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**A World Without Words:  
Reconceptualizing Aphasia Through the Agency of Rape Survivors in America**

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## Dedication

This thesis is dedicated to the survivors across the world whom I share this emotional pain with. You all heal me, every day as I interact with each of you in some way. I hope I can return that same healing through this thesis, pushing academia to produce more survivor centered research that will create holistic healing for us. In your darkest moments, when you cannot find your voice, know that your strength is abundant.

### Acknowledgements

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Special thanks are also in order to my mother who was there on the darkest days and never stopped trying to find me the help that I needed. She’s been supportive at every turn and without her I would still be lost in my silence.

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This study examines the overwhelming silence survivors of rape feel in the United States. Using a feminist activist anthropological framework, I examine the ways rape culture in the United States has caused rape survivors to feel they do not matter, which causes them to lose their ability to speak. The culture of silence that thrives within police departments across the U.S. is the first space of silence rape survivors encounter. As they move forward from their assaults, family members also create spaces of silence. The United States has developed a culture of aphasia around the topic of rape. This cultural aphasia affects survivors and causes them to lose the ability to speak in many aspects of their lives. However, the most common diagnosis for the trauma of rape is Post Traumatic Stress Disorder (PTSD), and PTSD has no lens to examine or heal survivors with aphasia. Through the interviews with three survivors that experienced aphasia after rape, and my own experience with this silence, this thesis explores rape, silence and trauma through the lens of the anthropology of violence and trauma with the hope that theorists will develop further studies to develop a more holistic healing approach for rape survivors.

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## Preface

### Ethnography of the Ethnographer

Trauma swallowed me whole. Bit by bit my world began to fade and I was surrounded by the fog that I was told was PTSD. I was told I had developed this once I had finally spiraled into such a dark, quiet place that I recoiled from my mother's touch. After being diagnosed with PTSD, I thought that was what I was: Post Traumatic Stress Disorder. I wondered if it was all I would ever be. After my world came back together and I found myself deep within the activism community, I felt PTSD was just a way to say "I was raped and I still feel it," and that every survivor around me could identify with that statement, while most had not been diagnosed with PTSD. This led me to question my PTSD diagnosis. Was what I was feeling really PTSD and how did this disorder originally used to talk about soldiers coming home from war, come to be the way we talk about what a rape survivor feels after their trauma? I title this preface after Cathy Winkler's detailing of her own rape in the anthology *Fieldwork Under Fire* (1995) as a tribute to her as her piece inspired me to be bold in sharing my story.

When I was first raped, I was shocked and avoided my trauma. Seven months after my rape, I came out as a survivor. This idea of "coming out" shows just how much silence and stigma surrounds being a survivor. I announced publicly on my Facebook during Sexual Assault Awareness Month in April 2016 that I had been raped:

*April is Sexual Assault Awareness Month and as part of my advocacy on the issue, I'm choosing to share my story. I myself am a survivor. Two weeks before my sophomore year of college began, I was violently raped by a stranger. I've been debating posting this for months now because of the shame that surrounds women coming forth with the truth. Some think I want attention, some assume I was dressed slutty, some will put the blame on me for my intoxication, and some will flat out not believe me. All these responses are incorrect. These are all stigmas in our rape culture that I intend to educate as many people as I can. I*

*hope to change these opinions in those around me starting with how we treat survivors. Whether a woman is telling the truth should be one of the last thoughts to cross our minds. I also hope to educate in prevention. A person should never be a bystander to a sex crime. If something feels uncomfortable, don't let the situation escalate. Lastly, I hope to educate men to view woman in a way that keeps the words "slut" and "whore" from ever coming out of their mouth. The injustice done to me caused and will continue to create a lot of hardships in my life that no person should ever experience, but I refuse to keep silent. I refuse to let these perverse men walk among us as though this isn't an unforgivable crime. This event created a voice for me in an area I never thought I'd be thrown into, but I intend to make my voice heard all across the world. While I was stripped of all power that night, I now feel like I have the ability to take on this battle for those who can't. Less than a year later, I'm happy, healthy, and fighting back. In order to keep my personal life separate from my advocacy work, I'll soon be creating a page that you can follow for updates on news and general awareness. If you're a survivor, please get in touch as I'd love to do anything I can for you. If you'd like to get involved in creating a zero tolerant world towards sex crimes, I'd love to have you apart of my journey.*

The first day I posted, twelve women reached out to share their stories with me. Some even said I was the first person they had ever opened up to. I would like to say that I began to analyze the emotional toll rape takes on survivors at that moment, but first, I went through my own personal break down.

As my mental state began to deteriorate, I withdrew from the University of Texas. At the time, I thought I would never return because my trauma had enveloped me so much that I could not critically think. I could no longer process what my professors were trying to convey in their lectures and the amount of freetime I had as a university student was detrimental: it allowed my mind to wonder significantly. Anytime I lost concentration, my mind went to my rape. *Is my rapist on campus? Is he outside of that door? Will my detective call me today?* I would look around the room full of students listening to the lecture or ignoring it by simply being on Facebook and realized I did not belong in that space anymore.



After dropping out, I thought this trauma had permanently ruined me and I had no more room for growth. I began to work the front desk at a hotel on the night shift. While this was busy work that kept my mind off the rape, my trauma was building in my personal life. I felt silenced by everyone around me, whether they intended to silence me or not. All I seemed to be able to think about was my rape, and I felt that I could not talk about it. My ability to communicate began to erode more and more. I finally quit my job and moved back in with my parents thinking they would be a sanctuary for me.

My silence grew as I shut myself in my childhood room, emerging for food after my parents went to sleep so I would not have to speak to them. I was now afraid of the sound of my own voice. Elaine Scarry's (1985) analysis of torture victims living through such physical pain resonates with my experience. She writes, "Intense pain is also language-destroying: as the content of one's world disintegrates, so the content of one's language disintegrates; as the self disintegrates, so that which would express and project the self is robbed of its source and its subject" (Scarry, 1985, 9). This language destruction of torture can be seen through rape survivors as aphasia rather than PTSD. While Scarry is speaking of the lack of language that exists in the moments of being physically tortured, when applied to rape survivors, the pain stays with us, creating a world in which we cannot speak. As my ability to speak had been so destroyed from my trauma, I no longer felt I had a self to express just as Scarry describes. My mother finally crawled into my bed one morning begging me to tell her what was happening and asked me how she could help. I could not find a single word to give her. She touched my shoulder; I ran from the room in tears. The next week, I started Eye Movement Desensitization Reprocessing (EMDR), a specific form of trauma therapy created for

survivors of severe trauma by Frances Shapiro in the late 1980s and slowly began to find my voice (Shapiro, 2018, 7). This therapeutic treatment helped and I was overwhelmed with joy as I began to small talk with my mother, maintain conversations with my best friend, and return to university to finish my degree.

Enrolled back in college and feeling like myself again, I dove back into the activist community in Austin. Interacting with survivors on a daily basis, I started to ethnographically analyze my and other survivors' experiences--my own informal participant observation. What was being said and what was not? I realized I was not the only one who felt silenced in Austin. Then I began to realize that survivors across the nation also feel silenced. I would argue most of us *do* want to tell the world what happened to us, but we experience social and cultural pressures that pressure us into not speaking. Wrapped in our silence, we lose the ability to talk about how trauma has changed our lives, how to have intimate conversations with those close to us, and we learn to keep everything private from the world.

So, yes, I have lived through the atrocities and the pain I have researched and lay out in this thesis. My observations, therefore, are informed by my experience. As I am far from the first anthropologist to place themselves in their writing to create an autoethnography, many have questioned the purpose and intent of creating such personal research. McIllevan (2008) argues, "Thus, it is not just writing about oneself, it is about being critical about personal experiences in the development of the research being undertaken, or about experiences of the topic being investigated." This piece is not simply the story of my rape and trauma, but an analysis of my trauma, the silence created by the rape culture I live in, and a search for healing from this silence. Some might argue

I am not the person to produce this work and sometimes I wish I was not. However, as Tarana Burke stated during her lecture at UT in May 2018, “I knew this work needed to be done and if not by me, then who?” This thesis is autoethnographic, with the stories of three other survivors woven in. As Das describes young children remembering the violence they saw, “The more articulate ones often lent their voices to those who were numbed and could not speak. When remembering something, each would contribute words to the other so that memory became a collective event” (2008, 201-202). My story lends its voice to those of the other survivors with whom I did interviews for this thesis. Yes, this thesis contains multiple survivors’ stories. However, I never designate where one story ends and the other begins not only to protect the anonymity of survivors. Instead, I allow those overwhelmed by silence to feel their voice through our shared experience.

