

It isn't only mine – it's ours

Lifting hidden trauma out of personalization into a collective container

Abstract

Silencing, minimizing, and denial are phenomena often connected to traumatic events, especially sexual abuse, with negative consequences that impact the healing process for perpetrators and victims. This dynamic is particularly strong when a female perpetrator targets another female: child, teenager, or adult. Female-perpetrated sexual assault (FPSA) has been much less described, and little method development has emerged for trauma-healing processes when compared to male perpetrators.

A case of a woman sexually abusing a young girl will be presented – an aspect of the author's own background – to show the importance of FPSA's inclusion in our perception of sexual victimization. Lifting the event out of the individual into a collective container may help loosen the mechanism of systemic shame, of negatively loaded identification with the event, or avoidance of it.

The impact of the event on the victim's identity formation as a woman is described, and the role the general lack of inclusion of FPSA has played in this. The article highlights how making a story visible can be an essential aspect of the healing process. The role of working with disgust and, through that, establishing an inner boundary to the event is described as an element in a healing process.

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

Introduction – the encounter

A 14-year-old girl stands, looking at two large open fire pits at an international Girl Scout camp. She is in a soft, dreamy, longing state. She is on her own, having left her group of Girl Scouts to explore the large campsite.

A female adult scout leader approaches her and invites her to visit her group. She speaks English with an accent – she is from a different country than the 14-year-old Danish girl. The adult woman reaches into the lonely, longing energy in the young girl and offers her contact. The young girl is pulled out of her dream state. She is curious and accepts the invitation.

Trauma, Memory Reconstruction, and Methodological Considerations

This is the beginning of what turned into a deeply traumatic event for the 14-year-old girl – me. The memory of the event was entirely dissociated. After 25 years of bodywork, psychotherapy, and specific trauma work, memories started to emerge. Aspects of the event continued to emerge for about 20 years after the initial breakthrough. Who knows if elements might still emerge that have not yet become integrated.

So, the following story is a reconstruction. It is based on bodily sensations and visual glimpses or sequences that have emerged. It will never be known exactly what happened. What I know for sure is that something potent happened that left me with serious issues around sexuality, a distorted rise of Kundalini energy, hormonal imbalance, infertility, and identity issues around being a woman – issues that have had a profound impact on my life. The event and my reactions to it have led me to keep working with myself and others - developing methodologies to reach into dissociated trauma that reaches into what has gone missing. It has given me rich and meaningful work with a large amount of posttraumatic growth (PTG) in my personal life (Calhoun & Tedeschi, 2013). PTG and Post Traumatic Stress Disorder (PTSD) live side by side, which has also been the case for me (Calhoun & Tedeschi, 2013). Being able to grow from the traumatic event does not remove the fact that the event was a violation of a young girl's life, which impacted her adult life.

My work has, up to now, focused very little on traumatic events. I have focused on how to awaken muscles and connective tissue in the body that have gone into hypo-states (giving up and/or collapsing), and how to mutually regulate the survival reactions and emotions that can be hidden within these hypo-states. Moreover, making space for the given-up states and impulses can help bring them out of isolation and into mutual regulation within subgroups of people who can share these experiences (Brantbjerg, 2018).

It has been crucial for me and many others to willingly include the deeper, collapsed parts of ourselves, as well as acknowledge about these disorganized experiences. I lost my sense of 'normal' reality during the event. All known reality disappeared, and I was left in highly aroused, chaotic states, and afterwards or simultaneously, I went into collapse and dissociation. Part of me went missing to protect myself from the overwhelming memory. I know today that I share these kinds of states with many other survivors of traumatic events.

I have found that focusing directly on the story can hinder the healing process. On the other hand, focusing on the states that have not been regulated – such as collapse, rage, disgust, grief, panic, and disorganization – and supporting the possibility of regulating them together with others, emphasizes what we share as human beings. We all have these reactions to traumatic events – no matter what the event is about. We can train skills individually and relationally that make it possible to regulate mutually. In contrast, traumatic events themselves often possess more unique qualities or aspects of reality; therefore, they hold the risk of becoming isolated within the story.

