

Business Better (Season 2, Episode 11): Trauma-Informed Investigations, Part Three: The Brain and Trauma

Speakers: Jill Steinberg, Katharine Manning, and Anne DePrince

Steve Burkhart:

Welcome to Business Better, a podcast designed to help businesses navigate the new normal. I'm your host, Steve Burkhart. After a long career at global consumer products company BIC – where I served as Vice President of Administration, General Counsel, and Secretary – I'm now Of Counsel in the Litigation Department at Ballard Spahr, a law firm with clients across industries and throughout the country.

Steve Burkhart:

This is episode three of the “Trauma-Informed Investigations” series. Today’s episode features a discussion on the impacts that trauma can have on the brain, with special guest Anne DePrince, a clinical psychologist and professor of psychology at the University of Denver and author of “Every 90 Seconds: Our Common Cause Ending Violence against Women”. Speaking with Ms. DePrince is my Ballard Spahr colleague Jill Steinberg, a Partner in Ballard’s Philadelphia Office; and Katharine Manning, author of “The Empathetic Workplace: Five Steps to a Compassionate, Calm, and Confident Response to Trauma on the Job”, and the President of Blackbird DC. So now let’s turn the episode over to Jill Steinberg.

Jill Steinberg:

This is Trauma-Informed Investigations, a podcast from Ballard Spahr. I'm Jill Steinberg, a partner at the firm and I'm joined by Katharine Manning. The intention of this podcast is to examine organizational responses to sexual abuse allegations from the perspective of individuals like us, who've handled these types of matters, for me as a prosecutor handling these cases for many years, and for Katharine as a lawyer and expert on trauma and victims' rights. In the prior two episodes, we used a hypothetical to facilitate our discussion.

Jill Steinberg:

That fictional scenario involves the sexual abuse of a teenager at a camp that's held on a college campus. We discussed how to identify suspect behavior, the role of witnesses to these and how they should respond. We also talked about the first disclosure and how that listener should respond. Today we talk to an expert about trauma and the brain. Dr. Anne DePrince is a distinguished professor in the University of Denver's psychology department and associate vice provost of public good strategy and research. Among other things, she studies the impact of violence and trauma, particularly on women and children. Welcome, Anne.

Anne DePrince:

Thank you very much for having me today, Jill.

Jill Steinberg:

Thank you. And welcome, Katharine.

Katharine Manning:

Thanks, Jill. It's such a pleasure to be back here on the podcast with you, Jill. And Anne, I am thrilled that you are able to join us today because you have such a strong background in studying these issues of trauma and how it affects the brain. I would love if you could talk a little bit about your experience in this area, how you got into it and sort of the parameters of the things that you've studied.

Anne DePrince:

Of course, thank you. I've been studying trauma for more than 20 years now. And I started out focusing on traumatic stress broadly. And over time as I've collaborated with police and community based agencies, victim service providers, really, my focus has honed in on looking at the impact of gender based violence, particularly violence against girls and women, as well as adolescent dating, child abuse and so forth. And a lot of my work has been really informed by trying to understand how research can have practical implications for folks who are directly serving crime victims and survivors.

Katharine Manning:

Perfect. That's exactly what we are hoping to illuminate here today. The hypothetical that we've been working with through this podcast involves a 14 year old girl who is a victim of child sexual abuse by a camp counselor. She discloses to a guidance counselor at her school. As you very well, often those disclosures can be confusing, incomplete, jumbled. And a lot of that is because of the way trauma affects the brain. Can you talk a little bit about how that is?

Anne DePrince:

Of course. Well, when we think about how trauma gets processed, there are multiple points in time that we need to consider. So for example, there's the immediate trauma as it's unfolding and what the brain and your physiological systems are doing in response to the trauma. And that certainly has an impact on what gets, for example, encoded so that it can possibly be remembered later.

Anne DePrince:

Then you have things that been in the interim between the trauma and when a disclosure a report happens downstream, there are things there too that can affect the quality of memory such as sleep. And then ultimately you have the circumstances you alluded to of a disclosure, say, to a guidance counselor where that context also can have an impact on how people make meaning of what happened to them, how they think about and tell the story of what happens. So trauma's impact on the brain isn't necessarily a particular moment that we're considering in isolation, rather, I think about this whole process from encoding and coping in the moment through to the disclosure.

Katharine Manning:

That's so interesting. I want to unpack each of these stages. So first when you talked about the immediate trauma in the moment and what gets coded, what are some of the things that go into that?

