Effective Legal Representation of Child Victims

What Every Lawyer Should Know About the Impact of Trauma

Presented in collaboration with the National Crime Victim Law Institute
The Office for Victims of Crime’s Legal Assistance for Crime Victims Initiative is a comprehensive, capacity-building effort to expand the availability of pro bono/no-cost legal assistance for victims of crime. The initiative aims to ensure that all victims of crime have access to quality representation on legal issues that can arise following victimization.

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How to Ask Questions:

- A brief survey will follow the webinar, please provide feedback
- You are muted but you can ask questions & participate – and we hope that you do
- You will receive an email with the PowerPoint slides
- www.GoToWebinar.com
- 1-800-263-6317
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Mission: To actively promote balance and fairness in the justice system through crime victim-centered legal advocacy, education, and resource-sharing.
POLL # 1
Learning Objectives

After participating in this webinar, you will be able to:

- Identify key systems child victims must often navigate
- Articulate why a basic understanding of trauma is necessary for effective representation of child victims
- Recognize key impacts of trauma on child victims
An understanding of the impact of trauma on the brain is beneficial, as it:

- Helps practitioners feel comfortable talking about the brain & normalizing their clients’ experience

- Further justifies the importance of giving victims a voice throughout the process of healing
Examples of Multiple Systems

Child victims may interact with a number of different legal proceedings/ systems, including:

- Protective Orders
- Immigration Proceedings
- Indian Law Implications
- Education Implications
- Civil Suits for Damages
- Divorce/Custody Proceedings
- Dependency Proceedings
- Juvenile or Criminal Proceedings
- Tribal Court Proceedings
This can be overwhelming . . .

*How can we make it easier?*
A basic understanding of the impact of trauma can help lawyers better and more effectively communicate with and represent child victim clients.
Let’s Focus on Trauma and Development

The Impact of Trauma on Child Victims
Defining Trauma

Trauma:

- Physical, cognitive, and emotional response to events and situations that are distressing and overwhelm a person’s existing or previous coping mechanisms.

- Your subjective experience (not the facts/event) determine whether an event is traumatic.
Victimization vs. Traumatization

Many types of victimizations may be humiliating, degrading, stigmatizing and painful but do not create an internal sense of terror or a threat to bodily integrity and the person did not experience a sense of helplessness and powerlessness associated with traumatic stress.
Important Information About Trauma Survivors

- Traumatic events happen to competent, healthy, strong, good people. No one can completely protect themselves from traumatic experiences.

- Having symptoms after a traumatic event is not a sign of personal weakness.

- By understanding trauma symptoms better, a person can become less fearful of them and better able to manage them.

(Adapted from a National Center for PTSD fact sheet)
Cognitive Development: 
An Overview

Four Primary Stages of Development:

- Sensorimotor
- Preoperational
- Concrete Operational
- Formal Operational
Summary of Piaget’s Stages

Sensorimotor Stage
The infant constructs an understanding of the world by coordinating sensory experiences with physical actions. An infant progresses from reflexive, instinctual action at birth to the beginning of symbolic thought toward the end of the stage.

Birth to 2 Years of Age

Preoperational Stage
The child begins to represent the world with words and images. These words and images reflect increased symbolic thinking and go beyond the connection of sensory information and physical action.

2 to 7 Years of Age

Concrete Operational Stage
The child can now reason logically about concrete events and classify objects into different sets.

7 to 11 Years of Age

Formal Operational Stage
The adolescent reasons in more abstract, idealistic, and logical ways.

11 Years of Age through Adulthood

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Brain Development

- The brain develops in a sequential, hierarchical manner from the bottom to the top and right side to left.
- Higher, more complex functions depend upon the structure and organization of lower, simpler functions.
- Higher brain regions develop the capacity to monitor and influence lower brain regions. This allows a person to integrate sensory information, with emotional and cognitive information and choose how to respond.
Sequential Development

Reason

Relate

Regulate

Neuroaxis

- Abstract thought
- Concrete Thought
- Problem solving
- Response Flexibility
- Empathy

- Motor coordination
- Arousal
- Appetite
- Sleep

- Heart rate
- Blood pressure
- Body temperature

- DA
- 5-HT
- NE

Reward/social
Attachment
Sexual
Emotional Reactivity
FIGURE 1. Brain–brain interactions during face-to-face communications of proto-conversation, mediated by eye-to-eye orientations, vocalizations, hand gestures, and movements of the arms and head, all acting in coordination to express interpersonal awareness and emotions. Adapted from Aitken & Trevarthen (1993) and used with permission of Cambridge University Press.
There is an inverse relationship between the activation of higher cortical functioning and activation of our subcortical stress response system.
Persistent Stress Changes Brain Architecture

Normal

Typical neuron—many connections

Toxic stress

Damaged neuron—fewer connections

Prefrontal Cortex and Hippocampus

Sources: Radley et al. (2004)
Bock et al. (2005)
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Exposure to trauma results in:

- A more sensitive amygdala

  - Hyper-sensitivity to seemingly innocuous stimulus

Or

- You’re startled easily
The Impact of Trauma

When is a bang more than just a loud noise?