A drink is offered

The 14-year-old girl is sitting amongst the Girl Scout group she was invited into; the female leader offers her a cup of something to drink. The girl is naturally shy, yet also curious. She drinks from the offered cup. Gradually, her perception of reality becomes distorted, and what she looks at turns into a flowing, distorted mix of colors and shapes. She has no idea what is happening. She is getting scared and overwhelmed and wants to reach out for contact. The one closest to her is the female leader, who gave her the drink, so the girl grabs her hand.

In retrospect, there was probably a hallucinogenic drug – LSD or mushrooms – or something similar in the drink. The girl reached out to the woman, who turned out to be her perpetrator.

Consequences and Implications of Sexual Abuse

Sexual abuse has likely always been linked to silence, denial, minimizing, etc., given that it is illegal. It is not openly discussed; strong interests are involved in keeping it silent (Girschik, 2002; Herman, 1992; Kramer, 2017). Seen through the psychotherapeutic lens, sexual abuse by men towards women has been described since the early 70's (Gilroy & Carroll, 2009). While different types of male perpetrators have been described (Groth, 1979), female-to-female sexual abuse has been much less frequently discussed (Duncan, 2010; Gannon & Cortoni, 2010; Gilroy & Carroll, 2009; Girschik, 2002; Kramer, 2017; Twinley, 2017).

About ten years ago, I started searching for literature that resembled my experience. I did not find any. To some degree, this was probably related to the fact that I did not search broadly enough: I was looking specifically for sexual abuse within the international Girl Scout community. I found information about sexual abuse within international Boy Scout communities, but nothing about girls. When I searched more recently, I found material about substantial cases of sexual abuse in both Denmark (TV2, 2023) and the U.S.A. (Dockterman, 2019), and other countries as well. However, there were only a few cases about girls, and the perpetrators in these cases were men. (YouTube, 2020).

Not finding any material, I felt like I was being pushed back into myself again. It reinforced my perception that my experience was unique, which fed the feeling of “it’s all about me” or “it’s only mine to carry”. In my body, specifically my breastbone, this felt like I was giving up– my breastbone was sinking inwards – I lost more of my self-worth. I stayed stuck in myself. I view this as a normal reaction to not having a subgroup to share a particular experience. When sharing does not occur, it creates an opening for certain risks in our relationship with the event. One possibility is to overidentify with the event – one can become the event, which is known in the literature as trauma-centrality (Herman, 1992; Robinaugh & McNally, 2011; Uzer et al., 2020). Trauma-centrality is evident in behaviors such as overfocusing on the event, where the event becomes a central part of the person’s identity, and the person can appraise the event as a reference point for their future. These behaviors have been shown to increase the risk of PTSD.

Another risk is that the lack of recognition and acknowledgment of the experience leads to systemic, cultural shame. The event can become introjected into negative beliefs like “It’s all about me – something is wrong with me – I attracted the abuser – it’s my own fault,” etc. The event is pushed into the individual by a lack of inclusion into the reality that these kinds of events happen; they are an aspect of human interactions that need to be spoken aloud. If the surrounding culture does not openly include and take these aspects seriously, they become individualized (Ahrens, 2006; Cooper, 2025; Herman, 1992; Price, 2024; Twinley, 2017).

A third risk is that the event remains dissociated, unknown, disowned, or hidden – this indicates an under-identification with the event. If the surrounding context does not notice the signs of changed behaviour, the person will live with a hidden trauma inside. This mechanism is also active in transgenerational trauma. Hidden traumatic stories, not spoken and sometimes dissociated, are inherited without words (Warnecke, 2023; Wolynn, 2016).

I recently found the energy to start another search, and this time I found material about woman-to-woman sexual abuse. I also found support for my earlier finding that there is, in fact, little material available, little data has been collected, and there has been little method development to support healing in both perpetrators and victims. I found, as I wrote above, singular cases of abuse within the Girl Scout community and also writing about female leaders taking advantage of their power

positions in churches, schools, sports institutions, and the home (Cooper, 2025; Duncan, 2010). I did not find a description of the specific type of abuse I experienced, where involuntary impact from drugs was part of the event.