“...the pain it brings about so real that there is a reluctance to place it in conversation by the side of other subjects. But this reluctance, and the deep sense of tact in which it originates, increase our vulnerability to power by ensuring that our moral intuitions and impulses, which come forward so readily on behalf of human sentience, do not come forward far enough to be of any help: we are most backward on behalf of the things we believe in most in part because, like ancients hesitant to permit analogies to God, our instincts salute the incommensurability of pain by preventing its entry into worldly discourse. The result of this is that the very moral intuitions that might act on behalf of the claims of sentience remain almost as interior and inarticulate as sentience itself.” -- Elaine Scarry, *The Body in Pain*(1985)

*“I was raped and I still feel it,”*

## **Introduction**

Every ethnographic piece written about survivors of sexual violence mentions the overwhelming silence we feel in our communities when attempting to talk about the experiences we live through. Whether in the title of the ethnography, like the case of Veena Das’s *Life and Words*, or through the subtleties of Holly Wardlow’s *Wayward Women*, silence has always had a place in anthropology when discussing any form of violence. Yet most studies do not foreground this silence, trace its origins and analyze the critical impact on rape survivors. This thesis explores the silence that survivors of sexual violence experience --cultural aphasia-- and its potential as a space of healing. When we assume all trauma is a kind of Post Traumatic Stress Disorder (PTSD), without exploring the different ways trauma can manifest itself in the lives of survivors differently, we fail to acknowledge the holistic experience of trauma, which in turn makes it difficult to alleviate it as an effect.

Trauma manifests itself in the daily lives of sexual assault survivors in ways that exceed the symptoms of PTSD. Post Traumatic Stress Disorder diagnoses have four prerequisites: intrusions, avoidance, negative moods, and reactions. However, survivors experience a much wider range of responses to our trauma, and these responses vary from assault to assault, from culture to culture, and according to gender. Responses to violence also vary from person to person. Our environment, circumstances of the event, and past life experiences shape how we deal with our trauma. Yet, in my experience--both academic and lived--one stressor, silence, is felt regardless of skin color, age, or gender.

There is a need for a separate diagnosis for rape survivors more inclusive of our experience than the PTSD diagnosis. PTSD is a disorder that was created to help soldiers find healing from war (Becker and Freyd, 2005). Through intimate conversations with multiple survivors, this thesis theorizes that the silence that rape survivors experience in the aftermath of their encounters with violence is a unique symptom that is not just psychological but also *cultural* and *social*. Specifically, this silence, I argue, is in part the result of U.S. rape culture. Specifically, I argue that the experience of rape produces aphasia not just because of trauma, but because we as a society make it difficult to impossible for rape survivors to speak their pain.

## **Methodology and Structure**

This thesis is largely autoethnographic. I am a survivor who has felt a sense of overwhelming silence. Bochner and Ellis (1996) describe the intent of many autoethnographers, "On the whole, autoethnographers don't want you to sit back as spectators; they want readers to feel and care and desire" (24). While I could have created this thesis excluding my own experience, I felt it necessary for the reader to engage with my own pain to understand the suffocating reality of aphasia. I have an unfortunate privilege that gives me the voice and positionality to interact with my interlocutors in a way much different than other anthropologies of violence are able to operate. I also have the privilege of knowing that it is *my* vulnerability at stake and any negative reactions from this piece will be caused and felt by me.

As a rape survivor, this work was not only vital for me to produce for my community but also something I never thought I would finish at various points in the process. From Sameena Mulla (2014) in *The Violence of Care* placing me back on the table, hours after my rape, legs in the stirrups with a stranger swabbing my vaginal cavity for my attacker's semen to Veena Das (2006) in *Life and Words* beautifully describing and validating my experiences of silence through the stories of war trauma survivors in India, the research for this thesis has pushed me academically and emotionally. While some might feel I placed too much of myself in an academic piece, no one is listening to what survivors are saying right now. If I must detail my most private pain to make the world understand that survivors need new ways of healing to change the narrative around who we are, then I must.

While the scale of this thesis is limited, it does present a deep, intimately informed analysis of survivors' experiences. However, I was very restricted in the varying ages, genders, and races I was able to include. As Sharon Wasco (2003) states in her article "*Conceptualizing the Harm Done by Rape: Applications of Trauma Theory to Experiences of Sexual Assault*," women of color experience trauma in varying ways that can be the opposite of white women. My study was limited to three white, female survivors between the ages of 20-35. The absence of men and women of color in this study is not lost on me as these two groups are the most marginalized within an already vulnerable community of survivors. Their voices need to be amplified and should be foregrounded in the movement for holistic healing. Yet, recruiting and time restraints created limitations that restricted the diversity of my interlocutors. However, many of the sources I used to develop these ideas of silence were ethnographies of women of color, and through reading their texts I believe all the ideas surrounding silence are experienced by survivors of color as well. Nevertheless, this thesis only includes research data collected on white women survivors' experiences with trauma from sexual violence.

Questions of my ability to share my experience while maintaining the position of an anthropologist have overwhelmed me throughout the writing process. Of course, I am biased. But is there not a route where activism and anthropology meet? Is there not a place where I can say, "This happened to me," "I experienced this," and still keep my sound, intellect intact to analyze the world that I am now apart of? While discussing activist anthropology Charles Hale (2001) states, "The objective of activist research is not to replace the theoretically driven quest for understanding of basic processes with "applied" problem-solving, but rather to develop a third category of research, which is

both theoretically driven and intended to be put to use”(14-15). My intention while producing this thesis was not only to develop new theory, but to create a term that survivors in the United States could apply to their own experience and understand their trauma in a new way.

Structuring this thesis was difficult to me at many points in my research. I continuously found gaps in the fields of trauma theory and the anthropologies of violence. Searching through both fields for sources directly citing rape felt nearly impossible. It seems that this silence in culture is echoed in the little research that focuses specifically on rape, not just as something additional that came up in one’s research. I begin the thesis by describing my own experience with silence and how deeply paralyzed, mentally and physically, I have felt by my trauma. In chapter one, I begin by examining rape survivors’ encounters with forensic nurses and police officers. I discuss the ways that the actions and comments made by the officers create a culture of silence and are a performance of rape culture. In chapter two, I center the retraumatization sexual assault survivors live through due to United States rape culture that makes us feel as though we cannot speak. I begin by detailing how the seeds of silence are planted as survivors are met with silence from family members and friends. I theorize that the negative opinions about rape survivors in the mass media cause silence in the lives of survivors through examining documentaries of sexual violence that provide a look into the courtroom and news surrounding sexual assault cases.

Reconceptualizing the medical term aphasia--a disorder developed after a physiological brain injury that causes a competent speaker to lose the ability to speak--I apply this term to describe the U.S. cultural practice of refusing to discuss rape in



productive ways. Building off of Serguei Oushakine's (2000) definition of a collective aphasia he identified in Russian society unable to speak of the past trauma endured under the Soviet Union, I theorize collective aphasia as a cultural phenomenon causing the United States to ignore parts of our national truth and its role in fundamentally shaping how we engage and treat rape survivors--gendered sexual violence. Following this same thread, I display, through my story and those of my three interlockers, the ways in which collective aphasia leads to aphasia in all aspects of our lives as we are unable to rebuild our agency and personhood stolen from the rape due to the overwhelming silence. In the third chapter, I examine current trauma theory and scholarly works about Post Traumatic Stress Disorder, laying out the ways that PTSD was not designed for and does little to help many survivors of rape, nor does it have treatments in place for aphasia. I again speak of the retraumatization by society that is nonexistent for many survivors of other forms of trauma and the lack of acknowledgement of this in the field. Finally, I conclude by discussing what we can do as a society to keep this rape culture from growing and create a society in which survivors can experience holistic healing.

## **Chapter 1**

### **Culture of Silence**

This chapter will detail the interactions between rape survivors and the institutions we report our rapes to hoping to receive healing and justice. While most forensic nurses and police officers partake in trauma informed care workshops, few actually put this to use when interacting with survivors as can be seen through our stories. United States citizens are taught that the “men in blue” exist to protect us and help us move through the world safely. While communities of color have known for decades that this idea does not include their safety, survivors of sexual violence learn it does not expand to our existence either. The ways detectives and forensic nurses interact with us can be seen as a performance of rape culture. We experience a culture of silence that exists within the criminal justice system as we are made to feel more silenced and helpless at each interaction with this institution. As I detail my own experience with detectives to show how this culture of silence is created and maintained, I also speak of the ways survivors are treated in the courtroom through documentaries such as *I Am Evidence* as my case never made it to the inside of a courtroom.

