

# What People Misunderstand About Rape

Sexual assault often goes unpunished when victims fail to fight back. But investigators, psychologists and biologists all describe freezing as an involuntary response to trauma.

By Jen Percy

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‘I froze,’ the woman said, thinking back on the day she was raped during a military exercise a few summers ago.

It had been a long, hot day of training — marching into the hills, carrying heavy packs, eating M.R.E.s. Her group had been honing their navigation skills, figuring out how to get from one place to another as quickly as possible with only a compass and points, all while avoiding ambushes and snakes.

That night, she fell asleep and woke up to a man lying next to her — penetrating her with his finger and then progressing quickly to rape. “I felt like I wanted to scream or yell or push him,” she told me. “And I don’t even know why, but my body just wouldn’t react.” At some point after he finished, she could move again. (The woman asked to remain anonymous because she fears retribution.) The man left her side, and she fell back asleep, though she doesn’t remember when. In the morning, she ate breakfast and immediately threw it up.

She couldn’t understand her failure to respond to the attack. It felt at odds with her training — the hours she had spent learning how to survive and fight against all kinds of threats. When she was a child, her mother would say, You’re a girl, and you’re small, so you’re an easy target. She listened to her mother’s warning and took pride in herself for being competitive and athletic. She played basketball, baseball, football and soccer, and she ran cross country. She was sometimes on men’s teams. “No one expects to be a victim of such a situation,” she said. “But everyone imagines how they would react, and I had always imagined I would fight and get away.”

She was ashamed of herself for not doing anything. “Because it’s not really who I am,” she said. “I don’t even know why, but my body just wouldn’t react.”

The weeks that followed the rape were exhausting — the demands of training on top of the stress of the assault. She spiraled into depression and lost 20 pounds. Friends had to feed her bites of bread to make sure she was consuming enough calories. She was terrified to fall asleep. “I felt like I couldn’t trust my own body,” she said.

Most nights she sobbed with her arms around her knees. She used to always sleep on her side, but she didn’t feel safe in that position anymore. If she did fall asleep, it was for only an hour or two before she woke up again in tears. Her heart raced, and her sheets were soaked with sweat.

When friends and mentors found out how she responded during the rape, they were appalled and confused. *You didn’t do anything? You didn’t say anything? You froze?* “It didn’t even feel like I could do anything,” she recalled. “I was trying to scream. ... I wanted to scream. I was trying to scream, but it felt like I couldn’t.” It was difficult to explain, she said. It made her question whether she had the capability to be a leader. What if she froze again?

She knew she needed help, but she was afraid to talk to a psychologist because of the stigma around that in her program. And so at night, when she couldn’t sleep, she would go to the hallway to read articles and books about sexual assault to try to make sense of her situation. She realized she needed more than books, and months after the assault she finally spoke with a counselor, who explained to her that “freezing” could be a normal response to assault. She thought of a deer in headlights. Eventually, her skeptical friends and mentors came to understand, too, and they apologized.

They talked a lot about fight or flight in her program, but she didn’t remember them ever talking about freezing. She heard about soldiers and leaders who froze in battle, and she knew the shame attached to it. “Maybe that’s why it’s not commonly talked about or discussed,” she said.

Once, she had a nightmare. “I was waking up to the assault happening just as it had happened, and my lips were glued or sewn shut.” At first, the dream was strange and confusing, but then she realized it exactly captured how she felt: “I really wanted to move. In my head, I was screaming. But my body wouldn’t move.”

**There’s a lingua franca** that women use, a repeated vocabulary to describe what they experience and think during a sexual assault. Variations of “freezing” are often part of that vocabulary. But the word has so many referents in its colloquial usage that it’s hard to know precisely what it means to each person saying it.

“I just absolutely froze,” Brooke Shields said in the documentary “Pretty Baby,” describing how she felt when being raped. “And I just thought, Stay alive and get out.”

Speaking about her rape, the Norwegian actress and model Natassia Malthe told reporters that “I was like a dead person.” In an article for *Vice*, the writer Jackie Hong wrote of her rape, “When he started pulling down my pants and underwear, my body seemed to freeze over.” In an episode of the documentary series “The Me You Can’t See,” Lady Gaga describes being raped at 19: “I just froze.” Years later, she said, her body still remembered the feeling, and she experienced a “total psychotic break.”

“I’m not a screamer,” E. Jean Carroll testified at the United States District Court in Manhattan about how Donald Trump sexually abused her in a dressing room at Bergdorf Goodman. She told the court she was “too much in a panic to scream.” Miriam Haley, a former production assistant, testified that when Harvey Weinstein held her down and forced himself on her, “I was in so much shock at the time that I just checked out.”

In 2019, a 48-year-old woman testified in a Canadian court that she “froze” when a man raped her in the back of his car after their first date. The defense questioned why she didn’t resist. “I felt very scared,” she said. “I’m not physically fit. I didn’t think I could run.”

