

Trauma-Informed Forensic Interviewing



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Learning Objectives

- Define Trauma and Traumatic Stress
- Articulate the impact of trauma on memory process and systems
- Define Trauma-Informed Care Paradigm
- Formulate Trauma-Informed Interviewing Questions
- Recognize and develop strategies to address Secondary Trauma and Vicarious Traumatization



Trauma

- Understanding trauma is not just about acquiring knowledge:
 - Changes the way you view the world
 - Changes the helping paradigm from:
 - “What is wrong with you?” to
 - “What happened to you?”
- Sandra Bloom (2007)



What is Trauma?

Trauma is defined using eight general dimensions:

- Threat to life or limb;
- severe physical harm or injury, including sexual assault;
- receipt of intentional injury or harm;
- exposure to the grotesque;



What Is Trauma?

- Violent, sudden loss of a loved one;
 - Witnessing or learning of violence to a loved one;
 - Learning of exposure to a noxious agent; and
 - Causing death or severe harm to another
- (Wilson & Sigman, 2000)



Types of Trauma

- Physical trauma
- Medical trauma
- Psychological trauma
- Social or Collective trauma
- Historical or Intergenerational trauma



Types of Trauma

- Immigration trauma
- Developmental trauma
- Ongoing, chronic, and enduring trauma
- Vicarious or secondary trauma or “compassion fatigue”



Examples of Traumatic Events

- Car accidents
- Surgery
- Child abuse
- Divorce for young children
- Sexual abuse and assault
- Domestic violence
- War
- Community violence
- Diagnosis of a terminal illness
- Suicide or murder of a loved one
- Earthquakes, tornadoes, natural disasters
- Violent crime



Trauma

Traumatic events are external, but they quickly become incorporated into the mind (Terr, 1990) and the body (Van Der Kolk, 1991).

Traumatic Event



Trauma

- **Psychological trauma** is the unique individual experience of an event or enduring conditions, in which:
 - The individual's ability to integrate his/her emotional experience is **overwhelmed**, or
 - The individual experiences (subjectively) a **threat to life, bodily integrity, or sanity**.

(Pearlman & Saakvitne, 1995, p. 60)



Trauma

- **Psychological trauma is characterized by feelings of:**
 - Intense fear
 - Helplessness
 - Loss of control
 - Threat of annihilation

Judith Herman, *Trauma and Recovery* (1992)



Prevalence of Trauma

It is estimated that at least half of all adults in the United States have experienced one incident that was caused by a major traumatizing event (Briere & Scott, 2006)

Almost 70% of Kaiser adult patients (n=17,000) reported at least one traumatic experience before the age of 18. And about half reported 1-3 adverse experiences (ACE Study, 2010)



Prevalence of Trauma

- For **children**, the prevalence is felt to be **even higher** than that experienced in adulthood.
- Studies have found up to 60-70% of **urban youth** have experienced a traumatizing event in their lives. Exposure to traumatizing events is occurring at an epidemic rate.

Geffen, Griffin & Lewis, 2008
- One study found that 85% of **college students** (n=234) reported one or more traumatic experiences in their lifetime.

