Understanding Trauma Training

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Agenda

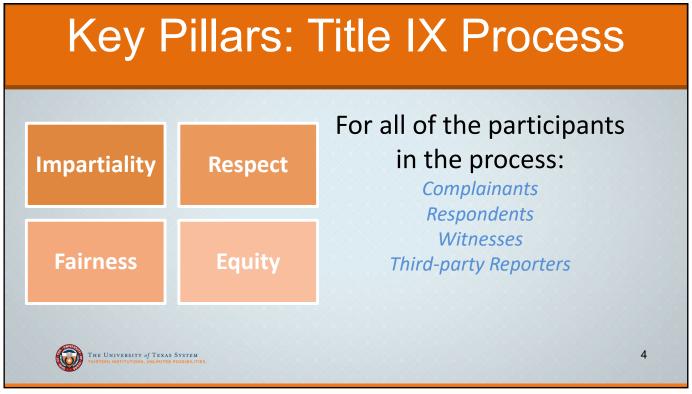
- 1. What is Trauma?
- Trauma-Informed Approach to Investigations
- Sexual Assault: Incapacitation & Consent Factors
- 4. Trauma & Credibility Analysis
- 5. Case Study

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- A. Encourages <u>all participants</u> to share what they are able to recall about their experience without demanding chronological recall; and
- B. Facilitates the gathering of information in a <u>balanced</u> manner from all individuals

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Serving Impartially in Your Role

- Must avoid prejudgment of the facts at issue
- Must avoid conflicts of interest
- Must avoid bias





Source: Title IX Regulations (2020)

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Principles for Title IX Process



- Must maintain complete neutrality & impartiality at all times in investigating alleged conduct violations of institutional policies.
- Understanding bias & whether it exists: Need to take an "objective, common sense approach to evaluating whether a person serving in a role is biased." (Title IX Preamble (2020))...



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Avoiding Bias

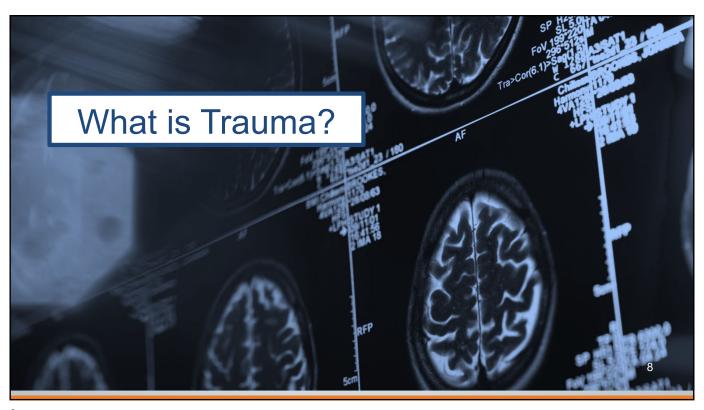
- Must <u>not</u> treat a party differently:
 - On the basis of the person's sex;
 - On stereotypes about how men or women behave with respect to sexual violence; and/or
 - On the basis of the person's characteristics: sex, race, ethnicity, sexual orientation, gender identity, disability, immigration status, financial ability, socioeconomic status, or other characteristic.

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Source: Title IX Preamble (2020)

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What is Trauma?

- Exposure to an event or situation that creates a real or perceived threat to safety, survival, or sense of well-being.
- Trauma can result from different situations, such as: <u>natural disasters</u>, war, or <u>severely</u> <u>distressing events</u>, etc.
- The brain releases hormones or chemicals in the body to help react to the perceived threat (e.g. "survival" in the moment).
- The brain may be reacting to the immediate situation and/or prior traumatic experiences too.





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Trauma & Memory

- Memory occurs:
 - Encoding (organizing sensory information)
 - Consolidation (grouping memories & storing)
- Traumatic events can interfere with the memory process:
 - Can create <u>fragmented</u> or <u>scattered</u> memories
 - Recall can be <u>slower</u> and/or <u>more difficult</u>
 - Substances (alcohol, drugs) can affect memory
 - Sensory information may still be intact and accessible though

Emotional & Behavioral Reactions to Trauma

- Flat affect (no emotional signs)
- Giggling or laughing demeanor
- Impaired rational thoughts
- Hyper or jumbled thoughts





