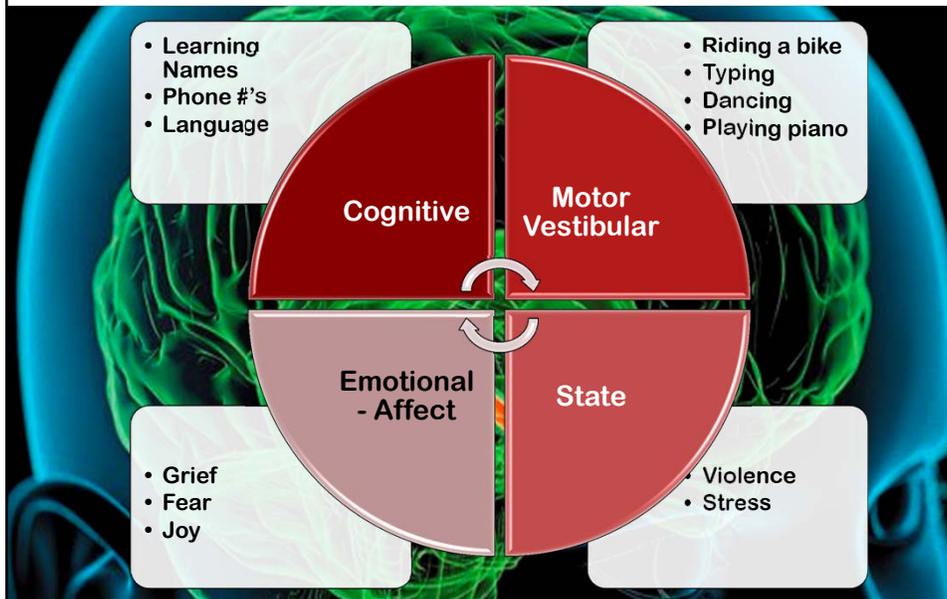
- It is life **changing!**



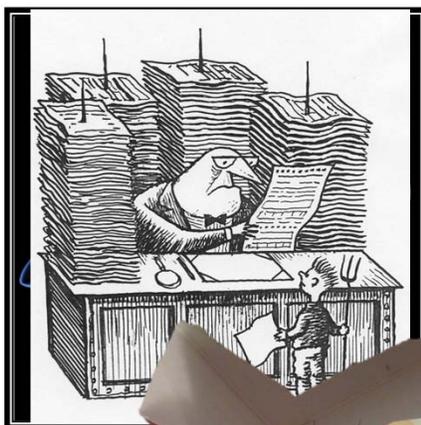
So...why don't victims seem to remember well?



Use-dependent memories



The Prefrontal Cortex



Allows control – or at least *guidance* – of older brain areas

(Hopper, 2012)

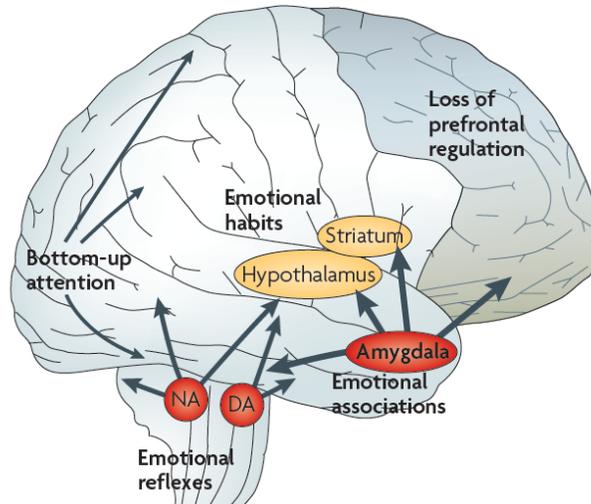
THE BRAIN DURING SEXUAL ASSAULT



High Stress = Impaired Prefrontal Cortex

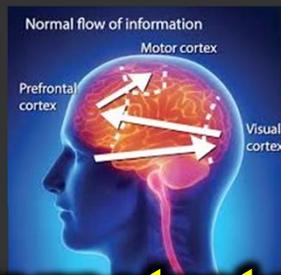
- Stress chemicals basically **turn it off**
- Old and primitive brain structures take control
- **We can't...**
 - Control our attention
 - Remember our values
 - Think logically
 - Over-ride emotional reflexes or habits
- Evolutionary origins: Stop to think – you're lunch