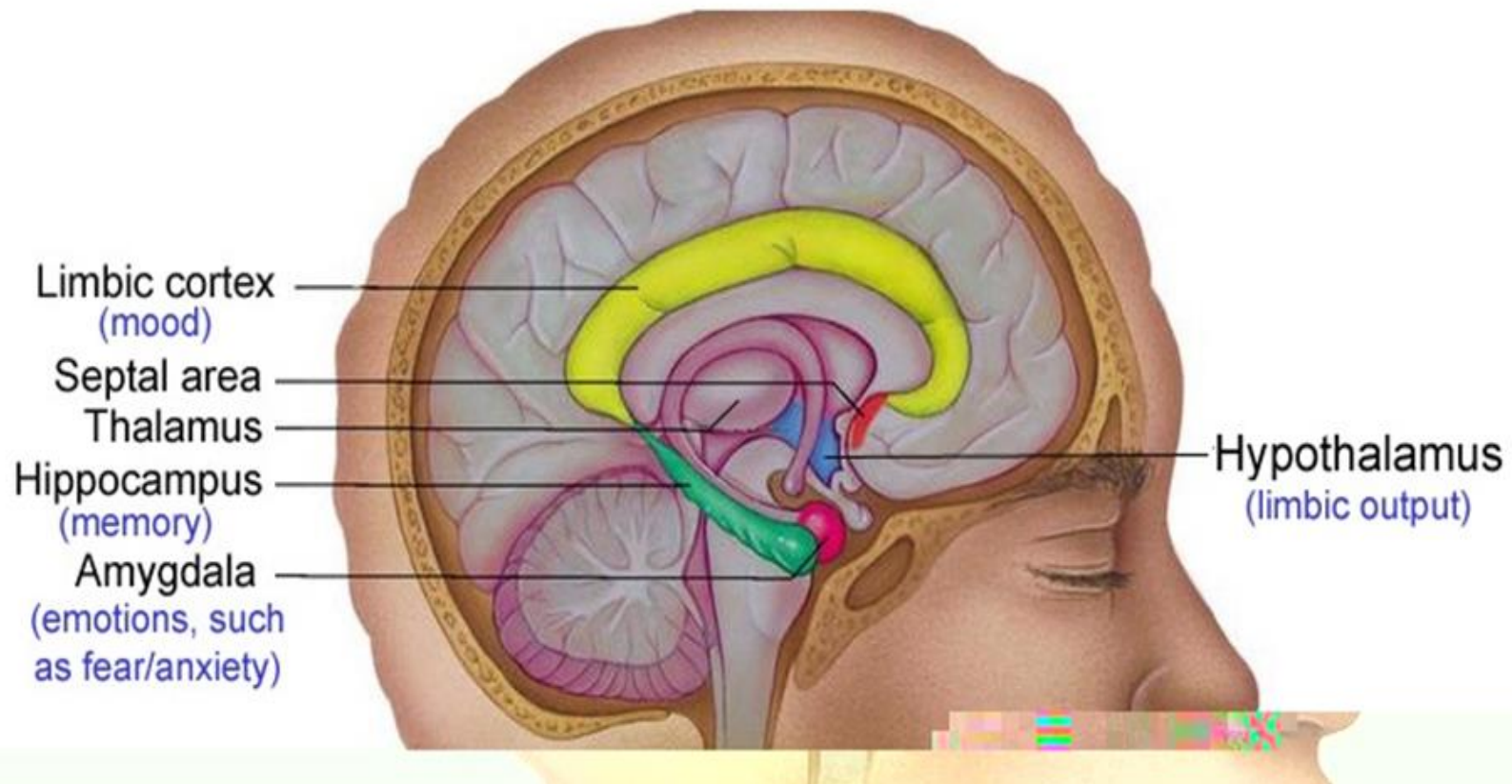
Fraiser, et al, 2009
- About 15-20% of **college females** report being sexually assaulted or raped.

