

Violence, Victimization & Trauma: The Complexity of Trauma Responses in the Context of the Criminal Justice System

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NRPS Sexual Assault Conference, March 30, 2007

Objectives

- Highlight important developments in the field of psychological trauma relevant to understanding the effects of victimization and abuse
- Outline some of the more complicated responses that victims of ongoing abuse and violence may exhibit
- Apply psychological concepts and highlight important psychological developments to typical difficulties understanding victim responses and demeanor in legal contexts (i.e. difficulties which lead to undermining victim credibility in court proceedings)

Objectives Continued . . .

- Identifying common responses that all of us have -- to varying degrees -- when working with women who have been chronically abused

Why is it important for us to understand PTSD?

- Rape survivors are the largest group of persons with PTSD.

(Foa & Rothbaum, 1998).

- Women with a history of child sexual abuse are four times more likely to be sexually assaulted as adults (revictimization) than women who were not sexually abused in childhood.

(Filipas & Ullman, 2006).

4 Parts of Presentation

PART I -- Trauma and its Psychological Impacts

PART II -- Sexual violence, Traumatized Victim-Witnesses and the Criminal justice system

PART III -- System Obstacles and Challenges

PART IV -- Challenges for Legal Personnel working with women who have been sexually assaulted

PART I

TRAUMA AND ITS PSYCHOLOGICAL IMPACTS

Why Legal System Personnel Need
to Understand Complex Trauma
Responses in Victims

- Women who endure severe and chronic abuse develop a bewildering array of problems.
- They have significantly more depression, sexual dysfunction, dissociation, anger, suicidality, self-harm, drug addiction and alcoholism than any other clients.
- (Briere & Jordan, 2004)

- Social judgment of chronically traumatized people can tend to be extremely harsh.

Herman (1992)

- As a result of the failure to understand trauma and its effects, there is a propensity to fault the character of the victimized woman for the things that were done to her.
- Too often, this has led researchers, clinicians, and jurists to seek an explanation for the perpetrator's violence in the perceived character flaws of the victim.

Why Women, Why Trauma?

- PTSD began as a disorder belonging to men. It was included into the DSM in 1983 as a result of the political efforts of Vietnam war veterans and mental health workers.
- The notion that environmental events cause severe psychological problems was historically not well accepted by psychiatry or by North American culture generally.
 - (Cloitre, Koenen, Gratz & Jakupcak, 2002)

Later on rape and child sexual abuse were recognized as traumatic events.

- Women are twice as likely as men to develop PTSD at some point in their lifetimes.

(Hidalgo & Davidson, 2000).

- Men's risk for PTSD may catch up with women's in communities torn by violence or war.

Norris, Foster, Weisshaar,(2002)

- Relative social powerlessness – gender inequality -- which characterizes the lives of many women, both:
 - increases the likelihood of victimization

and

- can exacerbate the aftereffects of victimization.

(Briere & Jordan, 2004)

Examples of Social Powerlessness

- Environments that are characterized as violent, degrading, exploitive or invalidating, such as:
 - Experiences of sexism and racism
 - Poverty
 - Social inequality
 - Homelessness
 - Prostitution

(Briere & Jordan, 2004)

- However, the diagnosis of PTSD is still often overlooked because of the failure to recognize the nature of sexual violence in the lives of women.
- When a history of abuse is overlooked in women's lives it often results in the overpathologizing of women. An average of four Axis I diagnosis are given instead.

– (Cloitre, Koenen, Gratz & Jakupcak, 2002)

Examples of Diagnoses

- Schizophrenia
- Delusional Disorder
- Bipolar Disorder
- Major Depression
- Substance-Induced Psychotic Disorder

- Female trauma survivors also receive diagnoses that include personality disorders.
- This results in diagnoses that span both Axis I and Axis II categories.

Herman (1992)

Personality Disorders

- Borderline Personality
- Antisocial Personality
- Narcissistic Personality
- Dependant Personality
- Schizoid Personality

Multiple diagnoses. . .

- Are descriptive labels for symptoms and behaviours, and they emphasize pathology.
- They fail to recognize that many symptoms trauma survivors exhibit are their attempts to cope and adapt.

