

What Happened to Me? Why Am I Like This?

A Survivor's Guide to Life After the Troubled Teen Industry

from Kids Over Profits | kidsoverprofits.org

Introduction

Survivors frequently leave TTI programs feeling confused, conflicted, and unsure who we can trust. We often have deep fears of re-institutionalization and feel pressure to perform “recovery” correctly to stay safe. For that reason, many of us don’t talk to each other honestly about our experiences, sometimes until years later.

One of the greatest tragedies of this kind of isolation is that we don’t offer each other the mutual support we deserve in real time. There are nuances to every experience, but some themes come up repeatedly in survivor accounts and discussions. Every survivor is different, but it’s likely that at least a few of these experiences will feel familiar to you. Relating to these points does not mean that you’re doing a bad job at healing or that you’re hurting people around you.

Important note: all of these things are normal, even when they conflict!

Sometimes survivors cope with or make sense of similar traumas in opposite ways. You may find that you relate to some experiences more than others, or you may even cycle through them depending on timing and context.

If you take anything out of this section, I hope it’s this: It makes sense that you’re like this. Other people went through the same things and it affected them the same way. You’re not weird or dramatic or pathetic.

You’re not broken and you’re not alone.

What Happened to Me? Why Am I Like This?

Identity & Perception

While you were in programs, you likely employed one or both of the following strategies:

- Truly and sincerely buying into your program's ideology, only to realize that you strongly disagree with it later
- Telling program staff "what they wanted to hear" without internalizing it, even when it meant lying or betraying your own values

Both strategies involved significant damage to your developing sense of identity. In case you need to hear it: *you are not the person they forced you to be to survive.*

1. Need to Prove the Self

You might have a deep, even subconscious belief that others will not take your word at face value. Survivors frequently feel the need to defend not only our experiences, but who we are, down to our interests, values, and basic perceptions.

You may feel a sense of internal pressure to constantly prove that:

- Your emotions and opinions are sincere, not manipulative
- Your hobbies and identity aren't performative or faked
- You aren't senselessly lying or distorting the truth
- Your experiences, worldview, and motivations are genuinely your own

This kind of over-justification often emerges in situations where most people feel no need to defend or explain themselves.

2. Complicated Feelings about Freedom & Control

Not every survivor feels the same way about freedom, but many of us notice that our relationship to choice and control feels altered. You might find yourself drawn to rigid structure or actively avoiding

it. You might feel uncertain about how to make decisions, or unsettled by how easily you fall back into program-style thinking.

These patterns can show up in ways that aren't always obvious, including:

- Missing the structure of the program and/or feeling like you had become dependent on it
- Feeling overwhelmed, confused, or incapable when it comes to making important decisions independently
- Feeling like you need to be “given permission” to do things you want to do
- Replicating patterns of control that you were taught in the program: fighting the urge to be critical and controlling of others in close relationships
- Resisting long-term commitments, preferring flexibility to move geographically, switch jobs, and end or begin relationships at will

3. Cultural Alienation

Many survivors missed years of shared culture while we were in programs, including major events, trends, media, language, and generational references. Cut off from the outside world, we returned to a culture that had moved on without us.

As a result, you might experience the following:

- Feeling excluded and embarrassed when peers reference media, trends, or events from the years you were institutionalized
- Struggling to relate to shared cultural touchstones
- Difficulty having casual conversations with peers, especially soon after leaving the TTI
- Sensing that time passed without you, and you can't fully catch up

4. Academic Shame

Many survivors experience deep shame about academic struggles, especially when the program provided substandard or outright negligent education.

This can result in:

- Comparing yourself unfavorably to others, especially around intelligence
- Feeling behind or out of place in school or work settings
- Avoiding academic or professional goals out of fear of exposure or failure

5. Emotional Arrest & Delayed Adulthood

Many survivors describe feeling like time froze while we were in the program. While our peers were learning how to make independent choices and imagine adult futures, we were being micromanaged, infantilized, and punished for growing up. It makes sense if you still feel stuck, uncertain, or years behind in areas other people seem to move through easily.

