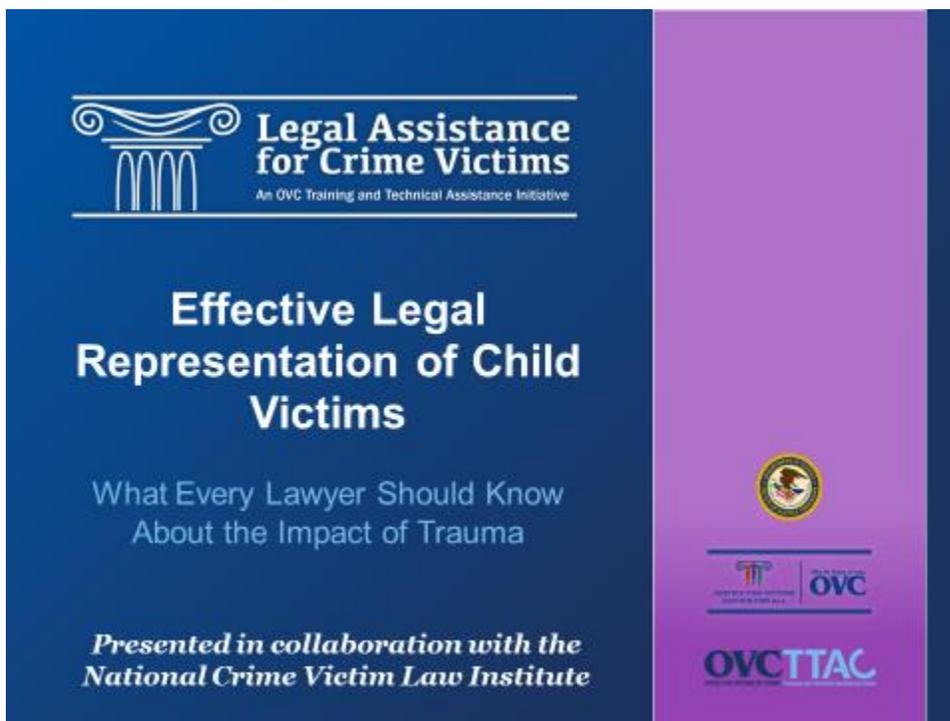




OVC
Webinar Transcript

Effective Legal Representation of Child Victims

April, 2015



Welcome

Meg Garvin: I am incredibly excited to welcome you to this first of a three-part Webinar series that is being sponsored by the Office for Victims of Crime and the Office for Victims of Crime's Training and Technical Assistance Center (OVC TTAC). As you all know, this is Crime Victims' Rights Week, and thanks to OVC's national leadership, many, many events are happening across the country this week. And, in fact, if you have not yet visited OVC's page and their media outlets, Director Joye E. Frost spoke earlier this week about the importance of victims' rights in this week. So we are thrilled to be a part of that and to launch what is a three-part series on *Effective Legal Representation of Child Victims: What Every Lawyer Should Know About the Impact of Trauma*. It is Part 1, and that is what is happening today. Part 2 will be happening on May 21, and that is also *Effective Legal Representation of Child Victims*, but we will be focusing on strategies for interacting with and representing child victims then. So today, we are going to focus on trauma.

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.

Through this effort, OVC TTAC and the National Crime Victim Law Institute (NCVLI) are working collaboratively to offer training and technical assistance for attorneys, particularly those currently providing legal assistance to victims.

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Meg Garvin: I am opening this Webinar. You saw at the beginning that I am listed as a presenter, but we are going to – I am going to debunk that in just a second here as I welcome everyone officially to this. And I want to start by thanking those who are responsible for letting us have this. As I already mentioned, this is part of the Office for Victims of Crime's Legal Assistance for Crime Victims Initiative. NCVLI (National Crime Victim Law Institute) is working in collaboration with OVC TTAC to provide training and technical assistance to the country to ensure effective legal assistance for victims. And if you have not yet visited OVC TTAC's website, I strongly encourage you to do so because the resources they have available are tremendous for the field.



Mission: To actively promote balance and fairness in the justice system through crime victim-centered legal advocacy, education, and resource-sharing

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Meg Garvin: A little bit about NCVLI in case you are not fully aware of our efforts. NCVLI is a nonprofit based in Portland, Oregon, and we work closely with Lewis & Clarke Law School. In fact, we are based at Lewis & Clarke Law School. Our mission is to promote balance and fairness in the justice system through crime victim-centered legal advocacy, education, and resource-sharing. So this collaboration we have with OVC TTAC fits beautifully with our mission, and together we are able to reach the country to provide legal resources, referrals, and technical assistance to folks who need help as they embark on legal representation.

Presenters



Dr. Jerry B. Yager

Director of Training

Denver Children's Advocacy Center

Meg Garvin, M.A., J.D.

Executive Director & Clinical Professor of Law

National Crime Victim Law Institute

Rebecca S.T. Khalil, J.D.

Attorney

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Presenters

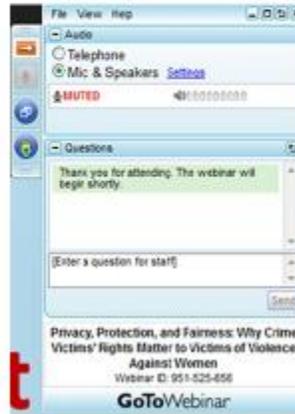
Meg Garvin: So, as I said, I am not actually one of the presenters officially. I am going to be a learner just like the hundred of you who are on the line with me right now. I just have the privilege of opening this three-part session on behalf of all of us at NCVLI. This... What we are doing over at the three-part series is focusing on the unique needs of child victims and how we can effectively provide legal representation. So, to do that, we have three amazing presenters over the three-part series. You are going to hear from two of them today.

Meg Garvin: The first is one of my in-house colleagues, Rebecca Khalil, who is truly amazing. She is a staff attorney here. And in her first two years with NCVLI, from 2010 to 2012, she directed our Safeguarding Child Victims' Rights Initiative, which was a groundbreaking moment where we, along with OVC, helped develop a curriculum for child victim representation. On a daily basis, Ms. Khalil researches victims' rights laws and policies across the country. She drafts amicus briefs. She provides technical legal assistance to attorneys and advocates nationwide. And, in short, she is just a phenomenal lawyer working on victims' rights for the entire country. And, just this year, she was nominated for the General George Marshall Public Leadership Award. So we are really fortunate to have Becca in our office and you are going to be really fortunate to hear from her today. She will be facilitating the majority of the day.

Meg Garvin: The most of the time will be spent with Dr. Jerry Yager, who has spent more than 30 years in the assessment and treatment of neglected and abused and traumatized children. He joined the Denver Children's Advocacy Center in 2011 to pursue his passion of educating professionals who work with children about the impact of abuse and neglect on the developing brain. His entire bio is on our website. What I will say is I had the privilege of first meeting Dr. Yager during one of our child victim trainings in Colorado, and I spent the hours with him taking an unbelievable amount of notes and just learning a tremendous amount. So we are so fortunate to have partnered with Dr. Yager, and today will be a real treat for everyone on the line.

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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How to Ask Questions

Meg Garvin: A couple of logistical things before I turn it over to Becca. We really encourage questions. You are going to learn a lot, but you will learn even more if you use the question feature of the Webinar interface. And so what you have on your screen there tells you how to do it. If you go over to the questions section of the toolbar, you will be able to type in a question and we will make sure that that gets to Becca and Dr. Yager, and you will get an answer either on or off line to your questions.

Meg Garvin: If you experience any technological difficulties, a couple of things. One, turn off your cell phone because the wireless device can interfere. Two, if you are experiencing significant troubles, you have got to call – you have to call the GoToWebinar folks because they are more technologically savvy about their own interface than we are. And that number is 1-800-263-6317, which is on your screen there.

Meg Garvin: And the final logistical point is that, at the close of this Webinar, you will be receiving immediately a survey to fill out that we would really appreciate your input on. And then, you will also receive an e-mail that has the PowerPoint slides attached to it. So anyone who is interested in the PowerPoint slides, you will be receiving those after the Webinar by e-mail so that you will have a copy of them.

