

Neurobiology of Trauma: Experience, Behavior & Memory

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FOCUS

Sexual assaults, or other
assault experiences that are
highly stressful/traumatic
as they are happening.

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End Violence Against Women International
(EVAWI)

Important Things to Get
Right About the
"Neurobiology of Trauma"

Part 1: Benefits of
Understanding the Science

Jim Hopper, PhD

Contributions by Kimberly A. Lonsway, PhD
Sgt. Joanne Archambault (Ret.)

September 2020

Benefits

1. More realistic expectations
2. More perceptive listening
3. More effective information-gathering

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Conventional Wisdom

Brain-based **behaviors** during high-stress/trauma:

“fight or flight”

“fight, flight, freeze”

“fight, flight, freeze, [whatever]”

“faint” or “flop,” “fawn” or “friend”

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We Need Greater Clarity

What does “fight or flight” **actually mean**?

What does “**freeze**” mean?

What does “**fawn**” mean?

What about various possible **habit** responses?

Are we really stuck with these **f-words**?

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Problems with “Fight or Flight”



Walter Cannon was a **physiologist**.
He didn't even study behavior.

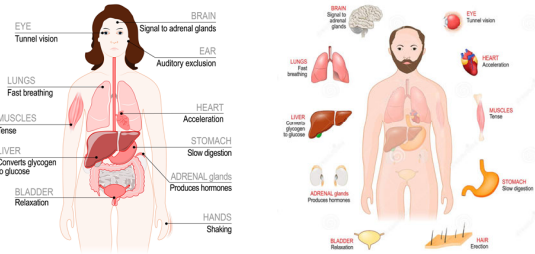
Confuses physiology and behavior.

Many people **don't** fight or flee
while being sexually assaulted.

Blame/shame: People think those
are normal/common responses.

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“Fight or Flight” Was Never Supposed to be About Behavior



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We Need New Concepts and Language

Physiology: “Survival Mode”

Behavior: “Reflexes & Habits”

Let's not confuse physiology and behavior.

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Defense Circuitry



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Prefrontal Cortex



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High Stress and Fear =
Impaired Prefrontal Cortex

Arnsten 1998, Science, 280, 1711-1712; Arnsten 2015, Nature Neuroscience, 18, 1376-1385

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Defense circuitry directly
implements reflexes

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Defense circuitry indirectly
triggers habit behaviors
(via outputs to habit circuitry)

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There is no “fight circuitry” or
“flight circuitry” in the brain.
Fighting and fleeing can be
reflexes or habits.

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Survival Mode
Reflexes & Habits

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Survival Reflexes

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Detection Freezing



Stop everything, hold down brake, scan

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Freezing During Sexual Assault and Harassment

Three brain-based responses, keys to understanding experiences and behaviors.
Understanding the neurobiology of freezing can be very helpful – in making sense of one's own experiences, supporting others, and investigating or prosecuting.

Jim Hopper, PhD – April 3, 2018



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If freezing happens,
what usually **follows**?

If freezing doesn't happen,
what types of behaviors
usually come first?

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Self-Protection Habits

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Common Self-Protection Habits

- **Polite, passive, submissive responses**
 - To dominant or aggressive people
 - To unwanted sexual advances
- **Cultural software** that runs on biological hardware/habit circuitry, learned from:
 - Families, communities, organizations
 - Domination and discrimination based on sex, race, class, etc.

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I have to leave soon.

You've got a girlfriend.

My roommate is home.

My boyfriend will be angry.

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Famous Case

Perpetrator describing methods on social media:

"Feign intimacy," "then stab them in the back"
and "THROW EM IN THE DUMPSTER."

His victim at trial...

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What's Wrong With "Fawn"



Definition of *fawn*

intransitive verb

- 1 : to court favor by a cringing or flattering manner
// courtiers *fawning* on the king
- 2 : to show affection —used especially of a dog
// The dog was *fawning* on its master.

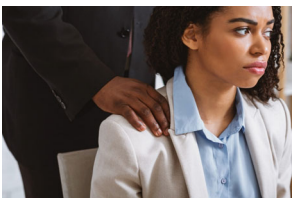
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What's Wrong With "Fawn"

- What has the word always meant?
- Not a common response
- Victims can hear it as implying attitudes and behaviors that:
 - Don't match their experience
 - Don't match reality
 - Are degrading

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Are these women likely about to court favor, flatter, or show affection?