You might notice yourself:

- Feeling emotionally stuck in adolescence
- Fixating on teen media or youth culture (for example, rewatching favorite teen-centered shows like *Degrassi*, *Glee*, or *Buffy the Vampire Slayer*)
- Delaying major adult decisions and/or feeling unqualified to make them independently

6. Trauma-Induced Distrust of Authority Figures

Survivors sometimes carry an automatic distrust of authority that doesn't always make sense to people around us. We learned early that the people with the most power over us were often the least safe. For many of us, self-advocacy feels dangerous, even when it's necessary.

You may notice yourself feeling suspicious or afraid around:

- Parents
- Doctors
- Landlords
- Teachers and school administrators
- Clergy

- Police
- Bosses & supervisors
- Therapists
- Psychiatrists
- Social workers
- Case managers

- Non-profit staff (when controlling access to resources)
- Dominant personalities in social settings
- Leaders or moderators in groups, clubs, or forums

Positive Counterpoints to Identity & Perception Challenges

- Survivors often develop strong self-awareness and reflectiveness due to years of forced self-examination, even if the context was abusive. This can later become a source of empathy and insight.
- For some, reconnecting with peers who truly understand the shared context of their adolescence can affirm and reinforce their self-perception in ways that no other relationship can.
- Others find strength in reclaiming aspects of culture or education they were denied, learning to find joy and agency in things like fandom, higher education, or professional growth.

What Happened to Me? Why Am I Like This?

Behavioral Patterns & Relational Challenges

1. Warped or Lost Family Relationships

Survivors respond in many different ways to parents who sent us away. Some cut contact. Some stay close. Some feel stuck somewhere in between. You might feel loyal, angry, afraid, detached, uncertain, or all of those at once. Anger, fawning, distance, and longing are all valid. However you're responding now, it makes sense.

This can include:

- Going no contact to protect yourself, even if it brings up guilt or grief
- Staying close because you're afraid that they will abandon you again
- Avoiding conflict to keep the peace, even when something feels wrong
- Feeling anxious when a parent is distant, withdrawn, or upset with you
- Feeling unsure whether your closeness or distance is a choice or a survival strategy
- Setting personal goals to "spite" your parents, even if they're not in your life anymore

2. Protective Detachment and Secret-Keeping

Many TTI programs had requirements to report any rule-breaking we witnessed or even heard about. Failure to report could result in extreme punishments. Some survivors internalized the idea that the safest way to protect others is to stay distant and uninformed.

This can show up as:

- Avoiding involvement in situations or conversations to prevent being forced to "tell"
- Keeping secrets reflexively, not to deceive, but to shield others from exposure
- Believing that staying uninvolved is the most loyal, ethical, or loving thing you can do

3. Compulsive Self-Disclosure and Boundary Collapse

In programs, we were often forced to share personal information with large groups, punished for holding back, or rewarded for making dramatic confessions. Over time, this can erode our ability to judge when difficult conversations are necessary or appropriate.

You might notice yourself:

- Oversharing personal details too early or with people you don't fully trust
- Struggling to identify when you're allowed to keep something to yourself
- Feeling unable to recognize or enforce emotional boundaries with others
- Believing that withholding information is manipulative or dishonest
- Hesitating to enforce your own boundaries, even when you know they're being crossed

4. Shame Around Confrontation

Many survivors were forced to participate in attack therapy and group shaming rituals.

Now, we may:

- Freeze or shut down when giving or receiving critical feedback
- Become defensive or avoidant when mistakes are pointed out
- Feel overwhelming guilt when correcting others, even gently
- Struggle in parenting or leadership roles, not from incompetence, but from carrying too much empathy

5. Controlling Relationships and Intimate Partner Violence

Programs trained us to believe that we were responsible for other people's emotions and behavior. If someone around us was struggling, it meant we were failing them. If we had needs, we were told they were selfish, dramatic, or manipulative. These patterns can carry into adulthood, especially in close relationships.