Meg Garvin: So, with that, I am going to turn it over to Rebecca, and I am going to sit in back and listen and learn just like all of the nearly hundred of you, actually more than a hundred of you who registered for this, and I am very excited about the first of the three-part series. So, with that, Becca, I turn it over to you.

POLL # 1

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Poll #1

Rebecca S. T. Khalil: Thank you, Meg. This is Becca. I am helping to facilitate today's Webinar. But now that you have heard a little bit about us, about the presenters, and you have heard from Meg, we would like to learn a little bit more about the folks on the line. So, we are going to launch a very short poll asking you what area of the law you practice in. You can select criminal law, civil law, family law, or you can kindly point out to us you are not a lawyer but you work with victims. We want to know who we are speaking with because that will help us tailor our presentation today, hopefully to be accessible to as many people as possible. So I will go ahead and give you one more second to fill out the poll. All right, let us go ahead and close that up and see what we have got.

Rebecca S. T. Khalil: So, we have the majority in the "4" section, kindly pointing out to us that you are not a lawyer. We will not call you one, but you work with victims. And we have got a significant percentage of prosecutors, and then civil attorneys and family lawyers on the line. We have got a really – we have got a really good mix of people online today. So, welcome. If you are not a lawyer, please do not feel marginalized by only one category asking about who you are. NCVLI works a lot with advocates and other community organizations who deal with victim issues and victims' rights. So we are more than happy to have you on the line, and this – this training is tailored just as much for you as it would be for any attorneys who have joined us today as well.

POLL # 2

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Poll #2

Rebecca S. T. Khalil: We have one more poll, very briefly, before we get started. Just to find out a little bit about your background when it comes to trauma and child victims. Again, have you taken any classes or Webinars before this one that discuss the impact of trauma on child victims specifically? Okay, I will give you one more second to go ahead and click the yes or no button. All right, let us go ahead and close that out.

Rebecca S. T. Khalil: It looks like a fairly – a fairly good split actually about folks who have taken classes on the impact of trauma on children before and those who have not. So I think both for those who have not been on the line, on a course like this before, I think you are in for a real treat. Dr. Yager is a fantastic presenter and I think you are going to learn a lot from him. And from those who have taken Webinars or classes dealing with this topic before, I think you are going to find that this one hopefully will insert some new information, maybe different ways of thinking about things you have heard before. But either way, I think you are going to get a lot out of today's Webinar presentation.

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

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Learning Objectives

Rebecca S. T. Khalil: So what exactly are we going to do? Over the course of the next hour or so, we are going to talk about a lot of different things. And by the time we are done, you should be able to navigate – to identify some of the key systems that child victims have to navigate. You should be able to articulate why a basic understanding of trauma on child victims is really important for being able to effectively represent them. And, you should be able to recognize some of the key impacts of trauma on child victims.

Rebecca S. T. Khalil: And, the first two, we are going to discuss only very briefly because really they are more of a prelude to why we are – why we are talking about trauma in the first place and why it is so important that we include an entire Webinar discussing the impact of trauma on child victims.

Rebecca S. T. Khalil: So why is it – why is it so important? Why is the impact of trauma such a big deal, and why are we spending an hour talking about this? So, there is a couple of reasons. Here are just a few of them.

Rebecca S. T. Khalil: First, it is really important to understand sort of what is going on when you are dealing with a child victim who has experienced trauma so that you, as a practitioner, can feel more comfortable when you interact with them. So that you feel prepared and you know what you are getting into, and hopefully feel armed with enough knowledge that when you are interacting with a child victim who has experienced something traumatic, that it is not completely a foreign topic to you and you might have a better idea of what to – what to expect.

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

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Rebecca S. T. Khalil: And, why are we speaking about trauma? The second – the second major important reason is that it is really – talking about trauma in general is important because it is one of the reasons why it is so crucial for victims to be able to choose whether they want to exercise their rights and which rights to exercise. And why having a voice in the process is really crucial to healing, and really crucial to victims' satisfaction with the criminal justice process, especially if that victim may not – and if it is a child – may not be part of the criminal justice system by choice.

Examples of Multiple Systems

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



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Examples of Multiple Systems

Rebecca S. T. Khalil: So, with that, we will just overview some of the multiple systems. A lot of victims, when they first get pulled into criminal justice proceedings, it is not just a criminal case. Right? Whether you are an adult or a child, our life is not so easily compartmentalized that we can say here is a criminal case, here is a criminal offense, and then over on this other side there is everything else and they never overlap. We know the reality is that a lot of these things do overlap. And a lot of the boxes on the screen, which we will go over very briefly, overlap in common between adults and children on a fairly – fairly regular basis.

Rebecca S. T. Khalil: When adults are victims of crime, they may be dealing with other things that are sort of related to the criminal case or overlapping with the criminal case, but do not fit squarely in the same box. And those might include protective orders, immigration proceedings, Indian law proceedings. There may be a separate civil suit for damages or the victim may be – may be exploring the option of a separate civil suit. They may be dealing with divorce proceedings, tribal court proceedings. These are just a very quick snapshot of some of the key areas that victims often overlap with when – when a criminal case is going on.

Rebecca S. T. Khalil: But, when you are a child victim, in addition to all these ones that adults might face, there may be specific issues that are unique to children that you might be facing as well. We have down education implications, which can apply whether you are in elementary school, middle school, high school, if you are in college. You have an entire world of education that you are dealing with that – that applies either to college students or to children specifically that brings up some more unique issues that some adult victims do not have to face. Custody proceedings, if you are a child and your parents are going through a divorce that may or may not be related to the criminal offense, that is unique to children. You have got dependency proceedings, or juvenile or criminal proceedings, that might be happening against the perpetrator,

might be in a juvenile court. Or there might be situations where the child victim themselves is wrapped up in their own related or separate juvenile or criminal proceedings.

Rebecca S. T. Khalil: So the system, basically, is really complex and it is important to recognize that not any one service provider or any one attorney is going to be able to handle all of this for the victim, every single thing comprehensively. Most of the time, attorneys partner with other organizations and service providers partner with other organizations and provide referrals so that they can handle what they handle best, while making sure that the victim is able to access the services they need in sort of this comprehensive and more holistic way.



This can be overwhelming . . .

How can we make it easier?

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This Can Be Overwhelming

Rebecca S. T. Khalil: So, with all these systems floating around, this – this can all get really overwhelming, not only for children, and also for adults. And one of the questions is: How can we make it easier to interact with the justice system? And the focus today is on understanding trauma, because when we understand the impact of trauma on a child victim, the lawyers and victim service providers can more effectively provide services that interact with victims to get them the assistance that they want or need in order to sort of move forward through the process in a way that is going to be most comfortable to them, and hopefully result in the least retraumatization or victimization.

This can be overwhelming . . .
How can we make it easier?

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Rebecca S. T. Khalil: And with that, I am going to turn the Webinar over to Jerry Yager, who is going to discuss in really great detail sort of the nitty-gritty of what does it mean. What is the impact of trauma on child victims?

**Let's Focus on Trauma
and Development**

**The Impact of Trauma on
Child Victims**

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The Impact of Trauma on Child Victims

Dr. Jerry Yager: Well, thank you, Bec. I guess the first thing I want to do is thank everybody on the Webinar for the work that they do in representing children who have been victimized. The goal of today is not necessarily to help you feel more comfortable with it, but help you to be able to tolerate sometimes not feeling comfortable. Watching a child or being with a child who has been injured is sometimes very disturbing, and there is a tendency either to withdraw from them or, in some ways, to jump in and try to rescue them. And I think that having a good talkative understanding allows us to, in a way, to be empathetically connected and to help them to better access their own resources and access those resources in their environment.

Dr. Jerry Yager: So, I am going to try to get control of this. Here we go. Okay. So, I am not very good with control.

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

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Defining Trauma

Dr. Jerry Yager: So, let us start by defining the – the concept of trauma. Trauma is about exposure to an event that its experience is overwhelming. That event leads to a state of fear, of horror, of helplessness, a sense of being out of control. That experience then is – is embedded into an individual's perceptions, attitudes, and beliefs about the world, about themselves, and about them interacting in the world. So, trauma is not just about an event, but it is somebody's subjective experience of that event that leads to later on to the expression of symptoms.

