

Why Courts Often Misinterpret PTSD Symptoms in Survivors of Domestic Abuse

Module: Navigating Psychopathology

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Introduction

Legal systems frequently rely on behavioural and narrative indicators when assessing the credibility of individuals reporting abuse. Courts often expect survivors to provide coherent, chronological accounts of traumatic events and to exhibit emotionally congruent expressions of distress (Heber et al., 2024). In domestic abuse cases, where corroborating evidence is often limited, survivor testimony becomes central to judicial decision-making.

However, these expectations can conflict with contemporary psychiatric understandings of Post-Traumatic Stress Disorder (PTSD). PTSD, formally recognised in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and the International Classification of Diseases (ICD-11), describes psychological impact following exposure to traumatic events, including domestic abuse, that involve actual or threatened serious harm (American Psychiatric Association, 2013; World Health Organization, 2024). Symptoms include intrusive re-experiencing, avoidance, negative alterations in cognition and mood, and hyperarousal. These symptoms can shape how survivors remember and recount traumatic experiences, often in ways that diverge from legal expectations.

This essay adopts an interdisciplinary approach, integrating psychiatric, forensic, legal, and sociological perspectives to examine how PTSD symptomatology interacts with legal credibility assessments. It argues that courts often misinterpret trauma-affected testimony because legal credibility standards remain grounded in assumptions that do not align with scientific knowledge about PTSD. The essay situates PTSD within historical and diagnostic contexts, examines how core symptoms and trauma-related memory processes shape survivor testimony, and analyses how legal credibility standards often misinterpret these effects. It further explores sociological and structural biases that influence judicial assessments of survivors, before considering case-based evidence and emerging trauma-informed legal practices that suggest pathways toward more accurate and just legal responses.

Section 1: Historical Context

The conceptualisation of trauma in medical and legal frameworks has evolved over time. Historically, prolonged domestic abuse was often minimised or dismissed, particularly when such abuse occurred within families or caregiving relationships (Dobash & Dobash, 2002). Early 20th-century psychologists such as John Bowlby and Sigmund Freud began recognising the long-term psychological consequences of childhood maltreatment and neglect (Freud, 1920; Vicedo, 2011). Yet legal systems frequently framed survivor testimony as subjective or unreliable, interpreting inconsistencies as signs of deception rather than trauma-influenced recall (Gelles & Straus, 1988).

In the 1970s and 1980s, feminist scholars and clinicians brought systematic attention to interpersonal abuse, highlighting repeated trauma and its psychological impact (Walker, 1979; Herman, 1992). These developments advanced early trauma-informed frameworks, showing that chronic abuse could produce symptom profiles extending beyond immediate fear and memory consistency, including dissociation, emotional numbing, and complex memory effects that challenge simple narrative expectations (Terr, 2011). Such insights have significant implications for how courts interpret testimony decades later.

Section 2: PTSD as a Diagnostic Category

PTSD was formally recognised in DSM-III (1980) and later logged in the DSM-5 and ICD-11 as a trauma-related disorder with defined symptom clusters. DSM-5 specifies four clusters: intrusive symptoms, avoidance, negative alterations in cognition and mood, and hyperarousal. These criteria guide both clinical practice and forensic evaluations (American Psychiatric Association, 2013).

PTSD is highly diverse, with symptom severity and expression varying widely, particularly in survivors of domestic abuse. Unlike early trauma research that focused on combat, current evidence shows that interpersonal trauma frequently leads to PTSD and associated functional impairments that can persist for years and affect testimony reliability (Markowitz et al., 2009). In forensic contexts, PTSD

provides a robust framework for understanding trauma-affected behaviours, though courts often underutilise or misapply this knowledge.

Section 3: Core Features of PTSD and Implications for Legal Testimony

PTSD manifests in ways that directly influence how survivors present their accounts, sometimes in ways that conflict with courtroom credibility norms.

Intrusive Memories and Avoidance

PTSD often includes flashbacks, nightmares, and intrusive recollections that can unpredictably emerge during testimony. Survivors may also engage in avoidance, purposely or unconsciously avoiding detailed recounting of trauma to protect themselves psychologically. These responses, while clinically meaningful, can produce inconsistent or fragmented descriptions in legal settings (American Psychiatric Association, 2013).