You might notice yourself:

- Feeling responsible for your partner's moods, choices, or well-being
- Struggling to leave unhealthy situations because you feel like you're abandoning someone
- Repeating dynamics that mirror staff behavior, including guilt, blame, or control
- Taking on more than your share because it feels like the only way to stay safe
- Feeling like you're only valuable when you're fixing, managing, or helping someone else

6. Difficulty Forming and Maintaining Friendships

Many survivors find that friendship feels confusing or fraught in adulthood. After spending formative years in environments where peer relationships were controlled, surveilled, or used as leverage, it makes sense if closeness feels hard to navigate. Some survivors struggle to trust others, while others struggle to trust themselves in relationships.

This can show up as:

- Failing to reconnect with old friends after the TTI
- Avoiding new friendships because you don't want to explain your past
- Taking excessive responsibility for your friends' safety and wellbeing
- Feeling jealous of peers who haven't experienced institutionalization
- Missing close friends from the TTI but being afraid to reach out because:
 - You're afraid something bad happened to them
 - You're worried they'll judge you for how you've changed
 - You're afraid they'll defend the program
 - You're not sure if seeing you would hurt them

Positive Counterpoints to Behavioral & Relational Consequences

- Some survivors are able to build profoundly honest and trusting relationships with their families by openly grieving, healing, and advocating together.
- Reconnection with program peers, when safe, can offer a unique sense of kinship and shared understanding that is difficult to replicate elsewhere.
- Many survivors become deeply loyal, attentive, and values-driven friends and partners because of their experiences with betrayal, control, and loss.
- Many survivors develop extraordinary self-awareness and pattern recognition skills from constantly navigating complex social dynamics under pressure.
- Patterns like detachment or hypervigilance can evolve into valuable traits for high-integrity leadership, community care, or advocacy work when reshaped intentionally.

What Happened to Me? Why Am I Like This?

Physical & Psychological Impacts

1. Disrupted Sleep and Nightmares

Many survivors were abducted from our beds at home when we were transported to our programs, believing at the time that we were being kidnapped by strangers. Within programs, staff frequently disrupted and otherwise manipulated our sleep. Unsurprisingly, survivors consistently report profound and enduring struggles with sleep as a significant and pervasive long-term impact.

This can include:

- Nightmares reliving traumatic incidents, often for decades
- Symbolic nightmares that represent program dynamics
- Insomnia, hypervigilance at night
- Long-term dependence on prescription, OTC, or unregulated drugs to sleep

2. Internalized Emotional Policing

Many survivors learn to monitor and control our internal thoughts due to past experiences with surveillance, public “accountability,” and punishment for emotional responses.

This can include:

- Fearing that “wrong thoughts” will be discovered and used against you
- Avoiding writing down vulnerable information due to journals being read without consent, mail monitored, and confessions weaponized
- Automatically deferring to others’ perceptions when criticized
- Long-term difficulty distinguishing between genuine instincts and what was “programmed” into you

3. Somatic Illnesses and Chronic Pain

Many survivors live with chronic health conditions that originated in or were exacerbated by TTI facilities, especially wilderness therapy programs.

The combination of prolonged stress, medical neglect, poor nutrition, and intense physical labor has likely contributed to survivors experiencing elevated rates of the following:

<p>Conditions Tied to Chronic Pain and Fatigue:</p> <ul style="list-style-type: none">● Fibromyalgia● Chronic Fatigue Syndrome (ME/CFS)● Migraines● Degenerative Disc Disease● TMJ pain / TMD <p>Connective Tissue Conditions:</p> <ul style="list-style-type: none">● Ehlers-Danlos Syndrome (EDS)	<p>Conditions Linked to Autonomic Nervous System Dysregulation:</p> <ul style="list-style-type: none">● Postural Orthostatic Tachycardia Syndrome (POTS)● Mast Cell Activation Syndrome (MCAS) <p>Autoimmune and Inflammatory Conditions:</p> <ul style="list-style-type: none">● Rheumatoid Arthritis● Lupus (SLE)	<p>Conditions with Gastrointestinal or Pelvic Focus:</p> <ul style="list-style-type: none">● Irritable Bowel Syndrome (IBS)● Crohn's Disease● Interstitial Cystitis● Endometriosis <p>Endocrine and Metabolic Disorders:</p> <ul style="list-style-type: none">● Diabetes (especially Type 2)● Hashimoto's Thyroiditis
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

These outcomes have not been formally studied, though they are frequently reported by survivors. Research on Adverse Childhood Experiences (ACEs) confirms that chronic stress and early trauma are associated with significantly higher rates of autoimmune and somatic conditions across the lifespan.

