

Awakening
blackout girl



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**A Survivor's Guide for Healing from
Addiction and Sexual Trauma**

by

JENNIFER STORM, MA

**With a Foreword by Kristen Schmidt, MD
Hazelden Betty Ford Foundation**

Hazelden Publishing
Center City, Minnesota 55012
hazelden.org/bookstore

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Printed in the United States of America

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Library of Congress Cataloging-in-Publication Data

Storm, Jennifer, 1975- author.

Awakening blackout girl : a survivor's guide for healing from addiction and sexual trauma / Jennifer Storm.

Center City : Hazelden Publishing, 2020. | Includes bibliographical references.

LCCN 2020022091 (print) | LCCN 2020022092 (ebook) | ISBN 9781616499037 (trade paperback) | ISBN 9781616499044 (ebook)

LCSH: Resilience (Personality trait)—Juvenile literature. | Sexual abuse—Juvenile literature. | Substance abuse—Juvenile literature.

LCC BF723.R46 S67 2020 (print) | LCC BF723.R46 (ebook) | DDC 362.76/4—dc23

LC record available at <https://lccn.loc.gov/2020022091>

LC ebook record available at <https://lccn.loc.gov/2020022092>

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24 23 22 21 20 1 2 3 4 5 6

Cover design: Theresa Jaeger Gedig

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The biggest threat is a girl with a book.

—Madame Gandhi, “The Future Is Female”

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Foreword

SLEEP IS A DEFENSELESS STATE. No one understands the truth of this more than those who have been sexually traumatized. In an attempt to avoid recurring nightmares and subvert intrusive flashbacks, many females with trauma histories turn to alcohol and benzodiazepines; many develop substance use disorders as a result. While males account for the majority of misused medications in our country, this is not true for the category of sedatives.¹ There are several psychological and physiological barriers to vulnerability after surviving sexual violence. A blackout is the stuff of such barriers. *Awakening Blackout Girl* by Jennifer Storm goes beyond simply breaking barriers down; it's about doing the more difficult and sustaining work of building something better in its place.

A blackout is a primitive and powerful survival mechanism. It can precede sleep onset to protect our respiratory drive from continued consumption of central nervous system depressants (alcohol, Xanax, heroin). Blackouts can also function to preserve our psychological drives, our ability to think and exist while surviving the unthinkable, in the case of sexual trauma. The

author reminds us that the survival mode is a natural response to an unnatural occurrence; the situational must not become sustainable. There is a danger in surrendering to detachment from conscious work that is inherent in Storm's call to action of "awakening" the girl from blackout. She argues for recovery through engagement and examination, acknowledging that self-awareness is her greatest tool.

Dissociation is symptomatic of surviving sexual trauma. Storm writes on page 124, "It becomes easier for us to detach from our bodies and surrender our ownership or autonomy than it is to try to reclaim it." Through a series of exercises and meditations, Storm empowers her readers in an active process of self-discovery. This allows for the development of a healthy sense of autonomy and reattachment to the self and the world. Ultimately, these tools can be used to cultivate the much-needed space for intimacy and connection.

Accessing vulnerability involves work and choice. Storm suggests, "I can put up emotional walls like a talented mason." Yet she acknowledges that addiction is only one form of concrete. For those struggling with trauma, sobriety is not a singular solution. Storm compassionately confronts the limitations of present addiction treatment for addressing violent pasts. She notes, "But there was a huge step missing for those of us with histories of victimization: how do we process the wrongs *others* had committed against *us*?" The question is not rhetorical. Consistent with her theory that love is an action, Storm answers her own question through the act of this book's loving and courageous creation—an extraordinary gift for our patients.

Kristen Schmidt, MD

Hazelden Betty Ford Foundation

Dr. Kristen Schmidt is a board-certified addiction psychiatrist at the Hazelden Betty Ford Foundation who uses—and advocates for—a trauma-informed approach to addiction treatment that takes into account the different ways patients experience the symptoms of trauma.

Introduction

IN THE YEARS SINCE I PUBLISHED my first book, *Blackout Girl*, I have been in total awe of the number of people whom my story has touched in some way. I have received hundreds of emails from people expressing gratitude for how my story has helped them heal. There is no greater gift than to receive such accolades, especially because writing *Blackout Girl* was an effort to share my story with those who need to hear it most and to continue my personal healing process. With this book, I want to go further. I want to share all I have learned on my recovery journey so far and, most important, how you too can awaken to a life beyond your wildest dreams. I'll tell you what has helped me so you can find what will help you. Why am I qualified to offer you advice? As you'll discover, I'm far from perfect. But I have been where you are. I have struggled and made mistakes, and I have ultimately managed to find an incredibly fulfilling life of healing and advocacy. I want you to have that too.

I was raped for the first time when I was twelve years old and then twice more as a teenager. Those experiences, combined with other personal and family traumas, led me to turn

to alcohol, marijuana, and eventually crack in an attempt to escape my life and my feelings. Throughout my teenage and young adult years, I attempted to find control in self-harm, disordered eating, and partying until I blacked out. I had so much pain dwelling inside me that I, consciously and subconsciously, decided that it was much better to stay in denial, blacked out, asleep, and unaware of my surroundings than to even consider looking into that darkness. Then, in 1997, I watched my mother die after a long battle with cancer. By that time, I thought I had become a master packer of my emotions—I kept all of my victimization and trauma locked securely inside the places I built for them. But my mother’s death was one traumatic experience too many. My emotions spilled out in the form of a brutal suicide attempt.

