

Trauma & Memory:

A Curated Selection of Resources for Attorneys and Legal Advocates

This annotated bibliography was created by Mayra Gomez as part of NCDVTMH's Trauma-Informed Legal Advocacy (TILA) Project. The TILA Project offers guidance on applying trauma-informed principles to working with survivors of domestic violence in the context of legal proceedings. For find more TILA Project resources, visit our website: www.nationalcenterdvtraumamh.org.

In order for lawyers and legal advocates to take a trauma-informed approach to their work with trauma survivors, they must have a basic understanding of how trauma can affect the ways that survivors think, feel, and interact with other people and the world. The articles in this collection provide information on the effects that trauma can have on the brain, with a focus on the impact of trauma on an individual's memory. Rather than an exhaustive list of the research on trauma and memory, this collection is merely a starting point for self-study. Nonetheless, the articles in this collection provide a helpful beginning framework for embarking on this endeavor, especially for those who are interested in the implications of this research to survivors involved in legal cases. Articles that are available in full text format online were prioritized for inclusion.

Section 1: Introduction to Trauma and Memory

Trauma and Memory

Written by Bessel van der Kolk, a nationally recognized trauma expert, this article provides an excellent introduction to and overview of the literature on trauma and memory. It includes a review of studies that have been conducted to examine the differences between memories of highly stressful (but non-traumatic) experiences and traumatic experiences.

Citation: Bessel A. van der Kolk, *Trauma and Memory*, 52 PSYCHIATRY & CLINICAL NEUROSCIENCES 52 (1998).

This article is available at:

<http://onlinelibrary.wiley.com/doi/10.1046/j.1440-1819.1998.0520s5S97.x/full>

Abstract: The study of traumatic memories challenges several basic notions about the nature of memory: (i) that memory always is a constructive process; (ii) that memory is primarily declarative (i.e. that people can articulate what they know in words and symbol); (iii) that memory is present in consciousness in a continuous and uninterrupted fashion; and (iv) that memory always disintegrates in accuracy over time. A century of study of traumatic memories shows that (i) semantic representations may coexist with sensory imprints; (ii) unlike trauma narratives, these sensory experiences often remain stable over time, unaltered by other life experiences; (iii) they may return, triggered by reminders, with a vividness as if the experience were happening all over again; and (iv) these flashbacks may occur in a mental state in which victims are unable to precisely articulate what they are feeling and thinking. The present paper reviews the literature on memories and discusses the recent neuroimaging studies which seem to clarify the neurobiological underpinnings of the differences between ordinary and traumatic memories.

Medical Effects of Trauma: A Guide for Lawyers

Citation: Heather Forkey, *Medical Effects of Trauma: A Guide for Lawyers*, American Bar Association: Center on Children & the Law.

The full text of this article is available at:

http://www.americanbar.org/groups/child_law/what_we_do/projects/child-and-adolescent-health/polyvictimization/medical-effects-of-trauma--a-guide-for-lawyers.html

Excerpt: “Children’s lawyers are well positioned to help guide children and families dealing with trauma. Vigilance on your part, including childhood adversity and toxic stress when considering health and behavior issues, and understanding the different ways trauma presents will help you recognize harmful experiences and their impact. The danger of failing to recognize adversity and the physiologic response as a possible cause of health and behavior concerns is missing or misattributing symptoms to other causes. By recognizing the impact of negative family experiences on child health and development, you can engage community health providers to address these needs effectively. Your guidance can help children understand that, while

bad things may have happened to them, their responses are expected and manageable. In this context, the child and family can work toward health, wellness, and achieving the child's potential."

Section 2: Recent Research on Memory & PTSD

The following articles represent a sampling of recent psychological research on memory, trauma, and PTSD.

Retrieval Inhibition in Posttraumatic Stress Disorder

Citation: Lucy M. Kenny & Richard A. Bryant, *Retrieval Inhibition in Posttraumatic Stress Disorder*, 5 PSYCHOL. TRAUMA: THEORY, RESEARCH, PRAC. & POL'Y 35 (2013).