4. Internalized Medical Neglect

Most survivors were denied medical care and routinely accused of faking ailments and injuries. This is especially true for survivors with chronic illnesses.

Later, this can lead to:

<ul style="list-style-type: none">● Downplaying symptoms to avoid seeming dramatic● Avoiding medical appointments due to fear of dismissal● Delaying or foregoing care despite suffering● Feeling “undeserving” of standard medical care● Experiencing chronic guilt for needing rest or boundaries when ill or injured

5. Common Psychological Diagnoses

Many survivors meet the criteria for serious psychological conditions after institutionalization. These diagnoses are often under-recognized or misattributed, especially when survivors avoid mental health systems out of fear or mistrust.

The most commonly reported conditions include:

- **Complex Post-Traumatic Stress Disorder (C-PTSD):** Marked by emotional dysregulation, dissociation, hypervigilance, identity disturbance, and chronic shame. Unlike standard PTSD, C-PTSD stems from prolonged, repeated trauma, especially trauma inflicted by authority figures.
- **Major Depressive Disorder (MDD):** Characterized by persistent sadness, loss of interest, fatigue, feelings of worthlessness, and thoughts of death or suicide. Survivors may internalize program messages of brokenness, fueling these patterns long after discharge.
- **Generalized Anxiety Disorder (GAD):** Involves excessive worry that is difficult to control, often accompanied by restlessness, muscle tension, and sleep disturbance. The need to constantly anticipate danger, developed in institutional settings, often continues into adulthood.

Survivors may also experience symptoms associated with panic disorder, obsessive-compulsive disorder (OCD), social anxiety, borderline personality disorder (BPD), and dissociative disorders, including dissociative identity disorder (DID) and depersonalization/derealization disorder (DPDR). These diagnoses can be useful for understanding specific struggles, but they don't always capture the full context of institutional trauma.

6. Disordered Eating

Many survivors struggle with eating disorders after TTI programs. For some, disordered eating began after program discharge, often tied to trauma, fear, and a loss of control. For others, existing conditions were intensified by harmful practices like public weigh-ins, forced fasting, and food restriction.

You may experience one or more of the following:

- Binge eating shortly after discharge due to food restriction trauma
- Long-term restrictive or obsessive eating patterns
- Disconnection from hunger and fullness cues
- Restricting food as a form of self-harm or punishment

7. Substance Use After Discharge

Survivors were often forced to confess to being “addicts”, even without any history of substance abuse or other addictions. Survivors may feel deep feelings of shame about using mind-altering substances after the TTI.

- Some survivors try illegal substances for the first time after the TTI and may automatically experience feelings of shame or believe the program was “right” about you being a “druggie”.
- Medical cannabis is frequently used by many survivors to cope with associated C-PTSD, grief, and chronic pain. Some survivors have a healthy relationship with cannabis, while others prefer to avoid it or struggle to moderate their usage.
- Some survivors may find that feeling “high” after the program induces anxiety due to perceived loss of control, especially if you frequently received chemical restraints (“booty juice”).
- In response to severe trauma and a lack of ongoing support, some survivors do relapse or develop substance use disorders after the TTI

8. Difficulty with Guided Meditation & Visualization

Many programs used guided imagery, meditative scripts, or body-awareness techniques in ways that overwhelmed, disoriented, or coerced us. These same techniques are now common in yoga classes, therapy, mindfulness apps, and general wellness spaces. While they may be calming for others, they can be extremely triggering for survivors.

You might notice yourself:

- Tensing up during guided meditation
- Feeling anxiety or dissociation during body-awareness exercises
- Having strong negative reactions to therapeutic tone
- Avoiding spas, fitness classes, and other public settings where you might be expected to participate in meditative activities

9. Memory Loss & Traumatic Encoding

Some survivors remember everything in vivid, unbearable detail. Others feel like entire months or years are missing. Both are common. Trauma affects memory in unpredictable ways, especially when it happens over a long period of time.