CalCASA, 2016



Trauma Response – Neuroscience

Limbic System

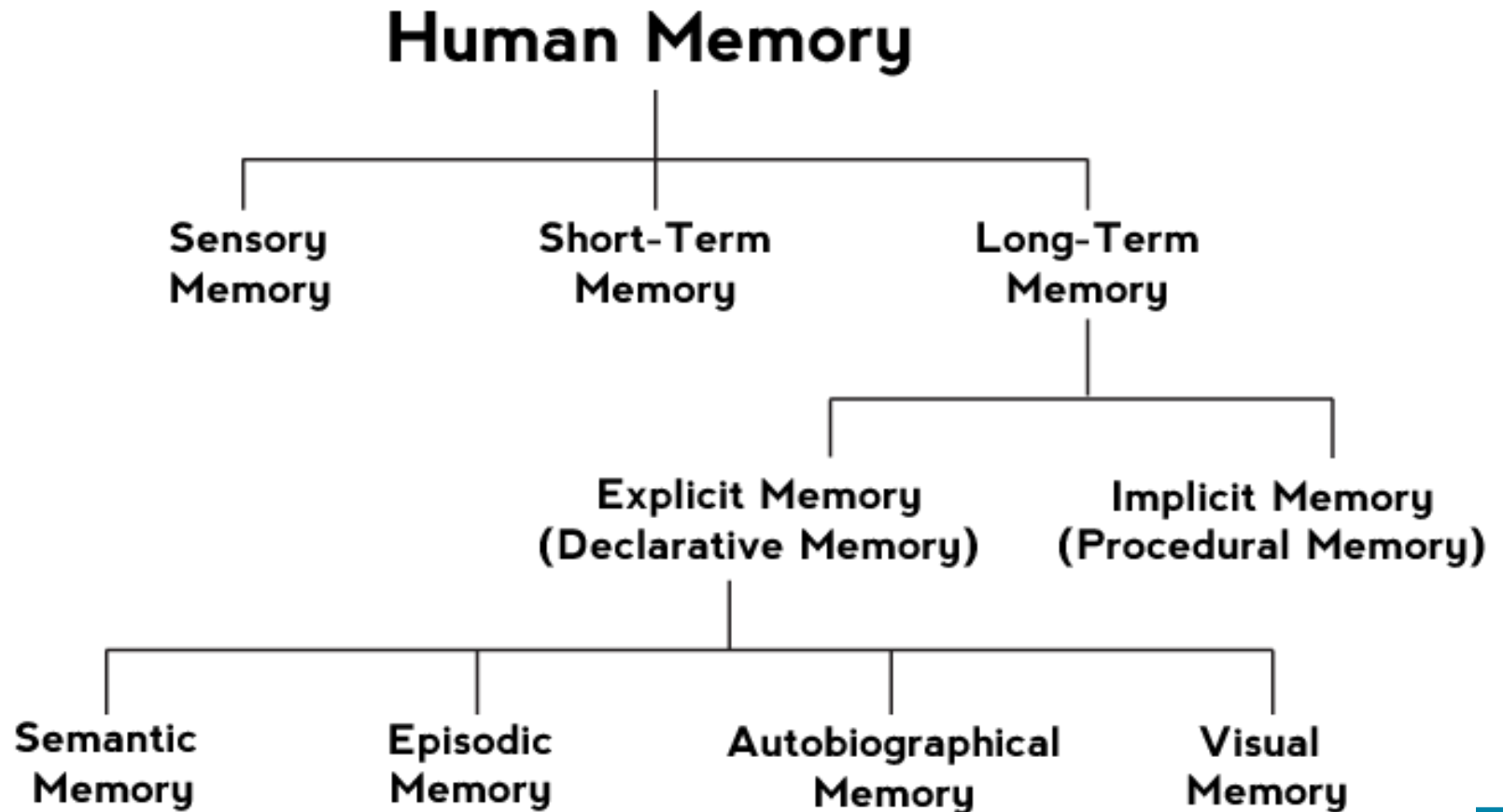


Traumatic Stress

- The reactions someone may develop after a traumatic event due to experiencing extreme stress.
- Reactions vary considerably.
- Some people experience anxiety, fear, shock and upset or even numbness.
- Some report disturbances in sleep, with nightmares.
- These reactions can interfere with activities of daily living.



Human Memory



Trauma and Memory

- Traumatized individuals often undergo a process many professionals and victims do not commonly understand.
- The **body** and **brain** react to and record trauma in a **different** way than we have **traditionally** been led to believe.