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

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Victimization vs. Traumatization

Dr. Jerry Yager: So, this concept of trauma has really exploded in our culture. And if I was talking to you back in the late '80s or '90s, many of the things I am going to talk today most people would not have heard about. But, it was common to believe in 1980, when they created the diagnosis of posttraumatic stress disorder that the experiences that were traumatizing to people were quite rare. But that everybody who was exposed to those rare experiences would develop this disorder.

Dr. Jerry Yager: However, what we know today is most people, most people who are exposed to what we would define as adverse experiences do not develop posttraumatic stress disorder. They may develop a level of depression. They may have anxiety. They may in some ways be non-symptomatic. And those people who develop these disorders, many of them, with support, will actually recover in a short period of time, within a year or two they recover. So some of the people that we are going to be working with that have really been injured, it suggests that somehow there was some type of disruption of the recovery process. And I think that that is a really important concept that we will get to talk about, because when children are exposed to traumatic experiences, they are in some ways being exposed during an explosive developmental period that has not only impacts on their personality and function, but impacts on their capacity to develop in a healthy way.

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)

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Important Information About trauma Survivors

Dr. Jerry Yager: So, let us talk about some of the concepts that are important here, and one of them is it used to be a belief that many people held that somehow if you were injured by the experience, that somehow if your body did not return back to a homeostatic or a well-functioning state when a stressor was removed, that there was something characterologically wrong with you. That you were somehow weaker.

Dr. Jerry Yager: But, what we understand today is that trauma is about the interaction of environmental stressors with our biology. It has to do with how we function as a species, and not about the individual weakness or resilience or strength of any individual. And that is really an important point. And it also has to do with thinking about at what stage of development is somebody exposed to these types of experiences. Because, in some ways, if we think about it, an infant who is with a depressed mom who cannot respond to that infant when their diaper is wet, when they are hungry, when they are cold, and they are under in some ways a dysregulated state that is distressful, for an infant that can be traumatizing. But if somebody is not responding effectively to a teenager, the same type of event may be irritating, may be in some ways rejecting, but it is not going to be experienced in the same way. So we have to understand not only the events that are occurring, but at what developmental state these events are occurring. And the way we process information is different at different stages, and that has a lot to do with the way that our brains develop. So, and the needs in the environment. So, an infant does not have to be born with the capacity to do math. That is not a skill or a resource that that infant needs. But an infant really needs to connect to a caregiver and to be able to respond to sensory information in their environment.

Four Primary Stages of Development:

- Sensorimotor
- Preoperational
- Concrete Operational
- Formal Operational



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Cognitive Development: An Overview

Dr. Jerry Yager: So that Piaget who did a lot of research on this looked at this at developmental stages. And what we know today is it is not as clear cut as Piaget would have kind of outlined it in terms of ages, but the process that people go through. So really early in life, we experience things based on our sensory interaction with them. So if something smells a particular way, if something feels a particular way, and really the relationship between a caregiver and a child is interpreted through the regulation of sensory information. That is the infant and young toddler is being bathed in sensory feedback.

Dr. Jerry Yager: As the child reaches 2 to 3 years of age, as the brain develops, the child begins to develop the capacity for symbolic representation. So, what that would look like is my grandson, when he was 3, came up to me with a broom and said, “Grandpa, this is a gun.” So he was able, in some ways, to use his imagination to create a representation out in the universe. His logic is not of an adult, but the capacity to create symbolic representations becomes really important as we develop, because in order to kind of navigate our way through the world, we actually have to manipulate complex representations of our environment in order to problem solve. This is the beginning, so that the concept is less simpler kinds of skills are developed early that build on more complex skills later on.

Dr. Jerry Yager: And what we begin to see is, around 7 years of age, is children enter into what we call a concrete operational environment, in which they can actually use logic, but for only things that are present in their environment. So, a child who is 7 years old, you could not give them a hypothetical question. They are not capable of processing information, where a 13- or 14-year-old may be. And I say may be because these stages are all impacted by trauma. Is that in order to move through these stages, we have to have certain both genetic, biological changes, but we have to have an environmental input that will support this kind of growth and development.

Summary of Piaget's Stages



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Summary of Piaget's Stages

Dr. Jerry Yager: So, really this lays out in age, and I want you not to get caught up on the ages because, really, there are many 7-year-olds that have not reached concrete operation, and there is many 6-year-olds, and so you being with your client you really have to begin to help them. And you will deal with many 13- or 14-year-olds who are very concrete. They cannot process abstract kind of questions to kind of look at, and you are going to have to in some ways alter the way that you present the information and also elicit information from them in the types of questions that you ask. And we will talk about some of that in the next – in the next Webinar, the next part of the series.

- 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.

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Brain Development

Dr. Jerry Yager: So let us talk a little bit about how this brain develops, because understanding development really allows you to kind of create some conceptualizations of what it is you are seeing and how to best respond. So what do we know about brain development now?

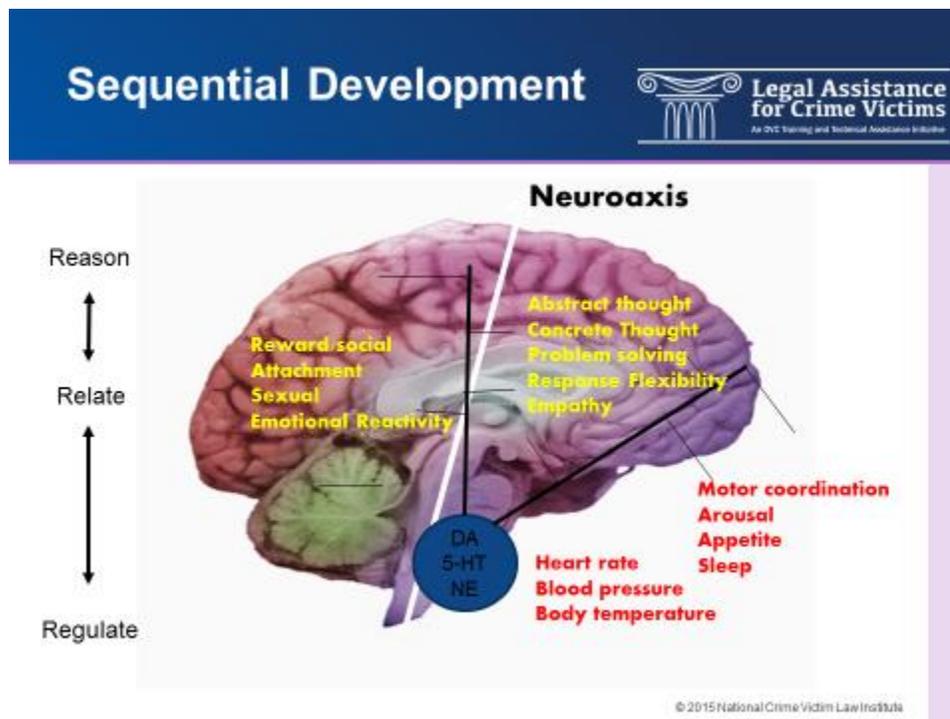
Dr. Jerry Yager: Previously, what we would have thought is, by the age of 3, everything is in place and really the brain is not really changeable. So that what would happen was, yes, somebody gained some maturity, but the actual structures and architecture are in place. But what we know today is that the brain continues to be malleable based on environmental input, and that there are certain parts of the brain that are way more susceptible to environmental input because those are the parts of the brain that are organizing.

Dr. Jerry Yager: So the brain organizes from the bottom, from the most primitive, oldest parts of the brain, to the top, which is the most kind of responsive to the environment, which is the part that problem solves, processes information, is able to kind of look at the past, be aware of what has been happening, set some goals to the future. That part of the brain is the last part of the brain to evolve. And many of you probably heard about the prefrontal cortex, and we will get to that, which is really the front part of the brain that does all of those higher order thinking and that really differentiates us from other mammals on the planet, and is the last to have evolved in our history, and is also the last to become organized in our own personal development.

Dr. Jerry Yager: The second principle I want you to understand is that more complex functions depend on the structure and organization of simpler functions. So, if somebody was neglected or somebody was abused and exposed to high levels of stress early on in life, they have missed out on certain experiences that, in some ways, did not allow adequate development of the simpler functions so that they are going to have struggle and have difficulty negotiating the demands of what a normal, say, a 10-year-old or a 13-year-old would do because, in some ways, they are

chronologically developing but the structure and organization of their system, biological system, is much younger and processing information at a – in an immature way.