Negative Cognitions and Emotional Disturbance

PTSD frequently involves persistent shame, self-blame, and negative beliefs about oneself or the world. These internal states can lead survivors to minimise their accounts or express uncertainty, patterns that legal actors frequently misinterpret as signs of unreliability (Thompson & Waltz, 2009).

Hyperarousal and Interpersonal Trajectories

Hypervigilance, irritability, and hyperarousal can affect how survivors interact in courtroom contexts. Survivors may present as anxious, distracted, or defensive under cross-examination, which courtroom observers may erroneously treat as evasiveness rather than trauma response (Weston, 2014).

Memory Narratives and Coherence

Memory for traumatic events does not always follow a linear, coherent structure. Research indicates that trauma memories often prioritise sensory, emotional, or perceptual details over sequential narrative components (American Psychiatric Association, 2013; World Health Organization, 2024; Crespo & Fernández-Lansac, 2016). Consequently, trauma-affected memories may appear fragmented or incomplete, yet still accurately reflect the survivor's experience (Crespo & Fernández-Lansac, 2016; Brewin et al., 2010; Rubin et al., 2011).

Section 4: PTSD Prevalence in Domestic Abuse Survivors

PTSD is highly prevalent among survivors of intimate partner violence, reinforcing the importance of understanding its effects in legal contexts. Studies report that approximately 30 to 60 percent of women experiencing IPV develop PTSD, significantly exceeding general population prevalence (Golding, 1999). Other studies show lifetime PTSD rates in female survivors ranging from 31 to 84 percent, depending on measurement and population (Jina & Thomas, 2009). This high prevalence underscores that courts will regularly encounter individuals whose memory, affect, and behaviour are shaped by trauma, and highlights the need for accurate, trauma-informed credibility assessment.

Section 5: Legal Credibility Standards and Misinterpretation of PTSD

Legal credibility assessments are often shaped by assumptions about how a "genuine" victim should behave, with consistent testimony, clear chronology, and emotionally expressive behaviour commonly expected. Survivors whose recall fluctuates, whose narratives evolve over time, or whose affect appears flat may attract judicial scepticism (Heber & Fredriksson, 2025).

However, trauma research indicates that such features may not indicate deception but rather reflect normal psychological reactions to trauma. For example, the UK's Psychological Evidence Toolkit warns that traumatic experiences can seriously affect recall and consistency, including derealisation, depersonalisation, and fragmented memory encoding, and that inability to recall details is a recognised feature of PTSD (Crown Prosecution Service, 2019). Experts emphasise that traumatic

memories are often organised perceptually rather than verbally, producing changes in accounts that are not evidence of fabrication (Crown Prosecution Service, 2019).

Section 6: Sociological Lens

Sociological research highlights that courts' misinterpretation of PTSD symptoms cannot be separated from broader cultural constructions of victimhood. Christie's (1986) concept of the "ideal victim" describes a socially recognisable figure who is perceived as weak, morally blameless, emotionally expressive, and immediately disclosing (Olson, 2018). Survivors who do not conform to this ideal, such as those who delay disclosure, display ambivalence toward their abuser, or present with flattened affect due to trauma, are often perceived as less credible (Walklate, 2007). PTSD symptoms such as emotional numbing, avoidance, and fragmented recall directly conflict with these normative scripts, producing a mismatch between survivor presentation and courtroom expectations.

Further research demonstrates that sociocultural factors intersect with trauma symptoms to shape credibility assessments. Race, socioeconomic status, and sexual orientation can influence whether courts interpret trauma-related behaviours as legitimate expressions of distress or as indicators of dishonesty. Marginalised survivors may face heightened scrutiny, with courts interpreting emotional restraint or delayed disclosure as evasiveness, whereas similar behaviours in white survivors might be contextualised as consistent with PTSD. Survivors experiencing poverty or housing insecurity may be seen as unreliable witnesses, while sexual minority survivors often encounter bias rooted in heteronormative assumptions (Lee & Richie, 2002; Edwards et al., 2015; Jin, 2016).

Together, these findings emphasise that PTSD symptoms are filtered through layers of sociocultural expectation. Misinterpretation of PTSD in domestic abuse cases is therefore both a clinical and structural phenomenon.

