Network for Victim Recovery of DC

SERVES SURVIVORS OF ANY TYPE OF CRIME

From sexual assault to homicide and elder abuse.

FREE, HOLISTIC, TRAUMA-INFORMED SERVICES

Working together to increase access to services.

SURVIVOR-DEFINED JUSTICE

There's no "right" way to react to a crime.
We are a nonprofit that serves and supports African Immigrant and Refugee survivors of domestic violence, sexual assault, and stalking in Washington DC.

TPC offers case management and crisis support for survivors, develops and facilitates community education workshops, professional trainings for community organizations and responders, and leads advocacy initiatives throughout the district.
Today's Discussion

1) Discuss how the neuroscience of trauma impacts the brain and behavior;

2) Identify common barriers trauma presents when accessing legal support; and

3) Discuss trauma-responsive approaches when representing clients with trauma histories.
JUST A NOTE

ON LANGUAGE
Victim v. Survivor

ON CONTENT
Will be covering case examples

SHORT & LONG-TERM SUPPORT
BEST PRACTICES

Build Trust & Rapport

Respectful approach to victims

Recognize and honor the role of culture in victimization

Advocate for victims' choices and rights
Yet this our DC system for victims to navigate after crime.
"[I]F ONE SET OUT BY DESIGN TO DEVISE A SYSTEM FOR PROVOKING INTRUSIVE POST-TRAUMATIC SYMPTOMS, ONE COULD NOT DO BETTER THAN A COURT OF LAW."

– Judith Lewis Herman, Trauma and Recovery: The Aftermath Of Violence – From Domestic Abuse To Political Terror
DISCUSS HOW THE NEUROSCIENCE OF TRAUMA IMPACTS THE BRAIN AND BEHAVIOR
TRAUMA 101

General Factors:
• Threatening or dangerous experience
• Helplessness and lack of control
• Determined by the response to the event not the event itself = defined by the experience of the survivor
• Reoccurring traumatic experiences can lead to Post Traumatic Stress Disorder (PTSD)

“Traumatization occurs when both internal and external resources are inadequate to cope with external threat.”

WHAT CAUSES TRAUMA?

- MILITARY EXPERIENCE
- HUMAN RIGHTS VIOLATIONS
- SURVIVING NATURAL DISASTERS
- SERIOUS ACCIDENTS

CRIMES?
- Any crime
- Trauma is a subjective determination
TRAUMA EFFECTS ON THE BRAIN: TWO PHASES

INITIAL CRISIS

LONG-TERM STRESS REACTION

*MARLENE A. YOUNG, VICTIM ASSISTANCE: FRONTIERS AND FUNDAMENTALS, NATIONAL ORGANIZATION FOR VICTIM ASSISTANCE.
THE CRISIS REACTION

EQUILIBRIUM

STRESS SPECTRUM
THE CRISIS REACTION

EQUILIBRIUM

STRESS SPECTRUM
THE CRISIS REACTION:
TRAUMA
**PHYSICAL REACTIONS**

- Increase in heart rate
- Hyperventilation, perspiration and physical agitation
- Heightened sensory perception
- Regurgitation or urination

**EMOTIONAL REACTIONS**

- Parallels the Physical Response
- Shock, disbelief and/or denial
- Most Common Responses?
  - Fear
  - Anger
  - Others?
TRAUMA AND THE BRAIN

The limbic system:
- Emotions
- Memories
FRONTAL LOBE CORTEX

Stores memories
Involved in the logic process
AMYGDALA

• Designed for protection
• Operates like a pass fail exam
• Is incapable of logic
• Unconscious; Activates the Autonomic Nervous System
• Determines the best response to a threat
• Is an automatic response to danger and not a conscious choice
Hippocampus

- Associated with learning and memory
- Encodes and stores memories—stores traumatic memories differently
- Unconscious response to templates of danger
- Only requires 10 to 20% of overlap
- Signals danger to the amygdala which activates the flight, fight or freeze (tonic immobility)
IDENTIFY COMMON BARRIERS
TRAUMA PRESENTS WHEN
ACCESSING LEGAL SUPPORT
OVER-GENERALIZED SIGNALS OF DANGERS

• Better for survival
• Emotionally can disrupt life
• Trauma victims can be more vulnerable to make false associations which interpret danger in an environment where none exist
• This is not the same as invented memories!
TRAUMA & MEMORY

• The ability to recall details of the traumatic incident are not the same in the acute crisis moment as they are 48 hours (2 sleep cycles later).

