

**Montana Department of Justice**

**Sexual Assault Kit Initiative**

**Course “Survivor Trauma”**

## Intro

**Slide 2:** Welcome to the course Survivor Trauma.

**Slide 3:** Content Warning: We will be talking about sexual violence which may trigger personal feelings. Please remember to take care of yourself and do what you need to help yourself.

**Slide 4:** Disclaimer: This project was supported by Grant No. 2017-AK-BX-0022 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice."

**Slide 5:** In this course, you will get a general overview of what trauma is, the impact trauma can have on survivors, as well as some trauma-informed approaches to interviewing.

**Slide 6:** Sexual assault is a widespread and serious problem in our society. It is very often an experience of trauma. Trauma has a neurobiological impact – it affects our brains and our nervous-systems. For this reason, it is imperative that those working with survivors of sexual assault have a basic appreciation of the effects and impact of trauma in relation to survivors of sexual assault. This will help responders process sexual assault cases more effectively and to receive evidence in these cases in a more fair and impartial manner.

**Slide 7:** Menu

- [What is trauma?](#)
- [Impact of Trauma on Survivors](#)
- [Trauma-Informed Approaches to Interviewing \(culturally sensitive and historical sensitive\)](#)

## What is Trauma?

**Slide 8:** A traumatic event is one in which a person experiences something that is frightening, and overwhelming, and that entails a sense of loss of control. Everyone processes a traumatic event differently because we all endure them through the lens of earlier experiences in our lives.

**Slide 9:** The traumatic event may be from the past or related to historical trauma that affects people for generations. Historical trauma is multigenerational trauma experienced by a specific cultural, racial, or ethnic group. It is related to major events that oppressed a particular group of people because of their status as oppressed, such as slavery, the Holocaust, forced migration, and the violent colonization of Native Americans.

**Slide 10:** Learning about historical trauma in Montana can help us see how events of our shared past continue to impact indigenous people today and can shed light on the complexity of the situation in many Native American families and communities. Native American people have experienced trauma as a result of colonization, including the associated violence and loss of culture and land. In many Native American families and communities, this trauma continues to be passed from generation to generation

with devastating effects. While the rate of sexual violence is high for all populations, Native American women and children are significantly more likely to fall victim than non-tribal citizens. For more information, visit this link: <https://www.youtube.com/watch?v=ESADNNHM4II&t=356s>

**Slide 11:** In the face of fear and threat we react automatically. These reflexive reactions include the fight, flight, or freeze response. When any of our five senses detects a serious threat, the brain's defense circuitry is activated, and a flood of stress chemicals are released. The defense circuitry is always on, scanning for danger. When an attack is detected or stress is high, it can quickly dominate the brain by controlling attention, shifting behavior to reflexes and habits, and determining what gets stored in memory. People respond just as they do to many experiences of military combat and police shootings – with mostly reflex and habit behaviors, not rationally chosen ones. Let's take a closer look at the two reflex and habit responses.

**Slide 12:** Reflex: Reflex responses are hard-wired into human brains – because we evolved as prey, not just predators. These can range from brief freeze responses when attack is detected (in which movement ceases, thinking stops, and the brain assesses the attack and possible escape options), to extreme survival reflexes, including **dissociation** (awareness is disconnected from emotions and body sensations, and one may go on "autopilot," including engaging in sex acts), **tonic immobility** (literally can't move or speak and rigid muscles), and **collapsed immobility** (loss of oxygen to the brain, 'dizzy' or even pass out, limp muscles). Habit responses are also common and include habits for dealing with aggressive and dominant people or habits rooted in social conditioning. Let's take a closer look at what dissociation, tonic and collapsed immobility, and habit responses mean in more detail.