A little under half of survivors report their assaults immediately (RAIIN.org, 2019). I was raped by a stranger and this circumstance played the biggest factor in my decision to report. As a child, I remember both of my parents telling me if anyone ever touched me inappropriately to immediately tell them. Yet, no one ever taught me what steps to take if I were assaulted once I was grown, taking care of myself. I was shocked the day after; I even went to work because I did not know how to call in for emotional trauma. When I returned home from work, I told a friend that lived in my building I had

been raped that morning. She told me I needed to have a rape kit, something I had never heard of before that moment.

I began googling what to do after rape and found hospitals administered Sexual Assault Forensic Exams. My sister drove me to the closest hospital and I entered the emergency room asking for a rape kit. As I repeated to the nurse what I was there for, my life no longer felt like it belonged to me. I did not know who now lived in this raped body. The hospital directed me to our local rape crisis center, SAFEplace. My sister and I drove further south, silent the entire 20 minute drive. Anxiety kept me from speaking and terrified to say the wrong thing, my sister said nothing. We arrived at SAFEplace at 2:00am. There was a gate with a callbox; I told the woman on the intercom I had been raped. Again, having to let another stranger know what I had endured just hours before. The gates slowly opened and we made our way to the building, guarded by another gate. The realness of the danger I had felt the night before began flooding back to my mind as I realized the lengths a safe space for victims of gendered violence must go to in order to keep their clients protected. I began to question how safe I really was and the odds of this man finding me again.

When I entered the building, two victim advocates met me and led me to a private room. They began reminding me of my strength to be sitting in front of them and told me I was now a statistic. As I had been working all day to numb myself of the violence that took place the night before, I felt it with my whole body in that moment. Knowing anytime someone repeats “1 in 5 women are victims of sexual violence,” I would be that 1. My walls I had been building broke for just a moment as I became a statistic. The advocates asked me if I wanted to report my rape to the police and I did not skip a beat in

dialing 911. I was told police would come to SAFEplace to get my statement after my exam. My sister and I were led to an examination room. My forensic nurse was friendly, trying to make the situation as comfortable as possible.

After detailing my rape for the first time to this forensic nurse, recounting my sexual history to ensure no other DNA would be found, each of my bruises was photographed as I held a ruler up to it, measuring the height and width of each injury. My body was evidence and I began seeing my assault through the eyes of investigation. Purple dye that darkens around lesions poured on my genitals, which were also photographed and being given medications to prevent any STI my rapist might have infected my body with, I was released. My victim advocate told me police had arrived and left while I was being examined and would be calling me for my statement in the following days. Forensic nurses blur the line of a caring RN and a detective searching for evidence.

It is because of the intense discipline and even self-mastery that is required of the victim that the subject position is not one of pure passivity and reception. The victim must actively resist the desire to react to her sensations and emotions, while conscientiously working to remain aware of her pain and discomfort as they may be signs of the presence of evidence. Meanwhile, she does not necessarily refuse the challenge of revisiting memory as it works itself over the haptic receptors of her skin, creeping and crawling as she struggles to recall the violent events that have propelled her into the present setting, lest her chills and involuntary recoil serve, again, as a sign of contact with the perpetrator. In this sense, the victim takes on a curatorial role, guiding the nurse across her body from crown to toe as the exam moves through its stages. (Mulla, 2014, 55)

Forensic nurses must comfort survivors in order to create an environment in which survivors detail their horrific experience, yet they also maintain the eyes of the law, searching for the truth on our bodies.

As I laid in my bed with my mother the next day, both of us trying to understand the senseless violence I had just endured, a police officer called me to get my statement. I was forced to tell my story to a strange man over the phone. I had already learned how my narrative should be set up, what was evidence and what the police could care less about. It seemed my attack was no longer mine, but belonged to the state. After a short phone call, I was told by the officer I would meet with a detective at the Sex Crimes Unit in the following days. I drove outside of downtown into a secluded area of town by myself. I pulled into the parking lot of a dull white multi-story building with a parking lot filled with police cars. I walked into the lobby, shaking as I signed in at the front desk. As I tried not to panic, my detective(thankfully female), walked down the stairs to meet me. She led me upstairs past multiple checkpoints, cubicles of detectives, and into a room where a different advocate, another stranger, was waiting for me. She tried to make a connection with me to show me she was there to protect my rights and my mental well-being. My detective asked me if I wanted to use a pseudonym and fear began to set in again that this man might try to find me after this report was submitted. She told me audio and video recordings would take place of our conversation. My victim advocate left the room and I began to tell the story, my memory now evidence.

Sameena Mulla thoroughly lays out how forensic nurses and investigators across the nation shape the way rape survivors speak of the violence they endured. She speaks of the ways in which our interactions with forensic nurses and detectives teach us what part of our story matters and what parts do not. We are taught to tell our stories in an evidential format, only including the things that would matter in a courtroom.

My curiosity settled around how rape as a legal category could impose on a victim's suffering by overtaking her access to and expectation of care. When I

first accompanied victims during police questioning, I noticed that police scrutiny played a large part in eliciting various details from the victims. These questions were often repeated in the course of questioning, often by different personnel. Thus, it was not uncommon for a uniformed officer, a police detective, and a forensic nurse examiner to ask a victim the same question within a short time span. All three aim to establish an investigative timeline, and to identify evidence of a crime having taken place. In the United States, the legal definition of rape rests primarily on lack of consent and the threat and/or use of force, and this definition is always particular to the criminal statutes of the specific state in which the crime took place. The investigative timeline, the legal definitions, and eventually, cultural myths about sexual violence produce the rape narrative, and account for the narratives' typical features. The interventions of legal personnel teach many rape victims what matters about rape and what people want to hear. While criticisms of medical and law enforcement personnel and their shortcomings in supporting sexual assault victims are frequently examined in social science literature, the overwhelming institutional stamp on the rape narrative has been largely under criticized until very recently (Mulla 2014, 10-11)

For women raped by an acquaintance, the police system can cause greater silence as society only thinks about stranger rape and the need for extreme violence to be apart of the event for it to truly be rape. Pictures of police files displayed in *I Am Evidence* specifically state because the survivor knew the assailant she must be lying (Adlesic and Gandbhir, 2018). This leads women who were raped by acquaintances without excessive violence to not believe what happened to them was actually rape. The normalization of acquaintance rape and publication of only violent rapes in the media leads these women to believe that someone had it much worse than they did and that is was not sexual violence.

This narrative of extreme violence and stranger rape surrounds police departments in cities across the U.S. as the ways detectives perceive rape is centered around stranger rape. This leaves 80% of women, who were raped by someone they know, having part of their experiences excluded when receiving medical care or reporting (RAIIN.org, 2019). In turn, this adds an already failing justice system to misunderstand a majority of its

victims (Mulla, 2014). When being questioned from an officer guided by circumstances that do not include you, survivors can feel even more silenced. Stranger or acquaintance rape, a large percentage of survivors report feeling disbelieved by their detectives. The immediate disbelief felt by survivors unveils the culture of silence the criminal justice system has created. Survivors' first interaction with the person that is supposed to investigate their rape for a trial does not believe them. Why would they choose to speak of their rape again?

Most survivors you meet that reported to the police will have stories of how their detectives treated them with disbelief. "Are you sure you weren't flirting with him?" "But did you take the drink he offered you?" "Well you got in his car, right?" All of these victim blaming narratives and more not only make us question and blame ourselves, but they also teach us what the greater society might believe about us because our own detective does not even believe our story. One survivor shared her emotional trauma caused by the police in *I Am Evidence*. "A humiliating process...because of the kind of questioning that was going on at the time. All of the questions that I got from law enforcement were asked with the intention of finding out what I did to cause the assault... I felt blamed right away" (Adlesic and Gandbhir, 2018). After being questioned for hours in this way, many of us already know the justice system will fail us.

Rape that involves incest becomes even more difficult to investigate and discuss with family members as personal ties are held to the perpetrator and the victim. How could there be language to talk about your father raping you? Where does the language exist for a daughter to speak to her mother about the ways her father violated her? To understand the complexities of speaking about and investigating rape perpetrated by a

family member, Mulla tells the story of a 14 year-old girl brought to the hospital for a forensic exam. Many women from the family were present to wait while she went through her forensic exam and Mulla could tell there was tension. During the exam when the little girl was asked if she knew the assailant she replied, “Did I know him? Yea, he’s my father!” After finishing the exam and speaking with an aunt, Mulla discovered that the father had just been released from prison the previous day for raping his daughter and waited until his welcome home party became packed enough that no one would notice him taking her to the basement to commit this act again. All of the women in the family came to the hospital because they no longer believed the mother fit to keep her daughter safe. Yet, little conversations were actually taking place including the young girl that lived this experience, adding to her aphasia (Mulla, 2014, 65-66).