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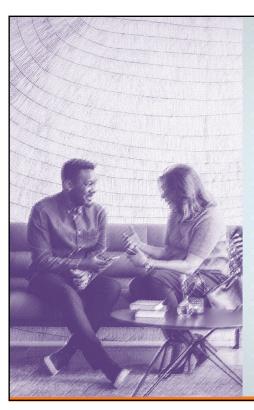


Signs of Post-Traumatic Stress

- Shock, denial, irritability, anger
- Difficulty trusting others
- Social withdrawal
- Depression
- Suicidal ideation
- Emotional numbness (apathetic)
- Difficulty concentrating
- Guilt, shame, embarrassment
- Increased substance use (coping mechanism)







Pre-Interview: Rapport-Building Prompts

- "Help me understand how you are feeling right now."
- "What, if anything, can I explain to you about this process before we get started?"

Note: Consider possible **barriers** or **concerns** to building trust with a participant.

How can you minimize or eliminate these factors?

Source:

Forensic Experimental Trauma Interview (FETI)

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Pre-Interview: Explain the Process

"Before we begin, would it be okay if I talked about information that I am required to share with you?"

What to expect of the process

Applicable policies; amnesty for alcohol/drug use; prohibition of retaliation

Rights of the parties

Purpose for the interview

Options for decision-making

Resources & supportive measures available

Title IX Coordinator & investigator(s) contact information

Follow-up & next steps

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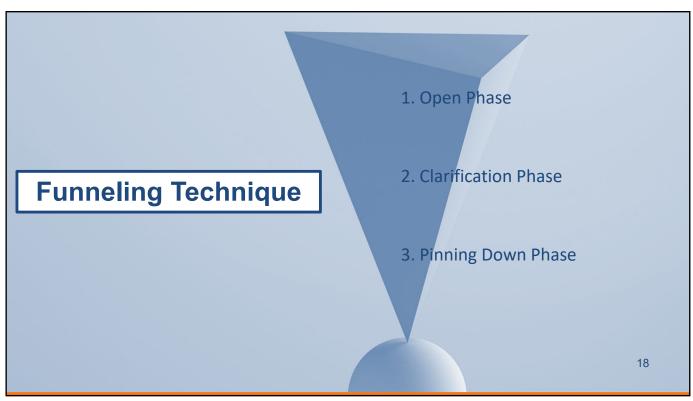


Body Language & Nonverbal Cues

- Small head nods (periodic, not overly animated)
- Eye contact (be attentive, soften eyes)
- Facial expressions (show genuine interest, avoid emotional movements/reactions)
- Open body language (limit crossed arms or legs)
- Focus on your breathing (mental mindfulness)
- Take pauses between questions/cues (pace yourself)
- Listen with your eyes and ears
- Check-in (when appropriate):
 - o "Help me understand how you are feeling right now."

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Interview Start (Open Phase)

- Allow the person to provide their account of the incident in their own words & at their own pace:
 - "What are you able to tell me about your experience?"
 - Allow time for the person to respond.
 - o Do not ask a lot of questions at first.
- Be patient & respectful.
- Be comfortable with silence.
- Nodding or "Mmm" are ok (shows interest).
- Follow-up (if a general prompt is necessary):
 - What, if anything, do you remember once you...[insert last part]...?

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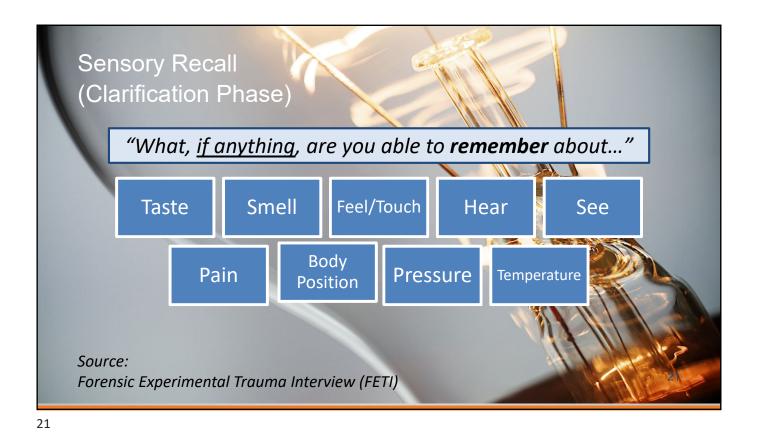
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Clarification & Follow-ups (Clarification Phase)

Attempt to clarify from all parties. Examples...