How might they feel if you say that "fight, flight, freeze and fawn" are "the" behaviors of people during harassment or assaults?

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Extreme Survival Reflexes

Escape When There's
No (Perceived) Escape

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Tonic Immobility

- Freezing = Alert and immobile, but **able** to move once options arise in brain
- Tonic immobility = **Paralysis, can't move or speak**
- **Caused by** extreme fear, physical contact with perpetrator, restraint, **perception** of inescapability
- **Not uncommon in sexual and non-sexual assaults**

Moller et al., 2017, Acta Obstet Gynecol Scand, 932; Marx et al. 2008, Clin Psychol Sci Practice, 74;
Bovin et al. 2008, J Trauma Stress, 402; Fyfe et al. 2007, J Am Disord, 265



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Collapsed Immobility

Key differences from tonic immobility

- Physiological cause = Heart gets massive parasympathetic input, resulting in...
- Extreme ↓ in heart rate and blood pressure
- Faintness, “sleepiness” or loss of consciousness
- Loss of muscle tone – Collapsed, limp, etc.



Kozlowski et al., 2015, Harvard Rev Psychiatry, 1-25; Baldwin 2013, Neurosci Biobehav Rev, 1549

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As professional nurse examiners,
is it useful to know about tonic
immobility and collapsed immobility,
and not just think “freeze”?

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How does knowing that tonic immobility and collapsed immobility are **different survival reflexes** – from freezing and from each other – help you to **listen** better?

To **understand** more?

To gather higher quality information?

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Dissociation

Blanked/Spaced Out
Disconnected from Body
Autopilot

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Does “fight, flight, freeze, [whatever]” help you listen for and gather more information about reflexive **dissociative** responses? Or does it get in the way?

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Reflexes & Habits

Freezing

- Detection
- Shocked
- No-Good-Choices

Passive, Polite

- From dating
- From child abuse
- From domination

Extreme Survival Reflexes

- Tonic Immobility
- Collapsed Immobility
- Dissociation

Dissociative

- Autopilot
- Submission
- Sex acts



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How Brain-Based Behaviors Tend to Unfold **Over Time**

Freezing

(scientific def.)

Detection Freezing

- Everything stops
- 1-3 seconds

Shocked Freezing

- Can follow detection
- Blank mind, no behavior options to choose from
- Can last several seconds

No-Good-Choices Freezing

- Can follow detection or shocked
- Only “bad” choices of extremely passive vs. reactive behaviors
- Seconds to minutes

Habit Behaviors

- Usually passive and ineffective (no self-defense training)
- Face-saving and submission habits we’ve all learned
- From gender socialization (e.g., “nice girl” habits)
- From childhood abuse experiences

Extreme Survival Reflexes

Escape (seems) impossible, intense fear and/or horror

Dissociation: Can kick in early, spaced out and/or autopilot habit behaviors

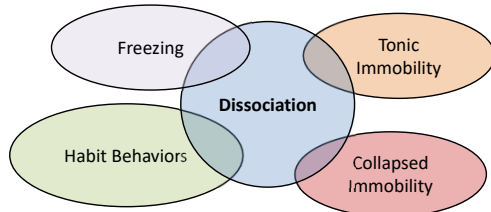
Tonic Immobility: Paralyzed, muscles rigid

Collapsed Immobility: Muscles limp, dizzy/pass out



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Potential Overlaps of **Dissociation** with Freezing, Habit Behaviors, and/or Extreme Survival Reflexes



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Is it helpful to know that dissociation is a **reflexive** response that **may or may not overlap** with other survival reflexes or various habit behaviors?

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Think (maybe say) "**Reflexes** and **Habits**,"
Then Use Their Words

"Froze"	"Just kept saying..."
"In shock"	"Begged him not to..."
"Paralyzed"	"Politely pushed him away"
"Couldn't move"	"On autopilot"
"Passed out"	"Gave in"
"Disconnected from my body"	"Just did what he wanted"

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More Clarity, Better Listening, and More Helpful in What We Say

Victims talking about their responses during assaults
need to be **truly heard and understood**.

