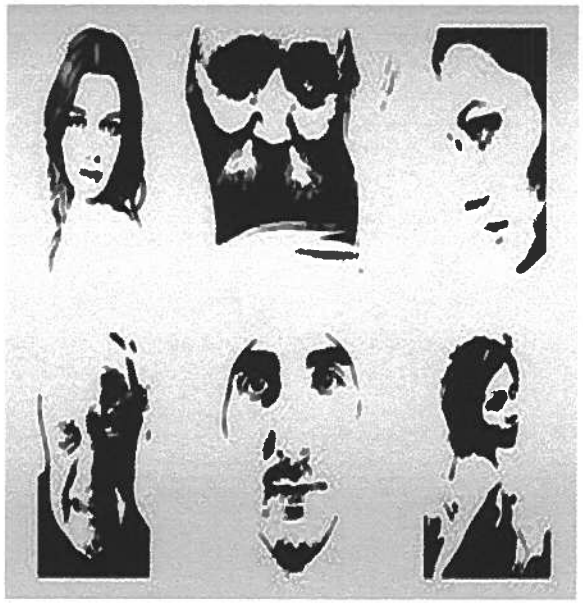
TRAUMA-INFORMED INTERVIEW PRINCIPLES

Interview Best Practices Based on Trauma, Memory, and Differentiating Between Trauma and Deception



Effective Empathic Response:

First, do no harm…

Any and ALL possible efforts should always be made to minimize further trauma to the victim.

The key to interview "best-practice":

Empathy

Educing Information
National Defense Intelligence College
Washington, DC
December 2006

Response: Best Practices

- People speak more freely and fully when
  - When they feel they are being listened to
  - When they feel the listener can tolerate what they have to say
  - When the listener can understand what they have to say
  - When they feel the listener can imagine it to be true

-Lebowitz & Wigren, 2007. The Phenomenology of Rape.

Victim/Offender Interview Best Practices

- The capacity to hear about trauma (rape/DV) does not come easily or all at once
- It must be developed
- Developing this capacity requires
  - An active, willing, and empathetic extension of the self into areas of human failure and malevolence
  - Practice

-Lebowitz & Wigren, 2007. *The Phenomenology of Rape.*

AF SARC Training

The lens of empathy… Trauma-informed Interview Principles

1) Start with an empathic approach—"

"I realize this must be difficult for you."

"I'm truly sorry for the experience you've had that brings you here today."

"I empathize with what you've been through."

2) Your first question should always remain the same:

"What are you able to tell me about your experience?"

Listen for key components in the response, and use those components in your follow-up:

- "Are you able to tell me more about…." or, "Help me understand more about…" or "You mentioned…..how did that make you feel?"

3) Never ask "Why…?"—Instead, ask:

What was your thought process during this experience?

4) Sensory memories are encoded FIRST and the STRONGEST:

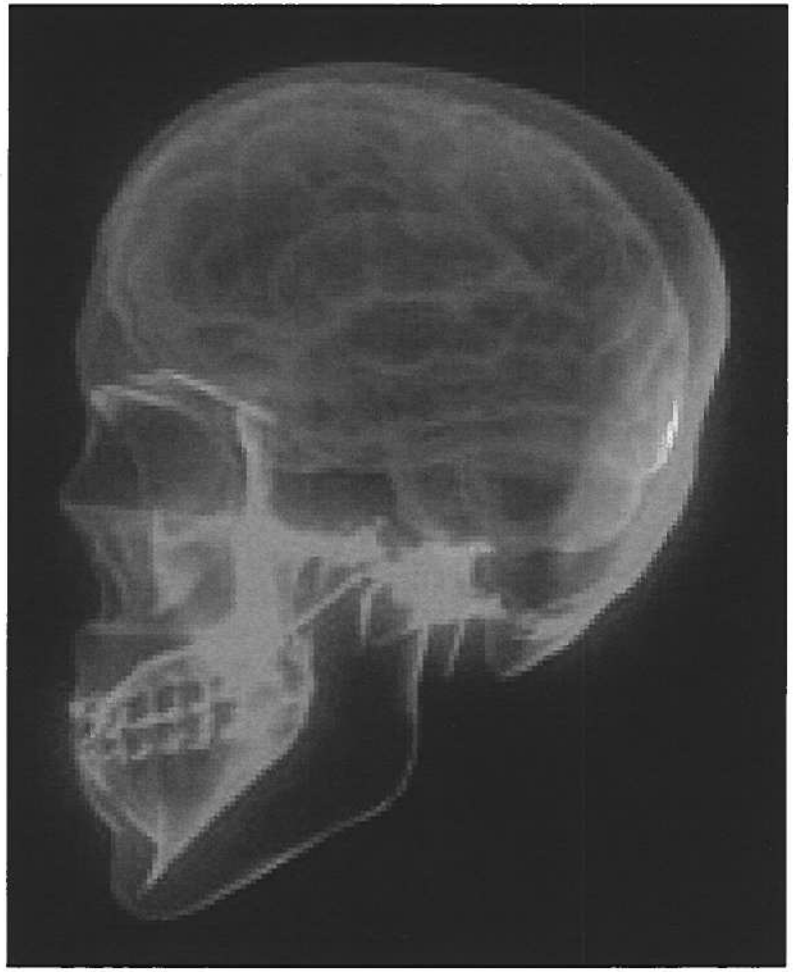
What are you able to remember about…[the 6 senses?]

