

Trauma-Informed Interviewing

Molloy University

Tuesday, November 15th, 2022



15 Grumman Rd West
Suite 1000
Bethpage, NY, 11714

**Providing free and
confidential services to**

survivors of:

Sexual Assault
Domestic Violence
Dating Violence
Child Abuse
Elder Abuse
Human Trafficking

Services:

Individual & Group Counseling
Hospital and Court Advocacy
Child Advocacy Services & Forensic Interviewing
Legal Services
Domestic Violence Shelter
Transitional Housing Services
Community Education

Collocated with:

Assistant District Attorney
Child Protective Services
Special Victims Squad
Nassau Country Police Department
Multidisciplinary Team

24-hour Hotline: (516) 542-0404



Content Warning/ Trigger Warning

Content in this presentation contains information and references to topics such as rape, sexual assault, and dating violence. It may be difficult to engage with this content.

It is encouraged that you use your best discretion to care for your well-being during this presentation.

What is Trauma?

Trauma is the response to a deeply distressing or disturbing event (or series of events) that influences one's ability to cope and function effectively in daily life.

The Three E's of Trauma

Event(s)

A threatening or dangerous event or series of events takes place.

Experience

That event or series of events is experienced by the person as being threatening, dangerous, or negatively life-altering.

Effects

The effects of the experience are adverse and long-lasting. They impact daily functioning in conscious and unconscious ways.

What factors contribute to whether an experience is deemed traumatic for someone?

Personal Factors:

Adverse childhood experiences

Age

Poor attachment

Biological vulnerabilities

Traumatic Factors:

Intensity of the trauma

Duration of the trauma

Frequency of the trauma

Survival skills

Post-Trauma Factors:

Social supports

Reactions from others

Interpretation of the trauma

Coping skills

Types of Trauma

**It is important to remember that the students and colleagues we interact with may have experienced more than one type of trauma.*

Four types of trauma (based on the frequency of the traumatic event):

- Acute trauma results from a single incident.
- Chronic trauma is repeated and prolonged.
- Complex trauma is exposure to varied and multiple traumatic events, often over an extended period of time.
- Historical and systemic trauma are collective and cumulative.

Trauma Responses in the Brain and Body

Post-trauma, survivors are often more sensitive to the potential for threat.

Trauma may cause changes in (and challenges with):

- Mood
- Memory
- Attention
- Managing emotions
- Behavior/reactivity
- Energy levels

It is important to remember that the cognitive, emotional, and behavioral changes happen within a person as a result of a traumatic experience are *adaptive*. They were developed in response to a need for survival during a life-threatening moment in time.

Signs and Symptoms of Trauma

Physical

- Headaches
- Fatigue
- Stomach issues
- Easily startled
- Sleeplessness

Cognitive

- Difficulties with attention and memory
- Intrusive thoughts or flashbacks
- Nightmares
- Dissociation
- Suicidal ideation

Emotional

- Hypervigilance
- Anxiety; panic
- Intense feelings of shame or guilt
- Feelings of helplessness
- Agitation; irritability; moody
- Feelings of numbness

Behavioral

- Fight/Flight/Freeze
- Avoidance of trauma reminders
- Poor self-regulation and impulse control
- Self-harming or aggressive behaviors
- Substance-use
- Risk-taking behaviors

Relational

- Social withdrawal
- Diminished sense of trust; unwilling to share or open up
- Increased dependence on others

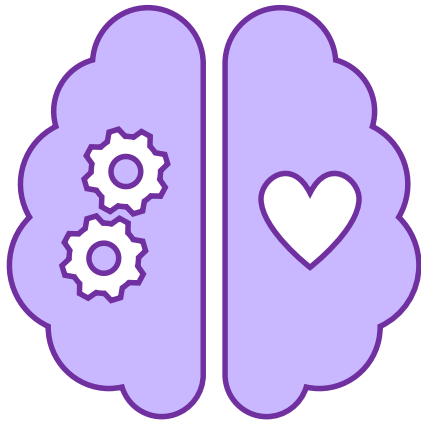
"Window of Tolerance"

HYPERAROUSAL
"Fight or Flight"

WINDOW OF TOLERANCE

HYPOAROUSAL
"Freeze"/"Appease"

Trauma and Memory



Trauma often impacts the areas of the brain that manage memory.