**Slide 13:** Tab Menu: Pick a topic!

- [Dissociation](#)
- [Tonic Immobility](#)
- [Collapsed Immobility](#)
- [Habit Response](#)

**Dissociation:**

**Slide 14:** Dissociation is a detachment from reality. Most professionals believe that dissociation exists on a spectrum. At one end of the spectrum is an experience like daydreaming. At the other end is chronic and complex dissociation which may make it difficult for an individual to function in the "real" world. Dissociation is one of the many defense mechanisms the brain can use to cope with trauma of sexual violence. Survivors describe their experience as feeling like being on autopilot or as an "out of body" experience. Others report trance states, feeling in a fog or in a dream, and that they don't feel their bodies.

**Tonic Immobility**

**Slide 15:** A person in a state of **tonic immobility** is in a state of involuntary paralysis and is unable to move or speak. Survivors describe feeling cold, and as having rigid muscles. Despite being paralyzed, the individual is fully aware of what is happening to them. This response often leaves survivors expressing distress that they were not able to move or to call out for help. Also, some survivors can quickly go into and out of this state, paralyzed one moment and able to move the next.

## **Collapsed Immobility**

**Slide 16:** The state of collapsed immobility. A person in a state of **collapsed immobility** experiences a sudden and drastic drop in heart rate and blood pressure to the point that they may faint or pass out. They often lose muscle tone and may describe feeling limp.

## **Habit Responses**

**Slide 17:** Girls and women are typically socialized to respond to unwanted sexual advances with various forms of polite resistance, without actually coming out and saying “no.” These habitual responses may be effective if the other person accepts the implicit refusal, but they will not work with someone who does not care about the survivor’s experience or needs in that moment. Habit responses include passive ones, such as habits for dealing with aggressive and dominant people, habits rooted in social conditioning, for example, how girls and women are socialized to respond to males’ unwanted sexual advances (in nice, polite, face-saving ways), and habits learned to cope with childhood abuse. While gender socialization often inhibits assertive responses among girls and women, it also harms men and boys who often believe they could have prevented their sexual assault if only they were “man enough.”

## **Impact of Trauma on Survivors**

**Slide 18:** Like bruises: “That’s what trauma is: black, blue, and then yellow. They go those colors in order – then they’re gone on the outside. But still there inside.”

**Slide 19:** Sexual assault is an experience of trauma, and trauma has a neurobiological impact – that is, it affects our brains and our nervous systems. For this reason, it is imperative that those working with sexual assault survivors understand the impact of trauma on survivors of sexual assault so they can process sexual assault cases more effectively and hear evidence in these cases fairly and impartially.

**Slide 20:** Like being unable to see: “Guessing when to go and what’s there and what it looks and feels like.”

**Slide 21:** Trauma can have an immense impact on a survivor’s memory. The effect of fear, threat, or states of intense stress on memory can result in intensified memory recollection, or it can result in fragmented or impaired memories. Both are the result of the stress hormones released when the defense circuitry is activated. In addition, due to the high number of alcohol-assisted sexual assaults, alcohol on top of the stress hormones even further impacts encoding into memory.

**Slide 22:** Like chains: “Like someone is being chained or strangled. That’s how I feel. Every time I think I need to be free, I felt like I was chained. I was locked up. I’m stuck.”

**Slide 23:** Some elements of traumatic memories are more acutely remembered than others. These are called enhanced memories. They are etched more deeply in our memories precisely because they are traumatic and overwhelming to us. Survivors often focus on some specific sensory details from the assault, such as vision, taste, hearing, touch, and smell. For example, survivors often remember specific smells (the smell of body odor), but very few details of other aspects of what happened, such as for how long the assault lasted or the specific order in which some things happened. These are normal

limitations of memory. They are caused by the stress and fear of the traumatic events and how the brain's defense circuitry affects attention and memory consolidation. This is immensely important for how survivors of trauma are interviewed. The primary emphasis of the sexual assault police interview should therefore be on the sensory, emotional memories that the survivor has encoded and remembered rather than expecting the survivor to give a narrative with a chronology.