Herman (1992)

- All of these disorders are best understood as variants of complex post traumatic stress disorder.....each deriving its characteristic features from one form of adaptation to the traumatic environment.
- Many features of these disorders become more comprehensible in the light of a history of childhood trauma.

- The changes and adaptations that victimized women develop as a result of their abuse are often misunderstood.

The Importance of Recognizing PTSD

- The post-traumatic stress construct helps remove the stigma and self-blame from women who have been abused.
- Their various responses are seen as their best efforts to cope with external events. The external events (abuse and violence) *are the problem*, not women's traumatic responses to it.

PTSD Framework

- Acknowledges the interconnection of psychological, biological, and neurobiological effects of traumatic events
- Trauma from prolonged abuse can change a person's life when it leads to disruptions in emotion, consciousness, memory, sense of self, attachment to others and relationships.

PTSD Framework

- Views “symptoms” as adaptations
- Adaptations are an attempt to solve a problem
- They occur in response to something, not randomly. There is a function & a purpose

Adaptations

- Best effort to cope with intolerable circumstances
- Every adaptation helped an abused person survive in the past and to some degree in the present

Examples of Adaptations

- Dissociation
- Substance abuse
- Self-Harm
- Denial
- Avoiding/numbing responses- avoid feelings.
- Cognitions of self-blame (need to believe they had some control over events).

- *Substance Abuse alters unbearable emotional states.*
- Substance abuse serve to medicate or manage intolerable feelings or memories.

Trauma & Substance Abuse

- The prevalence of substance abuse in women with abuse-related trauma is high.
- For women with PTSD, prevalence of alcohol and drug abuse/dependence were 28% & 27%.

How can this information help in court rooms?

- Contextualized evidence about post-traumatic stress shifts the focus away from the ‘personality’ or ‘character’ of the assaulted woman, and describes her behaviours as a normal human response to trauma imposed from external sources.

Expert evidence. . .

“ . . . presented by qualified mental health professionals whose understanding of post-traumatic stress (a recognized diagnostic category in the DSM-IV) expressly incorporates a recognition of gender (and other social) inequalities, can be of significant assistance to legal proceedings relating to domestic violence and sexual assault, to normalize typical victim responses.” (Randall, 2004)

This kind of evidentiary record

“ . . . can enable legal fact-finders to situate their knowledge of an individual assaulted woman within an analysis of the social contexts and dynamics of domestic violence generally, and how these are relevant to the particular legal issues at play.”
(Randall, 2004)

For example, Victims Often Can't Explain:

- their own psychological responses and coping.
- They may not recognize the role of abuse-related trauma in the development of some of their own severe responses or ways of managing.

What the Legal System Need to Know

- In order to explain or educate the court about the typical responses of women who have been abused have crowns must have a clear model of how violence and abuse shape victim responses.
- This is necessary to combat stereotypes which undermine credibility.

Understanding Trauma

PTSD as an outcome of Sexual Assault:

- *Post-traumatic stress* is the result of exposure to a traumatic or extremely emotionally and psychologically distressing event, or events.
- Traumatic experiences have traditionally been defined as those which are life-threatening.

- Whether or not an event is considered traumatic is determined by the individual's subjective experience.
- A traumatic event or situation creates psychological trauma when it overwhelms the individual's perceived ability to cope, and leaves that person fearing that she will be hurt, killed, or lose her mind.

- *When in danger or threatened, the body is programmed to have a fight-or-flight response.*
- *When people are unable to actually take flight-or-fight -- as is the case with most children who are abused and many women who are assaulted by their male partners -- they are both emotionally and physically trapped*

*When Unable
to take flight or fight. . .*

- *Abuse survivors must find other ways to handle these overwhelming experiences. Some of the coping responses learned include dissociating, going numb, or disconnecting*

These coping behaviours typically do what they are supposed to – they help people survive.

- *However, when the abuse is prolonged and repeated, these coping behaviours result in psychological and physiological changes or adaptations.*
- *These include changes in perception, feelings and behaviours that have long-term consequences.*

- *Eventually, the adaptations that were developed to survive become no longer functional.*
- *For example, some of these responses keep the body on high alert for danger (arousal and hyper vigilance) or disconnected and numb in order not to feel pain.*

- Traumatic experiences alter the functioning of the central nervous system as well as general physiological functioning.

