



I feel alive and now I want to be alive.  
Don't get too far lost.

## What is trauma?

The conventional psychological understanding of trauma is that it is any safety-threatening event that 1) is sudden, unexpected, or not normal in a person's experiences; 2) exceeds the individual's perceived ability to cope; and 3) disrupts the individual's mental and emotional functioning in a way that interferes with activities of daily living.<sup>1</sup> Trauma can include natural disasters, war and combat, intentional human violence, or life-threatening accidents.

After a trauma, you may have access to whole memories of the incident, or parts of those memories may be suppressed. Fragmented memories are common and normal responses to trauma, and it is also common for memories to change over time. Neither you nor your supporters and loved ones should begin to doubt your claims of having been raped simply because your memories, and therefore your accounts, change over time. The fragments that seem to be missing will often later return to "haunt" you as they are triggered by some seemingly-insignificant reminder.

Post Traumatic Stress Disorder (PTSD) is the clinical term for the collected symptoms a person may experience after surviving a trauma. It includes:

- Recurring and intrusive recollections of the event. This can include memories, flashbacks, nightmares, etc.

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<sup>1</sup> I. Lisa McCann, Laurie Anne Pearlman. (1990) *Psychological Trauma and the Adult Survivor*. Psychology Press, p. 10.

- Inner distress when you are exposed to cues that relate to the initial trauma. For example, talking about rape causes you to feel nausea, gagging reflexes, or anxiety. Triggers for these reactions can include sights, smells, certain music, anniversaries of trauma, scenes in movies or TV shows, dental and OB/GYN exams, being grabbed, sexual intercourse, etc.
- Physical symptoms of stress when you encounter triggers related to the trauma: pounding heart, adrenaline, shakiness, tunnel vision.
- Efforts to avoid anything associated with the trauma. For example, avoiding certain places, skipping or dropping out of therapy, using self-injury or drugs to suppress feelings, being unable to talk about the trauma.
- Heightened fear of danger, and increased arousal of the senses for the purpose of remaining on “high alert.” You may experience irritability, anger outbursts, difficulty concentrating and remembering, exaggerated startle/flinch responses, and sleep difficulties.
- Changes in emotion: numbness, loss of pleasure, depression
- The symptoms last for more than a month, and interfere with your daily life.

Research finds that nearly *all* rape survivors meet criteria for PTSD in the first month after the rape, and the PTSD rates are highest among women who were raped before age 18.<sup>2</sup> After one year, the rate of PTSD symptoms drops to around half of all victims. It does not appear to continue to decline after that without therapy, which means that in the big picture about half of all rape victims carry PTSD symptoms. They will continue until some deliberate, appropriate effort is made to address the trauma and recover.<sup>3</sup>

That is exactly what you are doing by being in therapy.

### **What is Rape Trauma Syndrome (RTS)?**

When post-traumatic stress is caused by rape, the specific term for the symptoms of depression, flashbacks, avoidance, and anxiety you feel is Rape Trauma Syndrome.<sup>4</sup> It is very similar to PTSD, but with a few key differences:

- Exaggerated startle response, or hyper-alertness. Have you noticed that since the rape, you become more alert and uncomfortable when someone walks behind you? Or that you suddenly stiffen up when you are hugged, even by someone you love? Or that footsteps now cause waves of fear? These are “startle responses.”
- Guilt and self-blame about surviving behaviors used during the rape. Rape victims, with no exception I’ve ever found, struggle with some degree of self-

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<sup>2</sup> Saba W. Masho, Gasmelseed Ahmed. “Age at Sexual Assault And Posttraumatic Stress Disorder among Women: Prevalence, Correlates, And Implications for Prevention.” *Journal of Women's Health*. 2007, 16(2): 262-271.

<sup>3</sup> *Treating the Trauma of Rape: Cognitive-behavioral therapy for PTSD*. p14-17.

