

ACCEPTED MANUSCRIPT

“This is an Accepted Manuscript of an article published by Taylor & Francis in the journal *Body, Movement and Dance in Psychotherapy* on 6 February 2026 available online:
<https://www.tandfonline.com/doi/full/10.1080/17432979.2026.2623418>

Employing relational trauma therapy to lift hidden trauma out of personalization into a collective container.

It is not only mine – it is ours

Abstract

Silencing, minimizing, and denial often surround sexual abuse, impeding healing for all involved (Herman, 1992). This is especially true in cases of female-perpetrated sexual assault (FPSA), which remains underreported and lacks dedicated therapeutic approaches. Presenting a case of a woman abusing a young girl from the author’s own experience highlights the need to recognize FPSA in discussions of sexual victimization. Addressing such events collectively, rather than individually, relates to systemic shame and identity formation theories, which help explain FPSA’s impact.

Key Words: Female perpetrator, female offender, teenage sexual abuse, sexual assault, sexual victimization, same sex

Introduction

The Encounter

A 14-year-old Danish girl stands alone, gazing at two large open fire pits at an international Girl Scout camp. Immersed in a dreamy, longing state, she had separated from her troop to explore. A female adult scout leader approached her. She engages with the girl's loneliness and longing,

offering companionship. She invites her to join her group. She's naturally shy but curious. She joins the other girls sitting in a circle and accepts the female leaders' "drink". Sipping from the cup, her perception of reality becomes distorted. Her vision becomes a flowing, distorted mixture of colors and shapes. She's confused, scared, and overwhelmed. She reaches out for contact. The female leader is the closest, so the girl grabs her hand. In retrospect, there was probably a hallucinogenic drug in the drink. The girl reached out to the woman, who turned out to be her perpetrator.

Trauma, Memory Reconstruction, and Methodological Considerations

This encounter marked the beginning of profound trauma for this young woman—me. I initially dissociated the memory. It only resurfaced after twenty-five years of bodywork, psychotherapy, and trauma interventions, with new aspects emerging gradually over two decades. It remains uncertain if more will surface. My narrative is reconstructed from bodily sensations and fragmented visuals during therapy. While details may never be fully known, the event's impact is clear—affecting sexuality, Kundalini energy, hormones, fertility, and identity formation. These consequences have shaped my life's trajectory, motivating ongoing personal and professional work to address dissociated trauma. It has given me rich and meaningful work with a large amount of personal posttraumatic growth (PTG), albeit not diminishing the reality or lasting effects of the violation (Calhoun & Tedeschi, 2013). *Notably*, PTG and Posttraumatic Stress Disorder (PTSD) can coexist.

Until now, my work has focused less on traumatic events and more on activating muscles and connective tissue in hypo-responsive, collapsed states. My methodology—Relational Trauma Therapy—centers on mutual regulation of survival reactions and emotions hidden within these states. Creating space for withdrawal impulses allows them to emerge from isolation and enables mutual regulation (Brantbjerg, 2018). Including and acknowledging collapsed, disorganized aspects of the self is essential for healing (Baldwin, 2013; Ogden, 2015; Porges, 2011; Rothschild, 2017).

During the event, I lost my sense of normal reality, entering chaotic arousal followed by collapse and dissociation. Part of me disappeared to shield against overwhelming memories—a protective dissociation common among trauma survivors.

Focusing on the story itself can impede healing, while attending to unregulated states—collapse, rage, disgust, grief, panic, and disorganization—and supporting their regulation with others highlights our shared human experience. These reactions are universal, regardless of the specific event. We can develop skills for mutual regulation, both individually and relationally (Agazarian, 2004). In contrast, the unique qualities of traumatic events risk isolating them within the narrative.

Consequences and Implications of Sexual Abuse

Sexual abuse is often shrouded in silence, denial, and minimization due to its illicit nature and the vested interest in maintaining secrecy (Girschik, 2002; Herman, 1992; Kramer, 2017). Psychotherapy literature has addressed male-to-female abuse since the 1970s (Gilroy & Carroll, 2009), with various male perpetrator types described (Groth, 1979). In contrast, female-to-female sexual abuse remains far less discussed (Duncan, 2010; Gannon & Cortoni, 2010; Gilroy & Carroll, 2009; Girschik, 2002; Kramer, 2017; Twinley, 2017).

About ten years ago, I searched for literature reflecting my experience, focusing on sexual abuse within the international Girl Scout community, but found none. While cases in Boy Scout communities were documented, there was no material on girls. More recent searches revealed major cases in Denmark (TV 2, 2023), the U.S.A. (Dockterman, 2019), and elsewhere, but few involved girls, and perpetrators were men (YouTube, 2020). This lack of relevant literature and shared experiences heightened my sense of isolation, making the trauma feel uniquely personal. This internalization manifested somatically, particularly as a sensation of withdrawal and diminished self-worth localized in my breastbone. I lost more of my self-worth.

