

# Advocating for Survivors of Trauma:



# Practice Tips for Attorneys

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# Our Speakers Today



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# Agenda

- “Trauma 101”
  - Definitions
  - Causation
  - Effects
  - Biological Responses
- Strategies for Trauma-Informed Legal Advocacy

# Understanding and Recognizing How Trauma Impacts Clients

# What is Trauma?

- A serious injury or shock to the body, as from violence or an accident.
- An emotional wound or shock that creates substantial, lasting damage to psychological development.
- An event or situation that causes great distress and disruption.

# What Causes Trauma?

- **The most obvious examples:**
  - Exposure to violence, including physical abuse, sexual assault.
  - Exposure to accidents, natural disasters, etc.
- **What else can cause trauma?**
  - Discrimination based on internal characteristics, living in or in proximity to poverty, systemic neglect/betrayal.
  - This includes exposure to the criminal legal system, including attorneys!

# Common Reactions to Trauma

- Shock, anger, nervousness, fear, guilt, anxiety, and inability to concentrate.
- These symptoms typically reduce over time.
- If symptoms do not reduce one month after the traumatic event, this may indicate the development of Post-Traumatic Stress Disorder (PTSD).

# What Can Trauma “Look Like” When Working with a Client?

Lack of Emotion / Flat Affect	Anxiety & Panic	Irritable/ Argumentative	Difficulty Concentrating
Depression/ Sadness	Hypervigilance	Intrusive Thoughts and/or Flashbacks	Compromised Memory
Dissociation	Emotional Numbness and Mood Swings	Self-Medicating Behaviors	Compromised Decision Making



An Essential Question to Consider...

What if There is Nothing “Post”  
About a Client’s Post-Traumatic  
Stress Disorder?



# Complex Trauma

- Trauma occurs along a continuum from singular to chronic.
- Complex trauma commonly results from extended exposure to trauma.
- Complex trauma is associated with an increase in symptoms both in number and severity, as well as in type.

## Symptoms of Complex Trauma:

- Inability to regulate emotions/self-destructive impulses.
- Amnesia and dissociation.
- Chronic guilt/intense shame.
- Trauma bonding.
- Intense difficulties with trust and intimacy.
- Attempts at self-medication.

# Complex Trauma and the Brain

HOW CHRONIC  
**STRESS**  
AFFECTS YOUR  
**BRAIN**



# Biology of Trauma

Trauma has emotional, psychological, behavioral, and neurobiological impacts.

This includes the ability to:

- Process and regulate emotions.
- Associate consequences with actions.
- Problem solve.
- Experience empathy.
- Experience typical memory function.



# Trauma and Memory

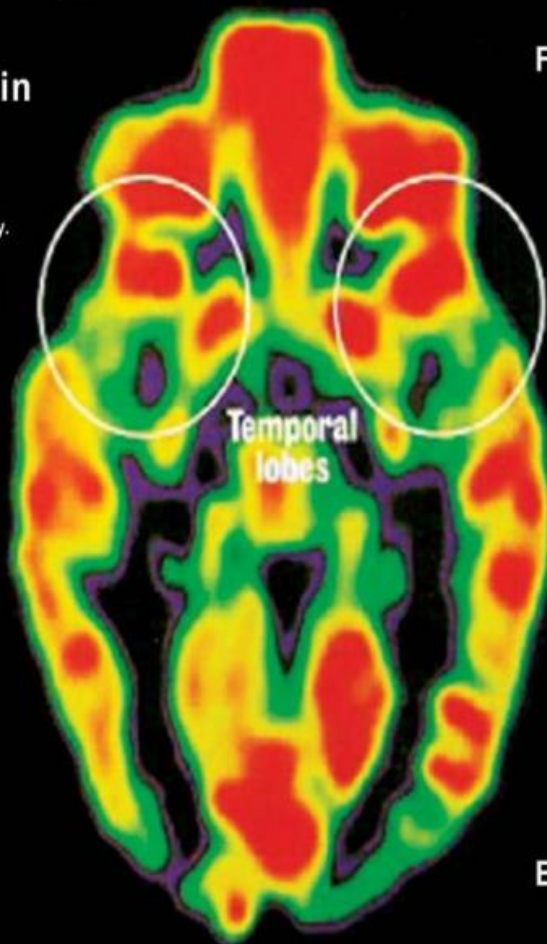
- Trauma can damage the hippocampus, which is the area of the brain responsible for memory storage and retrieval.
- Traumatized brains may not process or store memories in the same way as non-traumatized brains.

## Best Practice Tips:

- Remember that survivors may not tell their stories in a linear way.
- Use orienting dates and events to help organize memories.
- If conflicting info is presented, highlight the need to sort through it as a part of helping the survivor sort out the facts, so they do not feel as if you think they are lying.