- "Tell me more about [blank]..."
- "When you said [blank]...help me understand what you meant..."
- What, if anything, do you remember once you...[insert last part]...?
- Instead of asking "Why or why not...?"...
 Say "Help me understand your thought process for [insert the clarifying part]...
- "What did you mean by [blank]...?
- "How do you know about [blank]...?
- "There are differences in your account vs. [blank]...[insert specifics]
 ...help me understand the reason(s) or rationale for this different account...





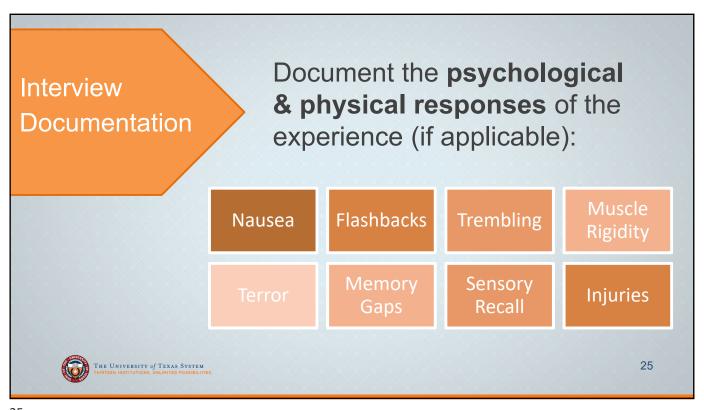
Statement Gaps or Ambiguities (Pinning Down Phase)

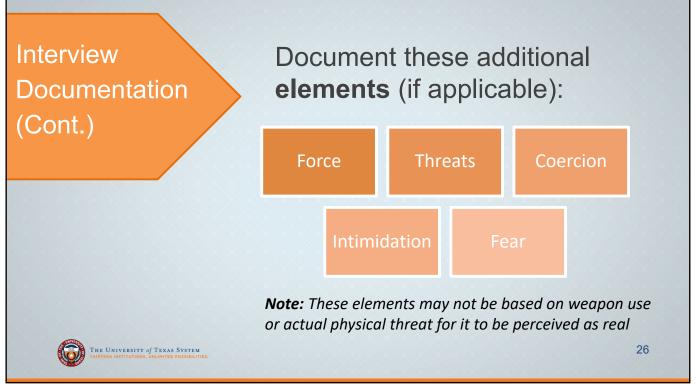
Туре	Example Statements		Interview Approaches	
Text Bridges	 After that The next thing I knew Later on 	 Afterwards Besides And then Finally	Clarification prompt	
Ambiguous Responses	Kind ofI thinkSort ofI believe	To the best of my knowledgeI may haveMaybe	Clarification or recall prompt	
Broad Statements	Always	Everyone	Clarification prompt; specific examples?	
Hearsay	• I heard from Person X that		Clarification prompt; personal knowledge or first-hand experience?	

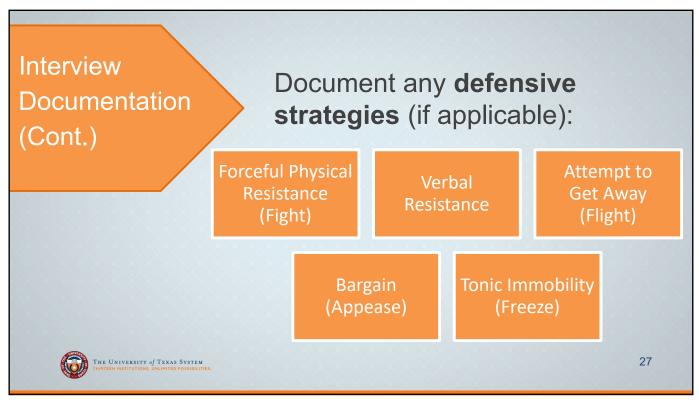
Misc. Interview Prompts (Pinning Down Phase)