Traumatic Experiences: **Amygdala**



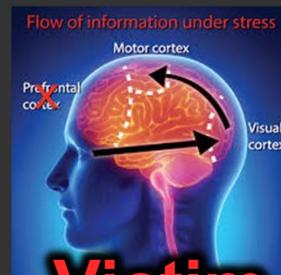
Automatic, mostly happening **outside of awareness**

Arnsten 2009, *Walter D. Willis Neuroscience*, 410



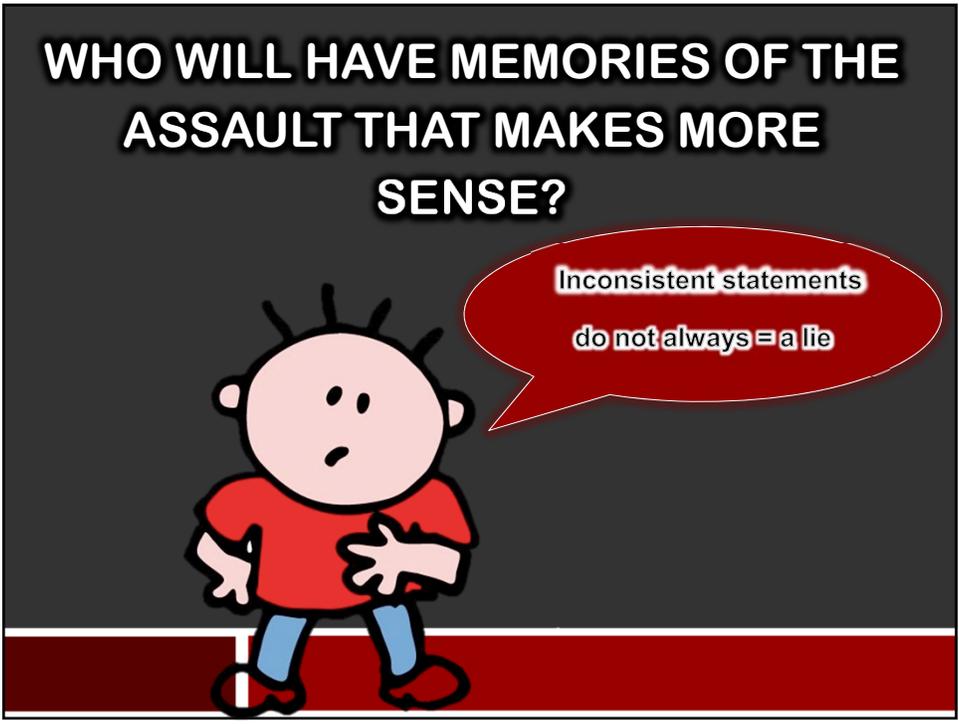
Perpetrator

- Not stressed
- **Prefrontal cortex in control**
- Thinking and behavior:
 - Planned
 - Practiced
 - Habitual



Victim

- Terrified, overwhelmed
- **Amygdala in control**
- Attention and thoughts driven by perpetrator actions
- Behavior controlled by emotional reflexes and habits from childhood (incl. abuse)



States become traits

Mental State	Calm	Arousal	Alarm	Fear	Terror
Primary Secondary Brain Areas	Neocortex Sudcortex	Subcourtex Limbic	Limbic Midbrain	Midbrain Brainstem	Brainstem Autonomic
Cognition	Abstract	Concrete	Emotional	Reactive	Reflexive
Sense of Time	Extended Future	Days and Hours	Hours and Minutes	Minutes and Seconds	Loss of Sense of Time
Dr. Bruce Perry					



**Sensations and Perceptions →
Tagging and Emotions → Actions**

Within ~1/8th of a Second

Positive? Negative? Neutral?

Like? Dislike? Indifferent?

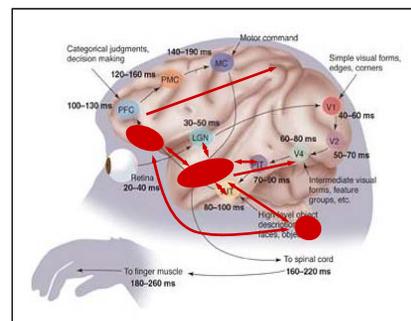
Want? Not want? Neither?

