



# ATIXA POSITION STATEMENT

## TRAUMA-INFORMED TRAINING AND THE NEUROBIOLOGY OF TRAUMA

### ABOUT ATIXA

---

*Founded in 2011, ATIXA is the nation's only membership association dedicated solely to Title IX compliance and supports our over 3,000 administrator members who hold Title IX responsibilities in schools and colleges. ATIXA is the leading provider of Title IX training and certification in the U.S., having certified more than 4,000 Title IX Coordinators and more than 10,000 Title IX investigators since 2011. ATIXA releases position statements on matters of import to our members and the field, as authorized by the ATIXA Board of Advisors. For more information, visit [www.atixa.org](http://www.atixa.org).*

---

ATIXA has, at times, issued position statements when we see an unhealthy direction in the field in the hope that our position can offer some level of correction. With this statement, ATIXA wishes to reiterate the value of being trauma-informed in our sexual misconduct interview techniques<sup>1</sup>, but encourages our members and the field to avoid the use of information on the neurobiology of trauma to substitute for evidence.

A well-known, though now out-of-print, treatise on sexual trauma, which has been incorporated into the sexual misconduct training manuals of various colleges and universities, states:

“Trauma leaves tracks on its victims. It is very difficult to fake or ‘act’ the sorts of symptoms [of trauma]. When someone displays these symptoms, this alone is evidence that they have been victimized.”<sup>2</sup>

Quotes like the one above, and continued use of materials like this in training, show why now is one of the times a position statement is needed. Proffered as truth that a mere claim of trauma is proof of assault, this quote should be troubling to any rational mind. To assert that trauma cannot be faked is as flagrantly false a claim as asserting that trauma is proof of

---

<sup>1</sup> There is nothing inherently wrong or biased about being trauma-informed. Putting an interviewee at ease is the best way to learn what they know. Best practices for trauma-informed interview practices can be found in ATIXA's Investigation in a Box Kit: <https://atixa.org/products-and-services/investigation-in-a-box/>

<sup>2</sup> The citation for this article is intentionally omitted. It is out-of-print and there is no desire by ATIXA to subject specific authors or practitioners to condemnation for well-intentioned materials that no longer withstand modern scrutiny.

---

assault.<sup>3</sup> Individuals can fake sleep disorders, nightmares, heightened arousal, trust issues, triggering, and more.<sup>4</sup> Today, trauma is a buzzword. Anyone can be “traumatized” by an experience – especially a negative one – but ATIXA is using “trauma” in this position statement as a term of art, referring to a set of autonomic, neurological responses to the brain’s perception of an existential threat.

ATIXA knows that sexual trauma is a controversial topic, and that our position on it is controversial as well. Similarly, Emily Yoffe did not win many friends for her critical piece on the topic in *The Atlantic* in 2017, but ATIXA believes her points needed to be made.<sup>5</sup> Yoffe leads with the thesis that “Neurobiology of Trauma” is junk science. ATIXA does not fully agree, but we do worry that application of the knowledge obtained by practitioners in our field has gotten way ahead of the actual science, that the body of knowledge is being misapplied, and that some purveyors of this knowledge are politically motivated to extrapolate well beyond any reasonable empirical conclusions currently supported by the science.

#### ATIXA’s Trauma-Informed Thesis

We offer an alternative thesis: The field needs to incorporate trauma-informed investigation and interviewing methods into its best practices provided that they do not compromise the ability to obtain credible, relevant evidence; however, the “Neurobiology of Trauma” should not significantly influence the way that colleges and schools evaluate evidence. The quote above demonstrates how improper use of trauma-informed methods turns trauma into evidence, which *is* junk science and goes way too far.