When I woke up in the hospital the next day, I finally realized I needed serious help. The doctors recommended inpatient addiction treatment, and I agreed to go. The treatment center I went to was amazing, and I learned so much from the staff and the other women there. At the same time, it was not trauma informed. During my intake, they asked if I had ever been sexually assaulted, and I answered yes. That answer meant I was immediately assigned to the all-women’s unit—nothing more and nothing less. I guess back then, being a survivor of sexual violence just meant you couldn’t be around anyone of a different gender. That felt odd to me at the time, but I had much bigger issues to contend with and didn’t have the energy to really question the decision. I just wanted to stay alive another day.

It wasn’t until I spent a night listening to a speaker who had successfully completed the program that the reality of my situation hit me. If I wanted to really recover and avoid ever reaching that horribly dark emotional place again, I had a lot of work to do. In her sharing that night, the speaker said, “My

secrets keep me sick.” I didn’t know it yet, but this is a common saying in Twelve Step programs and for good reason. The truth of it hit me like a ton of bricks. I had walked into rehab with countless secrets. Things that had happened to me, truths I had known but couldn’t share, thoughts that were so dark I couldn’t imagine ever speaking them aloud. Every time something bad happened, I would compartmentalize it inside my mind, body, and spirit. Each secret, each dark and painful experience, had its own proper place, and I kept them all under lock and key. But that night after my mother’s death, I learned that there is only so much room in one person to contain that kind of suffering. When I heard that woman say her secrets kept her sick, I intuitively realized that if I was going to be successful, to really live a full and happy life free from my addictions and free from the desire to constantly harm myself, I was going to have to dive deep into these secrets and unlock doors inside of me that had been sealed off for a very long time. I was going to have to look at and process the worst moments of my life.

There wasn’t a method for this work within the walls of my treatment center. There were plenty of exercises to help process the wrongs we had committed in our addictions, and we talked a lot about making amends and being accountable. This is all very important work in any type of recovery. But there was a huge step missing for those of us with histories of victimization: how do we process the wrongs *others* had committed against *us*? We never dove deep into the actual sources of our pain.

I believe that everyone’s addictions have a root or a source. For me, I can trace the start of my alcohol and drug use to my first assault when I was twelve. I used drugs and alcohol to escape a pain greater than my body, mind, and spirit could process, and that use led me to more pain and more trauma. This pattern developed into a destructive cycle. Something bad happened,

I felt pain, I couldn't deal, so I used, and so on and so on. It was a self-fulfilling prophecy. Maybe you can already identify one event that triggered the start of your cycle of addiction and trauma. Or maybe the source is more insidious than that. For many of us, it was not one event but a slow, consistent buildup of pain over time that led to an increased desire to escape. Abuse, mental and physical health issues, family dysfunction, marginalization, oppression, subjugation, financial hardship, grief . . . the list of potential sources of trauma and addiction is, unfortunately, long.

That stay in rehab marked the beginning of my recovery process, but it wasn't nearly enough. For those of us suffering from both addiction and sexual trauma, regardless of which came first, we cannot treat only the addiction. After rehab, I started attending Twelve Step meetings, which have been amazingly helpful for me. They help keep the fire of my addiction at bay. But I realized that I could not just layer addiction treatment, Twelve Step meetings, and sponsorship over that degree of pain. I had to systematically and simultaneously deal with the pain and trauma that was boiling underneath the addiction. If I didn't address my trauma head-on, I would just be putting a Band-Aid over a bullet hole. I would be continuing to ignore and cover up the root problem. A Band-Aid will hold for a while—it may get you through many days of picking up chips and celebrating a newfound life in recovery. But if the kindling of trauma is still slowly burning underneath it all, that Band-Aid will eventually fly off and lead to a relapse, which could be deadly.

This is why many people find themselves relapsing after years and years of solid addiction recovery. I remember listening to Mackenzie Phillips talk at an addiction conference. She spoke about how she finally managed to get some solid clean

time under her belt after struggling for years with her addiction. She became a pillar of her recovery community for over a decade, and then her father died. If you know about her history, you know her father sexually abused her for a large portion of her life. His death reopened a gaping spiritual, emotional, and psychological wound that had been festering beneath the Band-Aid of her recovery. The foundation for her life in recovery was well constructed, but it had a serious underlying flaw. She had never dealt head-on with her past childhood abuse. So she relapsed hard. It wasn't until she found a treatment facility that identified this issue and helped her work through it that she really found true, sustainable recovery. She now serves as an advocate for recovery from addiction and sexual trauma. She has written books about her experiences and travels the world spreading a message of strength and hope. Her story is the perfect illustration of how untreated wounds in recovery can lead to devastating relapses. She was lucky; she survived. So many out there struggling with these demons are not lucky, and their relapse means a life ended.

