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Social Constructions of Criminal Victimisation and Traumatic Stress Responses in Relation to Male Victims and Gender

Ntokozo Gqweta

A dissertation submitted to the Faculty of Arts, University of the Witwatersrand, Johannesburg, in partial fulfilment of the requirements for the degree of Master of Arts (Clinical Psychology).

DECLARATION

I, Ntokozo Gqweta, hereby declare that this dissertation is my original research work and wherever contributions of others are involved every effort is made to indicate this clearly. All sources have been quoted and acknowledged by means of complete references. This Dissertation is being submitted for the degree of Master of Arts (Clinical Psychology) at the University of the Witwatersrand, Johannesburg. It has not been submitted for any degree or examination at any other university.

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(Signature of candidate)

_____Day of_____20_____in_____

ABSTRACT

Literature findings suggest that there are differences in male and female trauma exposure patterns (Norris & Slone, 2013). With this background in mind the aim of the study was to analyse the kinds of discursive patterns and themes that are prominent in conversing about male and female victims of crime related trauma and about their responses to being traumatised in this way. This aim was achieved through exploring the contributions of gender related attributions to constructions of victims of crime by university students in response to scenarios presented to them. The element of particular interest in this study was the gendering of victimisation and trauma related responses, focusing especially on male victims. The participants were first year psychology students and data was collected using focus groups in which participants were asked to comment on a vignette describing a fellow student's victimisation by mugging and their subsequent trauma related responses. Four focus groups were conducted in two of which the victim was portrayed as female and in two of which as male. The discussions from the four groups were transcribed and subject to a thematic analysis and discursive reading of the material focussing particularly on gender related material.

Seven core themes emerged which were referred to as: 1) Victim blame, 2) Legitimacy of trauma reactions; 3) Desensitisation, minimising of the nature of the event and related assessment of the responses 4) Victimisation as an identity position, 5) Evaluation of the role of social support and help-seeking, 6) Gender related constructions of victimisation and traumatisation, and 7) Evidence for contestation of gender stereotypes. The participants tended to construct both the male and female victim's traumatic experience as resulting from irresponsibility, naivety and ignorance. Furthermore, the victim's traumatic reactions were typed as either normal or abnormal, with intense and more enduring traumatic reactions being considered abnormal and dispositional. The perception of violence and crime as ubiquitous and uncontrollable within the South African context contributed to an underplaying of the significance of the victim's experiences. There was some indication that perceptions of the victim's identification with the victim role contributed to an emphasis on the need for self-reliance, control and circumscribed help-seeking in relation to peers. Although there was a degree of difference in response to the gender of the hypothetical victim these differences were less marked than might have been anticipated. While rather critical evaluations of trauma responses were made in respect of both male and female victims, male victims received more censorial responses in general. It was evident that male victims of crime were viewed and constructed somewhat differently from their female counterparts and that reference to patriarchy, gender socialisation, and stereotypic masculinity appeared to play a critical role in the construction of male victims. These findings have implications for the provision of support, care, sympathy and understanding of crime and violence victims generally, and male victims in particular. .

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CHAPTER 1.0 INTRODUCTION AND MOTIVATION FOR THE STUDY

1.1 Locating the research study

Research findings demonstrate that there are differences in male and female trauma exposure patterns (Norris & Slone, 2013), with males being more likely to be exposed to specific kinds of traumatic events, such as crime, and combat trauma (Kessler et al cited in Norris and Slone, 2013) and women being more likely to be exposed to violent traumatic events in domestic contexts (Kaminer & Eagle, 2010). Despite the findings that men in general may experience exposure to traumatic events more commonly than women, there is evidence to suggest that men are less likely to seek help for their problems than women (Vaswani, 2011). There is strong research evidence suggesting that poor social support in the aftermath of a traumatic event is a risk factor for post-traumatic stress disorder (PTSD) among adult trauma survivors (Robinaugh et al, 2011). It is likely that social expectations of individuals of the male gender to be strong, stoic, self-sufficient figures are contributing factors to non-help seeking behaviour (Lehdonvirta, Nagashima, Lehdonvirta & Baba, 2012), despite the fact that such behaviours have been shown to be unhelpful and maladaptive in many contexts and especially in dealing with trauma symptomatology (Vaswani, 2011).

With this background in mind it is important to explore the contributions of gender related attributions in social constructions of victims of crime. This is especially important in a country like South Africa where crime statistics, especially related to violent crimes like murder, attempted murder and aggravated assault, indicate very high levels of victimisation (AfricaCheck, 2014; ISS Crime Hub, 2014; South African Police Services (SAPS), 2014). Research evidence supports the notion that in the fast-changing context of post-apartheid South Africa, rates of violent crime are among the highest in the world (Seedat, Van Niekerk, Suffla & Ratele, 2014). Public concern and academic interest has led to an increase in research being conducted on the prevalence of crime, the impact of trauma, trauma symptomatology and factors that appear to promote or impede trauma recovery (Daniel, 2008; Hinton & Kirmayer, 2013; Kirby, Shakespear-Finch & Palk, 2011). However, within the general trauma literature and in South Africa specifically there seems to be a dearth of research studies that are aimed at exploring social and discursive constructions of victimisation within society and the role these constructions may play in potentially encouraging or discouraging certain behaviours on the part of victims, which may in turn have implications for the recovery process. The discursive element of particular interest in this study is the gendering of victimisation and trauma related responses.

