

## **TRAUMA AND GAPS IN MEMORY**

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### **Recommendations from Dr. Cathy Carter Snell, Director, Forensic Programs, Mount Royal University**

During acute stress of any form (e.g. newly stressful situation or reliving the previous event) the sequential memory is affected- the sequence of events may be out of order – and specific events may be blocked. Some of this will return given time and rest, and an ability to mentally review the events in a non-stressed state. Some argue that REM sleep is needed to allow consolidation of memories (Stickold, 2005). This is why it is usually better to interview victims a few days after the event once they have had a chance to rest, eat and think about it. There will be less conflicting information.

Persistent gaps in memory about the event may be the result of either dissociation during/after the event or avoidance coping by the victim. Multiple factors may affect memory, particularly verbal declarative ability (the ability to recount events):

#### Pre-Event

- Prior history of abuse pre-event, such as childhood abuse (Bremner, 2002; Bremner, Vermetten, Afzal, & Vythilingam, 2004; Bremner, 2005)

#### Event

- Severity of the attack (e.g. perceived life threat) (Halligan, Michael, Clark, & Ehlers, 2003; Ullman, Filipas, Townsend, & Starzynski, 2007)
- Dissociation or severe response during attack (Hardy, Young, & Holmes, 2009)
- Alcohol use or drugs immediately prior (Clum, Nishith, & Calhoun, 2002) or use of sedative-hypnotics (Goulette & Anger, 2004)

#### Post-Event

- Reactions after the attack (e.g. negative reactions and secondary victimization by support people/police/care providers, self-blame, use of avoidance coping) (Ullman et al., 2007)
- Development of PTSD (David, Akerib, Gaston, & Brunet, 2010; Ullman et al., 2007)

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