

Hey there, beautiful! 🌈 Before you dive in, a quick heads-up: this transcript is a super close-to-verbatim buddy from our podcast, but it's got its quirks! We didn't call the grammar cops on it, so you might bump into a typo or two. But hey, that just adds character, right? 😊 Embrace the wild side of language and enjoy the read! Happy exploring! 🚀



The Hidden Effects of Unresolved Sexual Trauma

Uncovering Hidden Wounds

Carmen Hecox: Have you ever noticed the things we push deep down into our back pockets, thinking they're out of sight, out of mind, have a sneaky way of resurfacing when we least expect it. Well, my guest today says that hiding those old wounds, especially trauma, is like trying to stuff a beach ball underwater; you can hold it down for a bit, but eventually it's gonna pop up, and usually at the worst time.

Meet Erika Shershun: A Journey of Healing

Carmen Hecox: Today, I have the honor of speaking with Erika Shershun, a somatic psychotherapist who not only specializes in helping survivors reclaim their lives but has also walked this healing path herself. Stick around to find out how facing the things we'd rather forget might just be the best gift we give ourselves. Trust me, you're gonna thank yourself for this one.

Erika Shershun welcome to Create the Best Me. This is an honor and a privilege to have you on the show.

Erika Shershun: Hi Carmen, I'm really delighted to be here. Thank you so much for inviting me.

Carmen Hecox: So, before we begin our discussion, can you please tell the listeners and viewers a little bit about who you are and what you do?

Erika Shershun: So, I am a somatic psychotherapist and an author. I specialize in working with trauma, especially, emphasis in sexual trauma. So, I help people improve their lives because there's so many issues that arise from trauma that hasn't been integrated in the body. And it's kind of amazing how much transformation can take place when people are able to heal that.

Understanding Trauma and Its Impact

Carmen Hecox: And the reason I invited you onto the show is because I wanted to discuss what happens if some people say that's a secret from my past, and I'm just gonna tuck it back here in my back pocket because it's not affecting my life. What happens when people do not deal with that? Or try to work through that sexual trauma that happened during their childhood, or adolescence, or college or maybe in the beginning of their marriage.

Erika Shershun: Yeah, so often people don't consciously push it away. It's a coping mechanism and often, they really don't have the internal or external resources to do the work of healing when it takes place. Like they might say if it's childhood sexual trauma, they might still be in that situation where it's not safe for them to come out about it.

And there's so many different scenarios and reasons why. It's not usually a conscious choice. In some cases, it is, but the majority of cases I see, it's not. So, what happens is it will stay pushed away for a time, which also varies greatly from person to person. For instance, a lot of people I've worked with have made it through college and then the symptoms really hit hard or made it through some other life events, and then the symptoms hit.

There's a lot of people, including myself, who had symptoms really intensify later in life. So, I was in my forties when my symptoms intensified and early fifties. The way I see it is sooner or later those symptoms show up and the longer that people go without treating it the more symptoms and the more severe symptoms can show up.

So, research shows that approximately 70% of survivors develop PTSD. Still over 50% have the PTSD a year later. But there's also survivors who don't have PTSD show up until years later. I see that a lot as well when all those symptoms start to flood them. So, you know whether they have PTSD or not, the symptoms are very uncomfortable. They're very disruptive to their lives.

They can be not only mental health symptoms, but also physical symptoms such as chronic illness, IBS is really common in other digestive issues. I have a blog post that goes into great detail about the symptoms, and I've divided them into six categories which can be found at healingsexualtrauma.com

If anyone's curious to really break down the symptoms. Most people are very surprised to realize how many of those symptoms they have when they go through it.

And you know, it doesn't only apply to sexual trauma, but sexual trauma is such an intense wound that I find working with my clients, when I clear the sexual trauma, they get really good results.

So, usually we will go there first and work on integrating the sexual trauma before we move on to other traumas like relational traumas.

Carmen Hecox: Do you find that sometimes people had a sexual trauma event that took place at some point in a person's life and, somehow the person blocked it from their mind, or they forgot about it. And then there's something that happens in life that triggers and all of a sudden, they're kind of wondering, was it a dream or did this really happen to me?

