Brain-based Effects: Vulnerability and Needs
• Whether reporting a recent sexual assault or one from long ago, the person is very vulnerable.
• They may be tormented by memories and reminders, emotionally ‘shut down’ and ‘numbed out’, or cycling between these extremes. **Be careful not to judge credibility based on emotional state.**
• Many symptoms and problems are **attempts to cope.** These include using substances — which may be attempts to escape terrible memories, anxiety, etc. — and compulsive or risky sexual behaviors, which may be attempts to gain a sense of mastery and control over one’s sexual experiences.
• Having to talk about the assault can feel like having one’s ‘defenses’ battered down. This can cause difficulties in recalling — even when sincerely trying — parts of the assault experience that are particularly disturbing, or about which one feels ashamed. Or, after disclosing such things, they may feel like they did during the assault: violated, overwhelmed and re-traumatized.
• **Most important needs: safety, control, trust, understanding, and compassion.** Find ways to meet these needs within the boundaries of your role, including allowing them to recount what they remember first as an interrupted narrative, then asking (non-leading) follow-up questions. Even simple options and choices, like whether they want a drink, or when to take breaks, can help a lot — improving cooperation and results.

Brain-based Effects: Fear Circuitry in Control, Prefrontal Cortex Impaired, Running on Habits and Reflexes
• If someone is being sexually assaulted, as long as the person is conscious, even if intoxicated, at some point the fear circuitry will detect the attack and immediately dominate brain functioning.
• Within seconds of the fear circuitry taking control, the **prefrontal cortex is impaired.** This results in...
• **Bottom-up attention:** the fear circuitry, not the prefrontal cortex, controls what gets attention.
• **Impairment of prefrontal cortex capacities** for rational thinking, for planning effective responses, for remembering important information (e.g., there are people nearby who would hear a scream), etc.
• **Reflex responses** that are hard-wired into human brains because we evolved as prey, not just predators. These range from a brief ‘freeze response’ when attack is detected (in which movement ceases and the brain assesses the attack and possible escape options), to **extreme survival reflexes** including **dissociation** (awareness is disconnected from emotions and body sensations, and one may go on ‘autopilot,’ including engaging in sex acts), **tonic immobility** (literally unable to move or speak, and rigid body, which is different from freezing), and **collapsed immobility** (muscles are limp, may be ‘sleepy,’ ‘dizzy,’ or even pass out).
• **Habit responses** that are rooted in social conditioning, e.g., **how girls and women are socialized** to respond to males’ unwanted sexual advances (in nice, polite, face-saving ways), or **habits of dealing with aggressive and dominant people.** Some habit responses were **learned to cope with childhood abuse.**

Brain-based Effects: Memories
• **Central details:** What the fear circuitry focused attention on during the assault. These tend to be very well encoded into memory, and are likely to be accurate, consistent and corroborated (even by perpetrator). They may (at first) not seem central to the investigation (e.g., detailed description of a table or plant), but may be consistent with states of fear and trauma, evidence of being in the described location, etc.
• **Peripheral details:** Details that **did not get attention,** likely because the fear circuitry didn’t see them as relevant to survival. They are usually not encoded into memory, or very poorly encoded, therefore likely to be recalled poorly and/or inconsistently over time. They may be a central focus of an investigation (e.g., things perpetrator did), but ‘failure’ to recall such things does not indicate lack of credibility; it just means they weren’t encoded in the first place, as expected from brains responding to assault, fear and trauma.
• **Contextual information** (e.g., the layout of a room) and **time-sequence information** (e.g., the order in which sexual acts occurred) are usually poorly encoded. Again, an expected impact of ‘the brain on fear.’
• Experiences around the time ‘**when the fear kicked in**’ are usually well encoded. Attention is still required for encoding into memory, but because the hippocampus **temporarily** goes into a **super-encoding mode,** memories of when the fear kicked in may include substantial contextual and time-sequence information.