Dr. Jerry Yager: The final piece that we will look at is as – the thinking is as these newer parts of our brains evolved and came online, they developed the capacity to inhibit lower parts of the brain. So mother nature did not say I am going to go out and buy a new computer so I will get rid of the old computer. Really, this new software and hardware is placed on top of an older system. However, the older systems are much more highly integrated and wired and responsive, so that when we are under stress, the higher systems are actually shut off, resources are moved away, and we function as if we would function thousands of years ago. Our body responds in that way, which is... We are going to talk a little bit more about that, but it is important to understand that when we are – when we are working with our clients, whether they be a child or a parent who has a history of it, that that parent is in some ways their behavior is really geared towards a survival mechanism that is being driven by a lower part of their brain and not necessarily the conscious part of the brain that you would be talking to or asking questions to.

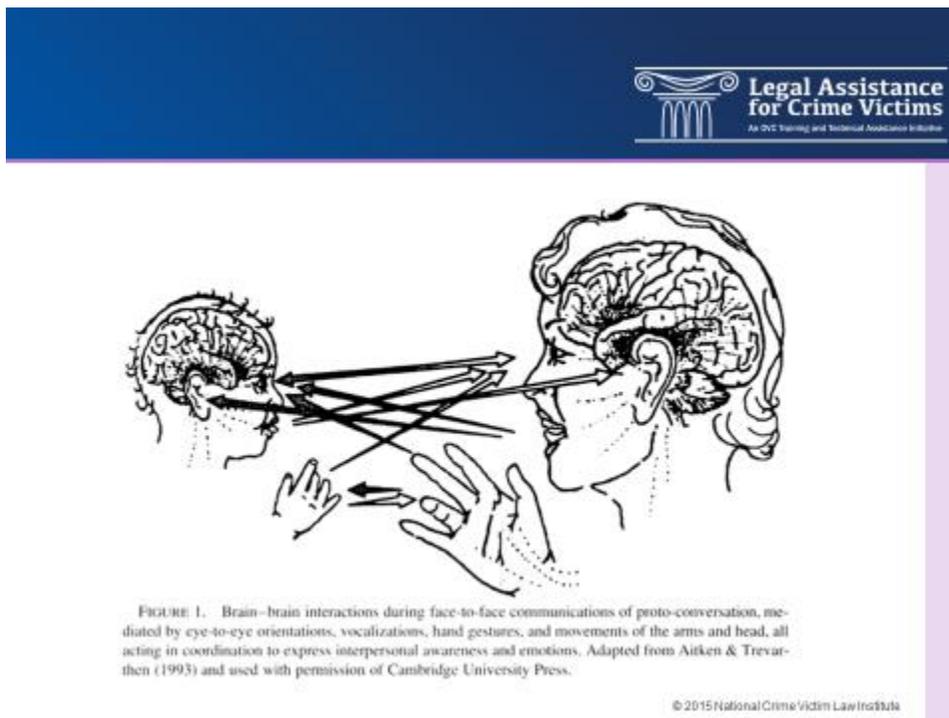


Sequential Development

Dr. Jerry Yager: So let us take a little closer look at some of this stuff. So we have this brain that has developed over thousands of years, and that it is going to develop, for each child, infant child, in a similar way. And so this lower part of the brain down here, which we call the brainstem, is really being organized in utero. While it is incubating in the safety and warmth and nurturance of mother's womb, this lower part of the brain that is going to regulate the body, that is going to respond, so it is going to change – it is going to change blood pressure, it is going to change heart rate, it is going to change our pH levels. All of those, this internal environment, when the environment demands, it makes – it makes changes in the system outside of our awareness.

Dr. Jerry Yager: So we live here in Colorado. When I go hiking up to a 14,000-foot mountain, I do not stop and say I have got to start adding oxygen. My body just adapts to that. That is my lower part of my brain doing it.

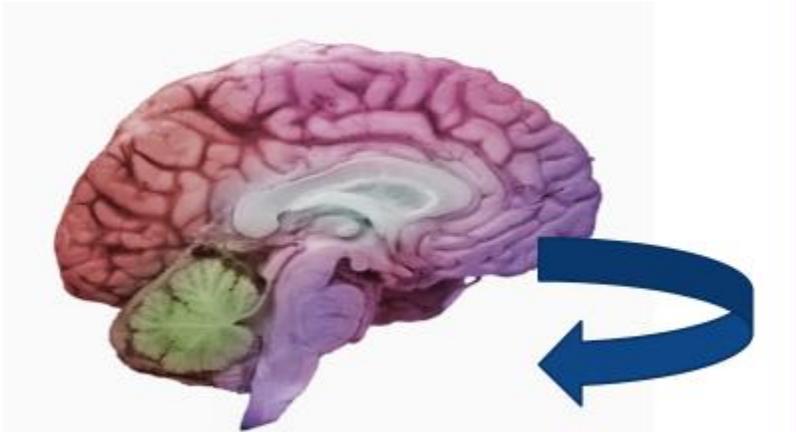
Dr. Jerry Yager: And, as you can see, I have these letters down here. What these represent is the manufacturing of some of those types of neurotransmitters are actually manufactured in the lower part of the brain – dopamine, serotonin, norepinephrine. They are utilized to modulate and regulate systems throughout the brain. And so, when there is insult early in life when these lower parts of the brain are developing, you are going to have disruptions in physiological regulation that is going to impact every function that is going to come later. And so, when we talk about that, we think about it is that the lower part is regulating, and then we move up, and then we develop the capacity to relate to others in the environment, and finally we are able to effectively use cognitions. So, when we are stressed, we actually moved back down it, and we may initially try to relate, but if we are overwhelmed, what we are focusing on is regulating our own body, and many of the dysfunctional kinds of levels of aggression, use of substances, cutting on ourselves, many of the things we see from people who have trauma is about trying to get regulation under control to kind of manage that.



Dr. Jerry Yager: So how do these systems initially get regulated? Well, they get regulated in the context of relationships. We are social creatures. We are actually born with a drive to connect, and the capacity to connect with a caregiver. So it is an experience expected. When an infant comes into the world, at an unconscious biological level, we expect somebody to be there to be able to provide input to our brains, to our bodies, to help regulate these systems, and through this interaction. So, in the past, we basically thought about attachment as a system of protection. Now we also understand it is also a system, an external system of regulation. And through positive interactions with a caregiver who is attentive and attuned and responsive to our needs, that caregiver is actually changing the internal biochemistry of the – of the developing child's body

and brain, which results in an expression in their mind that later on is going to be functioning. So that when there is attentive, attuned caregiving in a safe, relational environment, a child is able to develop the capacity to move from what we call co-regulation to self-regulation. And when they are self-regulating, what is happening is the lower parts of their brain are becoming well organized, well integrated, and resources are being able to be utilized for the next phase or the next stage of development.

Cortical Inhibition



There is an inverse relationship between the activation of higher cortical functioning and activation of our subcortical stress response system

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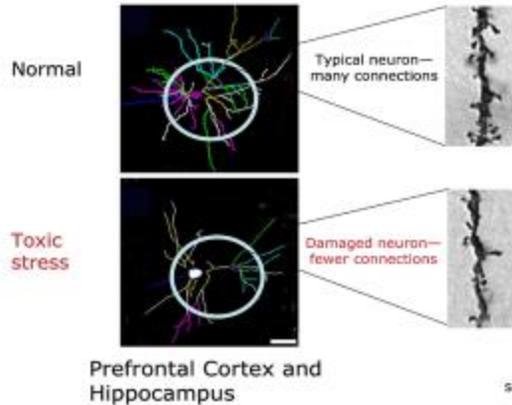
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Cortical Inhibition

Dr. Jerry Yager: But when there is lack of responsiveness or there is sense of fear and anxiety in the child, that child has to utilize their own resources to kind of try to regulate their bodies in a very primitive way, and we will talk some about that. But they begin to move resources away from those next stage of development, and it almost [unclear] stuck in a way of being in an environment that they perceive as threatening and dangerous. And that that experience gets encoded. So, because they do not develop these higher functionings that I talked about, what happens is there is a deficiency or a deficit in their capacity to use higher order functions, like thinking, problem-solving, anticipating the future, to inhibit lower, more impulsive aggression, sexuality, all those things that are impulsively driven by lower parts of the brain, we have an interference in that.

