



## Elevating Trauma-Informed Representation with Defense Maps

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If, as contended in [A Comprehensive Introduction to DefenseMap.com](#), Defense Maps increase clients' disclosures about their cases and backstories by three- to ten-fold, it seems vital to notice how much of that expanded information bears on the powerful matter of trauma. Indeed virtually every responsible defense practitioner and commentator observer seems to agree that optimal representation requires appreciation of the role of trauma accused persons' lives, perceptions, and children.

And if only because the science says so. In the most famous study of the 10-point Adverse Childhood Experience (ACE) Questionnaire, the United States Centers for Disease Control and Prevention and Kaiser Permanente concluded the following from a study of 17,000 adult participants.

1. Participants with higher ACE scores, even if only 2 out of 10, suffered in adulthood from dramatically higher incidences of not only depression, domestic violence, and suicide but even chronic physical illness.
2. For example, compared to participants without significant childhood trauma, participants with ACE scores of 4 or higher were:
  - a. 260% more likely to suffer from chronic obstructive pulmonary disease,
  - b. 240% more likely to contract hepatitis,
  - c. 460% more likely to experience depression, and
  - d. 1,220% more likely to attempt suicide.<sup>1</sup>

With the connection now so well-established between trauma and both psychological and physical disease, it has become clearer that accurate information on individuals' life experiences is indispensable to the criminal justice system's judgments on both guilt and punishment. Among other things, what appears threatening, reasonable, or necessary depends centrally on one's experiences with trauma. And certainly both criminal liability and appropriate penalties depend on knowing what has happened to and shaped each person.

But an insurmountable problem has represented itself for the defense of accused persons: *How have defense counsel ever been equipped to ask about the hundreds of possible traumas in their clients' lives? And what help has there ever been for counsel to overcome on these difficult*

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<sup>1</sup> This CDC/Kaiser Permanente has been the subject of widespread confirmatory research and comment. The original report and CDC follow-ups can be found at [CDC Reports on the Adverse Childhood Experiences Study](#). A good summary of the original study can be found at [Good Therapy, "Adverse Childhood Experience \(ACE\) Questionnaire."](#)

topics the Six Hidden Barriers to Client Sharing discussed on pages 8-9 of [A Comprehensive Introduction to DefenseMap.com?](#)

But finally, [DefenseMap.com](#) now leverages several strategies (including clients’ opportunity to work alone and in private) to uncover and index vastly more information, including on the imperative matter of client trauma.

The chart below captures just some of that expanded trauma-related information. The total number of trauma-related questions is beyond what is actually shown in the last column of this chart, as (1) many positive answers give users the opportunity to explain the relevant circumstances and (2) many questions in other sections are at least tangentially related to events rooted in trauma. But this sampling should help to explain how Defense Maps dramatically expand the collection of this crucial information.

	Trauma-related topics	Section	# of questions
1.	The 10 ACE questions <sup>2</sup>	12.h.	10
2.	Childhood traumas related to family structure	12.c.i	12
3.	Childhood traumas related to sexual abuse	12.c.ii	14
4.	Childhood traumas related to nonsexual assaults	12.c.iii	9
5.	Childhood traumas related to emotional/verbal abuse	12.c.iv	8
6.	Childhood traumas related to disability/illness/injury	12.c.v	3
7.	Childhood traumas related to family member malady	12.c.vi	7
8.	Childhood traumas related to family functioning	12.c.vii	9
9.	Childhood traumas related to traumatic witnessing	12.c.viii	10
10.	Childhood traumas related to inappropriate guilt	12.c.ix	2
11.	Childhood traumas related to negative experiences with police or other authorities	12.c.x	5
12.	Childhood traumas related to other childhood issues	12.c.xi	10
13.	Traumas related to military service	5	18
14.	Traumas related to physical and health conditions	6	6
15.	Traumas related to PTSD	11	21
16.	Traumas related to IPV <sup>3</sup> (physical)	13.a.5.A.	15
17.	Traumas related to IPV (threats)	13.a.5.B.	8
18.	Traumas related to IPV (controlling movements)	13.a.5.C.	4
19.	Traumas related to IPV (controlling money and finances)	13.a.5.D.	7
20.	Traumas related to IPV (controlling choices and options)	13.a.5.E.	10
21.	Traumas related to IPV (spying)	13.a.5.F.	8
22.	Traumas related to IPV (degrading and humiliating)	13.a.5.G.	20

<sup>2</sup> Section 12 of each Defense Map actually incorporates the ACE questions and gives the resulting “0 to 10” ACE score.