There still seems to be a deep avoidance or denial of the fact that women can be sexual perpetrators. Moreover, there are more variations than have been described. All the references I found make comments on this cultural avoidance and denial.

My question becomes: How do we widen our awareness about all of this?

One way is to start becoming curious about how it impacts us – both in our private lives and as professionals. What reactions awaken in us when confronted with stories about woman-to-woman sexual violence? We need to start talking with each other. Write about it, make it more visible, first to ourselves and then to our outer contexts.

In the article by Gilroy and Carroll (2009), the authors described two case stories where two female college students were sexually violated by two different women whom they trusted and had talked to about previous sexual abuse in their history. It described how the outer context in both cases responded with disbelief, minimization, avoidance, and other similar reactions, resulting in a significant negative impact on the healing process. (Ahrens, 2006; Wieberneit et al, 2024). Then, they discussed the positive impact that resulted when the women began finding ways to overcome their isolation and share their stories.

The Event Intensifies

The 14-year-old lies in an orange tent, with the female leader nearby, calming her down with her voice, telling her, “Just relax and trust me.” A sexual orgy is starting to happen with a group of young women involved, probably all impacted by the same drug that the girl was given, and probably part of a group connected to the female leader. All kinds of sexual stimulation are happening. The girl is scared stiff, doing all she can to control the sexual arousal in her body, which is an impossible task with the result that the climax happens in a distorted, painful way, with the experience of being blown apart (going into disorganization).

Female Perpetrated Sexual Abuse

Finding materials and reading about FPSA that differentiated between different types of woman-to-woman sexual abuse had a surprising impact on me. (Munroe&Shumway, 2020). It felt like the hatch in my chest bone that had been closing inward started to open outward. Energy started to stream outwards; I was filled up from inside. I started letting go of the story in a new way. The energy and the data in my story flowed into a bigger container. It was not only mine – it was ours— part of a larger collective outside of myself. I do not know if anybody else has experienced being drugged and then becoming involved in a sexual orgy with a group of women. That is okay. I have read about traumatic events, where young people have been drugged and then abused sexually. I know that others have been involved without consent in sexual orgies (Friedman & Valenti, 2019). I know that females can take the initiative for these actions as well as males. It happens more rarely, but it happens. I know enough to see that there is a subgroup and that it is not about me. It is not only mine. I pass it on to a collective container.

Home From Camp

The 14-year-old is standing in the bathroom of her family's apartment. She is looking 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. She knows that something feels completely wrong, and she turns that against herself. Her strategy is to stop all activities in her life that are pleasure-driven – she stops playing flute, she stops playing badminton, and she stops being a Girl Scout. She stops her own life-energy from flowing. She has suicidal thoughts.

She was neither depressed nor suicidal. She had undiagnosed PTSD in the form of a deep collapse and dissociation as a reaction to a female scout leader sexually abusing her and other young women. She would have benefited from a surrounding context that was willing to see and know about this kind of abuse, and willing and able to notice the shift that happened in the girl's behavior after the event. Given that this didn't happen, these survival reactions were pushed into dissociation and, as a result, individualized.

Isolation Versus a Collective Container

The event changed the direction of my life radically. I did not find any help in established institutions, such as schools, churches, scout groups, and later, universities. Nor did I find any help in my family. Instead of continuing an expected academic career in language and literature, I shifted, at 20 years old, to becoming a psychomotor therapist and participating in the development of body psychotherapeutic methodology. Later, I specialized in developing trauma therapeutic methodology focused on hypo-states. This direction was driven by an inner necessity to establish orientation and regulation of the states and patterns within myself, and I saw that many others have had and continue to have similar challenges, benefiting from focusing on hypo-states.