My fundamental belief about addiction recovery is this: to obtain long-term, sustainable recovery, we must get to the bottom of what motivates us to use. Why do we feel the need to punish ourselves? What are we running away from? What is the underlying feeling? Is there one traumatic event in our history that led us to want to drink or use or harm ourselves? Was it numerous events? A long history of abuse, harassment, hardship, or marginalization? What is that thing that makes us want to pick up our drug of choice even when everything seems to be going well? If left untreated, that thing could destroy everything for us.

When I finally got a glimpse of some real clean and sober time, I started to wake up. In my newly sober state, I started

having to look at the things I had avoided for many years. All my wounds were there, like old movies ready to play repeatedly in my head. I could process some of them with my sponsor and Twelve Step group, but in many instances, my pains were so dark and deep that I needed additional therapeutic help. Some things in my history I could not speak about in my addiction recovery meetings because it wouldn't have been appropriate. And, quite frankly, speaking in such a vulnerable group about my history of sexual trauma without first processing it with a professional could have further injured myself or others in my group. Twelve Step meetings are a safe and amazing place to help release the desire to drink or use and to find collective support to not turn to the things that harm us. But they are not the place for deep-rooted therapeutic discovery. Dealing with trauma and victimization is best left in the hands of professionals who can walk us safely through our past experiences so that we can get to the very root of the *why*. If we know the *why*, then we can fully treat it and be free from the core reasons we use.

Once I realized that not only the rape but every other trauma and victimization that came before and after it were my *why*, it was clear to me what I had to do to extinguish that kindling for good. I had to start unpacking myself, my feelings, the traumatic events in my past, and the facts about myself that caused me to feel shame. I could do this only with the help of a trauma-informed therapist. My therapist knew when to push me and when to allow me to be gentle on myself. She had years of experience dealing with trauma and was trained specifically on how to assist me on this journey in a way that would not do more harm or force me so close to the edge that I would fail and use. It has taken me years to do this, but the very understanding that I needed to do it was enough to keep me moving down a path that led to freedom from addiction.

Working on strengthening my coping mechanisms and releasing all those demons tightly stored inside my heart, mind, and soul gave me more freedom than I could have ever imagined. Each time I released some of the darkness inside me, I made room for the light, for the freedom of a new life and a better understanding of myself. That self-awareness has been one of my strongest tools in recovery.

I don't do this recovery thing perfectly every day. Trust me. I am human, and I make mistakes. What's different today is that there isn't any kindling burning underneath my foundation anymore. My recovery foundation is solid and strong. I built it myself, and I know every inch of it. So now, when something traumatizing happens in my life—because, let's face it, life on life's terms brings hardships as well as joys—I don't have to deal with those old layers of trauma anymore. I am able to focus solely on the issue before me, and I have the tools to deal with it in a healthy way.

This is my hope for you. I want you to find this freedom in your recovery. I want you to awaken to a version of yourself that has been waiting for you, just beyond the threshold of the pain. You have to be willing and able to walk through that pain. Trust me, I have tried all the other ways of healing—walking around, jumping over, avoiding—but it was only when I walked *through* the pain, the experience, and the hurt that I truly found freedom from it all. We do not get over things. We get through them.

I want to help you build a rock-solid foundation so when life throws you off balance, you will have plenty of supports to lean on. You can use this book as one tool to guide you in that process. Throughout this book, you will be asked to explore your trauma and your healing process in several different ways. Doing this type of writing and self-exploration can be hard. It can conjure up feelings you may have not experienced in a

very long time—or ever. Please make sure to deploy safe coping mechanisms. If you don't already have a trauma-informed therapist, it might be a good idea to find one before you start the exercises in this book. If you find that you're having difficulty processing the feelings brought up by this book, or if you feel you are in danger of returning to unhealthy coping behaviors, take a self-care break. Set up an extra session with your therapist, meditate, share your new feelings with a trusted friend, do some stretching, go for a brisk walk, do fifteen jumping jacks, take ten deep breaths, blast your favorite song and sing at the top of your lungs, or do something else you know will help release your feelings in a safe way. If you don't have a trusted person to talk to and are feeling overwhelmed, please consider calling a victim services hotline or crisis hotline to talk through your response with a trained counselor.

Many of the examples and perspectives in this book come from more than twenty years of experience working in the victim advocacy field, where I support crime victims as they navigate their way through the various justice systems. I have had the privilege of working with a diverse group of victims, survivors, warriors, and thrivers with stories very similar to and very different from my own. Some of the tools and examples included here may be very helpful to you. Others you may not find useful at all. As we say in my Twelve Step groups, take what you need and leave the rest. Let me also take a minute to address the language and terms I'll use in this book. *Sexual violence* is an umbrella term that refers to all unwanted sexual acts, including single or repeated acts of sexual assault, rape, long-term sexual abuse or incest, and others. *Sexual trauma* is the trauma that results from any and all types of sexual violence. I also refer to myself and others as both a *victim* and a *survivor* of sexual violence. Everyone identifies differently. I have used

terms like *warrior*, *thriver*, and many others. Choose what feels right for you. When referring to my addiction, I use the terms *addict* and *alcoholic* because this is how I have identified for a long time. I know not everyone likes or embraces all of these terms and for valid reasons. Please know that when I use these terms and others, I aim to be as inclusive as possible—to reduce stigma, not promote it. Describing what each of us has experienced is difficult, to say the least. Feel free to mentally replace unwanted terms with whatever words you feel best describe you and your circumstances. I see you, you are valid, and I want to include you.