Section 7: Diagnostic Frameworks, Forensic Evaluation, and Justice Outcomes

Diagnostic frameworks significantly shape how courts interpret psychological evidence, yet the application of PTSD diagnoses in legal contexts often contributes to the misinterpretation of survivor behaviour in domestic abuse cases. PTSD was originally conceptualised in relation to acute traumatic events, and although its diagnostic scope has expanded, legal understandings frequently remain anchored to assumptions of visible distress, emotional expressiveness, and consistent narrative recall (Herman, 1992; Brewin, 2018). Survivors of domestic abuse commonly present with avoidance, emotional numbing, hypervigilance, and memory disruption, symptoms that directly affect courtroom testimony and may be misread as indicators of dishonesty or unreliability (American Psychiatric Association, 2013; Van der Kolk, 2014).

In forensic practice, PTSD diagnoses are often treated as quasi-objective corroboration, despite their reliance on clinical interviews and self-reported symptoms rather than biological markers (McNally, 2003). Courts frequently emphasise internal consistency and chronological coherence when evaluating expert reports, privileging linear narratives over clinically recognised trauma memory patterns (Brewin, 2011). As a result, symptoms such as fragmented recall, delayed disclosure, or fluctuating emotional expression may undermine survivor credibility, even though extensive psychological research identifies these features as common in PTSD following interpersonal violence (Herman, 1997; Goodman et al., 2009).

Section 8: Case Studies and Practical Implications

Dutton and Goodman's (1993) legal-psychological analysis examines the application of PTSD to women subjected to intimate partner violence and its relevance within legal proceedings. The study highlights how trauma-related symptoms, including delayed disclosure, minimisation, emotional numbing, dissociation, and apparent contradictions, are frequently overlooked by courts. PTSD-informed expert testimony can contextualise puzzling survivor behaviour without pathologising survivors or undermining agency (Dutton & Goodman, 1993).

Qualitative research from the Using Law and Leaving Domestic Violence Study demonstrates how court processes frequently exacerbate PTSD symptoms while simultaneously producing conditions in which those symptoms are misinterpreted as unreliability (Douglas, 2017). Survivors reported concealing mental health diagnoses, avoiding medication, or self-medicating to prevent being judged unreliable (Douglas, 2017). Ironically, these strategies often heightened distress during testimony, making trauma-related behaviours such as shaking, crying, inconsistent recall, or apparent confusion more visible and more likely to be misread (Douglas, 2017).

The Depp v Heard (2022) defamation trial provides a contemporary illustration. Amber Heard's PTSD-related symptoms, including dissociation, fragmented memory, and emotional dysregulation, were repeatedly reframed as inconsistency or exaggeration, despite expert testimony validating a PTSD diagnosis (*The National*, 2022). The trial underscores how legal processes prioritise linear memory, emotional composure, and behavioural consistency, standards that disadvantage trauma survivors and contribute to public misunderstanding (*The National*, 2022).

Section 9: Trauma-Informed Legal Practices and Judicial Training

In response to recognition that courts frequently misinterpret trauma symptoms, there has been growing momentum toward trauma-informed legal education and courtroom practices designed to reduce retraumatisation and improve judicial understanding of trauma (*Bolch Judicial Institute, n.d.*). Judicial education programmes, such as those developed by the Bolch Judicial Institute at Duke Law, provide pilot trauma education courses for judges, aiming to equip them with knowledge about how trauma affects behaviour, decision-making, and courtroom communication (*Bolch Judicial Institute, n.d.*). Research on these programmes indicates that judicial engagement with trauma-informed practices can shape courtroom conduct, particularly in communication and procedural transparency, even though full implementation remains uneven (*Bolch Judicial Institute, n.d.*). Similarly, the National Council of Juvenile and Family Court Judges (NCJFCJ) has promoted trauma-informed courts by conducting trauma assessments and recommending practice changes tailored to vulnerable

populations, including domestic abuse survivors, with the goal of creating environments that recognise and respond to trauma's impact (*Warshaw et al., 2013*).