Strand, 2013

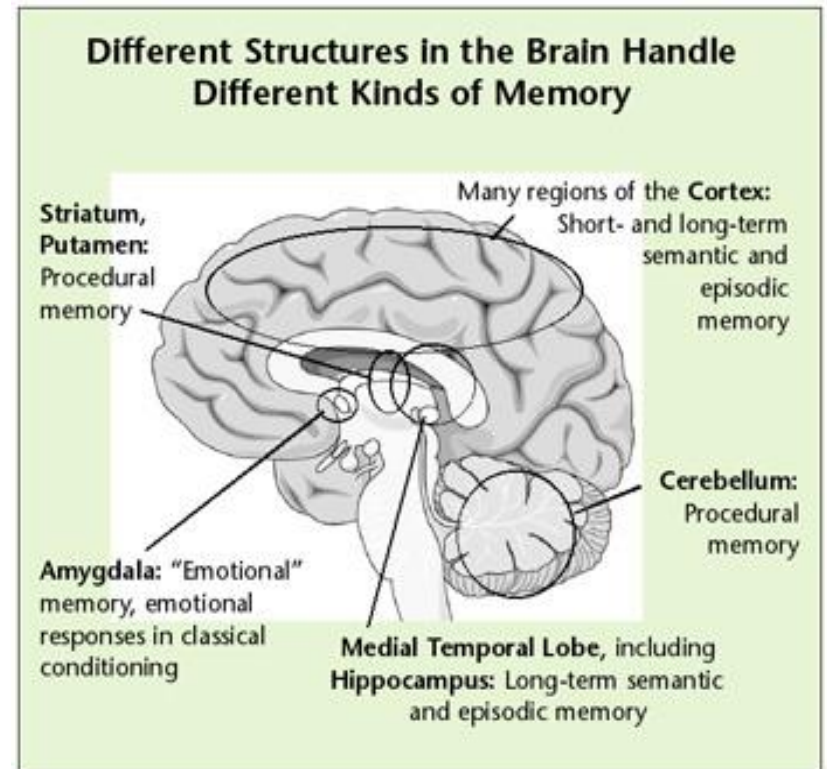


Trauma and Memory

When trauma occurs, the prefrontal cortex will frequently shut down leaving the more primitive portions of the brain to experience and record the event.

The more primitive areas of the brain do a great job recording experiential and sensory information.

It does not do so well with other types of memory.



Trauma and Memory

- Most trauma victims are not able to accurately provide detailed information.
- Stress and trauma routinely interrupt the memory process

Strand, 2013



Trauma and Memory

- One of the mantras within the criminal justice system is
 - “Inconsistent statements equal a lie.”
- Nothing could be further from the truth when stress and trauma impact memory, research shows.
- In fact, good solid neurobiological science routinely demonstrates that, when a person is stressed or traumatized, inconsistent statements are not only the norm, but sometimes strong evidence that the memory was encoded in the context of severe stress and trauma.



Trauma & Credibility Assessments

- Interviewers should be familiar with the signs of trauma, and not assume the interviewee is evading the truth.
- Memory loss, lack of focus, emotional reactivity, and multiple versions of a story can all be signs of trauma exhibited during interviews.



Trauma & Credibility Assessments

- No easy solution for investigators, except
 - Be aware of the issue.
 - Be more cautious about assuming intentional deception if there are inconsistent statements, when trauma is present.
 - This is an emerging issue. Stay tuned.



The Impact of Trauma on Victim Behavior

- The effects of trauma can influence behavior of a victim during an interview.
- People are often reluctant to recall experiences that evoke negative feelings and emotions such as anger, fear, humiliation, or sadness.

Strand, 2013



Trauma-Informed Care (TIC)

- An organizational structure and treatment framework that involves **understanding, recognizing, and responding** to the effects of all types of trauma on the well-being and behavior of survivors.
- TIC **emphasizes** physical, psychological, social and **moral safety** for both consumers and providers.
- TIC helps survivors **rebuild** a sense of control and empowerment.



Essentials of Trauma-Informed Care

- **Connect** – focus on relationships
- **Protect** – promote safety and trustworthiness
- **Respect** – engage in choice and collaboration
- **Redirect** (teach and reinforce) – encourage skill-building and competence

Hummer, Crosland, & Dollard, 2009



Trauma-Informed Care Interventions

“There is no more effective neurobiological intervention than a safe relationship.”

Bruce Perry, PhD, MD

- The relationship works to bring the brain back into regulation.
- Safe, predictable, consistent relationships.



Addressing The Impact of Trauma on Victim Behavior

- Interviewers should be familiar with the signs of trauma and not assume the victim is evading the truth.
- Memory loss, lack of focus, emotional reactivity, and multiple versions of a story can all be signs of trauma exhibited during interviews.
- For example, lack of linear memory is often a sign of trauma, so it may be helpful during initial interviews to ask “What else happened?” instead of “What happened next?”

Strand, 2013



Addressing The Impact of Trauma on Victim Behavior

- Environmental barriers such as the layout of the room, the length of the interview, and the comfort of the interview room are also factors to consider.
- Privacy and security may be a large concern for people who have just experienced something traumatic; therefore, the interview room should be a quiet area.

Strand, 2013



Addressing The Impact of Trauma on Victim Behavior

- Cultural and language needs must be ascertained and reasonably accommodated to avoid shutdown due to culturally offensive or inappropriate approaches.
- Be aware of cultural considerations of gender, subject matter, and narrative style.
- Some cultures reveal a story in a circular rather than linear manner.

Strand, 2013



The Science of Forensic Interviewing

A forensic interview is:

- Non-leading,
- Victim-sensitive,
- Victim-centered,
- Neutral, and
- Developmentally appropriate

This helps investigators determine whether a crime occurred and what happened.

Trauma Informed Forensic Interviewing Process

- Have the Reporting Party tell you what happened, giving the individual time to do so at their own pace.
- Provide a journal book for the Reporting Party to write down things as they remember
- Allow for up to five sleep cycles to allow time for the individual to remember everything that happened.
- Use sensory questions to aid the individual in filling in the gaps.