I bring to this book all the knowledge I've gained through my experience as a victim's rights expert, a survivor, an advocate, and a person in long-term recovery. But I'm not a clinician, and this book is not meant to be a clinical guide to treatment of trauma and addiction. My primary qualification for writing this book is that my life is proof that recovery is possible. I'm a survivor of sexual trauma and long-term addiction. And today, I am not just surviving—I'm thriving. I have a rewarding job where I am able to help people like my teenage self every day. I have an incredible wife and son and so many blessings to live for. I was able to achieve all this because I was lucky. After that final suicide attempt, I intuitively knew what support I needed and had the ability to find it. Not everyone is that lucky. This book is my way of paying it forward to everyone who hasn't had the same fortune so far. I don't want you to have to start from ground zero in your recovery process. I will let you know what worked for me and what has worked for the many other survivors I have had the opportunity to meet, so you can figure out what works for you.

I recommend you read this book in chunks, one chapter at a time, so that you can take the time to process the information

presented, really work on the exercises, and reflect on the meditation and mantra that end each chapter. If you decide to read multiple chapters in one sitting, I strongly encourage you to revisit each chapter and give yourself plenty of time to fully complete the exercises. I recommend getting a new blank notebook and keeping it beside you as you read. You can use your notebook to answer the questions in the exercises and to jot down any notes or thoughts that occur to you as you're reading. It can be incredibly helpful to go back through your notes at a later time when you're in a different headspace or bring your notebook to your next meeting with your sponsor or therapist. Several of the steps I recommend in the exercises have been truly life changing for me, and that may be true for you as well.

This book is meant to be a journey, not a destination. You should arrive in a different place at the conclusion of it, but you may find that you have more questions than answers. Like me at my moment of realization in rehab in 1997, you may be frustrated to learn that you have much more work to do on yourself than you ever thought—and that's okay. Processing traumatic experiences and learning to recover from them is a process that takes time. And the shape or form of that process may look different for you each day. Above all, be gentle with yourself, and give yourself the time necessary to deal and heal. There is no set time frame for healing. Your unique process is dependent upon your own willingness, desire, and ability to allow yourself to experience, feel, and heal in a way that is safe for *you*. Never let anyone dictate the course you should be on or set a deadline for your personal growth.

My story is proof that there is hope; there is a place beyond the pain. This place is born from the pain but is not owned or defined by it. That is healing. That is hope. The awakening

you deserve is available to you. That is the reality waiting for all survivors—for you. Not your pain, nor your offender, nor anyone else who doubts your strength gets to finish your story. *You* have the power to write your ending. *You* can grow through it and become everything you have ever dreamed of and more. I wish you well on your journey of healing growth.

With much love and respect,
Jennifer Storm

If you are having thoughts of suicide, call the National Suicide Prevention Lifeline at 800-273-8255, or text with someone on the Crisis Text Line by texting HOME to 741741.

If you need to talk with someone about being raped or sexually abused, call RAINN's National Sexual Assault Hotline at 800-656-4673.



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Trauma

I had to sit there and relive that strange night. It only came to me in bits and pieces that I didn't ever want to recall, as my lawyer gently tried to pull details from my absent mind. I wasn't really there. I heard noises all around me: the quiet consultation of this man and his lawyer and the questions my lawyer asked. I sensed my parents' dull silence, but I was above it all as though floating in a protective bubble.

—BLACKOUT GIRL, PAGE 18

TRAUMA IS A NORMAL RESULT of experiencing an abnormal event. We may have experienced many very abnormal, traumatic events in our lives. In particular, we may have experienced some form of sexual violence. I think we can all agree that rape, sexual assault, and sexual abuse should be considered very abnormal events—despite how common and normalized these experiences have become in our world. In the United States, a person is sexually assaulted every seventy-three seconds.² One out of every five American women (21.3 percent) and 2.6 percent of American men have experienced an attempted or completed rape in their lifetime.³ No matter how much our society tries to normalize this, it is *not* normal for the human body, mind, or spirit to undergo such trauma.

Those of us who keep track of these statistics know that widespread sexual violence is by no means a new problem—we’ve seen rates this high, or higher, for as long as we’ve been keeping records of this data. However, a decade ago, it was very rare to hear the stories behind these statistics, see the faces of the victims, and hear their truth. Today, we are constantly hearing, seeing, and experiencing the traumatic impact of sexual violence in our society. You can’t open your social media feeds or turn on the news without hearing about another horrifying case. The constant barrage of news about traumatic events is assaulting in its own right, especially for those of us who have experienced similar events ourselves. The fact that this national health epidemic is finally being acknowledged is vital for educating the public about the importance of preventing these crimes. Telling their stories publicly can also be very healing for some who are speaking out. We as a society want and need to keep hearing these stories. But we also have to understand the impact it is having on all of us—survivors and allies alike.

While sharing our stories can be healing for many of us, it can also be incredibly retraumatizing. It is dangerous to expect anyone to reveal and relive some of the most horrible moments of their lives without also ensuring that these survivors, as well as everyone listening to their stories, have access to adequate, effective, and affordable trauma-informed treatment, therapy, and victim services. Unfortunately, we often see quite the opposite.

