

**Sociology 4099: Victimology**  
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**Overheads Week 10:Victims and Agency:**

- \* Victims of violent crime often complain of feeling *powerless*.
- \* Focusing on psychological *aftereffects* obscures *institutional* factors:
  - The relatively *powerless* position of victims in legal institutions;
  - The largely *passive* medical ideas applied by various help agents.
- \* Taken together, these may act to *minimize* the role of victim's agency
- \* We will address these issues by *reframing* victimization in terms of the *interplay* between:
  - (1) Victims' social/ institutional *interactions*; and
  - (2) Their *agency* to cope.

**(1) Victims' Position in Legal Institutions:**

- \* The criminal justice system is an adversarial process between the *state* and the *accused*.
- \* The "victim" has "no legal standing."
- \* "Victims" do not have the right to be represented or heard, except when called as witnesses.
- \* This stands in marked contrast to the situation in some civil law countries.
  - Our criminal procedure has very real consequences in the *interactional construction* of "victims'" experiences *during every stage of present criminal proceedings*.
- \* Victims have *lost control* not only of the process, but, to some extent, the

degree of *empowerment* with which they approach their experience.

## **(2) Victims' Position in the Medical Literature:**

Work regarding victims reflects three main themes:

- (i) *A focus on temporal "stage models" of the grieving process;*
- (ii) *An emphasis on the therapist's role in helping individuals accomplish various tasks leading to recovery; and*
- (iii) *Attempts at differentiating the "symptoms" of "post traumatic stress disorder" from other "mental disorders."*

Generally these models assume that, due to the debilitating nature of victimization, relatively powerless individuals must be given treatment and/or understanding.

*Critiques:*

- (i) Obscuring potential choices, thereby encouraging passivity
- (ii) Studies showing active coping by victims of violent crime
- (iii) The negative implications of medicalization
- (iv) Ignoring the emotion management literature
- (v) Ignoring the rhetorical power of the victim role in interaction.

## **(3) Legal Institutions, Medical Ideology, and Agency:**

\* This unique intersection of victims in medical and legal institutions, generates a question: *are they really powerless?*

\* Is their presumed powerlessness a result of what has *happened* to them, or how they are *perceived* and *acted upon* by two of the most powerful institutions in society?

\* Ultimately, *if evidence of human agency can be found among this group, it can likely be found anywhere.*

\* To study this issue, we must tentatively *reframe*:

- Grief as a *potentially* active process;
- The “victim” as a potentially active agent.

\* But how do we conceptualize agency?

\* Bob Prus (1996):

- People's *awareness* of things problematic in particular details
- Individuals make *self-indications* when developing lines of action
- This assumes significance as "human agency" when people *implement* these through:

definition	interpretation
intentionality	assessment
minded activities	

\* Emirbayer & Mische (1998): Agency encompasses 3 interrelated elements:

- (1) The *selective reactivation* of *past* patterns of thought and action;
- (2) The imaginative generation of *possible* future trajectories of action;
- (3) The capacity to make *judgments among alternative possible trajectories of action*.

\* Kenney (1998):

- Emirbayer & Mische don't squarely focus on self
- Prus says nothing about agency in victimization and bereavement.
- I argue that victimization destroys *part* of self
- Interactionist theory suggests looking at:

- (1) *What remains* of prior self (seeds of reactions/coping)

(2) *Evolution/ reconstruction* of self in subsequent interactions

- Theory suggests a *dynamic* relationship between the *type and degree of support* received by survivors, their *varying responses*, and the *passive and active forms* in which their selves are interactionally reconstituted.

- Understanding victims' agency requires thorough examination of:

- (1) Individuals' prior socialized orientations toward coping;
- (2) Their subsequent interactions

**(4) Methodology:**

This study involved the collection, transcription, and analysis of:

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

Each of these contained detailed information on the experiences of those who had suffered the murder of a loved one.

A major focus was on how survivors felt that the murder had impacted on their lives in various contexts, and the impact of each on their coping.

These data were analyzed utilizing Q.S.R. NUD\*IST over a 2 year period ending in 1998.

**(5) Presentation of the Data:**

\* Analysis revealed question not *if* active coping occurs, but *how*, and *under what conditions*

\* What follows uses representative examples from a variety of survivors' interactional contexts related to:

- (i) Matters that increased or decreased respondents' upset;

- (ii) Information that they encountered re: coping;
- (iii) Coping strategies that emerged by gender.