Anne DePrince:

Well, among the many interesting things to think about of how the brain responds to trauma is that many of the processes that are underway are automatic, that we don't pause and say, "A trauma is now unfolding, and this is how I will respond to it." Instead, what happens is really a cascade of responses. So for example, say, as a trauma begins to unfold, the victim's brain perceives that something seems off. There are parts of the brain such as the amygdala that get recruited to try to make quick judgements about, is this a dangerous situation or not? And depending on how the brain is making sense of the information that's coming in, then you might see a host of different outcomes. It might be the case that the amygdala signals, "This seems like a danger."

Anne DePrince:

And then what your body has to do is mount a response to that. So it recruits hormones that start flowing. Hormones that might prepare you to run away, to fight or even to freeze. And there isn't conscious control that a person has over what their body decides to do. It's sort of the best judgment of your physiological system, if you will, of what it seems like it will take to survive that moment or that particular trauma. So pause there before I talk a little bit about encoding in memory to see if that resonates with you.

Katharine Manning:

Yeah. I think that makes a lot of sense that in that moment, it's almost like your physiology kind of takes over and decides what is going to happen without you even being consciously aware of what it's doing. So when I think about in our hypothetical a 14 year old girl who is maybe being approached by a much older man in a position of authority, that could cause that kind of reaction of, as you mentioned, freeze, perhaps like a dissociation sort of response.

Anne DePrince:

Absolutely. Dissociation is something that I've looked at in my research as well as many trauma researchers. And dissociation is an experience where people can feel... they can experience it as time slows down, or they felt outside of their bodies. I think of it as a strategy that our bodies and brains use to get through a traumatic experience. But that certainly can have an impact when we connect this to later what the guidance counselor hears, that can have an impact on how confident people are in their memory, how certain they are of what happened, because dissociation can make one feel that things were unreal or that things didn't happen in a linear fashion.

Jill Steinberg:

I wonder there are two facts in this scenario that could potentially impact someone in that moment, but I want to ask you in your experience, what if any, impact that this might have. The first is this being a 14 year old girl versus being an adult. And also the fact that the person who is the abuser, in the scenario is a person in a position of trust. What, if any, impact do those two factors have? Or do you find that this reaction of the brain happens no matter what sort of the contextual scenario might be in terms of age or the abuser?

Anne DePrince:

These are great questions. Let's take the abuser piece first. I would think about a person in a position of trust who grooms and abuses a young person as something that on my research team and in the field, we call it betrayal trauma. Jennifer Freyd is a psychologist who coined that term. And a lot of my work has been concerned with how do we understand the impact that that close relationship or that dependence on someone else has on how you make sense of what's happening and your brain and your body cope with and respond to the trauma. So, Jill, I think you're really onto something here with your question, because the fact that that person is in a position of trust can cause a few different things. We see that betrayal traumas are linked with higher levels of dissociation.

Anne DePrince:

So that position of trust may have an impact on the kinds of coping that a brain and a body use. In addition, it can just be simply confusing to a person that if it's somebody you trust, then victims can be more likely to doubt and question themselves about what's happening. So where in other circumstances, we might have sort of a sixth sense that tells us something's wrong in a situation, it can be hard to detect and sort of decode that something's wrong when it's a person in a position of trust.

Anne DePrince:

We also see in terms of betrayal trauma, that there are strong pressure to be unaware of what's happening. So you could think of that as strong pressures for victims to make it seem okay to themselves, to tell themselves nothing's wrong, this is all right. And again, you can imagine how that dominoes out and has an effect downstream when somebody discloses. Again, because

they might not be confident about what happened, they may not have come to the conclusion themselves to label something as abuse, because an abuser told them they were loved or valued. So I think these are really important pieces of that position of trust dynamic.

Katharine Manning:

Excellent. Thank you so much, Anne. I wanted to talk next about what you called the interim period. So in between the moment of trauma, which, obviously can be multiple moments, but between the trauma and the disclosure, there's a time period in between. And you talked about how that can also affect the way that somebody thinks of and recalls the traumatic experience. So can you talk a little bit about that?

Anne DePrince:

Certainly. One of the things we know from research that is interesting to consider is that for especially emotion memories, that a lot of the work of consolidating memories happens when we sleep. So you might expect that somebody who hasn't had a chance to rest or sleep between the time that a trauma happens and when they're being interviewed, that things may be more jumbled. There's something about sleep that's very important to the integration and consolidation and long term storage of memories.