• • •

In 2011, a few years into my work as a victim advocate, I worked on the Jerry Sandusky case. That year, a Pennsylvania grand jury report unmasked Sandusky, a once-celebrated Penn State football coach, as the vile predator that he truly is. Pages upon pages detailed the heinous acts he committed on young boys for

decades. It was the stuff of nightmares. Many brave young men came forward and spoke their truths, exposing their darkest hours. While our attorney general's office did a phenomenal job of putting a solid case together, it failed in one core area. It had no victim advocates working with these young men. Once the police learned about the abuse, investigators began showing up at the doors of possible victims, asking probing questions about their experiences with Sandusky. Most responded by saying, "I want a lawyer." Later, these young men would be shamed significantly for asking for their legal right to representation. In fact, it became part of the defense's case in trying to dismantle the credibility of these brave survivors. In reality, they were just doing what most people would do, what the media tells us everyone should do if the police start asking questions about our pasts.

It's important to understand that, at the time these officers were knocking at their doors, none of these men knew how widespread Sandusky's abuse was. The silence, shame, and secrecy Sandusky imposed on them led each of the men to believe he was the only victim. Many of them had never told anyone about the abuse they endured, and they had no desire to relive it. Most of them immediately denied the abuse to the police, slammed the door shut, and called an attorney out of fear and self-preservation. Then the reporters came knocking, and it became obvious that something bigger was happening.

All of these young men came from homes with significant poverty and family turmoil. Most did not have a positive male role model or any father figure whatsoever. Then they became interested in football, and a famous and highly respected college football coach started taking an interest in them. He started taking them to games, bringing them onto the field to meet their sports heroes, taking them into the team locker rooms,

and buying them football gear and other items that their own families could never have afforded. Sandusky did all this while telling the boys how special they were, how important they were, how loved they were. Trust was built, respect and admiration flooded their young minds, and they looked up to Sandusky as a god. As a savior and, for many, as the father they never had.

Then, slowly and strategically, Sandusky introduced the abuse. One man recalled it starting with Sandusky's hand on his knee while they were driving. He said it did feel odd at first, but he overlooked it because he trusted Sandusky. Eventually, Sandusky's hugs would get just a bit longer. When wrestling and playing, he would tickle them lower on the body, just brushing their private parts. These were all small tests as Sandusky was grooming them. For these children, these were confusing moments. But then it would stop, and they were off to the next amazing experience, the next toy or meal or trip. The boys loved and admired him. So when the grooming evolved into direct sexual abuse, no matter how uncomfortable the boys felt, most of them continued their contact with Sandusky. They were scared and confused. They feared what would happen if someone found out. They feared for Sandusky, for their families, for Penn State football, and for themselves. And they relied on him for so many of their emotional and physical needs at this point—they were scared of what would happen if those good things went away. They were so young. The victims we know of ranged from seven to thirteen years old at the time of Sandusky's abuse. Many of them had never been taught anything about sexual contact—good, bad, or indifferent. Their young brains could not process what was happening to them or figure out what to do in response.

This is the reality for most child victims of sexual assault, a reality that the general public often does not understand.

According to the Department of Justice, 93 percent of perpetrators of child sexual abuse are related to or known to the victim.⁴ This prior relationship further confuses victims and increases the shame, fear, and silence that come from these horrific crimes. It is very common for perpetrators to tell their victims that bad things will happen to them, to their friends, and to their family if they tell anyone what is happening. Victims are told that the abuse is a secret, that they are bad, that no one will believe them, that they will lose everyone and everything they love if they make the wrong move. So they endure the abuse and try their best to focus on the good parts of the relationship. And then, when they do finally come forward, or when a police investigator comes knocking on their door many years later, our societal and institutional responses often only further their trauma.

As a society, we are improving these systems and responses. But we still have a long way to go. Victims of sexual violence are often offered little to no support to help them navigate the criminal justice process. There is also still very little recognition of how a victim's trauma might affect the way they respond to the process itself. In the Sandusky case, the only assistance these victims received was from their attorneys. Attorneys are a vital resource for every person involved in the justice system, whether a victim or a perpetrator. But law school does not prepare attorneys to emotionally support traumatized victims. That's not their job. An attorney's job is to explain the criminal justice system to their client and use their knowledge of the law to represent the client in the best way possible. In the Sandusky case, many of the victims' attorneys openly admitted that they had no clue how to deal with the emotional and psychological effects many of these young men were experiencing. Thankfully, two of these attorneys knew me well and called to ask for help

for their clients. All of a sudden, reminders of these victims' worst experiences were all over the news and all around their communities. It brought up a tidal wave of trauma that crashed all over their lives. Many of them, with no therapeutic support at all, were drowning.

I'm telling you about these victims because their reactions to their abuse as children, and the way that they were treated by the media and the criminal justice system as adults, reveal a lot of difficult yet common truths about the aftermath of sexual violence. We will unpack these truths throughout this book. But if we want to heal from our trauma, the first step is to understand what trauma is and how it manifests in our lives.

• • •

Let's begin by looking at the immediate chemical and biological responses to a traumatic experience. A traumatic experience can be any event or long-term situation that creates an overwhelming amount of stress. Each person is different, so the same event may be traumatic to one person and cause only temporary stress in another. But sexual violence of any kind is often incredibly traumatic for the survivor.