This year, a massage therapist in Australia pleaded guilty in a sexual-assault case brought by multiple women. In court, one of the victims said she would never forget being “practically naked and frozen on a massage table.”

When I reached out to dozens of women to ask about their responses to sexual assault, they also spoke of their experience in terms of freezing. At first, Andrea Royer told me, she fought and screamed to deter her rapist in Spearfish, S.D., in September 2012, but then she “froze” because she decided “freezing” was the only way she could keep herself alive. Jenna Sorensen said that when she was raped, she told him no but then “froze” to get it over with. “I just kind of let it happen, I guess,” she said. Joyce Short told me that in college, she “froze” when a man started to strangle her before sexually assaulting her. She “froze,” she said, because the more she struggled, the more he pressed on her neck.

All these responses, which often feel shameful or abnormal to the women reporting them, are common but misunderstood. When a court was preparing to sentence Harvey Weinstein for sex crimes, one of his victims, Jessica Mann, took pains to clarify her own account of freezing — because, she said, “so many women, myself included, have only been able to find words such as ‘I gave up’ or ‘I lost control’ and, like myself, ‘I froze.’”

Mann cited a 2015 paper in *The Harvard Review of Psychiatry* on the automatic defense behaviors of humans and animals. “The majority of the public,” she said, “has not understood that these responses were not something we consciously choose under the duress.” Mann explained that when Weinstein raped her, she experienced symptoms consistent with a phenomenon known as tonic immobility. “I ask you to consider the horrors of being rendered immobile by my own biological response,” she told the court.

What is tonic immobility? It’s an extreme response to a threat that leaves victims literally paralyzed. They can’t move or speak. For more than a century, scientists have studied similar phenomena in animals, and over the years they have been named and renamed — animal hypnosis, death feigning, playing dead, apparent death and *thanatosis*, an ancient Greek word for “putting to death.” Tonic immobility is a survival strategy that has been identified across many classes of animals — insects, fish, reptiles, birds, mammals — and draws its evolutionary power from the fact that many predators seem hard-wired to lose interest in dead prey. It is usually triggered by the perception of inescapability or restraint, like the moment a prey finds itself in a predator’s jaws.

Humans have been shown to experience tonic immobility in the context of war and torture, natural disasters and life-threatening accidents, and studies suggest that it is common in sexual abuse. In the early 1970s, the American researchers Ann Burgess and Lynda Lyttle Holmstrom observed this behavior, what was soon termed “rape-induced paralysis,” in people at Boston City Hospital. Over the course of a year, they documented that 34 of 92 patients diagnosed with “rape trauma” experienced freezing — physically or psychologically — during their attacks, and that some described what may now be considered tonic immobility. “I felt faint, trembling and cold. ... I went limp,” one woman reported. Another said, “When I realized what he was going to do, I blanked out ... tried not to be aware of what was going on.”

A few years later, the psychologists Susan Suarez and Gordon Gallup argued in a 1979 article in *The Psychological Record* that tonic immobility evolved in humans, as in other animals, as a defense against predators. They then noted how often rape convictions fell apart because victims didn’t resist. “It seems ironic,” they wrote, “that victims should be legally penalized for exhibiting a reaction that has such adaptive value and may be firmly embedded in the biology of our species.”





Photo illustration by Katrien De Blauwer

**When asked about how** humans or animals respond to danger, most people think “fight or flight,” but the popularity of that phrase has created a false picture of victim behavior. It is statistically uncommon for somebody to physically fight back during a sexual assault. Verbal resistance is more common, but even that is often more passive than people expect.

Jim Hopper, a clinical psychologist and teaching associate at Harvard Medical School, has studied trauma and sexual assault, including their neurobiological aspects, for more than 30 years. “Survivors should be able to use whatever language they want,” said Hopper, who regularly trains therapists, police and campus investigators, prosecutors, victim advocates and nurses who collect “rape kit” evidence. “But if we’re going to be professionals, we need to have more precise language that’s based on what’s actually going on in the brain and how these things can play out.”

Hopper teaches that the phrase “fight or flight” is harmful, because “it can make victims think there’s something wrong with them.” It has led to ingrained assumptions about what society expects from victims and what they expect of themselves. Victims, he said, “feel shame; they beat up on themselves for not fighting or fleeing.” This is why he has spent the past decade developing a better vocabulary to describe victim behavior based on neuroscience and evolution. “If we can understand how our brain responds to threat or attack,” he said, “we can help validate victims’ responses to and memories of sexual assault with the credibility of science.” (Advocacy organizations are increasingly acknowledging these responses by extending the phrase “fight or flight” to include other words like “freeze” and “flop.”)

The human brain’s first response to danger is almost always to stop all movement to better evaluate a threat. Within a fraction of a second, other physiological changes are happening to prepare the body to engage in lifesaving behaviors. Sometimes this leads to fighting or fleeing, but much more commonly in sexual-assault victims, it continues as freezing, during which the brain assesses the assault while generating potential options for responding. Victims are motionless, with a slow heart rate, and attentive to threat.

