

WHAT EVERY PROVIDER SHOULD KNOW

A TRAUMA-INFORMED GUIDE
FOR HEALTHCARE PROFESSIONALS



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What Every Provider Should Know
A Trauma-Informed Guide for Healthcare Professionals

By Marie McKenzie

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While every effort has been made to ensure the accuracy and relevance of the content, the author and publisher make no guarantees regarding outcomes or results from the use of this material.

The experiences, scenarios, and stories shared throughout this book are based on real clinical insights and survivor narratives. Some examples have been modified or fictionalized to protect privacy and confidentiality.

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Reader discretion is advised, especially for those who may find discussions of trauma or sexual violence triggering.

Dedication

Every survivor who has ever stayed silent, unsure if they would be believed,

To the providers who choose compassion over convenience, presence over protocol;
Thank you for being the difference.

And to the younger me, who once needed the care I now teach others to give;
You didn't give up.
You rose.

Foreword

“Leadership isn’t about being in charge; it is about creating an environment to inspire others to be their very best, especially in times when it is most needed, when compassionate ideas feel safe to grow”.

Nowhere is this truth more vital than in the work of caring for trauma survivors. In spaces where pain, loss, and vulnerability are ever-present, leadership must become less about authority and more about stewardship by cultivating trust, safety, and hope in the soil of human experience.

True leadership in trauma is the courage to listen before speaking, to hold silence without rushing to fill it, and to see the person behind the pain. It is a form of leadership that values connection over control, empathy over efficiency, and healing over hierarchy. It is about recognizing that every survivor and every member of the healthcare team carries a story and that those stories shape the way we see, serve, and show up in the world. In truth, every person in healthcare is a leader, a leader for the patients we are privileged to serve.

Compassionate leadership calls us to build environments where people feel safe to bring their full selves, where their voices matter, their experiences are honored, and their potential is nurtured. It’s about leading not from above, but alongside; not by command, but through care. As HCA Healthcare founding father, Tommy Frist Sr., wisely said, *“Good people beget good people”.*

This book offers a vision of leadership that is profoundly human. It challenges the traditional models that equate power with dominance and replaces them with frameworks rooted in understanding, relational safety, and shared purpose. It reminds us that trauma informed care isn’t only a clinical approach, it’s a way of leading, living, and belonging.

As you turn these pages, may you find both inspiration and invitation: to lead with heart, to listen with humility, and to create spaces where healing and innovation grow side by side. For in the end, leadership is not about titles or tasks, it is about tending the ground where others can thrive, which compassion becomes culture, and where every act of care becomes a seed of change.

In compassion and purpose,

John Gerhold, MSHCM, R.T.(R)

CEO - HCA Florida Lake Monroe Hospital

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Introduction

Why This Book, Why Now?

I've been a nurse for more than twenty-six years. I've cared for trauma survivors in the chaos of emergency rooms, in the quiet of exam rooms in the community setting, and in the stillness that follows a disclosure. I've also lived through trauma myself; long before I wore scrubs or learned what it meant to be trauma-informed.

That's why this work isn't just professional. It's personal.

Over the years, I've seen a dangerous gap in healthcare:

We are trained to save lives, but not always to hold stories.

We know how to stop bleeding, start IVs, perform procedures, and prescribe medication.

But few of us are ever taught how to recognize trauma, or how to respond with compassion when it's silently standing in the waiting room, sitting on the exam table, hospital bed, or ER stretcher.

Sexual violence is more common than most people realize. Survivors come into our clinics, hospitals, dental offices, school health rooms, and private practices every single day. They're not always ready to say what happened. But they're watching to see how we treat them. They are listening for safety in our tone. Measuring trust in our eyes.

Searching for proof they won't be dismissed or hurt again.

Too often, they leave re-traumatized.

Not because we don't care; but because we weren't given the tools.

That's what this book is here to change this narrative.

Who This Book Is For

This book is for **all healthcare providers and teams**, not just trauma specialists.

It's for:

- The dental hygienist who notices a patient flinch at “open wide”
- The pediatrician who doesn't know why a child won't speak
- The OBGYN who senses fear behind a forced smile
- The ER nurse who feels helpless when a patient cries during triage
- The front desk staff who doesn't understand why someone storms out
- The medical director trying to lead a team through burnout and fear

Whether you're a physician, nurse, medical assistant, therapist, administrator, or technician—you are a **potential safe space for a survivor**. And whether you realize it or not, many of them are already walking through your doors.