5) Benchmarks of Trauma are critical psychophysiological evidence:

- What were your reactions to this experience
  - Physically?
  - Emotionally?
- What was the most difficult part of this experience for you?
- What can't you forget about your experience?

6) Clarification: Ask other more direct questions to get additional information and details…***after*** you facilitate all you can about the "experience."

7) CLOSING –A proper and empathic closing is a ***critical component*** to a trauma-informed interview.



The NEUROBIOLOGY of MEMORY & TRAUMA

MEMORY

Understanding the Paradigm Shift

TRAUMA

What is memory?

- a: the power or process of reproducing or recalling what has been learned and retained especially through associative mechanisms
- b: the store of things learned and retained from an **organisms** activity or experience as evidenced by modification of structure or behavior or by recall and recognition

Webster

We are organisms

Memory

- “We tell ourselves stories in order to live” Joan Didion
- What we can’t recall, we invent
- Memory is designed to filter the world and discard what we deem irrelevant
- We tend to hone in on the details of the event – called weapon focus – we recall the grisly details of the weapon pointed at us, but we may not remember the robbers face or the other people in the store
- If our brains were perfect video cameras we would be paralyzed by information overload -

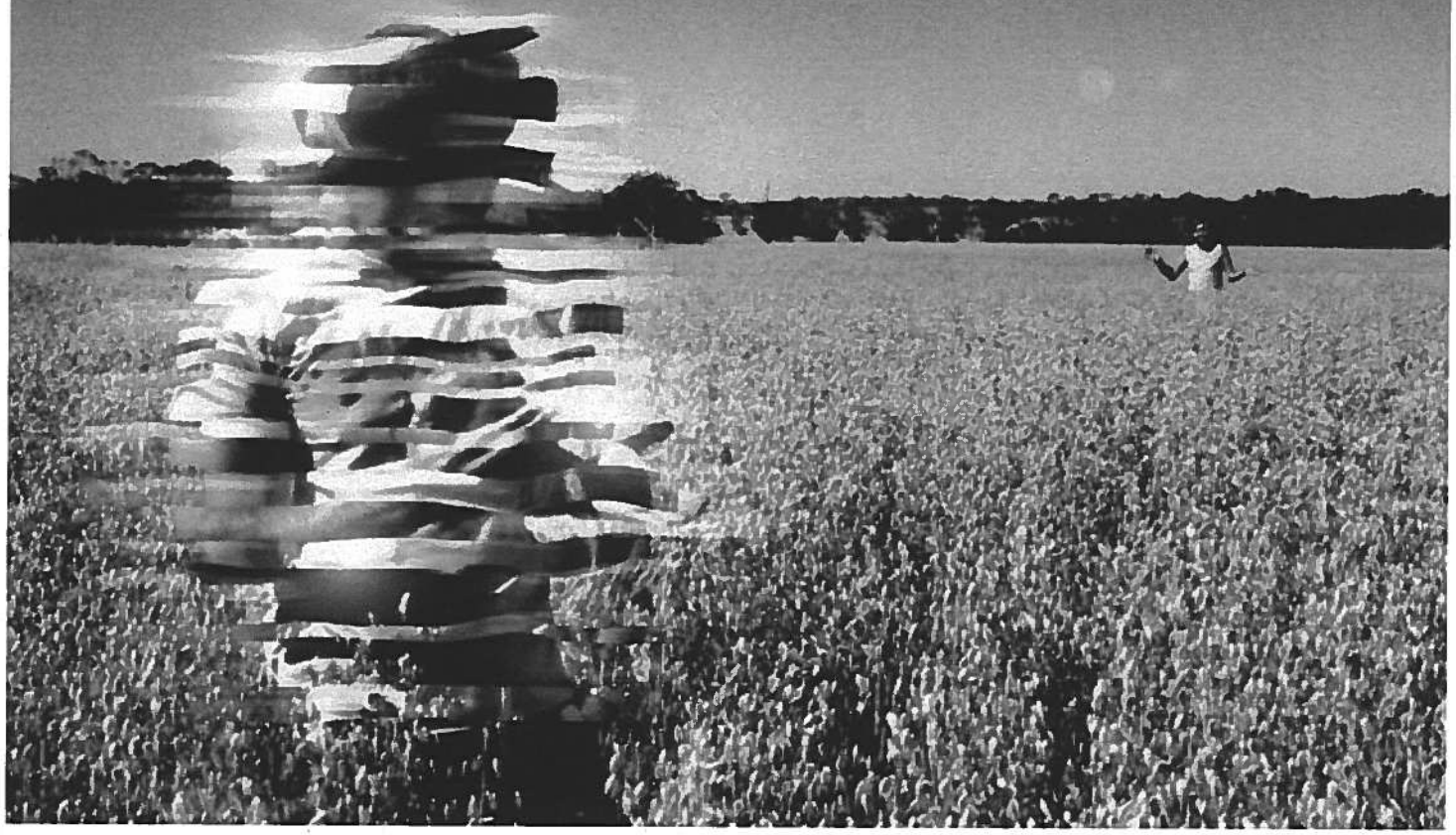
Are there different types of memory?

- Sensory register (very short term--second or two)
- Iconic memory (visual sensory memory)
- Echoic memory (auditory – 3-4 seconds)
- Working memory (short term)
  - Phonological loop (10-20 seconds)
  - Chunks (5 to 9 things)
  - Visual spatial sketchpad (draw things as you work out images)
- Long term memory
  - Physical changes to the brain
  - Long term potentiation (pulling dendrites and axon endings closer together within the synapse)
- Episodic (narrative – temporal, amazingly flexible)
- Semantic (definitions & taxonomies)
- Procedural memory (cerebellum)

(Boeree, 2009)