In everyday speech, freezing is often conflated with tonic immobility, but they are not the same — tonic immobility is more extreme. Collapsed immobility, another extreme response, involves a precipitous drop in heart rate and blood pressure, causing limp muscles, unlike the rigid muscles in tonic immobility. Victims usually faint or collapse and take a while to recover because their brain hasn’t had enough oxygen. Hopper once worked on a case in which a man tried to force a victim to perform oral sex, but she couldn’t hold her head up. “She reported that her neck muscles were totally limp, and her head literally flopped around,” he said. Victims might describe the experience with phrases like “I felt dizzy,” “I felt faint” or “I felt sleepy.” Some victims describe this as “blacking out,” which can lead insufficiently trained investigators to think the victim drank too much alcohol.

Freezing tends to come early in an attack, and extreme responses tend to come later, but they can happen in any order. Shifts between behaviors can occur within milliseconds. And some people threatened with rape will be able to make decisions, such as to acquiesce, because they think it will help them avoid death or severe physical injury. Some will fight or flee, and some won’t experience a trauma response at all. But all these responses can have profoundly different effects on people’s consciousness and memory.

**Neuroscientists often talk** about the brain in terms of circuitries, collections of connected areas responsible for certain functions. The defense circuitry is one of the best studied, and it works in the same basic way in all mammals: If a threat is detected, the defense circuitry can rapidly dominate brain functioning, with major consequences for thinking, behavior and memory. It takes up to three seconds for the defense circuitry to hit the prefrontal cortex with sufficiently elevated levels of stress chemicals to seriously impair it, and once the prefrontal cortex goes quiet, so does our ability to reason. Our language centers are impaired. Our attention changes, and so does the way we encode memories.

Amy Arnsten, a neuroscientist at Yale University, is one of the leading researchers on the way stress impairs the prefrontal cortex. In a study from last year, her team found that exposure to even mild but uncontrollable stress quickly impaired the prefrontal cortex in humans and animals. “Under stress, your brain disconnects from its more recently evolved circuits and strengthens many of the primitive circuits, and then these unconscious reflexes that are very ancient kick in,” she told me over the phone.

Arnsten described walking through the woods in Vermont some years ago when a bear dropped out of a tree. Without thinking, she froze. The bear looked at her but didn’t see her. “It just is a reflex,” she said. “Most animals see movement and not detail, so freezing — especially if you’re in a position where you can’t escape — has had survival value across the eons.” But freezing and tonic immobility evolved to keep ourselves safe from animal predators, not human ones. Human predators don’t always lose interest if their human prey looks dead.

After reading testimonies of rape victims over the course of a decade, Hopper observed that sometimes victims will experience what he calls “shocked freezing,” when a person’s mind can stay blank for several seconds; victims might describe this with phrases like “I couldn’t even think” or “I had no idea what to do.” That phase can continue into a state of impaired deliberation that he calls “no-good-choices

freezing,” when victims find their ability to think clearly seriously diminished. They might have trouble remembering practical information, like the fact that there are people nearby who could hear them scream.

Hopper also added a crucial nuance: At some point during rape, most victims revert to habits, usually passive or submissive ones, that have been conditioned by culture or abuse. Many women, for example, have been socialized to be nice to men, to avoid offending their egos and to avoid retaliation. “And these are actually among the most common brain-based responses that people have while being sexually assaulted,” he said. “We usually don’t think of these habits as involuntary, but they absolutely are.”

Hopper once testified at a trial regarding the rape of a young Marine by a senior officer. The woman said the Marine attacked her one Saturday night after a party, holding her down and forcing off her clothes. The defense argued that the Marine’s military training would make it impossible for her to be raped. Hopper testified that even well-conditioned habits don’t necessarily carry over from one context to another. It’s why the military spends a lot of money training soldiers in realistic environments. Hopper explained that the Marine was not fighting an enemy on a battlefield, so her military training didn’t kick in. Instead, she responded the way she always did when she wanted to end unwanted advances from men: She politely asked him to stop.