People with trauma histories may forget things or have a difficult time recalling the details of specific events—particularly as they relate to context or sequence.

It's worth noting that the brain often prioritizes encoding and storing the *emotions* tied with traumatic memories. This may take precedence over sequence, context, and detail.



What is Trauma-Informed Care?

Trauma-Informed Care (TIC) is an approach to working with people that assumes an individual is more likely than not to have a history of trauma. It then encourages respectful and appropriate responses that work to prevent re-traumatization to foster healing.

(Buffalo Center for Social Research)

Trauma-informed care changes the fundamental question from...

*"What's wrong
with you?"*



*"What
happened to
you?"*

Taking a Trauma-Informed Approach

Realize

Realize the prevalence of trauma.

Recognize

Recognize the signs, symptoms, and effects of trauma.

Respond

Respond to those affected by trauma in a way that prioritizes safety, fosters resiliency, and offers empowerment.

Resist

Resist re-traumatization by challenging systems and working to break oppressive cycles.

(SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014)



"Trauma-Informed Lens" Exercise

Using a pair of "trauma-informed lenses," consider alternative explanations or adjectives you might use to better understand or describe survivors of trauma:

Trauma Glasses <u>OFF</u> :	Trauma Glasses <u>ON</u> :
Manipulative	Resourceful; acting from a place of survival; seeking control after being impacted by imbalanced power dynamics
Lazy	In "freeze" mode; depressed; overwhelmed; lacking the skills needed to take action
Resistant/Non-Compliant	Mistrustful of others due to history of being hurt; seeking control and autonomy; not yet ready to make change
Confrontational	Feeling threatened; feeling out of control; feeling anxious; seeking increased communication due to the unpredictability of trauma
Forgetful/Unfocused	Overwhelmed; dysregulated; in survival mode; did not store memories clearly/effectively due to trauma
Attention-Seeking	Feeling disconnected, alone, or unheard by others; seeking safe connection/attachment

Interviewing Survivors of Trauma



What does trauma-informed interviewing look like?

1. Leading with the Six Guiding Principles of Trauma-Informed Care
2. Effectively recognizing and responding to trauma-reactive behaviors
3. Communicating in a trauma-informed way
4. Keeping your own biases and reactions to stress/trauma in-check



1. Leading with The Six Guiding Principles of Trauma-Informed Practice

Safety

Trustworthiness
and Transparency

Peer Support

Collaboration and
Mutuality

Empowerment,
Voice, and Choice

Consideration of
Cultural,
Historical, and
Gender Issues

(SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014).

2. Effectively Recognizing and Responding to Trauma-Reactive Behaviors

In the aftermath of both physical and sexual assaults, survivors may present with:

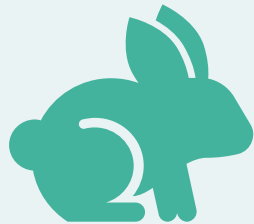
- **"Pain-based" behaviors** = hyperarousal or hypoarousal behaviors that stem from traumatic emotional pain
- An inability to provide a cohesive narrative due to traumatic memory being fragmented—sometimes misinterpreted as lying
- Expressions of anger, frustration, skepticism, disbelief, or "uncooperative" behavior
- Lack of emotion, or "inappropriate" affect/demeanor—sometimes misinterpreted as indifference or apathy
- Distrust of campus safety, police, student conduct, courts, etc.

While trauma does not excuse behavior, it can help to explain it.
Remember to lead with compassion and patience.

2. Effectively Recognizing and Responding to Trauma-Reactive Behaviors

Individuals with a trauma history may unintentionally leave their "Window of Tolerance"--especially if they are triggered or in crisis.