Most people think they know how they would respond if they were attacked. Most of us say, "I would scream; I would fight; I would run!" Most of us want to believe that we would fly into superhero mode and avoid being harmed—that we would have the ability to protect ourselves. In reality, this is rarely the case.

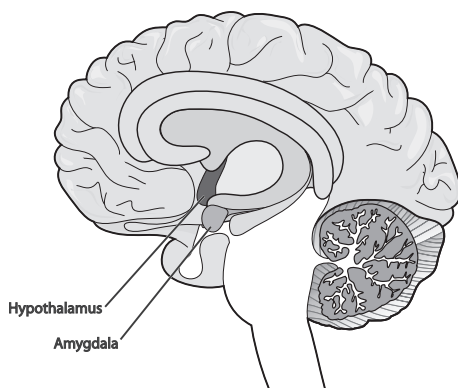
Let's be very clear here: not all sexual assault or abuse involves violent force. Some rapes happen with very little noise, very little additional physical violence. The actual assault, the act of one intruding upon another's body sexually, is violent in and of itself, no matter the size or strength or relationship of

the victim and the perpetrator. A sexual assault is one of the single most violent acts a human can experience. There need not be additional force, bruising, or physical harm done to the victim. Many times, the sheer force of a perpetrator's body mass on top of the victim's is pressure enough to render a victim unable to fight, unable to scream, unable to move. Sometimes, as with the young victims in the Sandusky case, the perpetrator's emotional manipulation prevents the victim from even considering screaming or running as an option.

Yet the absence of visible signs of an attack—like a black eye or a bloody wound—leaves people with the misperception that the victim is okay or at least has not been harmed as much as if they were injured physically. This is a common misnomer in our society and one of the biggest forms of victim blaming and misunderstanding. Trauma leaves invisible wounds. The wounds are emotional and psychological, and if people could be shown the scans that illustrate trauma's impact on the brain, they would see the very real harm done.

We often talk about our biological response to a threat or stressor as our fight-or-flight response. Because we discuss response to threats in this limited way, we all naturally assume that most of us will either run away from a threat or stand our ground and fight. These are in fact possible responses, but this way of thinking leaves out other more common and very normal responses. The focus on fight and flight as the only valid responses has contributed to a culture of victim blaming and shaming and the internalization of that guilt, shame, and humiliation by victims who feel they didn't respond to a traumatic event in the "correct" way. So, let's look at all of the possible responses a victim might have and why no response is more correct or valid than another.

Let's break down your brain to explain what happens in moments of a threat or traumatic experience. You can think of your brain as a very powerful computer. It powers our bodies, stores memories, and determines how we react to specific events, including traumatic ones.



Let's start with the amygdala. The *amygdala* is a small, almond-shaped structure located deep in the middle of the temporal lobe. The amygdala receives information from our sensory organs (such as our eyes and ears) and helps to emotionally process that information. The amygdala is designed to detect and interpret threats around us and communicate that information to the *hypothalamus*. When the hypothalamus receives the amygdala's message that there is an active threat, it activates the fight-or-flight response. Think about a time when you were presented with fear or perceived danger. Most likely, your senses became heightened. You may have felt your heart racing or breath quickening. You may have felt suddenly more alert. That response is due to the hypothalamus activating the automatic nervous system, which controls many of the involuntary

functions of the body. Part of the automatic nervous system is the sympathetic nervous system, which is what tells the body to produce more adrenaline and speed up these processes. In essence, when a distressing situation is detected, the brain interprets getting rid of that threat as the absolute top priority. Areas of the brain that are focused on more methodical, logical tasks are overridden until the threat is gone.

Psychologist Daniel Goleman talks about this process in his 1995 book, *Emotional Intelligence: Why It Can Matter More Than IQ*. He coined the term *amygdala hijack* to describe our brain's primal function to protect us against threats and danger. When we are in a situation that the amygdala interprets as very dangerous, the more rational parts of our brain get overridden, or hijacked, by stress hormones. These hormones act as stimulants in your body—they may trigger a rush of blood sugar to fill your body to give you more energy; the pupils in your eyes may dilate to enhance your sight; and your blood flow can rapidly increase to allow for increased muscle capacity and speed. Even your airways relax so you can take in more oxygen. Physical symptoms can be the heart racing, sweating, goosebumps, rapid breathing, blurred vision, and more.

These stress hormones are the same chemicals that are released by athletes when competing—they prepare the athletes' bodies for the competition ahead and allow them to perform at maximum capacity. Most of us are not trained athletes, and we do not possess the skills necessary to harness these hormones for productivity. We have not trained for rape or other extreme traumatic experiences the way a runner trains for a marathon. Therefore, these biological responses leave us feeling completely overwhelmed. This is not to say that a trained athlete would necessarily know how to respond to a dangerous threat any differently than a nonathlete.

A rape is very different from a marathon. Just because someone is used to experiencing rushes of adrenaline and cortisol and can control them in one environment does not mean they could do the same when presented with a dangerous threat.