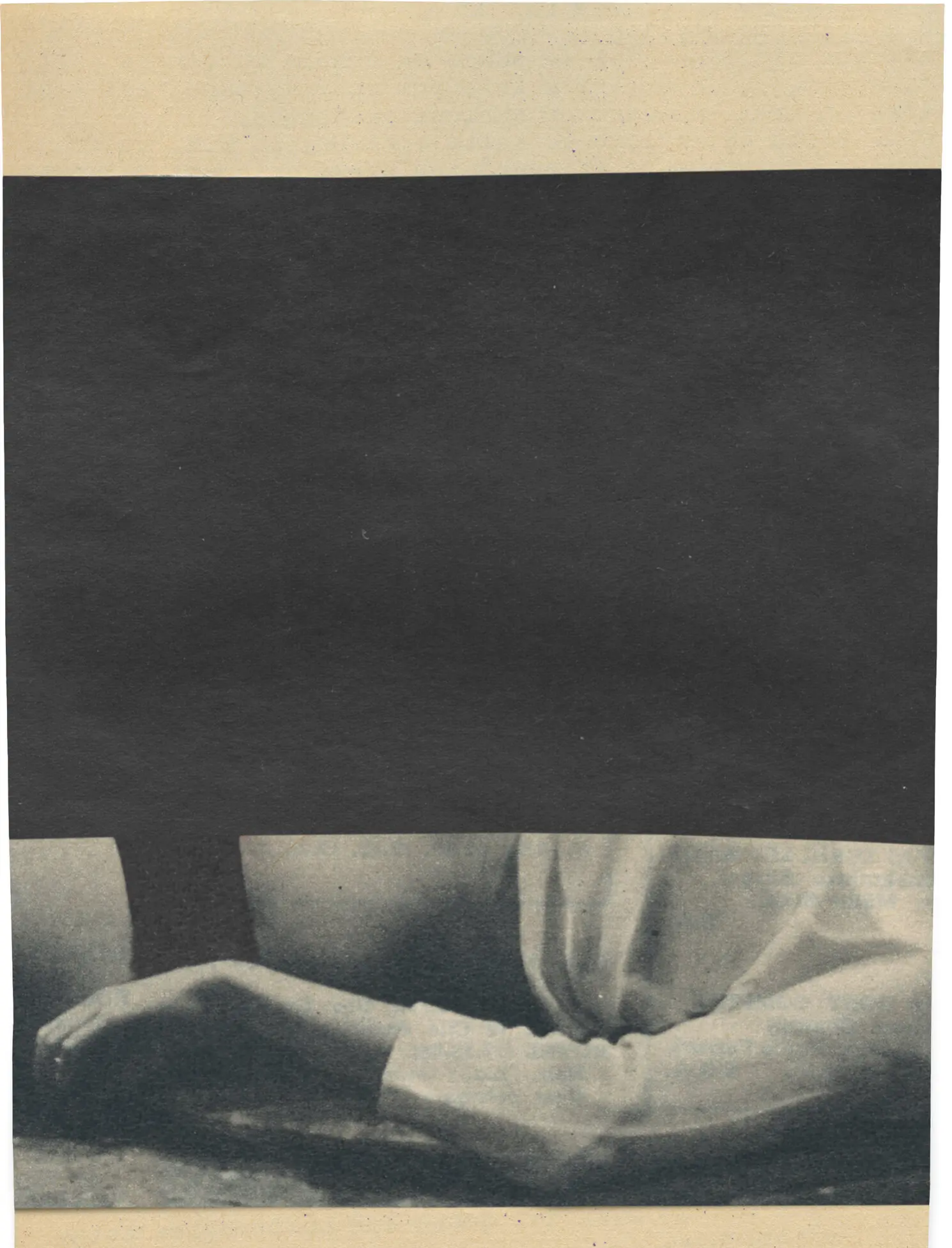
According to Sunda TeBockhorst, a practicing psychologist in Colorado who began researching tonic immobility in the context of sexual assault more than 20 years ago, victims who lack a language or a framework to understand their tonic immobility will often make their own meaning with narratives of blame. She frequently sees the ramifications in her clinical practice. For some, she observed, as soon as the assault began, they remembered wondering what others would say and think about them. Sexual assault, she told me, is the only type of incident in which she has ever seen a victim be blamed for her own complicity in being terrorized.

When Mariana Bockarova, who teaches psychology at the University of Toronto, couldn’t move and couldn’t scream during a traumatic sexual assault, she blamed herself. But she was lucky, she told me, because unlike many women, she had a background in research that she could draw from to find out what happened to her. “You realize how misguided the general population is,” she said. “And how much blame is put on the victim because of some overarching narrative that I don’t think applies to the vast majority of these unfortunate cases.”

TeBockhorst first became aware of tonic immobility around 2000, when she met a male victim of gun violence while she was working as a professional victim advocate. The single father said he woke up to the noise of gunfire and thought someone was in the house murdering his children. He told her he wanted to help his kids but couldn’t move or scream. He said he was paralyzed. His eyes were locked on the red numbers of his digital alarm clock. When he could finally move again, he found his children, who were scared but alive. He told her that no one had entered the house; bullets had been fired into his home but didn’t hit him or his family.

The man’s response made TeBockhorst think back on stories she heard when, as an undergraduate, she volunteered at a rape crisis center in North Carolina. Many victims had described being unable to move or scream, even when they tried. If so many of them experienced involuntary paralysis, why was no one talking about it?

About the father whose mental health spiraled after experiencing tonic immobility, TeBockhorst said, “The significance that it took on for him in the aftermath was more substantial than the actual trauma of the gunfire.” Tonic immobility was not a part of the discussion, and he tortured himself by thinking he had failed his children.