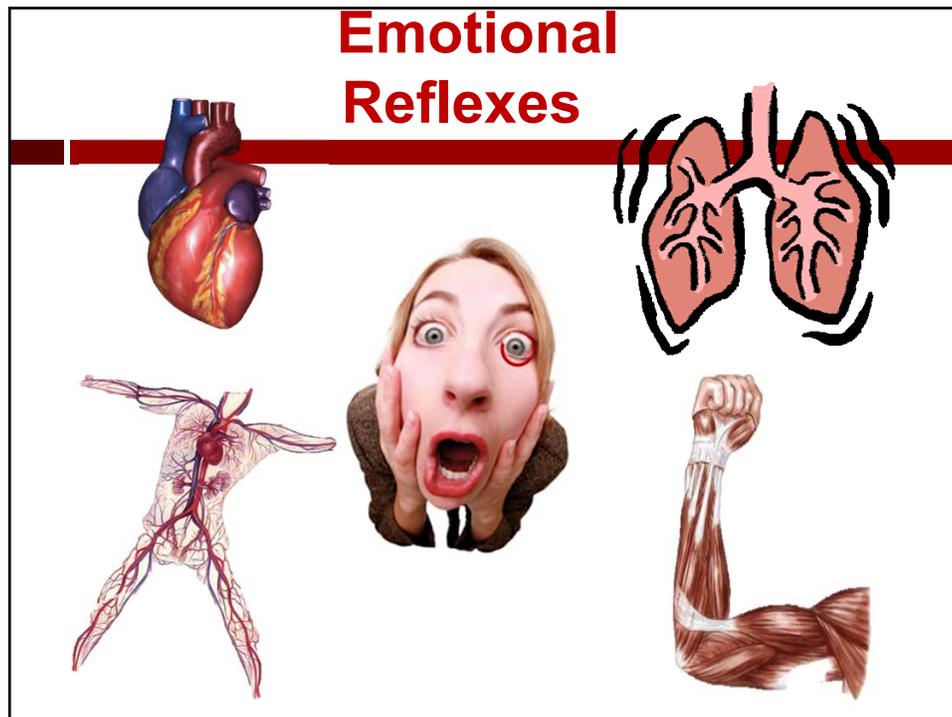
Grasp/seek? Avoid? Ignore?

Increase or decrease arousal?

Alter attention, sensory, or cognitive processing?

**Bypass potential for 'second thoughts' and executive control?
(Hopper, 2012)**





Brain Imaging of **Dissociative** Responses: A Unique Case Study

- Husband and wife in terrible accident with many cars; witnessed a death, feared would die
- Husband: Hyper-aroused/physical escape response
- Wife: Dissociative response. “In shock,” “numb,” “I could hardly move because I was completely frozen.”
- Very different brain activity when reliving trauma in scanner – each consistent with subjective experience during the trauma and response at the time

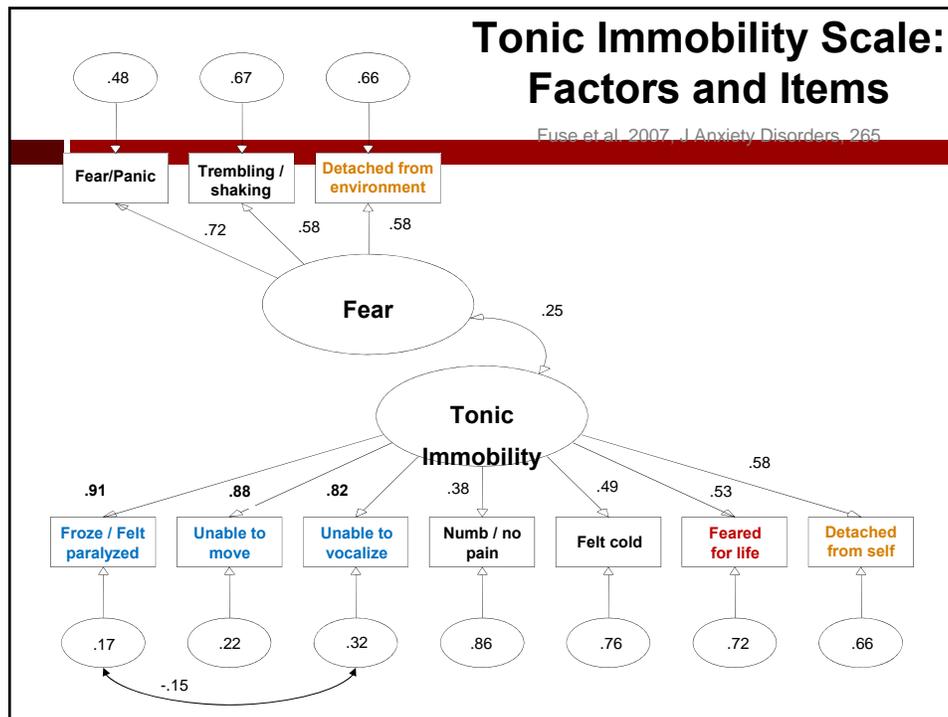
Lanius, Hopper, Menon 2003, Am J Psychiatry,