There is a large body of research indicating that exposure to trauma, such as exposure to a criminal attack, has a causal relationship with the development of post-traumatic stress related symptomatology (Rosenthal, Wilson & Futch, 2009; Vrana & Lauterbach, 1994).

There is also evidence to support the observation that without a supportive social group to engage with an individual after a traumatic situation the anxiety associated with the trauma can become uncontained and unmanageable (Young, Koortzen & Oostehuizen, 2012). Conversely, higher perceived social support, which is operationalised as an individual's perception or experience of helpful social interactions, is negatively associated with PTSD and depression (Pietzark, Johnson & Goldstein, 2009). It, thus, seems that the recognition and acknowledgement of one's distress as legitimate by others may contribute to subjective experiences of less symptoms or distress stemming from a traumatic event. However, societal norms and standards tend to dictate how individuals 'should' behave in different situations (Lehdonvirta et al, 2012), including how differently gendered individuals should react. These expectations may undermine the necessary support required following an exposure to a traumatic event. Therefore, the current research study is designed to focus on discursive constructions of victimisation, traumatisation and help seeking based on the gender of the victim, since gender is often constructed by society in such a way as to either inhibit or sanction particular forms of behaviours (Snyder & Klein, 2004), which may include responses to victimisation and traumatising situations.

Within gendered societal norms, men in general are expected to be strong and independent; ways of being that are inconsistent with a victimised identity (Eagle, 2006). Furthermore, males are expected to have better problem-solving abilities than females and are consequently more likely to be held responsible for failing to solve their problems (Lehdonvirta et al*,* 2012), even in situations of extreme stress. Such societal views of men and manhood, may hinder the male individual from acknowledging distress and/or seeking support following trauma exposure even though, as indicated earlier, appropriate help-seeking behaviour has been shown to be adaptive (Vaswani, 2011). While the focus of this research is primarily on how male victims of trauma may be constructed it is important to recognize that social constructions of femaleness and femininity will also play a part in how such victims respond and the kinds of support they are likely to receive. The role of societal discourse is pertinent in understanding the behaviour of victims of crime in response to their awareness of social expectations and anticipated social responses. This, by extension, has probable implications for the recovery process. For example, Snyder and Klein (2004) suggest that when individuals (as perceivers) hold expectations about other people (as targets), they can elicit from these targets behaviours that are consistent with their expectations, even if these expectations are independent of the target's real characteristics. This may be true of observers (perceivers) to the victimisation of acquaintances or peers (targets).

With the above in mind, it is evident that major discourses within societies may dictate how members behave in specific situations. It is these types of discursive constructions of

particular identity positions and related behaviours that the current study is aimed at eliciting and understanding, especially when it comes to the languaging and social creation of victims of crime. Previous research studies in related areas have focused on indices of social support that may mediate the relationship between traumatic experiences and psychological outcomes (Jodern, Motheson & Anisman, 2009), as well as on exploring direct victims' post traumatic responses (Khawaja, White, Schweitzer & Greenslade, 2008). The current study departs from this tradition and is focused on exploring social or collective constructions of victims of crime and their responses, especially those of male victims, and how these constructions may have implications for the way victims are perceived and responded to by others. Hence, the aim of the study is to establish discursive patterns that are prominent when conversing about male victims of crime in contrast to female victims. The research topic is designed to contribute to the traumatic stress literature through establishing the nature of constructions of gender in relation to victimisation and traumatisation from the position of observer. The research aim was realised through the utilisation of a qualitative research approach using focus groups as a data collection technique. Thematic analysis and discursive reading of the material were used in order to provide a rich analysis of the participants' accounts, views, experiences and opinions on the topic researched.

1.2 Aim of the study

The aim of the study was to analyse the kinds of narrative and discursive patterns that are prominent in peer conversations about male (and female) victims of crime related trauma and about their responses to being traumatised in this way.

1.3 Research question(s)

What kinds of narrative and discursive patterns are evident in constructions of **criminal victimisation** related to the gender of the hypothetical victim?
What kinds of narrative and discursive patterns are evident in constructions of **traumatic stress responses** related to the gender of the hypothetical victim?
What kinds of narrative and discursive patterns are evident in constructions of **help seeking behaviour** related to the gender of the hypothetical victim?
What do these emergent constructions appear to communicate about becoming a victim of crime in South Africa?
What might these emergent constructions appear to communicate to male victims of trauma in particular?