Anne DePrince:

So you have some immediate things in that interim, like sleep that can have an impact. One of the things that can be a myth about memory is that necessarily that interim period, if it's longer, that memories will be faded, or less reliable, or less consistent. And I would discourage thinking that way, because one of the things we know about how the brain encodes, especially emotionally salient information, is that that information tends to get recalled and rehearsed over time.

Anne DePrince:

So you don't see the degradation of memory for things like sexual assault that you might for what you had for breakfast. That wasn't probably a terribly emotional experience. You don't recall it over time and sort of rehearse the memory. So that interim period can also involve people recalling and rehearsing the memory, which will help to keep that memory intact in long term storage.

Katharine Manning:

So interesting. One of the things that I believe I've heard is that the way that memory can be encoded in that moment can be somewhat fragmentary. And that it seems to be focused mostly on the things that are kind of the most dangerous or most important to survival. So like the example would be if you were held at gunpoint, you might be very clear on the gun, but not know if the person had glasses on or not, because you are more focused on the gun. Is that true?

Anne DePrince:

There is truth in that. So the way that researchers would talk about it is that you have central details in an experience and peripheral details. And what your brain picks is central. Just like the other automatic processes we were talking about, as a trauma is unfolding, you don't get to choose the gun, or the glasses, or the clock, or the hotel room number, that those things are central. Your brain picks what's central and that's what gets most of your attention. And what gets your attention is best encoded. The peripheral details, the other things that your brain isn't paying as much attention to, they don't get encoded as well. So it can be more fragmentary as you're saying, and those details don't tend to get rehearsed. So over time, the things that were central tend to get remembered and rehearsed, they might even be intrusive memories from the assault and that's another exposure to those central details. So that's what I mean by rehearsed over time. So you get this strong memory for what the brain picked as central, but not for the peripheral details.

Jill Steinberg:

Let me ask you a question about some of the language that we're using, just in case some of the listeners don't have an extensive background in this space, the word encoding. For example, I've seen that in the literature and it's something that I've had conversations with people about where that word is employed. So I feel like I understand it. But listeners might not understand it. And there's also a phrase in the literature about the lack of integration or the disconnection of information in the brain under stress or trauma. And I was hoping maybe you could try and explain that in more common language. For example, encoding, when I think about that is, it's taken in and retained, but I wonder does that mean if something is not encoded, it never comes in or it comes in, but it might be floating around somewhere where you can't bring it to the front of your mind? What exactly does that word mean and the issue of the lack of integration, that phrase mean?

Anne DePrince:

Yeah. Great questions. So in terms of encoding, you're absolutely right, Jill, that it's what we are paying attention to. So if you picture, for example, a dorm room, and I'm talking about a survivor having encoded something about the bedside of the room, but not the desk side of the room. What we're referring to there in terms of encoding is they were directing their attention to what was happening around the bed. They have sensory information, maybe it's visual, maybe it's what they were seeing, maybe what they were smelling or hearing, but it's directed to one part of the room. That then means what you encode, as you're saying, Jill, has an implication later for what you can remember. So if there were peripheral things that you weren't paying attention to, that information never came in, in order for the brain to tag that and put it together in an integrated memory. But here's where it gets interesting in terms of some of the fragmentary nature of memory.

Anne DePrince:

You have a schema, you have a sense of what a dorm room is. When I said, "Think of a dorm room," you pictured something. So even though a brain may have been paying attention to what was centrally important what was happening around the bed, the brain will also try to fill in details if asked, "What else is happening in the room?" So that's where things for survivors can end up feeling kind of fragmentary, where they're trying to make sense of different pieces of information that they have access to.

Anne DePrince:

So, Jill, to your question, about lack of integration, one of the tasks that your brain has is to pull together different kinds of information. Right now we have auditory information coming in, the sounds of voices, people have whatever's happening in their workspace or their car where they're listening to the podcast, they have physical sensations, maybe the chair they're sitting on or something about the shoes they're standing in and your brain has to integrate that information.