<sup>4</sup> Patricia Searles, Ronald J. Berger, editors (1995). *Rape and society: Readings on the problem of sexual assault*. Westview press, pp239-245. “Rape Trauma Syndrome” is not used as commonly today as it once was, but is still a useful term for the purposes of this book.

blame for the rape. Sometimes the self-blame is related to actions the victim did during the rape itself, such as walking to a place where she was told to go by the rapist, or removing her own underpants, or remaining silent, or not reporting the rape afterward. In a court case in Texas, a woman's accusation of rape was dismissed because she had asked her attacker to wear a condom, which the defense attorney portrayed as a sign of consent from her. In reality, all of these things were done for the sake of *survival*, in order to minimize the rapist's use of force as much as possible.

- Impairment of memory and concentration. Countless clients of mine are frustrated by their own inability to remember key details about the rape itself. The most common example of this is, "I can remember the rape, but I can't remember what happened before, and I can't remember what I did afterward." You may be unable to recall how you got to a certain place, or who else was there, or what you said during the rape, or what happened the rest of the day afterward. Even months later, concentration may be difficult; literally dozens of young women have been sent to me for "anxiety therapy" due to poor work performance or dropping grades and missed classes at college, when the real reason they could not concentrate is because of rape trauma.
- Avoidance of activities that arouse memories of the rape. One in three clients who begins therapy will drop out when the issue of rape is meaningfully introduced. Clients will "forget" or postpone assigned homework about the rape. Victims may use complex rituals of self-injury, meaningless sex, and substance abuse to numb or distract their feelings about the rape. On online web forums, victims will refer to "r\*pe" or "the incident" or "when it happened," but avoid the word "rape" itself.

One particularly strong trait of PTSD is the state of dissociation, a temporary flatness of mood in which a person's mental and emotional attention to a painful issue is briefly blocked.<sup>5</sup> The purpose of dissociation is to "vacate" (or literally, to "take a vacation from") an experience of stress related to the memory of trauma. Therapists also call this "splitting," which is a description of how a traumatized mind can be trained to work: the person "splits" their attention into parts, so that traumas like rape can be kept locked away in a compartment while other parts of the mind drape a blanket of numbness over the memory. The end result is a feeling of emptiness and emotional vacancy, floating passively in an imaginary world. It is as if the person sends their conscious mind outside of their own bodies so that the sensations within their bodies are not felt. The younger we are when trauma occurs, the more likely we are to use dissociation.<sup>6</sup>

Survivors of trauma often create a mental "wall" between their conscious thoughts and the memories of the trauma. But this isn't a solid wall; it leaks. Triggers such as sounds, smells, touches, and images that remind you of the trauma drill little

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<sup>5</sup> Anderson, G., et al. "Dissociative experiences and disorders among women who identify themselves as sexual abuse survivors." 1993 *Child Abuse Negl* 17;5:677-86. This study found an incidence of dissociation in 88% of sexual trauma survivors.

<sup>6</sup> Schiraldi, Glenn, Ph.D. *Post-Traumatic Stress Disorder Sourcebook*, McGraw-Hill, 1999, p20.

“holes” into that wall, allowing suppressed memories to burst through into conscious thought. Dissociation is an attempt to patch the cracks in the all again. You may have noticed that memories and triggers that cause you to dissociate are highly emotional, and usually nonverbal; that is, they are not logical thoughts that are easily managed. They feel powerful and unchallengeable, which convinces many trauma survivors “I just can’t deal with this.”

Dissociation is a short-term solution to emotional pain, but at the same time that it soothes immediate discomfort it also prolongs the total duration of trauma by postponing the re-emergence of those painful feelings.<sup>7</sup> It’s not a form of erasing emotions; it’s a form of compressing them into a mental box. Imagine stuffing more and more laundry into a drawer until it’s full; it takes more pressure, more effort to keep the drawer shut, and each time you have to stuff more into it, the risk of the contents overflowing is increased. Dissociation is a form of shutting a drawer on increasingly-compressed contents within it. Addressing other survivors, Shannon wrote,

Before I could dissociate by choice, it would happen automatically, like without me having any control over it. I know now that my dissociation probably saved my life. I would seek out violence on myself, and I would hurt myself. I always checked out to make it painless. It got to be very dangerous for me.

I think that you should probably REALLY search within yourself and figure out why this is happening, and what is going on when you do this. Maybe it is so you do not see something, or that you just don’t feel anything. I miss my “own little world” that I made for myself. It was white, and I sang silently to my self. It was my “safe room.”

