STANDING STRONG

HOW ONE SAILOR OVERCAME SEXUAL ASSAULT AND ATTEMPTED DEATH BY SUICIDE

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Education Restore Readiness

"Thanks for walking me home," Petty Officer Jane Harrison* told her friend, a fellow Sailor who had offered to escort her back to her overseas apartment one evening. He was a liberty buddy, someone she trusted, and she had been happy to have the company - happy that is, until he tried to follow her inside. "No," she said firmly. "I'm not into sleeping with people I work with."

But he wouldn't leave. He pushed the door open, knocking it into her face.

Then, Harrison was on the ground, his hands around her throat.

"I knew what was going to happen," she remembered. "I turned my mind off. ... The only thing I really remember is just turning my head away from it and feeling his hand on my bicep, just like squeezing hard. I just cried ... tears falling down my face." He beat her and violently raped her, leaving her bruised, bleeding and utterly traumatized. Although Harrison had told him no, she still felt, deep down, that it was somehow her fault. She had been drinking and like so many other sexual assault victims, she felt ashamed. (According to the National Institute on Alcohol Abuse and Alcoholism, roughly half of sexual assaults involve alcohol.)

> You feel like you let it happen," she said. "There's just an extreme amount of guilt. ... You feel like you did something wrong."

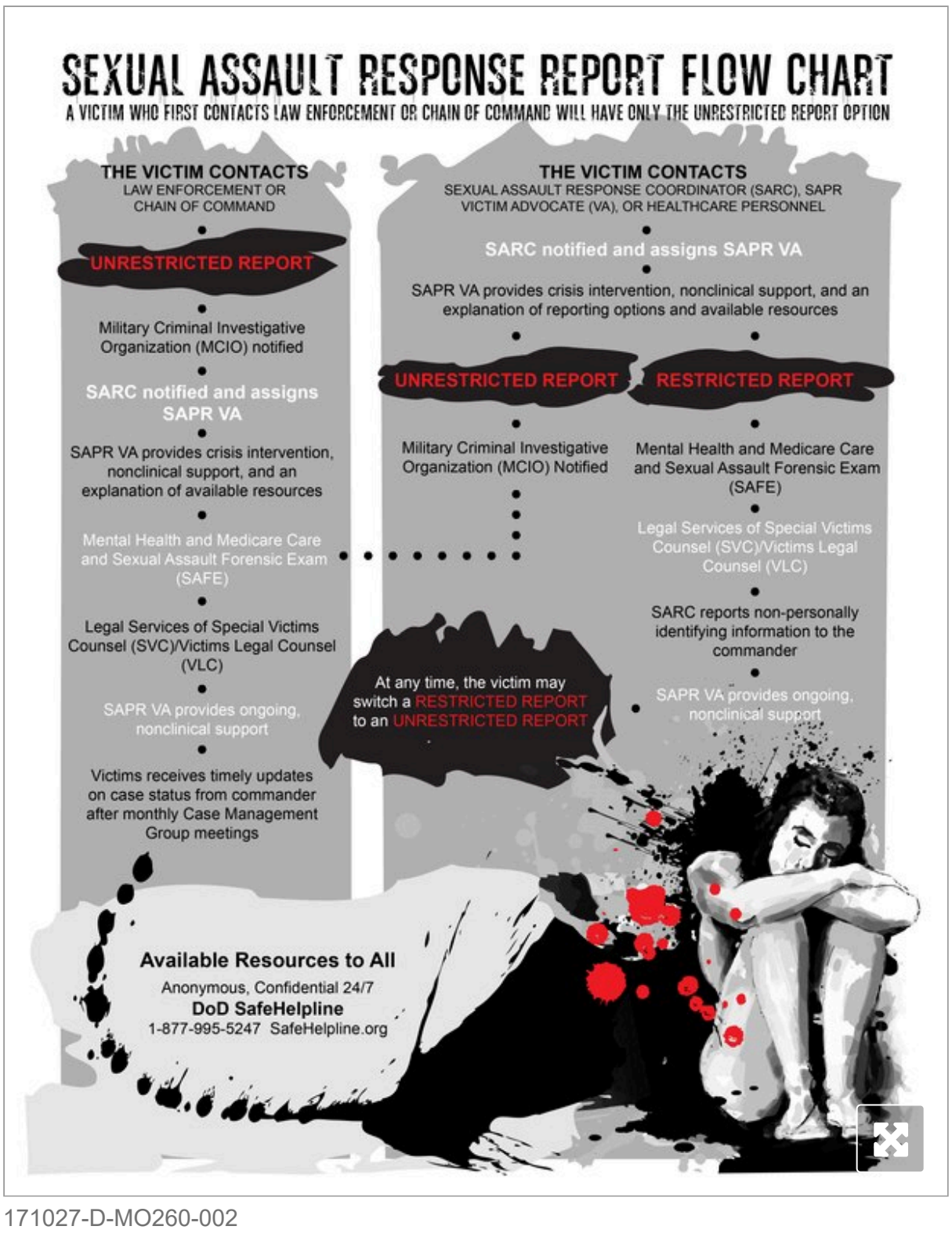
After he left, she showered as fast and as long and as hot as she could. She might have done herself "a disservice," by washing off possible evidence, she admits, but "the last thing I wanted at the time was his stink on me."