As our justice system is failing rape victims in cities across the United States, until this changes, trauma therapy for survivors must address the retraumatization of going through the system and the culture of silence it perpetuates. In my own life, the DNA lab in Austin was shutdown due to failing inspections (Malek, 2017). I did not receive the results from my rape kit for two years. Without the DNA results, the Austin Police Department and District Attorney would not move forward with my case even though the perpetrator had been identified as he admitted to penetration. This additional trauma rape victims feel should never be created by the individuals that are supposed to protect and serve.

For two years, I thought every day would be the day I would finally get my results back. I called my detective multiple times a month just for her to tell me there were no updates. My entire life was on hold as all I could think about was the rape kit and the



possible case that would come from it, yet I felt I could not speak about it with those around me as my aphasia had grown to all aspects of my life. When I finally received my results, no DNA was found. I blamed myself for a long time because I showered before I had the kit done, not knowing they even existed. Many women do as all we want is to wash ourselves of our rapist. Unfortunately, we soon realize it will take time for that feeling to leave our person. It was not my fault that I showered, it was a system that failed me just as it fails survivors across the nation.

For the small number of black women that do chose to report, they are typically met with much harsher questioning than a white woman reporting. A forensic nurse in *I Am Evidence* even details the pattern she noticed of the lack of urgency displayed when treating black survivors (Adlesic and Gandbhir, 2018). Over 80% of rapes reported to the police are by white women, yet black women are raped at a higher rate (endrapeoncampus.com, 2019). As black women have historically been characterized as hypersexual dating back to slavery and the jezebel trope, many believe that a black woman cannot not be raped (Collins, 2000, 80-93). Unfortunately this wholly untrue trope runs rampant in police departments in the United States. Black women are met with higher disbelief from a justice system that more frequently criminalizes them than protects them. For black women, this creates additional aspects of silence and causes more trauma.

Journalist Jazelle Hunt wrote a series of articles about black rape survivors in 2015. In the article titled *The Loud Silence of Rape Survivors*, Hunt spoke with a woman that was sexually assaulted by a fellow police officer in the police station. “One evening, he cornered her in a secluded makeshift office and pinned on a couch where officers slept

between shifts. “I’m saying, ‘Stop! Stop, get off of me what are you doing? I’m going to scream!’ And he says, ‘Go ahead, who’s going to save you, you’re in a police station.’ When he said that to me I just froze. I was like, ‘Wow, I am. Nobody’s going to do anything,’” she remembered” (Hunt, 2015). This assault by a police officer to a fellow cop shows not only issues facing a black woman that knew she would not be believed over her white counterpart, but it also begs the question of how can cops investigate or believe a survivor when they are taking part in the act themselves?

The culture of silence within the justice system create tremendous amounts of trauma and begins to silence survivors. The way we are treated by the justice system is not a side issue either. If we reported a robbery, this line of questioning would not occur. Our treatment is directly related to the fact that we are reporting a rape, a gendered crime, and therefore needs to be addressed. I frequently wonder if my breakdown would have been less intense had I not suffered so much at the hands of the justice system. While we need to begin holding our local officials accountable for how they treat victims and their prosecution rates, we also need to create a means of healing for survivors retraumatized by the system. For many survivors, forensic nurses and police officers are the first person we interact with after living through our trauma. They shape what we feel society wants to know about our attack and how people will react when we retell the events. As we are met by this flawed justice system with nationwide rape prosecution rates as low as 1.1%, the seed of aphasia is planted in society and more importantly in the mind of a survivor as she begins to choose silence.

## **Chapter 2**

### **Collective Aphasia**

This chapter will follow the painful journey survivors endure in the days, months, and years that follow the night of our rapes. I will lay out the events that take place, the environments we experience, and the conversations happening around us we can no longer ignore. I will show how each of these spaces adds silence to our lives and shapes the idea in our minds that in the United States, there is a culture of silence that coerces survivors not to speak about our trauma. In chapter one, I describe a collective aphasia as a cultural formation that has emerged in the United States in response to the patriarchal culture of rape. As we move further from our assault and experience more of this collective aphasia from everyone around us, the development of aphasia within survivors themselves will become evident.

The definition for aphasia from the National Aphasia Association states “Aphasia is an acquired communication disorder that impairs an individual’s ability to use language. The primary symptom is an inability to express oneself when speaking, however, in some cases, reading and writing or understanding of speech can be the more impaired language modality” (Aphasia.org, 2019). This basic definition perfectly describes the inability to speak that takes over many survivors after they are traumatized from sexual violence and then retraumatized by our society. Survivors begin to have extreme difficulty expressing their emotions surrounding their assaults and develop problems communicating in their lives. As this aphasia is developed from sexual violence in a society that refuses to discuss it rather than from a stroke or brain tumor, this aphasia

becomes cultural rather than medical. Analyzing this cultural aphasia, we must look to where aphasia begins.

When an entire nation chooses not to speak on a subject, how do people know how to talk about it? While activists have been working to educate the population on sexual violence for decades, it was not until the #MeToo movement exploded onto the national scene that the general public began to discuss the topic. Yet this discussion seems to be over whether the event actually occurred, not what the survivor needs to move forward in life. More often than not I see articles and hear conversations around me debating whether or not a survivor was raped, not working towards an understanding of what we need in our society for survivors to return to their everyday. While activists continue to fight for survivors rights, the average U.S. citizen is not discussing what we can do as a society to create an environment of justice and healing for survivors. I believe it is hard for us to even know what that looks like due to the lack of language existing to speak on the subject.

The United States is ranked the 10th most dangerous country for women to live in (Fortune.com, 2018, Thomson Reuters Foundation, 2018). Although the United States presents itself as a “modern” nation, it is clear that the safety of women does not fall under this idea of progress. According to the CDC, 1 in 5 women will be raped in their lifetime (CDC.gov, 2019). As of 1998, 17.1 million American women had been raped (RAINN.org, 2019). With these unfathomable numbers, it causes confusion for me that disbelief is the first reaction from the society at large when a woman shares her story. Yet, even if the woman is believed, many people do not know how to react due to U.S. rape culture.

This wide scale inability for people to speak with survivors about their experiences is, in my assessment, a symptom of a collective aphasia over the hard discussion of sexual violence. Aphasia is a medical term used to describe physiological brain trauma that causes a competent speaker to lose the ability to speak. Serguei Oushakine (2000) uses the phrase “collective aphasia” to describe the unwillingness of Russians to speak about the Soviet era. He details the silence that follows his questions to those who lived during this era and the utter refusal by youth to associate themselves with the Soviet times. The importance of speaking about a difficult truth to create growth in Russian society is no lost on Oushakine, just as it is necessary in the U.S. to rid ourselves of the silence surrounding rape. This thesis will be the first to present this in a cultural context detailing what it means for our society at large to display an inability to speak about rape.

As we move forward from our traumatic experience with the justice system, many survivors make the hard decision to inform family and close friends, hoping for compassion and comfort from those who have supported us through other events in our life. Unfortunately, the wide range of reactions we can receive from our family is based on a plethora of circumstances. While we should be embraced and reassured that the event was not our fault, this is not always the case for many survivors. Returning to our everyday with this trauma now attached to us, we begin to notice more comments on social media and in our personal lives blaming survivors for the event. These reactions by others displays the growth of aphasia into a national cultural concept and creates an all encompassing silence in that of the survivor. As the mass media and society typically accuse the survivor of false accusations, there is no mainstream discourse about speaking

with a survivor that does open up to you. Rarely do friends and family know what to say to you when you tell them you have been raped. Circumstances of the rape also contribute to how your inner circle reacts to your attacks.

Looking to the different circumstances of rape that involved acquaintances, survivors receive varying reactions from those they choose to confide in. Yet, those reactions are always followed by silence. A survivor was raped by her sister-in-law's best friend in her own house. She expressed that she waited two years to tell her sister-in-law of her trauma because she did not want her sister to go through the hurt of losing her best friend.

*Not telling my sister-in-law what happened with her best friend that whole two years it was because I didn't want to hurt her and I didn't want her to lose her best friend because of me. I don't want her to have to carry that knowledge. I'll just suffer in silence and I'll take it to the grave with me and I'll carry the pain to my grave with me so that the people I love don't have to carry it.*

She felt, as many survivors do, that the pain experienced should be internalized because society has made it difficult, if not impossible to talk about. When she did tell her sister-in-law, she was outraged and immediately cut him out of her life. Yet, that conversation took place six months before our interview and the subject was followed by silence as it was never brought up again.