In addition to fight or flight, there is a third kind of response to a threat that we don't talk about nearly as much: freezing. Freezing is another completely normal way our brain and body respond to a fearful or threatening experience. And, in my experience, it is much more common among victims of sexual violence than fighting or fleeing. Think of the commonly used simile of feeling like "a deer in headlights." Almost everyone has had that dream where they are paralyzed by fear, when they try to move and they cannot, or they try to open their mouth and scream, but nothing comes out. This is a very common response to sexual assault. Victims become immobilized and so fearful of what's happening and what else could happen that their bodies and minds freeze. They cannot move; they cannot talk or scream or punch or run. Although it may seem counterintuitive, this reaction can also be our body's way of trying to protect us. Sometimes our brains and bodies decide that, in a specific circumstance, it's not a good idea to try to fight or flee. Sometimes trying to fight or flee could put us in even more danger.

If you've seen any news reporting or responses on social media about stories of sexual violence, you've likely noticed that it's very easy for people to create space between themselves and the victim in the case by asserting how they think they would respond in a similar situation. How often have you heard someone say things like this in response to a news story about an assault?

- “Oh, I would have never gone into that situation.”
- “I would have screamed so loudly—why didn’t they scream?”
- “I would have fought—no way would I just let someone do that to me.”
- “That response doesn’t make sense. There must be more to that story.”

These are the types of statements we hear all the time from everyday people about allegations of rape and sexual assault. This blame game puts distance between these observers and the victim in the case by portraying a false narrative that *they* are somehow immune to such a crime. That rape or sexual assault couldn’t possibly happen to them because they would scream, fight, kick, yell, run. It creates a false sense of safety for that person, and it perpetuates an inaccurate portrayal of traumatic response for whomever happens to be listening. These statements and assumptions are what lead to victim blaming and shaming.

As horrible as it can be for victims to see these kinds of comments in the news or on their social media feeds, they can be even more dangerous than that. A victim-blaming mindset creeps into the minds of jurors and even attorneys, judges, and police officers who haven’t been properly trained on how wrong these ideas are. Misinformed assumptions on how a person *would* or *should* act when faced with sexual assault puts into question every single action, or lack of action, on the side of the victim. This is how cases of sexual violence become all about the victim and not the perpetrator. How often do you hear people say things like this in response to a news story about sexual violence?

- “Well, I would never have taken a woman into a back alley and raped her.”
- “I would never have forced myself onto an intoxicated person.”
- “I would have accepted no as an answer and stopped pushing that person to have sex with me.”

Probably never. Comments like this, which rightfully place the blame on the offender and their actions, are unfortunately far less common.

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Let’s also touch on another major factor in a very large number of sexual assaults: intoxication or inebriation. We hear a lot about the dangers of “date rape” drugs such as Rohypnol (roofies) and MDMA (ecstasy). These drugs do exist and are very dangerous. We also need to acknowledge that alcohol remains the most common drug used to facilitate sexual assault. Encouraging a person to drink alcohol is easy; it’s cheap, it’s accessible, and it’s cunning. Drinking alcohol is considered so normal in social situations that a perpetrator can often easily convince someone to start drinking, or drink more than they originally planned, without raising any suspicion. When I was raped—not once, not twice, but three times in my life—every assault involved alcohol. This is, unfortunately, true for far too many victims. We often talk about alcohol being a factor in rapes on college campuses, but my assaults happened way before college age. When I was twelve years old, a man more than twice my age plied me with alcohol and got me so intoxicated that I lost consciousness, and he raped me. When I was fifteen, I had only had a couple of drinks and was still alert—my rapist was also drinking when he raped me. I tried to fight, but he was far too big for my five-foot-three,

115-pound body. When I was seventeen, I was passed out from drinking when a thirtysomething scumbag raped me.

We most often hear about alcohol-related sexual assaults happening during college because we have far more data on these assaults. In college cases, at least 50 percent of sexual assaults involve alcohol, and 90 percent of those assaults will be committed by someone known to the victim.⁵ But we cannot assume that middle school and high school students are immune to this risk. As long as young people have access to alcohol, as many of them do, there will be an increased risk of sexual assault.

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Traumatic events and situations also greatly affect our memories. Traumatic memories are stored differently within our brains than nontraumatic memories. We can often easily recall an experience that created an emotion and then tie it to what that means for us. For example, going to the beach is a strong sensory experience for me that also connects to emotions. The smell of the salty sea brings forth an energy that surges through my body; the sound of the rushing waves crashing upon the shore is deeply relaxing and comforting to me, and the sight of the never-ending vastness of the ocean conjures my curiosity. For me, going to the beach is a good and safe memory. When I recall these sensory images, I am able to reason that the beach is my happy place. It offers peace and solace, and my intellectual reasoning allows me to understand that the beach is a valued and important place for me. With a good memory, you can fully grasp how you felt and what happened, and you can talk about the good memory without interruption or confusion. It exists in your memory in a chronological way. It is linear. It started this way . . . and ended

this way. It simply flows, as do the connections in your brain that record and store the good memory.