## Healthy Brain

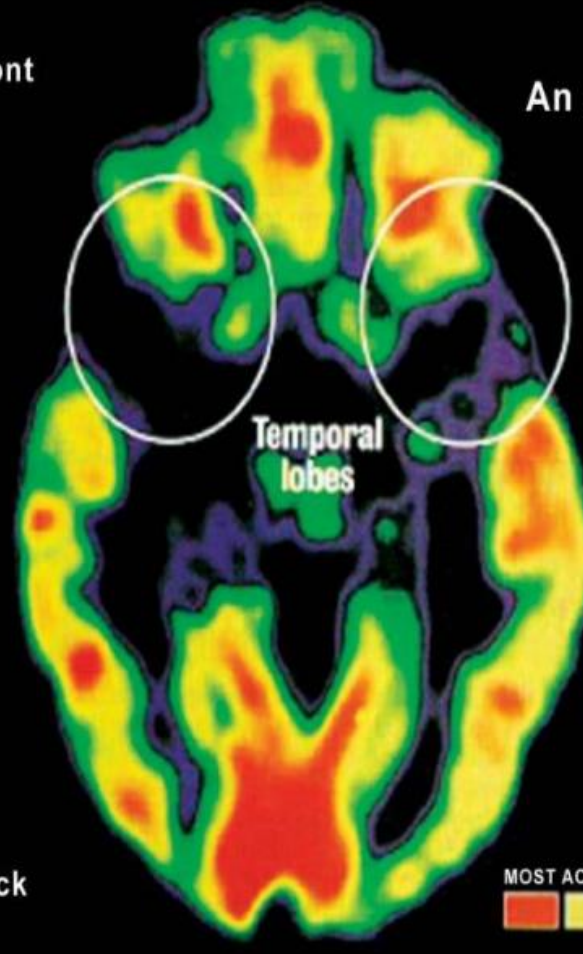
This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.



Front

## An Abused Brain

This PET scan of the brain of a Romanian Orphan, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.



MOST ACTIVE    LEAST ACTIVE

# Common Client Reactions to Trauma

- Return of/increase in active mental health symptoms.
- Flat or labile affect.
- Highly emotional, hostile, or angry.
- Avoidance of appointments, court dates, etc.
- Forgetful of important details or dates.
- Negative behaviors directed toward attorney.
- Significant distrust of law enforcement or service providers.
- Normalization of trauma and exploitation.

# Common Reactions To Traumatized People

- Labeled “treatment-resistant” or “difficult.”
- Assumption of untruthfulness and/or potentially re-offending.
- Harsher punishments/sentences.
- Seen only as a collection of symptoms rather than a person who is struggling.



# Strategies for Trauma-Informed Legal Advocacy

# What Does Being Trauma-Informed Mean?

## Being Trauma-Informed Means:

- Asking “What happened to her?” vs. “What’s wrong with her?”
- Understanding self-destructive behaviors (self-injury, substance dependence, aggression, chronic inaction, etc.) as attempts to cope with past trauma rather than as character flaws.

**Excuse vs. Explanation...?**

**Transparency**

**Predictability**

**Patience**

**Basic Elements of  
Trauma-Informed  
Lawyering**

**Client Control**

**Proactive  
Support**

**Reliability**

# Trauma-Informed Interviewing: Triggers

## Anticipating Triggers:

- Offer options in the physical space.
- Be sensitive to the number/gender of the people in the room.
- Offer comforting things in the room.
- Explain things in advance.
- Clarify support system availability/plan for what to do if support is needed.
- Offer breaks.
- Use open body language.
- Be considerate with notetaking.

# Trauma-Informed Interviewing: Triggers

## Responding to Triggers:

- Notice/validate the survivor's feelings through active listening.
- Provide basic psychoeducation on trauma responses.
- Ask what would help:
  - “Would you like a moment to yourself/take a bathroom break/visit with your sister in the waiting room?”
- Help them get grounded in the present:
  - “I like your shoes. Are they comfortable?”
  - “Is it hard for you to focus on these questions? Some people say that just taking a minute to notice yourself breathing in and out is helpful.”

# Do's & Dont's when Working with Survivors

## DO:

- Understand that trauma manifests itself in many different ways, and that there is no “right” way to be a victim.
- Understand that structural forms of oppression (poverty, racism, transphobia, etc.) can be as deeply traumatizing as a traumatic event.
- Remember that the survivor’s trafficking experience may not be the most painful thing they’ve experienced.
- Pay close attention to the phrasing of your questions.
- Maintain healthy boundaries.

## DON'T:

- Have overly visible reactions to the information your client shares.
- Ask any questions that you don’t have a legal basis for.
- Label the survivor or pathologize their experiences.
- Assume that the survivor views their trafficker negatively or that the survivor’s trafficking experience was entirely negative.
- Behave or use language in a way that reinforces the survivor’s shame.
- Chastise survivors who have difficulties maintaining contact or keeping appointments.

# Case Strategies

- Consider using social workers, mitigation specialists, and experts to construct a client's story.
- Address common victim-blaming narratives.
- Humanize your client by allowing courtroom actors to see, hear, sense, and feel the client's traumatic experiences.
- Help courtroom actors understand that trauma has real, measurable neuropsychological consequences.
- Educate that substance abuse is not a character flaw, but often an attempt to self-medicate trauma symptoms and other mental health concerns.