Isolation is common when individuals lack a subgroup or a community to process trauma. Theoretical perspectives suggest that without communal recognition, individuals may risk overidentifying with the event, known as trauma-centrality (Herman, 1992; Robinaugh & McNally, 2011; Uzer et al., 2020). When sharing does not occur, the event can become central to one's identity and future outlook, increasing the risk of PTSD.

Systemic Shame and Cultural Denial in Woman-to-Woman Sexual Abuse

A lack of recognition and acknowledgment of trauma can lead to systemic, culturally mediated shame, causing individuals to internalize negative beliefs such as "It's my fault" or "Something is wrong with me." Without collective inclusion and open discourse, responsibility for the event falls solely on the individual, isolating the experience and reinforcing its perceived uniqueness. When culture fails to address these realities, trauma becomes individualized, perpetuating silence and shame (Ahrens, 2006; Cooper, 2025; Herman, 1992; Price, 2024; Twinley, 2017).

If trauma remains dissociated, unknown, disowned, or hidden, it indicates under-identification with the event; unnoticed behavioral changes leave individuals living with concealed trauma (Dorahy & Van der Hart, 2015; Lanius et al., 2010; Lanius, 2015). This mechanism also operates in transgenerational trauma, where unspoken, dissociated stories are inherited without words (Warnecke, 2023; Wolynn, 2016).

I recently found some material on FPSA, that confirmed that there is little data and few healing methods for both perpetrators and victims. Accounts of female leaders abusing power in churches, schools, sports, and homes were documented (Cooper, 2025; Duncan, 2010), but no descriptions matched my experience, an orgy with involuntary drug use. A pervasive denial that women can be sexual perpetrators continues to characterize both academic and cultural discourse.

The references consistently highlight this tendency to overlook or minimize female-perpetrated sexual violence and point to additional, yet undescribed, forms of abuse.

A critical question is how to expand collective awareness of woman-to-woman sexual abuse. This requires both individual and systemic engagement. Increasing visibility through scholarly discourse, open dialogue, and survivor narratives is essential to challenge cultural avoidance and denial. Fostering curiosity about the impact of these experiences—privately and professionally—can promote understanding and inclusivity. By encouraging conversation, producing written accounts, and integrating these realities into broader social and therapeutic frameworks, the phenomenon becomes more visible and accessible, supporting survivors and informing interventions.

The Event Intensifies

The 14-year-old lies in an orange tent, with the female leader nearby, calming her down, telling her, “Just relax and trust me.” A group of young women, probably all drugged, and part of the group connected to the female leader, engage in sexual stimulation—an orgy begins. The girl, scared stiff, struggles to control her sexual arousal, an impossible task, resulting in a distorted, painful climax, with the experience of being blown apart (going into disorganization).

Female Perpetrated Sexual Abuse

Finding materials on FPSA that distinguished types of woman-to-woman sexual abuse profoundly affected me. It felt as if the closed hatch in my chest began to open, and energy streamed outward. I was filled from within. I started letting go of my story, allowing its energy and data to flow into a larger collective container. I realized there is a subgroup and that it is not about me. It is not only mine—it’s ours, and I pass it on to a broader collective container.

While I haven't found accounts matching my specific experience, I have read about young people being drugged and abused, and about non-consensual sexual orgies (Friedman & Valenti, 2019). Females can initiate these actions, though less frequently than males.

Home From Camp

Standing in the bathroom of her family's apartment, the 14-year-old looks at herself in the mirror with self-loathing and disgust. She has no memory of what happened. She does not know why everything feels weird, completely wrong. She turns that against herself, stops all pleasure-driven activities in her life— playing the flute, playing badminton, and being a Girl Scout. She stops her own life-energy from flowing. She has suicidal thoughts.

Having dissociated the event, she couldn't understand what was happening in her body and why sexuality was loaded for her. She believed she was wrong as a woman, which substantially impacted her identity formation. She was well-resourced, achieved high school grades, and was socially engaged, but she kept her feeling of "wrongness" secret as a dark, isolated place inside filled with shame.

Feeling wrong as a woman stayed in her self-image, even after the memory of the abuse emerged. Having been abused by another woman without acknowledgement or support, kept the negative identity alive. It turned out that her fertility was impacted. She could not get pregnant.

Isolation Versus a Collective Container

The event radically changed the direction of my life. I was neither depressed nor suicidal. I had undiagnosed PTSD in the form of a deep collapse and dissociation as a reaction to the sexual encounter. My survival reactions were pushed into dissociation, and, as a result, they became individualized. I would have benefited from a supportive environment that recognized the abuse and noticed changes in my behavior. But I did not find help in my family nor in established institutions, such as schools, churches, scout groups, and later, universities.

Instead of continuing an expected academic career in language and literature, I shifted at age 20 to become a psychomotor therapist and to participate in the development of body psychotherapeutic methodology. Later, I specialized in developing trauma therapeutic methodology focused on hypo-states. My turnaround was driven by an inner necessity to establish orientation and regulation of my states and patterns. I observed that many others have had, and continue to have, similar challenges, which benefit from focusing on hypo-states.