Dr. Jerry Yager: And that may not happen all the time. As we know, some kids can be very, very relational and very thoughtful. But when they are faced with what they perceive as a threat, they lose that function and they act out. And so, sometimes your job really is you are asking questions that are directed to this part of the brain, and they are functioning in this part of the brain, and they are really not able. And sometimes they are going to respond to you through behavior instead of through language. We will kind of look at some of that.

Persistent Stress Changes Brain Architecture



Sources: Radley et al. (2004)
Beck et al. (2005)
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Persistent Stress Changes Brain Architecture

Dr. Jerry Yager: So this is really, as our knowledge and information – remember that when we brought this information out about trauma, we did not have the capacity to look inside the developing brain. We were making lots of these assumptions based on just behavior. So what do we know about stress and the – and the systems that do it is they release powerful chemicals, powerful neurotransmitters, neurohormones that impact the development of these networks, and actually result in damage to what we call the connections between them, and also the insulation of these networks. So the connection is going to allow for communication between neurons, but the insulation is going to allow for the speed and efficiency of that information to travel.

Dr. Jerry Yager: So, think about that. If there is high levels of stress and it is interfered, I am going to be much more vulnerable to losing the connection between my higher order brain cognitions and this more primitive, emotional, impulsive, reactive kind of system to kind of become much more reactive. And what we are learning is that the parts of our brain that in some ways encode the memories and place the experience into a context, so I know that I am being frightened and this is happening now and it is happening in this environment, that part of the brain that encodes it is probably the most sensitive part of the brain to stress. That the chemicals that are being released is going to interfere with this ability to conceptualize that. However, the part of the brain that records the potential threat is actually being enhanced.

Exposure to trauma results in:

- A more sensitive amygdala
 - Hyper-sensitivity to seemingly innocuous stimulus

Or

- You're startled easily



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The Impact of Trauma

Dr. Jerry Yager: So, what do we know then? What we know is that oftentimes people become hypersensitive to potential threats in their environment, not just for what happened, but for any cue related to what happened. So, for example, if my – my perpetrator wore a red shirt that day, I may become hypersensitive to the color red. Or if there was a particular smell in the house, or if there was something – a sound of construction going on outside. All of these, all of these sensory cues become in some ways a conditioned response to this threat, but I have no way to contextualize it. So my body responds as if it is back in the potential dangerous situation. I reexperience that as opposed to having a memory of it. And that is part of what we see when we deal with many of our clients is that they then go on, because they are constantly being exposed to these bangs, they develop really sophisticated ways to avoid anything that reminds them of it.

The Impact of Trauma



When is a bang more than just a loud noise?

When you can't put it in context!

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Dr. Jerry Yager: So here is your job, in some ways, to get them to court or get them to a forensic interview or get them where they are going to talk about something and tell their story. And yet, their biology is designed to get them away from something. We have to really work hard to create a sense of safety over time, and that may not happen on a time schedule of a court. And so, it becomes sometimes a conflict between what is the therapeutic needs of the child and what is the legal needs of the child, and kind of looking at that.

Fear and Anxiety Affect the Brain Architecture of Learning and Memory

Corpus Callosum
Information super highway

PREFRONTAL CORTEX

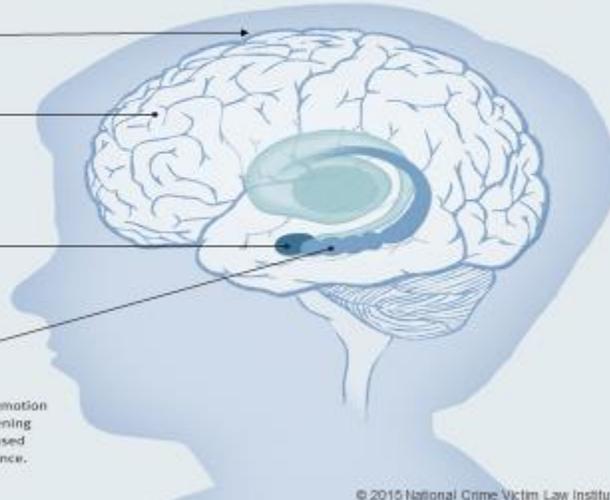
Center of executive functions; regulates thought, emotions, and actions. Especially vulnerable to elevation of brain chemicals caused by stress. Matures later in childhood.

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.



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Fear and Anxiety Affect the brain Architecture of Learning and Memory

Dr. Jerry Yager: So let us take a closer look at what are some of those regions that get impacted. And I am not going to spend too much time because, really, you could do a 3-day lecture on this alone. But what we know is that there is some common factors that go into people that have been exposed to trauma. So what we know is this amygdala here, this amygdala is what a gentleman, Bessel van der Kolk, calls the smoke detector. So, this little structure basically appraises things in the environment for potential threats or opportunities. And as soon as it perceives a threat, something that is associated with danger or something that is novel and I do not know what it is so I am going to assume it is dangerous until I see, this part of the brain activates the lower parts of the brain to engage the stress response. And how I would like you to understand that is that is not a conscious process.

Dr. Jerry Yager: So I cannot see your faces or hear you, but I want you to imagine you are driving on the highway, and you are driving down the highway and you are listening to the radio and you are nice and calm, just driving there. And, all of a sudden, a police car drives up behind you. Now, many of you might feel served and protected. But I would bet many of us would have an internal response that makes us check our speedometers, that makes sure we use our turn signal to change lanes. We become focused and activated, which is our stress response system. But we also engage the top part of our brain to inhibit the impulse to fight or to flight. That scanning unconsciously is done by the amygdala, which is the part that really gets activated when there are stress hormones circulating through our body.

Dr. Jerry Yager: The hippocampus is the part of the brain that records the information and contextual information, the memory, the short-term memory. This part really is very receptive. So, you know, there is some research that the cab drivers in London that have to learn all those streets, this part of their brain actually grows, becomes more densely connected and with more neurons, where people who are exposed to stress it actually shrinks and becomes less efficient. And so now you have something that is scanning and seeing threats much more often, but less ability to process them and encode them in memory.

Dr. Jerry Yager: And, finally, we know that the prefrontal cortex, which is developing during adolescence but is also coming online and being connected around 7 years of age, is extremely sensitive to stress hormones. As a matter of fact, it is less and less densely connected and there is actually less cells. And the most recent finding that we know is that our brains – we have two halves of our brains, and one is believed mostly kind of to scan nonverbal cues and to record really the information like the prosody, the tone of someone's voice as opposed to the left side reading the actual what somebody is saying. The connections, this corpus callosum or this super highway, which is a connection of neurons, of nerves that allow for communication, begins to thin and so there is less communication between what I am dealing with emotionally and responding to nonverbally and how I am going to use that in logic information. Those are common things.

Dr. Jerry Yager: But we also know there are changes not common, that are much more specific to the type of abuse you have because it is activating certain types of regions in the brain. So, for example, a child who is exposed to high levels of verbal abuse, there is some research coming out of Harvard now that is looking at the language centers actually become disrupted. And so, if I am being bombarded with verbal abuse, the stress response begins to disrupt that verbal, so my ability to process verbal information and my ability to express that becomes less.

Dr. Jerry Yager: With sexual abuse and with witnessing, it becomes something we are seeing in the environment, so it not only disrupts some of the communication, but it is actually going to disrupt the part of the brain that processes visual information. So some of your clients may report to you, “I do not remember even seeing...” Or I have a client now who was sexually abused, she says, “I remember seeing his legs, but I never, I cannot remember anything about his face or who it was [unclear].” That disruption is due to part of that brain shutting down as, for some people think it is about protection. It is about protecting those parts of the brain.