667



Tonic Immobility Definition

- Tonic immobility is characterized by **pronounced verbal immobility**, **trembling**, muscular rigidity, **sensations of cold**, and **numbness** or insensitivity to intense or painful stimulation (Marks, 1991)
- Tonic Immobility is **induced** by conditions of **fear and physical restriction**, although it can also occur in the absence of the latter, so the important aspect may be the **perceived** inability to escape (Heidt, Marx, & Forsythe, 2005)



Tonic Immobility

- **Common in sexual assault and other traumas or assaults involving perceived inescapability and extreme fear/terror: ~33-50%**
- Not a learned response
- Sudden onset, usually after failed struggle
- Sudden termination too, followed by more struggle or escape efforts
- **Can last from seconds to hours**
- **Does not impair alertness or memory encoding**

Humphreys et al. 2010, J Interpersonal Viol, 358

Tonic Immobility

- **Serious traffic accident, assault or physical aggression, sexual assault, serious danger of losing their life, and potentially fatal disease**
 - ▣ 44.4% experienced significant immobility
 - ▣ 11.4% experienced extreme immobility
 - ▣ Which groups experienced more physical inability than any other?
 - ▣ Sexual assault
- (Bados, et al., 2008)

Collapsed Immobility

Similar to tonic immobility

- **Can't move or speak**
- **Causes** = extreme fear, physical contact with perpetrator, restraint, **perceived** inescapability
- **Evolutionarily old response** (and more recent-human version associated with blood-injury)
- **Sudden onset** (but more gradual offset)

owski et al., in press, *Harvard Rev Psychiatry*; Baldwin 2013, *Neurosci Biobehav Rev*, 1549; Bracha 2004, *CNS Spectrums*.

Collapsed Immobility

Key differences from TI

- Physiological cause = Heart gets massive parasympathetic input, resulting in...
- Extreme ↓ in heart rate and blood pressure
- Faintness, “sleepiness” or loss of consciousness
- Loss of muscle tone – Collapsed, limp, etc.

Kozlowski et al., in press, *Harvard Rev Psychiatry*; Baldwin 2013, *Neurosci Biobehav Rev*, 1549

I felt like a rag doll.



*He was just moving
me around.*

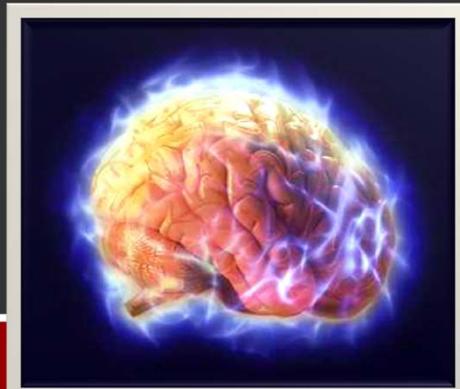
Collapsed Immobility

Other aspects / Things to be aware of:

- Often goes with **mental defeat**
- Can be triggered by seeing blood, skin puncture, knife or other sharp object
- More likely in women than men
- More likely in those who faint while having blood drawn