In my experience, many aspects of trauma healing are universal, regardless of the trauma type. Unregulated survival reactions must be identified and brought into mutual regulation, supported by skill-building both bodily and relationally (Brantbjerg, 2019; Brantbjerg, 2021). Here, I focus on my experience at age 14 and the fact that adolescence is a critical period for identity formation and development (Konik & Stewart, 2004; Kroger, 2004; Wilkinson, 2008).

The event I experienced at age 14, with a nascent awakening of sexual sensations and impulses, impacted my identity process in a significant way. I questioned: Who am I as a woman when another woman can do this to me? Who am I if I can sexually stimulate other women, without conscious choice on my end? Women stimulating other women can be a normal part of a sexual experience, but violence occurs when open consent is absent or when the level of stimulation is severely misaligned with the girl's needs.

Sexual abuse is devastating regardless of the perpetrator's sex. It impacts identity formation through aspects of power dynamics, relational betrayal, cultural meaning systems, and responses to disclosure (Herman, 1992; Price, 2024; Ullman, 2010).

However, same-sex vs opposite-sex perpetration seems to influence how identity disruption is interpreted, impacting sexual identity, gender identity, shame, stigma, and narrative meaning (Denov, 2004; Dhaliwal et al., 1996; Dorais & Meyer, 2002; Ullman, 2010). My own process

correlates with these findings. Specific aspects of gender and sexual identity confusion and shame have clearly been issues in my healing process.

Working with cultural aspects of disgust and shame, and their bodily regulation, has been transformative. Initially, I worked intensively on accessing my anger and revenge impulses toward the perpetrator (Agazarian, 2004; Agazarian et al., 2021). I became more empowered, but it did not change my deep-seated belief of “wrongness”. I still slipped into deep collapses with difficulty recovering. Over the past 12 years, Kolbjørn Vårdal and I developed a methodology for regulating core disgust as a pathway out of introjected shame (Jiménez-Ros, 2025; Vårdal, 2013). Developing this methodology helped me establish boundaries and let go of entrenched beliefs. I now know these beliefs are not true and have supported others in similar processes. I hypothesize that working with disgust and shame is essential for addressing negative self-talk and identification after trauma.

A last piece of letting go of the negative identification happened recently, when I found material about FPSA. I did not know a part of me still tended to sink into giving up related to the trauma. I discovered it when I noticed my strong reaction to finding material in the outer world that supported the idea that FPSA exists, and also the fact that little is written about it. It felt like another door opened and more energy began to flow. Using body awareness practices, I tracked the “door” and identified the mechanism in my breastbone. When there is nothing out there to connect to, I sink inward, which, in my experience, indicates that a muscle (the *Transversus thoracis*) on the backside of the breastbone goes into a hypo-responsive state. This particular muscle is active in the involuntary reflex of breathing – the act of taking in life (Marcher & Fich, 2010). If you exhale and hold the out-breath for as long as possible, the breathing reflex eventually takes over, triggering an inhalation. This type of in-breath is supported by this muscle (on the posterior surface of the breastbone). The breastbone moves forward when you do it. This is the opposite of hiding – it is part of embracing life and becoming visible. Every time I sense the outward movement in my

breastbone, it connects to the experience of letting go of the (probably) last piece of sinking into isolation with what I experienced when I was 14.

Rationale For this Article

My impulse to share this story is not about seeking personal attention, but about recognizing—through my own relief at finding written material—that making these stories visible matters. It is vital for healing and advancing trauma therapy. Making my experience visible helped shape my approach, which focuses on hypo-states and what’s missing. However, discussing it in professional settings often felt isolating, as the narrative seemed too personal and reinforced the sense that my experience was only my own. I realized I was still trapped in taking the event too personally, reinforcing my identity as a woman who doesn’t fit in. The missing piece was finding acknowledgment that FPSA exists. Discovering articles, books, and videos allowed me to release the silent, isolated voice within me. Visibility supports others who have experienced woman-to-woman sexual violence, or know someone who has, and encourages the therapeutic community to address this reality more openly. As a result, more resources can become accessible

Conclusion

Naming one’s reality is essential for healing while minimizing and denial are often re-traumatizing. Cultural mechanisms keep traumatic experiences out of consciousness—by looking away, refusing to listen, or outright denial (Ahrens, 2006; Price, 2024; Wieberneit et al., 2024). This is especially strong with sexual abuse, and even more so with women violating other women (Duncan, 2010; Gannon & Cortoni, 2010; Gilroy & Carroll, 2009; Girschik, 2002; Kramer, 2017; Twinley, 2017). Silence and denial create cultural shame; when events are not acknowledged

externally, the burden falls solely on the individual, who then feels “wrong” (Price, 2024). This same mechanism operates in transgenerational trauma—stories silenced in families or cultures persist in hidden ways and can manifest as PTSD in later generations (Wolynn, 2016).

My hope is that this article helps others let go of taking traumatic events only personally, especially women who have experienced sexual violence from other women: “It’s not only yours—it’s ours.” I also hope more professionals will collect data and conduct research to make invisible traumas more visible and inclusive.

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She has worked in the field of body-psychotherapy since 1978 as an individual therapist, supervisor, and trainer. She is offering workshops in Copenhagen and internationally online.