

Post-Training Handout for Interviewers: Preparing for Victim/Survivor/Complainant Interviews

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I. Information to Consider and Review Before the Interview

A. Brain-based Effects: Vulnerability and Needs

1. People who are reporting a recent sexual assault as well as those who are reporting a sexual assault that occurred long ago are highly vulnerable. It is important to respond to both in the same way.
2. People who are reporting may be tormented by memories and reminders, emotionally 'shut down' and 'numbed out', or cycling between these extremes. Be mindful not to judge the individual's credibility based on their emotional state.
3. Many symptoms and problems are attempts to cope. These include substance abuse – which may be a way to escape from terrible memories or anxiety – and even compulsive or risky sexual behaviors, which may involve attempts to gain a sense of mastery and control over one's sexual experiences.
4. To the victim/survivor/complainant, having to talk about the assault feels like having their avoidant and dissociative 'defenses' battered down. This can cause them to have difficulties recalling – even if they sincerely try to do so – parts of the assault experience that are particularly disturbing or about which they feel a great deal of shame. Or after disclosing such painful and disturbing experiences in response to an interviewer's questions, they may feel violated like they did during the assault, or emotionally overwhelmed and re-traumatized.
5. **The victim/survivor/complainant most needs safety, control, trust, understanding, and compassion.** Consider ways you can meet these needs within the boundaries of your role. For example, an investigator can often provide the individual with some control by having him/her state what occurred in their own way, as a narrative without interruption. The investigator can then ask follow up questions, as warranted. Even giving him/her simple options and choices, for example about whether they want a drink and whether it's water or something else, or when to take breaks, or where to sit, can be experienced as compassionate and empowering.
6. How you respond *will* make a difference in the individual's trust in you and your investigative process, as well as their path toward healing.

B. Brain-based Effects: Memories

1. “Central details” are those details to which the victim/survivor/complainant paid attention during the assault.
 - a. These details are generally very well encoded into memory
 - b. These details are likely to be accurate, consistent and corroborated (including by perpetrator)
 - c. These details may not seem central to the investigation (e.g., the individual may describe an end table in great detail, but may not remember some of the details of what was done to them physically during the assault), but may be evidence that the individual experienced trauma, was in the described location, etc.
2. “Peripheral details” are those details to which the victim/survivor/complainant did not pay attention, probably because their defense circuitry didn’t see it as relevant to survival.
 - a. These details generally are not encoded into memory or are poorly encoded
 - b. These details are likely to be remembered poorly and/or inconsistently over time
 - c. These “peripheral details” (e.g., what the respondent said and did, whether others were present) may be the central focus of your investigation. Many individuals who do not understand how trauma affects memory find it difficult to understand a victim/survivor/complainant’s “failure” to recall such important information. This may include the victim/survivor/complainant himself/herself.
3. Timing/sequencing information is usually poorly encoded
4. Experiences around the time “when the fear kicked in” are likely to be well encoded
 - a. These details still require attention for encoding
 - b. These details may include time-sequence information
5. For the above reasons, victims/survivors/complainants will tend to:
 - a. Have difficulty recalling – despite great effort – important details of what happened and/or the order in which events unfolded, because it’s just “not there” to retrieve from memory
 - b. Have fragments and “islands of memory” that are disorganized
 - i. They may only have access to fragmentary sensations and emotions

- ii. They will generally have “islands of memory” of key aspects of the assault, such as:
 - When their “fear kicked in”
 - When the experience of defeat/giving up happened (if present)
 - Their survival reflex states – freezing, dissociation, tonic immobility, collapsed immobility
 - The beginning or end of their survival reflex states
 - Anything they experienced as particularly intense or disturbing
 - c. Have memories that in some ways are inconsistent, not only across interviews, but even sometimes within a single interview
 - i. This generally happens with the “peripheral details” (those details to which they did not pay attention, perhaps because it was not deemed relevant to survival by their brain) and also to time sequencing information.
 - ii. This generally does not happen with respect to the “central details” (those details to which they paid attention, for example, as their attention was captured by a sneer on the other person’s face or rested on a spot on the wall as they dissociated).
6. You can make use of both the strengths and limitations of the memories of those who have experienced trauma.
 - a. Strengths: Those details upon which the victim/survivor/complainant focused their attention and/or experienced as very significant at the time are well encoded. Thus it is likely that these details are accurate and capable of being corroborated, thereby enhancing both the individual’s credibility and the credibility of their account. The victim/survivor/complainant is generally best able to give detailed accounts of:
 - i. Key islands of memory
 - ii. When fear kicked in
 - iii. When experience of defeat/giving up happened (if present)
 - iv. Habit-based responses (e.g., “I said I had to go,” “I reminded him he has a partner,” etc.)
 - v. Survival reflex states – freezing, dissociation, tonic immobility, collapsed immobility