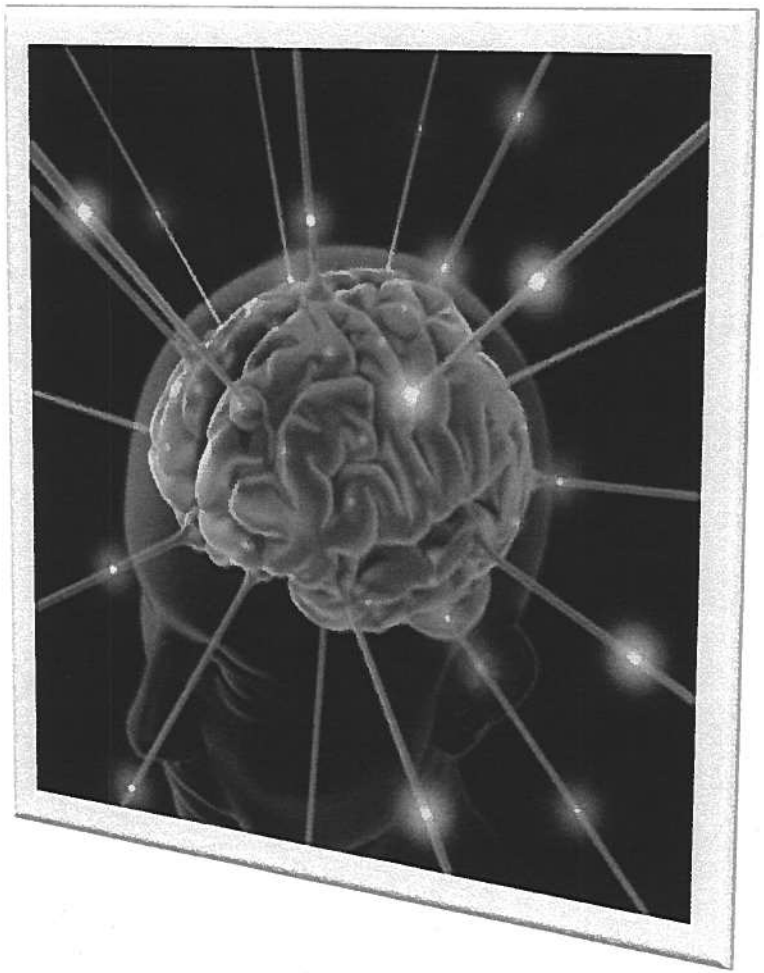
Human Memory is **Complex**

No one thing = memory

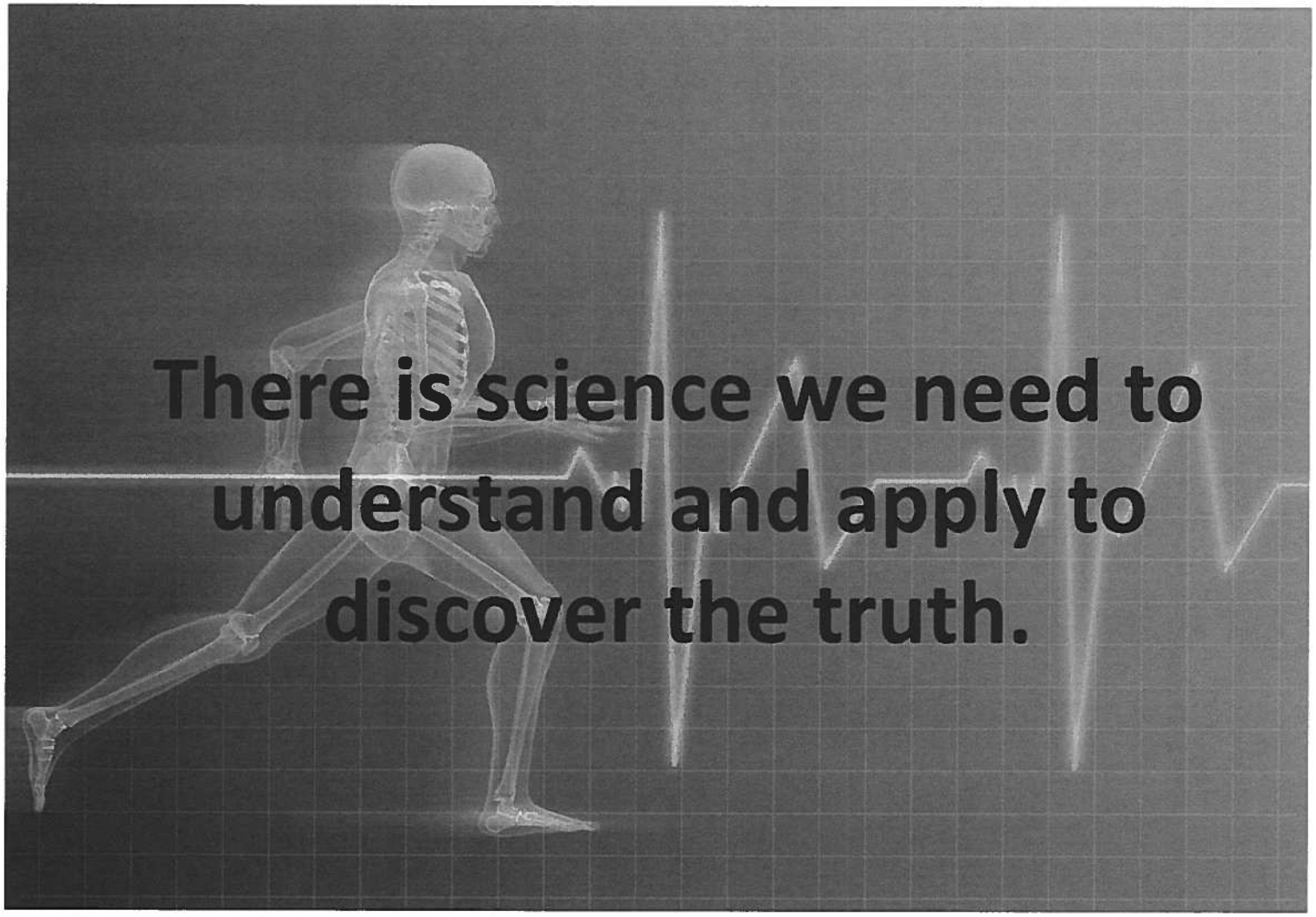


Adding trauma into the mix

- The prime "directive" of the brain is survival
- The brain is "over-determined" to sense, process, store, perceive, and mobilize in response to the threat (Goldstein, 1995)
- All areas of the brain are recruited and orchestrated for optimal survival tasks
- Cognition, emotional, social, behavioral, and physiological residue of trauma may impact an individual for years – even a lifetime (Perry, 1999)



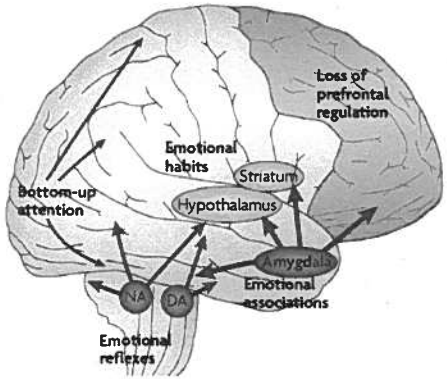
The SCIENCE of Trauma



Trauma changes the brain & memory

- Trauma response – including child abuse, domestic violence and rape – is bimodal
  - Hypermnesia –abnormally vivid
  - Hyper-reactivity to stimuli and traumatic reexperiencing coexist with psychic numbing (Horowitz, 1978)
  - Avoidance
  - Amnesia and anhedonia - inability to enjoy pleasure (DMS-R IV) (lack of homeostasis)