Photo illustration by Katrien De Blauwer

In 2012, **Rebecca Campbell**, a psychologist at Michigan State University, presented an analysis of more than 12 years' worth of data about sexual-assault cases that had fallen out of the criminal-justice system. The problem, she found, started with the police: Across six jurisdictions, on average 86 percent of reported cases did not go further than the police. Of those cases, she said, around 70 percent were told by the police not to press charges. When Campbell interviewed the police about this, she learned that they were not being malicious but had a very poor understanding of victim behavior. They regularly dismissed rape reports because they didn't understand common physiological responses to trauma and assumed victims were lying. Cases were dropped before they were ever fully investigated.

When Campbell asked a detective who had worked for 15 years in a sex-crimes unit what happened when victims reported an assault, he said, "The stuff they say makes no sense." He told Campbell that he didn't always believe the victims, and "I let them know that." Campbell found that the detective's answers were common. She suggested that if investigators were really going to help victims, then they should understand the brain science behind common victim responses.

Hopper is among a growing group of teachers now providing that sort of training. He noticed that many professionals wanted to embrace this education but were struggling with the science. He has designed and led courses and training for the police and prosecutors, campus investigators and administrators and major organizations like the U.S. military, End Violence Against Women International and the Rape, Abuse & Incest National Network. The point is not to teach them to diagnose but rather to help people who interact with rape victims understand their biases. As EVAWI makes clear in one of its training sessions, "The responses and memories themselves do not prove that the assault was — or was not — committed."

In 2019, Nancy Oglesby, a career prosecutor, and Mike Milnor, a former police officer, sought the expertise of Hopper to deepen the scientific grounding of training they were offering to the police and prosecutors. Oglesby and Milnor had each handled sexual-assault cases for many years and knew the patterns of victim behavior, including the seemingly counterintuitive behaviors like freezing, paralysis, extreme passivity and politeness. But initially they didn't have the science to explain it.

The police often followed an interrogation technique that taught them to assume that when a statement wasn't detailed, or if there were gaps or inconsistencies in the account, the person was lying. And prosecutors often avoided going to court if they felt they couldn't make a strong case. "When there were a lot of 'I don't know's, 'I don't remember's in sexual-assault statements, that created proof problems," Oglesby told me. In her training, Oglesby describes a case she rejected because she couldn't make sense of the account. A young woman was raped, over the course of an hour, in a room she shared with a roommate. The victim said that during the time she was raped, no one knocked on the door. When the detective talked to the roommate, she said that she had knocked on the door and yelled. The suspect remembered this and described the knocking and yelling exactly as it happened.

"Why wouldn't the victim have that same memory?" Oglesby had wondered. With more knowledge of how the brain works, it made much more sense. She learned that some responses to trauma can change what people pay attention to and therefore what sort of memories they have of an experience. A victim may find herself focused on details that investigators may find irrelevant but that her brain processes as important for survival, whether it's the color of a wall or a song playing down a hall or the patterns of the veins in a leaf on a plant a few feet away. But the victim might not know the color of the shirt her attacker was wearing or even whether he wore a condom. "What we know now," Oglesby said, "is that their ability to explain the event is also going to be more tied to sensory perceptions" that they were aware of as the assault unfolded.

Sensory perceptions will be different depending on trauma responses — a victim who enters a state of tonic immobility, for example, might have rigid muscles or trembling limbs or might feel extremely cold. But if she dissociated at the same time, she will not remember those details because she will have had no awareness of what was going on in her body at the time.

Early in his career, Milnor said behaviors like freezing and tonic immobility were the most difficult to understand. He remembered a woman saying she couldn't move her legs. He recalled another saying she tried to scream but nothing came out. Why wouldn't she scream, especially since there were people nearby? He was guilty of thinking that some women's statements were too outlandish to be true.

Milnor first started to grasp the nature of immobility when he was tasked with death notifications. The first time he knocked on a door to tell a family their son had just died in a car accident, he said, "the wife just went completely immobile on me. She just went catatonic. Her husband and I literally set her down on the sofa like a robot. It was like she was just gone, but her eyes were still open."

Now Milnor knows that when a woman says she froze, it could mean many things. "Well, can you tell me more about that?" he would ask. "Can you tell me what sensations you can remember feeling? Do you remember how things sounded? Are there any smells?" I would just go through the five senses," he told me. It's these physiological details and feelings and sensations that Milnor encourages people to look for in their investigations.

When prosecutors get these details from the police's investigative interview, they can then bring in an expert to testify about physiological responses to psychological trauma. "Then we've got something they can argue to the jury," Oglesby told me. "The defense is going to try to argue that all these behaviors mean the person is being deceitful." The same is true for the memories. "We try to flip that," Oglesby said.

“OK, if they’re experiencing one of these neurobiological responses, they’re not going to be able to give you a play-by-play of what happened during the assault — which traditionally is how we looked at the credibility of a victim statement.”