*I think that because I don't talk about it they assume I'm okay or they assume that my problems just come from run of the mill depression and they don't realize just how complex it is and just how deep it goes. I'm assuming that they're assuming that I don't talk about it because I don't need to and it doesn't bother me anymore or something but in reality it controls my life and it's too difficult and it's too raw.*

This survivor's sister-in-law did not know what to say to her or how to approach the topic to check in on her because we have no public education to inform people how to talk with survivors. While her sister-in-law did not victim blame her or side with the rapist as the

larger society would react, she did nothing to relieve the survivor's trauma by following up the initial conversation with silence.

This survivor knows that her sister-in-law's silence is not because she does not care, but because many feel they do not want to cause emotional distress by bringing up the topic. Every survivor I spoke with wanted to share their story with me. I began each interview by letting them know I was only researching the trauma created by the event. Yet each wanted to tell me what they had been through, what it was that created this trauma in their lives. This recurrence of survivors desire to tell their stories occurs in my activism as well. There seems to be a myth in mainstream society that talking about the event is just too hard for us. It is perceived that we do not want it brought up, yet it is the world that does not want it brought up.

After my rape kit was completed, I was handed pamphlets to give to my parents that had a few tips on how to handle speaking with your loved ones about their rape. My mother cried when she met a worker for the rape crisis center, thanking them for distributing those pamphlets as they helped her speak with me about what I had went through. Unfortunately, those pamphlets do only exist at rape crisis centers and not every survivor has or wants the opportunity to interact with these centers. This leaves a lot of family members that do believe and want to help the survivor heal clueless on how to discuss the violence that changed their life with them.

A survivor was able to open up to her father right after the rape occurred, hoping to get his help finding a lawyer because she thought she needed a lawyer to report a rape. Again, the lack of conversations occurring around the subject create barriers to survivors' accessing care and justice because we do not even know what to do. This survivor

thought she needed a lawyer to report and I did not know what a rape kit was until ten hours after my rape. Silence is so layered in the ways it creates harm. While the first conversation went well with her father, he silenced her, aiding in enforcing her aphasia, because he never knew how to talk about it with her again.

*...with my dad, like he was really upset at first he was like “Where does he live?” He was going to kill him, you know, that sort of thing. Then after it settled down he was just like, “okay we need to move on from this” and just wanted me to be okay so it was disheartening because every time I wanted to talk about it he wanted to shut it down.*

Her silence grew as collective aphasia around rape created a father that could not speak with his daughter when she wanted to talk about her pain.

Unfortunately as women in the current state of the world, many of us are aware of the fact that rape happens all around us and are told from a very young age to tell someone if it ever happens. Yet we never actually believe we will be the victim of rape, especially the day it does occur. There is something about the suddenness of violence that changes how we view our interactions with strangers or how we interact with significant others. We question if that violence will burst through into our life again and how to trust when the trust we once gave was more than disregarded. Veena Das notes of the Partition survivors she spoke with, “The fragility of the social becomes embedded in a temporality of anticipation since one ceases to trust that context is in place. The effect produced on the registers of the virtual and the potential, of fear that is real but not necessarily actualized in events, comes to constitute the ecology of fear in everyday life” (Das 2006, 4). Fear becomes constant for many of us as we work to recreate our personhood and context for the world around us. When we cannot even find comfort from those closest to us due to aphasia, our fears can not be expressed.



As I read Scarry's retelling of Sartre's, *The Wall*, and the factors she believed led to Ibbieta's silence, I was reminded of a survivor speaking with me about the time she attempted to take her life. She explained to me that she originally thought survivors took their own lives because of the actual event itself. Yet, after her own attempt, she realized it was because your own body no longer feels safe. No matter where we go, we have to be in this body that endured violence. We fear it happening again on any normal day just like the first or even second time it occurred. We struggle to ever feel safe again. This survivor said she attempted to take her own life because she was now, "living in conditions no longer compatible with life." Her chilling words remind us how world altering rape really is.

Elaine Scarry's discussion of the relationship between pain and dying helps to illuminate the sense of alienation that my interviewee felt. She writes, "Whenever death can be designated as "soon" the dying has already begun. Ibbieta is dying not because he has yet experienced the damage that will end his life but because he has begun to experience the body that will end his life, the body that can be killed, and which when killed will carry away the conditions that allow him to exist." As this survivor so eloquently stated that she no longer felt her life livable after he experience and I noticed myself saying in my interviews many times, "I couldn't tell anyone I was slowly dying inside." Scarry (1985, 9) shows us that we have experienced aspects of our personhood being ripped away from us just as they are in the process of death. How then do we build back this agency that allows us to feel whole in a world that we no longer feel our experience to be compatible with?

Many survivors I spoke with stated they did not speak of their trauma with others because they did not want to make people feel uncomfortable. Of course, this is something I have felt very strongly throughout the past 3 years. We have to navigate the world deciding how to censor ourselves and that truly goes much deeper than most people might think. For the first couple of years after my rape, I had to decide what I would say when people asked me how I was. I was not good, everything was not fine, but if I said I was struggling I would be asked why and I was stuck attempting to figure out who could handle hearing I was not doing well because I had been raped. This translated into a kind of aphasia--I lost the words to speak. It was not just that I did not say anything because it seemed as though no one would be able to react in a way that did not make me feel like I had just ruined their mood by bringing up a difficult subject, but also that I just could not find the words to engage with people as I once had

Stories like this run much deeper as this feeling of not being able to talk about oneself worsens. We can no longer separate the world around us from our assault as it is now woven into all the details of our life. Das compares the way trauma becomes apart of life by likening it to tentacles, "...thinking of the event as always attached to the ordinary as if there were tentacles that reach out from the everyday and anchor the event to it in some specific ways" (Das 2006, 3). Withdrawing from university was something that many people asked me about. Yet, my withdraw was directly in response to my rape. If I had not been raped, I would be attending classes just like the other 50,000 students on campus. When close friends asked me what was going on in my life, I felt I could not simply say I had dropped out and make up excuses for it. I dropped out because I was raped. How could I say anything different? So I was left in silence, not telling anyone

what was going on in my life because I had been made to feel like it was not socially acceptable to speak about my rape.

Just as I was unable to speak in my classes, a survivor opened up to me about the difficulty she had speaking at her job. She had been a medical massage therapist for years, yet as her aphasia began to grow, her ability to speak with her clients drastically changed. It is important to understand how difficult it can become for survivors to maintain their income after rape. Fortunately at school, survivors can apply for accommodations and professors understand they might miss days or be silent in a lecture without having to tell them their entire story. Yet, this is not the case in the workplace and many can find it challenging to perform their job duties the way they once did. This survivor opened up to me about how her communication changed at work and eventually led to her losing her job.

*Medical massage focuses on correcting problems. Finding the problem, fixing it, and preventing it from ever happening again. So when I get tired at work, like mentally or I just don't have the energy to communicate verbally, I don't do the client education part of my job which is part of what they're paying for. Learning, "What do I need to do to make my back stop hurting?" And then I'll even cut corners with the hands on work, like not do certain techniques because it requires a lot of talking. Like I know I need to do this one thing on the neck but it requires a lot of talking to coach them through how to do their end of it but I just can't right now. So I'll just skip that altogether.*

While problems with speaking at school or the workplace cause frustration, when your silence spreads into your personal relationships, it becomes devastating. One survivor told me of an experience that occurred at a get together with her friends. They were going around the circle giving life updates and as she waited for it to be her turn, she began to panic more and more. She told the group she was doing great and did not have any updates; they did not accept this answer. After she revealed her rape and how

miserable her life had become afterwards, most had nothing to say, just looking at her with a shocked face. One replied, “Don’t be so negative!” This group slowly stopped inviting her out and including her in group chats. Of course, once she began to heal the group welcomed her back in, but she will never forget the way they silenced her when she first opened up to them.

Opening up to friends causes problems in many survivors lives. We expect our friends to comfort us and support us, but that is not always the case. Even if friends do not go so far as to essentially kick someone out of the friend group like the story above, being met by silence from friends adds to our own personal silence. A survivor told me how frustrated she was that her friends made her feel she could not bring up her assault when she wanted to speak about it.

*I wanted to talk about it but I couldn't. With friends, like the friends that I was talking to about it, they were girls also but it was more like 'I was raped and it sucks' and whatever. I don't know why I told them I just wanted someone to know and then we never talked about it again. If I brought it up, it was just kind of an awkward silence. So we just moved on from it. So we didn't talk about the details or how I'm doing about it or anything... I want to talk about it but no one else wants to talk about it.*

We truly do want to speak about the topic, share our pain, and keep it from happening to anyone else, yet it seems that no one is willing to help in this fight when we are met by silence time and time again.