Erika Shershun: Yes, that's very common with childhood survivors. Some survivors had trauma happen when they were an infant, so they didn't have language yet. They didn't know what it was as the case with young children as well. They have no idea what sex is. They don't know what is happening to them when they go through it.

The Body Remembers: Implicit Memories and Triggers

Erika Shershun: Memory and trauma is very different than the memories we create when we're not going through a traumatic experience, which is overwhelmed to your system, is what determines if it's traumatic to one person and not traumatic to someone else. So, they overwhelm to the system causes memory to be encoded in the brain in a different way.

And part of that is that our memories are predominantly implicit when we're going through a traumatic experience. Implicit memories are emotional and they're procedural, which is body-based. It's sensations and patterns of movements, so those are the kinds of things that we could get triggered and we don't realize what is triggering us in the moment. But this is why a lot of trauma therapists say that trauma is stored in the body because the body remembers. The nervous system, it's incredible how connected everything is. It's not just in our brains, the memories, the trauma, it's in body as well. Well, forgot your question. I'm sorry.

Carmen Hecox: Well, the question was, sometimes our brains block that we were a victim of trauma, and then there's a trigger that happened somewhere in life and all of a sudden, we're kind of questioning ourself whether, was that a dream or was this real?

Erika Shershun: Right, so because of the memory being encoded differently, we don't remember, like a movie, like we might remember, say a, a birthday party, a happy occasion that might play back in our brain like a movie but when it's a traumatic event, it's fragments of memory. And it's not playing back like a movie that runs from beginning to end.

So, already the memories impacted even if you don't forget those fragments. But yes, many people don't remember for a time because it was their system trying to help them survive, to get through. In childhood, if you go through something like that, it's so overwhelming and so it is common to push it away. So, in very early childhood, all you have is the procedural memory, the implicit, emotional and procedural memory. You don't have the episodic memory. This is why a lot of people have memories come up that they didn't realize were there and they come up years later and it's very upsetting. It's very overwhelming. It's usually coming up with flashbacks, which are extremely disruptive. And at the same time, it's their body letting them know it's time to heal this, that you are resourced enough now to heal this even though it doesn't feel like it. We can't ignore this any longer. So, it's a positive message in that way, but quite painful at the same time.

Coping Mechanisms and Re-victimization

Carmen Hecox: Have you ever had someone who perhaps they had sexual trauma as a child, then had sexual trauma, in their adolescence by different people. Then when they're a little bit older in their twenties has sexual trauma. You ever had anybody that had those series and how do you help them cope with that cause I think somebody who had those different events, different people that caused this trauma may see themselves as "well maybe I asked for it." And start to develop that mindset that maybe I asked for it because it keeps happening to me.

Erika Shershun: So, I don't see so much people thinking that they asked for it as much as that if this is a testament of their unworthiness, which of course it isn't. And it's very common, unfortunately. So, one of the number one risk factors for being re-victimized is unfortunately having been a childhood survivor. Which is why I see it a lot in my practice, it's something that I went through. There are different reasons for that, unfortunately people who do horrendous things like sexual assault, they seek out a victim energy.

So by no fault of the survivors, they might have that energy because they haven't had the opportunity to heal from the trauma they've been through. And some of these people are quite good at picking up on that. So, it's quite common there are so many reasons why people feel shame around being a survivor, and definitely that's a big one to have had multiple traumas.

Carmen Hecox: Yeah, and the reason I asked that question is because I had a girlfriend who had had a child, and she went to see her OB GYN to get a follow up after having a child. And the it wasn't her OB GYN that saw her, it was somebody who was in the office possibly becoming a partner with her OB GYN. And that doctor asked her you know sort a question that made her feel uncomfortable, he says, how is your sexual relationship with your husband? Are you being satisfied? And she was like thrown off cause she's like what kind of question is that? And she said it's okay. It's okay. You know cause she was just trying to dismiss the question that was being asked to her. And then he took that as a well, let me show you how your husband can satisfy you. And she was, you know basically, she was assaulted. And she was, you know, she told me that as a child she had been a victim of sexual assault, and then here she was as a grown person a grown woman, and she was sexually assaulted. And she said it happened years ago, but she says I was embarrassed to tell my husband. I was embarrassed to tell anyone.