Excerpt: "There is considerable debate concerning the nature of memory for traumatic events in people affected by trauma. This study investigated memory inhibition in posttraumatic stress disorder (PTSD) using the retrieval-induced forgetting (RIF) paradigm. Fifteen trauma survivors with PTSD, 15 participants who had recovered from PTSD, and 14 trauma survivors who had never developed PTSD learned two categories of trauma-related words and two categories of neutral words. They then practiced half of the words in one neutral and one trauma-related category before being tested on their memory for words from all categories. The results indicated an RIF effect for trauma-related words in the PTSD group, while the two non-PTSD groups did not show this effect. These results suggest that repeated focus on certain trauma-related information may impair retrieval of other trauma-related information in individuals with PTSD."

White Matter Integrity in Highly Traumatized Adults With and Without Post-Traumatic Stress Disorder

Citation: Negar Fani, et al., *White Matter Integrity in Highly Traumatized Adults With and Without Post-Traumatic Stress Disorder*, 37 NEUROPSYCHOPHARMACOLOGY 2740 (2016).

The full text of this article is available at:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3473340/>

Excerpt: "Prior structural imaging studies of post-traumatic stress disorder (PTSD) have observed smaller volumes of the hippocampus and cingulate cortex, yet little is known about the integrity of white matter connections between these structures in PTSD samples. The few published studies using diffusion tensor imaging (DTI) to measure white matter integrity in PTSD have described individuals with focal trauma rather than chronically stressed individuals, which limits generalization of findings to this population; in addition, these studies have lacked traumatized comparison groups without PTSD. The present DTI study examined microstructural integrity of white matter tracts in a sample of highly traumatized African-American women with (n¼25) and without (n¼26) PTSD using a tract-based spatial statistical approach, with threshold-free cluster enhancement. Our findings indicated that, relative to comparably traumatized controls, decreased integrity (measured by fractional anisotropy) of the posterior cingulum was observed in participants with PTSD (po0.05). These findings indicate that reduced microarchitectural integrity of the cingulum, a white matter fiber that connects the entorhinal and cingulate cortices, appears to be associated with PTSD symptomatology. The role of this pathway in problems that characterize PTSD, such as inadequate extinction of learned fear, as well as attention and explicit memory functions, are discussed."

Integration and Organization of Trauma Memories and Posttraumatic Symptoms

Citation: Richard O'Kearney, et al., *Integration and Organization of Trauma Memories and Posttraumatic Symptoms*, 24 J. TRAUMATIC STRESS 716 (2011).

The full text of this article is available at:

https://www.researchgate.net/publication/51828014_Integration_and_organization_of_trauma_memories_and_posttraumatic_symptoms

Abstract: To examine the connection between trauma memory integration in personal memory, memory organization, and posttraumatic symptom severity, 47 trauma-exposed adults undertook an event-cuing task for their trauma memory and for a memorable nontraumatic negative event. Measures of integration provided by self-endorsement, rated by naïve judges, or calculated from the language of the memories, did not significantly predict posttraumatic stress disorder symptom severity after adjusting for age, time since the event, anxiety when disclosing, familiarity of the memory, and integration of nontrauma memory. Less use of causal connectives in the trauma memory narrative was associated with higher

trauma-related avoidance ($r = .33$; $p = .03$), whereas self-rating of the trauma memory as disorganized was associated with higher overall symptom severity ($r = .42$; $p = .006$).

Does trauma memory play a role in the experience of reporting sexual assault during police interviews? An exploratory study

Citation: Amy Hardy, et al., *Does Trauma Memory Play a Role in the Experience of Reporting Sexual Assault during Police Interviews? An Exploratory Study*, 17 MEMORY 783 (2009).

The full text of this article is available at:

https://www.researchgate.net/publication/26720107_Does_Trauma_Memory_Play_a_Role_in_the_Experience_of_Reporting_Sexual_Assault_during_Police_Interviews_An_Exploratory_Study

Excerpt: "This is a study that demonstrates the impact of trauma-related memory processes on victims' experience of police interviews when reporting sexual assault. This study found that typical psychological reactions to trauma actually contribute to the attrition of sexual assault cases, such that victims who are most affected by sexual assault may be the least likely to proceed with the criminal justice process."

Section 3: Trauma & Memory in Asylum & Immigration Proceedings

Many asylum or immigration processes require the applicant to extensively recount and record memories of a traumatic event. In these cases, lawyers and legal advocates have dual goals: to elicit from the client the memories necessary to compose the best possible application for relief, while also minimizing the traumatic impact of this process on the survivor. An extensive body of literature addresses memory among survivors of trauma who are applying for asylum or immigration relief. The following is a selection of some of these resources.