Kozlowski et al., in press, *Harvard Rev Psychiatry*; Bracha 2004, *CNS Spectrums*, 679

THE BRAIN IN THE **AFTERMATH** OF SEXUAL ASSAULT



IMPLICIT VS. EXPLICIT MEMORY

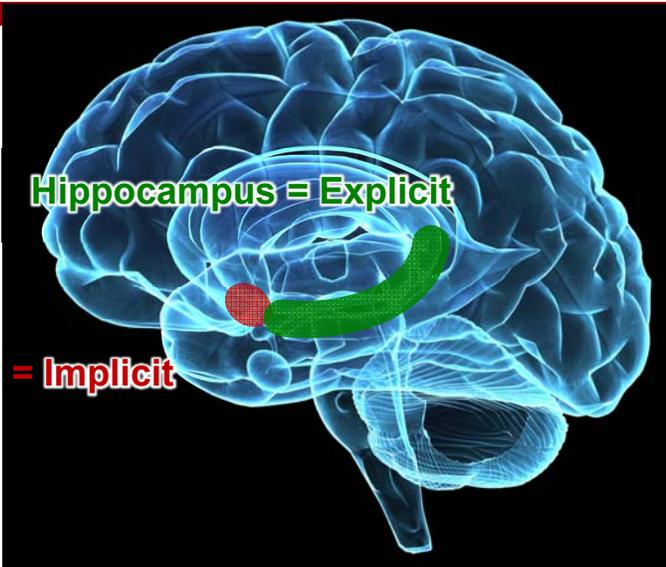
IMPLICIT **EXPLICIT**

Explicit = You know it's a memory

Implicit = You don't realize it's a memory



Explicit vs. Implicit Circuitries



Hippocampus = Explicit

Amygdala = Implicit

CENTRAL
Central
Details:
- Strongly encoded
- Changes little over time
STATION

head was think
was
feels

Peripheral
Details:
- Weakly encoded
- Changes much over time

I close my mouth because
I was scared

The diagram features a central graphic on the left with the word 'CENTRAL' in an arch at the top and 'STATION' in a block at the bottom, with a building illustration in between. To its right is a tilted yellow box labeled 'Peripheral' containing a photograph of a person with a blacked-out mouth. Handwritten notes in black ink are scattered around the diagram, including 'head was think' near the top, 'was' and 'feels' near the bottom, and a sentence 'I close my mouth because I was scared' at the very bottom.

WE CANNOT TRULY UNDERSTAND BEHAVIOR WITHOUT UNDERSTANDING THE EXPERIENCES OF THE PERSON OR CONTEXT IN WHICH THE BEHAVIOR OCCURS

The block has a dark grey background. At the top center is a signpost with three signs: 'PAST' pointing left, 'PRESENT' pointing right, and 'FUTURE' pointing down. Below the signpost is a large block of white text with the word 'CANNOT' in red. At the bottom of the block are two horizontal bars, one dark red and one red.

Working with trauma victims

- Memories of personal trauma are particularly durable and accurate (so don't worry if you don't get everything in the ER)
- The content of traumatic memory is usually vivid, detailed and more accurate than that of ordinary day-to-day memories
- 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
- For some people recalling sensations is the only way to describe the traumatic event initially
- The narrative emerges over time as the individual tries to explain what has happened (Schacter, 1996)

Trauma informed interviews include...



Trauma interviews...

Central Details

My amygdala could beat up your prefrontal cortex

Sensory Integration

- Tactile
- Sight
- Sound
- Taste
- Smell
- Touch
- Balance
- Body Position

Context & implicit memory

IMPACT!

Trauma informed interviews avoid...

DON'T MIND ME, I'M JUST JUDGING YOU.

Insert Home

I HAVE THE AND

PERIPHERAL

KEEP ASKING WHY?