**(i) Matters that Increased or Decreased Survivors' Upset:**

\* Interactions experienced as unhelpful seen as revictimizing/ provide additional reasons to be upset. Some examples:

- Conflicting emotional reactions in families
- Avoidance by extended family/friends
- Interpersonal difficulties in self-help/victims' groups
- Unpleasant dealings with medical/legal institutions

\* Interactions experienced as helpful mitigated upset/gave fewer reasons to feel revictimized:

- Relative synchronization of support in families
- Ongoing, sensitive support from extended family/friends
- Supportive encounters in self-help/victims' groups
- Supportive encounters with medical professionals
- Minimal/no involvement with the CJS

**(ii) Information that Survivors Encountered re: Coping:**

\* Some interactions provided awareness/information on how to cope:

- Observations of others' successful strategies
- Helpful suggestions from others made aware of choices
- Together, such respondents less "hemmed in" with a perception of "more room to maneuver"

\* Other respondents left on own. Major choices: focusing on restrictions or finding strategies themselves:

- Some felt hemmed in
- Others innovated (e.g. "trial balloons")

\* Ideological element (self-help and medical professionals):

- Group information on “disorders,” “stages” of grief, and others’ experiences may result in “passive” reconstitution of self
- Medical professionals with “individualistic” orientation discouraged active coping/self-fulfilling prophecies
- Countervailing elements: active ideology suggesting opportunities to learn coping strategies, share skills, information and resources
- Doctors/psychiatrists with active coping emphasis/making aware of options

### **(iii) Coping Strategies that Emerged by Gender:**

\* Strategies were *chosen, learned, or innovated*

\* Some varied by gender, rooted in unquestioned acceptance of traditional roles (e.g. repression vs. expressiveness). Added to tension.

\* Other, more balanced approaches crossed gender lines:

- Balancing time for activity/ grieving
- Balancing time for others/ self
- Integrating grief work into daily routine
- Flexibly learning to deal with grief in manageable chunks

\* Choice (e.g. avoiding upsetting encounters/ seeking out supportive others)

\* Innovation (e.g. hedging; trial balloons; political strategizing)

\* Learning (e.g. that group no longer healthy outlet it once was, so leaving).

### **(6) Discussion:**

\* Survivors were very clear that coping is *not* recovering completely, but an ability to live their lives "around" the tragedy and *function despite* it. This required a lot of effort - suggesting an element of *choice*, indeed *agency*.

\* Some survivors almost automatically chose to follow pre-established patterns, *assuming* that their social environments left them with no choices. Others *chose, learned or innovated* strategies to cope.

\* Various social contexts permeate these matters. Thus, it was found useful to view the social construction of survivors' agency in terms of a *corridor* with many doors. Each represents a different type of encounter. Individuals could choose to "knock" at a particular door, where, depending on the encounter, they could enter or move on.

\* Each encounter offers survivors several elements impacting on agency:

- *Various reasons to be more or less upset.*
- *Information providing awareness on how to deal with their experiences.*
- *An ideological element.*
- *Actual strategies chosen, learned or innovated.*

\* The variety of coping strategies observed confirm that the relevant question is not *whether* active coping takes place, but rather, what are the *social conditions most conducive to it.*

\* A great irony emerges: to some extent the *degree* and *form* of agency that employed *was itself partly a product of social interaction.* This constituted the *framework* in which survivors coping choices were made.

\* The relative *extent* of one's *agency* appears to be a combination of the *self* one brings to interaction, the *contents* of various interactions, and how active individuals *synthesize* these into either *innovative* or *pre-patterned* responses.

\* Neither radical free will approach nor social determinism work: interpretation is key;

\* Some will draw more heavily on past, socialized patterns; others will synthesize new responses out of encounters;

\* Agency is socially constructed.

\* Related to respondent's approach to the victim role/ self-presentation:

- Some refused to call self victims (via past inclination/ subsequent encounters);
- Some used victim role as a shield (deflect criticism/justify inability);
- Some used victim role as a sword (fighting for change);
- Many alternated between these as the situation demanded (volitional gerrymandering)

### (7) Conclusion:

This study illustrates:

\* That the important question is not so much *if* active coping occurs, but rather *under which social conditions agency is likely to be most evident.*

\* That agency is far more widespread than previously thought. Indeed, it showed that survivors *learned, chose and innovated* a variety of ways to deal with their victimization in a variety of contexts.

\* These findings stand in stark contrast to the characterization of "victims" advocated by medical and psychological professionals, which *implicitly limits the agency* of individuals in coping. *Uncritical acceptance* of such professional orientations sometimes run the risk of turning into self-fulfilling prophecies. Instead, victims should be encouraged to *see the wide variety of choices available to them.*

\* All of this is firmly in line with the critical literature.

\* Evidence of agency under such extreme conditions suggests a widening conceptualization of the role of agency in victimization. *Agency itself is a social construct*, and the *forms* that it takes emerge in the accumulative interaction between past socialization, ongoing social interactions, and reflexive, self-aware individuals capable not only of choices, but of innovation as well.