While many of these research studies examine the impact of trauma on the memory of asylum applicants and/or the accuracy of their memories, the findings are, of course, relevant to a wide range of trauma survivors, including those who may be involved in custody or order of protection cases.

Asylum Claims and Memory of Trauma: Sharing our Knowledge

Citation: Jane Herlihy & Stuart W. Turner, *Asylum Claims and Memory of Trauma: Sharing Our Knowledge*, 191 BRITISH J. PSYCHIATRY 3 (2007).

The full text of this article is available at:

<http://bjp.rcpsych.org/content/191/1/3.full-text.pdf+html>

Abstract: Asylum cases are made difficult by the absence of a body of objective evidence. Psychiatrists and psychologists have a breadth of knowledge relating to the memory of trauma, which could help to inform the asylum process, but we need to investigate how to apply this knowledge and how to make it accessible to decision makers.

Memory and Its Implications for Asylum Decisions

Citation: Jessica Chaudhary, *Memory and Its Implications for Asylum Decisions*, 6 J. HEALTH & BIOMEDICAL L. 37 (2010).

The full text of this article is available at:

<http://suffolk.edu/documents/Law%20Journal%20of%20H%20and%20B/Chaudhary-37-63.pdf>

Excerpt: “The determination of whether an individual's circumstances merit the granting of asylum status is a challenging decision. An adjudicator often relies on intangible evidence, the applicant's story, and limited documentation. This story can be filled with numerous inconsistencies and omissions, leaving an adjudicator inevitably questioning the veracity of the applicant's story. Because there is often minimal physical evidence to support an applicant's claim, what is left is the individual's recollection of the events, upon which the approval of asylum hinges. These events can be traumatic, and the consequences of witnessing the traumatic events, or experiencing unspeakable abuses, can lead to psychiatric disorders as well as difficulties in recall.

Inconsistencies in memory do not necessarily equate to willful misrepresentation, and must be considered carefully in the context of the applicant's entire story. The study of memory is extremely complicated, and while this paper will not address every condition that could lead to impairments in memory, it will discuss common misperceptions about

memory as well as the role of common psychiatric diseases in memory impairments. Further, this paper hopes to be of assistance to attorneys representing clients seeking asylum and triers of fact adjudicating asylum cases.”

Credibility of Asylum Claims: Consistency and Accuracy of Autobiographical Memory Reports Following Trauma

Citation: Amina Memon, *Credibility Of Asylum Claims: Consistency And Accuracy Of Autobiographical Memory Reports Following Trauma* *Credibility Of Asylum Claims: Consistency And Accuracy Of Autobiographical Memory Reports Following Trauma*, 25 APPLIED COGNITIVE PSYCHOL. 677 (2012).

The full text of this article is available at:

<http://www.pc.rhul.ac.uk/sites/rheg/wp-content/uploads/2011/05/Memon-2012.pdf>

Abstract: [This article appears in a collection in which the editors] review the literature on the characteristics of autobiographical memory in asylum seekers who are presenting evidence of their traumatic experiences in the immigration courts with a view to finding a safe haven. In this commentary, [Memon] briefly discuss[es] how the quality of the memory report may influence reliability and credibility judgements in individuals whose memories may be subject to post-traumatic stress disorder.

Cultural Differences in Specificity of Autobiographical Memories: Implications for Asylum Decisions

Citation: Laura Jobson, *Cultural Differences in Specificity of Autobiographical Memories: Implications for Asylum Decisions*, 16 *Psychiatry, Psychol. & L.* 453 (2009).

Abstract: Current knowledge about cultural differences in the trauma autobiographical memory is limited. Such a limitation reduces the body of empirical evidence that can be drawn upon to inform decisions about asylum. The objective of this study was to explore the impact of cultural differences in self-construal on the specificity of autobiographical memories. Research participants from independent and interdependent cultures were asked to provide autobiographical memories of everyday events, trauma

events and self-defining memories. Those from independent cultures consistently provided more specific autobiographical memories than those from interdependent cultures. The findings indicate that specificity has an essential role in enhancing the dominant self-focus and needs to be considered when deeming a memory as credible.

Just Tell Us What Happened to You: Autobiographical Memory and Seeking Asylum

Citation: Jane Herlihy, et al., *Just Tell Us What Happened to You: Autobiographical Memory and Seeking Asylum*. 26 APPLIED COGNITIVE PSYCHOL. 661 (2012).

