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## “Victim”: Reflections on autonomy, choice, and the power of language

By David Prescott, LICSW

*You are never more than a stone's throw from someone who has survived sexual violence.”*

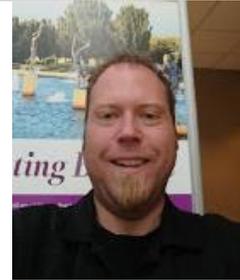
– Alissa Ackerman, Ph.D.

For years, I've puzzled over the American Psychological Association's definition of trauma:

Trauma is an emotional response to a terrible event like an accident, rape, or natural disaster. Immediately after the event, shock and denial are typical. Longer-term reactions include unpredictable emotions, flashbacks, strained relationships, and even physical symptoms like headaches or nausea. While these feelings are normal, some people have difficulty moving on with their lives. Psychologists can help these individuals find constructive ways of managing their emotions.

There is a number of ways to read this definition, starting with the idea that trauma is an “emotional response.” This seems strange given that victimization can have devastating effects on how people view themselves and the world around them (for example, cognitive schemas that the world is a dangerous place where one has to see risk everywhere in order to survive). Being victimized is about a lot more than simply emotional responses. This is evident even in the criteria of our diagnostic manuals.

Looking deeper, however, it seems odd that the definition concludes with the idea that “psychologists can help these individuals find constructive ways to manage their emotions.” While the statement is not untrue, there is an implication that psychologists may be more exclusively qualified than others to assist those who have been traumatized. There is an implication that those who have been traumatized likely need professional help. Of course, there is no evidence to support either of those statements and no evidence that the APA intended to imply these things. Nonetheless, I have found myself



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*We are longtime members of ATSA dedicated to furthering the causes of evidenced-based practice, understanding, and prevention in the field of sexual abuse.*

*The Association for the Treatment of Sexual Abusers is an international, multi-disciplinary organization dedicated to preventing sexual abuse. Through research, education, and shared learning ATSA promotes evidence based practice, public policy, and community strategies that lead to the effective assessment, treatment, and management of individuals who have sexually abused or are risk to abuse.*

*The views expressed on this blog are of the bloggers and are not necessarily those of the Association for the Treatment of Sexual Abusers, Sexual Abuse: A Journal of Research & Treatment, or Sage Journals.*

wondering whether this isn't where a curious kind of colonization begins. After all, close friends can also be helpful to those who have been victimized. By what right does any profession claim, even implicitly, that they have the best answers?

History has shown that colonization can start with good intentions – actions taken “for your own good.” For professionals, it can begin with implicit beliefs about our clients, often beyond our awareness. For example, “This person clearly needs treatment...” can morph into “... and I am the right person to provide that treatment.” Others may simply imply that they speak for all who have been victimized and that they know what these people need or want. Meanwhile, anyone who has worked with people who have survived sexual abuse knows that no two people have the same experiences as they re-build their lives. The fundamental question becomes how we know that we speak for others without first confirming with them that we've heard and respected their voices? It may seem petty, but if we are not allowing them to frame their own experiences, how can we know that we are not causing further harm by, in essence, colonizing their experiences to meet our own agendas?

How we frame these issues matters. Over many years of practice, I've spoken to a number of practitioners. One interaction has haunted me. This practitioner described how “victims” often believe that they are “damaged goods” and therefore need long-term treatment to learn that they are not. This person then went on to describe clients returning to treatment decades later after [re-traumatizing](#) experiences. On the one hand, these situations are not unusual. On the other hand, this practitioner appeared to derive a sense of professional identity and intrinsic gratification at being the one to whom these people would turn. It was as though she needed her clients to desire her continuing care more than they need to be back in treatment. Most professionals in our field are proud to be helpful to others, myself included. Where we cross the line into the beginnings of colonization can be difficult to discern, however.

While the broader discussions could fill a book or multi-day conference, this post focuses primarily on words. I've come to wonder whether phrases such as “damaged goods” (as in “You may feel like you are damaged goods. Rest assured that you are not, and many other people have felt this way”) may actually cause harm to those that don't feel that way but start to wonder if they should. Why put our linguistic focus on “damaged goods” first when we can just as easily say truthfully that many survivors go on to reclaim their bodies or their lives despite sometimes wondering if they would ever get over the harm they've experienced. [Post-traumatic growth](#) receives far less attention than post-traumatic stress disorder in our education and research. While no one can realistically argue that the harm caused by abuse can last a lifetime, [studies](#) continue to find that life-long harm is far from inevitable. As Kieran McCartan and I have [argued](#), it should not be left up to others how someone survives.

Where does this leave us? One place to start is in reconsidering the word “victim”. Many who have victimized have been quite vocal that they don't want to be defined by the worst thing that has happened to them. Many prefer the term “survivor,” although having worked with a number of extremely violent men, I've learned all too well that not all who are abused actually survive. Three years ago, ATSA issued a statement regarding [person-first language](#). Perhaps it is time to extend the same courtesy to those who have experienced victimization. Of course, just as important is that we explore with clients how they want to define themselves – for the moment and in the future.

Ultimately, it can be easy to forget that language is sometimes intervention in itself, and not just one part of treatment. The words we use can have a profound impact on others as well as ourselves. Given how often mental health practitioners worry that stigma interferes with people seeking our services, it makes sense that we

do what we can to abandon stigmatizing language. It may also be the case that thinking in person-first terms (for example, “person who has been victimized” rather than “victim”) will help all professionals to better understand that people who abuse are themselves often people who have also been victimized.

In the end, [Judith Herman](#) may have captured it best in the early 1990s when she said that no intervention that takes power away from the survivor can possibly foster her recovery, no matter how much it may appear to be in her own best interest. One place we can start is with our assumptions about who we are in others’ lives and how our language (as well as our actions) can bring about assistance or cause further harm.

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