In addition to courtroom training, research on trauma-focused interventions for domestic violence survivors highlights the importance of integrating psychological knowledge into legal practice more broadly. A systematic review of trauma-focused interventions for survivors of intimate partner violence found that while many trauma treatments were originally developed for past events such as combat or childhood abuse, they can offer important insights into survivors' ongoing mental health needs when adapted for domestic abuse contexts (*Warshaw et al., 2013*). The review suggests that effective trauma-informed support often combines psychoeducation about the psychological impact of abuse, skills to cope with trauma symptoms, attention to ongoing safety needs, and a focus on survivors' strengths, all of which have relevance for how legal professionals understand and interact with trauma-affected litigants (*Warshaw et al., 2013*). Embedding this evidence into legal training, such as teaching law students how trauma manifests in behaviour, memory, and communication, can improve lawyers' ability to work with survivors who present with PTSD symptoms that might otherwise be misinterpreted in court. Such interdisciplinary training also underscores the value of collaboration between psychologists and lawyers, not only in clinical settings but within legal systems that strive to interpret survivor testimony with sensitivity to trauma's complex effects (*trauma-informed care, n.d.*).

In the UK, the Family Justice Council's Trauma-Informed Care Working Group has developed guidance to help family court professionals understand and apply trauma-informed principles in their work, emphasising systemic awareness of psychological harm and its courtroom implications (*Family Justice Council, 2025*). Public interest organisations have also piloted trauma-informed training for multi-agency court staff, combining psychological insights with survivor testimony to foster more compassionate, respectful interactions and reduce retraumatisation (*Family Justice Council, 2025*). These emerging efforts illustrate that trauma-informed legal programmes can

enhance judicial awareness and improve case processing for trauma-affected litigants, supporting the argument that legal systems must integrate scientific understanding of PTSD into educational and procedural reform if misinterpretation is to be reduced (*Bolch Judicial Institute, n.d.; Family Justice Council, 2025*).

Conclusion

In conclusion, the misinterpretation of PTSD symptoms in survivors of domestic abuse is a multifaceted problem arising from the intersection of legal norms, sociocultural expectations, and clinical misunderstandings. Courts often rely on rigid credibility standards, expecting linear narratives, emotional expressiveness, and immediate disclosure, which conflict with how PTSD manifests in trauma-affected survivors. Symptoms such as emotional numbing, hyperarousal, avoidance, dissociation, and fragmented memory are frequently misread as indicators of deception or instability rather than as predictable responses to prolonged abuse. Studies estimate that between 30 percent and 60 percent of survivors of domestic abuse develop PTSD (Coker et al., 2012), highlighting how widespread trauma-related symptomatology is in domestic abuse cases and the urgent need for accurate legal interpretation. Historical, sociological, and forensic evidence shows that this is not merely a clinical failure, but a structural phenomenon embedded in the ways legal systems evaluate credibility and define the “ideal” victim (Australian Institute of Judicial Administration, 2025).

Research also highlights the compounding effect of sociocultural biases on legal interpretation. Survivors who do not conform to culturally sanctioned norms due to race, socioeconomic status, sexual orientation, or other factors face an increased risk of being disbelieved, even when their symptoms align with established clinical patterns of PTSD (Australian Institute of Judicial Administration, 2025). Empirical studies of court proceedings and qualitative research with domestic abuse survivors further illustrate how adversarial processes themselves can exacerbate trauma

symptoms, creating a paradox in which survivors are penalised for the very behaviours that PTSD produces (McKinsey et al., 2025).

Fortunately, emerging trauma-informed legal programmes offer potential solutions. Judicial and legal professional training that integrates psychological insights into courtroom practice, such as interdisciplinary clinics, psychosocial case analysis, and trauma-informed court procedures, can improve understanding of PTSD and reduce retraumatisation. Systematic reviews of trauma-focused interventions for survivors also indicate that combining psychoeducation, coping strategies, and contextual understanding can enhance how legal professionals interact with trauma-affected clients, supporting more accurate and fair assessments of credibility (Warshaw, Rivera, & Sullivan, 2013). When courts adopt these practices, survivors' accounts are more likely to be interpreted in line with their clinical realities rather than filtered through rigid legal or cultural expectations.

Ultimately, addressing the misinterpretation of PTSD in domestic abuse cases requires both structural and individual reform. Legal systems must prioritise trauma-informed approaches, integrating psychiatric evidence, sociological awareness, and procedural adjustments to ensure survivors are not penalised for their trauma responses. By bridging the gap between clinical knowledge and courtroom practice, courts can move toward decisions that recognise the complex psychological effects of domestic abuse, uphold justice, and validate survivors' experiences rather than inadvertently undermining them. Without such integration, PTSD symptoms, which affect a substantial portion of survivors, will continue to be misread, perpetuating systemic injustice and compounding the harm experienced by survivors.

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