



Domestic Violence Prevention & Investigation

with David Cropp

Not 'just the facts': How cops can effectively communicate with domestic violence victims

We must understand coping skills of victims and facilitate effective communication the best we can

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Most cops are familiar with "Dragnet" — the iconic police procedural that many grew up watching. Sergeant Friday projected professionalism, discipline and ethics, but his scenarios were staged and the crime victims he interacted with were actors. He approached these crime victims with a left-brain "just the facts" communicative style. In reality, victims of trauma don't usually do well with that type of communication.

Domestic Violence (DV) investigation sometimes involves communicating with difficult people. Victims may refuse to cooperate or fail to cooperate fully — they recant, minimize, or change their stories completely. It's frustrating. As law enforcement professionals, we are tasked with using a trauma-informed approach in dealing with these unique victims. We must understand coping skills of victims and facilitate effective communication the best we can.

Understanding Victims

When exposed to trauma, human brains default to a fight or flight level of functioning. This lower brain function is designed to help us survive — not contemplate, recall and articulate facts. When exposed to trauma such as chronic abuse, our brains see the world as a dangerous place; we live in a state of hypervigilance — constantly looking for signs of danger. Hypervigilance engages the hemisphere of our right brain, which produces emotionally sensitive skills that allow us to sense danger and seek safety.

Our left brains allow us to use cognition, logic and language to make sense of our experiences while our right brains allow us to perceive our experiences based on senses and images (Siegel 2012). So,

when we ask victims for *just the facts* (left brain), the traumatized victim looks first for a sense that he or she can trust us (right brain).

Research conducted by Drs. Judith and Allen Schore (2007) gave us insight into how people exposed to trauma tend to communicate. They receive information by watching our eyes, facial expressions and body posture along with the tone and reflection of our voice, then use these expressions to communicate back to us. Schore and Schore suggest that clinicians learn to communicate with traumatized clients by *first* engaging in right brain, emotionally sensitive, non-verbal communication skills. Only then — when the client senses trust and safety — can he or she disengage from a state of hypersensitivity and engage in left brain cognition and articulation. Officers must apply the same communication method during investigations.

According to police psychologist Dr. Laurence Miller (2008), effective interview and interrogation skills include right brain moderated features of communication such as tone of voice, pitch, inflection, phrasing, facial expressions, gestures and body posture.

We all know that roughly ten percent of communication is verbal, while 90 percent is non-verbal. Non-verbal communication styles involve emotional connectivity, whereby one becomes sensitive to body posture and facial expression. Expressions such as tone and reflection of voice are more important than the words themselves. It's not what you say, it's *how you say it!*

What Are We Telling Them?

A report from the National Clearinghouse for the Defense of Battered Women titled *Predicting Violence: Battered Women's Ability to Predict Violence by their Batterer* (2015), found that women exposed to DV see their batterer's eyes as the telltale feature of impending violence. They also watch for facial expressions, posture, and tone of voice to predict violence.

When contacted by the police, these victims quickly read our eyes and pick up on subtle facial expressions. They develop a sense for what our facial expression and body posture tell them rather than listening to our words. When DV victims sense insincerity or a lack of concern, they default to feeling insecure, unsafe, or threatened and shut down — they don't trust us. They minimize or recant, or otherwise fail to cooperate in the investigation and prosecution process.

When victims sense sincerity, concern and care, they may be more likely to relax and communicate, at which time they may be more responsive to a language-based, left brain communicative interview.

I recently listened to a 911 tape involving a DV case. The caller was a 12-year-old who was very upset. The dispatcher immediately projected concern and sincerity through the calming tone and reflection of her voice. The 12-year-old quickly calmed down. The dispatcher facilitated effective communication.

While not every contact will turn out optimally and not every traumatized victim will want to cooperate fully despite our best efforts, it is crucial to understand how right brain engagement with DV victims may help us facilitate effective communication. What are they telling us and what are we telling them in return?

References

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About the author

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