#### The Neurobiology of Trauma

ATIXA hosted Rebecca Campbell, a leading presenter on the “Neurobiology of Trauma,” as a Keynote Speaker at its 2015 conference. Our members need to be well-informed about and participate in the debate surrounding the topic of “Neurobiology of Trauma,” which is one of the reasons why we invited Dr. Campbell. But, it is important to recognize that some of the

---

<sup>3</sup> It also creates a problem for the inverse, as the lack of evidence of trauma does not disprove an assault. Survey data shows that roughly one third of individuals who have experienced sexual assault experience posttraumatic stress disorder. <https://mainweb-v.musc.edu/vawprevention/research/mentalimpact.shtml>

<sup>4</sup> We are not suggesting someone would do so, just poking holes in the assumption that doing so would be difficult.

<sup>5</sup> <https://www.theatlantic.com/education/archive/2017/09/the-bad-science-behind-campus-response-to-sexual-assault/539211/>

researchers on whose work trauma-informed experts base their presentations do not think the research necessarily supports the inferences that Campbell and others make.<sup>6</sup>

ATIXA thinks the research may one day support many of the contentions that Campbell and others make about trauma, but Yoffe's critique is correct in this respect; much of what people think they now know about trauma is far more conjectural than empirical. Maybe one day the neuroscience will prove a number of theories, but to do so, we will need to move from studies of rats in labs to subjecting a recently assaulted person to an fMRI<sup>7</sup> to verify what is happening within their brain in the immediate aftermath of trauma<sup>8</sup>, which would have many ethical and logistical challenges.

In light of the foregoing limitations, many practitioners currently extrapolate from other neuroscience experiments. True extrapolation is fine, but we should not mythologize. For example, the website of the National Center for State Courts (NCSC) published this sweeping statement:

Most of the research on the neurobiology of sexual assault is on adult survivors of childhood assaults.<sup>9</sup>

In reality, however, the research on the neurobiology of brain response in the immediate aftermath of sexual assault is not actually conducted on humans, for the ethical reasons stated above.<sup>10</sup> Psychosocial research is conducted on humans, including studies of latent PTSD occurrence.<sup>11</sup> These studies attempt to explain how brain development is affected or impeded later in life by earlier trauma, or how stories about trauma impact brain chemistry. To understand that, however, you also have to study the brain prior to the traumatic event to know how it changed post-trauma. It is important not to confuse studies of the long-term effects of PTSD with studies of the neurobiology of trauma in the immediate aftermath of sexual assault.

---

<sup>6</sup> <https://www.theatlantic.com/education/archive/2017/09/the-bad-science-behind-campus-response-to-sexual-assault/539211/>

<sup>7</sup> [https://en.wikipedia.org/wiki/Functional\\_magnetic\\_resonance\\_imaging](https://en.wikipedia.org/wiki/Functional_magnetic_resonance_imaging)

<sup>8</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3142267/>

<sup>9</sup> <https://www.ncsc.org/microsites/trends/home/Monthly-Trends-Articles/2017/What-Judges-Need-to-Know-About-the-Neurobiology-of-Sexual-Assault.aspx>

<sup>10</sup> Though there are simulation studies. <https://www.ncbi.nlm.nih.gov/pubmed/21693167>

<sup>11</sup> [https://www.jimhopper.com/pdf/hopper et al \(2007\) neural correlates of reexp avoid di ssoc in ptsd.pdf](https://www.jimhopper.com/pdf/hopper%20et%20al%20(2007)%20neural%20correlates%20of%20reexp%20avoid%20di%20ssoc%20in%20ptsd.pdf)

The NCSC article then goes on to cite psychologists who have extrapolated from neuroscience studies as if the psychologists were the conductors of those studies themselves, a common and repeated mistake in the mythologizing of trauma studies. The article further instructs judges that:

Victim's stories may change over time due to encoding and sequencing deficits brought on by the release of hormones in the body.<sup>12</sup>

Using a study of lab rats to reach any conclusion about the story of a victim of sexual assault is troubling. While the above quote is arguably a viable theory, it is presented here to judges as fact, which is inherently problematic. Do rats tell stories? Do they experience sexual assault? With all due respect to *The Wind in the Willows* or *Ratatouille*, if a rat told a story, how would you know whether it was out of sequence? Consider what a great leap and how many assumptions must have been made to extrapolate traumatic effects of memory sequencing on rats to how a victim of sexual assault recounts an incident. Sure, there is science behind these ideas, but they are not empirical conclusions.