Mechanisms of Transgenerational Transmission



Genetic- 22,500 genes

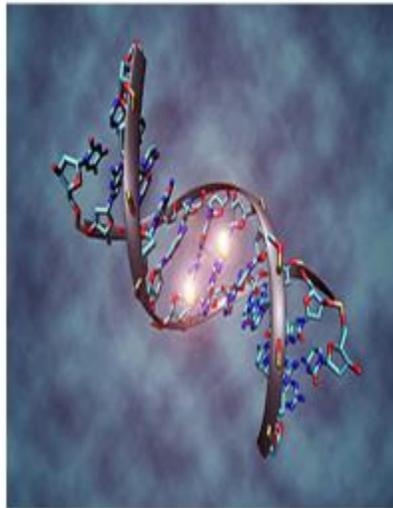
- DNA

Epigenetic

- Histones (CH3)- methylation

Intrauterine Environment

- Stress
- Toxins
- Nutrition
- Health



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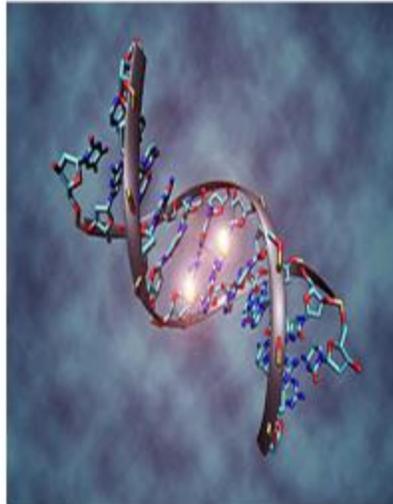
Mechanisms of Transgenerational Transmission

Perinatal experiences

- Bonding and attachment
- Environmental

Postnatal

- Family
- Community
- Culture



Mechanisms of Transgenerational Transmission

Dr. Jerry Yager: And so, what we know now is we have some things that are [unclear] development through our genetics and DNA. We know now that they are going to be impacted and they are going to be changed through environmental experiences, which has begun to give birth to a whole new field which is called epigenetics. And epigenetics stands for – epi means on top, on top of the genes. And so, what we know now is, through experience, we actually develop markers that are on top of the genes that either enhance the expression of those genes, the transcription of those genes into proteins, or begins to inhibit the expression of those genes. And so, certain experiences, even though I may have a gene kind of makeup that is going to say to me I am going to have lack of ability to regulate my emotions and lack of ability to inhibit my aggression. If I am raised in a safe, supportive, relational environment, that child may get a marker on their genes that inhibits the expression of that genetic tendency, where another child who may not have that gene does not get a marker and a gene gets expressed much more highly.

Dr. Jerry Yager: So we know that, and I cannot go into it indepth in this lecture today, but we know that that changes the way that the body responds to these stress hormones. Is that the sensitivity of the – of the body to either respond to or not to respond to hormone levels gets altered based on the changing of these genetic expressions. So, we can be altered by our family's past ancestral history in our DNA, and then we can be altered by experience in terms of the way the DNA is expressed, and then we can be altered by a number of other things that are introduced during early developmental periods that ends up interfering with a child's ability to express their potential. Which we know now really is looking at this issue of trauma. Right?

Dr. Jerry Yager: And so, you could be having a really healthy, happy, supportive relationship, and then you are exposed later on to something that happens either in your family or in the community or your culture, and you are going to respond to it in one way, you are going to be able to use the resources and the social supports around you based on your prior history. Or you

could be somebody who grew up in a home in which there is a history of attachment disruption, there is a history of violence, there is a history of high levels of stress due to poverty and other types of environmental stressors. And then you are exposed to a trauma in the community. Your vulnerability to being disrupted is much higher than the other child.

Dr. Jerry Yager: So that we cannot just look at the event, but we have to look at how that child, with their life experience is that went on to leading to either in some ways to inoculate them and buffer them from the impact of the event, or really in some ways sensitize them to that event. That is a really important understanding so when you are dealing, we cannot just say, “What happened to you,” and kind of go in and figure it out, kind of looking at that. Right?

The Neurobiology of Trauma



Exposure to trauma results in:

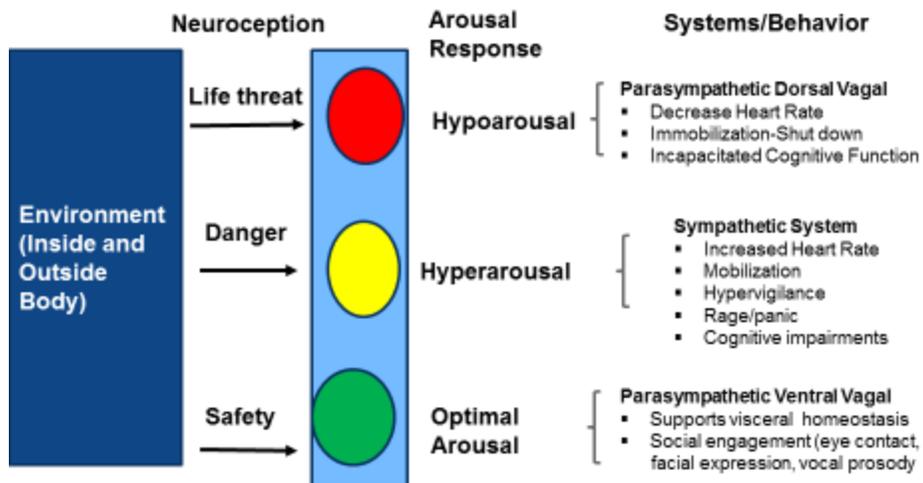
- A neural network that leads to an automatic response to perceived threat
- This response may make one feel like s/he's “going crazy,” when it's just the reality of the impact of trauma on the brain
- It can also result in a neural network that defends against any vulnerable emotions by either shutting down or dissociating

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The Neurobiology of Trauma

Dr. Jerry Yager: So, what do I want to say about this? Right? So I want to just kind of summarize a little bit. When we are exposed to stress that is overwhelming, it is going to shut down the parts or inhibit the parts of our brains that basically make choice, problem solve, integrate information, and we are going to respond much more in an automatic behavioral and hormonal way to the environment. And so, it is going to be a repetition of how this person responds to this. This experience may feel, if I am that person, like there is something terribly wrong with me, as opposed to this was my way of adapting to these types of experiences. And it is important when we are kind of looking at that is that when we are talking to the clients we are working with is that we really see them as surviving in some ways horrendous either events or emotional environments that lacked the support that they need, and yet they figured out ways to kind of get through that. And it is really very important to be thinking and telling stories about survival rather than victimizations, and that is the process we are going to kind of look at the some of those kinds of things. And when we feel helpless and we cannot respond, then we move to much more primitive defenses that have different long-term impacts on what is going on currently, but also on long-term impacts on our ability to manage.

Regulatory Strategies



Stephen Porges's Polyvagal Theory, 2011

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Regulatory Strategies

Dr. Jerry Yager: And so, a gentleman named Stephen Porges, who does lots of work on the autonomic nervous system – autonomic means auto, nomic means thinking – so that part of our brain that we do not consciously think about that reacts. Basically, he perceives it as elementally in a hierarchical fashion. So when we are safe and we are in a responsive environment, say that you are with an attorney that is creating some safety and support, that child is able to in some ways socially engaged with you, eye contact, be able to kind of sit in proximity with you, be able to use language, facial expressions to kind of look at. They are reading all of those and engaging in a social interaction, and they are using your facial expressions and the tone of your voice, and really the proximity you sit to them, they are using that to regulate their own bodies. So a child who is in this nice place with you is going to be looking to you to help them regulate some of that. So the way, the language you use, the tone, it is not as important as the tone of your voice. It is not as important as the facial expressions that you are using, or the gestures you are using. That child is using that to regulate, just like that infant did, regulate and they could stay engaged with you.

Dr. Jerry Yager: When they perceive threat, it could be from the content you are talking about or it could be from something that is going on in the environment, they quickly shift from social engagement to more primitive defensive strategies that are mediated by lower parts of the brain. And these systems move in a hierarchical fashion. So, my first defense is to move towards a mobilizing, a fight or flight response. I become hypervigilant. I become really sensitive to any potential threat. It impairs my ability to process information, although I can process information. But if I feel helpless and powerless and I cannot run away, I begin to shut down parts of my brain, I begin to shut down parts of my system, and I kind of withdraw into my internal world. And we kind of call this really a fake death, because in some ways what this defense is it is making me small and helping me disappear, and maybe that threat will not kill me. And so, when a child is in this state, they are really relying on their last defense. You might see that in facial expressions,

but they are basically shutting down. And so, as you read that, you have to be really aware at that point that this child is not processing verbal information anymore, and is really in a state of a high level of threat and terror. And we will talk about what to do with that in the next section of this thing.

