<u>Sociology 4099: Victimology</u>
Prof. J.S. Kenney

<u>Overheads Week 9: Victims and Gender:</u>

This week we will be focusing on the topic of victims and gender.

This has already come up several times in this class. For example:

- Feminist theory as one theoretical approach to victimization
- Gender, crime statistics and victimization surveys
- Gender and metaphors of loss
- Gender and labelling
- Gender and support services

This week I will focus on four specific aspects of gender & victimization:

(1) Physical violence and gender in the family;
(2) Differential responses to victimization by gender;
(3) How these are reflected in victims' coping strategies;
(4) The consequences for coming to terms with victimization.

(1) Physical Violence and Gender:

* Violence widespread in "normal" families: not few cruel/disturbed ones

* Gender is a key factor in this regard:

  - Shelter studies indicate spousal assault overwhelmingly male
  - Obscure fact that women initiate assaults just as often as men do
  - Men less likely to be injured
  - Male under-reporting / police under-recording

* How much violence takes place behind closed doors?

* Methodological difficulties abound:

  -Family privacy/imagery as loving and supportive group
  -Difficulties also arise in defining and measuring violence

* U.S. National Family Violence Survey(1975 and 1985) attempted to measure family violence using the Conflict Tactics Scale.

* Survey findings:

  -16 of 100 partners in a married or cohabiting relationship reported a violent incident that year.

  -30% when measured over the course of the relationship/marriage

  - While women assault their partners as often as men do, they are the major victims of physical, economic and psychological injury.

  - Frequency of assaults vary by severity: The most severe assaults are rarer, but there was an average of 5 assaults a year (low, compared to the shelter average of 60).

  - Clinical fallacy evident in shelter studies

  - 2.3% of American children suffered “very severe violence,” and 11% “severe violence.”

* Ultimately, these statistics reaffirm that:

  (1) The family is preeminent in violence;
  (2) The risk of assault within the family is greater than stranger assault.

* Explanations:

  (1) Multiple social causes of violence in families:

- Many mutual concerns/ nothing “off limits”
- Gender and age differences
- Shared identity/ intensity of involvement
- Involuntary membership
- Family privacy insulating/containing conflict
- Stress, organizational features, and annoying attitudes

(2) Gender inequality:

- Male economic dominance
- Terms of relationship = Moral viewpoint
- The more unequal, the higher rates of violence

(3) Permissive cultural norms:

- “Disciplining” children “not abuse”
- “Chastising” errant wife a “private” matter
- Norms haven’t kept pace with new laws (survey/home vs. elsewhere)

(4) Family training in violence:

- Many parents use physical punishment
- Teaches “Those who love you hit you”/ “You can hit who you love”
- Becomes seen as morally right
- Physical punishment as child related to adult spousal abuse

(5) Other factors:

- Alcoholism - Poverty - Stress - Violence in society

* Above risk factors not determinative:

- Majority with any one factor nonviolent
- Cumulatively increase probability

* Risk factors may be lowered by social action:

  - Campaigns against child abuse/ wife-beating
  - Parent education programs
  - Reducing gender inequality
  - Increased family counselling
  - However, often doesn't reach those most in need

* Hypothesized reduction in violence as a result:

* Survey: between 1975-85:

  - 47% reduction in child abuse
  - 30% reduction in intrafamily homicides
  - 20% drop in severe spousal assault
  - Clinical figures show opposite (e.g. tripling of child abuse)
  - Reflects increased reporting/ intervention in areas of concentration

* Family violence remains a significant problem despite these improvements.

(2) <u>Gender and Reactions to Victimization:</u>

(i) The Dominant Medical Models vs. The Research Literature:

* Victims of crime often deal with mental health professionals

* It is important to understand their current approaches to victims

* Generally reflect 3 main themes:

  (i) Temporal "stage models"
  (ii) A therapeutic emphasis on accomplishing various tasks
  (iii) Diagnosis of "mental disorders"

* All are *implicitly gender neutral*

* This ignores a vast literature on gender, victimization and grief showing:

    - Men are *under-represented* in the literature on victimization
    - Most data on parental bereavement comes from mothers

* *Early* studies comparing mothers and fathers reactions suggest:

    -Fathers experience the loss of a child less deeply than mothers
    -Fathers show fewer signs of depression than mothers
    -Fathers show significantly lower grief scores than mothers
    -Fathers experience a shorter grief period than mothers

* Above findings are controversial because:

    - Women more often seek help in personal problems
    - Males are also rejected significantly more when labelled depressed
    - Men frequently *deny* grieving, while grieving for as long or longer
    - Fathers are less willing to *even agree to discuss* their late child.

* With more specific reference to victimization:

    - Men are far less likely to report or disclose their victimizations
    - Women are more likely to engage in social withdrawal
    - Men are far more likely to engage in aggressive behaviors
    - Blaming is problematic for males: they're expected to "fight back"
    - Males face others' denial and minimization of the event
    - Fear of potential impact on sexual orientation/ identification

* Ultimately, the above may be explained by male *disinclination to report*

* Some researchers prefer to examine gender differences in *coping*:

    - Men exhibit a desire to get on with life
    - Women remain depressed and obsessed
    - Fathers utilize activity-based coping styles

- Fathers: buffering effect of the social support in workplace/ activities
- Fathers revert more quickly to "normal" patterns of coping

* Male grief may be as intense, but *masked* through coping patterns

* Such conformity to male gender roles may result in:

  - Unwillingness to seek out help
  - Inappropriate anger (keeping busy/controlling emotions)
  - Drinking and drug use
  - Resentment over the need to be strong and postpone grief
  - Impeding the successful resolution of upset.