- b. Limitations: Those details upon which the victim/survivor/complainant did not focus attention and/or did not experience as significant at the time (not as a result of conscious choices, but rather of their brain's automatic responses to the trauma they were experiencing), as well as time sequencing information
 - i. Not encoded or poorly encoded
 - ii. But can be indicative of trauma and failure/inability to consent.

C. Brain-based Effects: Reenactment

1. The victim/survivor/complainant may have a history of child abuse or repeated assault, and if so may:
 - a. See you as a perpetrator or an uncaring bystander. This can particularly problematic if you strive to be “objective” and “neutral” in your demeanor, but do so in a manner that lacks compassion and warmth. In these interviews, connection and compassion – within your role and in ways that are effective for that particular interviewee – are prerequisites to obtaining the most complete, accurate and objective information. If you are perceived as uncaring or cold, the victim/survivor/complainant may feel very unsafe and be unable to recall important information (because stress impairs memory retrieval). He/she may “shut down” emotionally and be unable to cooperate. If an interviewee has this reaction, even if you feel you have exhibited warmth and compassion appropriate to your role, it's important not to take it personally, to understand that this is a normal reaction for some victims/survivors/complainants (e.g., those with histories of neglect and/or important bystanders who failed to protect them), and to find a way to reconnect with the interviewee and refocus on your role and the tasks to be accomplished (or attempted) through the interview.
 - b. “Reenact” abusive relationship patterns with you (this can be subtle). For example, she/he may get angry and accusatory and convey that verbally or nonverbally (through body language or facial expressions). Again, it's critical not to take it personally, to understand that these are normal reactions of some traumatized people, and to find a way to reconnect and refocus on your role and tasks as well as you can.
 - c. Make you feel frustrated, so be careful not to:
 - i. “Blame the victim”
 - ii. Give up on getting usable testimony
 - iii. Give up on prosecuting/investigating the case, etc.
 - iv. Forget the other principles and practices contained in this outline

D. Key Principles for Effective Interviewing: Empowerment and Connection

1. Sexual assault involves disconnection and disempowerment, so healing and seeking justice require the opposite experiences with investigators and prosecutors
2. Within the appropriate confines of your role and task, consider the following:
 - a. How well are you empowering the victim/survivor/complainant?
 - i. Remember that the assault involved traumatic helplessness
 - ii. Do you tell him/her what to expect during the interview and your overall process?
 - iii. Do you give him/her options and choices?
 - iv. Does he/she feel like a competent partner in the interview?
 - v. Consider checking with advocates to see what victims/survivors/complainants are reporting about their experiences during your interviews. While it can be difficult to hear criticism, you may receive helpful information to improve the interview experience and therefore increase reporting and, very likely, the quality of information/participation in your process. Remember that empowerment also aids with the victim/survivor/complainant's healing process.
3. How well are you connecting with the victim/survivor/complainant?
 - a. Remember that the assault involved traumatic disconnection.
 - b. Can you put yourself in his/her shoes?
 - c. Does he/she feel heard?
 - d. Does he/she feel respected?
 - e. As noted above, seek feedback regarding your connection with victims/survivors/complainants. The information may help you improve your connection with them, your investigation and their healing process.
4. How much you connect and empower largely depends on:
 - a. Your empathy and compassion for the victim/survivor/complainant.
 - b. Your comfort level while hearing about and imagining his/her horrible memories and unwanted emotions.
 - c. Your comfort level with emotions and memories of your own that are triggered by his/her report.