Is it entirely up to survivors to expose what the cultural silence of rape in the United States? Yes, if we do not speak our stories the world never knows. However, once we do speak up and the world knows our stories or of the corruptness occurring in the justice system, people will comment on a Facebook post about how truly awful it is that this is happening. No one takes actual action and it is left up to the survivor who has just

been vulnerable to the entire nation to continue pushing the needle forward. This lack of advocacy for survivors perpetuates the silence and reaffirms some survivors' opinions that the world truly does not care until it happens to them.

### **Social Media**

The presence of social media in the lives of survivors is double sided. Through the #MeToo Movement, we have solidarity in finding other survivors. Facebook support groups now exist for survivors across the world to connect and find a place without judgement. Juxtaposing this connection we now have to other survivors is the comments we see strangers and even family members make about other survivors across the internet. Survivors see family and friends who believed us without question commenting heinous remarks on survivors in the news. One survivor had yet to open up to her grandmother, the woman that raised her, about her assault. Before she was able to share her experience with her grandmother, her grandmother posted on Facebook, "How could anyone support Dr. Blasey Ford playing victim? She is trying to ruin a man's career" (paraphrased). Seeing this post, she immediately cut ties with her grandmother, feeling that her grandmother might apply those same feelings to her own granddaughter. When we see individuals that believed us degrading and shaming other survivors, we question what is truly thought about us by our closest confidants and wonder if we actually have support from anyone, if we should ever speak of our assault to anyone again.

Social media has other aspects of victim blaming than outright comments like those stated by a survivor's grandmother. The viral posts telling women, "you won't be assaulted if you do x," "if you see a man following you, x," "my girlfriend won't be raped because she carries x weapon." Those viral posts by people who have never

encountered sexual violence in their own lives is victim blaming at its core. When survivors read that, we interpret it as someone telling us if we had just done one thing better, we would not have been raped. Women are raped no matter how loud they scream, how public the setting, what they were able to find as a weapon. Implying that there is a proper way to react in order to not be raped overlooks the fact that in the face of terror, instincts of survival take over and no one can guess what form that will take in any given situation.

While we distance ourselves from stories of rape in order to not understand why a rapist would do such a thing, there is also a victim blaming aspect that comes into play when women distance themselves from the issue on social media. Narratives are created around, “Oh, I would never do that.” “I don’t party that much.” “Why would she go for a run at night?” I believe this victim blaming from women not to be anything malicious, but a way for women to calm their fears that it could ever happen to them. Rape happens due to chance circumstances that placed women in the wrong place at the wrong time to cross paths with a man capable of rape, not because of “bad choices” made by the victim. Women distance themselves from victims because they do not want to believe that it truly could happen to them at any time. They like to believe themselves making the right choices to avoid violence, but as I have stated above, rape has nothing to do with the choices made by the victim.

This distancing by women makes the survivor community feel ostracized. The one group we feel should understand decides to push us away and question what we did to be in that situation. When a woman victim blames you, it cuts much deeper than the victim blaming from a man. While a survivor thought she could be open with women, she

soon realizes that it is not a blanket assumption and many women will not be there to provide support. After being questioned as though you brought this upon yourself, how would any survivor have the words to tell another woman what happened when she fears the same shaming questions will be asked of her?

Aphasia begins when we have little support from a system created to provide justice. Yet, we still choose to tell family or friends and they do not know how to speak with us about the event because of a national collective silence around sexual violence. Having already felt silenced by police and the people closest in our lives, our aphasia builds daily as we have to navigate media ridden with people victim blaming and speaking of false accusations from a place of ignorance. Our voice is gone and we are in turmoil. For those that can identify and seek help, we next find ourselves in therapist's office, who can only see our trauma through the lens of Post Traumatic Stress Disorder.

### **Chapter 3**

#### **Search for Holistic Healing**

After a semester of researching my thesis, I spent the Christmas break with my best friend's family. I was speaking with her 16 year-old cousin when I told him I had PTSD. He responded that I could not have that because I was not in the military. As I have spent over a year working to overcome the aphasia caused by my trauma, I had no problem telling this stranger I had PTSD due to being raped years before. His mouth fell open and he began apologizing to me, not knowing how much he had just supported theories for my thesis. Young or old, the general population only associates PTSD with war veterans and must be pushed, typically by the survivors themselves, to realize that the trauma rape survivors endure has lifelong effects.

How could PTSD possibly be the sole diagnosis and way of receiving help when it is not even associated with us? When my mental state began to deteriorate as I was unable to block out my trauma any longer, I had no clue what was happening to me as I had never heard of survivors having Post Traumatic Stress Disorder. I thought I was going crazy, that there was no way to help me, no one to talk to. As I myself had never heard of survivors and PTSD, I never thought my rape was the cause of my mental distress. If I am being completely honest, I thought I was developing schizophrenia as information on that mental illness was more available than PTSD. When I finally realized what was happening in my brain was connected to my rape, the current literature on rape survivors and PTSD still made me feel that was not what I had. The existing information on the internet has underwhelming statistics stating that only 31%-50% of rape survivors



develop PTSD (Kilpatrick, 2000). I began to think there was no way that I could be in that 31% and something else must be wrong with me.

As a society, we have attempted to normalize many instances of abuse by only sharing the stories of the most horrifying circumstances of rape and sexual assault. In response to this, survivors frequently downplay their abuse because they believe someone else had it worse than they did. This is precisely the reason I believed I was not in the statistic of 31%. Yet, while the experience itself might have more violent details, each survivor feels the same feeling of their body being taken without consent and it is this feeling that creates our trauma. Therefore, I would argue that the statistics of survivors with PTSD is wholly inaccurate as *every* survivor of sexual violence feels their trauma in some way.

For many survivors I spoke with, PTSD seems like an avoidance tactic by the general population to avoid understanding the depth to which trauma affects the lives' of survivors. Popular culture creates preconceived ideas about trauma and the harm it causes. If I told someone I had PTSD, they would ascribe to me paranoia and nightmares, not asking me the details of my experience with the illness. The general public is uninformed or ill-informed about the triggers we as survivors face daily, and how our trauma is deeply rooted in our lives.

Post Traumatic Stress Disorder develops when, 'the person has experienced, witnessed, or been confronted with an event that involved actual or threatened death or serious injury[...] to oneself or others' and "the person's response involved intense fear, helplessness, or horror' (American Psychiatric Association, 2000). It was added to the Diagnostic and Statistical Manual of Mental Disorders in 1980 (American Psychiatric

Association, 1980). All of the forms of violence that induce trauma are treated under the umbrella of PTSD. If aphasia and negative reactions from society cause sexual assault survivors added trauma, then it is clear that diagnoses beyond PTSD would better allow us to heal survivors from their trauma. Talk therapy that is generally the course of treatment with a PTSD diagnosis will not suffice in curing silence in survivors because it primarily depends on talk therapy.

Eye Movement Desensitization and Reprocessing (EMDR) *is* a newer trauma therapy that has shown massive success in helping survivors regain their voice. Stated on the EMDR Institute's website “After successful treatment with EMDR therapy, affective distress is relieved, negative beliefs are reformulated, and physiological arousal is reduced.” The importance of EMDR working to reprocess negative beliefs created by society helps to alleviate aphasia. One of the greatest pieces that heals trauma for survivors suffering from aphasia is the little amount of speaking required during session (Shapiro, 2019). Many therapists treat PTSD through the use of talk therapy which can cause slow progress for the survivor as she is unable to speak. Yet, while there are 552,000 practicing therapists in the United States, only a couple thousand are trained in EMDR (EMDR Institute, 2019). While the majority of therapists are untrained in a therapy that could heal survivors of aphasia, even less of the population, survivors included, know of EMDR's existence. Until we end this rape culture in America, trauma therapy should be structured to better cater to the the retraumatization by society and help survivors learn to push back against the silence society has made us feel. While I do not doubt that students currently working to become psychologists are well versed in new types of therapy to help rape survivors overcome this silence, there are therapists that

need to be retrained on better ways to expand PTSD to be more inclusive of the experience that survivors live.

Aphasia absolutely spans into therapy sessions as well. Due to the little information that circulates on rape survivors and PTSD, it can be years before a survivor actually ends up in a therapy session. If more information were circulating to inform the general public that all survivors will feel some kind of trauma, survivors would be able to find help before their aphasia takes over their lives. As they have been pushed into silence for years, breaking out of it even to a therapist can prove a seemingly impossible task. A survivor told me she could not articulate the trauma happening in her head to her therapist or her mom, but eventually found healing through the community of survivors she found.