Supporting a Person in a State of *Hyperarousal*:

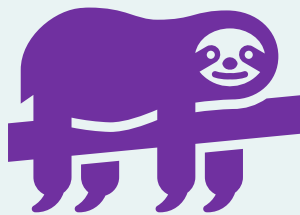


- Provide simple responses (less than 5 words).
- Disengage from power struggles.
- Utilize active listening.

2. Effectively Recognizing and Responding to Trauma-Reactive Behaviors

Individuals with a trauma history may unintentionally leave their "Window of Tolerance"--especially if they are triggered or in crisis.

Supporting a Person in a State of *Hypoarousal*:



- Disengage from power struggles.
- Redirect the dialogue away from the triggering topic (even momentarily).
- Activate the body through movement, activity, or the senses.

3. Communicating in a Trauma-Informed Way

We communicate with others in verbal and non-verbal ways:



The tone of the first encounter with the student survivor may set the tone for the rest of the investigation.

By communicating with empathy, transparency, patience, and respect, you can positively contribute to both a student's immediate- and long-term healing.

3. Communicating in a Trauma-Informed Way

Refrain from **Victim-Blaming**:
saying, implying, or treating a person who has experienced harmful or abusive behavior as partially or wholly responsible for the harm that took place



Trigger Warning: Video references gaslighting, sexual assault, rape, and theft

3. Communicating in a Trauma-Informed Way



Use open-ended questions and requests when possible:

"Using open-ended questions and requests when possible gives the person being interviewed the opportunity to share more information about what they are able to recall. For victims, this method helps their brain retrieve information from a traumatic event and offers them more control as they recount a time when they were violated and had no control"

(International Association of Chief of Police, 2020).

3. Communicating in a Trauma-Informed Way



Use open-ended questions and requests when possible:

- Refrain from "why" questions.
- Empower the survivor to make their own decisions—especially with regards to what is shared, how it is shared, and the pace at which it is shared.
- Allow the survivor to give their statement in their own words.

4. Keeping Your Own Assumptions and Reactions to Trauma In-Check

- It is important to remain aware of your beliefs, emotions, intentions, expectations, assumptions, and biases, as all of these factors can influence interactions with the survivor and their willingness to engage.
- There is no "right" way to present as a trauma survivor.
- Disclosure is a process, not an event.
- The survivor may not be able to answer all of the questions you provide.



Stress and Trauma Amongst University Staff/Supports

University staff are unquestionably impacted by the stress and trauma they witness, co-experience, report on, and/or help to resolve with on campus.

Exposure to ongoing stressors and traumas can take their toll on staff.

Ongoing exposure to stress and trauma increases risk for burnout and/or vicarious trauma.

What is Vicarious Trauma?

*Often associated with **compassion fatigue**, vicarious trauma is the profound, negative shift in worldview and, at times, the gradual accumulation of trauma-related symptoms that emerge as a result of exposure to the trauma of others.*

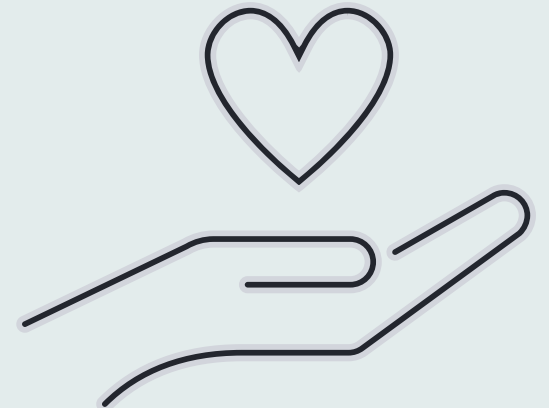
- Sense of oneself, sense of relationships with others, and sense of the world are negatively transformed
- Can be treated with self-attunement and self-care

Self-Attunement and Self-Care



Self-attunement is the practice of *becoming aware* of what is needed to protect and preserve one's own well-being—particularly during periods of stress.

Self-care is the practice of *taking action* to protect and preserve one's personal well-being—particularly during periods of stress.





Thank you!

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