Trauma Informed Forensic Interviewing Process

- Allow time for silence in the conversation to give the individual time to process and think.
- Reassure the Reporting Party.
- Ask questions to get additional details.
- Clarify any unknown terms used.
- Use proper phrases.
- Don't blame the victim.
- Provide contact information.



Trauma Informed Forensic Interviewing Process

When interviewing the respondent, consider these practices:

- Before the interview, have a plan that includes the use of open-ended questions.
- Help the respondent feel safe. Empathize
- Build trust with the respondent by avoiding accusations and avoiding arguing.
- Be respectful in tone and words.
- Maintain control over the interview by allowing time for full discussion, repeating specific points and asking for clarification.



A Model of Trauma Informed Forensic Interviewing

- The goals of a forensic interview are to minimize any potential trauma to the victim, **maximize information** obtained from victims and witnesses, reduce contamination of the victim's memory of the alleged event(s), and **maintain the integrity** of the investigative process.
- The **Forensic Experiential Trauma Interviews (FETI)** is a trauma-informed interviewing approach.

Strand, 2013



A Model of Trauma Informed Forensic Interviewing

- FETI is highly effective technique for victim, witness and some suspect/subject interviews.
- This concept and approach of this technique can be described as a *forensic psychophysiological investigation* - an opportunity for the victim to describe the experience of the sexual assault or other traumatic and/or fear producing event, physically and emotionally.

Strand, 2013



FETI Process

Interviewees need to feel safe at all times.

- Make sure the environment is comfortable, quiet, private
- Ask questions about how the person is feeling about the process so far. Acknowledge how difficult this can be to go through this process.
- Explain your role and what you will be asking in general.
- Use empathy to build a relationship with the interviewee.



FETI Process

- Develop a motivational statement that connects the benefits of participating in the interview with the wanted outcomes for the interviewee.
 - For example: *“I know how difficult this is to talk about. I am sure you would rather be anyplace than here answering these questions. I want you to know how much I appreciate you participating in this interview. Your answers will help me to better understand what happened to you so that we can accurately document it in our report.”*



FETI Process

Ask what is the person able to tell you about their experience.

“tell me more about that...”

“what do you remember about that...”

Ask the person if they remember any smells, sounds, tastes, or sights. This triggers the memories of the event

“Do you remember any smells?”

“Do you remember if he/she had a particular smell?”

“Do you remember any sounds in the room or outside?”

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

“Is there anything about this experience that you can’t forget?”



FETI Process—Reframing the Questions

These are some of the typical questions asked during a sexual assault investigation:

Typical framing

- How tall was the man?
- What was the woman wearing?
- Why didn't you scream or fight back?
- Did he penetrate you?

Re-Framed to be TI

- *Tell me more about the man.*
- *Tell me more about the woman.*
- *What were you thinking as this was happening?*
- *What do you remember feeling in your body?*



FETI Process—Reframing the Questions (cont'd)

Typical framing

- Was there anyone else?
- Why did you wait so long to report it?
- Why did you take a shower?
- Did he ejaculate?

Re-Framed to be TI

- *Tell me more about other people.*
- *Tell me more about what has been going on in your life since this happened?*
- *What were you thinking when you were taking a shower?*
- *Can you remember what his penis did?*



FETI Process—Reframing the Questions (cont'd)

Typical questions asked

- Where did this happen?
- How long did this last?
- Did you get hurt?
- How drunk were you?

Re-Framed to be TI

- *Tell me more about the location*
- *Do you remember anything about the time?*
- *Can you tell me about how your body was feeling afterwards?*
- *Tell me more about the drinking?*



Self Care When Working with Trauma Survivors

- Trauma is contagious.
- Like the interviewee, an interviewer may experience a variety of emotional reactions that manifest itself as secondary or vicarious traumatization or compassion fatigue.
- An interviewer could experience PTSD reactions, relive a personally traumatic experience, or suffer from witness guilt.



Self Care When Working with Trauma Survivors

- Because forensic interviewers may experience a wide array of emotional reactions after an intense interviewing session, they must implement various **safeguards** to ensure a supportive and safe work environment.
 - Before an interview, an interviewer should anticipate vicarious trauma reactions, and after an interview, the interviewer should debrief after hearing a traumatic story.