*It's similar in that no one understands it other than other survivors like if I try to explain it to someone else it's pointless. Like trying to explain it to my mother is like oh my god. but explaining it to someone else [another survivor] like oh my gosh wow they know exactly how I feel. I can't put it into words but you know how I feel.*

I went through multiple therapists before I found one that was trained in EMDR. In fact, I was seeing a therapist during my darkest breakdown when I began to dissociate for the first time. At my first session with this therapist, I told her that I had always struggled a little bit with anxiety and depression, but that it never affected my quality of life as dealing with my rape had now begun to. I was very open with her that I was there to work through my trauma and told her the details of my attack on the first visit. From that point on, all she ever wanted to talk about was my childhood, my parent's divorce, etc. Anytime I brought up my rape, she would say a sentence or two and then conveniently shift the conversation back to areas of life that were not causing me trauma.

I know many survivors that have experienced this same situation with other therapists. It seemed as though some therapists have taken the culture of silence around rape to work with them. This negative experience made me believe that a therapist would be no help to what was happening and I did not seek out another therapist for six months after I had the breakdown with my mother. While I continued to lose my voice seeing therapists attempting to treat me as they would any patient with trauma, I quickly noticed my aphasia healing just sessions after my first EMDR treatment.

Accessing mental health care is a privilege. Throughout my research and my advocacy as a survivor, I make sure to speak of my positionality in the world and how many survivors do not have the opportunities I had. My parents never shamed or blamed me for my assault and that is the most important building block that led me to taking back my agency. If a survivor does not have full support and belief from their family, it feels like no one will believe you. My mother has a bachelor's degree in social work which gave her many tools to speak with me and understand how deeply I needed to see a professional to be able to move forward in my life. She looked through hundreds of therapist profiles online and found each one for me. Eventually in her research she stumbled across EMDR, which ultimately changed my life as it made my aphasia grow weaker and weaker each session. I also had health insurance from my parents and it was quality insurance that made my therapy visits quite cheap. One of the survivors I work with in my advocacy groups is 33 years-old and was raped many years ago. She struggles with her mental health daily because she cannot afford therapy. There are entire groups of women that go their whole lives without ever seeing a therapist because healthcare in our society is kept away from many citizens. It is important to remember that in moving

trauma theory forward to be more inclusive of all the ways trauma is experienced, we do not leave out entire populations that have additional struggles due to their socioeconomic level.

An important part of healing is speaking with survivors to know what we are feeling is shared by others. Finding a community that knows what that deep knot inside of you that is trauma feels like can add a piece of ourselves back. Yet, we cannot completely heal each other and therapy is an important tool to holistic healing. In another article by Hunt titled, *Beyond Survival: Life After Rape*, a survivor beautifully describes that healing looks different for everyone “Not every survivor necessarily needs therapy, but based on my personal experience, I highly recommend that survivors reach out to someone. It is so important to be able to tell your story, let it out, [to] be able to talk to someone who can empathize with you, support you, and encourage you,” she said. “Take care of yourself. Think of mental, physical, emotional, and spiritual self-care”(Hunt, 2015).

Searching for healing for black women is a difficult task due to the historical racism in the medical community. Starting with “The Father of Gynecology,” J. Marion Sims experimenting on black women without anesthesia because he believed them to have a higher threshold of pain to the current maternal mortality rate among black women being three to four times higher than that of white women (Roberts, 1997, 22). Not only does this impact a black woman’s choice to seek out a rape kit and examination after an assault, but it also places barriers around mental health. For a white woman, it is very easy to find a therapist you feel you can trust. Yet for black women, especially in a city like Austin with a single digital black population, finding a therapist that looks like you

or makes you feel comfortable enough to share all parts of your story can be near impossible. This can lead to trauma that builds year after year and creates hardships in the survivor's life. A black survivor I interviewed for a previous project told me she did not find a black therapist until she was 35. Her first assault took place when she was only 9 years-old. While she did have help from other therapists throughout these years, for her it was more than important to have a therapist that understood her intersection of being a black woman and how racism added to her trauma. Feeling comfortable with a therapist creates an environment where healing occurs quicker and one is not holding back from sharing difficult parts of their truth for fear of judgement.

In the same article by Hunt discussed in an earlier section, a black survivor states she felt overwhelming silence because of the “strong black woman” trope or the idea that black women have a higher threshold for pain, physically and emotionally. “[The term ‘strong Black woman’] denies us of our humanity,” she explained. “This is something – I’ve observed – that plays a role in Black women being able to be raped without recourse. Because it’s like, ‘We can take it, we’re strong, we’re not vulnerable or fragile’”(Hunt, 2015). Black women should feel included in the survivors community and have access to the mental health care they need from a professional who understands their entire life experience. The current PTSD framework does not have a lens to examine how race adds to the trauma felt by a survivor.

One of the survivors I interviewed had never been diagnosed with PTSD. Yes, she has flashbacks, nightmares, paranoia, and everything that comes with the illness, yet her therapist diagnosed her with anxiety and depression. There is a grey area within psychology as your diagnosis hinges on a single therapist's opinion of your symptoms.

Not believing she had developed PTSD reinforces the idea that other survivor's experiences with trauma are more difficult to live with than your own. Trauma therapy should begin to discuss manifestations of trauma in all survivors rather than just the most severe instances.

A survivor had her bachelor's degree in psychology and I asked her considering all of her academic knowledge if she thought PTSD completely encompassed all the ways trauma manifested in her life. Her response:

*No, I don't think so because PTSD is just saying that something horrible happened and you're having a disorder because of it. But it's what disorder? Like PTSD is a disorder but it doesn't encompass other symptoms. I have depression, anxiety, and ADHD which I was only diagnosed with ADHD after the fact and it may just be the PTSD because it's basically the same thing. Oh and the insomnia, no one talks about the insomnia...It's a good start but it doesn't compass everything. It's just a blanket term kind of thing.*

A blanket term is the perfect way of describing the ways we have just put a band-aid over the wounds of trauma without diving deeply into how each trauma and the societal reactions they come with harm the psyche of a person. Having or not having the accumulation of nightmares, flashbacks, being easily startled, paranoia, and the few other symptoms that indicate PTSD do not mean a person is or is not still affected by their trauma. Survivors lives will forever be changed by the sexual violence they endured.

The aphasia that survivors feel in their everyday is created from the larger silence by a culture that further marginalizes a group already hurting from living through the violence of rape. This gendered violence and the negative ideas of the victim by society can be viewed as an extension of the white supremacist, heteronormative, patriarchal power structure in place. The refusal to discuss and educate the general public on consent, the resources that exist if one is raped and how to speak with loved ones after

their rape create a society that lets the issue fester in silence at the expense of survivor's healing. Until American culture engages in this discussion, trauma therapy and PTSD need to be expanding to include the retraumatization survivors experience from our society. Every therapist should be trained in EMDR and it should be widely known that it exists. Healing is not linear and looks different for every survivor, but silence can be overcome through the unlearning of rape culture in our society.



## **Conclusion**

Millions of women in the United States have long term trauma due to a rape at some point in their life. As I joined those millions in August of 2015, I realized the trauma and pain I was feeling in my body were not just related to the night I had been raped, but by the way American society treated me after. As I slowly began to lose myself in utter silence, unable to speak with anyone around me, I still did not understand that this was due to my rape. Finally after I made my way into trauma therapy with a therapist skilled in helping rape survivors' heal, I was able to gain my voice back and recreate my life out of the trauma.

Survivors of sexual violence frequently cite a strong desire of wanting to report this crime and let family members know what happened to them, yet many know they will not receive justice nor have family members that offer complete support. As the police and forensic nurses are our first contact after this violence has become apart of our lives, interactions with the criminal justice system shape how we begin to understand our trauma. We are taught what matters and what parts of the story will cause victim blaming sentiments from the rest of society. As no one in the United States is untouched by the collective aphasia regarding rape, family members and friends cannot find words to speak with us when open up to them. Victim blaming across the internet now feels like it is about us and we internalize it. Experiencing the national collective aphasia, survivors must now live with aphasia in all aspects of life. Finding the words to talk about anything seems impossible when all around us is silence.

While Post Traumatic Stress Disorder has helped many survivors find healing, it also limits what survivors are seen as still living with their trauma. Survivors' lives are

forever changed after the assault and we can never go back to the person we were before, the person untouched by rape. Living aphasia is suffocating and trauma theory must move forward to talk about sexual trauma as something that every survivor will feel, not just those that were diagnosed with PTSD. EMDR must be widely spoken about to let survivors know what is happening in their minds is from trauma and that healing is possible. Most importantly, America needs education on consent and how to speak with survivors because until collective aphasia is cured, survivors cannot holistically heal.