Anne DePrince:

And then based on what you've encoded through your different senses, the brain then tries to pull those pieces of information together. And that memory ultimately, we hope moves into long term memory storage so that later when people are asked, "What did you learn on the podcast today?" they can call up a memory and tell you something about it. So you can imagine that just listening to a podcast and recalling later what happened is a really complex set of steps that require connecting different sensory information and temporal information, what day was that podcast together to a coherent story of what you learned at the podcast. So when people talk about lack of integration, there's usually two different ways that I hear it talked about. One is that something about the memory and how it was encoded and experienced. It may have been that people were just paying attention to, say, very emotionally salient information.

Anne DePrince:

So it's difficult to connect that with other sensory pieces. So the memory, when you experience it, it doesn't feel like other memories because it feels disintegrated. You don't have that sense of just like, "This is what I heard on a podcast." So that can be part of a sense of lack of integration. And then there's a piece that's back to Katharine's earlier question about dissociation

where dissociation itself is this lack of integration. So it may be the case that survivors during a trauma focus on a particular sensory detail to the exclusion of others. And then it has that effect of not having an integrated, necessarily coherent story down the road when asked about what happened.

Katharine Manning:

So Anne, when we come to the moment of our victim first disclosing what she has experienced this abuse at the hands of the older counselor and the guidance counselor begins to ask questions, you can see how these different pieces could line up in a way that make it very difficult to tell a story in a way that we normally expect a story to be told. Right? If we think about things like the dissociation and possibly focusing on one detail to the exclusion of others, bringing in the betrayal trauma and the confusion and doubt that can come from that, as well as this issue of what's getting encoded and not. So can you talk a little bit about some of the things that people should be aware of when they are in this position? If you are in a position where somebody has come forward to disclose to you, what are some of the things that could be happening as somebody is telling this story?

Anne DePrince:

One of the things that I think it's really important to be aware of is that culturally we have a lot of myths about how people are supposed to survive traumas and talk about them later. And some of these tie into rape myths. The idea that if there was a sexual assault, for example, that every survivor would've fought back and would've had wounds to show that they've fought back and things that we know just simply aren't true for everybody. So we also have these kind of myths for how people should talk about their trauma.

Anne DePrince:

And I hear a lot, for example, the assumption that people should be able to tell this linear story. If it was a trauma, then it was necessarily important. And if it was important, then you're going to remember everything. So I think for your listeners, Katharine, it's really important when somebody's disclosing, to begin by listening and by not judging what people are telling and not deciding that the story should come out in a particular way.

Anne DePrince:

And recognizing that the process of making sense of what happened during a trauma is quite literally a process. It's not a moment. And very few of our memories, whether they're traumatic or not come out as a perfectly constructed story. But we have this myth that that's what trauma survivors, how their stories are supposed to sound. And it is nothing more than a myth.

Jill Steinberg:

And I think it's typical for whether it's someone who's in Katharine's position who might be working with a victim and supporting her throughout this process, in the victim services and as a victim advocate. A prosecutor like myself, who's in the role of representing the government, but hopefully aligned with a victim in terms of outcome, you see over time as you are engaging with that person that they might remember more or remember things differently. Of course, in the context of a trial, that's something that can come out in the course of cross examination. But it's something that at least for me, I was not concerned about because I knew that was sort of a natural part of the process.

Jill Steinberg:

I mean, a part of just the person, unfortunately, in some ways, having to repeat the story over and over again, but also as a result of therapeutic and familial and positive influences around this person. Is that your experience as a researcher, that you see that over time that individuals are able to remember more as a result just of the passage of time and positive therapeutic and other things that are going on in their lives to help them deal with the trauma?

Anne DePrince:

Yes, it certainly can be the case. And we know that in lots of ways through psychology research. So if I asked you just, what did you have for breakfast? You'd probably give me a couple word answer. If I took the time to explore what was happening right before breakfast, during breakfast and after breakfast, you'd probably be able to tell me a lot more. So what you're getting at Jill is people have had the opportunity who call up the memories. And again, that process in memory of the memory being rehearsed and that's how memory researchers talk about it being called up and reinforced that that can help jog people's memory, pull in pieces that they may have forgotten about, or that weren't connected, or that they frankly didn't know were important to tell as part of the story.

Katharine Manning:

I'd like to pivot just a little bit, Anne, and talk about another concept that I know that you have done some research on and that's the concept of institutional betrayal. I think it's particularly apt in this conversation as we're talking about how individuals respond to reports of a traumatic experience and the way that they respond and the support they give and how that can have a lasting impact on the individual and their relationship with the organization. So can you talk a little bit about, first, just what is institutional betrayal?