Dr. Jerry Yager: But I want you to kind of walk away with a sense that these are hierarchical. So oftentimes what happens is some of your kids you work with, and even some of the parents, they engage in high-risk, high-stimulating behaviors as a way of keeping from going into these hyperaroused states, these hypoaroused, of shutting down. Because if I am busy at being activated in doing it, I cannot – I cannot shut down and go away. And so it really is a strategy to keep from disappearing into doing, and that really what we want to do is increase safety and relational interactions so that they can move in this direction rather than moving back in that direction. And there are strategies to kind of look at that piece.

The slide features a blue header with the logo for 'Legal Assistance for Crime Victims' and the text 'An NCVL Training and Technical Assistance Initiative'. Below the header is a diagram titled 'Flight of a Water Rocket' with NASA and NCVL logos. The diagram illustrates the trajectory of a water rocket through six stages: Launch (a person on the ground), Powered Ascent (rocket with fins and water being expelled), Coasting Ascent (rocket moving upwards without engine), Maximum Altitude (rocket at the peak), Coasting Descent (rocket falling), and Recovery (rocket on the ground). To the left of the diagram is a blue box with the text: 'Developmental Trajectory' and '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.' At the bottom right of the diagram is the copyright notice '© 2015 National Crime Victim Law Institute'.

Developmental Trajectory

Dr. Jerry Yager: So what does all this mean? It means that development is about this kind of trajectory, and that certain events can alter the trajectory. Is that genetics are really moving us along. Is that we do not have to do anything to go from being 3 feet tall to 4 feet. However, if there is something lacking, whether it is nutrition, whether it is response when there is a threat, that can really derail its developmental process. And where it derails is that we are going to be dealing with a – even though their body begins to keep growing, we are dealing with somebody who is cognitively and socially way back here, even though they look like we are dealing with someone way up here. And that is really the takeaway. And so, a disruption could be a disruption of state, which means that I am temporarily like that. Or it could become, because it has gone on so long, it could become a trait and becomes much more resistant to changing and looking at. And I am going to kind of look at some of those things.

Trauma vs. Complex Trauma



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.

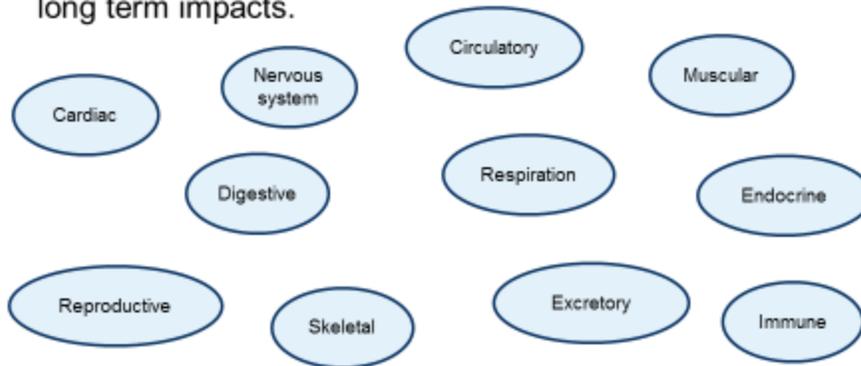
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Trauma vs. Complex Trauma

Dr. Jerry Yager: So, what do we know kind of looking at this is that this very difference between somebody who has had an isolated incident, say somebody was in a car accident or somebody was assaulted who basically had a good life and then something happened, as opposed to a child who was exposed for a prolonged amount of time during developmentally-sensitive periods, and sometimes in the context of the very caretaking relationships that they are supposed to use to help them regulate. That results in what we call complex trauma, and has a much more wider range of consequences. It interferes with way more systems.

Long-Term Consequences

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.



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Long-Term Consequences

Dr. Jerry Yager: So that I may be a child who has a car accident and now I am scared to get back in the car in my body. However, if I am a child who grows up, is all of these systems become disregulated, and all of these systems become altered and begin to respond as if they are constantly in it, and they result in multiple kinds of symptoms. Is that those disruptions result in a way more pervasive disruption and symptoms that we are looking at.



Dr. Jerry Yager: And so, for many kids what you will see is, you know what, this kid has a substance abuse, so we will treat the substance abuse. But wait a second, they also have sexual problems and they are also anxious. And we begin to use medications to treat each of these symptoms. And so, you will see some kids, especially in the child welfare system, who are on a long list of medications because we are trying to manage this as opposed to understanding we have a pervasively disregulated biological system that we need to have interventions to begin to regulate some of these things.

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.

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Healing From Trauma

Dr. Jerry Yager: So, understanding the context in which this is, is that we begin to understand the good news is that our brains remain malleable throughout our life. And so, if negative experiences such as exposure to high levels of stress can alter the brain in a negative way, what we are beginning to understand is if we can expose kids to positive experiences with enough repetition, we can begin to alter the brain in a positive way. So there is great hope for the future for some of this and this concept. This is not just in psychology, but they are using this kind of concept in looking at spinal injuries and other kinds of things, that if we can kind of understand how cells change, we can begin to utilize that information to change them in a way that we think is helpful. But we also need to understand that certain experiences interfere with that.

Implications for Legal System



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

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Implications for Legal System



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

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Implications for Legal System

Dr. Jerry Yager: So what do we need to do? We need to begin to help to change the stories. Right? Is that the brain is storing information of an event that happened in the past, and so it is not just the event, but it is the memory of that event that continues to activate this brain so that we have to intervene to change the activation of those memories to be able to help that and, in some

ways, begin to move – which I talked about from being a victim into a survivor – by creating an opportunity for a safe place with a person that is with me that is going to be attentive and attuned to who I am and what is going on with me, and is going to be involved in helping me in some ways in a safe way to express the story without it overwhelming me and me reexperiencing those physiological responses that were associated with my original trauma.

Dr. Jerry Yager: And so, when we get to the next slide, we are going to talk about how do we talk about this that helps the child to move past that and really integrate those experiences without re-traumatizing them. Right?

Dr. Jerry Yager: And so, what do we leave with? We leave with the people who in some ways are the perpetrators of this would love to keep children and people who are victimized by crimes silent. Because if they are silent, that creates the opportunity. The more we can create safety and awareness and skills to help victims talk about this, not only do we help the current victims heal, but we create a culture in which it becomes much more difficult to victimize children in the future. So, with that, I will turn it back over if there is [unclear].

Implications for Representing child victims

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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

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Implication for Representing Child Victims

Rebecca S. T. Khalil: Great. Thank you, Jerry. That was very interesting. This is Becca again. I feel like every time we listen to you explain this, we learn more about trauma and its impacts, and new and different things as well. And we wanted to also point out the next Webinar, as you can see on the slide, is going to delve a bit more into sort of specific techniques and tips that could help a practitioner who is dealing with a child victim who has experienced trauma.

Rebecca S. T. Khalil: So we did get a couple of questions, general questions, dealing with things such as what are good ways to interact with kids who have been traumatized to help them feel safe. We are going to hold that question, we can preview it a little bit here but we are going to

hold a detailed discussion of that question until May 21, when we have our second Webinar. So be sure and sign up for that one because that will be a whole hour dedicated to that topic. And you can find that information on our website as well.

Rebecca S. T. Khalil: And we also wanted to mention, Jerry mentioned a little bit that victims' rights can help victims who have experienced this, help them feel safe, help them manage some of the reactions that they are experiencing as a result of crime. And on our website, if you go to www.ncvli.org and if you navigate over to our Law Library, we have a number of publications in there talking about things, strategies and ways that you could use victims' rights as a tool to help victims, including child victims, interact with the criminal justice system. And one that you might find of particular use following this Webinar is if you click on the heading for Secondary Victimization or Revictimization, we have published an article that sort of summarizes a few of the resources talking about the ways in which interacting with the criminal justice system can itself be a difficult thing for victims, and how victims' rights can help, and how lawyers can help use those rights to maybe make things a little bit – a little bit less uncomfortable for the victim and maybe a little bit, hopefully, smoother and less traumatizing.