Simple Post-Traumatic Stress

Simple PTSD is distinguished by three distinct symptom clusters:

1. Re-experiencing phenomena
2. Avoiding/numbing responses
3. Hyper-arousal responses

These three symptom clusters form a coherent syndrome

A. Re-experiencing phenomena

- this includes reliving the event through recurring nightmares, flashbacks or other intrusive images that “pop” into one’s head at any time.

B. Avoiding/numbing responses-

- This involves avoiding reminders of the event, including places, people, thoughts or feelings. People who experience these responses become emotionally numb, withdraw from friends and family and lose interest in everyday activities.

C. Hyper-arousal responses-

- This includes being chronically on guard at all times, including irritability or sudden anger, difficulty sleeping, lack of concentration, being overly alert or easily startled.

Re-experiencing Phenomena

- *Intrusive thoughts and ruminations* are experienced as a constant replay in the mind of the most awful moments of the traumatic experience.
- *Flashbacks* are sudden, intrusive and vivid re-experiencing of the early traumatic experience that will appear to come out of nowhere, making the person experiencing the flashback feel out of control.

- Flashbacks, nightmares and ruminations are the brain's attempt to make sense of and integrate the traumatic experience. In other words, flashbacks and nightmares are the brain's attempt to heal itself.

Avoiding and Numbing Responses

- Traumatized people faced with difficulties in controlling their emotions typically expend energy avoiding distressing internal sensations.
- This emotional numbing can be part of people's everyday life, and can be expressed as depression or as dissociative states.

- Avoidant responses include efforts to avoid thoughts, feelings or conversations about the trauma.
- Numbing describes the way people blunt their feelings to make them more manageable.

Hyperarousal Responses

A state of heightened and chronic arousal characterized by:

- insomnia
- irritability
- difficulty concentrating (can't think straight)
- hypervigilance
- exaggerated startle responses

- Hypervigilance is constant heightened awareness of one's surroundings to protect against potential harm or danger (i.e., feeling the need to be on guard all the time).
- Hyper-arousal and hypervigilance are the after-effects of the brain being “turned on” to sense danger. These are predictable responses to being placed in dangerous and hurtful situations.

- Chronic arousal interferes with people's ability to use their emotions as information upon which to make decisions about how to act.
- Arousal interferes with comprehension
- In particular, fear is an emotion that alerts people to pay attention, so that they can act/respond to the situation.

- However, for women who have left abusive relationships but are still harassed, stalked or threatened, hyperarousal is a reasonable response to actual or threatened harm.
- Hyperarousal reactions are survival based fear responses.

Simple Post Traumatic Stress

- Simple PTSD is a model based on a single event.
- It does not encompass the complex and disparate adaptations associated with prolonged and repeated abuse.

A simple traumatic event can occur almost anywhere

- It is less often interpersonal
- Usually of shorter duration
- Associated with less stigma

The clinical picture

for someone who has survived a car accident or mugging is different . . .

than that of someone who experienced a physical or sexual assault within a close relationship.

A NEW DIAGNOSTIC CATEGORY: COMPLEX POST-TRAUMATIC STRESS

- Complex PTSD describes the effects of severe, prolonged and repeated interpersonal victimization such as child abuse, wife assault and rape in marriage
- Prolonged, repeated abuse, occurs only in circumstances of (or similar to) captivity
- Ordinary, healthy people who experience chronic abuse survive by psychologically altering the way they adapt to stressful events

- Examples include: prisoners of war, residents of institutional schools, and abuse against vulnerable members of families (elderly & children).
- “Women & children are rendered captive by economic, social, psychological and legal subordination, as well as by physical force.”
(Judith Herman, 1993).

Complex PTSD is comprised of:

- Traumatic event/s
- Developmental deficits
- Social and political contexts (e.g, sexism, racism, heterosexism, classism)

These experiences shape present functioning, difficulties and belief systems.

Complex PTSD

- multiple incidents
- longer duration
- earlier in development (especially first 5 years or so)
- greater social stigma
- childhood abuse often followed by adult abuse experiences (revictimization)

- The features of PTSD that become most exaggerated in chronically traumatized people are avoidance or constriction. When the victim has been reduced to a goal of simple survival, psychological constriction becomes an essential form of adaptation.