Because this was two times in a row. And what's my husband You know my husband's gonna leave me. He's going to think I cheated on him. I asked for it. And so, she had that shame. And I said, did you tell the doctor you know the one who ran the practice that this doctor in his office assaulted you? And she says, no, I didn't wanna, I didn't wanna create any problems.

The Importance of Trauma-Informed Care

Erika Shershun: I am so sorry your friend went through that. That's horrific. One thing that's important for survivors to do in terms of OB GYNs is to seek out trauma informed OB GYN's. It's quite upsetting for a lot of survivors to go for an exam anyways. Your friend probably froze. And this is another thing that brings on shame for a lot of survivors.

However, it's your body's way of trying to help you survive. If it goes into a freeze, it determines that that is your best option to survive. So, there's a lot of wisdom in that in the body. And people who assault people or bigger than them in the majority of cases. I don't know if I've ever come across a case where the person wasn't bigger than the person being assaulted. So stronger they can overpower them, and your body's determining that it's actually not safe to try to fight at this point.

So, it takes you into that freeze to help you stay alive. So even though the perpetrator's intent might not be to take someone's life it can happen when someone who's doing a horrific thing like that gets angry. It can escalate things. So, she likely froze and couldn't do anything. You're in a very vulnerable position in that whole exam situation. So yeah, it's really, really upsetting. And it's common that people don't tell, especially before the "Me Too movement", there wasn't support around telling.

But even now if we look at the state of things how many accused perpetrators are in power right now. I think probably a lot of people still don't feel safe coming forward. So yeah, it's definitely something that I see as well, quite a bit.

Symptoms and Behaviors of Unresolved Trauma

Carmen Hecox: So, if someone does not deal with this sexual trauma what type of behaviors have you noticed that people exhibit when they do not deal with sexual trauma that they've had in the past?

Erika Shershun: So, it can range quite a bit. So, some people develop a fawn response, like a please and appease response to trauma, especially childhood victims. So, they're very agreeable and in the long run that also can contribute to being revictimized because they don't have good boundaries. They haven't learned how to create boundaries for themselves in a way that's empowering.

So, that's a common one. And then people can swing in the other direction and have a lot of anger and rage, fly off the deep end quickly. And of course that's disruptive to relationships. I mean, either way is really hard on your relationships because when you are always being agreeable and suppressing your own needs, eventually you're gonna feel resentment toward others for not meeting your needs. But you know, you're not letting them know your needs. It's a two-way thing there. So, it can go either way. There's, so many different symptoms.

So, back to that symptom list I have in the first category, hyper-arousal. So, things like a heightened startle response shows up. Difficulty sleeping and sleep disturbances, which sets you up for a dysregulated nervous system throughout the day. So, you get much more easily triggered. And of course, when you get triggered, you tend to go from zero to 100 in a second and whatever comes up, whether that be fear, anger, whatever it is, it's like very big, very quickly, very disruptive. It might be a lot of emotion coming up in tears.

And then there's dissociation coming up for many survivors. So, re-experiencing the trauma nightmares, you know, the flashbacks, and that all shows up in other ways. And then people might avoid the trauma reminders. So, it might make their life smaller and smaller to avoid any triggers, anything that reminds them of the trauma.

Substance abuse disorders show up for a lot of people. There's the negative thoughts and feelings. Loss of interest in activities is under that category. Intense mood swings, excessive blame toward oneself, which you've been bringing up.

The shame, shame is huge and it's so sad because it's never the survivor's fault, what happened to them. There's nothing that they did that invited that to happen to

them. No one has the right to do that, and yet it happened to them. So, the shame belongs to the person who did it to them, not to them.

But there's a lot of factors that play into the survivors I work with. Being able to take that in, and a big part of that is understanding why their system responded the way it did.

And then there's the physical health issues and the mental health issues that all play into it.

So, there's a lot of different symptoms that can show up under either of those categories.

Carmen Hecox: So, if someone just reviewed the symptoms that you talked about, and they started having these little, tiny little flashbacks. And they say you what I was a victim of sexual trauma.

You have a workbook called Healing Sexual Trauma, how can they, cause maybe they're not ready to talk to someone yet. How can they use your workbook to help them begin to process and heal?