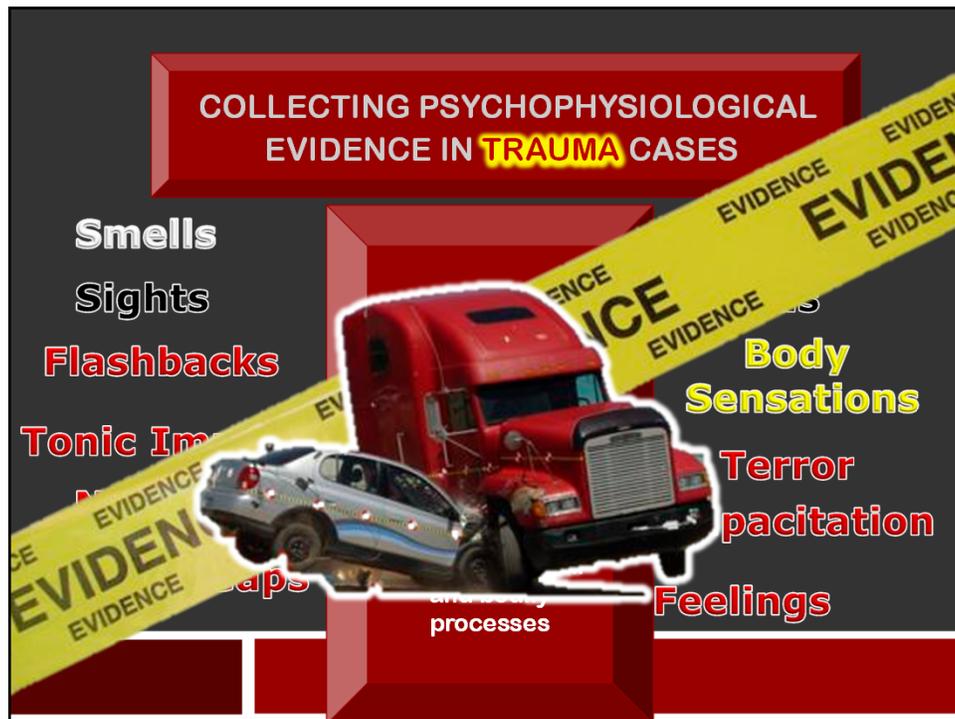
First	Finally
Next	After
Then	Last

COLLECTING PSYCHOPHYSIOLOGICAL EVIDENCE IN TRAUMA CASES

Smells
Sights
Flashbacks
Tonic Im
aps

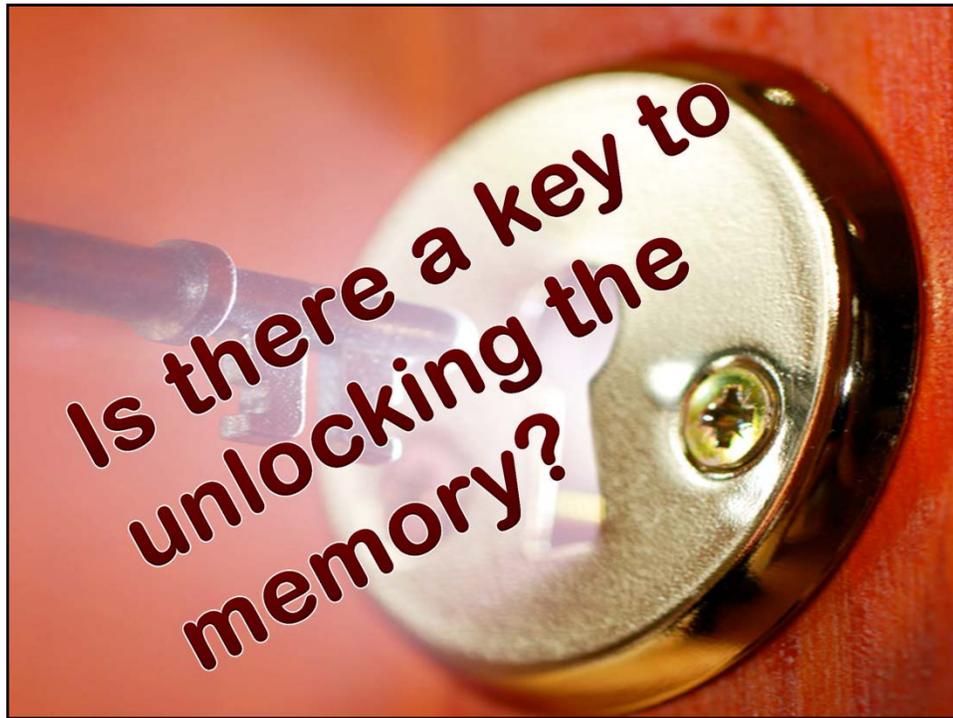
Body Sensations
Terror pacitation
Feelings

processes



You need permission...







