



# The Impact of Psychological Trauma on the Statements of Victims of Gender Violence: A Challenge for Forensic Evaluation

Mateo-Fernández PV<sup>1,2\*</sup> and Osa-Subtil I<sup>1,3</sup>

<sup>1</sup>Mental Health Research Group (MHeRG), Faculty of Medicine, Alfonso X el Sabio University, Spain

<sup>2</sup>Department of Psychology, Faculty of Biomedical and Health Sciences, Universidad Europea de Madrid, Spain

<sup>3</sup>Department of Medicine, Faculty of Biomedical and Health Sciences, Universidad Europea de Madrid, Spain

## Review Article

Volume 9 Issue 4

Received Date: September 17, 2024

Published Date: October 02, 2024

DOI: 10.23880/ijfsc-16000409

**\*Corresponding author:** Pedro V Mateo-Fernández, Mental Health Research Group (MHeRG), Faculty of Medicine, Alfonso X el Sabio University, Madrid, Spain, Tel: 611020071; Email: pedrovmf@cop.es

## Abstract

This article examines the impact of psychological trauma on the statements of victims of gender-based violence and the challenges this poses for forensic assessment. Gender-based violence, a global public health problem, often results in psychological trauma that can significantly affect memory and the ability of victims to provide coherent testimony. The article explores how trauma alters cognitive processes, including encoding, storage, and retrieval of memories, and how this manifests in symptoms such as memory fragmentation, dissociation, and hypervigilance. Practical challenges in forensic assessment are discussed, including the misinterpretation of trauma symptoms as indicators of lack of credibility. The article proposes improvements in forensic practice, emphasizing the need for specialized training in psychotrauma for practitioners, the use of trauma-focused assessment methods, and the implementation of more sensitive legal and forensic interventions. Ethical implications are addressed, highlighting the risk of revictimization and the importance of a victim-centered approach. The article concludes by highlighting the need for more empirical research on the impact of trauma on forensic statements, and the importance of developing best practices in the forensic assessment of victims of gender-based violence. Overall, the article argues for a more trauma-informed and trauma-sensitive approach to forensic assessment that recognizes the complexities of psychological trauma and its impact on the memory and narrative of victims of gender-based violence.

**Keywords:** Gender Violence; Psychological Trauma; Forensic Evaluation; Credibility of Testimony; Traumatic Memory

## Abbreviations

WHO: World Health Organization; PTSD: Posttraumatic Stress Disorder.

## Introduction

Gender-based violence is a serious global public health and human rights problem. According to the World Health Organization (WHO), approximately one in three women worldwide has experienced physical and/or sexual violence by an intimate partner or sexual violence by a third party at some point in her life [1]. In the forensic context, this phenomenon presents unique challenges, especially with regard to the evaluation and assessment of victim statements to assist in legal proceedings as victim testimony is often the centerpiece in legal proceedings related to gender-based violence Manzanero AL, et al. [2], considering that the traumatic nature of gender-based violence can significantly affect the victim's ability to provide a coherent and detailed account of events [3,4] posing a considerable challenge for forensic assessment [5,6]. In addition, the impact of psychological trauma stemming from gender-based violence can alter memory, behavior, and the victim's ability to provide a coherent narrative of events [7,8]. This opinion article aims to discuss how psychological trauma affects victim reporting and the challenges it poses to forensic practice, providing suggestions on how to improve assessment processes and increase sensitivity to the particularities of these victims [9].

Psychological trauma resulting from gender-based violence can have a profound impact on the victim's memory, perception, and ability to narrate her experience. This can lead to victim statements being perceived as not credible or inconsistent, when in fact these characteristics may be manifestations of the underlying trauma [7]. This phenomenon poses a significant challenge for forensic professionals, who must navigate the complex interplay between trauma, memory, and the perceived credibility of statements.

## Objective of this Work

The aim of this article is to raise awareness among forensic professionals of the challenges associated with the assessment of victims of gender-based violence affected by psychological trauma. Through a comprehensive analysis and concrete proposals, the article aims to establish a critical discussion on the importance of further training and understanding of the impact of trauma on forensic work.