Tools for Healing: Grounding and Orienting

Erika Shershun: So, the workbook can be used alone or with a therapist. And yeah, you can go at whatever pace you want. And it will take them through a series of exercises that I use with my clients and have found very effective. I use them with myself to heal myself after going through, I went through 17 years of talk therapy that never really addressed my traumas, and my symptoms blew up basically. And that's when I realized how much the trauma was in the body connected with the body. And then I decided to study that and that's when I went to grad school to become a therapist. And, in that process I worked toward healing myself. So, it took a while, but the book is a result of everything that I put together to heal myself and also to heal many clients before I wrote the book or helped to heal them.

And then I also have the guided journal out now. So, this is a really nice way for people also to go through. It can be used with the workbook or on its own. And I think it's a gentle way to work through. And, you know, it could also be used with

a therapist. What's different about the guided journal is that I make it really clear what is being prioritized because both the journal and the workbook have practices in them.

The workbook has more practices in it. And they're meant for you to find the ones that resonate best with your system. But there are certain ones that I prioritize that I want everyone to do. And in the journal, I make it really clear which ones those are there's, not as many, so it's just simpler, a little bit simpler.

There's more information in the workbook, but the journal is just a gentler way to, to go through it.

Carmen Hecox: Hmm.

Finding the Right Therapist

Carmen Hecox: So, let's say someone has worked through the workbook and the journal, and they say now I'm ready to work with a therapist, how could they find cause there's lots of therapists who

Erika Shershun: Mm-hmm.

Carmen Hecox: do different types of work, but like, you said that you did a lot of talk therapy and then discovered that you needed more and you studied to figure out what that more was. How would someone find a trauma sexual therapist that can help them?

Erika Shershun: That's a great question. So, you wanna look for a therapist who has additional training in trauma. And experience with sexual trauma. So, the body-based modalities are really successful in helping to heal trauma.

So, there's somatic experiencing, there's sensory motor, there's a modality called NARM. There's an attachment modality called DARE. So, looking that to make sure who you're working with has additional training. There's another one called Organic Intelligence that's newer and really beautiful approach. So EMDR is something I use, and also brain spotting. There are a lot of EMDR therapists out there; I would still look to make sure they have other training in trauma so that they know what they're doing.

Because in grad school, they teach usually just one course on trauma, and that doesn't cut it. It takes years of additional training at the expense of the therapist. I mean, we're talking about thousands and thousands of dollars that therapists spend on the additional training to do this work.

So, it's really necessary that people have that training. It's easy to re-traumatize someone if you don't know what you're doing.

Another thing I wanna add to that is that we don't have to hear the details of your story. So, if you're like afraid to go talk to someone because you don't wanna relive the story, you don't have to tell the story. And if they're asking you and pushing you to tell them the whole story to me, that would be a sign that they could use more trauma training.

So, my clients are always welcome to share anything they want about their story. It's not going to, you know, throw me off. They don't need to worry about it, like whatever they want to share. However, I don't have to know their whole story outside of a few things: how old is helpful for me to know, if they know. Sometimes they don't know that, and sometimes we discover that together. Family member or not is helpful to know, like if it was a betrayal of that type. And then if they were drugged or not is helpful to know. And again, sometimes we discover that together as well.

So, it's kind of revealed as we go through the healing process. So, all of those things are important to keep in mind when looking for a therapist.

Carmen Hecox: Yeah, cause I was thinking taking that step to go see a therapist requires a lot of vulnerability

Erika Shershun: Mm-hmm.

Carmen Hecox: and if you have to relive something it's painful. It's very painful. And so, I would think that you'd want somebody that makes you feel safe, even if you're just sharing, I was seven years old when it happened. Because even saying I was seven years old when it happened could be in my opinion and I'm not a therapist I would think that that would be painful because it's kind of like peeling off, you know taking off a Band-Aid off of a cut.

Erika Shershun: Yeah, yeah, it's definitely painful to talk about it at whatever age it happened. Unless you're really ready wanting to talk about it, but even then, it's painful.

So, with some people, what I do is we work with something else first, like relational trauma that they experienced with it within their childhood you know maybe they didn't feel seen. Or maybe they didn't feel accepted, or maybe they had a parent who was very angry and or a critical parent. Or they got, yelled at all the time or whatever. We'll work on those sorts of things first sometimes, and then we'll get into the sexual trauma.

