

# SESSION 10

## BREAKING THE SILENCE

### Session Goals

In this session, group members will:

- Evaluate the benefits and drawbacks of disclosing experiences of MST to others
- Create a plan for disclosing to someone they trust if they choose to do so
- Discuss how to manage unexpected reactions from others

### Session Content

#### Setting the Agenda

- A. Explain that group members may have been pressured or coerced into keeping their experience of MST a secret.** Silence is one way that offenders may maintain control. Survivors may also choose to remain silent to avoid backlash, retaliation, stigma, judgment, or to avoid the possibility of impacting unit cohesion. There may be added pressure from the military culture or society to keep quiet or risk being ostracized. Even after leaving the military, survivors may not share their experience of MST for years. Telling others about it is NOT required for healing, but it can be empowering.
- B. Review session objectives. The goal of this session is to help group members explore the option of sharing their stories of MST with others.**

**Note:** It is important to emphasize throughout the session that disclosure is a “challenge by choice.” That is, group members have a CHOICE as to whether they disclose about their MST. Additionally, it may help to set appropriate boundaries and clear expectations before sharing.

#### Opening Exercise (optional) - “Two Truths and a Lie”

- A. Set up.** You may use blank sheets of paper and pencils/pens.
- B. Review instructions.** To start, give each group member one index card and a pen/pencil. Allow everyone a few minutes to write down two truths and one lie about themselves in any order. Group members can share whatever they feel comfortable with others knowing about themselves. It is helpful if they share things that others in the group do not know. The objective is to deceive others into making the wrong selection. To begin, one person shares his or her three statements while other group members try to guess which one is the lie. Repeat this step until everyone has gone.

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- C. **Briefly process reactions to this exercise.** You may ask group members to notice how it felt to share intimate details about themselves with others (e.g., nervous, excited, vulnerable).

### The Power of Sharing Your Story

- A. **Normalize that many survivors keep the experience of MST a secret for years, even decades.** To illustrate this point, you may ask group members to raise their hands if they waited at least a year to tell someone (anyone) what happened. This includes family, friends, restricted and unrestricted reporting, etc.
- B. **Encourage group members to share reasons they find it hard to tell others about their MST experiences.** Write responses on a whiteboard and put tally marks next to repeated responses. Examples are listed on the handout (e.g., “I didn’t want to seem weak,” or “I didn’t think anyone would believe me”).
- C. **Remind group members that experiencing sexual trauma in a military context adds a layer of complexity to disclosing.** For example, survivors may deny, ignore, or minimize that MST happened to them so as not to seem weak. At the time, survivors may have continued to live near, work with, and rely on their perpetrator for an indefinite period. This may make telling risky, especially if the offender threatened retaliation or has authoritative power. Some survivors may have had bad experiences with telling, such as they were punished, others didn’t believe them, they were judged harshly, or the offender received a “slap on the wrist.”
- D. **Elicit reasons why it could be helpful for group members to share their story.** How might it help enhance relationships with family and friends? How could it help medical and other healthcare clinicians in doing their jobs? How might other survivors feel?

### How to Share Your Story

- A. **Emphasize the importance of feeling safe when disclosing about MST.** Telling someone for the first time can be anxiety-provoking. Planning a disclosure to the extent possible can be helpful.
- B. **Complete the planning activity on pages 56-57 of the patient workbook.** The activity reviews identifying appropriate people, thinking through the details of the disclosure, and evaluating potential outcomes of the disclosure.

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### C. Allow time for discussion after each section.

- **Identifying whom to tell.** Discuss different types of people to tell, such as family, friends, healthcare professionals, and employers. We mention employers/supervisors here as group members who work may feel pressure to explain any excused/unexcused absences or difficulties that interfere with their ability to work. **Remind group members that disclosing is a choice not an obligation.** Encourage group members to select one person to tell. If someone has difficulty identifying **one** person, he or she can still complete the remaining questions on page 57 of the patient workbook.
- **Planning how to tell.** Encourage group members to think about the best time and place to tell. What would they say? How would they want the person to respond? **Discuss the pros and cons of telling someone in-person.** It may be intimidating but telling someone in-person is beneficial. When we use other forms of communication like text message/email, social media, skype/facetime, or call, we can miss out on important social cues. Social cues (e.g., facial expressions, body posture, direction of gaze) tell us if the person is paying attention, if he or she seems confused or uncomfortable, etc. Other forms of communication may limit our access to this information and leave more room for misunderstanding. On the other hand, this may be the most comfortable or the only feasible way for survivors to disclose their experience while maintaining self-care.
- **Evaluating the potential outcomes.** It may be helpful for group members to consider their reasons for disclosing in the first place. That is, what do they hope comes from sharing? They may also think about potential reservations they have about telling their chosen person. This may help them prepare for how the individual might respond.