## Trauma and Memory in the Victims of Gender-Based Violence

The impact of trauma on the cognitive processes of victims of gender-based violence is profound and multifaceted. Research in neuroscience and trauma psychology has shown that traumatic experiences can significantly alter the way memories are encoded, stored, and retrieved [8]. In the context of gender-based violence, this can manifest in a number of ways.

First, trauma can lead to a distortion and fragmentation of memory. Ehlers A, et al. [3] propose that posttraumatic stress disorder (PTSD), common in victims of gender-based violence, is characterized by a disorganization in autobiographical memory. This may result in fragmented, inconsistent, or seemingly contradictory memories. Dissociation, a common defense mechanism in situations of severe trauma, can lead to gaps in memory or a sense of disconnection from the traumatic events [4].

In addition, hypervigilance, another common symptom of PTSD, can lead to selective attention to certain aspects of the traumatic experience, while other details may be forgotten or suppressed. This can result in statements that appear incomplete or that focus on seemingly irrelevant details from the perspective of an outside observer [10].

From a neurobiological perspective, trauma can significantly affect brain functioning and memory formation. Neuroimaging studies have shown that trauma can alter activity in brain areas crucial for memory and emotional processing, such as the hippocampus and amygdala [11]. These alterations can affect the victim's ability to recall and coherently narrate his or her traumatic experience.

Traumatic memory is also characterized by its intrusive and fragmented nature. Flashbacks and nightmares, common symptoms of PTSD, are manifestations of how traumatic memories can burst into consciousness in an involuntary and vivid manner [12]. These intrusive memories often lack temporal and spatial context, which can further hinder the victim's ability to provide a coherent, chronological account of the events.

In addition, research has shown that chronic stress associated with gender-based violence can have long-term effects on general cognitive function, including attention, concentration, and working memory [13].

These cognitive deficits may persist even after the violence has ceased, underscoring the importance of considering the long-term effects of trauma in forensic assessment.

### Forensic Evaluation and Practical Challenges

Assessing the credibility of statements in cases of gender-based violence presents significant challenges for forensic professionals. Symptoms of trauma, such as dissociation, avoidance, and hyperarousal, can be misinterpreted as signs of a lack of credibility. For example, a victim's inability to provide a coherent chronological account or the presence of gaps in memory may be misinterpreted as indicators of fabrication or exaggeration [5].

One of the most common errors in interpreting the statements of traumatized victims is the expectation of a detailed and emotionally charged account. Paradoxically, victims of severe trauma may present flattened or dissociated affect in recounting their experiences, which may be misperceived as inauthenticity [14]. In addition, inconsistency in peripheral details of statements, which is common in traumatic memories, may be misinterpreted as an indicator of lack of credibility [6].

It is crucial for forensic evaluators to understand that traumatic memory does not function in the same way as memory of nontraumatic events. The dual representation theory of PTSD Brewin CR, et al. [15] suggests that traumatic memories are stored differently from ordinary memories, which may explain the difficulties victims experience when attempting to narrate their experiences in a coherent manner.

Another important challenge in forensic assessment is the distinction between the effects of trauma and symptom simulation or exaggeration. While some professionals may be suspicious of symptoms that appear exaggerated, it is important to recognize that the intensity of PTSD symptoms may fluctuate and that victims may experience periods of increased distress, especially when asked to recall and recount their traumatic experiences [16].

Credibility assessment must also take into account cultural and social factors that may influence how victims express and communicate their experiences. Cultural differences in emotional expression, narrative, and perception of trauma can lead to misunderstandings if not adequately considered [17].

### Proposals to Improve Forensic Practice

To address these challenges, it is crucial that forensic psychologists receive specialized training in psychotrauma.

This training should include a thorough understanding of the effects of trauma on memory, cognition, and behavior, as well as the specific manifestations of PTSD in victims of gender-based violence [18].

Trauma-focused assessment methods are essential for effective forensic evaluation. Techniques such as the Enhanced Cognitive Interview Fisher RP, et al. [19] and the NICHD Forensic Interview Protocol Lamb ME et al. [20] have been shown to be effective in eliciting more complete and accurate statements from traumatized victims. These techniques focus on creating a supportive environment, using open-ended questions, and avoiding pressure or suggestion.

In addition, the use of trauma-specific assessment tools, such as the Posttraumatic Stress Disorder Symptom Scale (PCL-5) or the Structured Clinical Interview for DSM-5 (SCID-5), can provide a more accurate assessment of trauma symptoms and their impact on victim functioning [21].