So, I have had people who didn't even tell me in the beginning that they have sexual trauma and then they reveal it later. Usually, I already have a sense of that, but I don't push because it's an indication that means that they're not ready and that's okay. You know, if that's where they're at, that's okay. But they should still look for a therapist who knows how to work with sexual trauma. If that's the approach they want to take.

Carmen Hecox: Mm-hmm.

Erika Shershun: So, you, as the client, you get to determine the speed. You can tell the therapist it's too much that you want to slow down. And you get to fire the therapist anytime you want. So, you want to find someone that you do feel safe with for sure.

Sometimes that takes a few sessions to really feel that safety. Any good trauma therapist is going to start with establishing a sense of safety, in the beginning. So, from the first session on their gonna address that. And a lot of times, people coming in they've never felt safe. They don't know how to feel safe in their body, so we start there.

Carmen Hecox: Is there a website or resource out there nationally that people can, you know put in, I live in this state, this city, and this is what I'm looking for, and they could find a therapist that feels good to them. Or will be able to heal whatever wound they have deep inside them.

Erika Shershun: So, there's not a website national specifically for therapists who specialize in sexual trauma, but those different modalities that I mentioned earlier, like you can go to the Somatic experiencing website or the Sensory Motor website

or others that I named and look at their list of therapists by state. That's one approach.

You can go to Psychology Today and use the filter and put in trauma and put in sexual; I forget if it, I think it's under sexual assault. I'm not sure. So, you can, you know, do searches that way on some of the directories.

Carmen Hecox: And so, do you only work with patients here in California, or do you work with patients anywhere they're at?

Erika Shershun: I work with people anywhere pretty much. The difference is that I work as a therapist with patients in California because I'm licensed to California. And I work as a coach outside of California.

Carmen Hecox: Okay.

Erika Shershun: So that means if you're outside of California and you can't use insurance, but I don't accept insurance. So, I do have clients in California that get reimbursed through their insurance company. But if you're out of state you're not eligible for that if you're working with me. And then the other thing is, I can't give you a diagnosis if you're outside of state. But I don't see people as diagnoses, and the only reason I give them is for insurance purposes for those people who are submitting to their insurance. Unless someone asks me, do you think I have this, or do you think I have that? Or in some cases, I will mention that it's PTSD that they're dealing with.

Final Thoughts and Resources

Carmen Hecox: So, Erika, based on the conversation that we have had here today, what is one thing that you would want to tell the viewer and the listener who has suffered sexual trauma in their life, and you want them to hold that close to their heart.

Erika Shershun: I want them to know that it's never too late to heal. And that they are worthy. They're worthy of healing.

Carmen Hecox: And for the person who has dealt with sexual trauma, or they've been a victim of sexual trauma, what are three pieces of advice that you would give them to help them find some kind of healing or begin to get some kind of healing?

Erika Shershun: Yeah, I would suggest to them that they do some type of grounding practice every day. And there are many ways to do that, and there are many reasons for it. I go over it in the first chapter in my book. Also, the first chapter is available for free from the workbook at the healingsexualtrauma.com website, as is a little eBook, called "The Many Ways to Ground."

So, they can look through that and pick away that resonates with them and start grounding daily. That was the first thing that helped me in my healing was finding a practice called toe tapping. It's the first thing that started to reduce my flashbacks and, being triggered, the intensities of both.

And even if you aren't experiencing those particular symptoms, whatever you are experiencing it, it can help. It's a traditional Chinese medicine practice. And it's meant to do daily, and the effects are cumulative. So, I saw very quickly the effects start to happen from that, and it really gave me hope that I needed at the time.

So, the grounding and then the next thing would be orienting. Which is looking around the room you're in, the space you're in, and you can find an object, like you can scan the room and just see what your eyes are drawn to and then stay with that for a few moments. Or in the book, I have people do my favorite wave for orienting, which is to just turn your head and neck all the way to one side, and then very slowly turning all the way into the other side.

Just for the sake of time, I'm not gonna do all that right now. And then you bring it back to the side, you start it on into the center. And it allows your nervous system to take in that there is no threat in your immediate surroundings in the moment. And that you are okay in this moment to be present to acknowledge. If you are okay with it, to acknowledge that you're safe in the moment. For some people, that's too much. They don't feel safe for other reasons. So, it's too much to say safe, but to just be present in this few seconds. It's so helpful because, like one of the ways that flashbacks take hold is that we're only paying attention to what we're experiencing inside, and our brains need to take in both safe outside and inside.

