

SEXUAL TRAUMA CYCLE

What happened to you or the person you care about is very personal and unique to your circumstances. You're also undoubtedly aware that you're not alone in having been impacted by sexual trauma. In fact, the problem impacts hundreds of millions of people around the world. Yet it's so rarely talked about that the average person has a limited understanding of the true scope of the problem. This makes it difficult for anyone—whether it's you or a powerful global leader—to address it or stop it.

You will be in a stronger position in your own recovery if you empower yourself with a working understanding of the global epidemic. It can help put your experience in perspective, and if engaging in activism is safe for you and your loved ones it can help you strategize. There's a distinct role for each of us to play.

In order to know where you or the person you care about fits into the broader schema, we've provided a crash course in the basics. In the long-term, your engagement with this material will likely extend far beyond what we can cover here, but our intention is that the Field Guide can be a strong foundation.

While no sexual trauma experience is the same, for the purposes of studying the global epidemic it is possible to characterize common situations and factors that a majority of impacted parties will confront.

That starts with a functional definition of "sexual trauma."

We use the word "trauma" intentionally to cover a wide array of experiences. You might be familiar with the range of violations, which span from incest to trafficking to war crimes. The differences between these experiences are significant, and you want to have awareness when you speak or take action.

For birdbrain, we use the word "trauma" because we don't want to fixate on legal definitions. This isn't a court of law, and if something happened to you or your loved one that was traumatic we want to address it. No one is demanding that your experience be classified or that proof be produced. Much like America's drug laws, the framing of sexual violence in penal codes could use some work. They're usually based exclusively on heterosexual beliefs and focus narrowly on penetration by a penis or foreign object. They are highly gender biased. There's essentially no consistency when it applies to teenagers. The statutes of limitation are completely out of sync with the amount of time it takes most victims to come forward. They are designed to feed the prison industrial complex while failing to address the culture of sexual trauma within prisons. It's a mess. You'll google it and fill up your entire notebook with furious exclamation points.

In fact, a lot of the information compiled here is infuriating. Sickening. Discouraging. But we can't do anything about it if we don't know what's happening. Let's just face it matter-of-factly together.

Remember, we will do something about it.

the stages of sexual trauma



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EVENT

TYPES OF TRAUMA:

Incest · Molestation · Marital Rape · Acquaintance Rape · Abuse by Authority Figure · Stranger Attack · Gang Rape · Trafficking · War Tactic

The term “sexual trauma” encompasses a wide range of violent acts. Each context in which a person experiences trauma has a distinct intent and impact. It’s important to understand the differences.

- Was the assailant known to the victim?
- What was the power dynamic between them?
- Was it an isolated incident or sustained?
- Was there premeditated intent? Miscommunication?
- Were multiple parties involved?
- Was it part of an economic or military structure?
- What was the victim’s age, attributes, location, and socioeconomic status?

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CRISIS

This is the period during and immediately following the sexually traumatic event. The event could be isolated or sustained. The direct aftermath can include a period of weeks or months or years in which a victim is unable or barely able to participate in basic life activities.

- This period is characterized by shock.
- What happens now?
- A victim is facing difficult decisions alone and deciding who to trust.
- There might be physical wounds that require medical attention.
- There is an optimal, short window for informing authorities and acquiring evidence.
- It’s likely that the victim still has to show up for work and meet social obligations.
- Judgment might be impaired.
- Members of the victim’s support network might be unequipped to help or experiencing adjacent trauma. In some instances they could be involved in the trauma.

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DISCLOSURE

When the trauma ends, the immediate decision victims must make is in two parts: naming what happened and whether to disclose it. The first step is an internal evaluation of whether what happened constitutes a criminal act. The second is a cost-benefit assessment of whether it is safe to present the information to loved ones, faith leaders, colleagues, law enforcement, or health professionals.

- If the victim is a child or adolescent, their judgment will reflect their capacity and relationship to caretakers and authority figures.
- There are complex layers involved when the assailant is known; this occurs in instances of incest, molestation, marital rape, acquaintance rape, or abuse by an authority figure.
- Premeditation by the assailant and communication between parties can also be relevant factors when determining criminality. Victims often blame themselves in these instances or seek justification for an assailant's actions.
- Criminality is relatively clear to victims in random events perpetrated by strangers.
- In instances of coordinated violence by groups, human traffickers, and military operatives the fear of repeat incident or brutal retaliation discourages disclosure.
- Disclosure requires a reliable recipient of information. A victim in crisis mode must evaluate all potential options to determine if they'll be heard, acknowledged, protected, and encouraged to continue the process.
- Specifically, in trafficking, the victims may have crossed borders and be unable to navigate a new location or communicate in the local language.
- Specifically in war, there may be no authoritative body to which the events can be disclosed.
- Due to shock and other crisis circumstances, there may be a delay in disclosure. This could be hours, days, years, or decades depending on the situation.
- Unfortunately, delays in disclosure to authorities have a negative impact on legal recourse—and sometimes social recourse.

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If sexual trauma victims are able to identify what happened as a violation or a crime, they must then consider if it's possible to pursue corrective action. They can pursue this legally through the justice system, or outside of it in social scenarios.