E. Effects that you will have on the victim/survivor/complainant and his or her brain

1. Your verbal and nonverbal behavior during the interview will affect his/her:
 - a. 'Baseline' level of physiological distress
 - b. Intensity and manageability of trauma-related emotions
 - c. Likelihood of 'disconnecting,' 'spacing out,' etc.
 - d. As a result, when interviewing, be mindful of your demeanor (appearing bored, disbelieving, pressed for time, etc.)
2. It is extremely important to moderate your behavior, because additional stress during the interview will affect prefrontal cortex functioning needed to:
 - a. Maintain attention on the interview
 - b. Retrieve critical pieces of memory
 - c. 'Get back on track' after feeling overwhelmed
 - d. Resist getting lost in trauma-related responses to you (as described above)

II. The Interviewer's Behavior – Practicing Techniques to Improve Investigations

A. Identify one or two attitudes, behaviors or questioning techniques (see lists below) that you do not currently use and practice them until they become habitual. Then try another until you are able to call upon each of these attitudes, behaviors and techniques as warranted by the situation. These attitudes, behaviors and techniques:

1. Generally help the interview feel and go much better, for both the interviewee and for you
2. Generally enable you to get the best possible information from the interviewee:
 - a. However limited his or her encoding of the experience into memory
 - b. However limited his or her capacity to retrieve whatever was encoded

B. Helpful interviewer attitudes and behaviors include:

1. Empowerment – giving interviewees options and choices whenever possible
2. Compassion – conveying warmth and respect, even when what the interviewee is saying is confusing or at first sounds unbelievable. Do not convey disbelief or "cold neutrality."
3. Patience – Not rushing the interviewee in any way or expressing impatience

C. Effective questioning techniques include:

1. Trying to elicit information by asking about sensory memories (for all senses). For example, "You mentioned a point when he had his arm across your throat. What if anything do you recall feeling in your body at that time? What if anything do you remember seeing at that time? What if anything do you remember smelling at that time? Etc.
2. Using forensic interviewing techniques by asking open-ended questions with follow up as warranted, not yes/no or leading questions.
3. Seeking information about the interviewee's response, including evidence of freezing, dissociation, tonic immobility, collapsed immobility, defeat, habit-based behaviors and other subjective and behavioral responses that are (a) consistent with trauma and which (b) the perpetrator may corroborate (in the belief that such behaviors can be construed as consent).

D. Commit to trying one or two new attitudes, behaviors or questioning techniques in your next interview.

1. Consider practicing outside of the interview first, perhaps with another member of your office who agrees to take on the victim/survivor/complainant role (this person should have a good understanding of the impact of trauma so that they can properly play the role of interviewee). This can feel uncomfortable, since it's not a real life situation, but it is a very good (and harmless) way to establish a new interview "habit" and receive helpful feedback.

E. After the interview, honestly assess:

1. How well did I do at deploying the attitudes and/or behaviors? Where do I need more practice?
2. How did this affect the interview experience of the interviewee? How did it affect my experience?
3. How did this affect the quantity and quality of the information/evidence I collected?
4. Am I ready to adopt another attitude/behavior/questioning technique?
5. If another person (other than the interviewee) was present during the interview, ask them to assess your use of this new skill. For example, if another member of your office was present (e.g., a second interviewer) or if a victim advocate was present with the interviewee.

III. Bottom Line Reminders

- A. No matter what happens, if you understand trauma and memory – and use an effective, trauma- and neuroscience-informed interview protocol – you can gather the best possible information and make the best possible case.
- B. The more connected, empowered and calm that you (and an advocate/support person, if present) can help the interviewee feel, the more information you will receive and the more accurate and consistent it will be.
- C. Fragmented, disorganized, and inconsistent verbal accounts are consistent with trauma. This is understood to be and can be explained as:
 - 1. Consistent with the science.
 - 2. Consistent with the other psychophysiological information you've gathered.
 - 3. Consistent with a highly traumatic assault having occurred.