Survivors have reported all of these experiences:

- Complete inability to recall some events, even when witnesses, and/or photos and videos confirm your presence
- Timeline disorientation, especially around program years
- Rationalizing and denying abusive elements of your program, even when you were specifically harmed
- Having vivid memories of abuse, sometimes including recurrent flashbacks and nightmares
- Questioning whether experiences were real or exaggerated

10. Paranoia and Surveillance Anxiety

Some survivors continue to feel as though the program or other authorities are watching or tracking them, even years later.

This may include:

- Paranoid daydreams or intrusive thoughts about being monitored
- A sense of being monitored, evaluated, and judged by everyone around you
- Extreme efforts to stay anonymous online, even for mundane activities (e.g. using VPNs, burner posting, deleting accounts)
- Avoiding predictable routines to prevent surveillance or ambush
- Sense that "they" could return at any moment

Positive Counterpoints to Physical & Psychological Impacts

- Some survivors channel our health experiences into advocacy or peer support roles, especially in disability justice, harm reduction, or trauma-informed care.
- Survivors who experience hypervigilance often become attuned to subtle signs of harm or coercion. When grounded and supported, this awareness can contribute to thoughtful advocacy, safety planning, or structural insight.
- Survivors with vivid and intrusive memories often carry deep pain, but they also serve as essential witnesses and record-keepers. The burden of remembering is heavy, yet it helps protect others and hold systems accountable.
- Many survivors become committed to harm reduction work, drawing from personal experiences with substance use, institutional punishment, or the overdose deaths of peers to advocate for nonjudgmental, life-saving support systems.

What Happened to Me? Why Am I Like This?

Multiply Marginalized & Compound Experiences

1. For Neurodivergent Survivors

Many programs punished neurodivergent traits without ever naming them. If no one ever told you that you were neurodivergent, you may have come out of the program thinking there was something fundamentally wrong with you. If you were diagnosed, that label may have been used to shame or control you. You might still feel anxious about being misinterpreted or punished for things that come naturally to you. This can include shame and confusion surrounding:

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> ● Stimming ● Special interests ● Sensory overload ● Requesting accommodations ● Hyperfixations | <ul style="list-style-type: none"> ● Dopamine-seeking behavior ● Autistic meltdowns & shutdowns ● PDA (Pathological Demand Avoidance/Persistent Drive for Autonomy) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

2. For LGBTQIA+ Survivors

Many programs targeted LGBTQ+ youth with explicit or unspoken messages that our identities were deviant, broken, or a symptom of deeper dysfunction. Even after leaving, some survivors carry a deep fear that expressing who we are will lead to rejection, punishment, or danger.

You might relate to one or more of the following:

- | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> ● Intense shame surrounding gender identity or sexual orientation ● Telling yourself and others it was "just a phase" even when that doesn't feel fully true ● Entering compulsively heterosexual relationships to appear "recovered" or normal ● Deep fear of being seen as dangerous or predatory for expressing attraction or identity ● Feelings of anger, jealousy, or resentment when others openly break gender or sexuality rules, when you were punished or pathologized for the same things |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

3. For Survivors Who Experience Ongoing Re-institutionalization

Many survivors cycle through other institutions as adults, such as psychiatric hospitals, drug rehabs, or prisons. Institutional thinking and compliance are reinforced, making escape from these systems even harder.

You might feel:

- A sense of inevitability around being controlled, locked up, or supervised
- Increased comfort and familiarity with systems of punishment
- Intimidated by or unworthy of pursuing systems of assistance

Positive Counterpoints to Marginalized & Compound Experiences

- Neurodivergent survivors often emerge with strong frameworks for analyzing social systems, power dynamics, and coercive environments.
- LGBTQ+ survivors frequently become fierce advocates for authenticity and self-determination, often rejecting binaries and rigid expectations that once harmed them.
- Survivors who faced multiple forms of marginalization (e.g. due to race, disability, gender nonconformity) can become incisive advocates for intersectional justice because we understand firsthand how institutions erase and punish difference.
- These survivors have the potential to create alternative models of care, support, and accountability rooted in lived experience rather than institutional logic.

What Happened to Me? Why Am I Like This?