  - In many people who have undergone severe stress the post-traumatic response fades over time, while persists in others (von der Kolk, 1994)
  - Trauma interferes with declarative memory (van der Kolk, 1991)

Traumatic Experiences: Sexual Assault



- **Loss of prefrontal regulation:** Chemicals from brain stem impair prefrontal cortex, 'turn it off'
- **Bottom-up attention:** Automatically captured by anything dangerous or threatening
- **Emotional reflexes:** Amygdala-triggered automatic responses

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)

Sexual Assault Tonic Immobility

- Induced paralysis in some rape victims (Galliano, 1993)
  - 37% classified in the category of immobility during rape
  - Immobile or paralyzed during the aggression and incapacity to move even in the absence of physical restriction

Tonic Immobility

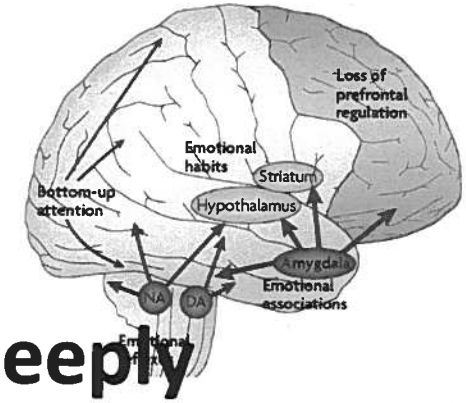