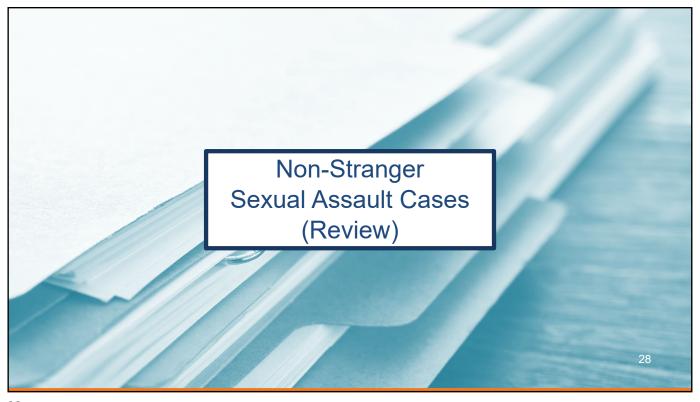
Example Interview Prompts	Purpose of the Prompt	
"Let me give you this information so that you can respond"	Provides an opportunity to respond to other testimony, statements, or evidence.	
"It's been reported that you said X, Y, and Z."	Responding to a denial; corroboration.	
"What's the reason that Person X said/did [blank] with this specificity, if you didn't?"	Responding to a denial; corroboration.	
"Others have reported you said [blank]. What's the reason (or rationale) for considering that you didn't?"	Responding to "I don't recall"; corroboration; credibility	
"Is there anything else that you'd like to add to this statement?	Provides an opportunity to respond; gather information not explicitly asked about.	











Consent Definition

A **voluntary, mutually understandable agreement** that clearly indicates a willingness to engage in each instance of sexual activity. Consent to one act does not imply consent to another. Consent to engage in sexual activity with one person does not imply consent to engage in sexual activity with another. Consent can be withdrawn at any time. Any expression of an unwillingness to engage in any instance of sexual activity establishes a presumptive lack of consent.

Consent is not effective if it results from: (a) the use of physical force, (b) a threat of physical force, (c) intimidation, (d) coercion, (e) incapacitation or (f) any other factor that would eliminate an individual's ability to exercise his or her own free will to choose whether or not to have sexual activity.

A current or previous dating or sexual relationship, by itself, is not sufficient to constitute consent. Even in the context of a relationship, there must be a voluntary, mutually understandable agreement that clearly indicates a willingness to engage in each instance of sexual activity.



Source:

UT System Model Policy for Sexual Misconduct

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Consent (Example Questions/Considerations)

- Refer to the definition of "consent" based on the institution's policy.
- What was the nature, timing, & scope of the relationship btwn the parties?
- What were each party's expectations (e.g. perceived, communicated), about the nature of the contact on the date of the alleged incident?
- What was the manner of communication **before**, **during**, **& after** the alleged incident (e.g. words & actions) btwn the parties?
- What were the circumstances of the CP's disclosure (of a possible sexual assault) & the RP's reaction to the disclosure?
- Who initiated the sexual activity (that is at issue in the allegation(s))? How so, or in what way?
- · What was the impact of alcohol or other drug use in relation to the ability to give consent?
- Are there any reported or demonstrated predatory behaviors?
- For RP (if applicable): What words or actions by CP indicated consent to sexual activity?



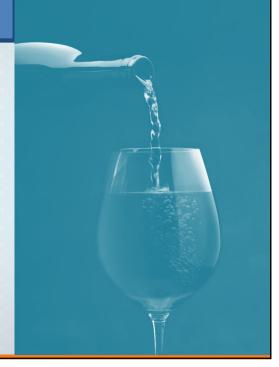
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First...Establishing Consent

Consent is not effective if:

- Physical force;
- · Threat of physical force;
- · Intimidation;
- · Coercion; or
- Incapacitation
- Other factors?





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Incapacitation Definition

Incapacitation is the **inability**, **temporarily or permanently**, **to give consent** because the individual is mentally and/or physically helpless, either voluntarily or involuntarily, or the individual is unconscious, asleep, or otherwise unaware that the sexual activity is occurring. An individual may be incapacitated if they are unaware at the time of the incident of where they are, how they got there, or why or how they became engaged in a sexual interaction.

When alcohol is involved, incapacitation is a state beyond drunkenness or intoxication. When drug use is involved, incapacitation is a state beyond being under the influence or impaired by use of the drug. Alcohol and other drugs impact each individual differently, and determining whether an individual is incapacitated requires an <u>individualized</u> <u>determination</u>.