Questions?

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Questions?

Rebecca S. T. Khalil: So we are going to turn to questions. We have got a few minutes for questions before we need to wrap up. So I am going to compile those for Jerry and pass them along. He is going to answer those questions for us. If you have any more questions, please feel free to send them our way. We will get those questions as we are talking. And as long as we still have time on the Webinar, we will be sure to get those answered for you.

Rebecca S. T. Khalil: So the first question we have got for you, Jerry, is a question about the types of therapies. We had one of our Webinar participants ask: What types of therapies can help a child victim heal or recover from trauma?

Dr. Jerry Yager: Great question. So, so there is controversy in the field, and so what I am going to tell you is my take on this and my [unclear], is that what we are in the process in is that there is research in what is commonly known as trauma-sensitive, evidence-based trauma-sensitive treatments. Those are treatments that have gone through randomized trials that are manualized, that really therapists go to become trained in these particular models. The research on those models is, as time goes on, is that there is not really – although because of some of the funding – there is not really one model that we can say is this is the model that all kids should go through. And so, when I begin to do, and what lots of people in the field begin to understand, is that there is a number of, in some ways, functions that get disrupted in clients who have been – in children and adolescents – who have been exposed to them. And one that I talk a lot about is the issue of self-regulation. Another one is about relationships. Another one is about attention and capacity to attend to things that are basically related to brain. Another one has to do with regulating a sense of self and being able to form relationships. And what I recommend to people really is that when we begin to conceptualize what those functions are, then we go to the research and take the best research, evidence-based treatment approaches to address those kind of dysfunctions.

Dr. Jerry Yager: And so, there are some models like, currently out there. You can go to the National Child Traumatic Stress Network and they will have a whole list of them. There is a California Clearinghouse. The National Institute of Mental Health has a list of evidence-based treatments. So there is a whole list of evidence-based treatments. But really what it comes down to is the quality of the therapist to deliver those. Because, really, healing takes place in the context of a safe, responsive, attuned, nurturing relationship. And so, that is really the kind of common of all of these. And then you have what some of the literature is talking about. So I would recommend, if you are asking some of those, is to kind of go to the National Institute of Mental Health or go to the National Child Traumatic Stress Network and look up some of those evidence-based treatment models to kind of go through. So that is my best answer for that today in the time I have.

Rebecca S. T. Khalil: Thanks, Jerry. We have got another question. You mentioned earlier in the Webinar that a victim might have certain cues related to their trauma. You mentioned a red shirt or the sound of construction. The question is: Is it possible to un-condition certain of these cues?

Dr. Jerry Yager: Great question. So, what we know is that for lack of – we are much better at, in some ways, conditioning ourselves to pay attention to negative things in the environment as opposed to positive things in the environment. So our brain has gotten really adept at storing these things that scare us. The research has said we never forget things that scare us. However, when we work in treatment, what happens is we allow that front part of the brain, the part of the brain that encodes the information, so that many of my clients that I work with who have been abused, when they come in they experience that cueing of that memory as reliving. When they are done with treatment they can say, “You know, I now realize in the past I was abused, but I do not experience – I experience it as a memory instead of it.” So it is still there, but it is perceived and reacted to in a different way because I now can use my prefrontal cortex to inhibit that response and really begin to integrate it. So I think that is to talk about, it is not just about in some ways desensitizing these memories, but it is about integrating these memories. And all of us have had experience where we know we have gone through negative things in the past, and actually we say is we become stronger from them in the future. And that is about us integrating that. So the answer to the question is twofold. One is we cannot decondition the brain to not have that. But we can utilize higher brain functions to inhibit it and integrate it to respond to it differently in the future.

Rebecca S. T. Khalil: Great, thank you. We have another question. You had mentioned...

Dr. Jerry Yager: These are good questions. These are really good questions.

Rebecca S. T. Khalil: You had mentioned earlier that – I think it was on – I think they are referring to the slide with the stoplight.

Dr. Jerry Yager: Okay.

Rebecca S. T. Khalil: The red, yellow, and green.

Dr. Jerry Yager: Okay.

Rebecca S. T. Khalil: You were talking about how child victims start to interact differently. They might be engaged and social when you are closer to the green stoplight, and then maybe they start to get panicky or their body changes when the stress level increases. The question is: What are some ways that you can help explain to prosecutors or law enforcement about what is going on if the child victim's interactions start to change? How can you help them maybe recognize and respond to that appropriately?

Dr. Jerry Yager: You know, I have – the way that I have accomplished that is I have done trainings with police, the police. I have done trainings with the DA's Office. I have done trainings... Is really this is about changing our understanding of what is going on. Right? So, oftentimes when kids are shutting down, we see them is resistant, we see them as oppositional, we see them...And as these concepts are trauma-informed begin to permeate more of our systems, we can do a better job of protecting the rights of our victims. And I think that is really what this is about is as you can articulate some of this to the court what is going on, we can be – we can be in some ways helping, as Rebecca talked about, not having this whole process of victimizing the victims through the process. And so, it is an education, it is an ability to kind of effectively communicate or bring in an expert, somebody to talk to the courts. I am going next week to talk to a court in terms of adolescent brain development to kind of look at that in terms of some of the things. So it is about using those resources. But really, as we begin to understand, and really science is just – I mean if you think about it, it is really pretty new in terms of science and understanding. And some of this is really just beginning to kind of get out in understanding. That is why what I would recommend is if you had – if you heard and went to five of these trauma talks, go to five more. Because every time I go still, I learn something new. So you become – and what I learn is how to talk about it much more effectively for people who do not understand it. So that is the best thing I can tell you is either bring in an expert or get better at identifying that and communicating that to the courts in terms of protecting the victims in this process.

Rebecca S. T. Khalil: And we, on our end at NCVLI, also echo that. We have had victims' rights attorneys and practitioners have found it really useful to use experts to explain these things to the courts. And I think it is very helpful to judges and to the prosecutors, and the system in general, as they gain more information. Hopefully, that will not only impact the way this particular victim, your client, experiences the justice system, but hopefully have a bit of a broader effect, too, so that in the future, other victims may not have to do quite maybe as much explaining or bring in as many experts to help make the process work a little more easily for them as well.

Final Thoughts



- Completion Code: **2015CVTRAUMA**
- A brief survey

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Final Thoughts

Rebecca S. T. Khalil: So that brings us to the end of our question and answer period. We want to thank Jerry again for joining us today. This was a fantastic Webinar and we really appreciate all the information we got from you, and for taking the time to answer our followup questions as well.

Rebecca S. T. Khalil: As you can see on the slide, we have got a completion code up there. If any of you want to try to submit this for CLE credit or other things like that, you might need proof that you completed the whole thing. The completion code is here on this slide so you may want to write that down. It is 2015CVTRAUMA. This completion code will not be in this set of slides you receive as a PDF after the end of the Webinar, so I encourage you to write that down now if you need it.

Rebecca S. T. Khalil: And, just as a reminder, there will be two surveys that get generated. One will pop up on your screen as soon as the Webinar ends, and another one will be contained in a link in an e-mail that we send you when we give you the PowerPoint slides after the completion of the Webinar as well.

Special Thanks



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.

NCVLI also gratefully acknowledges Dr. Chris Wilson, who created some of the slide content displayed during this webinar.

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Special Thanks

Rebecca S. T. Khalil: Again, we thank Dr. Yager for being not only a guest presenter today, but for also creating some of the slides we used during the presentation. We really appreciate that. And we want to also acknowledge Dr. Chris Wilson who created some of our other slides that we used during today's Webinar as well.

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.

Through this effort, OVC TTAC and the National Crime Victim Law Institute are working collaboratively to offer training and technical assistance for attorneys, particularly those currently providing legal assistance to victims.

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Rebecca S. T. Khalil: So thank you, again, for joining us. We hope this was useful to you, and, again, check back on our websites. Series 2 in this will deal specifically with tips and techniques for interacting efficiently and effectively with child victims. That will be on May 21, and that will be a separate registration through our website. So be sure and check back if you would like to hear more about what you do in practice to sort of incorporate some of the information we learned today. Thank you again.

[End.]