What This Book Offers

Inside, you'll find a trauma-informed care framework I call **R.I.S.E.** Designed to help providers care for *every patient* with dignity and safety, regardless of whether a disclosure is made. It stands for:

- **R – Recognize the Signs of Trauma**
- **I – Initiate Safety Care**
- **S – Support Healing**
- **E – Empower Recovery**

In the chapters ahead we'll walk through each of these pillars in detail—with practical tools, real-life scenarios, specialty-specific examples, and language you can use immediately. You'll also find scripts, checklists, prayers, and protocols to guide you,

your team, and your organization toward becoming more survivor-centered in every encounter. And because caring for survivors also requires caring for ourselves, chapter nine focuses on provider self-care—helping you build resilience, set healthy boundaries, and sustain compassion in this important work.

A Note to the Reader

This is not a book that shames. It is a book that equips.

You don't need to be perfect. You don't need to have a background in trauma therapy.

You just need to be willing to show up with presence, humility, and care.

If you've ever felt unsure what to say when someone discloses...

If you've ever wondered why certain patients act in confusing or difficult ways...

If you've ever wanted to care better, but didn't know how...

This book is for you.

Together, we can create safer spaces. Together, we can change the experience of healthcare; for survivors and for ourselves.

Together, we can rise.

Chapter One

Understanding Trauma & the Survivor Experience

Trauma doesn't always scream. Sometimes it whispers through clenched jaws, flinching shoulders, and a gaze that won't meet yours. It enters the exam room long before the provider—and lingers long after the appointment ends.

As a nurse, I've seen it in the quiet teen who nods without speaking. I've heard it in the story that unravels during a routine visit, when the weight of silence becomes too heavy for the patient to carry alone. And as a survivor, I know what it means to sit on an exam table, unsure if my body is safe in someone else's hands.

That's why trauma-informed care isn't optional. It's essential.

Trauma Is Not Just What Happened. It's How It Landed

Trauma isn't defined solely by events; it's defined by *impact*. Two people can experience the same situation and carry completely different burdens. What makes something traumatic isn't just its severity; it's the sense of powerlessness, isolation, and the threat it creates inside the nervous system.

For sexual assault survivors, trauma is not just in the memory. It's in the body—in hypervigilance, in flinching at touch, in not being able to sit still during a pelvic exam, or freezing when asked to remove a gown.

All patients, regardless of age, gender, or reason for visit, must be approached with the understanding that trauma may be part of their story. Because statistically, it likely is.

What Every Provider Should Know

- 1 in 3 women and 1 in 4 men experience sexual violence in their lifetime.
- Every 74 seconds someone in the USA is sexually assaulted. Every nine minutes, that someone is a child.
- Sexual abuse affects all races, ages, religions, and socioeconomic backgrounds.
- Most survivors never disclose. Those who do often share for the first time in healthcare settings.
- Common survivor responses include dissociation, flat affect, anxiety, resistance, people-pleasing, or shutdown.
- Early trauma—including Adverse Childhood Experiences (ACEs), can shape how individuals respond to stress, relationships, and medical environments across the lifespan.

And yet, most healthcare providers receive little to no training on how to recognize or respond to specific situations.

To close this gap, trauma-informed care provides a universal framework that helps every provider understand not just what trauma looks like, but how to respond safely and effectively.

The 4R's of Trauma-Informed Care (SAMHSA, 2014)

These foundational principles, adapted from the Substance Abuse and Mental Health Services Administration (SAMHSA) model, provide a lens through which all care should be delivered:

1. **Realize** the widespread nature of trauma.

2. **Recognize** the signs in patients, families, and staff.
3. **Respond** by applying trauma knowledge in policies and practices.
4. **Resist Re-Traumatization** by eliminating harmful routines or language.

Throughout this book, these “4 Rs” will serve as a compass. But to make them practical and specialty-specific, we’ll anchor them in a framework I teach in my training: **R.I.S.E.**

Introducing the R.I.S.E. Framework

R.I.S.E. was developed to fill a critical gap in how we teach trauma-informed care to healthcare teams. While many frameworks offer good theory, R.I.S.E. goes further—offering practical, heart-centered tools that providers can immediately use.

Each pillar is simple but powerful:

- **R – Recognize the Signs of Trauma**
- **I – Initiate Safety Care**
- **S – Support Healing**
- **E – Empower Recovery**

You’ll see this framework woven throughout the book—not only in direct patient care but in communication, documentation, follow-up, and team protocols.