Source:

UT System Model Policy for Sexual Misconduct

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Intoxication:

- Slurred, mumbled or slow speech
- Weaving or stumbling while walking
- Falling down or loss of balance
- Exaggerated emotions
- Difficulty picking up objects
- Spilling food or drinks
- Delayed responses to questions
- Trouble counting numbers
- Excessively quiet, sullen



- Mentally or physically helpless
- Unconscious
- Asleep
- Unaware of the sexual activity occurring
- Unaware of time, place, or how they became engaged in a sexual act
- A state beyond drunkenness or intoxication



Using a "reasonable person" standard

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Incapacitation Definition (Cont.)

After establishing that a person is in fact incapacitated, the University asks:

- 1. Did the **person initiating sexual activity** know that the other party was incapacitated? And if not...
- 2. Should a **sober, reasonable person in the same situation** have known that the other party was incapacitated?

If the answer to either of these questions is "YES," consent was absent and the conduct is likely a violation of this Policy.

Note: A Respondent will be found to have violated policy only if the **Respondent** knew or should have known that the person was incapacitated.



Source:

UT System Model Policy for Sexual Misconduct

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Incapacitation (Example Questions/Considerations)

- What were each person's pre-incident behavior?
- Quantity & quality of alcohol & other drug use:
 - What was the nature of the event & setting?
 - Was there any respective power or control of either party?
 - Who supplied the alcohol or other drug(s) to either party?
- What were each person's expectations & mindset?
- How did each person reasonably know the level of intoxication of the other party?





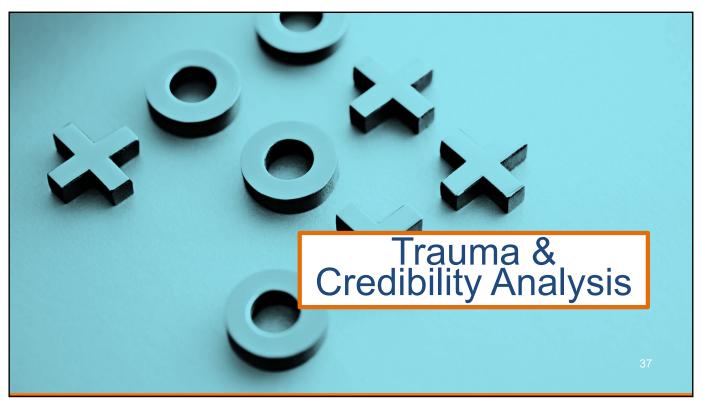
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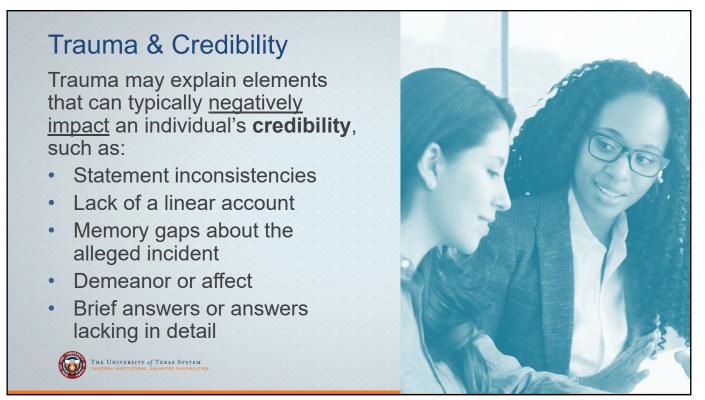
Incapacitation (Cont.) (Example Questions/Considerations)

- How did each person know, if at all, where they were going, how they got there, what they were doing (actions/words), and/or what was going on around them (understanding the environment)?
- How was consent given or communicated?
- Is there any information from witnesses, video footage, etc. as to the level of incapacitation?
- What were each person's post-incident behavior?









Trauma & Credibility

- Understanding the impacts of trauma can provide <u>insight</u> into the reasons there may be deficits in credibility.
- However, understanding trauma-related impacts should not affect a credibility assessment.
- Trauma may assist in <u>explaining</u> elements or issues that impact an individual's credibility, but it typically does not excuse those elements or issues.

