



The Medicalization of Sexual Violence Hurts Survivors

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With the rise of the [#MeToo movement](#), the public has become [more aware](#) of the pervasiveness of sexual violence. Universities and workplaces have Title IX offices, mandatory training, legal reform, and a cultural shift towards acknowledging the prevalence and scope of sexual violence. Sexual violence has [become treated as a medical problem](#) (*medicalization*) and this causes harm to those affected. Labeling victimhood as a diagnosis shifts responsibility onto individuals, [often exacerbating their trauma](#). This responsibility placed on individuals leads to an array of societal expectations under the guise of recovery and productivity imposed on survivors. There needs to be a shift in focus from pathologizing victimhood to addressing the structural conditions that perpetuate sexual violence, thereby prioritizing the agency and needs of survivors.

Medicalization and Sexual Violence

In the case of sexual violence, the label of “victim” can be understood as a type of diagnosis. After an episode, individuals are encouraged by trained crisis response personnel and the public at large to undergo a forensic medical examination, commonly known as a rape kit, even if they are unsure if they will ever pursue legal action. They may receive medical treatment for physical injuries or receive a referral for expedited access to a psychiatrist. And for long after an episode, those who are affected are expected to and encouraged to pursue extensive therapy or counseling by Title IX offices or courts, especially if they remain in a shared institution with their perpetrator, like a university or workplace. Sociologists have described these stages of movement through a medical system after a chronic medical problem arises as an [“illness career”](#). This “career” model applies itself well to the stages we associate with sexual victimhood, as it has become increasingly treated as a medical problem, complete with predictable treatments and outcomes.

The medicalization of sexual violence is not a recent development. Definitions of healing and recovery rely on westernized conceptions of healing and patriarchal norms are embedded in institutions. [Dr. Paige Sweet](#) writes about how victims of domestic abuse are expected to make a transition from *Victim to Survivor*, within a predictable set of milestones. However, these milestones are usually prescriptive, and do not account for individual variation of experiences. This, in turn, can reduce agency for victims and may pose new problems, like financial barriers and time-constraints. The re-disclosure of traumatic events can result in re-traumatizing, which can worsen the trauma associated with the event. Treating sexual violence as a medical problem with a fixed treatment plan, including factors such as physical care for injuries, mental counseling, survivor support groups, and numerous disclosures to various institutions, frames victimhood as an illness. In these intersections of the medical and legal systems, the focus shifts onto the individual's responsibility to “recover,” from a single event, rather than the social and political factors that make sexual violence so prevalent in the first place.

The Risks of Pathologizing Victimhood

In treating victimhood as an illness, we place the responsibility on the individual to heal and risk treating the victim as the problem. Existing structures also may not represent the needs of those most often afflicted. For example, painful histories of police brutality and over policing in dominantly Black neighborhoods may dissuade Black women from disclosing an event of sexual violence to avoid the penal system, preventing access to a range of resources. Transgender individuals may be at high risk for encountering transphobia or discrimination if they pursue medical care after an episode, which may obscure their ability to record formal evidence that the episode happened. These barriers are even more concerning when we consider how both groups are at heightened risk for sexual violence. Most sexual violence goes **unreported**, especially for **Black and minoritized women**. It is also unsurprising then, that violence against minoritized groups persists at a much higher rate. Perpetrators face lesser consequences.

Just as an individual's reaction and options are situated within a larger social context, an episode of sexual violence is not isolated from social and institutional conditions. For years, social scientists and policymakers have raised concerns regarding the nature of sexual violence as **embedded in structural conditions** that make sexual violence both more likely to occur and difficult to address.

Individuals frequently cite a **fear of hassles** for why they did not disclose an event of sexual violence. Legal action against perpetrators falls entirely on the victim, which can be **socially, emotionally, and financially** taxing. By entering a system, legal or medical, survivors' risk having their responses labeled as abnormal. An individual may want to avoid a diagnosis of depression or anxiety, if they are in, for example, a custody battle with an abuser. A victim may be stigmatized among their network if their reaction is seen as disproportionate or unusual for any reason. One must position themselves as "the perfect victim" to receive justice, and this highly scrutinized performance of victimhood is, itself, re-traumatizing.

Recovery, Deservingness, and Productivity

The "**sick role**", defined by Talcott Parsons, refers to the grace given to an individual when they are sick for a period, with the expectation that they will soon get better, and return to previous function in society. However, the application of the sick role to survivors of sexual violence is far from straightforward, particularly as the effects of trauma can persist long after the initial incident. In a society that values productivity and self-sufficiency, that rewards resiliency and a straightforward journey to *survivorhood*, individuals who are unable to "get better" within a predetermined timeframe may face heightened scrutiny and judgment from their environment. Far from a finite episode, the chronic nature of trauma means that individuals may experience periods of relapse or recurrence.

The consequences of an episode, or even multiple episodes of sexual violence may persist for years, and still, individuals affected by sexual violence are expected to make a predictable and complete recovery from their condition to return to the space where the harm occurred. What if, instead of a system that tried to change victims to fit once again into these spaces, we interrogated and considered making changes to their environments?

Moving Beyond Medicalization

By treating those affected by sexual violence as if they have an illness and being prescriptive in our responses, we place the burden on victims to get better— to move through a predictable set of stages and to make the journey to "survivorhood", which often implies the full re-integration into the setting where the harm

occurred. The individualization of blame, not only for the event, but of its aftermath, contributes to more stigmatization of victims. To combat rape culture, it is vital to shift our efforts from pathologizing victimhood to addressing the conditions that made the episode occur. In this shift we can prioritize the needs of victims, of which the most important is agency.