- This narrowing applies to every aspect of life- to relationships, activities, thoughts, memories, emotions and even sensations. And while this constriction is adaptive in captivity, it also leads to a kind of atrophy in the psychological capacities..

Developmental Issues Are Key

- Prolonged early childhood abuse changes life developmentally. It affects:
 - Brain development
 - Attachment patterns
 - Development of Self-Capacities –(especially affect regulation skills)

Effects of Abuse on Self-Capacities

- Child develops an avoidant style of relating
- Child utilizes dissociation
- Child is deprived of normal attachment-related learning, including the development of identity, boundary and affect regulation skills
- Insurmountable affective obstacles
- develop avoidance repertoire

- Intrusive symptoms such as flashbacks, and nightmares persist for years.
- Avoidance and constriction become essential forms of psychological survival.
- This narrowing applies to every aspect of life—relationships, activities, thoughts, memories, emotions and sensations

Six Categories of Symptoms for Complex PTSD

Four Most Relevant ones for our discussion
are:

1. affect dysregulation,
2. dissociation,
3. altered self perception and
4. alterations in relations with others

Affect Dysregulation

Key characteristics of affect dysregulation include:

- Overreacting to minor stresses
- Becoming easily emotionally and cognitively overwhelmed,
- In attempts to calm themselves, and to get some relief individuals will often rely on coping measure that are self-destructive, such as self-injury, drug use or eating disorders.
- They often have suicidal thoughts and difficulty modulating sexual impulses and heightened risk taking behaviour.

Affect dysregulation

- *Chronically traumatized people do not have any baseline state of physical calm.*

Dissociation

- One of the key dimensions of Complex PTSD is dissociation. Victims learn to alter an unbearable reality by developing an ability to go into a trance state or disconnect from their bodies or thoughts.
- Thus the present is hazy and dulled, while the intrusive memories of abuse are intense and clear.

Dissociation

- Dissociation is a defense in which an overwhelmed individual cannot escape what assails her by taking meaningful action or successful flight, and escapes instead by altering her internal organization, by taking inward flight.

(Kluft, 1992, p. 143)

Failed Fight-or-Flight

- Fight or flight response has little adaptive value in the context of much childhood abuse and for many abused women.
- With few resources for flight and the inability to overpower the abuser this response becomes counterproductive

Women will attempt to respond reflexively with aggression but then the violence often escalates.

This action is then perceived as useless or dangerous and passive defenses, freezing and retreating into fantasy predominate.

Adaptation gone awry...

- Dissociation and freezing often become automatic physiological responses to a number of related stimuli..
- Many traumatized people respond to daily stressors, anxieties, and irritations with dissociative defenses.

Dissociation

- potentially blocks effective coping with danger and everyday stressors
- but also blocks resolution of trauma

Indicators of Dissociation

- Staring blankly into space
- Being in a daze
- Clouding of perception
- Numbness
- Feeling dead
- Experience events, sensations and emotions at a distance
- Feeling detached from one's body

- Restricted emotional range
- Numbing
- Being on automatic pilot
- Feeling like a spectator. . .floating above the scene

- Many victims will rely on emotional numbness (distancing from their feelings).
- They may appear unconcerned in court
- Often victims will use dissociation and will appear to have “checked out.”
- Victims learn to alter an unbearable reality by developing an ability to go into a trance state or disconnect from their bodies or thoughts.

- They will forget safety plans, information that was discussed in meetings
- They may have gaps in memories for significant portions of their experiences
- Women who dissociate will have difficulties tracking information
- Thus the present is hazy and dulled, while the intrusive memories of abuse are intense and clear.

What is Dissociation?

- A compartmentalization of experience
- With overwhelming threat, individuals are unable to integrate the totality of what is happening in to consciousness.
- Sensory and emotional elements of the event are not integrated onto personal memory.

- They remain isolated from ordinary consciousness or are split into isolated sensory elements, without integration into a personal narrative.

