Advocate Lessons: How Law Enforcement Responds to and Investigates Sexual Assault Cases (Part 3: CCR Problem-Solving Series: The Role of Law Enforcement)

June 15, 2017
2-3:30pm Central Time
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This project was supported by Grant No. 2015-TA-AJ-K027 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this document/program/exhibit are those of the authors and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

Thank you for joining us today!

The materials are available on our website: http://www.bwjp.org/training/webinar-advocate-lessons-law-enforcement-sexual-assault-part-3.html

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Today’s Faculty

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How Law Enforcement Responds to and Investigates Sexual Assault

- Review the role of 1st responders in sexual assault cases
- Identify and discuss investigative response and how the FETI approach can improve investigations and rapport
- Apply investigation FETI techniques to sexual assault cases
- Enumerate and discuss advocacy concerns involving law enforcement response to and investigation of sexual assault cases

The Role of First Responders

- Make contact with the victim as soon as possible to address safety concerns and summon emergency medical assistance if needed.
- Treat the victim with understanding, dignity, patience and respect. How the first responder treats the victim can determine the impact of the sexual assault trauma on the victim.
- Advise/call-out investigator as soon as possible.
- Secure/process the scene.
- Obtain medical care & post-assault exam if agreed to by victim. Call out a victim advocate.
The Role of First Responders (cont.)

- Initial Interview –
  - Determine perpetrator/offender if possible
  - Obtain scenario basics: enough to determine if the offender is stranger/non-stranger, and a synopsis of the offense.
  - Keep the interview as short as possible while gathering as much of the essential information to initiate an investigation. Schedule a follow-up interview for 2-4 days later.
  - Document the crime scene, process the evidence, and complete the interview report as soon as possible to pass all information on to investigations.

The Investigative Role

First, do no harm…

Any and ALL possible efforts should always be made to minimize further trauma to the victim.
The key to interview “best-practice”:

Empathy

Response: Best Practices

- People speak more freely and fully when:
  - When they feel they are being listened to
  - When they feel the listener can tolerate what they have to say
  - When the listener can understand what they have to say
  - When they feel the listener can imagine it to be true

(Lebowitz & Wigren, 2007. The Phenomenology of Rape)

Victim Interview Best Practices

- The capacity to hear about trauma (rape/DV) does not come easily or all at once
- It must be developed
- Developing this capacity requires
  - An active willing, and empathetic extension of the self into areas of human failure and malevolence
  - Practice

(Lebowitz & Wigren, 2007. The Phenomenology of Rape)
The Forensic Experiential Trauma Interview (FETI)

Conceived as a response to the recognition of inefficient victim interview methodology and reports of re-victimization by interviewers.

Borrows from:
- Neuroscience of trauma and memory
- Critical incident stress debriefing
- Child forensic interview concepts
- Clinical psychological methods

A Paradigm Shift…
Forensic Experiential Trauma Interview

Acknowledge their trauma/pain/difficult situation
- What are you able to tell me about your experience?
  - Are you able to tell me more about” … or, “Help me understand more about…”
- What was your thought process during this experience?
- What are you able to remember about…[the 6 senses?]
- What were your reactions to this experience
  - Physically
  - Emotionally
- What was the most difficult part of this experience for you?
- What can’t you forget about your experience?

Clarify other information and details…after you facilitate all you can about the “experience”
Close

Non-Traumatic Situations

- **Top-down guidance of attention and thoughts**: Your conscious goals for the situation – and your values – determine what you focus on and what you think, including problem solving
- **Inhibition of inappropriate actions**: Stopping yourself before acting on an unhelpful impulse, going too far down a wrong path
- **Regulating emotions**: Decreasing the intensity of your feelings; reducing their grip on how you perceive things, think, and act
- **Reality testing**: Checking out whether perceptions and beliefs about the situation are correct
- **Error monitoring**: Recognizing when your responses don’t work
Traumatic Experiences: Amygdala Control

Automatic, mostly happening outside of awareness

Arnsten 2009, Nature Reviews Neuroscience, 410

Explicit vs. Implicit Memory

Explicit = You know it’s a memory
Implicit = You don’t realize it’s a memory

Retrieval Strength

• How accessible for retrieval are memory components that have been encoded?
• Only partly depends on encoding strength.
• Depends on retrieval cues present (or not)
• Also depends on brain processes that can enable – or prevent – retrieval.

(Hogger, 2012)
No one thing = memory.

Bottom-Up Trigger and/or Top-Down Effort

Activates Retrieval

Particular Remembrance

Activates Retrieval

Weakly encoded

Smell Image Sound Thought

Strongly encoded

Smell Image Sound Body sensation

(Hopper, 2012)

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Traumatic Experiences, Especially... Sex Assault

• Loss of prefrontal regulation: Chemicals from brain stem impair prefrontal cortex, ‘turn it off’

• Bottom-up attention: Automatically captured by anything dangerous or threatening

• Emotional reflexes: Amygdala-triggered automatic responses
**Sexual Assault: Victim**

**Personal History**
- Not trained to detect signs of coming sexual assault – or to resist
- May have *childhood training* – from being verbally, physically and/or sexually dominated or abused
- May have child’s *emotional habits* of responding and behaving

**Brain During Assault**
- Shocked, fearful, overwhelmed, traumatized
- Emotional brain in control
  - No prefrontal cortex thinking, problem-solving, etc.
  - Attention and thoughts controlled by perpetrator’s actions
  - Emotional reflexes and habits, including those based in childhood

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**Sexual Assault: Perpetrator**

**Personal History**
- Many are repeat offenders: Have done it before, likely many times. It’s rewarding – even intoxicating.
- Thoughts and actions are planned, practiced – even habitual.

**Brain During Assault**
- Not traumatized or even stressed, unless victim fights fiercely
- Prefrontal cortex in control (even if driven by compulsion)
  - Plan of action, with practiced strategies and tactics
  - Focus on overcoming resistance, with threats and force, while engaging in habitual assault behaviors

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**The Brain in the Aftermath of Sexual Assault**
Immediate Post-Assault Effects

- Disorganization, loss of control of mind and body
- Intrusive memories, nightmares
- Flashbacks: Reliving or reenacting experience
- Extreme emotions vs. numbing, dissociation
- Fear and hyper-vigilance vs. calm and denial
- Guilt, shame
- Shock, disbelief
- Irritability, angry outbursts
- Depression, suicidal thoughts, self-destructive acts
- Sleeplessness, fatigue
- Physical pain

Post-Assault Outward Adjustment

- Attempts to deny or minimize impact
- Rationalize why it happened, including self-blame
- Avoid reminders
- Continued fear, anxiety and depression
- Decreased intrusive memories and flashbacks
- Can easily return to crisis mode
- Increased or decreased ability to experience and express emotions about assault
- Develop some coping skills

The “HARD” SCIENCE of Trauma

There is science we need to understand and apply to discover the truth...can reduce the fear and prejudice
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)

Victim’s Experience/Perspective

- Continue to ask questions until you can experience the incident yourself – with feelings
- Explore smell – tastes – sounds – feelings – sights - body positions, as much as possible - these are sensed and encoded FIRST!
- The TRUTH is in the experiential details!
- The victim CONTROLS the interview.
Advocacy Concerns

- Delayed Reporting
- Privacy
- Confidentiality
- Media
- Other

Thank you to today’s Faculty

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