In my experience, a big part of the healing process after trauma is the same, no matter what type of trauma we experience. The survival reactions that have never come into regulation need to be identified and brought into mutual regulation. Skill-building, bodily and relationally, can support that. I have written about this methodology in other articles (Brantbjerg, 2019; Brantbjerg, 2021), so I will focus on what I have found to be a specific process related to the experience I had when I was 14.

An important developmental issue during the teenage years is identity formation (Konik & Stewart, 2004; Kroger, 2004; Wilkinson, 2008). Who am I when I start the journey of becoming an adult? Who am I bodily, emotionally, mentally, spiritually, and sexually (Kroger, 2004)? The event I experienced as a young teenage girl with a nascent awakening of sexual sensations and impulses impacted my identity process in a significant way.

Questions like these came to the foreground: Who am I as a woman, when a woman can do this to me? When my body responds sexually to being stimulated by other women? When I probably stimulated other women sexually, and none of this happened based on a conscious choice on my end? It occurred at a dosage that was violating. Women sexually stimulating other women can be a normal part of how sexuality can be expressed and exchanged. It becomes violent when there is no open choice process where everybody involved can say yes or no, and it becomes violent when the dosage of stimulation is grossly mis-attuned with the girl being stimulated.

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.

Feeling wrong

Having dissociated the event, the 14-year-old was left with no chance to understand what was going on in her body and why sexuality was very loaded for her. The belief she went into was that she was wrong as a woman. This had a substantial impact on her identity formation. In other areas of life, she was well-resourced, achieved high grades in school, and was socially engaged, among other accomplishments. She did not speak about this “wrongness,” she kept it secret as a dark, isolated place inside filled with shame.

Feeling wrong as a woman stayed in her self-image, also after the memory of the abuse emerged. Having been abused by another woman, and this kind of abuse not being acknowledged or specifically focused upon, kept the negatively loaded identity alive. It turned out that her fertility was impacted. She could not get pregnant.

I hypothesize that the abuse had an impact on the gender hormone balance—it likely played a part in causing infertility. Not being fertile also kept the belief of being wrong as a woman alive, being different than other women and not fitting into the feminist groups either, who most often have a strong focus on men as perpetrators and women as victims (Gilroy & Carroll, 2009; Girschik, 2002). Not fitting in and being over-focused on the differences and not being able to open up to similarities is a sign of trauma-centrality—being negatively identified with the event.

This identity aspect of the trauma reactions has lasted longer than any other part of the reactions to the trauma. When I look back now, I become curious about what finally broke the pattern, so I can now see myself as a beautiful young woman in photos from my early adulthood.

Disgust - a pathway out of shame

Working with the cultural aspects of disgust and shame, as well as the bodily regulation of these emotions, has made a significant difference. Kolbjørn Vårdal and I have, over the last 12 years, developed a methodology for regulating core disgust and using this regulation as a pathway out of introjected shame (Jimenez-Ros, 2025; Vårdal, 2013).

Prior to this method development, I had worked intensively with accessing my anger and revenge impulses against the perpetrator (Agazarian, 2004; Agazarian et al., 2021). A great deal of life energy was awakened through that process. I became more empowered, but it did not change my deep-seated belief that I was wrong as a woman. I could still slip into a deep collapse and have a difficult time recovering from it again. Working with anger carries a risk of the autonomic nervous system remaining in a state of polarization. You emerge from collapse by polarizing to it through a strong expression of outgoing impulses.

Regulating disgust goes to a deeper level in the body. The function of core disgust is to eliminate something toxic that threatens the body or has become introjected into it (Panksepp, 2010). This bodily regulation can be supported in different ways; the key to the methodology is to facilitate a deep letting go, either by awakening muscles active in the vomiting reflex or by focusing on the experience of letting go in all cells of the body.

Describing the methodology further would go beyond the scope of this article. However, developing this methodology has gradually established a boundary within me, enabling me to release old, entrenched beliefs. I am no longer fighting with them – I can let them go. I know they were established as a solution to an experience that invaded my boundaries bodily, emotionally, mentally, sexually, and spiritually. I know the beliefs are not speaking the truth. Moreover, I have supported this kind of process in many others. So, I hypothesize that working with disgust and shame is a functional part of working with negative self-talk and with negatively loaded identification after a traumatic event.