A Story That Stays With Me

A young woman came to the ER one night for abdominal pain. She was quiet, withdrawn, and wouldn’t let us examine her thoroughly. Another nurse rolled her eyes when the patient refused the pelvic exam. “She’s wasting our time,” the nurse muttered.

But I saw the fear in the woman’s eyes. I sat beside her and gently asked, “Has anything ever happened to you that would make this kind of exam feel scary?” She burst into tears. She had been assaulted at fourteen and hadn’t told anyone—not even her family. In that moment, I wasn’t just her nurse. I was the first person she trusted with her truth. That night helped to change how I practiced. I stopped assuming silence meant consent. I stopped seeing resistance as rudeness. And I began encouraging others to do the same.

Why This Matters in Every Specialty

You may not be a member of the ER team. You might be a pediatrician, dentist, OBGYN, school nurse, or chiropractor. You might be a family doctor with twenty patients to see before lunch. But no matter what your title or your practice setting, this truth holds:

You may be the only safe person a survivor sees this year. Maybe in their lifetime.

Will your care invite trust? Or unknowingly re-open a wound?

Reflection: What Do You Bring Into the Room?

Take a moment to consider:

- What assumptions do I carry about patients who seem “difficult”?
- Have I ever dismissed or misunderstood trauma responses as behavioral issues?
- How do I respond when I feel rushed, triggered, or uncomfortable?

Awareness is the first step toward being trauma-informed.

A Provider's Prayer

God, let my presence be soft,

my hands be gentle,

my tone be steady.

Let me see beyond symptoms.

Let me hold sacred what they don't say.

Amen.

Chapter Two

Recognize the Signs of Trauma (R)

A compassionate lens for every provider in every setting

Trauma rarely walks in holding a sign. It doesn't always come with a clear history or a diagnosis code. It shows up in the things we're trained to overlook—missed appointments, vague complaints, resistance, silence.

We're taught to treat what's visible. But trauma demands we listen to what's not being said.

“Recognize” is the first pillar of the R.I.S.E. framework because it changes how we *see*.

When you begin to recognize the signs of trauma, you shift from reacting to patient behavior to responding to their experience.

This is where trauma-informed care begins.

Trauma in Disguise

Trauma doesn't always look like crisis. In fact, many survivors become masters of survival, appearing compliant, cheerful, or even overly grateful. Others may seem oppositional, distracted, avoidant, or anxious.

Without trauma-informed training, these behaviors are easy to misinterpret.

Common signs that may indicate trauma:

- Flinching at touch or sudden movements
- Flat affect, dissociation, or zoning out during exams
- Disproportionate fear or panic in response to routine procedures

- Difficulty with authority, eye contact, or personal space
- Aggression, withdrawal, excessive people-pleasing
- Somatic complaints with no clear cause (chronic pain, GI issues)
- A history of frequent doctor/hospital visits or changing providers
- Overexplaining or apologizing excessively

Trauma isn't always "emotional." It's physiological. It lives in the body, and the body remembers.

Across the Spectrum: What It Might Look Like

Let's explore what trauma might look like in different specialties and settings:

Pediatrics & Adolescent Care

In the bright light of a pediatrician's office, a ten-year-old child avoids all eye contact and won't speak during a routine visit. Her guardian explains she's "just shy." She flinches when asked to remove her shirt for the exam and becomes unusually still when the provider touches her arm. This isn't just shyness; it's survival mode.

Red flags: sudden stillness, extreme avoidance, discomfort with bodily exposure, dissociation during exam.

"Some kids don't have the language for what happened to them. Silence is how they survive."

Dentistry & Oral Surgery

She sat in the dental chair, hands gripping the armrests so tightly her knuckles turned white. The dentist leaned in and said, "*Open wide.*" She froze. Her mind wasn't in the

room anymore, it was back in a dark bedroom, hearing those same words from the person who had abused her as a child. She didn't speak up. She endured the exam, holding her breath, counting the seconds until it was over. The provider didn't pause, didn't ask or offer reassurance. He never knew why she avoided making another appointment.

Moments like this are why trauma-informed care is not optional. Even routine, everyday phrases can carry unexpected weight for someone with a history of sexual violence

Note: Language like “open wide,” “it won't hurt,” or “you're safe” can echo perpetrator phrases.

