TRAUMA AND GAPS IN MEMORY

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During acute stress of any form (e.g. newly stressful situation or reliving the previous event) the sequential memory is affected— the sequence of events may be out of order— and specific events may be blocked. Some of this will return given time and rest, and an ability to mentally review the events in a non-stressed state. Some argue that REM sleep is needed to allow consolidation of memories (Stickold, 2005). This is why it is usually better to interview victims a few days after the event once they have had a chance to rest, eat and think about it. There will be less conflicting information.

Persistent gaps in memory about the event may be the result of either dissociation during/after the event or avoidance coping by the victim. Multiple factors may affect memory, particularly verbal declarative ability (the ability to recount events):

Pre-Event

- Prior history of abuse pre-event, such as childhood abuse (Bremner, 2002; Bremner, Vermetten, Afzal, & Vythilingam, 2004; Bremner, 2005)

Event

- Severity of the attack (e.g. perceived life threat) (Halligan, Michael, Clark, & Ehlers, 2003; Ullman, Filipas, Townsend, & Starzynski, 2007)
- Dissociation or severe response during attack (Hardy, Young, & Holmes, 2009)
- Alcohol use or drugs immediately prior (Clum, Nishith, & Calhoun, 2002) or use of sedative-hypnotics (Goulle & Anger, 2004)

Post-Event

- Reactions after the attack (e.g. negative reactions and secondary victimization by support people/police/care providers, self-blame, use of avoidance coping) (Ullman et al., 2007)
- Development of PTSD (David, Akerib, Gaston, & Brunet, 2010; Ullman et al., 2007)
References

Bremner, J. D. (2002). *The lasting effects of psychological trauma on memory and the hippocampus*