The next day, she dragged herself to the hospital. Providers took one look at her, at the bruises on her face and her neck and her arms and her thighs and they knew instantly what had happened.

They gave Harrison painkillers and medication to prevent pregnancy and sexually transmitted diseases. She refused a rape kit, unable to face one more intrusion of her body, and ultimately decided to file a

restricted report, one without her name attached. The only thing that seemed more unbearable than what she had just gone through was the idea of everyone on the ship knowing, gossiping about her, taking sides.

"This happened in 2011, and the Navy has come a long way with protecting Sailors and how they handle their assaults," Harrison remembered. "I was the third most senior Sailor in my division. I was in charge of these Sailors below me, and I felt like I was going to lose credibility. I felt like I was going to have the words 'rape victim' tattooed across my forehead or worse. It's ... that stereotype of 'She was intoxicated. He was intoxicated. It's not rape.' Or, 'She's doing it for attention.' Or, 'What was she wearing?' Stuff like that."



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ABOUT MILITARY SEXUAL TRAUMA

While any sexual assault is terrible, rape in the military is different than rape in the civilian world, said Nicole Moret, chief of behavioral health services for the Traumatic Brain Injury Clinic at Fort Belvoir (Virginia) Community Hospital, a joint medical center. (She has not treated Harrison.) That's because military sexual trauma, or MST, usually involves battle buddies, shipmates - people you're supposed to trust with your life.

"I've had situations where it's a deployed environment, so you're constantly in danger day to day, and the

person standing next to you who is supposed to protect you and have your back is the one hurting you," Moret explained. "It's a very vulnerable position. ... It can produce very negative interactions with the unit." Like Harrison, the victim may feel traumatized over and over again.

According to Moret, both survivors of MST and survivors of combat trauma are far more likely to develop post-traumatic stress disorder if they don't talk soon after the trauma occurs. "If you're having an acute stress reaction, we understand this. This is normal. ... It's a survival mechanism. If we can educate and normalize and just get them talking, the brain is much more likely not to go on to develop post-traumatic stress disorder."

THE AFTERMATH

The day after Harrison's rape, she reported back to her ship for duty, the same ship where her attacker was assigned. She had a long break soon after, a combination of the response to the 2011 Japanese earthquake and scheduled home leave, but her rapist was always with her. Then, when she returned, he would go out of his way to intimidate her. "He would just look at me ... like, 'I know I have power over you.'"

Harrison wanted off the ship. She even applied to cross rate. But in the meantime, she finally decided that enough was enough. She stopped avoiding her attacker. She started to glare back at him when they passed in the passageways. "I wouldn't let him bully me," she said, explaining that she was gathering the courage to file charges.

He knew, she said. "He had this idea that 'Oh my God. She's not afraid of me anymore. ... I [expletive] up and I'm about to pay.'" He failed his physical readiness test on purpose, his second in a row, so he was quickly flown to the States and discharged from the Navy.

He fell through the cracks, but Harrison told herself she was moving on. "I was living in denial. I was the queen of it," she remembered. She couldn't wait to get to her new command, but in the meantime, she threw herself into work. The ship was underway and after a long day on the job, she would fall into her rack, too exhausted to think about what had happened.

> I went from work, work, work, work, and then when I got to my new job field, it was almost like having a nine-to-five job in the civilian world," Harrison said. "I had a lot more time to think about it. That's when the nightmares started. My attitude went down the drain. It was hard for me. Here I am in my new job field at a new command, and it didn't really go well."

RED FLAGS

After the rape, she became more and more withdrawn and depressed. Her nightmares got worse. She could feel herself going down a "rabbit hole." Maybe, she started to think, she would be better off dead.

A victim's advocate at the command could see Harrison was foundering. She tried to help, getting Harrison

into counseling and a support group. Harrison even kept up therapy during her next deployment, going to group sessions on her new ship. She told a doctor she was having trouble sleeping and he gave her sleeping medication. But work interfered with therapy, and it wasn't enough anyway.

"It just got to be too much," she said. "It was just too hard. ... I couldn't take the nightmares and being on edge and my anxiety and panic attacks. I couldn't handle it anymore."