### Let's Take a Collective Step Back

The field of those who do Title IX-related work has, to some extent, gotten ahead of the science. A corrective – and collective – step back is needed. Campbell and others are used as training sources and cited as gospel. They are interesting to hear and definitely worth our time and thought, but they are perhaps like Copernicus, who asserted the Earth revolved around the sun long before there was any proof that it actually did. If you listened to Copernicus in 1514 and decided as a result that heliocentrism was true, you were working off of theory at the time, not empirical science. It would be another 50 years before Kepler and Galileo elevated that theory to an observable working hypothesis. With our current level of neuroscientific understandings of trauma, we essentially are in 1514, and we have a lot of brilliant Copernicans around, but it will be another 50 years until we get to Galileo. The Copernicans were not wrong, they just were not yet able to prove what they believed. Similarly, Campbell might be right on the money, but in the work that we do *now*, we cannot consider or rely on Campbell's assertions as fact.

---

<sup>12</sup> But see Jim Hopper's assertion that this really only happens with peripheral, not key details on an incident, a point also made strongly in the Yoffe article:  
[https://www.jimhopper.com/pdfs/Handout for Interviewers.pdf](https://www.jimhopper.com/pdfs/Handout%20for%20Interviewers.pdf)

### A Nascent Body of Knowledge

The truth is that we understand perhaps 1/100<sup>th</sup> of 1% of what we need to know and may someday understand about how the brain responds to trauma. With such a nascent body of knowledge, most conclusions are premature. It is irresponsible to attribute much about how we interpret evidence to existing neuroscientific understandings of trauma except to correlate scrambled memory encoding and retrieval with life-threatening incidents, and to see that fight/flight/freeze may be common reactions to such incidents. That is about it. Anything more than that is really theory, thus far unsupported by conclusive evidence.

We need to accept that what we do not know and understand about trauma far outweighs what we do, which makes the application of the body of knowledge premature. For example, many practitioners believe in and have seen trauma transference, the imprinting of a past trauma on a present experience by the victim. While many of us who conduct investigations believe this occurs – because we have seen evidence of it time and again – there is no empirical support for this phenomenon. Similarly, those who investigate can correlate fight/flight/freeze with particular types of incidents. Fight often pairs with intimate partner violence; flight with stalking; and freeze with sexual violence. But, there is no research to prove this observed commonality, why it is a commonality, or what causes it.

### The Mysteries of Traumatic Response

The questions prompted by gaps in the literature and research are significant. For example, if a victim is passed out and incapacitated during a sexually violent attack, why do they experience trauma as if their brain had consciously perceived the attack like they were awake? We do not know why. Why does someone experience a re-triggering of the flood of hormones that occurs during fight/flight/freeze responses simply by recounting an incident, hearing a song, or smelling a certain scent? We cannot be sure they do, but if they do, we do not have more than theories about what re-triggering is or how it works. We do not understand the mechanism by which someone who believes they were assaulted – but was not – appears to experience trauma no differently than someone who was in fact assaulted. While we have seen this occur, we do not understand how, or why.

### Moving Forward?

So, where does that leave us? It leaves us being trauma-informed in our investigations without allowing trauma to unduly influence our interpretation of evidence. There are groups, such as

SAVE Services, that are attacking trauma-informed investigation practice.<sup>13</sup> They fail to make the important distinction between practices that help an impacted party retrieve memory and avoid gratuitous re-triggering (the goals of trauma-informed methods) and those practices that rely on neurobiological theories to influence the interpretation of evidence. The former is a best practice, the latter is not.

### Managing the Risk of Biased Trainings

Since 2012, more than 500 lawsuits have been filed against colleges by accused students and employees, most alleging bias. While much has been written about these lawsuits – including by ATIXA – wise administrators are vetting their training materials for potential indications of bias to ensure the best possible defense to a claim of a biased resolution process.