OBGYN & Reproductive Health

A patient refuses a pelvic exam, avoids scheduling pap smears, and tenses her entire body during breast exams. She appears agitated and defensive, even when spoken to gently.

Red flags: refusal of essential care, tension, avoidance of reproductive-related visits.

Primary Care/Internal Medicine

A 35-year-old woman attends her annual exam. She appears tense and avoids eye contact.

During a routine question about her sexual history, she becomes tearful and changes the subject. The provider acknowledges her distress, offers to pause, and assures her that she is in control of the conversation. The patient later discloses a history of sexual assault and expresses relief at not being pressured.

Remember!

Survivors may never disclose their history. Trauma-informed care ensures your practice is safe for both those who speak up and those who stay silent.

Scenario: Kayla, a Seventeen-Year-Old New Patient

Kayla arrives with her grandmother for a sports physical. She's quiet and cooperative—almost too cooperative. When the provider asks if she'd like her grandmother to step out, she quickly says “No, she can stay,” then stares at the floor. During the abdominal exam, she stiffens and winces, even though the pressure is minimal.

When asked, “Is there anything else you'd like to talk about today?” Kayla shrugs and says, “Nope.”

Later, the provider writes, “Patient denies concerns. Exam unremarkable.” But trauma was in the room—and missed.

The Power of Noticing

Recognizing trauma doesn't require special tools. It requires presence, humility, and a shift in mindset:

From “What's wrong with you?” to “What happened to you?”

From “They're noncompliant” to “They're protecting themselves.”

This shift transforms frustration into compassion and confusion into clarity.

Affirmation for Providers:

“Every behavior has a backstory. I choose to look deeper.”

The Six Principles of Trauma-Informed Care (SAMHSA, 2014)

Recognizing trauma is just the beginning. To build truly trauma-informed environments, healthcare professionals must ground their care in the six core principles developed by the **Substance Abuse and Mental Health Services Administration (SAMHSA)**. In addition to the 4 Rs mentioned in Chapter One, these doctrines provide a framework for healing-centered systems of care—those that restore trust, safety, and connection.

1. **Safety:** Every patient and provider should feel physically and emotionally safe.
2. **Trustworthiness and Transparency:** Trust is earned through honesty, consistency, and open communication.
3. **Peer Support:** Healing is strengthened through connection and survivor-informed collaboration.
4. **Collaboration and Mutuality** — Healing happens in partnership; every voice has value.
5. **Empowerment, Voice, and Choice:** Survivors regain power through shared decision-making and validation.
6. **Cultural, Historical, and Gender Awareness:** Respecting identity, history, and cultural background is central to equitable, compassionate care.

Together, these six principles form the foundation of trauma-informed practice. They help providers shift from “*What’s wrong with you?*” to “*What happened to you?*”—and ultimately to “*How can I help you feel safe right now?*”

Action Steps: What You Can Do Today

Practice Observational Awareness

Notice tone, posture, affect, body language, and interaction style. Take note of sudden changes in mood or physical response.

Avoid Assumptions

Don't assume compliance means comfort or that silence means consent. Survivors often mask discomfort to "get through it."

Create Space for Safety

Give patients permission to speak; or not. Use phrases like:

- "You don't have to answer anything you're not comfortable with."
- "Let me know if you'd like to pause."
- "Would you like someone else in the room?"

Share Observations Gently

Instead of, "What's wrong?" try:

- "I notice you seem uncomfortable; how can I help?"
- "We can take this as slow as you need to."

Reflection:

- When a patient is "difficult," what assumptions do I make?
- Do I leave space for stories I may never hear?
- How often do I consider trauma as a possible factor in behavior?

A Provider's Prayer

God, help me see with compassionate eyes.

Let me recognize what others have missed.

Teach me to honor the silence as much as the story.

Let my presence say, "You are safe here."

Amen.

Chapter Three

Initiate Safe Care (I)

Every interaction is either an invitation or a warning.

When a survivor walks into a healthcare setting, they aren't just evaluating the provider. They're scanning the room for danger—consciously or unconsciously. They notice tone. Lighting. Positioning. Language. What's on the walls. Who's in the room. Who has power.

They are measuring *safety* with every breath. They are deciding if they feel safe enough to trust you.

For patients who've experienced sexual violence, the healthcare environment can feel like a replay of the trauma—disrobing, being touched, losing control, not understanding what's happening. Even when care is well-intentioned, it can still retraumatize if safety and trust aren't intentionally built into every interaction.