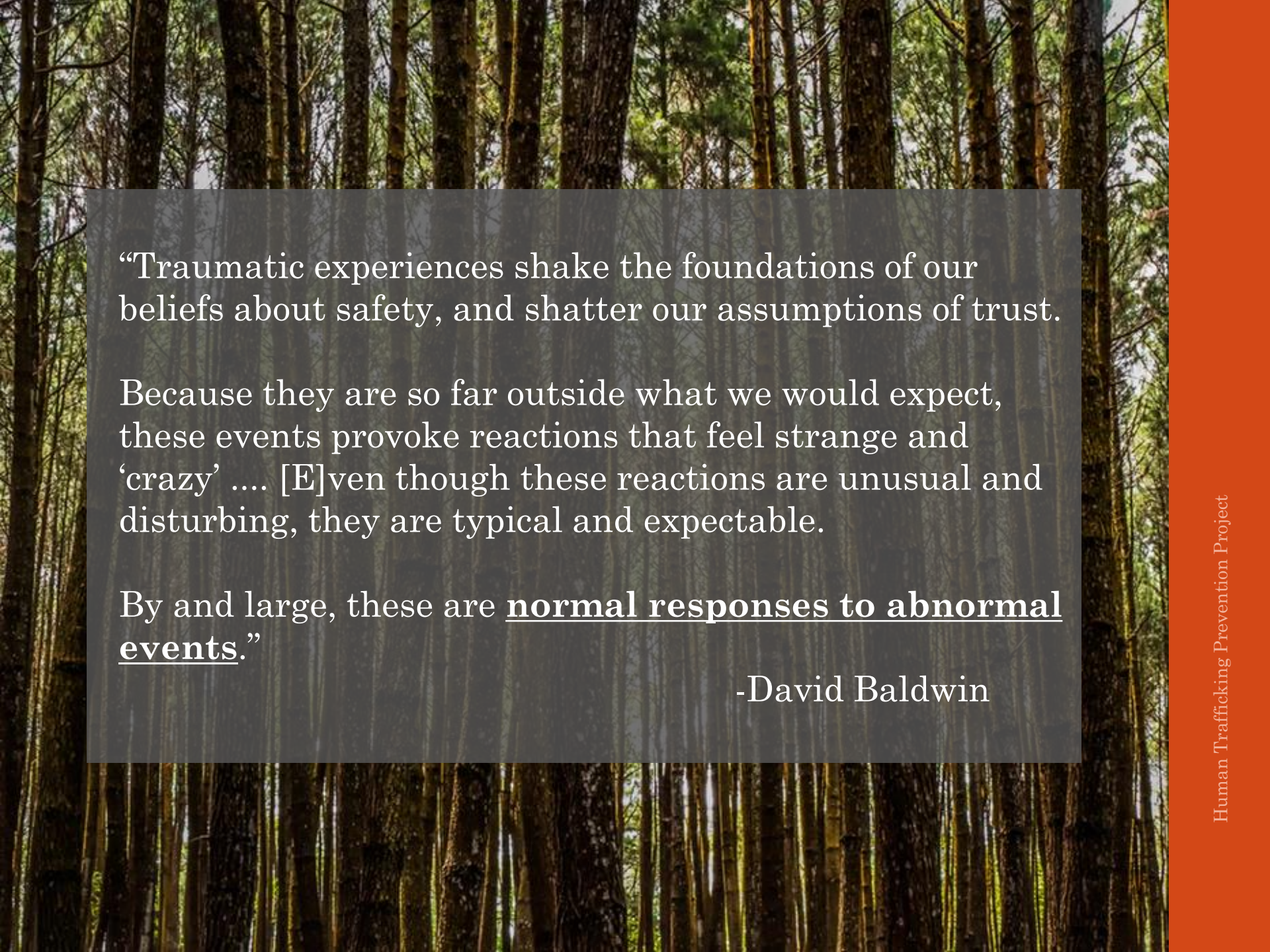
# Vicarious Trauma

Stems from exposure to the pain, fear, and trauma of others. It is different from burnout!

Symptoms may mirror those of traumatized clients:

- Behaviors including exhaustion, anger, and irritability.
- Interpersonal relationships may be impacted.
- Job performance may suffer through tardiness, decreased work quality, and avoidance of work with traumatized clients.
- Personal values and beliefs may be impacted by the development of feelings of apathy, detachment or hopelessness.
- Worldview and sense of purpose may be compromised.





“Traumatic experiences shake the foundations of our beliefs about safety, and shatter our assumptions of trust.

Because they are so far outside what we would expect, these events provoke reactions that feel strange and ‘crazy’ .... [E]ven though these reactions are unusual and disturbing, they are typical and expectable.

By and large, these are normal responses to abnormal events.”

-David Baldwin

# Tell us what you think in our post-webinar survey!



# Thank you!

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