A last piece of letting go of the negatively loaded identification happened recently, when I found the material about woman-to-woman violence. I did not know there was still a part of me that tended to sink into giving up related to the trauma. I only just discovered it when noticing my strong reaction to finding material in the outer world that supported the idea that woman-to-woman sexual violence exists, and also, the fact that little is written about it. It really felt like a door opening and energy starting to stream out. I used my body awareness to track where in the body this “door” was and, through that, discovered 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 keep the out-breath for as long as you can, at some point the breathing reflex takes over and makes you inhale. This kind of in-breath is supported by this muscle (on the backside 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. Making the story visible now is a result of this letting go. I do not discuss whether the story is relevant. I know it is, and I know it matters to make it visible to others.

Why focus on the story now?

I have had an impulse for some years now to share my story in public. Making it visible was essential in the development of the trauma therapy methodology I offer, and it explains why I have spent my career focusing on hypo-states and what is missing. I looked for someone to interview me for a podcast and yet realized, in these conversations, that something was still too personal for me to bring out professionally. It felt like I was being sent back into myself as if the story was still only about me.

Recently, I had a new conversation, this time with a documentary filmmaker who has trained young people in making documentary films about what really matters to them. He supported my impulse to get my story out in public without any hesitation, and he named examples of female students who had made documentary films about female sexual abuse. This gave me the energy to search again, and this time I found material as I have described above.

I realized that I have been looking for a way out of the remaining pattern of taking the event too personally, and with that, still feeding the negatively loaded identity as a woman who is too different to fit in. The missing piece was to find acknowledgement for the existence of woman-to-woman sexual violence. When I discovered that it could be expressed in various forms, such as articles, books, videos, etc., I could let go of a silent voice within me that had been isolated during the event.

My impulse to share the story with a larger audience through writing this article does not stem from a desire to be seen personally. It comes from realizing, through my own reaction to finally finding written material, that making this kind of story visible matters in a broader context. To support others who have experienced woman-to-woman sexual violence or who know somebody who has experienced it, and to inspire the psychotherapeutic and trauma-therapeutic world to relate more openly and inclusively to the existence of woman-to-woman sexual violence. As a result, more material can become easier to find.

Conclusion

Naming one's reality is part of healing. Minimizing and denying reality is often re-traumatizing. A cultural mechanism is to keep things out of consciousness – out of being part of “our” reality by looking away, not wanting to listen to stories, or directly denying that something has happened (Ahrens, 2006; Price, 2024; Wieberneit et al, 2024).

This mechanism is strong when it comes to sexual abuse, and it becomes even stronger when it comes to women violating other women sexually (Gannon & Cortoni, 2010; Gilroy & Carroll, 2009; Girschik, 2002; Duncan, 2010; Kramer, 2017; Twinley, 2017). Silence and denial create cultural shame. When what happens does not exist in the outer world, it becomes only about the person. Then the person becomes “wrong” (Price, 2024).

This is the same mechanism that is active in transgenerational trauma. The stories that get silenced in families or entire cultures do not disappear. They carry on in hidden ways and can show up in the next generations as PTSD symptoms (Wolynn, 2016).

My hope is that some people find support in this article for letting go of taking the traumatic events they have experienced only personally, and especially women who have experienced sexual violence from other women: ‘It’s not only yours – it’s ours.’ And I hope more professionals will start collecting data and conducting research that can help make invisible traumas more visible and inclusive.

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Author:

Merete Holm Brantbjerg
Randersgade 46, DK2100 Copenhagen.
Tel: +4530335225.
Email: moaiku@brantbjerg.dk

Short bio:

Merete Holm Brantbjerg is a psychomotor-trainer and co-creator of Bodydynamic Analysis, a body psychotherapeutic tradition developed in Denmark. MHB is naming her approach “Relational Trauma Therapy,” combining psychomotor skill training and systems-oriented work to establish systems in which mutual regulation of what has been held in dissociation can occur. 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.