**In a 2009 British study** of mock juries, Louise Ellison and Vanessa E. Munro looked at which rape myths could be influenced with expert testimony about victim behavior. Jurors who heard explanations for certain behaviors — a victim’s lack of distress while recounting the assault at trial, say, or a delay in reporting the attack — were more likely to question why those responses were relevant to a case. But the myth that seemed most entrenched was that women would try to physically resist rape. When this myth took hold, Ellison and Munro noted, jurors were “unreceptive” to the guidance provided by experts.

In many states, prosecutors must still show that sexual contact was forced or was met with verbal or physical resistance to prove that the victim didn’t consent. Moriah Schiewe, a licensed attorney in Oregon, says tonic immobility remains “a blind spot in the legal system.”

“If we think of resistance as a ‘No’ statement or fighting back,” Erin Murphy, a professor at the New York University School of Law, told me, “tonic immobility is not going to work to give you a nonconsensual encounter, because in those situations the physical shutdown is not usually interpreted legally to be a ‘No.’” Murphy thinks there are still jurors who believe that women are responsible for freezing and who can’t recognize rape unless there was physical resistance.

Catrina Weigel, a deputy district attorney in Boulder County, Colo., said defense attorneys often cross-examine victims by noting that “they didn’t fight the person — how they didn’t kick, didn’t bite, didn’t scream.” She must rely on experts to help explain a victim’s response. Veronique Valliere is one such expert. A forensic psychologist, she is often called to help explain to judges and jurors why victims don’t resist or try to escape — including in high-profile cases like Bill Cosby’s trial for rape. “We need to understand that freezing is involuntary, from a medical and scientific perspective, to change the perception that it is a failure of agency,” she told me. “In terms of volition, tonic immobility is no different than having a severed spinal cord, and that will help take away the stigma, socially and legally.”

Anne Munch was an attorney for 30 years in Colorado before she started training the police and prosecutors in the neurobiology of trauma. “We have so many double standards around victim behavior,” she said. “We have so many excuses around offender behavior.” She stressed that prosecutors have to understand common victim responses so they can identify them in a layperson’s language if they do end up in a police report. “This really needs to be collaborative among all of the criminal-justice agencies,” she said. But it starts with law enforcement. “I tell police, ‘Your response to victims will make or break the case, and you might make or break the person.’”

Munch told me about a police report she received early in her career. A woman in her 20s met friends at a bar and drank too much. She called a cab to go home, and the driver took her to a remote location, parked the car, got into the back seat and raped her. When he finished, he got back in the driver’s seat and took her home. She paid the fare, and he left.

Munch thought that there had to be more to it, so she met the victim for another interview. She asked open-ended questions that would give the woman a sense of control, and she made an effort to unlock memories by asking about senses. The woman told her that when the driver got in the back of the cab, it became clear that the rape would happen, so she turned her head and stared at the cab door until it was over. The victim described the material on the door in striking detail — a gray vinyl with a stitched pattern like an ellipsis, a chrome handle with exactly eight small indentations from the bottom to the top.

Munch had just come out of the child-sex-abuse unit and knew a lot about children and disassociation. She recognized it when she heard it. “The woman was describing a classic dissociative response,” Munch said. “Her normal resources for trauma are overwhelmed. Her normal coping mechanisms are overwhelmed. What’s happening is too big, too ugly, too much.” She sent her investigator to the cab company with a search warrant, and everything was exactly the way the victim had described it. Munch told the defense that she was going to recommend a trauma expert to speak at the trial. “If this sex is so great and consensual, then why is she turning her head and memorizing the inside of the taxi cab?” she recalled saying. The driver pleaded guilty, which saved the woman from going to trial. “That’s when I started really paying attention to what survivors pay attention to and always asking about the senses.”