When you can’t put it in context!
Fear and Anxiety Affect the Brain Architecture of Learning and Memory

**Corpus Callosum**
Information super highway

**Prefrontal Cortex**
Center of executive functions; regulates thought, emotions, and actions. Especially vulnerable to elevation of brain chemicals caused by stress. Matures later in childhood.

**Amygdala**
Triggers emotional responses; detects whether a stimulus is threatening. Elevated cortisol levels caused by stress can affect activity. Matures in early years of life.

**Hippocampus**
Center of short-term memory; connects emotion of fear to the context in which the threatening event occurs. Elevated cortisol levels caused by stress can affect growth and performance. Matures in early years of life.
Mechanisms of Transgenerational Transmission

Genetic - 22,500 genes
- DNA

Epigenetic
- Histones (CH3) - methylation

Intrauterine Environment
- Stress
- Toxins
- Nutrition
- Health
Mechanisms of Trangenerational Transmission

Perinatal experiences
- Bonding and attachment
- Environmental

Postnatal
- Family
- Community
- Culture
The Neurobiology of Trauma

Exposure to trauma results in:

- A neural network that leads to an automatic response to perceived threat

- This response may make one feel like s/he’s “going crazy,” when it’s just the reality of the impact of trauma on the brain

- It can also result in a neural network that defends against any vulnerable emotions by either shutting down or dissociating
Regulatory Strategies

Environment (Inside and Outside Body)

Life threat → Life threat
Danger → Hippoarousal
Safety → Optimal Arousal

Neuroception

Arousal Response

Systems/Behavior

Parasympathetic Dorsal Vagal
- Decrease Heart Rate
- Immobilization-Shut down
- Incapacitated Cognitive Function

Sympathetic System
- Increased Heart Rate
- Mobilization
- Hypervigilance
- Rage/panic
- Cognitive impairments

Parasympathetic Ventral Vagal
- Supports visceral homeostasis
- Social engagement (eye contact, facial expression, vocal prosody

Stephen Porge’s Polyvagal Theory, 2011

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Developmental Trajectory

The consequences of victimization are dynamic and not static because the impact of early development insults influences the expression of more complex functions during later stages of life.
Isolated traumatic events tend to produce a conditioned, biological response to cues associated with the memory of that event.

**Trauma in children:** Youth who grow up experiencing chronic maltreatment and then are the victims of an isolated adverse experience, such as a sexual or physical assault, the victimizing experience has a more pervasive effect on their development.
Humans have a way of associating many things with actual danger and then activating powerful protective systems. After many repetitions a habit is created that has profound long term impacts.
Prolonged stress response increases risk

- Memory problems
- Decreased decision making
- Substance abuse
- Anger
- Chronic pain
- Avoidance
- Weight gain
- Diabetes
- Violence
- PTSD
- Fatigue
- Hearing voices
- PTSD
- Heart disease
- Anxiety
- Sexual problems
- Numbing
- Intimacy issues
The brain’s ability to change in response to internal and external stimuli is called: Neuroplasticity

Our ability to express our potential is influenced by our genetic capacity, which is either expressed or inhibited by our experiences, both internal and external.
The reality of changing stories:

- Due to the way the brain stores emotionally charged memories, stories will change over time.

- A victim who has her/his own attorney will have a safe place to consistently express their story without ramification.

- The attorney must strive to protect the child from re-traumatization.
The culture of silence versus the importance of integrating the story of trauma:

- Healing trauma comes not just from having a voice but from integrating the story.
- Victims’ rights, including the right to be present and the right to be heard, are crucial in helping victims integrate the story of the trauma, and heal.
Implications for Representing child victims

Communicating with a child victims often requires different techniques and strategies

Next webinar:
In-depth discussion of strategies for effectively communicating with child victims who have experienced trauma
Final Thoughts

- Completion Code: 2015CVTRAUMA

- A brief survey
NCVLI gratefully acknowledges Dr. Jerry Yager for participating as a guest presenter in today’s webinar and for creating some of the slide content displayed during this webinar.

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