Listen with framework of **more accurate concepts**.
Don't jump to conclusions.

Don't impose simplistic ideas about
"fight, flight, freeze, [whatever]"

Remember **reflexes and habits!**

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"Reflexes and Habits" Is Much Better Than "Fight or Flight"

Language that reflects the realities of sexual assault and its neurobiology.

Adding "freeze" can't salvage a phrase that harms sexual assault survivors.

Jim Hopper, PhD – February 12, 2021

~~Fight, Flight, Freeze~~

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Trauma & Memory

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Bottom-Up Attention and Memory

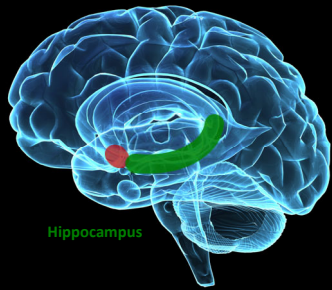
Defense circuitry focus: **what seems most important** to survival and coping

Attended/Significant = **Central Details** = Encoded



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Episodic Memory Circuitry



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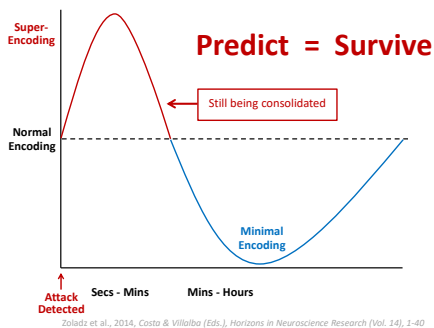


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Are you getting the
central details?

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Time-Dependent Hippocampus Effects



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Are you getting and
using central/early
details?

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But some peripheral details could be key!

Sexual Assault – Acts Involved:

Penetration to Female Sex Organ Penis <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attempted <input type="checkbox"/> Unsure Finger <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attempted <input type="checkbox"/> Unsure Object <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attempted <input type="checkbox"/> Unsure	Penetration to Anus Penis <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attempted <input type="checkbox"/> Unsure Finger <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attempted <input type="checkbox"/> Unsure Object <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attempted <input type="checkbox"/> Unsure
Oral Contact to Genitals Offender to Patient <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attempted <input type="checkbox"/> Unsure Patient to Offender <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attempted <input type="checkbox"/> Unsure	Can understand "unsure" responses in terms of (1) central vs. peripheral details and/or dissociation and (2) more conservative reporting criteria associated with impairment of memory (quantity) by alcohol, drugs, and/or (later phases of) severe stress
Ejaculation of Assailant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attempted <input type="checkbox"/> Unsure (If yes, where discarded: _____)	Contraceptive or Coitacant Products Condom <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attempted <input type="checkbox"/> Unsure (If yes, where discarded: _____)
Non-Genital Acts Kissing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attempted <input type="checkbox"/> Unsure Licking <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attempted <input type="checkbox"/> Unsure Biting <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attempted <input type="checkbox"/> Unsure Suction Injury <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attempted <input type="checkbox"/> Unsure	Lubrication <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attempted <input type="checkbox"/> Unsure Jelly <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attempted <input type="checkbox"/> Unsure Foam <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attempted <input type="checkbox"/> Unsure

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Stress Impairs Retrieval

...Especially of weakly encoded and stored information

e.g., Schwabe et al., 2012; Neurosci Biobehav Rev, 1740; Smith et al., 2016; Science, 354, 1046

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Implications

1. Very stressed or traumatized victims **cannot recall everything recorded** in their brains, no matter how good and gentle the interview.
2. Don't **add** to their stress, e.g., by asking about prior assaults, abuse, etc.
3. Yes, recall can get better over time!

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Vulnerability to Distortion?

Central Details = Very Low Vulnerability

Peripheral details = High Vulnerability

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Gist

Abstract

Stripped of many details

e.g., Gilboa & Marlette, 2017, Trends in Cognitive Sciences, 618-631.