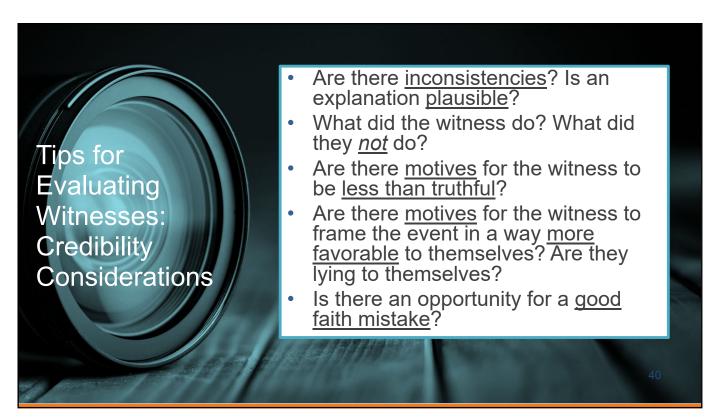
Credibility assessments should address the following factors:

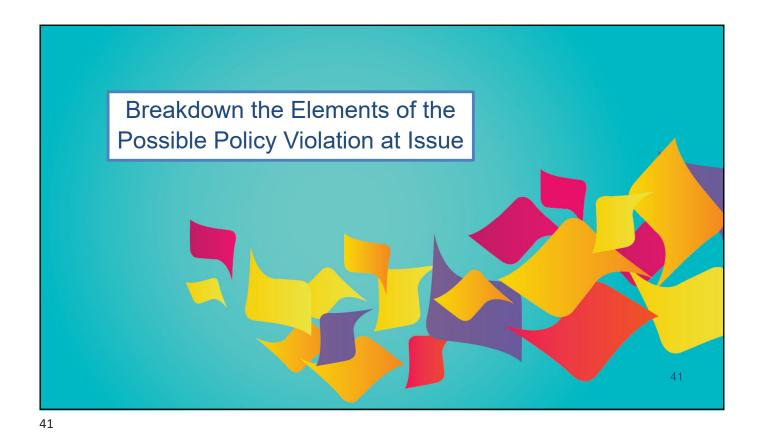
• The <u>reliability</u>, <u>consistency</u>, and <u>believability</u> of an individual



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Look at the

at Issue:

Provision(s)

Engaging in a course of conduct directed at a specific person that would cause a reasonable person to fear for his or her safety or the safety of others or suffer substantial emotional distress.

For the purposes of this definition:

- Course of conduct means two or more acts, including, but not limited to, acts in which the stalker directly, indirectly, or through third parties, by any action, method, device, or means, follows, monitors, observes, surveils, threatens, or communicates to or about a person, or interferes with a person's property.
- Reasonable person means a reasonable person under similar circumstances and with similar identities to the victim.
- Substantial emotional distress means significant mental suffering or anguish that may, but does not necessarily, require medical or other professional treatment or counseling.

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Look at the Provision(s) at Issue:

Engaging in a (1) course of conduct (2) directed at a specific person that would (3) cause a reasonable person to fear for his or her safety or the safety of others or suffer substantial emotional distress.

For the purposes of this definition:

- Course of conduct means two or more acts, including, but not limited to, acts in which the stalker directly, indirectly, or through third parties, by any action, method, device, or means, follows, monitors, observes, surveils, threatens, or communicates to or about a person, or interferes with a person's property.
- Reasonable person means a reasonable person under similar circumstances and with similar identities to the victim.
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Burden of Proof on the Institution

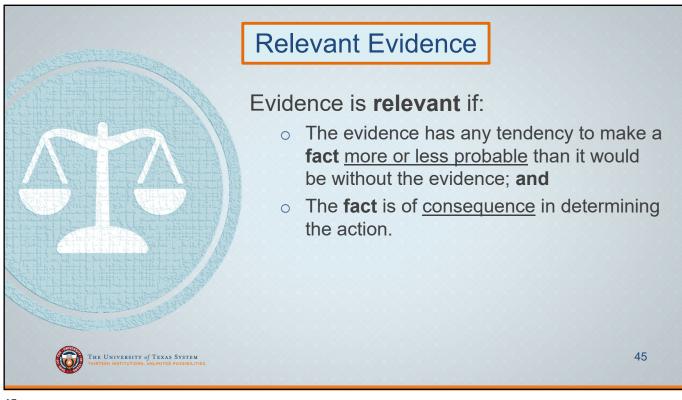
Preponderance of the Evidence Standard

Whether the <u>greater weight</u> of the <u>credible evidence</u> establishes that the Respondent engaged in the alleged policy violation.

