

# Sexual Offense Trauma-Informed Victim Response Training Standards

Established pursuant to NY Executive Law §838-a Section 3(a)

NYS Executive Law §838-a Section 3(a) requires each police agency, prosecutorial agency and other law enforcement agency within New York State to designate at least one person, who is trained in trauma and victim response that meets the minimum trainings standards outlined in this document.

In addition to the standards discussed below, the Municipal Police Training Council has developed a best practices [Sexual Offense Evidence Kit Model Policy](#) to provide guidance to law enforcement agencies in developing victim-focused written procedures for the collection, submission, notification, and disposal of Sexual Offense Evidence Kits.

DCJS with the endorsement of the MPTC sets forth the following training standards in compliance with the Executive Law requirements. All training for law enforcement personnel designated to be trained on trauma-informed response must include but not be limited to: a definition of trauma and its effects on the brain; and application of victim centered trauma informed principles during an investigation and interview. The topics and standards are discussed in more detail below.

## **Training Standards**

### **I. Definition of Trauma**

- a. An event that combines fear, horror, or terror with actual or perceived lack of control and represents a fundamental threat to one's physical integrity or survival. Results from event, series of events or set of circumstances.
- b. Trauma physically changes an individual's brain, triggers the release of chemicals that influence memory, perception, reaction, and distorts time or distance.
- c. Common signs and symptoms of trauma

### **II. Neurobiology of the Brain**

- a. Brain function – automatic responses to trauma/sexual assault  
Survival Reflexes to trauma
  - i. Dissociation – coping mechanism that disconnects victim from incident – victim non-responsive, doesn't experience pain of assault
  - ii. Tonic Immobility – being unable to move or speak – victim "present" for assault
  - iii. Collapsed Immobility – decreased heart rate and blood pressure – causes passing out/faintness – victim not understanding what occurred
- b. Trauma, Attention and Memory
  - i. Brain "focuses" on details that allow the victim to survive and cope with the threat when trauma occurs

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- ii. Failure to remember specific details about assault
- iii. Details not associated with survival likely not to encode into memory, i.e. time, distance, perception and reaction

### **III. Application of Trauma Informed Principles**

- a. Interaction/Interview with Victim
  - i. Supporting immediate and long-term recovery of victim through empathy, patience and respectfulness
  - ii. Identifying an interview location taking into consideration physical space and surroundings (NYS Executive Law §642)
  - iii. Victim option to have victim advocate or others present, considerations and potential discovery implications when a Victim Advocate or other is present during an interview (NYS Executive Law §642)
  - iv. Establishing rapport – establish common language, avoid leading questions, use open ended questions, avoid blaming language and tone
  - v. Encouraging victim to give statement in their own words uninterrupted.
  - vi. Seeking additional details using trauma informed questions after uninterrupted narrative
- b. Trauma Informed Questions
  - i. Focusing on sensory information (sight, smell, etc.)
  - ii. Painting the picture (i.e., What are you able to tell me about your experience? Help me understand your thoughts when..., Tell me more about...)
  - iii. Explaining questions to eliminate misconceptions
- c. Areas of caution during the interview which could affect victim's account of the event:
  - i. Interruption
  - ii. Leading/Assumptive questions
  - iii. Why questions
  - iv. Confrontational questions
  - v. Yes/no questions, choice questions
  - vi. Compound questions
  - vii. Paraphrasing, rephrasing or repeating
  - viii. Sequencing
  - ix. Minimizing
  - x. Sharing personal information, advice or opinions

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- d. Closing the interview
  - i. Address concerns and questions
  - ii. Inform victim it is normal to recall additional information and to contact interviewer when this occurs
  - iii. Explore potential barriers for future engagement
  - iv. Inquire as to victim's desire for updates, the extent of updates to be provided, and the preferred means of communicating updates