* Ability to protect, be strong and fix situation a “test of masculinity.” Hence:

  - Showing emotions seen as weak or pitiful.
  - Engaging in solitary/secret mourning
  - Focus on physical/legal action
  - Develop addictive behaviors
  - Ultimately prolongs/ intensifies grief

* Socialization to *perceive, experience, and express* grief in particular ways

* Inappropriate to judge one gender from the perspective of the other:

  - Men's emotional lives have to be understood on their own terms
  - Using concepts developed in studies of women may have an *implicit bias* when used to study men

  - Double binds:

    (1) Men’s unexpressive style conflicting with partners’ needs for emotional openness; and
    (2) Conflict between idealized notions of coping through emotional expressiveness and men’s needs to strictly control such expressions.

- Such restrictions generally result in coping strategies that handle upsetting feelings without disclosing them to others

* Summing up:

  - Literature illustrates gender-neutral models untenable
  - Attention must focus on how male and female experiences are both *similar* to and *differ* from one another following victimization.

(3) <u>My Homicide Research:</u>

* My homicide study involved the collection, transcription, and analysis of:

  (i) 32 interviews;
  (ii) 22 surveys;
  (iii) 108 Criminal Injuries Compensation files.

* Each respondent had suffered the murder of a loved one, mainly children

* A major focus was on gender and on how survivors felt that it had impacted on their experiences, choices, and coping.

* My findings are discussed in three parts:

  (a) Coping attempts;
  (b) Grief cycles;
  (c) Impact on subjects' health.

(a) Coping Attempts:

* Survivors' experiences generally shaped by coping strategies that they learned, chose or innovated. Survivors fared better who used:

  (1) Strategies that enabled them to *balance* their focus between their

own pain and that of others; and

(2) Activities that enabled them to compartmentalize their thoughts and deal with them a bit at a time.

* Survivors generally fared worse when they:

(3) *Continually focused* on *their* pain (e.g. suicidal ideation), or
(4) Repeatedly chose *avoidance* strategies (e.g. drinking, drug use)

* Gender differences:

(1) Men more typically attempted to avoid pain, but took anger and frustration out on others;
(2) Men more typically drank alcohol;
(3) Women engaged in social withdrawal and focused on their loss;
(4) Women more often became dependent on medication

* Those who fared better *regardless of gender*:

(1) exhibited *a less predominant emphasis on self*
(2) recognized that they had *choices* to make
(3) found ways to *express* their grief when necessary to "get it out"
(4) *balanced* the temptation to focus on their grief in other ways
(5) exhibited a *practical* element

* Subjects viewed coping as “living around it” and being able to “function”

* Successful subjects:

- Integrated grief work into daily routine
- Flexibly worked through grief in digestible chunks
- Worked as a family unit

(b) Gender and Grief Cycles:

* Above patterns/ traditional gender roles reflected in specific grief cycles:

* Male grief cycle:

    (1) Guilt ("failure to protect")
    (2) Need to repress upset/ "be strong for others"
    (3) Becoming busy/ avoiding thoughts
    (4) Exhaustion/depression
    (5) Further guilt/ feedback (e.g. inability to work/ fix things/ angry outbursts at family)

* This dynamic typically became *cyclical*, and a block to coping

* Can be turned outward or inward (e.g. rage at others/ suicidal thoughts)

* Vicious cycle:

    (1) Blocked coping
    (2) Health problems emerge

* Cycle implied, but not elaborated in earlier work

* Differs from stage models as:

    (1) Specifically linked to gender roles;
    (2) Empirically grounded in this form of bereavement;
    (3) Reflect subjects' dealings in various interactional contexts; and
    (4) Show the impact of various choices in *inhibiting* coping.

(ii) The Female Grief Cycle:

* Women's gender roles allow *far more flexibility in emotional expression*

* Coping blocked by *emphasizing* their grief and sadness.

* Generally, female grief cycle as follows:

    (1) Repeatedly *reviewing* the upsetting *events* of the murder/aftermath
    (2) Progressively *intensification* over time (e.g. *concentration on events in previous years)*.
    (3) Ultimate sense of helplessness to change this feedback pattern

* Reflected in these women's relative fear/ emphasis on victim role

* Corroborates literature that women remain depressed/preoccupied

(iii) Avoiding the Cycles:

* Flexibility of gender roles helped avoid cycles

* More flexible men:

    - Lacked element of repression/ short circuited dynamic
    - Learned consistent ways to understand guilt
    - Channeled emotions into "constructive" activities

* More flexible women:

    - Avoided helpless victim identity
    - Utilized energy of anger for "constructive" activities

* Both genders, when flexible gender roles emphasized balance/ avoided either extreme

(c) Impact on Health:

* The culmination of the grief cycles discussed above was often manifested in health problems.

* Men:

  -Generally experienced heart problems and sudden deaths.
  - Related by professionals to the *repression* of grief implicit in traditional male gender roles.

* Women:

  - More typically reported mental health problems.
  - Related by professionals to the *emphasis* on grief implicit in traditional female gender roles

* Neither pattern apparent among survivors adhering to more flexible gender roles and adopting a balanced coping approach

(4) **Discussion and Conclusion:**

* This study:

  - Corroborates literature/ extends to homicide
  - Elaborates grief cycles only hinted at before

* Grief cycles:

  - Obfuscated by traditional, gender-neutral medical models
  - May help clarify therapist's tasks/ suggest helpful strategies
  - Disorders may actually reflect these cyclical gender patterns
  - Relative adherence to traditional roles may determine model applied

* Further research needed to clarify these matters:

  - In other types of victimization
  - In other sudden deaths
  - In suicides
  - Across cultures

* Model ultimately provides an integrating foundation for further research.