Note: The Respondent is presumed not responsible.











In Making Your Decision, or Developing Your Analysis:

- Assess <u>witness credibility</u>:
 - Ex: Demeanor, personal knowledge, bias
- Consider the <u>strength</u> of the relevant evidence:
 - o Credibility of the relevant evidence
 - Weight of each exhibit
 - o Persuasiveness of the evidence

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CP's Account

Complainant and Respondent meet at a party. They each drink 5-7 drinks throughout the evening. CP's friends state that CP was acting "drunk" and was "loud" and "laughing a lot" at the party. CP thought that RP was "cute" and they danced together at the party, which she said she enjoyed. CP later had a couple of shots of vodka after dancing. CP didn't feel well at that point, and went to the bathroom to throw up. Then went outside, still feeling sick and very tired, and stumbled into sitting on the porch. RP offered to walk CP home.

CP then remembers waking up the next day, no clothes on, and a condom in the trashcan. CP wasn't sure what happened after walking home with RP. CP was scared and started to cry. CP called RP to ask what happened. CP said that RP told her on the phone that they had sex the night before. RP assured CP that RP wore a condom. RP asked CP if CP would like to hangout again soon. CP felt disgusted by RP's gesture, and then decided to report to the Title IX Office, concerned it was a sexual assault.



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RP's Account

RP confirmed consuming alcohol at the party. RP introduced himself to CP and they started dancing together. RP got CP a few shots of vodka, but didn't have any himself at that point in the evening since RP was feeling "buzzed." RP saw CP go to the bathroom, but then lost touch. As RP was leaving the party, RP saw CP on the porch stoop. RP said that CP insisted walking CP home, so they took off together. RP helped CP inside CP's apartment, since CP was having trouble walking on her own.

RP said that CP asked for some juice or water, or something like that. Later on, CP asked RP to "snuggle, just for a moment." CP started kissing RP, but then laid back down.



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RP's Account (Cont.)

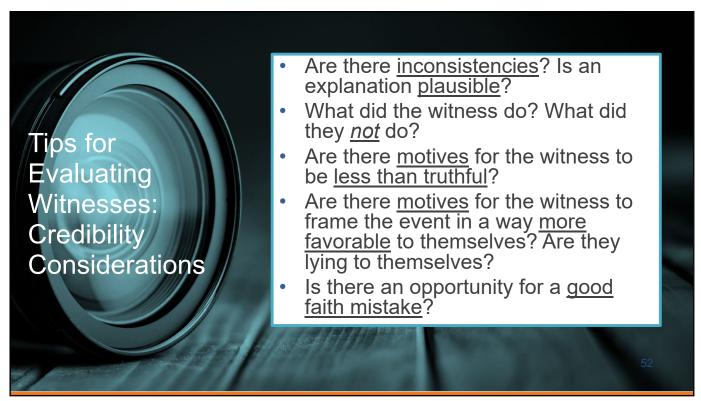
The next thing RP knew, CP was kissing RP again, CP was naked, and CP asked if RP wanted to have sex. RP said "yes" and then CP "gave me oral." RP asked if CP had any condoms, and CP nodded head toward the dresser. RP got a condom from the dresser drawer. Then, CP got on top of RP and put the condom on RP, and they had "some wild sex". RP doesn't remember when leaving CP's apartment, but it seemed like the early morning. CP looked asleep at that time.

RP got a call from CP the next morning before a class. CP asked about the night before and what happened. RP confirmed for CP that they "had sex" the night before. CP seemed "hysterical" on the phone, "not sure why though." RP tried to reassure CP that RP wore a condom and really liked CP, saying "I really want to hangout again."



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CP's Follow-up Statement

CP lives about two blocks from the party, and "had a really difficult time walking without stumbling or falling." CP remembers having to lean on the RP the entire way home, and still fell a couple of times. CP's hands and knees had small scrapes the next morning, and some dirt on CP's jeans at the knees.

Also, CP has been having "dreams" about that night. The parts of the dreams that CP recalls: Looking up and seeing the ceiling fan turning, CP's heavy eyelids, listening to the buzz of the AC unit. "These "dreams" feel like flashbacks to me. I can envision a shadow of some kind. It has to be the RP. I seemed really out of it, just wasted. The room felt like it was moving, so I'd close my eyes. I just feel so sick to my stomach thinking about all of this."



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