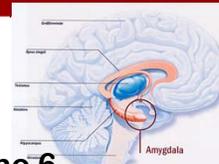
“Forensic Experiential Trauma Interview” (FETI)

- This unique advanced interview technique, developed by USAMPS, combines the best of **child forensic interview techniques** along with the principles of **critical incident stress debriefings** and new **neurobiology research** to obtain not just the who, what, why, when, where, and how of the incident, but also **the three dimensional experiential aspect of the crime**. This process solicits and documents critical forensic physiological evidence. Based on feedback from the field this new technique has already shown to be substantially more effective in obtaining information and substantially more beneficial evidence which results in more successful prosecutions of sexual assault cases. The FETI technique is also being trained by our Army trainers to Federal, State, and local civilian agencies and has been embraced as a promising best practice.

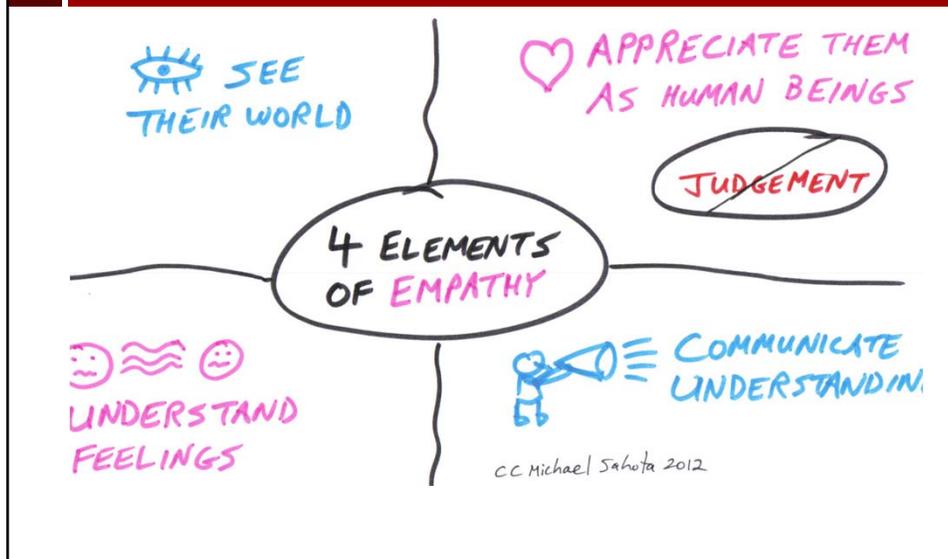
A Paradigm Shift...

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 are you **able** to remember about...the 6 senses
 - ▣ What were your reactions to this experience
 - Physically ☹
 - Emotionally
 - ▣ What was your thought process during this experience?
 - ▣ What was the most difficult part of this experience for you?
 - ▣ What, if anything can't you forget about your experience?
 - ▣ Clarify other information and details...after you **facilitate** all you can about the “**experience**”



Demonstrate **genuine** empathy



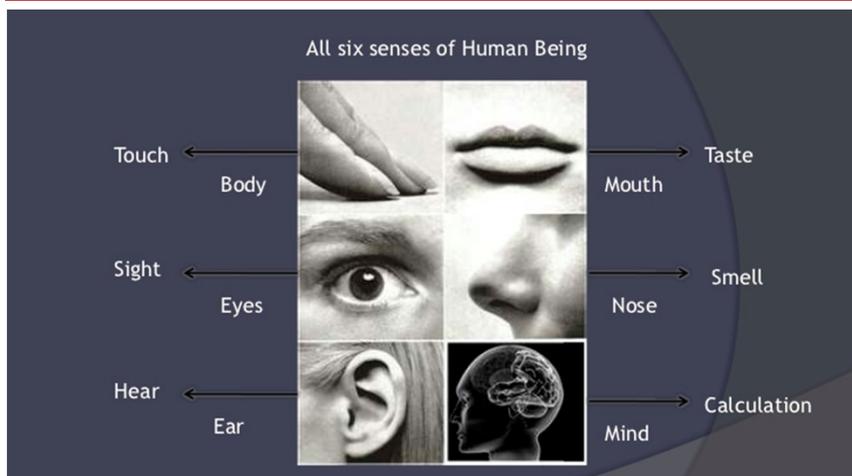
What are you **able** to remember about your **experience**?