The full text of this article is available at:

<http://cseel.org.uk/assets/images/resources/herlihy-jobson-turner-2012-acp/Just-Tell-Us-pre-print.pdf>

Abstract: When someone flees their country and seeks the protection of another state, they usually have to describe what happened to make them afraid to return. This task requires many psychological processes, a key one being autobiographical memory. Memory for events of a specific time and place in one's personal past is the subject of a huge literature, much of it showing that recall is vulnerable to distortions and biases. We review selected areas of this literature, shedding light on some of the processes at work when someone seeks to be recognised as a refugee—in particular, the effects of emotion, including emotional disorder. We then turn to the differing types of memory styles seen in different cultures. Crucial to this area, we briefly examine the current literature on deception. Finally, we draw on the reviewed literature to present conclusions about the reliance on autobiographical memories in the asylum process.

Overgeneral memory in asylum seekers and refugees

Citation: Belinda Graham, et al., *Overgeneral Memory in Asylum Seekers and Refugees*, 45 J. BEHAVIOR THERAPY & EXPERIMENTAL PSYCHIATRY 375 (2014).

This article is available at:

<http://cseel.org.uk/assets/images/resources/graham-herlihy-brewin-2014-jbtep/graham-herlihy-brewin-overgeneral-memory.pdf>

Abstract: Studies in western samples have shown that post-traumatic stress disorder (PTSD) and depression are associated with overgeneral autobiographical memory retrieval. This study assesses whether this association extends to asylum seekers and refugees from diverse cultural backgrounds. We discuss implications for those providing testimony of their experiences when seeking asylum. Method: 38 asylum seekers and refugees were recruited through clinics and community groups. Clinical interviews assessed PTSD and depression and participants completed a test of autobiographical memory specificity. Results: When accounting for omissions, participants with PTSD and depression recalled a lower proportion of specific memories. Those with PTSD also failed more frequently to report any memory. Limitations: The sample did not permit separate evaluation of the effects of PTSD and depression on specificity. Conclusions: Lower memory specificity observed in people experiencing PTSD and depression in western populations extends to asylum seekers and refugees from diverse cultural backgrounds. This study adds to the literature suggesting that being recognised as a refugee fleeing persecution is more difficult for those with post-traumatic symptoms and depression.

Symptoms of Trauma Among Political Asylum Applicants: Don't Be Fooled

Citation: Stuart L. Lustig. *Symptoms of Trauma among Political Asylum Applicants: Don't Be Fooled*, 31 HASTINGS INT'L & COMP. L. REV. 725 (2008).

Abstract: In summary, trauma is a common response to events perceived as life threatening, with associated neurobiological abnormalities. PTSD often is prevalent among asylum seekers. Symptoms include nightmares, flashbacks, intrusive memories, avoidance of triggers, numbing, hyperarousal, hypervigilance, and dissociation. Unfortunately for asylum applicants, their credibility in the courtroom may be undermined unless Immigration Judges and Asylum Officers are aware that trauma compromises consistent memories of the event, that avoidance of trigger-related stress or cultural factors such as shame may decrease their willingness or ability to disclose what has happened to them, and that PTSD symptoms do not affect daily activities in which memories of the trauma are not evoked. Eye contact is variable among cultures and may be diminished or absent in asylum applicants. Malingering (faking of illness) is usually easy to detect by psychiatric clinicians, but seldom occurs in this population.

Adjudicators who keep in mind these signs of trauma will be less likely to wrongly conclude that an applicant lacks credibility when in fact he or she is suffering from a psychiatric disorder directly attributable to the trauma(s) in question.

Representing Trauma: Political Asylum Narrative

Citation: Amy Shuman & Carol Bohmer, *Representing Trauma: Political Asylum Narrative*, 117 J. AM. FOLKLORE 394 (2004).

Abstract: The trauma narratives told by refugees in their appeal for asylum status in the United States are culturally constructed, based not only on local cultural discourses for talking about grief, tragedy, struggle, and displacement, but also on the legal and bureaucratic cultures of the Bureau of Citizenship and Immigration Services (B.C.I.S.). On the basis of interviews with asylum seekers and with immigration lawyers and B.C.I.S. officials, we discuss the cultural obstacles of the asylum application process.