That's why the second pillar of R.I.S.E. is **Initiate Safe Care**, because survivors shouldn't have to earn safety. It's our job to offer it.

Safety Starts Before the Exam

Trauma-informed care doesn't begin when the provider walks in. It begins at the front desk. At check-in. In the waiting room. First contact is not just courtesy; it's a clinical intervention. A patient who feels safe is more likely to engage, comply with care plans, and participate in continued care beyond the visit.

Every staff member, from receptionist to security, medical assistant, scheduler, and nurse, can either build trust or unintentionally trigger fear.

What contributes to emotional or physical safety?

- A respectful tone and nonjudgmental eye contact
- Being asked before being touched, moved, or even addressed.
- An uncluttered, clean, warm environment
- A choice about who is in the room
- A door that closes fully or not, if needed
- A place to sit that feels safe and offers comfort
- A clearly stated plan for the visit: “Here’s what you can expect today...”

Language That Builds and Breaks Trust

Words matter. Tone matters more.

Common phrases that may cause harm:

- “Relax, I’ve done this a thousand times.”
- “It’ll only take a second.”
- “If you don’t cooperate, we can’t help you.”
- “This won’t hurt.”
- “You’re fine.”

Even when spoken gently, these phrases remove autonomy and mimic language used by abusers.

Trauma-informed alternatives:

- “I’ll walk you through everything before we begin.”
- “Is it okay if we start now?”
- “You’re in control. We can pause at any time.”
- “Would you like me to explain each step as we go, or would you prefer quiet?”

Creating Safety in Your Physical Space

You don't need a major renovation to create a trauma-informed environment. Start small:

Clinic or Office Adjustments:

- Ensure gowns are adequate and offer coverage
- Allow patients to disrobe in private, not while someone waits in the room
- Keep doors fully closed or curtains drawn during exams
- Position yourself at eye level when speaking
- Avoid hovering, sudden movements, or standing over seated patients
- Use soft lighting when possible
- Display a visible, inclusive patient rights poster or “You're safe here” sign
- Offer a choice of music, silence, or distraction when appropriate

Patients don't just want safety. They want to feel safe.

Scenario: The Power of a Pause

Dr. Malik, a family medicine physician, enters the room of a forty-five-year-old woman scheduled for a breast exam. He smiles warmly, washes his hands, and says, “Let's get started.” The patient stiffens but says nothing. When he reaches for her gown, she blurts out, “Can I have a female do this?”

He hesitates, then quietly replies, “Of course. Thank you for asking me.” He steps out, asks a female nurse to take over, and returns later to check in.

Later in a follow-up note, the patient writes:

“I thought I’d have to endure it. I was surprised by how quickly they respected my request. That’s never happened before.”

It’s not always the grand gestures. It’s the **gentle pivots** that build trust.

For Dental, Pediatric, and OB/GYN Providers

Every specialty has unique procedures, but the principles remain the same.

Dentistry

- Tell the patient **before** reclining the chair or placing instruments near the mouth.
- Avoid rushing intake and explain equipment and sounds before use.
- Ask, “Would you like me to explain everything, or just the basics?”
- Develop a plan for them to signal when they need a break (e.g., raising a hand).

Pediatrics

- Ask the child’s permission before touching, when developmentally appropriate.
- Validate their discomfort: “It’s okay to feel nervous. We’re going to take our time.”
- Avoid overpowering language like “Be a big girl/boy” or “You’re being dramatic.”

OBGYN

- Allow patients to insert the speculum themselves if desired; offer the option.
- Narrate each step and ask for permission before proceeding.

- Offer a support person, music, or grounding tools.

Action Steps for Creating Trust

Narrate the Visit

Patients should never be surprised by what's coming next.

Offer Options

“Would you prefer to sit or lie down?” “Would you like a nurse in the room?”

Validate, Don't Minimize

If someone appears anxious, say:

“I can tell this feels difficult. Thank you for showing up today.”

“Is there anything I can do to make you more comfortable?”

Respect Autonomy

If a patient refuses a procedure, **never pressure**. Provide more education about the procedure and ask how you can help. Ask what might help them feel more comfortable next time.

Reflection

- How do I normally begin my visits?
- Do I assume consent because the patient is present, or do I ask again?
- Do my body language and tone communicate respect?
- If I were the patient, would I feel in control?

Affirmation:

“Every patient deserves to feel safe in my care.” I offer trust before I expect it.”