It is also important to incorporate a gender perspective in forensic assessment. This involves understanding how gender roles and expectations may influence the experience and expression of trauma, as well as help-seeking and interaction with the legal system [22].

Interdisciplinary collaboration is essential for a comprehensive forensic assessment. Forensic psychologists must work closely with other professionals, such as social workers, physicians, and lawyers, to gain a holistic understanding of the victim's situation and context [23].

### Ethical Implications in the Forensic Evaluation of Victims of Gender-Based Violence

The forensic assessment of victims of gender-based violence involves important ethical considerations. The risk of revictimization is significant, as an insensitive or misinformed assessment can exacerbate existing trauma and have long-term consequences for the victim's mental health [24].

It is critical that forensic professionals take a victim-centered approach, prioritizing the victim's well-being and safety. This involves creating a safe and supportive environment during the assessment, being aware of signs of distress or retraumatization, and being prepared to provide or refer to support services when necessary [25].

Forensic evaluators must be aware of their own biases and prejudices, especially in relation to gender stereotypes and beliefs about gender-based violence. Ongoing training in cultural competence and gender sensitivity is essential to ensure fair and accurate assessments [26].

In addition, it is crucial to maintain confidentiality and informed consent throughout the assessment process. Victims should be clearly informed about the purpose of the assessment, who will have access to the information, and how it will be used in the legal context [27].

Forensic professionals must also be aware of the limits of their expertise and be willing to seek consultation or referral to other professionals when necessary. This is particularly important in complex cases involving multiple forms of trauma or when significant cultural or linguistic barriers exist [28].

Finally, it is important to recognize that the forensic assessment can have a significant impact on the legal outcome of the case and, by extension, the victim's life. Forensic professionals have an ethical responsibility to provide accurate and objective assessments while remaining sensitive to the unique needs and experiences of victims of gender-based violence [29,30].

### Conclusions and Future Lines of Research

The impact of trauma on the statements of victims of gender-based violence represents a significant challenge for forensic assessment. It is crucial for forensic professionals to understand the complex interplay between trauma, memory, and perceived credibility. More empirical research is needed to assess the specific impact of trauma on the forensic statements of victims of gender-based violence, including longitudinal studies that examine how traumatic memory evolves over time.

Best practices in forensic psychology should include specialized training in trauma, the use of trauma-focused assessment methods, and an ethical approach that prioritizes the welfare of the victim. In addition, a collaborative effort among forensic practitioners, investigators, and the judicial system is needed to develop protocols and practices that are trauma-sensitive and effective in credibility assessment.

Future research should focus on developing and validating specific assessment tools for gender-based violence cases, examining the long-term impact of different forensic assessment approaches on victims, and exploring how advances in neuroscience can better inform our forensic practices.

### References

- (2021) Violence against women prevalence estimates, 2018: Global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual

violence against women. World Health Organization.

- Manzanero AL, Recio M (2012) The memory of traumatic events: accuracy, types and characteristics. *Cuadernos de Medicina Forense* 18(1): 19-25.
- Ehlers A, Clark DM (2000) A cognitive model of posttraumatic stress disorder. *Behaviour Research and Therapy* 38(4): 319-345.
- Holmes EA, Brown RJ, Mansell W, Fearon RP, Hunter ECM, et al. (2005) Are there two qualitatively distinct forms of dissociation? A review and some clinical implications. *Clinical Psychology Review* 25(1): 1-23.
- Manzanero AL (2010) Witness Report. Obtaining and assessing testimonial evidence. Madrid: Pyramid.
- Fisher RP, Brewer N, Mitchell G (2009) The relation between consistency and accuracy of eyewitness testimony: Legal versus cognitive explanations. In: Bull R, Valentine T, et al. (Eds.), *Handbook of psychology of investigative interviewing: Current developments and future directions*, Wiley-Blackwell, pp: 121-136.
- Brewin CR (2014) Episodic memory, perceptual memory, and their interaction: Foundations for a theory of posttraumatic stress disorder. *Psychological Bulletin* 140(1): 69-97.
- Van der Kolk, BA (2014) *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin Books.
- Goldenson J (2022) Applying a trauma-informed approach to forensic mental health assessment: Practical considerations and ethical tensions. Safer Society Foundation.
- Brewin CR, Gregory JD, Lipton M, Burgess N (2010) Intrusive images in psychological disorders: Characteristics, neural mechanisms, and treatment implications. *Psychological Review* 117(1): 210-232.
- Bremner JD (2006) Traumatic stress: Effects on the brain. *Dialogues in Clinical Neuroscience* 8(4): 445-461.
- Ehlers A, Hackmann A, Michael T (2004) Intrusive re-experiencing in post-traumatic stress disorder: Phenomenology, theory, and therapy. *Memory* 12(4): 403-415.
- Stein MB, Kennedy CM, Twamley EW (2002) Neuropsychological function in female victims of intimate partner violence with and without posttraumatic stress disorder. *Biological Psychiatry* 52(11): 1079-1088.
- Freyd JJ (1994) Betrayal trauma: Traumatic amnesia