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Implications

4. Lots of details missing, even some central details? **Gist still there.**
5. More time since assault = More of recall is gist + reconstructed details.
6. **However long ago, central details can be vivid and accurate. Don't miss them!**

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**Does alcohol
change any of this?**

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Alcohol and Memory

- **Low-moderate dose/intoxication**
 - Impairs context encoding
 - Does not impair encoding of sensations
 - Resembles effect of fear/trauma
- **High dose/intoxication:**
 - Impairs hippocampus-mediated encoding and consolidation of both context and sensations

Mella... LeDoux, 1996, Neuroscience, 74, 313
Bisby et al. 2009, Psychopharmacology, 204, 655; Bisby et al. 2010, Biol Psychiatry, 68, 280

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Alcohol and Memory

Amount of details recalled is unrelated to accuracy of what's recalled

- Alcohol reduces correct details recalled
- Does not increase incorrect details
- Higher the dose, fewer details recalled
- Correct central details not affected at moderate doses (BAC < .10)
- Higher doses (BAC ≥ .10) reduce central details too – but if recalled, likely accurate

Jones, ... & Howe, 2019, A meta-analysis of the effects of acute alcohol intoxication on witness recall, Applied Cognitive Psychology, 33, 334-343.

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A meta-analysis of the effects of acute alcohol intoxication on witness recall

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Summary

There is widespread belief in the legal system that alcohol impairs witness testimony. Nevertheless, most laboratory studies examining the effects of alcohol on witness testimony suggest that alcohol may affect the number of correct but not incorrect details recalled. However, it is difficult to draw conclusions because sample sizes, testing paradigms, and recall measures vary between individual studies. We conducted a meta-analysis to address this issue. We found alcohol intoxication had a significant and moderate sized effect on the number of correct details recalled ($g = 0.40$). The effect of alcohol on the number of incorrect details recalled was not significant. Further, the effect of alcohol on the recall of correct details was significantly moderated by multiple factors like intoxication level, the retention interval length between encoding and recall, and the types of questions asked (i.e., free recall vs. cued recall). We discuss the applied implications of the results.



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palgravepivot

Alcohol and Remembering Rape New Evidence for Practice

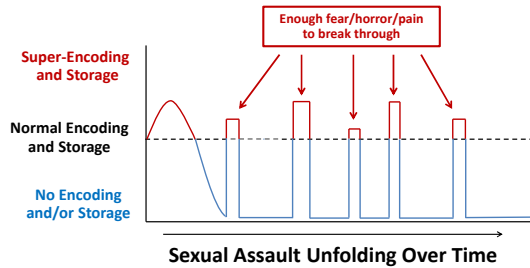
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Fear/Horror/Pain Can “Break Through” Severe Alcohol/Drug Effects



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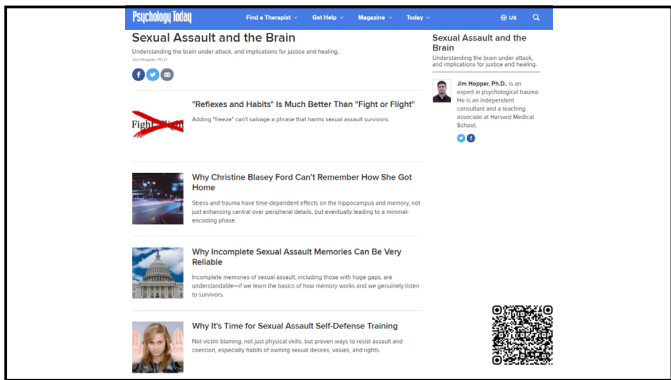
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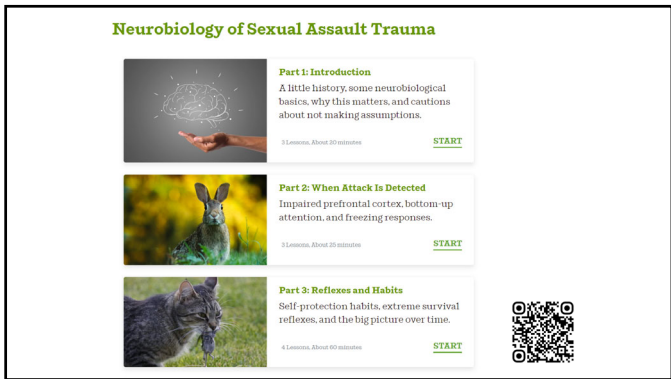
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