A Provider's Prayer

Lord, let me be a resting place.

Not just a provider, but a person who welcomes others with gentleness.

Remind me that kindness is clinical.

That consent is sacred.

That every interaction can be healing or harmful.

Help me choose healing.

Amen.

About the author

Marie McKenzie is a registered nurse, educator, sexual assault nurse and coach, a certified life coach, and founder of the International Sexual Assault Coaching Institute (ISACI)—an initiative dedicated to advocacy, education, and transformation in the fight against sexual violence.

A survivor herself, Marie has devoted her life to breaking the silence surrounding one of the most underreported crimes: sexual assault. Drawing on more than twenty-five years of nursing experience, she empowers healthcare providers to deliver compassionate, trauma-informed care that supports both survivors and the professionals who serve them.

Marie is the award-winning and Bestselling author of *Things That Keep Me Up at Night* and *Who Says You Can't Heal? Overcoming and Thriving After Sexual Assault*, along with its companion workbook. Her work continues to inspire survivors and healthcare professionals alike to approach healing, care, and advocacy with empathy and courage.

She currently serves on the boards of The ESTHER Alliance (formerly KISS, Inc.) and the Florida Council Against Sexual Violence. She is a former board member of The Inner Truth Project, a nonprofit that empowers survivors of sexual violence to reclaim their voices and heal and the Central Florida Writers & Publishers Guild.

She lives in Orlando, Florida, with her husband, George, and remains steadfast in her mission to ensure every sexual assault survivor receives the compassionate, trauma-informed care they deserve.

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Other Books by the Author

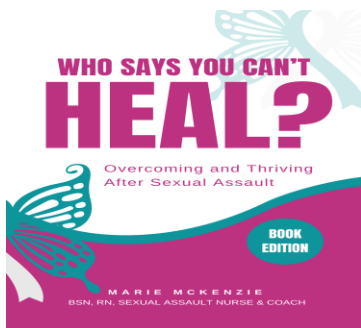
Who Says You Can't Heal? Overcoming and Thriving After Sexual Assault.

"Who Says You Can't Heal?" explores the profound process of developing the passion to heal and thrive after the harrowing experience of sexual assault. It aims to empower survivors and inspire resilience.

Inside these pages, you'll gain understanding, be reminded of self-love and self-compassion, find practical advice, process your pain, confront challenges, and emerge stronger than ever. Whether you're navigating the complex emotions of guilt and shame, redefining intimacy, or learning to celebrate small victories, this book will guide you every step of the way.

Healing is possible. Thriving is within reach. And your story, no matter where you are in it, is far from over. Let this book remind you of one unshakable truth: You are not broken, and you are capable of more than you ever imagined.

So, who says you can't heal? No one! Not even you!

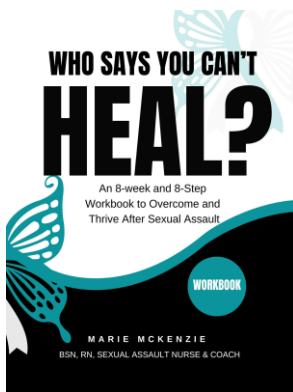


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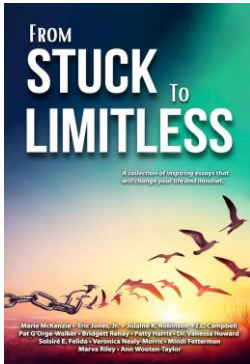


From Stuck to Limitless

Do you still harbor hurt and pain from past experiences?

From Stuck to Limitless is an anthology featuring individuals who share their harsh truths about trauma and survival—from childhood sexual and mental abuse, adult traumas, and debilitating health issues. Through such truth-telling, we learn we are not alone and that it is only by sharing that we can heal ourselves and give hope to others.

So, get ready to pick up your copy of this impactful collection of essays from some of today's changemakers.



Things That Keep Me Up At Night

If you've ever wondered whether faith and determination are a recipe for success, *Things That Keep Me Up at Night* answers that question.

In this compelling memoir, McKenzie takes you on her journey from adversity to triumph.

From sexual assault at the age of eleven, she charts her path through the hills and valleys on the way to becoming a successful Registered Nurse. She pays tribute to the people who inspired, encouraged, and supported her through various stages of her life and career.

Her work as an advocate for victims of sexual assault and rape, domestic violence, and homelessness will encourage those who have been through similar experiences and need their hope restored.