- Serious traffic accident, assault or physical aggression, sexual assault, serious danger of losing their life, and potentially fatal disease
  - 44.4% experienced significant immobility
  - 11.4% experienced extreme immobility
  - Which groups experienced more physical inability than any other?
  -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

  (Bados, et al., 2008)

Tonic Immobility Scale

- Assesses phenomenon and presents two subscales
  - Fear
    - **If FEAR is in the room, CONSENT is NOT!**
  - Physical immobility
    - **COMPLIANCE is NOT CONSENT!**
- At least 41% who had experienced childhood sexual abuse responded to these traumas with tonic immobility (Fuse, et al., 2007)

What Gets Encoded During Trauma

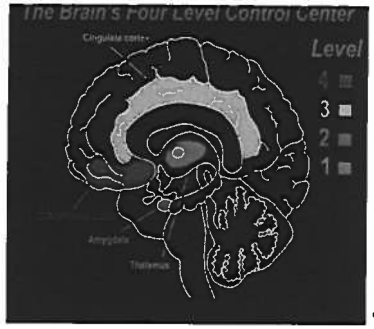


- **<u>Parts or fragments</u> of experience deeply 'burned into' memory**
  - Traumatic **emotions**
  - **Sensations** processed as 'central details'
- **<u>Not</u> sequence of events**
- **<u>Minimal or no</u> words or narrative**