So, we check for that a lot unconsciously, but if we're not checking, we can become overwhelmed with what's happening inside. And you know, before you know it, you feel like you're reliving the trauma.

So, orienting daily is really a good practice as well and is needed. At the end of the first chapter of the workbook is that practice. It's also in the guided journal. When people do that, if they like notice how they're feeling prior and then after, it's usually during the orienting part of the practice that I have called coming into a safer presence, when they feel the shift of, oh, I'm much calmer now. I feel better now.

So, they might start out at an eight, and they might go to like a four, they might not go to like I feel great. But it's an improvement, and that's a big part of the work of healing it is to have the agency to do something that shifts your state in a direction that you want to go in.

Which brings me to the third thing, which is to learn about the nervous system. To learn about what's called Polyvagal Theory by a man named Stephen Porges. Who identified this aspect of our nervous system, and he named it Polyvagal Theory. And It's so helpful to survivors to have the understanding of like what I was talking about earlier, about memory and then also about the nervous system.

And it's really, everyone should learn how to regulate their nervous system. So, we don't get a choice of what state or nervous system goes into. We've got the fight, flight, which is called sympathetic, and then you've got the freeze; and there's a few other aspects to that, but I'll just keep it for simplicity right now.

It freeze, and that's called the dorsal vagal response. So, when you go into either of those states and out of what's called ventral vagal, which is the state of social engagement, safety, calm, you leave that state and for a lot of survivors, they're almost never in that state. So that's why the health problems come in because if you're in sympathetic the dorsal vagal a lot you are having way too much cortisol. And other hormones going through your system to the point where they become toxic. And there are a lot of other reasons why long-term health issues develop.

But back to what I'm recommending is that you learn through a book, through a therapist, how to begin to regulate your nervous system. And that starts with identifying which state you're in and then learning what are a few tools you can do now to help you shift your state.

So, that's in both my books. But a couple other places you might go for that is like Stephen Porges books, which are gonna be a little more academic, but a woman named Deb Dana, who knows him has published books that are geared toward everyone. She has some that are academic based, but she has a lot that are very user friendly. So, you know, those are a few options.

Carmen Hecox: That's great. So, Erica, if people want to work with you as a therapist, if they're in California, or work with you as a coach, hire you as a coach, how can they learn more information about you and begin that journey?

Erika Shershun: So, my therapist website is [E-R-I-K-A-S-H-E-R-S-H-U-N therapy](http://E-R-I-K-A-S-H-E-R-S-H-U-N-therapy.com). So, it's just my name dot com. And then there's the healingsexualtrauma.com website, which links to the other one. So, you can go to either of those sites and learn more about me.

Carmen Hecox: Great, well, I will make sure to include all of your information in my show notes so that people can begin their journey to heal because you are not only a therapist, but you've been there. So, you know what they're going through.

Erika Shershun: So, thank you.

Carmen Hecox: Yeah, thank you very much for being on the show. Like I said, I will link all that in our show notes.

Erika Shershun: Thank you. It's been such an honor to speak with you and your audience. Thank you.

Carmen Hecox: Great.

Conclusion: Embrace Your Healing Journey

Carmen Hecox: Wow, what an incredibly powerful conversation. You know, at the beginning, Erika mentioned how the things we bury tend to pop up when we least expect them. But as we learn today, facing trauma, especially sexual trauma, head-on can transform your life in ways you might not even imagine.

If today's episode resonated with you and you want to start your healing journey, Erika has generously provided a free copy of chapter one from her [“Sexual Healing](#)

[Trauma Workbook” and a digital copy of "The Many Ways to Ground"](#) you can find both right down below in the show notes.

And if you'd like to connect with Erika or dive deeper into her work, visit createthebestme.com/ep118.

And don't forget to tune in next week. I've got another amazing episode created just for you. Until then, keep dreaming big, take care of yourself, and remember. You're beautiful, strong, and capable of creating the best version of yourself. Thank you for watching. Catch you next week. Bye for now.