- A majority of sexual trauma victims don't ever disclose and don't seek recourse of any kind. This can be due to concerns for their personal safety, a desire for privacy, or a belief that attempts for recourse will be unsuccessful.
- It's well known that within the legal system, few assailants are arrested, convicted, or receive jail time for their actions. It's also expensive.
- In instances where assailants are known to the victim or generally speaking, victims might not desire for assailants to serve jail time.
- Due to the fact that so few instances are disclosed or reported, there is little data available regarding what kinds of recourse would be a more desirable alternative to jail time.
- Restorative justice and other conflict resolution practices are something that advocates for prison reform promote. They are not yet widely practiced.
- Seeking direct communication with an assailant to process what happened is highly unsafe without professional mediation. This would require disclosure.
- Social recourse without the assailant's participation can include simulating a confrontation in a safe environment, positive self talk, prayer, seeking support groups, anger management techniques, or an array of healing modalities. It could also include seeking comfort from safe people who are familiar with the situation.
- It's completely inadvisable, but many folks also seek social recourse through the form of revenge or vigilantism. In fact, many trauma victims don't disclose out of fear that loved ones would commit a reactionary crime.
- For some victims, in order to end the trauma they have to commit a crime and find themselves in legal trouble or prison.

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SUPPORT NETWORK

Throughout the exhaustive stages from trauma to recourse, victims need to rely heavily on a support network. This can include friends and family, romantic and sex partners, colleagues, faith leaders, and healthcare providers. Some professionals are considered mandatory reporters, meaning they are required by law to act on information about sexual trauma. Support may also include inspiration from strangers who've shared experiences publicly. While the need for immediate support may reside as time passes, the events will always be part of a victim's life and worldview. Supportive people willing to go the distance are critical to long-term recovery.

- As there are very few resources for sexual trauma victims themselves, there are even fewer resources for members of their support networks.
- It would make sense for something like what Al-Anon is to Alcoholics Anonymous to exist, but it does not.
- Sexual trauma victims are often turning to or dependent on people who are not themselves prepared.
- As is the case with an issue like homelessness, the problem is so vast and overwhelming that many people who encounter someone discussing sexual trauma move on without stopping. They might care, but they feel they can't even scratch the surface in terms of creating solutions.
- Ways to show acknowledgment, solidarity and other forms of support need to become widely accessible.
- Given the sheer volume of impacted people on the planet, we are all part of someone's sexual trauma support network whether we know it or not.

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In addition to sorting out who to trust and what to do, a majority of victims also experience trauma symptoms. These can be acute and debilitating. They can be subtle and persistent, spiking when triggered. Some people may reach a point where symptoms do not impact their daily lives, but for many symptoms are a permanent reality.

- There is ample information available about sexual trauma symptoms, although it isn't particularly sophisticated or helpful to many demographics that need it.
- Most of the information focuses on the crisis stage, and does not address long-term concerns.
- A good deal of the information is framed in judgmental terms. For example, you'll often see "sexual promiscuity" listed as a primary symptom.
- The framing of symptoms is usually conveyed through the lens of heterosexuality and is focused exclusively on cisgendered male assailants harming cisgender women. While this is the most commonly reported scenario, it is not representative of the whole picture. This framing gives license to gloss over alternate scenarios, and it fails to account for underreporting by other groups—including cisgender men!
- Queer communities typically conduct their own research and address symptoms specific to their circumstances.
- Unfortunately, many queer communities are uncomfortable addressing sexual trauma publicly because of stereotypes that sexual trauma causes people to "turn queer." Likewise, sexual violence within the community is not well understood by mainstream media and can easily be dangerously misrepresented.
- Symptoms framing rarely takes into account intersectional factors in a victim's life. For example, an immigrant seeking asylum might be under compounding duress while being subjected to sexual violations.
- There is no demographic untouched by sexual trauma; we need more robust ways of examining how all people are experiencing symptoms.

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NORMALIZATION

SUPPRESS · MINIMIZE · INTEGRATE · ADVOCATE

The final stage of recovery is simply getting on with your life. People do it with varying degrees of effectiveness.

- If a sexual trauma victim and their support network does nothing, the odds are very high that the individual will be living in a suppressed state. This can result in an extended or permanent crisis stage characterized by prolonged erratic, re-victimizing behavior. Or the opposite can happen; a compulsion for control can develop that leads to antisocial behaviors.
- It's not uncommon to discover that suppressed victims go on to become assailants, or use power to other abusive means.
- Others might have an awareness of their symptoms and engage in disclosure and recourse, but they choose to minimize the role of sexually traumatic events in their lives. In some cases, this might be a healthy practice and an indication of moving on—especially if the violations were extreme or sustained. In others, it could lead to outcomes similar to those who suppress.
- Integrating the events into the personality and daily life with healthy systems for addressing triggers is an optimal outcome.
- Feeling comfortable engaging in advocacy work is a critical part of social change, but it isn't necessarily a healthy thing for those in recovery. Advocacy work can intensely trigger trauma symptoms and re-expose people to other aspects of the cycle. It can also, when uplifting, improve morale and bolster hope.
- Unfortunately, healing options and recovery resources are rare so many folks have to engage in advocacy work just to access them. This must be taken on by some brave individuals even in suboptimal states of their own recoveries.
- Attempting advocacy work should be done with established support systems in place—even if victims have to create those systems themselves.
- Well-educated support networks could take on a much more significant role in activism to ease the burden on victims.

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