Traumatic Memories

- Trauma can lead to extremes of retention and forgetting.
- Terrifying experiences may be remembered with extreme vividness, or may totally resist integration. Many times people report a combination of both.

- Some aspects of traumatic events appear to become fixed in the mind.
- The theory is that traumatic memories may be encoded differently from ordinary memories because of alteration in the focusing of attention

- When people feel threatened, they experience a significant narrowing of consciousness, and remain focused on only the central perceptual details.
- At the extreme end this narrowing of consciousness may evolve into a complete amnesia for the experience.

Conditioned Emotional Responses

- Violence and abuse can lead to classically conditioned associations between abuse stimuli and negative emotions
- People who are beaten, sexually abused, screamed at or abandoned associate aspects of the abuser (gender, age, physical characteristics) with fear and other emotional distress.

- These classically conditioned responses are not encoded as autobiographical memories, but rather as simple associations between stimuli (sudden raising of a hand) and certain responses (fear & flinching).

Trauma memories are often relived and re-experienced rather than remembered

- This re-experiencing occurs along with the physical sensation, emotions, images, smell or sounds associated with the original traumatic event.
- This suggests that when people are experiencing flashbacks, they are reimmersed in the experience: they are reliving the trauma and lack the capacity to analyze what is going on in the here and now (van der Kolk 2001)

- Many people with histories of abuse, such as rape, wife assault and child abuse, function well as long as feelings related to traumatic memories are not stirred up.
- After exposure to specific emotional or sensory triggers they may feel or act as if they are being traumatized again.

Disturbances in Relationships

- Characterized by an inability to trust-
(secretive, hypervigilant, withdrawn)
- Not easily trusting and being wary and cautious in relationships are self-protective and adaptive responses.

- The other side of this experience of exploitation and betrayal is the polar opposite response—intensified trust.
- Trusting too easily is a survival mechanism as well. The need to trust a primary caretaker regardless of betrayal and abuse was essential. It becomes a higher psychological priority to retain the belief than to feel the isolation and loss.

Revictimization

- This is the phenomenon of having repeated experiences of violence or abuse by different perpetrators.
- 80% of women incestuously raped in childhood experienced another sexual assault after the age of 16. (Haskell, 1997)

This complicated problem of revictimization can be attributed to lacking a healthy template for interpersonal relationships.

It is also, and more fundamentally, due to the fact that much of the predatory and intrusive male behaviour exhibited in our society has been normalized and made invisible.

Attachment to Perpetrator

- Women split off the violent, abusive behaviour in order to maintain attachment to abusive partner. This is similar to how they maintained attachment in childhood.

Disturbances in Self-Perception

- This dimension is more straightforward and includes the (mis)perception that chronically abused survivors have of themselves as being:
 - helpless
 - ineffectual
 - damaged
 - stigmatized

- Women who feel this way may also believe that they were at fault for their childhood abuse because of some inherent “badness” in them that their perpetrator recognized.
- This perception of self is constructed from both internal sources, survival strategy of child as well as socially learned victim blaming messages.

- The shame and mistrust sometimes results in victims being withholding or secretive.
- Or on the other hand they can appear to be demanding or unreasonable in an attempt to have control.

PART II

SEXUAL VIOLENCE, TRAUMATIZED
VICTIM WITNESSES AND THE
CRIMINAL JUSTICE SYSTEM

Typical Victim Reactions and the Interplay with Court Proceedings

- Women suffering with PTSD often have depression, anxiety and substance abuse.
- Depressive symptoms include: hopelessness, low energy, apathy, low motivation and often suicidality.

As a result . . .

- Victim-witnesses will have often difficulty mustering and maintaining energy, focus and enthusiasm necessary for the court process.
- They may recant, refuse to testify, not show up to court, beg to have charges dropped
- Many depressed victims may feel that the court system has little to offer them, given their own sense of helplessness about their situation.

Victims experiencing simple PTSD may have extreme difficulty concentrating, feeling constantly on guard or jumpy and experience unpredictable outbursts of rage.

Court itself . . .

will often be a “trigger,” for many women and the flashbacks will make women feel as if they are reliving the trauma during the legal proceedings.

When they are “triggered”

- Women may have night terrors, repeated disturbing memories, thoughts or images of traumatic incidents.
- As a result women will avoid the situations that trigger them (i.e.. Court process).