Anne DePrince:

Institutional betrayal is a concept and a term that was also introduced by Jennifer Freyd, the psychologist, who I mentioned earlier, who really brought forth betrayal trauma as a concept. And where betrayal trauma recognized the dependents that we might have on an abuser, institutional betrayal begins to recognize that people are situated in systems and organizations and sometimes we're dependent on those organizations as well. And we can be dependent on organizations in lots of ways. We can count on them to stop circumstances that might promote abuse, to be accountable when abuse is reported, to not cover it up. And there are unfortunately lots of ways that institutions can fail to do those things and betray the people who count on them.

Anne DePrince:

So you might think about headlines you've seen about college campuses covering up sexual assault or churches and so forth. And those would be instances of institutional betrayal, where people count on and are dependent on these institutions who do something either to create the circumstances where abuse and violence is likely to happen, or harassment, or fail to respond appropriately.

Katharine Manning:

And is the reverse also true so that if somebody comes forward and discloses an abuse and is met with a positive, supportive listening ear, that that can have a positive effect on them and their healing?

Anne DePrince:

This is really an interesting question. So one of the areas that my work focuses on is the kinds of social reactions that people make to disclosures. And some of those are positive things. Things you might think of such as providing emotional support or tangible support, that is helping somebody get to the healthcare that they need. There are also lots of negative reactions, such as blaming victims, taking control away from them, treating them differently because of what happens because of what they disclosed.

Anne DePrince:

And negative reactions tend to negative things. But positive things don't necessarily predict positive outcomes. So there are many ways to add injury to harm, and that's important to be cognizant of. In individual disclosures, what we think that literature means is that people are disclosing in the hopes that they'll get help, that you, who is listening to the disclosure will be helpful to them. And if you are, that's great. You've sort of met the expectation. But if you react in a negative way, then that

expectation that they came into the disclosure with is violated and it can add to the stress and strain of the trauma. So that's more at the individual level. But let's talk now about, at the institutional level.

Anne DePrince:

I think what we've seen so far in the literature is something parallel. So when people feel like the institution betrayed them in some way, created the circumstances where trauma was possible or didn't respond when it was disclosed, then you do see this sort of additional harm, the worsening, for example, of post traumatic or health symptoms. What I don't think we have a good sense of from the research literature yet is what is the positive impact of what Dr. Freyd would come all institutional courage. So when institutions really do things the best that they can in a survivor centered, trauma informed way, what is gained there? I think we have some very powerful survivor stories that really bring to life the healing that is possible, and our research literature hasn't quite caught up with that yet to really quantify the impact of what Jennifer would call institutional courage.

Katharine Manning:

Are you able to share one of those anecdotal stories?

Anne DePrince:

One of my colleagues, Kathryn Becker Blease at Oregon State University often talks about the story of Brenda Tracy, who is a survivor, who's done a lot of public education and really tried to change the world with her story. And when she had survived gang rape at Oregon State University, and her case was mishandled, and years later, she contacted Oregon State University and the president made a personal apology and indicated what he was going to do to handle things differently going forward. And my colleague, Dr. Becker Blease and Brenda Tracy have in various ways really championed that as an example of institutional betrayal... excuse me, institutional courage, that really made a difference in Brenda's healing and her going on to be such a powerful voice for change and for ending sexual violence.

Katharine Manning:

Thanks so much are sharing that story. I have read a little bit about Brenda Tracy. She's doing just incredible work. It's really, really inspiring.

Jill Steinberg:

And it's also nice to hear that it's never too late. Even if the initial reaction was not the ideal one, there's always an opportunity to step forward and do the right thing when you have that moment and to seize it.

Katharine Manning:

Anne DePrince, I want to thank you so much for joining us and sharing with us your expertise and your experience. I know I've learned a lot. I'm sure that our listeners have as well. We will share in our show notes a link to your research and your work so that if people want to learn more about what you're doing, they can. Thank you, Jill, for joining me for this episode. And thank you listeners for joining us as well. Please come back next time. We'll talk to you soon.

Steve Burkhart:

Thanks again to Jill Steinberg, Katharine Manning, and Anne DePrince .Make sure to visit our website, www.ballardspahr.com where you can find the latest news and guidance from our attorneys. Subscribe to the show in Apple Podcasts, Google Play, Spotify, or your favorite podcast platform. If you have any questions or suggestions for the show, please email podcast@ballardspahr.com. Stay tuned for a new episode coming soon. Thank you for listening.