Behavioral health providers try to teach patients to identify red flags like these, said Moret. "These are the indications that my PTSD and my depression is worsening and I need to come in more often for therapy. Or these are red flags that I know I need to call my battle buddy and talk about this. These are red flags that tell me that I need to tell somebody how I'm feeling so that I can get through this."

One of the biggest warning signs is what Moret called a "lack of future orientation." In other words, someone doesn't talk about next week or next month or any time into the future.

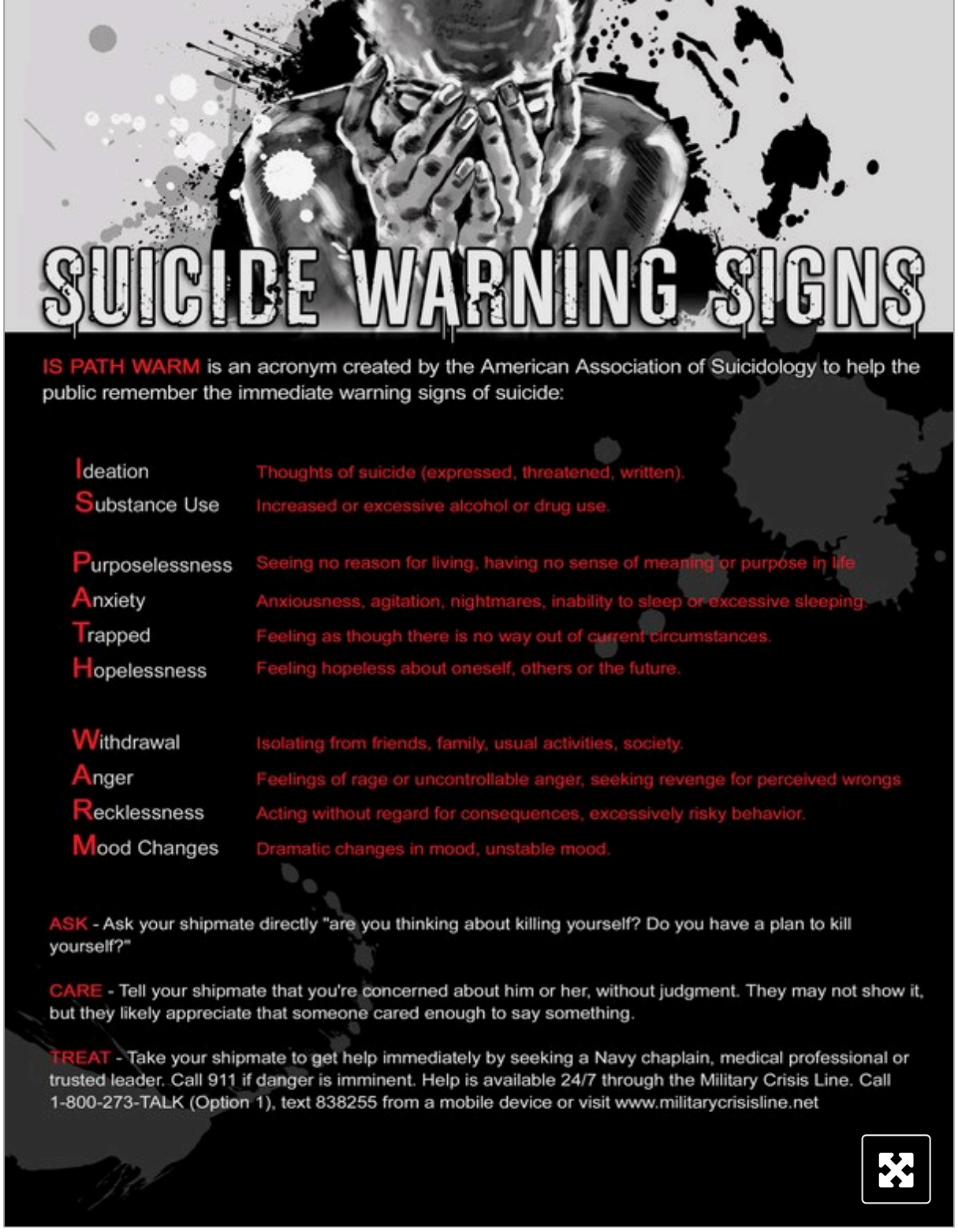
"There are two things in life that you cannot see that are essential to life," she continued. "One is air and the other is hope. If you have somebody who has even the tiniest little glimmer of hope ... that can keep them alive. If they have one person that they trust, that they can depend on - that's usually somebody who, when they reach out to that person, if they're having suicidal thoughts, they're much less likely to go complete the suicide."