...and talks a lot
away for the future
his **experience** in
his new play
of farm...

Tell me more...



What are you **able** to remember about...



What was your reaction?



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



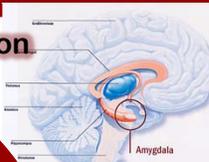
What can't you forget?



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 that... or that...
 - What are you able to remember about the 6 seconds?
 - What were you thinking?
 - What were you feeling?
 - What were you doing?
 - What were you saying?
 - What were you hearing?
 - What were you smelling?
 - What were you tasting?
 - What were you touching?
 - What were you seeing?



**Victims should not
be treated as
witnesses to their
own crime**

What do you think?

- Was this disclosure credible or not?
- What did the woman do or not do to make you believe or disbelieve her experience?
- What information was most important?
- What were the central details?
- What were the peripheral details?
- How did her affect impact on what you believe?
- What psychophysiological did she provide?

Expect Little, Don't Push

- Peripheral details
- Contextual information
- Time-sequence information
- Organized or coherent narrative



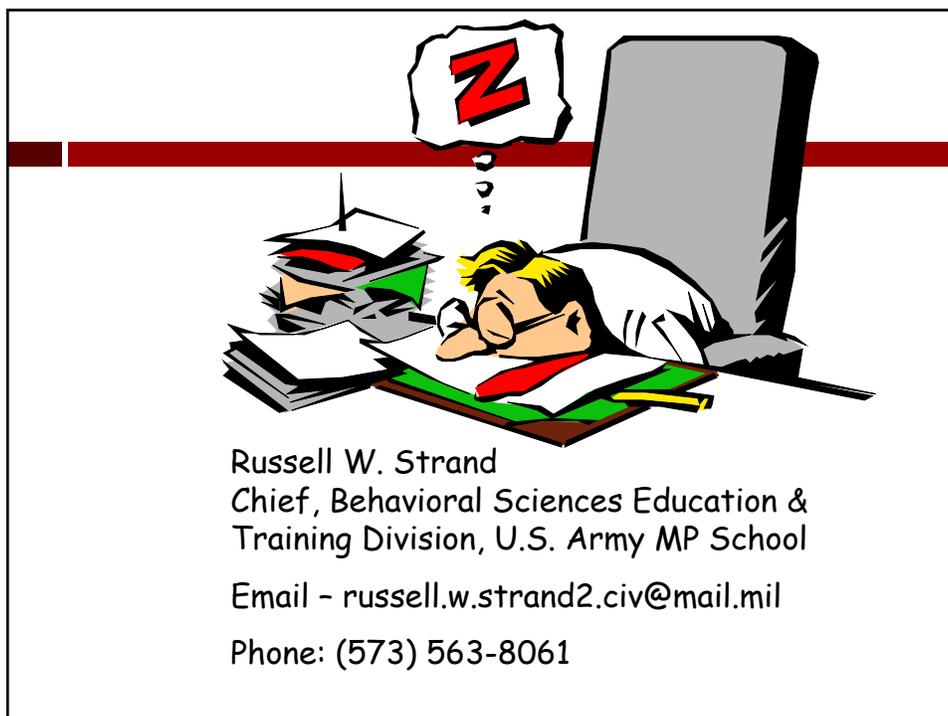
Other Things to Remember

1. **Top-down and bottom-up** retrieval cues have huge effects on what gets activated, retrieved, and reported.
2. **Type and length of a question** affect what gets activated, retrieved, and reported. Keep simple, short.
3. **Tone of voice, body language and word choice** can have huge effects on what gets activated, retrieved, and reported.
4. **Emotional and physiological responses** of victims – to questions and how they're asked – affect what gets activated, retrieved, and reported.

Are you empowering and connecting with the victim?

**ARE YOU GETTING CENTRAL DETAILS?
IDENTIFYING PUZZLE PIECES? IMPLICIT
MEMORIES?**

**Are you getting evidence
of brain-based trauma responses?**



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