Sources

This guide was written using a combination of personal and academic references. The following studies and papers were consulted for context and fact-checking:

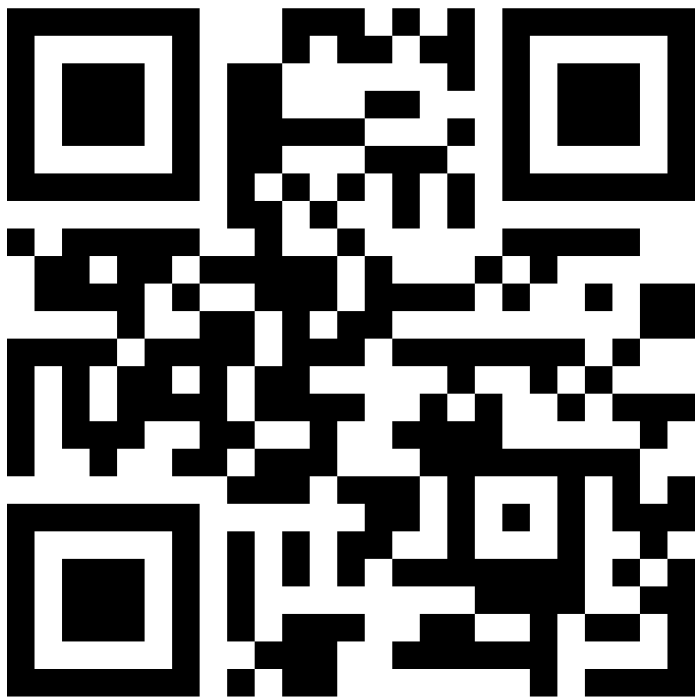
- Brown, A. G. (2022). *Fountain of Youth: Surviving Institutional Child Abuse in the Troubled Teen Industry* [Doctoral dissertation, Arizona State University].
- Chatfield, M. M. (2023). *That Hurts You Badder Than Punchin': The Troubled Teen Industry and Therapeutic Violence in Group Rehabilitation Programs since World War II. The Social History of Alcohol and Drugs: An Interdisciplinary Journal*, 37(2), 268–292. <https://doi.org/10.1086/725507>
- Dobud, S., Mooney, J., Kozłowska, K. C., & Daley, L. (2023). *The dissociative mechanism of change: When wilderness therapy does harm (4th Review)* [Preprint]. ResearchGate. https://www.researchgate.net/publication/374092572_The_Dissociative_Mechanism_of_Change_When_Wilderness_Therapy_Does_Harm_4th_Review
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). *Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine*, 14(4), 245–258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
- Golightley, S. (2023). *'I'm Gay! I'm Gay! I'm Gay! I'm a Homosexual!': Overt and Covert Conversion Therapy Practices in Therapeutic Boarding Schools. The British Journal of Social Work*, 53(3), 1426–1443. <https://doi.org/10.1093/bjsw/bcad030>
- Golightley, S. (2023). *Troubling the 'Troubled Teen Industry': Institutional Violence, Epistemic Injustice, and Psychiatrised Youth* [Doctoral thesis, University of Edinburgh].
- Hurand, E. B. (2021). *Psychological Impact on Adult Women Who Attended a Therapeutic Boarding School* [Doctoral dissertation, Pacifica Graduate Institute].
- Kopsick, L. L. (2022). *Removing the Blindfold: Survivors' Stories of Academic and Social-Emotional Learning Within the Troubled Teen Industry* [Doctoral dissertation, Barry University].

Kushan, C. (2017). *Troubled Teen Industry: Commodifying Disability and Capitalizing on Fear* [Master's thesis, George Washington University]. ProQuest Dissertations & Theses Global.

Mooney, H. E. (2022). *Conflicting consequences and the carceral state: Troubled teens in therapeutic boarding schools* [Doctoral dissertation, Wayne State University].

Stull, O. A. (2020). *The troubled teen industry: A mixed-methods study of the psychological impact of residential treatment on adult survivors* [Doctoral dissertation, University of Kansas]. ProQuest Dissertations & Theses Global.

Scan the code below to visit our website, learn more, and join us in the fight against institutional child abuse!



**KIDS
OVER
PROFITS**