(Hopper, 2012)

Pants on Fire…

- Most professionals have been trained to believe the following:
  - Liars can be detected by observing body language and behaviors such as gaze aversion, pitch of voice, speech rate, "ah"-filled pauses, response length, etc.
  - Liars are less cooperative, talk for a shorter time, provide fewer details, practice avoidance, appear to be rehearsed, are less certain, are inconsistent, appear less pleasant and more tense, may experience deep feelings of guilt and shame.
  - Liars have physiological reactions such as high blood pressure, increased heart rate, increased respiration
  - Liars may demonstrate emotional arousal or may have a flat affect
  - Liars often have difficulty performing cognitively complex tasks and may appear to be disorganized
  - Liars may demonstrate a range of emotions including fear, sadness and anger
  - Lairs may also demonstrate an unusual degree of rigidity and inhibition



The Science of Trauma

Research shows that….

- Trauma victims can be detected by observing body language and behaviors such as gaze aversion, pitch of voice, speech rate, ah-filled pauses, response length, etc.
- Trauma victims are sometimes less cooperative, talk for a shorter time, provide fewer details, practice avoidance, appear to be rehearsed, are less certain, are inconsistent, appear less pleasant and more tense, may experience deep feelings of guilt and shame.
- Trauma victims have physiological reactions such as high blood pressure, increased heart rate, increased respiration
- Trauma victims may demonstrate emotional arousal or may have a flat affect
- Trauma victims often have difficulty performing cognitively complex tasks and may appear to be disorganized
- Trauma victims may demonstrate a range of emotions including fear, sadness and anger
- Trauma victims may also demonstrate an unusual degree of rigidity and inhibition

The lens of empathy… Trauma-informed Interview Principles

1) Start with an empathic approach—"

"I realize this must be difficult for you."

"I'm truly sorry for the experience you've had that brings you here today."

"I empathize with what you've been through."

2) Your first question should always remain the same:

"What are you able to tell me about your experience?"

Listen for key components in the response, and use those components in your follow-up:

- "Are you able to tell me more about…." or, "Help me understand more about…" or "You mentioned…..how did that make you feel?"

3) Never ask "Why…?"—Instead, ask:

What was your thought process during this experience?

4) Sensory memories are encoded FIRST and the STRONGEST:

What are you able to remember about…[the 6 senses?]

5) Benchmarks of Trauma are critical psychophysiological evidence:

- What were your reactions to this experience
  - Physically?
  - Emotionally?
- What was the most difficult part of this experience for you?
- What can't you forget about your experience?

6) Clarification: Ask other more direct questions to get additional information and details…***after*** you facilitate all you can about the "experience."

7) CLOSING –A proper and empathic closing is a ***critical component*** to a trauma-informed interview.

The Victim's Narrative

Interruptions: Fatal Flaws

- In an interview study, it was found that the average police interview had **3 open-ended questions and 26 closed-ended questions** with an average of only **1-second pauses** between each question. 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.

Ronald P. Fisher, Interviewing Victims and Witnesses of Crimes 1(4) PSYCHOLOGY, PUBLIC POLI CY, AND LAW 732-64 (1995)

The Circumstance of Bias

- Understand – Pinocchio is the only 100% reliable human lie detector – and, unfortunately, he is fictional
- Understand— there is more that we don't know than what we do know (accepting our limits)
- Understand – some of what we've been conditioned and taught, and the experience we have, may actually hinder our ability to determine the truth (there is a need to circumvent our bias!)
- Understand— we may often confuse trauma with deception
- Understand— there are emerging techniques we need to learn to increase our ability to better educe information (i.e. strategic use of evidence & better use of interpersonal skills during interviews)