Conversely, when a traumatic experience such as sexual violence happens, it adversely affects the parts of our brain that process memory. The part of the brain called the hippocampus is responsible for capturing events in our short-term memory and “encoding” them in our long-term memory. During a traumatic experience like a sexual assault, the sharp increase in stress hormones we talked about earlier can make the hippocampus highly reactive. This is why some parts of a traumatic event, perhaps the moments that we most wish to forget, can feel forever trapped in our brain and recur in the form of flashbacks and intrusive thoughts. However, when we are in a state that is hyperfocused on what we interpret as the most pressing aspect of the experience—whether it be the perpetrator, or a weapon, or the color of a car—we may completely ignore other aspects. We may not be able to recall all of the details of who, what, when, and where the event occurred, because they were never encoded in our brains in the first place.

What’s left in our brains in the aftermath of these events are scattered pieces of the experience. This is why most victims of sexual violence cannot recall basic pieces of their own story. It’s why, when I was a twelve-year-old victim of rape on the stand at trial, I could not recall the specifics of what happened to me. I felt plenty of emotions connected to the experience, including anger, shame, guilt, and fear, but I could not reason or rationalize why I was feeling this way. Other times, I could wade through pieces of what happened, but I couldn’t feel the feelings. I would tell the facts in an almost disconnected and robotic manner, like I was telling someone else’s experience. People thought I seemed cold, and I would have inappropriate

reactions like laughter at serious moments. These are all very normal responses to extremely abnormal experiences. Our brains are incredibly complex and powerful machines that appreciate the need to protect and conceal in order for a person to survive the unthinkable.

Most traumatic memory reveals itself in spurts. It comes forward through senses like smell, touch, sound, sight, or taste. When a traumatic memory surfaces in the brain, it can bring forth all the same feelings and sensory experiences as the incident that created the memory in the first place. We call these *triggers*. Triggers are things that enable a traumatic memory or force a traumatic memory to the front of our minds. They often come to the surface quickly and throw us completely off balance. Your specific trauma triggers may never go away. I still deal with mine to this day. But I will tell you that you can learn to deal with them appropriately, so that they have much less control over your life. That is part of the important work we will do together throughout this book.

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If you take away only one thing from this chapter, I hope it's this: the way you respond to a threat, a crime, or a violent act is beyond your control. Your brain is biologically wired to respond to threats in a certain way, and there is very little you can do to alter that initial reaction. When you are confronted with an abnormal and dangerous event, your body is hijacked by chemicals that affect everything from your initial response, to your memories of the act, to your ability to cope and manage the stress of the event for months and years to come. While we do know some of the common ways our brains respond to threats, there really are no "normal" or "abnormal" responses. Your individual response to a traumatic experience will depend on your

specific brain chemistry as well as all of your background and experiences up to the moment of the threat.

There are common responses to sexual assaults, and everyone's response is unique. Even though it may seem contradictory, both of these statements are true. The next chapter will dive deeper into the long-term impacts of trauma on our brains, bodies, and lives. In that discussion, this same principle remains true: while there are some common reactions that many survivors of sexual violence share, every person is unique. I'll make this clear: no matter how you responded to the traumatic events in your life, no matter how much you were criticized for what you did or did not do in a specific situation, the violence perpetrated against you was not your fault. *You are not to blame.*

We'll talk about and process this much more in later chapters. For now, I encourage you to try these exercises.

EXERCISE 1

Pause for a moment and try to recall a memory that brings forth happiness or peace for you. In your notebook, write down whatever comes to mind as you recall this experience. What do you see? What do you smell? What do you hear? What do you taste? Finally, how do you feel when recalling this memory? Can you write about the memory in a way that tells a story? After writing about the memory, think and write about the internal process you went through. Was it easy to write? Did the images and feelings conjure quickly, or was it difficult to remember certain parts of the experience? Write down any other thoughts you have.

EXERCISE 2

Pause for a moment and try to recall a traumatic memory—an event where you felt fearful or were hurt. If you don't feel ready for this right now, pause and return to this exercise when you're

in a better place, or do it in the company of your therapist or a trusted friend. The goal is to begin to explore your memories in a safe way, without pushing yourself too far. In your notebook, write down what comes to mind as you recall this experience. What do you see? What do you smell? What do you hear? What do you taste? Can you write about the memory in a way that tells a story? After writing about the memory, think and write about the internal process you went through. How does recalling this memory make you feel? Was it easy to write? Did the images and feelings conjure quickly, or was it difficult to remember certain parts of the experience? Write down any other thoughts you have.

EXERCISE 3

For the next week, observe how you respond to things that happen in your day-to-day life. Notice if there are any feelings or activities that bring forth memories for you. If so, take the time to write about each of them. Whether you think they are related to your trauma or not, write down the memories and what seemed to trigger them. Try to dissect those experiences to the best of your ability. Answer the same questions about these memories as you did in the previous two exercises. Did this chapter and what you learned change the way you see your experiences? If so, in what way? Elaborate on what you learned and if any of your thoughts or feelings have shifted as a result of this new knowledge.

Meditation

Today, I will forgive myself for any judgment that I may have held against myself for the way I responded to the harm I suffered. I affirm that I was not in control of the harm that came to me. My body, my mind, and my soul responded in the only way they knew how. I am strong. I am human.

Mantra

My response to trauma is mine and mine alone. I will release any judgment I may have about how I responded to the harm that came into my life. My mind, body, and spirit survived in the best way they could. I will no longer beat myself up over my reactions or responses to trauma.