I hope this thesis has contributed to the anthropology of violence by pushing for more ethnographies focused on rape survivors. Too frequently we are pushed to the side or researched as a side topic when we must be centered and acknowledged in ethnographies. I hope psychologists are pushed to use this thesis as a starting point to create a more effective way of healing survivors of sexual violence who feel we have lost our voice. Most importantly, I hope survivors feel their voice throughout this piece, feel their healing is possible, and know as a community, we will find our healing.

## Epilogue

Writing this thesis healed me in ways that I did not even realize I was still hurting. Aphasia makes you lose confidence in your ability to do anything. At that darkest moment before I got help, I did not trust myself or my words so intensely that I could not even answer yes or no questions. Yet, here I am, writing 50 pages about it to create a future in which other survivors do not have to suffer that long. During the two years that I experienced aphasia, I felt embarrassed about my lack of ability to communicate. Over the months of it developing, my trauma convinced me that my inability to communicate, my stuttering, had always existed, I had just never noticed it and I felt it would never go away. My trauma convinced me it was luck that I was accepted into the University of Texas, not that I actually had the skill to be there. I believed that my trauma was who I was and I could never break free of it. But I have and I just want every survivor to feel control over their person again as I have. I feel so empowered by my ability to share such a dark time in my life with others to acknowledge the survivors across the globe feel the same way I did. Rape is such a difficult topic to talk about and to study academically. This shows in the amount of conversations happening and the few academic studies that focus on the topic. I hope this thesis inspires people to listen to us, to actually have real conversations with survivors as we learn to move forward in world that can create healing for us. The depth of our trauma needs to be acknowledge. PTSD feels like a band aid on wound that has caused internal bleeding and we need something to stop that bleeding. The groups I'm apart of, we have each other. We are willing to do anything to keep each above water, but there are survivors we will never reach, who never join advocacy groups, who never meet another survivor or verbalize their abuse. They need healing too.

So many women across the world believe their trauma is who they are because those who have not experienced it rarely step into our world to listen. While I still struggle with my words or finding myself having a day when I cannot get a word out in class, I no longer feel suffocated by silence, my voice stuck in my throat. I am thankful to study in a field that allows me to produce this work for my community and I am honored to work alongside survivors and advocates pushing the needle forward across the nation.

## References

- Adlesic, Trish, and Geeta Gandbhir, dir. 2018. *I Am Evidence*. HBO Documentary Films. DVD.
- Almairac, Laure. 2006. "Social Suffering and Social Healing in Bosnia : A Holistic Study of Rape Warfare." *Applied Anthropologist* 26 (2): 137–48.
- American Psychiatric Association. 1980. *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed.). Accessed April 20, 2018.
- American Psychiatric Association. 2013. *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Accessed April 20, 2018.
- Aphasia Definitions. 2019. National Aphasia Association. Accessed April 24, 2019. <https://www.aphasia.org/aphasia-definitions/>
- Argenti-Pillen, Alex. 2016. "Language, Translation, Trauma." *Annual Review of Anthropology*. 45.
- Bach, Natasha. 2018. "Experts Ranked the Most Dangerous Countries for Women. The U.S. Made the Top 10." *Fortune*. Accessed April 24, 2019. <http://fortune.com/2018/06/27/thomson-reuters-us-top-ten-most-dangerous-countries-for-women/>
- Becker-Blease, Kathryn A., and Jennifer J. Freyd. 2005. "Beyond PTSD: An Evolving Relationship Between Trauma Theory and Family Violence Research." *Journal of Interpersonal Violence* 20, no. 4 (April 2005): 403–11.
- Cagler, Leyla. 2012. "Traumatized Broca's Area A Linguistic Analysis of Speech in Posttraumatic Stress Disorder" Utrecht University Press.
- Collins, Patricia Hill. 2000. *Black Feminist Thought*. 2nd edition. New York, NY: Routledge.
- Das, Veena. 2003. "Trauma and Testimony: Implications for Political Community." *Anthropological Theory* 3 (3): 293–307.
- Das, Veena. 2006. *Life and Words: Violence and the Descent into the Ordinary*. Berkeley, CA: Univ. of California Press.
- Good, Mary-Jo DeVecchio. 2013. "Perspectives on Trauma and Healing from Anthropology and Social and Affective Neuroscience." *Transcultural Psychiatry* 50 (5): 744–52.

- Hale, Charles. 2001. "What is Activist Research?" Global Security and Cooperations Program. University of Texas Press.
- Hunt, Jazelle. 2015. "The Loud Silence of Rape Survivors." Center for Health Journalism. Accessed April 23, 2019. <https://www.centerforhealthjournalism.org/fellowships/projects/loud-silence-rape-survivors>.
- Hunt, Jazelle. 2015. "Beyond Survival: Life After Rape." Center for Health Journalism. Accessed April 23, 2019. <https://www.centerforhealthjournalism.org/fellowships/projects/beyond-survival-life-after-rape>.
- Hunt, Jazelle. 2015. "Rape and the Myth of 'the Strong Black Woman'." Center for Health Journalism. Accessed May 07, 2019. <https://www.centerforhealthjournalism.org/fellowships/projects/rape-and-myth-'-strong-black-woman'>.
- De Jong, J.T.V.M. 2005. *Commentary: Deconstructing Critiques on the Internationalization of PTSD*. *Cult Med Psychiatry* (2005) 29: 361.
- Kilpatrick, Dean G. 2000. "The Mental Health Impact of Rape." *Mental Health Impact of Rape*. Accessed May 07, 2019. <https://mainweb-v.musc.edu/vawprevention/research/mentalimpact.shtml>.
- Luig, Ute. 2010. "Memorizing Violence and Coping with Pain: A Study of Refugees and Female Ex-Fighters of TPLF in Several Different War Zones." *Curare* 33 (1–2): 60.
- Malek, Cate, and Luis Pedraza. 2017. "The Implosion of Austin's Crime Lab: A Timeline." *Austin Monitor*. September 26. Accessed May 07, 2019. <https://www.austinmonitor.com/stories/2017/09/the-implosion-of-austins-crime-lab-a-timeline/>.
- McIlveen, P. 2008. "Autoethnography as a Method for Reflexive Research and Practice Invocational Psychology." *Australian Journal of Career Development*, 17, 13–20.
- Mendez, Maritza. 2013. "Autoethnography as a Research Method: Advantages, Limitations, and Criticisms." *Colombian Applied Linguistics Journal*. Accessed May 07, 2019. <http://www.scielo.org.co/pdf/calj/v15n2/v15n2a10.pdf>.
- Mulla, Sameena. 2014. *The Violence of Care: Rape Victims, Forensic Nurses, and Sexual Assault Intervention*. New York: New York University Press.

- Oushakine, Serguei. 2000. "In the State of Post-Soviet Aphasia: Symbolic Development in Contemporary Russia," *Europe-Asia Studies*, 52:6, 991-1016.
- Papilota-Diaz, Venus. 2013. "Language and Rape Myths in the South : A Feminist Critical Discourse Analysis." *Philippine Journal of Linguistics* 44.
- Roberts, Dorothy. 1997. *Killing the Black Body*. Penguin Random House LLC.
- Scarry, Elaine. 2006. *The Body in Pain: the Making and Unmaking of the World*. New York: Oxford University Press.
- Shapiro, Francine. 2018. *Eye Movement Desensitization and Reprocessing (EMDR) Therapy: Basic Principles, Protocols, and Procedures*. New York: Guilford Press, 2018.
- Tsing, Anna Lowenhaupt. 1993. *In the Realm of the Diamond Queen: Marginality in an Out-of-the-Way Place*. Princeton, NJ: Princeton Univ. Press.
- Wardlow, Holly. 2011. *Wayward Women: Sexuality and Agency in a New Guinea Society*. Berkeley, CA: Univ. of California Press
- Wasco, Sharon M. 2003. "Conceptualizing the Harm Done by Rape: Applications of Trauma Theory to Experiences of Sexual Assault." *Trauma, Violence, & Abuse* 4, no. 4 (October 2003): 309–22.
- Winkler, Cathy. 1995. "Rape Attack." In *Fieldwork Under Fire*, edited by Carolyn Nordstrom, Antonius C. G. M. Robben. 154-184. Berkeley: University of California Press.
- Young, Donna J. 1996. "Remembering Trouble: Three Lives, Three Stories." *Tense Past: Cultural Essays in Trauma and Memory*, 25–44.