**Slide 24:** Like bullets: "I felt like the bullets was too much, like I've been through too many wars. I feel like my bulletproof has gone and I'm taking all the bullets with just my body."

**Slide 25:** The impact of sexual assault depends on many factors. These include, but are not limited to:

- The nature of the assault itself,
- How long it lasted,
- The extent of the physical harm,
- The survivor's relationship to the perpetrator,
- Prior law enforcement contact,
- Threat of retaliation from the suspect against survivor or survivor's family, friends, pets,
- Whether the survivor has had an earlier childhood history of abuse or neglect, and
- How family, friends, and others respond to what the survivor says about the assault.

**Slide 26:** Like a nightmare: "I dreamt I was a ghostly figure, like an old woman screaming."

**Slide 27:** Select which physical or psychological impacts a survivor might experience, both short and long term:

- Shock,
- Fear and anxiety,
- Hyper-alertness and hypervigilance,
- Irritability and anger,
- Disrupted sleep, nightmares,
- Rumination and other reliving responses,
- Increased need for control,
- Minimizing or denying the experience,
- Isolating oneself,
- Feelings of detachment,
- Emotional constriction,
- Feelings of betrayal, and
- A sense of shame or self-blame.

**Slide 28:** The answer is that a survivor might be impacted by any or all of the above, and even responses not listed.

**Slide 29:** There is no "normal" response, as every individual is different. If a survivor is calm and collected this should not be interpreted to mean the assault wasn't real or wasn't impactful. Likewise, if a survivor is emotionally distraught, this should not be interpreted to mean anything other than that the survivor is distraught.

**Slide 30:** Like walls: “I felt like there are brick walls and there is no air. I can’t breathe anymore.”

**Slide 31:** There is a social expectation that “ideal,” “real,” and “credible” survivors of sexual assault should report their experiences of sexual assault to the police and follow through the criminal justice system. This is an unrealistic and unreasonable expectation for multiple reasons: the survivor’s sense of shame and stigma, compounded by a survivor-blaming society, along with fear of what might happen to the perpetrator if the assailant is someone they know. One of the major reasons for the extremely low reporting rate of sexual assault is survivors’ lack of confidence in the police and the criminal justice system. Taking a trauma-informed approach to the investigation and prosecution of sexual assault in the criminal justice system might reduce these difficulties.

**Slide 32:** Like holding up the world: “Sometimes you have to try and hold up the world that way and keep it from getting to you. You can never work out which part of you has to do it. You’re basically holding up everything and trying so very hard not to let it affect you, but everything is trying to close in on you.”

## **Trauma-Informed Approaches to Interviewing**

**Slide 33:** Standard interview practices emphasize establishing a timeline and key facts as soon as possible when it is believed that memory is “freshest” and most complete. In sexual assault cases, a survivor interview with police often starts with police skepticism. Is the survivor telling the truth?

**Slide 34:** This skepticism does not reflect neutrality, but rather a position of doubt and suspicion. Therefore, standard interrogation practices can interfere with interviews and can close the flow of information necessary to investigate the assault, as well as re-traumatizing the survivor.

**Slide 35:** For many survivors, feeling that they won’t be believed is a major barrier to reporting sexual violence. For black, indigenous, and people of color, this fear is rooted in widespread institutional and historical factors. Black, indigenous, and people of color communities may have experienced instances of interpersonal racism with medical providers, police officers, university officials, or other individuals in positions of power.

**Slide 36:** How to support survivors who are black, indigenous, and people of color:

**Slide 37:** BIPOC Menu:

- Understand Diversity Within Communities
- Understand Sexual Violence
- Cultural Responses
- Legal Status
- Distrust of “White” Systems
- Trauma and Adverse Economic and Health Outcomes
- Barriers to Access
- Resilience

**Slide 38: Understand diversity within communities:** there are differences between and within communities of color.

**Slide 39: Understand sexual violence:** rape and other forms of sexual violence may be off-limits as topics and terminology may vary between cultures and communities.

