

Forensic Experiential Trauma Interviews

A Trauma Informed Experience



Trauma Informed Interviews, Investigations & Prosecutions

Do we believe victims?

- Many victims report that law enforcement personnel actively discouraged them from reporting (Campbell, 2005, 2006; Campbell & Raja, 2005; Filipas & Ullman, 2001; Ullman, 1996b)
- Detectives issue warnings of impending prosecution, not to assailants, but to victims, threatening them that they will be charged if at some point in the investigation doubt emerges about the accuracy of their claims (Logan, Evans, Stevenson, & Jordan, 2005)
- Across multiple samples, 43% to 52% of victims who had contact with the legal system rated their experience as unhelpful and/or hurtful (Campbell et al., 2001; Golding, Siegel, Sorenson, Burnam, & Stein, 1989; Filipas & Ullman, 2001; Monroe et al., 2005; Ullman, 1996b)

VICTIM INTERVIEWS

A JOURNEY FROM RE-VICTIMIZATION TO TRAUMA INFORMED PROMISING BEST PRACTICES

The Victim's Narrative

**Who, What,
Why, When,
Where, How**

Interruptions: Fatal Flaws

A study 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.

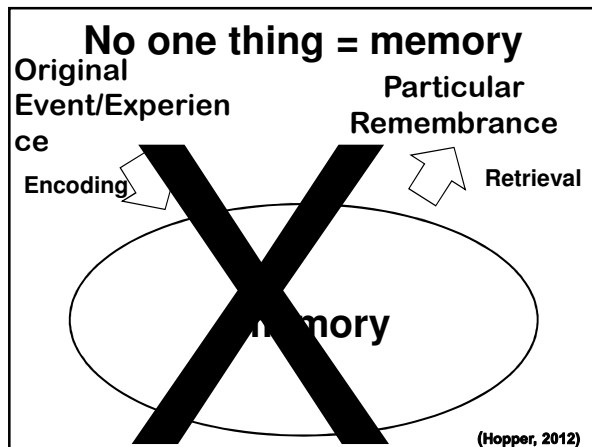
Responding to TRAUMA

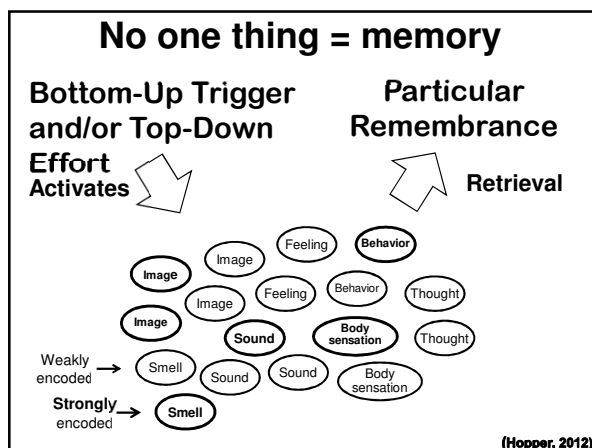
HUMAN MEMORY IS COMPLEX

No one thing = memory

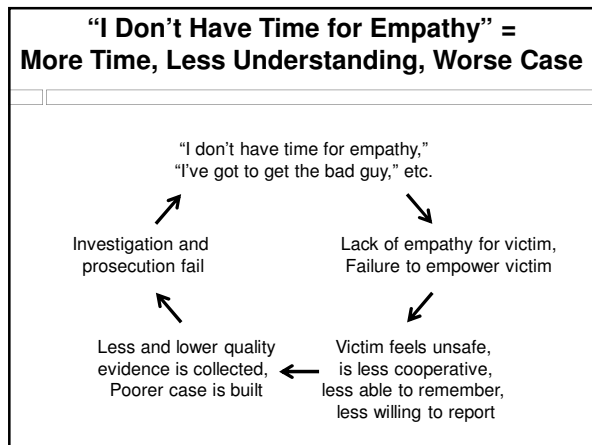
**It's fragile
evidence**

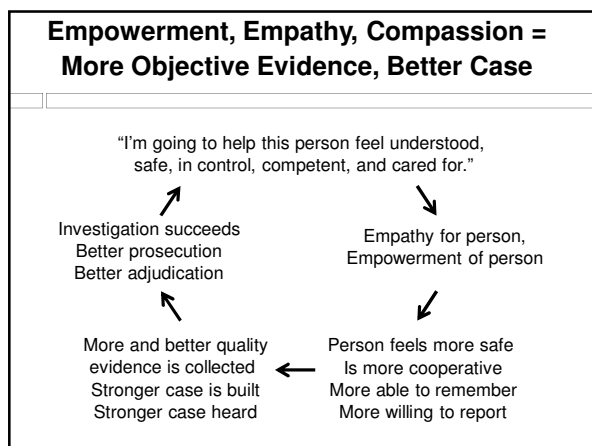
UNDERSTANDING MEMORY & TRAUMA





When the fear kicks in



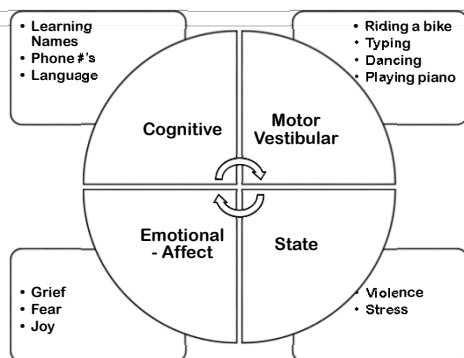


Trauma Trauma Trauma

- It is life changing!

- The assault experience is remembered in fragments but infused with intense emotion and recollections of sensations such as tastes, smells, and sounds.
 - Some victims may become haunted by feelings and senses they know are related to the trauma, but have difficulty identifying the source of the feeling or sensation

Use-dependent memories



The Prefrontal Cortex

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

(Hopper, 2012)

THE BRAIN DURING SEXUAL ASSAULT

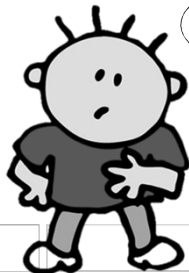
Perpetrator