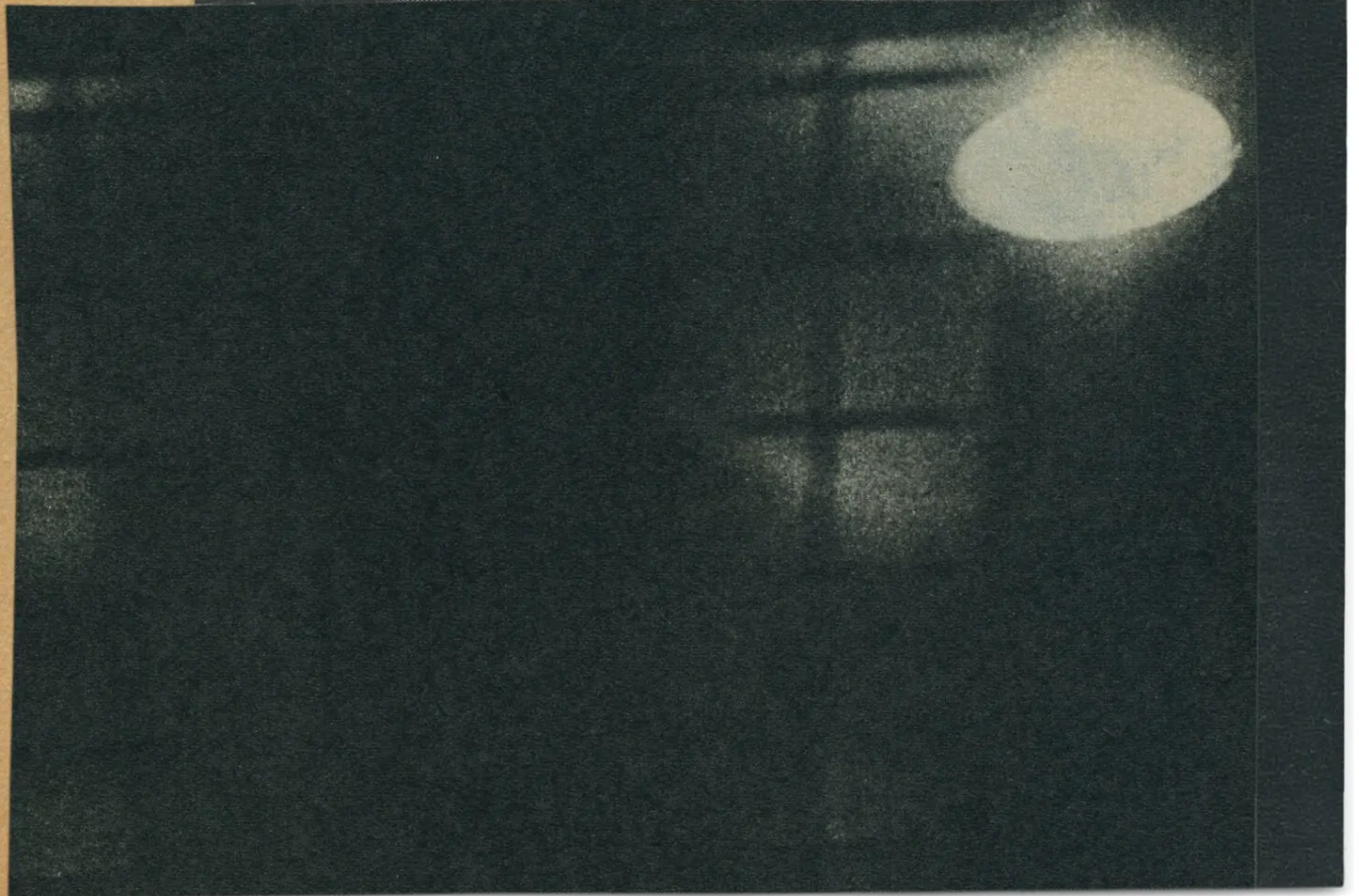
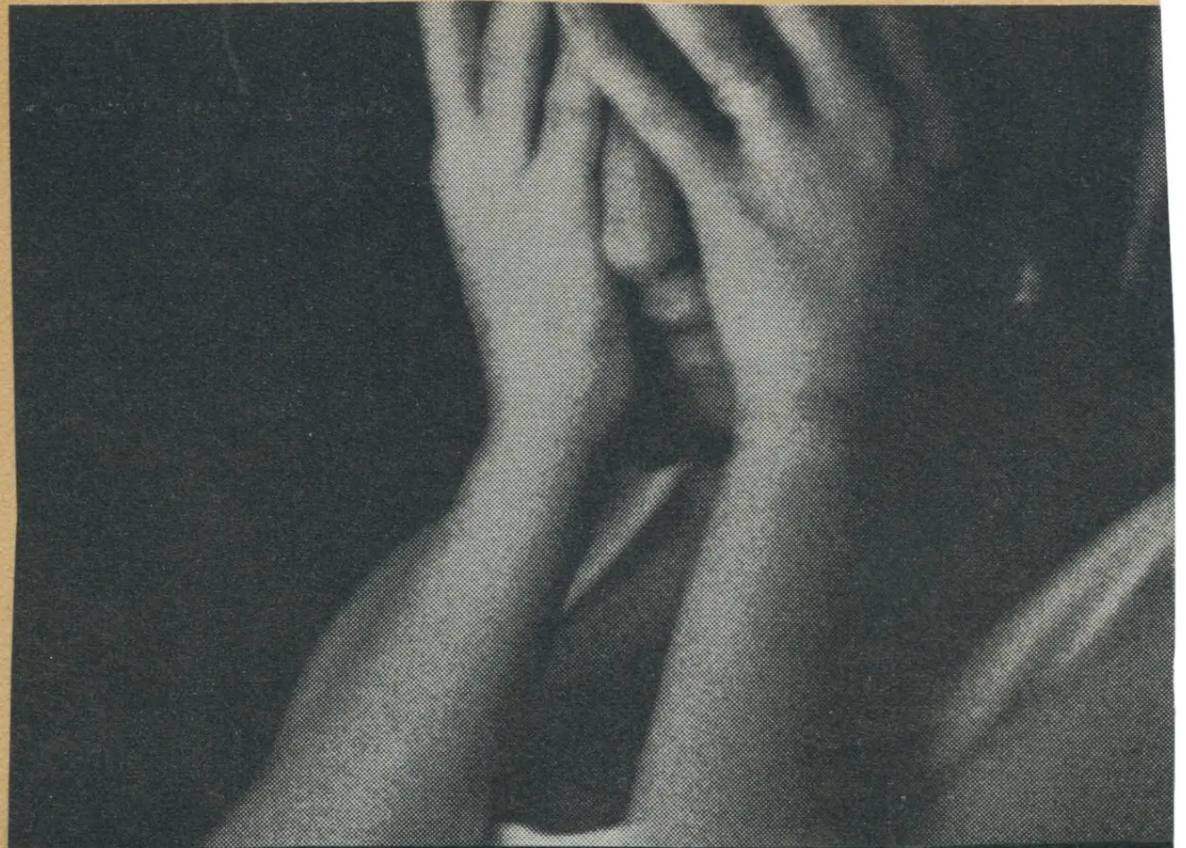