- Several features of the court process are challenging.
- Repeated trips to court, discussing the abuse to lawyers and others, and seeing her abuser.
- If women use avoidance to cope, this will easily overwhelm their coping strategies.

Abuse Shapes Women's basic beliefs about the trustworthiness of others.

- The core experiences of psychological trauma are disempowerment and disconnection from others.
- Many women will come to see you not expecting to be believed or to be helped.

- “If 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 Herman)

Part III

Obstacles and Challenges
Presented by the Criminal Justice
System

Information Needed

- Victims will have difficulty retaining a great deal of the information you provide them with on what to expect or how to navigate the system.
- They receive this information at a time of crisis when they are least likely able to absorb it.

Inadequate follow-up. . . (an over burdened system)

- With scant follow-up victims are not able to resolve misperceptions about court and are not able to develop a good idea of what to expect from the process.

Personal Safety

- Many women are relying on the system for personal safety (and safety for their children). They are not prepared for a protracted process and find it emotionally draining to be living with ongoing fear and anxiety regarding the outcome.

Prevailing Myths about Typical Victim Demeanor

- Complexity of traumatic responses not well understood by judges or jurors.
- “When judges encounter what they perceive to be atypical victim-witness testimony, they may interpret it as lacking credibility simply because the victim’s demeanor contradicts their expectations.” (Kohn, 2003).

- Many people still expect a victim to present as scared, helpless, meek or blameless.
- So woman connected to their anger or disconnected from their fear don't fit the stereotype and are not understood or believed.
- Some judges have a severe distaste for the victim-witness' range of aggressive emotions.

- Additionally, women who have a substance abuse problem or mental health issues often have less credibility.

How Crowns can better assist abused
women who are victim-witnesses

- Provide victims with easy to read materials that explain the court process.
- Support and follow-up by court staff (victim witness workers in Ontario). Important to have victim advocates in the courtroom

What makes a woman who has been assaulted more likely to “cooperate” with the criminal justice system?

- The likelihood of “cooperation” increased by 3 times when a woman met with a representative of the Victim Witness Assistance Program (Dawson, Dinovitzer, 2001)
- Not yet systematically documented in the research is the critical role of other advocates and front line community service workers in supporting women through the criminal justice system (though we know they play a vitally important role).

(Melanie Randall, Judicial Presentation, 2006)

Importance of victim cooperation

- There is a documented relationship between “victim cooperation” and the chances of prosecution.
- Research in Toronto’s K-Court demonstrates that:
 - A domestic violence case is **7 times** more likely to be prosecuted if the woman (“victim-witness”) who has been assaulted is perceived to be “cooperative.”

(Randall presentation, 2006)

Role for Expert Witnesses

- Expert witness testimony can assist in filling in the gaps for jurors and judges who are charged with assessing the credibility of domestic violence victims, but who often have limited knowledge about the complex responses that victims often have.

The Importance of Crown Responses to Traumatized Victim-Witnesses

- Identify her immediate safety needs.
- Accept and validate victim-witness feelings by using “active facilitation”
- Reinforce her will to survive, her entitlement to live free from violence

The following are examples of ways to validate an abuse survivor's experience

- Believe what she tells you. A battered woman's credibility is frequently questioned by others, particularly when she abuses substances, or when she has a history of mental health problems.
- Being believed is a very affirming experience for most battered women.

- Communicate respect for women's experience by providing enough time to listen and allow them to tell their story in their own words.
- If information is gathered hastily it tells women that their experiences are not that important.

PRACTICE ACTIVE FACILITATION

- Active facilitation is the process of offering active and respectful engagement, and providing sensitive and nuanced responses to what is being said.
- Take her fears seriously. If you are concerned about her safety, express your concern without judgment by simply saying, “Your situation sounds dangerous and I’m concerned about your safety.”

Respectful Engagement / Active Facilitation

- **Be familiar with reframing statements and normalizing comments**

- Empathize with her experience. Use active listening skills to communicate to a woman that you are interested and concerned.
- When we sit with a woman and hear her despair and pain, and remain silent, many survivors will feel even more fear and shame.