<sup>3</sup> “Intimate Partner Violence”—often interchanged with *Domestic Violence (DV)* or *Domestic Abuse (DA)*.

23.	Traumas related to IPV (sexual control and humiliation)	13.a.5.H.	13
24.	Traumas related to IPV (raging and lost temper)	13.a.5.I.	17
25.	Traumas related to IPV (other modes of control)	13.a.5.J.	6
26.	Traumas related to IPV (mistreating others)	13.a.5.K.	5
27.	Traumas related to IPV (involving in criminal acts)	13.a.5.L.	6
28.	Traumas related to IPV (playing a victim)	13.a.5.M.	9
29.	Traumas related to IPV (barring from help)	13.a.5.N.	7
30.	Traumas related to IPV (misrepresenting personal change)	13.a.5.O.	5
31.	Traumas related to IPV (details of abuser's safety issues)	13.a.5.P.	19
32.	Traumas related to IPV (history of attempts to leave)	13.a.5.Q.	1
33.	Traumas related to IPV (use of police or other intervenors)	13.a.5.R.	1
34.	Traumas related to IPV (arrests or prosecutions)	13.a.5.S.	1
35.	Traumas related to IPV (court protection history)	13.a.5.T.	1
36.	Traumas related to IPV (gut sense about present safety level)	13.a.5.U.	4
37.	Traumas related to IPV (onlookers' observations)	13.a.5.V.	1
38.	Traumas related to IPV (evidence of this abuse)	13.a.5.W.	1
39.	Traumas related to IPV (other abusive relationships)	13.b.	1
40.	Traumas related to IPV (total duration of abusive behavior)	13.c.	1
41.	Traumas related to IPV (effects on client's thinking)	13.d.	9
42.	Traumas related to IPV (other consequences of the abuse)	13.e.	13
43.	Traumas related to IPV (connection to the charged offense)	13.f.	1
44.	Traumas related to IPV (any other important information)	13.g.	1
45.	Traumas related to IPV (survival strengths and skills)	13.h.	1
46.	State of current life assets	14	14
47.	History of suicide attempts	18.I.	1
48.	Current thoughts of self-harm	18.III.a.	10
49.	Depression	18.III.b.	13
50.	Thoughts of hurting others	18.III.c.	8
51.	More anger than most people seem to have	18.III.d.	9
52.	Dependence/Codependence	18.III.e.	13
53.	Other mood and functioning issues	18.III.f.	14
54.	Counseling history	19	9
		<b>Total</b>	<b>431</b>

It's useful to close with an observation from Dr. Sandra Bloom's cutting-edge article "Understanding the Impact of Sexual Assault: The Nature of Traumatic Experience" (included in *Sexual Assault: Victimization cross the Lifespan*, edited by A. Giardino, E. Datner, and J. Asher. GW Medical Publishing, Maryland Heights, Missouri, 2003, pp. 405-432).

*Creating Sanctuary* refers to the process involved in creating safe environments that promote healing and sustain human growth, learning, and health. . . . The first fundamental attitude of *Creating Sanctuary* is changing the presenting question with which we verbally or implicitly

confront another human being whose behavior we do not understand from “What’s wrong with you?” to “What’s happened to you?” . . . Rather than think of troubled or troubling people as “sick” or “bad,” it is more useful to understand that psychological injuries are comprehensible, treatable, and remedial, just as physical injuries are . . . .”

When we fail to uncover these traumas, Dr. Bloom asserts, we ill-serve both the best interest of the accused as well as the best interests of society, a position that should both inform and encourage dedicated defense counsel.

Conversely, the power of uncovering these traumas—both in defense advocacy and also in defendants’ opportunity to investigate and address their personal issues—can be gleaned from the [Sample Maps](#) reachable from the homepage of [DefenseMap.com](#).