Photo illustration by Katrien De Blauwer

**One day this spring**, Oglesby and Milnor spoke to a group of about 30 people at the Central Shenandoah Criminal Justice Training Academy in Weyers Cave, Va., for a course on trauma-informed sexual-assault investigations. In the room were police deputies, campus police officers, members of special-victims units, detectives, victim advocates, social workers, sexual-assault-hotline workers, C.I.A. officers.

Part of the course was devoted to teaching the group how to create the best atmosphere to interact with victims so that they could trust the interviewer and feel comfortable enough to describe what happened to them. Empathy was foundational for getting the most accurate statement about their experiences. Ask open-ended questions, Milnor and Oglesby advised. Don't interrupt. Don't expect memory to be linear. Be OK with silence. Pay attention to physiological details and sensations.

They reminded the group: The police don't need to impose any clinical language on victims or diagnose them. They simply need to gather information — listening and documenting brain-based trauma responses — and hand it off to the prosecutor. The prosecutor can then bring an expert into court, when appropriate, to explain the science.

When the group began practicing interviewing, with theater actors playing victims drawn from real rape cases, some police officers tried to adapt to this new mode. A state trooper confessed that she had been trying to use this form of questioning for a long time but was surprised at how hard it was to unlearn bad habits. The only thing she knew was interrogation. "I've been revictimizing women," she said, "and want to get better."

Attendees often felt emotional thinking about cases in this new light. Milnor said, "I can't tell you the number of times that I've had these tough, seasoned, burly cops coming up to me with tears in their eyes, saying how they're thinking about the victims that they treated poorly, not out of malice, but out of ignorance."

When the full group gathered back together, Milnor dimmed the lights, and a projector hummed to life. Up on a screen were pages from an investigator's notebook: The victim talked for five hours, he said, and the detective wrote everything down without interruption. The notes resembled a map with archipelagoes of words and oceans of empty space in between, and dozens of arrows connected the islands to form a single account. "This is how it will look," he said. All this was recorded after the detective asked a single question: What are you able to tell me about your experience?

Milnor once obtained a conviction in a case in which the victim came to him 30 years after she was sexually assaulted by a family member. The first time she spoke to him, she fell apart when she started getting into the details of what happened, as if she were reliving the assault. But each time they spoke, he gathered more and more details, until he heard her whole account.

Milnor emphasized that follow-up questions could help open up the experiences behind the refrains of "I froze" or "I couldn't scream" or "I don't know why, but I just didn't do anything." The approach gave victims a chance to describe their sexual assaults in ways they had always been told didn't matter. Without this, victims could suffer a longer, even more pervasive kind of paralysis. "I think for a long time," Milnor said, "we didn't want to accept that this was the way they were telling their stories."

The ultimate goal of the session was to teach people to unlearn their bad habits about how they think of rape and its effects. "How many of you remember," Milnor said at one point, "having a victim do something where you just kind of tilted your head and thought, Wait, that didn't make any sense?"

Many nodded and shifted in their seats.

"Remember how many times we judged a victim because we didn't understand their behavior? Maybe they were texting their abuser the day after the assault and saying, Hey, did you have a good time?"

More nodding.

Milnor assured the group that he, too, had done all that. He said the way he once responded to victims still keeps him up at night. "I've revictimized women and men out of ignorance and a lack of training."

He shook his head and closed his eyes. "Now," he said, "I teach from my mistakes."

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**Jen Percy** is a contributing writer for the magazine and the author of "Girls Play Dead," a forthcoming nonfiction book from Doubleday on passivity and women's survival strategies. Her article for the magazine about people searching for their loved ones' bodies after the Fukushima tsunami won the 2017 National Magazine Award for feature writing. **Katrien De Blauwer** is an artist in Belgium who is known for her collage work with a focus on memory. She refers to herself as a "photographer without a camera."

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