I realize now that I do not need that place anymore, that I can save myself. I miss my dissociated world, but I have outgrown it. I can feel and experience everything like it is the first time ever. Some of my emotions are so bizarre that I am sure I have never felt them before. I never allowed myself to feel them. To be honest, I like to feel now. I feel alive, and now I want to be alive. I did not used to want that.

I can not tell you not to do it, but eventually you will have to stop, and really feel reality. You see yourself and feel out of control of your speech or physical movement, and that’s exactly what I did. When you start to process and reason why this is happening, you should be with somebody you trust. It can be scary to come out of that place you are in. It can be hard, and sometimes painful, but it is so much better in real life. Birds sing and I can feel water on my skin, I see color everywhere. I like color! White was beautiful in my world, but how could I live without the greens and blues and reds? Nothing is dull. Get help if you need it. Don’t get too far lost.

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<sup>7</sup> Gilboa-Schechtman, E. and Foa, E. B. “Patterns of recovery from trauma: the use of intraindividual analysis.” 2001 J Abnorm Psychol 110;3:392-400. “Sexual assault victims experienced more severe peak reactions and had slower recovery rates from their assault than non-sexual assault victims.”

Dissociation isn't entirely good or bad; it's a normal thing that most people do to escape anything from boredom to distress. Dissociation doesn't mean you are "crazy;" on the contrary for many people it has been a part of their emotional survival. That doesn't mean it's a good choice for a permanent coping skill because it only postpones dealing with memories, it doesn't eradicate them. In time, those memories will continue to intrude more and more until they are processed.

During your therapy for rape trauma, you and your therapist will address three ways in which you were victimized by your rape in addition to the obvious physical injuries from the rape itself. This may not happen in a formal manner—"let's look at Level One in today's session"—but all three will be addressed.

The first way in which your trauma victimized you was to demolish your beliefs and assumptions about yourself and the world. Your sense of safety, trust, and invulnerability have been shattered, and that can make the world seem very chaotic and confusing. It can also drain your previous self-image, causing you to feel stupid, weak, childish, ugly, and alone. This will make it difficult to accept help from others, to trust, and even to see yourself as a good and worthy person.

The second way you have been hurt is one of the most difficult to overcome. This is what I call the "second trauma," and it describes the daily re-injuring you receive from peoples' insensitivity, lack of support, and flat-out rudeness about your trauma. If you reported your rape to a hospital or police, you may have experienced this secondary wounding during a rape evidence exam, or by having to constantly repeat your story to a detective (who is deliberately trained to challenge you about details of your story). People may be telling you that your rape wasn't "real" rape because your perpetrator was a boyfriend and not a psycho in an alley. They may tell you to "get over it." They may even scold you for being raped, suggesting that it was *your* fault (when it wasn't). Ridicule at school, smirks on the face of your rapist if you see him again, rumors and gossip, and jokes are all forms of re-injury. "An individual becomes a victim in the primary experience of the rape act, but can be further victimized by negative and judgmental reactions following the rape incident," write Irina Anderson and Kathy Doherty, "which may prompt feelings of guilt or shame *on the part of victims* about their conduct in relation to the crime perpetrated against them."<sup>8</sup>

These secondary traumas are caused by ignorance, cruelty, burnout, misunderstanding, and other peoples' personal issues with the subject of rape. In response to these traumas, you may even find yourself doubting your own memory ("Did I imagine that? Did I misunderstand? Am I crazy?"), joining with your critics against yourself ("I know, I was stupid!" and "It was my fault. I put myself in that position." and "It's no big deal.").

The third way in which your trauma will affect you is by planting a type of "I'm a victim and nothing more!"-thinking. This is the self-rejection and self-hatred that rape victims universally experience. "I'm damaged goods," or "nobody will want to marry someone like me" or "I can't take the pain anymore. God has even forgotten me." While you have little control over the first two kinds of victimization, you can learn how to

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<sup>8</sup> Anderson, Irina and Doherty, Kathy. *Accounting for Rape: Psychology, Feminism and discourse Analysis in the Study of Sexual Violence*, 2008, p9-10.

overcome this part, which is good news because it is this level of harm that is most damaging and potentially fatal (through suicide, eating disorders, self-injury and addiction).