- 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)

WHO WILL HAVE MEMORIES OF THE ASSAULT THAT MAKES MORE SENSE?



Inconsistent statements
do not always = a lie

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

THE BRAIN IN THE AFTERMATH OF SEXUAL ASSAULT

IMPLICIT VS. EXPLICIT MEMORY

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
Details:

- Strongly encoded
- Changes little over time

Peripheral
Details:

- Weakly encoded
- Changes much over time

Difficult to Understand Reactions

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

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 informed interviews avoid...	
<input type="checkbox"/>	

What is evidence of...???	
<input type="checkbox"/>	
<input type="checkbox"/>	Fear
<input type="checkbox"/>	Force
<input type="checkbox"/>	Non-consent

<div style="border: 1px solid black; padding: 5px; text-align: center;"> COLLECTING PSYCHOPHYSIOLOGICAL EVIDENCE IN TRAUMA CASES </div>		
Smells Sights Flashbacks Tonic Immobility Nausea Memory Gaps	<div style="border: 1px solid black; padding: 10px;"> Definition of PSYCHO-PHYSIOLOGICAL : of or relating to physiological psychology : combining or involving mental and bodily processes </div>	Trembling Sounds Body Sensations Terror Incapacitation Feelings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Is there a key to
unlocking the
memory?**

**Psychophysiological
Evidence**

Sight	Room	Smell
Sound	Trauma	Feeling
Thought		Body Sensations

Combination to Unlocking the Evidence

Experience

"Forensic Experiential Trauma Interview" (FETI)

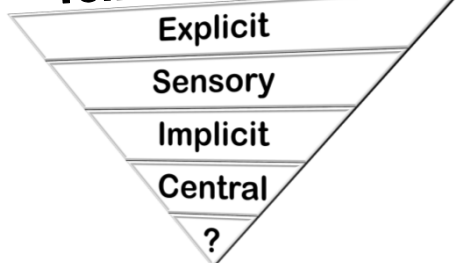
- This unique advanced interview technique, developed by USAMPS, combines the best of child forensic interview techniques along with the principles of critical incident stress debriefings and new neurobiology research to obtain not just the who, what, why, when, where, and how of the incident, but also 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"

FETI Funnel

Tell me more...



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?**

Questions