Balancing Empathy and Responsibility

- If you emphasize responsibility without expressing empathy for your client's struggle in following through with prosecution, you may be perceived by the client as critical and burdening her.

Example;

“I know you are scared and tired but this will provide you with an opportunity to be free of abuse...”

Research has shown that emotional and tangible support influences a victim's decision to participate in a prosecution.

Having others who can listen, be trusted, provide reassurance, encouragement and companionship has shown to diminish stress. (Raymond & Flannery, 1990).

Empowerment & Collaboration

- Trauma survivors will feel safest when they are actively participating and making decisions.
- Don't say, "I know what is best for you."

- Try to inform women about the benefits of proceeding, of using the legal system.

- One Ontario crown says to her victim-witnesses:

“Even my 3 year old knows there are consequences for misbehaving. If I drop the prosecution what would I be telling your partner?”

A victim's refusal to testify or appear . . .

- May be her attempt to negotiate safety in her life
- “We need to hear that as an appeal to stay alive, to stay safe”
(Sara Buel)

Randall presentation, 2006

PART IV

Challenges for Crowns working with assaulted women in Domestic violence Cases

The Importance of:

- Understanding “Difficult” Victim-Witness Responses as Normal or Typical Reactions
- Acknowledging one’s own reactions

Why is it important for us to understand our own responses?

- Crown demeanor can create the conditions that help to diminish the intimidation and fear that assaulted women feel.
- When women feel more accepted and listened to by crown attorneys they are more likely to use the legal system.
- Effective intervention with women who experience violence can save lives and minimize harm

Working on Sexual and Domestic Violence Cases Takes an Emotional Toll

Including: Vicarious Traumatization

Vicarious trauma is the experience of bearing witness to the atrocities committed against another.

Vicarious Traumatization

- The negative transformation of your inner experience as a result of responsibility for and empathic engagement with abuse survivors.
- The effects of VT are cumulative and are a result of listening and witnessing experiences of violence, fear and threat.

VICARIOUS TRAUMA IS . . .

- the result of absorbing the sight, sound, touch and feel of the stories told in detail by abuse victims searching for help.

- the instant physical reaction that occurs when a particularly horrific story is told or and event is uncovered.

- the energy that comes from being in the presence of trauma

and

- it is how our bodies and psyches react to the profound despair, rage and pain.

- Witnessing and hearing about the effects of abuse and violence negatively affects us.
- This is an inescapable consequence of working with abuse victims.
- It is important to recognize and understand your reactions

- We all tend to protect ourselves by distancing, minimizing and emotional numbing.
- Insulating ourselves from other people's feelings can result in us appearing disinterested, or worse, disbelieving of their experiences
- When we are unaware of our negative emotional reactions we are more likely to respond in ways that are unhelpful.

Vicarious Traumatization

- VT is an inescapable effect of trauma work
- VT damages hope and optimism, which are essential resources we bring to our work
- The single most important factor in the success or failure of trauma work is the attention paid to your needs and reactions
- Addressing VT is an ethical imperative

Understanding Your Negative Reactions

These might include:

- Feeling ineffective and hopeless
- Feeling frustrated and angry
- Feeling not appreciated
- Becoming highly skeptical of the victim's story

- You may find yourself minimizing the effects of abuse or denying the prevalence of intimate violence
- You may experience increased emotional disconnection and passive facilitation.
- You may start to see battered women as malingers, manipulative, or “too demanding.”

Consequences of Negative Reactions

- Disempowering victim witnesses
- Threatening women with refusal to assist in the future if they do not proceed now.

- Beginning to minimize or rationalize the abuse, or becoming inured to it
- Feeling contempt for the woman's perceived helplessness
- Considering some women to be “bad witnesses,” and not recognizing they are able to make informed and healthy decisions *but they may need additional resources in order to be able to do so.*

Transforming Demoralization

The Need to Expand What counts as “Success”

- Seeking safety from IPV most often occurs in stages or steps. It is a *process*.
- Crown’s responses and behaviour can result in changes to women’s attitudes, thoughts and feeling that facilitate future help-seeking actions.

- By providing information, validation and support you help abused woman lower their risk of further violence, or possibly, in some cases, even death . . .

The End!

Thank you . . .