### D. Summarize the major points of the planning process, which are:

- **Disclosing about MST is a choice, not an obligation.** Before disclosing, group members should consider their motivation for sharing and evaluate the potential consequences of doing so. Specifically, they can think about what they want from the other person after disclosing about their experience.
- **Choose wisely whom they tell if they make this choice.** It is best to select someone that group members deem as trustworthy. Evaluating the relationship beforehand can help with this decision. (*What happened before when I've shared personal information with this person? Does this person care and respect me? Does this person make me feel safe?*)
- **Pick a time and place to share.** Group members might not want to share that they have experienced MST to others without warning or context. This can feel overwhelming to the person receiving this news. Instead, they might ask the person

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when a good time would be to discuss “something important.” Even if the person says “now,” group members can decide if they need more time to prepare. Whenever possible, they should select a location that feels comfortable and safe.

- **Practice what they want to say.** Levels of disclosure can vary from simply saying “I have experienced MST” to giving more details. No one is required (and it may not be advisable) to give too much detail. Rehearsing the disclosure may help group members to plan what they say and how they say it. It is more about delivering the message as intended vs. finding the “right words.” If it is helpful, they can write it out or say it aloud to themselves. They may even prepare for how they will respond to different reactions, such as a prolonged silence, an unexpected hug, or tears.
- **Say what they need.** Before disclosing, group members may verbally want to set clear expectations about what support they are looking for. Do they just want the person to listen? Are they expecting the information to be kept confidential? Would they be open to being physically comforted with a hug or hand on their shoulder? Can the person ask questions afterward?

### What to Expect When You Share Your Story

- Discuss how the experience of sharing with a loved one may not feel the same as sharing with a therapist.** Therapists are trained to respond with compassion and respect. Loved ones, on the other hand, may not know how best to respond and may be impacted by their own emotions. Page 58 lists a range of potential reactions loved ones may have.
- Ask group members how they might respond to someone who reacts in these ways.**
- Acknowledge that survivors may not get the reaction that they want.** Although telling others about one’s sexual trauma can result in great relief, it can also feel like a mistake at times. Sharing this part of one’s personal history can be risky and may leave survivors feeling vulnerable. The other person may also react in a way that makes the survivor wish he or she had never told. When situations like this occur, survivors can be left feeling weak, confused, frustrated, and embarrassed. Furthermore, these encounters may reinforce unhelpful beliefs about trust (e.g., “No one can be trusted”) and self-esteem (“I always screw things up”) that have a considerable impact on other areas of functioning, such as relationships, work, and health.
- Present negative disclosure experiences as learning opportunities.** You may reference the opening quote on page 58 of the patient workbook (see **Figure 10.1**). It is important to acknowledge that unexpected outcomes happen and, when they do, there may be

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valuable lessons to learn. Page 58 of the patient workbook provides some questions that group members may ask themselves after a difficult disclosure to understand the situation better. Regardless of the outcome, encourage them to be courageous in sharing with someone else.

**WISDOM COMES FROM LEARNING.  
LEARNING COMES FROM EXPERIENCE.  
EXPERIENCE COMES FROM MISTAKES.**

*Figure 10.1. Opening Quote for Session 10*

### Closing Exercise - “Pat on the Back”

- A. Set up.** You will need blank sheets of paper and pencils/pens.
- B. Review instructions.** Have group members write their names on the top of blank paper and then draw an outline of their hand. Next, have each person pass their paper to the person on the left. Have everyone write something positive about that person before passing the paper to the left again. This will continue until everyone has written something for each person.
- **Alternate instructions.** To start, pick one person from the group and ask other group members to say something positive. Continue this process until each person has had a chance to receive compliments. Encourage the receiver of the compliments to refrain from saying anything, or simply say “Thank you.” You may have the receiver write down the compliments to review later.

### Homework (Optional)

- Re-read responses from the “Pat on the Back” exercise each day (if possible).