TRYING TO DIE

July 4 weekend, when most of America was celebrating with cookouts and fireworks, Harrison decided enough was enough. She wanted peace. She wanted the pain to end. So she got drunk and swallowed a bottle of sleeping pills.

"This part, I have no recollection of," she said. "I don't know if my brain has completely blocked it out. ... I got a phone call from a friend, and he knew something was wrong. He and another friend came to my apartment and found me pretty much half dead."

Harrison woke up in a military hospital, strapped to a gurney with a charcoal tube up her nose. She was shocked and embarrassed, dismayed to be alive and furious with the friends who had saved her. She wanted to go home, she told the doctor. He couldn't do that, he said, explaining she had been admitted on a 72-hour psychiatric hold.



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TREATMENT

"The very first step is always safety and to make sure that they're medically stable," said Moret, noting that a unit commander is the only person entitled to know if a service member is hospitalized, and that's the only information he or she receives. "We have behavioral health care providers that will see them in the hospital, but when they're discharged, you want to make sure that they have an appointment within seven days ... and you want to follow this person pretty closely."

Harrison was put on medication and referred to an outpatient psychiatrist and a psychologist. She moved in with friends for six weeks and started a 17-week group therapy program for female victims of MST. According to Moret, some of the most common treatments that patients would undergo in such a program are cognitive behavioral therapy (CBT) and cognitive processing therapy (CPT).

According to the National Alliance on Mental Illness, CBT focuses on exploring the relationships among a patient's thoughts, feelings and behaviors. Therapists and patients work to uncover unhealthy patterns of thought and how they may be causing self-destructive behaviors and beliefs, such as "I'm to blame for my rape." By addressing these patterns, the patient and provider can work together to develop constructive ways of thinking.

Cognitive processing therapy is related to CBT, and typically consists of 12 sessions of psychotherapy that teach patients to evaluate and change upsetting thoughts they have had since trauma occurred, according to the Department of Veterans Affairs. Patients talk through their ordeal with a provider, and usually write detailed accounts as well, which can help them cope with feelings of anger, sadness and guilt. Then therapists and patients focus on ways the trauma has impacted the patient's life, such as her sense of safety, trust, control, self-esteem and intimacy.

Harrison's therapy program featured a lot of talking and a lot of worksheets. One week, for example, survivors might have to detail, step by step, what happened when they were raped. Or they might have to write about their feelings or their triggers. For Harrison, it was the smell of the cologne her attacker wore. "The heart starts pounding," she said, "and all the hair on the back of your neck stands up."

NOT ALONE

For her, Harrison said, it wasn't only therapy itself that was beneficial. "It was realizing you're not alone. It was enlisted. It was officers. ... You're like, this can really happen to anybody. ... I definitely didn't have it worse than everybody else in the room. I looked at some of these girls, and they were younger than me. I looked at some of these girls, and I was like, 'You are some of the bravest women I've ever met.'"

By August, Harrison said, she wanted to live, especially after she started training therapy dogs and working with wounded warriors. These days, she has a supportive command and chiefs who she feels comfortable going to for anything and everything. They understand she still goes to therapy and that she takes medication. She has good days and bad days and nightmares sometimes, but overall, she's happy.

> I want to live every day. Every day, I wake up and I go, 'Still here,'" she said. "It was hard to come to terms with surviving my suicide, but I think what would have been harder would be not knowing what was in store for the rest of my life. Yeah, I wanted to die, but I've had such great experiences and met such extremely amazing people since I woke up that day."

"I figured out that I lived for a reason," she continued, explaining that she doesn't want her shipmates to go down her dark path. "I've encountered Sailors who have been in the same situation as me ... men and women who have ... either contemplated or attempted suicide. So when they see someone who has gone through all of that ... and still functions as a Sailor, still deploys, still does her job, maybe that gives them a little bit of hope."

She's not the only one. The Navy, she said, has come a long way in the past few years when it comes to handling sexual assaults and behavioral health, and "there's a whole bunch of us in the military who have some sort of mental health issue - either we lost somebody in combat, we got injured in combat, we got sexually assaulted - and there's a whole slew of us who wake up every day, go and do our jobs, still deploy and yes, we're on medication. We're not damaged goods. ... We function just fine."

**Editor's Note: Name and other identifying information have been omitted or changed for privacy reasons.*

SEXUAL ASSAULT RESOURCES:

Navy Sexual Assault Prevention And Response Program

Department Of Defense Sexual Assault Prevention And Response Office

DOD Safe Helpline: 877-995-5247

SUICIDE PREVENTION RESOURCES:

Navy Suicide Prevention

Defense Suicide Prevention Office

Veteran's Crisis Line: 800-273-8255 (press 1)

Be There Peer Support: 844-357-PEER

Real Warriors Live Chat