- as an adaptive response to childhood abuse. *Ethics & Behavior* 4(4): 307-329.
15. Brewin CR, Dalgleish T, Joseph S (1996) A dual representation theory of posttraumatic stress disorder. *Psychological Review* 103(4): 670-686.
  16. Resnick PJ, West S, Payne JW (2008) Malingering of posttraumatic disorders. In: Rogers R (Ed.), *Clinical assessment of malingering and deception*, 3<sup>rd</sup> (Edn.), Guilford Press, UK, pp: 109-127.
  17. Rousseau C, Measham T, Nadeau L (2013) Addressing trauma in collaborative mental health care for refugee children. *Clinical Child Psychology and Psychiatry* 18(1): 121-136.
  18. Korkman J, Santtila P, Sandnabba NK (2014) Dynamics of verbal interaction between interviewer and child in interviews with alleged victims of child sexual abuse. *Scandinavian Journal of Psychology* 47(2): 109-119.
  19. Fisher RP, Geiselman RE (2010) The cognitive interview method of conducting police interviews: Eliciting extensive information and promoting therapeutic jurisprudence. *International Journal of Law and Psychiatry* 33(5-6): 321-328.
  20. Lamb ME, Orbach Y, Hershkowitz I, Esplin PW, Horowitz D (2007) Structured forensic interview protocol improves the quality and informativeness of investigative interviews with children: A review of research using the NICHD Investigative Interview Protocol. *Child Abuse & Neglect* 31(11-12): 1201-1231.
  21. Weathers FW, Litz BT, Keane TM, Palmieri PA, Marx BP, et al. (2013) The PTSD Checklist for DSM-5 (PCL-5).
  22. Wasco SM (2003) Conceptualizing the harm done by rape: Applications of trauma theory to experiences of sexual assault. *Trauma Violence & Abuse* 4(4): 309-322.
  23. Campbell R, Wasco SM, Ahrens CE, Sefl T, Barnes HE (2001) Preventing the "second rape": Rape survivors' experiences with community service providers. *Journal of Interpersonal Violence* 16(12): 1239-1259.
  24. Campbell R (2008) The psychological impact of rape victims' experiences with the legal, medical, and mental health systems. *American Psychologist* 63(8): 702-717.
  25. Wemmers JA (2013) Victims' experiences in the criminal justice system and their recovery from crime. *International Review of Victimology* 19(3): 221-233.
  26. Bryant-Davis T (2010) Cultural considerations of trauma: Physical, mental and social correlates of intimate partner violence exposure. *Psychological Trauma: Theory, Research, Practice, and Policy*, 2(4): 263-265.
  27. (2013) Specialty guidelines for forensic psychology. *American Psychologist* 68(1): 7-19.
  28. Gutheil TG, Appelbaum PS (1982) *Clinical handbook of psychiatry and the law*, In: 4<sup>th</sup> (Edn.), McGraw-Hill Book Company, pp: 1-336.
  29. Melton GB, Petrila J, Poythress NG, Slobogin C (2007) *Psychological evaluations for the courts: A handbook for mental health professionals and lawyers*, In: 4<sup>th</sup> (Edn.), Guilford Press, pp: 1-22.
  30. Herman JL (2003) The mental health of crime victims: Impact of legal intervention. *Journal of Traumatic Stress* 16(2): 159-166.