That kind of housecleaning is essential, but so is careful vetting of those serving on panels and in decision-making roles, to assure their neutrality and objectivity. How will courts assess bias if an institution has impartial training materials, but then pays for investigators or decision-makers to attend biased or biasing training, such as those often offered by local crisis centers and agencies, FETI trainings<sup>14</sup>, or other trauma-informed investigation trainings?

Here is what the US Air Force concluded when it evaluated FETI in 2015:

Given the lack of empirical evidence on FETI's effectiveness, and the large number of investigative, professional and scientific concerns regarding FETI and FETI training, the Air Force does not consider FETI as a viable option for investigative interviewing. We believe it would be inappropriate and irresponsible to discontinue the use of a robust, well-studied, effective, and empirically-validated interviewing method that is supported by the latest scientific research (the Cognitive Interview), in favor of an interviewing method that is loosely-constructed, is based on flawed science, makes unfounded claims about its effectiveness, and has never once been tested, studied, researched or validated (FETI).<sup>15</sup>

To be clear, ATIXA is not suggesting that you forego trauma training, but that you balance your trainings, or, better yet, obtain training from a balanced source. You may choose a training program underwritten by a federal grant, but that does not assure it is free from trauma-

---

<sup>13</sup> <http://www.saveservices.org/camp/sbb/>

<sup>14</sup> See generally <https://www.certifiedfeti.com>, and <https://smithforensic.blogspot.com/2018/07/feti-forensic-experiential-trauma.html>

<sup>15</sup> <http://www.prosecutorintegrity.org/wp-content/uploads/2019/03/AIR-FORCE-FETI-STUDY.pdf>

influenced political slant. You need to assess whether you can afford to have a non-empirical, biased training on your resume in this age of litigation.

### How Trauma Can and Should be Used to Contextualize Evidence

Trauma can impact consistency. Recognizing that an incident may have triggered a trauma-based response makes the inconsistency understandable, but it does not excuse the inconsistency. Put succinctly, the presence of trauma is not a substitute for the absence of evidence. Those who experience trauma may provide varying or inconsistent accounts or have material memory gaps. Missing information should not be held against someone, if it is missing as the result of trauma, but trauma itself does not provide a rationale for bolstering credibility in the absence of evidence. This should not be viewed as a value judgment, or as victim-blaming; it is an unbiased assessment of the consistency of the information.

As an example, credibility can be assessed on a scale of 1-100, with the most credible evidence being a 100, and the least credible being of zero value. Let's suppose a reporting party has a credibility score of 40 out of 100 based on the known evidence. They would likely have a score above 50 (more credible than not) if they could fully recall the details of what happened, but they cannot. We think that trauma – but we cannot empirically know – is the reason why, but they are still at 40 on the scale because of what they could, and could not, recall. We don't give them an extra 11 points just to reach a preponderance and chalk it up to trauma, but neither do we subtract points for lack of recall. It is equally important not to subtract points as the result of trauma. We cannot – and should not – simply disbelieve a reporting party because their account is inconsistent (all memory is somewhat inconsistent), because they delay reporting to officials, or experiences gaps in recall that are common to traumatic experiences. The reporting party can provide what they can provide, and that has indicia of credibility or it does not. To approach it otherwise allows trauma to be an inappropriate weight tipping the scale, and to advantage or disadvantage (rather than explain) the absence of evidence.

### Conclusion

In summary, we are on the trauma learning curve, and need to be cautious of making premature conclusions. We need to wait for this body of knowledge to mature and ripen. Perhaps the effective tools of measurement have not been invented yet. Regardless, for now, we need to aim to implement reputable trauma-informed investigation and interviewing practices and techniques. You will find many of them detailed in version 2.0 of the *ATIXA Investigation in a Box Kit*, which will be released in the fall of 2019. At the same time, we need to resist biased and biasing trainings and the temptation to allow evidence to be influenced by conclusions about the neurobiology of trauma that are not empirically-supported.

*This position statement has been ratified by the ATIXA Board of Advisors, August 16<sup>th</sup>, 2019.*