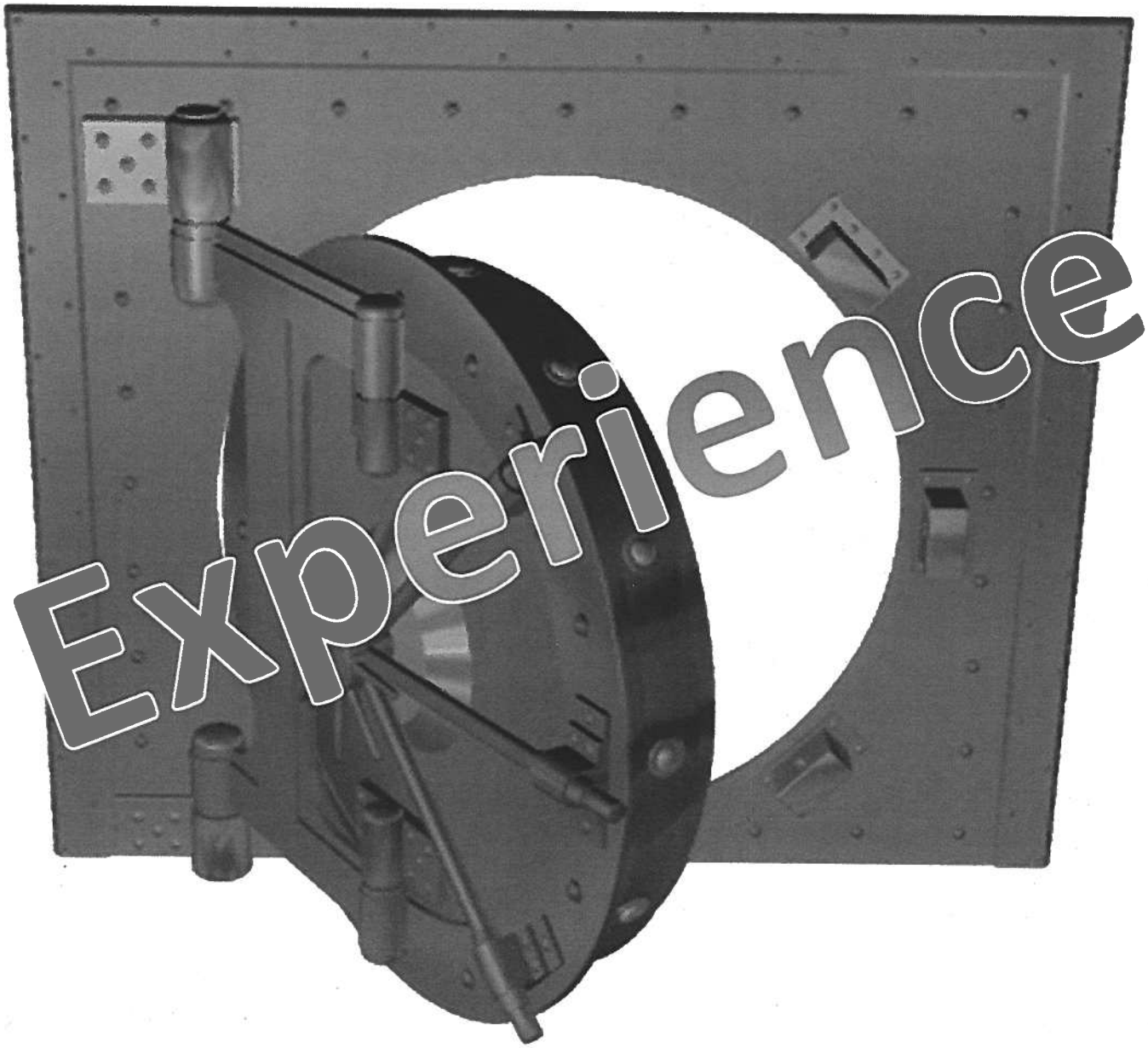
We cannot truly understand behavior ***without understanding the experiences*** of the person or ***context*** in which the behavior occurs.

Is there a key to unlocking the memory?

No...
There are many keys

Truth
Sight
Smell
Sound
Trauma
Feeling
Thought
Taste
Impact

Combination to Unlocking the Truth



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 in 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)

Therefore…

- Sensitivity and empathy are the keys to a successful victim interview
- Be patient
- Be thorough
- Go beyond "He said, She said"
- Build a case in depth
- Don't stop asking questions until you can in some ways experience what the victim has experienced— "get inside the victim's trauma bubble"
- Give the victim time to process and work through the trauma