• Sticky notes example.

U.S. Department of Justice, Office of Justice Programs, National Institute of Justice The Research, Development, and Evaluation Agency of the U.S. Department of Justice Transcript "The Neurobiology of Sexual Assault“ with Dr. Rebecca Campbell.
CHRONIC TRAUMA & MEMORY RESEARCH

- Decreased size of hippocampus
- Hard time recalling the trauma
- But recall the physical and emotional feelings associated with the trauma
- Physiologically not able to simply ignore emotions in order to increase logical thinking
- Think of it as a broken leg
LONG-TERM REACTION: PHASE 2

- Requires an experience that causes a traumatic response
- Requires the distressing event persistently be re-experienced
  - Actual
  - Imagined (as a result of common triggers)
COMMON TRIGGERS

• Identification of the assailant
• Sensing something similar to an awareness during the trauma
• News of the actual or similar events
• Proximity to “life events”
• Hearings, trials, appeals, critical phases in the proceedings
RESPONSES TO TRIGGERS

• Symbols of the event revert survivors back to the response they exerted at the event
• Avoidance of stimuli associated with the event
• Avoidance of situations that cause recollection
• shame
• hypervigilance
• self-blame
• denial—minimization—avoidance
• high levels of anxiety
• depression/lethargy
• unable to concentrate
• unable to continue in school
• social withdrawal
• isolation (perceived and actual)
• disrupted sleep patterns
• loss of friends & support
• sexual dysfunction
• hyper-sexuality
• substance abuse
• restricted affect (reduced ability to express emotion)
• eating disorders
• unable to trust/commit partners, friends
• fear
• suicidal ideation
• codependency on abusive relationships

LONG-TERM EFFECTS OF CRIME & TRAUMA ON SURVIVORS
WHY DOES THIS MAKE SUPPORTERS' JOBS HARDER?

• Survivors often have an inability to recall important aspects of the event
• Common to forget certain aspects
• Unawareness of behaviors during and after the event
• Substance Abuse is a form of dissociation and avoidance
• Victims can’t put the crime into a timeline

IACP, Sexual Assault Incident Report Guidelines, 2005
DISCUSS TRAUMA-RESPONSIVE APPROACHES WHEN REPRESENTING CLIENTS WITH TRAUMA HISTORIES.
SPEAKING TO SURVIVORS: PRACTICE TIPS

• Know how to empower in both the small and big ways (opportunities for choice)

• Validate

• Expectation Setting/Pacing techniques

• Grounding strategies

• Best time for interviews
SPEAKING TO SURVIVORS: PRACTICE TIPS

• Awareness of historical trauma, cultural norms, and expectations
  ◦ eye contact, handshakes, touching, physical space
  ◦ addressing survivors/perception of authority figures and systems
  ◦ pre-conceived notions about lawyers

• Asking questions
  ◦ Open-ended v. yes/no and one word
  ◦ Give time to process, may be extended silence
  ◦ Written v. face-to-face information gathering
  ◦ Navigating sensitive subjects/re-traumatizing triggers
  ◦ Use basic terms/language, check in for understanding
  ◦ Signals of “enough” (window of tolerance)
EMPATHY
QUESTIONS?

FEEDBACK?

FOR FEEDBACK ON TODAY’S PRESENTATION, VISIT:
bit.ly/NVRDC-Feedback
QUESTIONS?

NVRDC:
• Visit nvrdc.org
• Call (202) 742-1727
• Email info@nvrdc.org
• Follow us on social media
• Sign up for updates about our work bit.ly/NVRDCUpdates

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@NetworkforVictimRecoveryDC

www.thepersoncenterdc.org