

Sexual Assault and the Brain: Key Information for Investigators, Attorneys, Judges and Others
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Common Brain Based Effects: Defense Circuitry in Control, Prefrontal Cortex Impaired, Reflexes and Habits

- x If someone is being sexually assaulted as long as the person is conscious even if intoxicated, at some point the defense/fear circuitry will detect the attack and it will likely immediately dominate brain functioning.
- x Within seconds of the

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

Habit Behaviors

- Usually passive and ineffective (no self defense training)
- Face saving

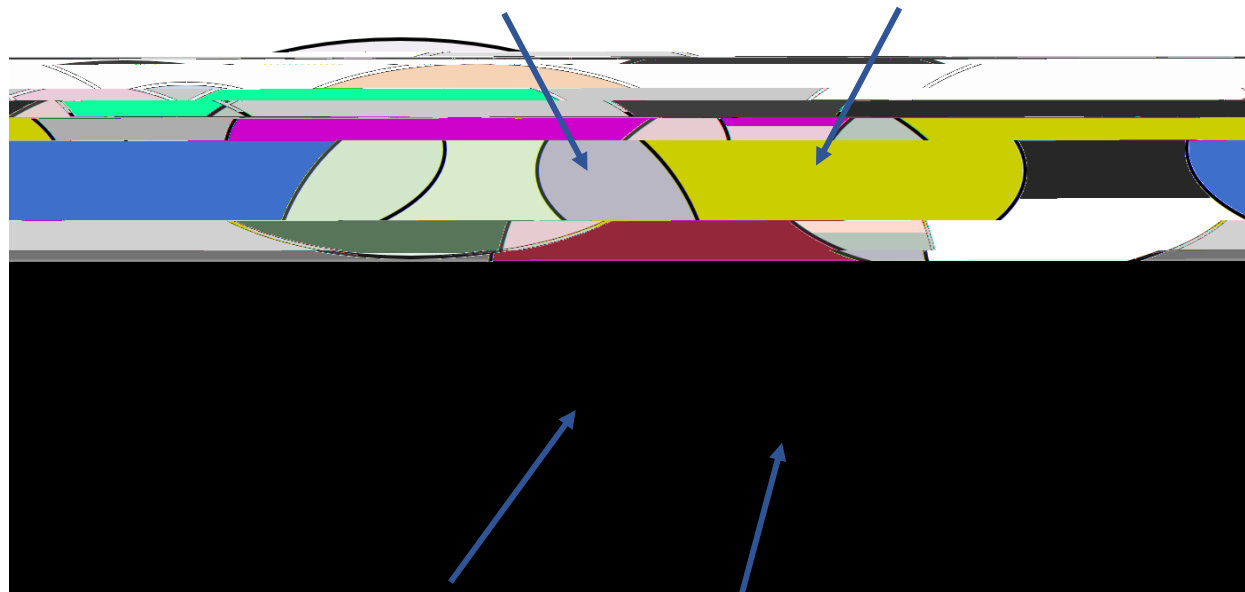
No Good Choice Freezing

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

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Dissociation may or may not accompany tonic immobility. Someone may be unable to move, yell, or even speak yet be fully aware of the horrible sensations of being assaulted and intense emotions of fear, disgust, etc. However, dissociation is common in tonic immobility states, when physical escape is impossible and mental escape is the only option.



A sexual assault victim can engage in habit behaviors with or without being disconnected from sensations and emotions. If dissociation does kick in and the person continues with habit behaviors, that's dissociative autopilot – which involves no sense of choosing the habit behaviors in which one is engaging, which can include sex acts.

Collapsed immobility involves oxygen deprivation, and the resulting faintness or dizziness can be hard to distinguish from dissociative "spacing out." Also dissociation can happen before and/or overlap with collapsed immobility. However, the passing out of collapsed immobility is very different from dissociation.

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