Self Care When Working with Trauma Survivors

- In a work environment where personnel frequently interview trauma victims:
 - The organization must anticipate and normalize reactions by directly discussing the risk of vicarious traumatization.
 - Developing an organizational plan to support staff, and providing personnel with the opportunity to discuss how work is affecting their life.



The Personal Impact of Secondary Trauma

<u>Cognitive</u>	<u>Emotional</u>	<u>Behavioral</u>	<u>Spiritual</u>	<u>Interpersonal</u>	<u>Physical</u>
<ul style="list-style-type: none"> -Confusion -Spaciness -Trauma Imagery -Rigidity -Apathy -Self Doubt -Minimization -Thoughts of self-harm or harm to others 	<ul style="list-style-type: none"> -Anxiety -Emotional Rollercoast -Depression -Anger/rage -Numbness -Depleted -Overwhelmed -Fear -Sad -Survivor's Guilt 	<ul style="list-style-type: none"> -Substance misuse -Clingy -Moody -Nightmares <p>Hypervigilant</p> <ul style="list-style-type: none"> -Impatient -Changes in appetite -Elevated startle response -Sleep disturbances -Poor coping 	<ul style="list-style-type: none"> -Changes in belief system and world view -Anger at God -Increase in religiosity -Pervasive hopelessness -Questions religious beliefs 	<ul style="list-style-type: none"> -More conflicts -Over-protective -Mistrust -Decrease in emotional/sexual intimacy -Isolation -Projection of blame -Isolation -Intolerance -Loneliness 	<ul style="list-style-type: none"> -Dizziness -Shock -Breathing difficulties -Somatic complaints -Impaired immune system -Rapid heart beat

Impact of Secondary Trauma on Professional Functioning

Job Performance

- Decrease in quality and quantity of work
- Low Motivation
- Avoidance of Job Tasks
- Setting perfectionist standards

Morale

- Decrease in confidence
- Loss of Interest
- Dissatisfaction
- Negative Attitude
- Lack of Appreciation
- Detachment

Interpersonal

- Withdrawal from Colleagues
- Impatience
- Reports of Decrease in the Quality of Work Relationships
- Poor Communication
- Increase in Staff Conflicts

Behavioral

- High Rates of Absenteeism and Tardiness
- Exhaustion and Fatigue
- More Aches and Pains in the Body
- Lower Immune Functions, e.g. sick more often
- Faulty Judgments
- Overwork
- Frequent Job Changes

Self-Care Activities

- Practice deep breathing
- Progressive muscle relaxation
- Guided imagery
- Taking mini-vacations
- Mental health days
- Gardening
- Exercise, yoga, dancing
- Meditation, spiritual, religious activities
- Having fun



Breathing Exercise

- Start by breathing slowly, but deeply.
- Take air in through your nose, and then blow the air out through your mouth.
- Deep breathing means drawing air down into your abdomen.
- Don't just take the air into your throat and breathe out. That's what we usually do.
- Begin by slowly breathing in through your nose to a count of 5, and then slowly exhale through your mouth to a count of 6. Continue for at least 2 minutes, and then notice what happens.
- Notice how relaxed you can make yourself feel.



Music and Self Care

- The power of music is evocative. It can bring up a memory that makes you feel a certain way or it can induce feelings without a memory attached to it.
- As for music's emotional impact, there is some indication that music can affect levels of various hormones
- Music can boost the immune function.



Don't Forget to Laugh!

- Laughter is one of the best ways to release endorphins, serotonin, dopamine. Hearty laughter leads to pain relief, probably through the release of endorphins.
- Take a moment to think of something that made you laugh. Allow yourself to really feel everything about that moment. Remember how you felt as you were laughing.
- All self-care plans need to include at least 10-20 episodes of laughter per day. *Set your alarm.*



The Power of Touch

- Get a Hug!
 - When we are feeling overwhelmed and stressed, touch can calm us.
- Oxytocin is the naturally occurring neurotransmitter and hormone of safety and trust, of bonding and attachment.
 - Every time we feel safe, warm, loved etc. we release small amounts of oxytocin in the brain, even thinking about past experiences or imagining being loved can release oxytocin.
 - Take a moment to remember an experience



Contact Information

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A YouTube video about interviewing sexual assault victims:

Sexual Assault: A Trauma-Informed Approach to Law Enforcement First Response

<http://youtu.be/gtWD1XJrhNo>