**Slide 40: Cultural responses:** communities and individuals have different expectations and methods of reporting. For some cultures, rape can bring shame to their family and community. Others are expected to keep sexual violence private or within the family or community.

**Slide 41: Legal status:** some immigrants become targets due to their legal status and fear of retaliation or discrimination if they report.

**Slide 42: Distrust of “white” systems:** the majority of advocates, healthcare professionals, criminal justice officials, and mental health providers are white, and the larger systems in which these individuals operate are dominated by white-defined laws, policies, and practices. Women of color have historically been ignored, devalued and delegitimized by these systems.

**Slide 43: Trauma and adverse economic and health outcomes:** There is significant historical trauma in the lives of people of color, who are also more likely to suffer multiple traumas and adverse economic and health issues than white people.

**Slide 44: Barriers to access:** People of color often face numerous barriers to access resources, which prevent or discourage them from reporting sexual violence or receiving supportive services. These barriers include language access; lack of diversity among services staff; transportation difficulties; and lack of service structures that honor their cultural identities, needs, beliefs, and styles of expression.

**Slide 45: Resilience:** People of Color- as a whole, culturally, and individually- possess resilience from surviving historical trauma to managing present-day institutionalized racism, and sexism. Advocacy and support services should acknowledge how people of color thrive in spite of their harsh realities and incorporate this resilience into service structures.

**Slide 46:** It is important to note that survivors of one ethnicity or race may not want to disclose to an officer or responder of a different ethnicity or race due to reasons of bias, fear of not being understood, comfort level, or past experiences.

**Slide 47:** Some problematic examples of a traditional police approach to interviewing survivors of sexual assault include:

- Asking sexual assault survivors to repeat their narrative from different points in the sequence, for example asking a survivor to start their statement from the end and tell it backwards.
- Asking survivors questions designed to confuse or test their narrative (to assess its validity).

**Slide 48:** Interviewers should ask questions in ways that are more consistent with how traumatic memories are often encoded, stored, and retrieved. A trauma-informed interview of a sexual assault survivor should include (End Violence Against Women International Initiative):

- Sincere efforts to establish trust, rapport, and comfort for the survivor.
- Acknowledgement of the survivor’s trauma and pain.

- Creating an environment that feels physically and emotionally safe.
- Communicating in a language the survivor will understand and be comfortable with.
- Use of non-leading questions and other open-ended prompts, for example “Tell me more about that,” or “What were you thinking or feeling at that point?”
- Encouragement of narrative responses with pauses, and without interruptions.
- Focus on what the survivor can recall thinking and feeling throughout the experience.
- Emphasis on emotional and sensory experiences.
- Expressions of patience, empathy, and understanding throughout the interview.
- No necessity for information to be provided in a sequential or “logical” order.
- Instruction not to guess at any answers, and to say “I don’t know” when needed.

For more details and exercises on how to interview survivors, take our course “Survivor-Centered Interview.”

**Slide 49:** As you’ve learned, survivor trauma can be complex and multi-faceted. It is not your responsibility to diagnose survivor responses, such as freezing or tonic immobility. Instead, focus on documenting how survivors describe their own experience. Rather than saying the survivor “exhibited dissociation” during the interview, document that the survivor “did not make eye contact,” “stared at the wall throughout the interview,” etc.

**Slide 50:** Resources: Select the linked images below to learn more.

[The Montana DOJ’s Investigating Sexual Assault Field Guide](#)

[Becoming Trauma-Informed: Learning and Applying](#)

[Successful Trauma Informed Victim Interviewing](#)

[Jim Hopper: Sexual Assault on the Brain](#)

[National Native Children’s Trauma Center](#)

[SART TOOLKIT: Resources for Sexual Assault Response Teams](#)

[Michigan Department of Human Services Video Part 1](#)

[Michigan Department of Human Services Video Part 2](#)

**Slide 51:** Blank

**Slide 52:** Thank you for completing this course. Select “Close” to exit.