1.4 Structure of research report

This chapter presents the introduction to the study, the aims of the study and the research questions. Chapter 2 reviews literature from national and international research on violent crime, trauma impact, traumatic stress symptomatology, and help seeking and support, with

specific reference to gender, masculinity and femininity where relevant. In Chapter 3, the method of study is outlined, including the form of data collection and analyses. The findings of the present study are reported and discussed, including with reference to literature from previous studies, in Chapter 4. Finally, Chapter 5 draws conclusions from the findings, highlighting limitations of the present study, and providing recommendations for future research.

CHAPTER 2.0 LITERATURE REVIEW

This section discusses current literature on the subject of crime, traumatic stress, social support and help seeking behaviour of victims of crime, as well as gender patterns in relation to these aspects of traumatisation. In addition, some discussion of social constructionist and discursive understandings of the deployment of gender and gender stereotypes will be introduced. The chapter begins with a discussion on violence and crime in terms of international and national exposure patterns particularly focussing on gender. Then the discussion moves on to a section on trauma exposure, its impact, and different manifestations between males and females. Discursive and social constructionist writing on gender and aspects of traumatisation as well as social support and help-seeking are subsequently discussed.

2.1 Violence and crime

According to the World Health Organisation (2002) violence is among the leading causes of death for people aged 15–44 years worldwide, accounting for about 14% of deaths among males and 7% of deaths among females. Violence is defined as the "intentional use of physical force or power, threatened or actual, against oneself, another person, a group or a community, that either results in or has a high likelihood of resulting in injury, death, psychological harm and mal-development or deprivation" (World Health Organisation (WHO) 2002, p. 4). The WHO definition encapsulates a myriad of different circumstances that may fall under the umbrella definition of violence. In an effort to further understand violence and better respond to it the WHO employs a typological system which divides violence into three broad categories: self-directed, interpersonal and collective violence (WHO, 2002). In this study the main focus will be on victims of interpersonal violence of a criminal nature. This is relevant considering that each year more than 1.6 million people worldwide lose their lives to violence (WHO, 2002). Violence affects South Africans in a number of different ways including financial, political and emotional, which cuts across all levels of the ecological system (Kramer & Ratele, 2012). One of the common psychological effects of exposure to violence is traumatic stress and it is this dimension of impact that is focused on in the current study. Young et al (2012) suggested that both systemic and more individual aspects of living become highly anxiety charged as a result of exposure to trauma. These authors suggested that without a supportive social group post-trauma anxiety becomes uncontained and unmanageable, indicating that social recognition of trauma impact may be important in recovering from the impact of violent events. Hence, the current study aims at exploring discursive patterns amongst university youth that may or may not appear to provide a potentially supportive environment for victims of crime.

The elevated prevalence rates and increase in violent crimes from the year 2013 to 2014, as reported in the SAPS crime statistics provide an indication of the level of violence that ordinary South Africans are exposed to each year (SAPS, 2014). According to the SAPS crime statistics in the year 2012/13, crime-related events increased in South Africa, with murders and aggravated robberies increasing 4.2% and 3.2 % respectively. Robberies pose a particular concern as they occur when armed perpetrators directly threaten or use violence against their victims in order to steal their belongings. This can result in severe trauma, injury or sometimes death to the victim (AfricaCheck, 2013).

It appears that students are not exempt from the kinds of harms evident in these statistics as they seem to be exposed to the same levels of crime that face the general South African population. A study by Scott (2012) on a Johannesburg based, university student population exploring exposure to crime and coping strategies revealed that at least 74,8% of participants (*n* = 92) indicated lifetime exposure to some form of crime. Furthermore, the study indicated that, in order of frequency, muggings, theft, burglary, attempted theft/robbery, physical assault, armed robbery, and attempted hijacking, were the most commonly reported types of crimes experienced. The least frequent were vehicle theft or "other" (which included one incident of hijacking, one incident of murder and one incident of domestic violence). When compared to other developed countries, like Australia (13. 6%) and England (16. 7%), students in South African universities are exposed to higher levels of crime and violence (24%) (Lucas, Damianova, Burney and Ponto, 2007). These findings provide evidence to the reality, level and range of criminal activity that ordinary South Africans including students are exposed to (Scott, 2012). This also suggests that in terms of social support, peer response to victimisation and traumatisation is likely to be important amongst students.

2.1.1 Historical context of violence in South Africa

Violence in South Africa is complex as the causes are embedded in its specific socioeconomic and historical context (Ncube, 2014). South African history is characterised by institutionalised violence (Kramer & Ratele, 2012). The pre 1994 government's way of enforcing and maintaining segregation was in part through the deployment of the South African Police Force to act in the interests of state repression (Ncube, 2014). The apartheid system utilised governmental entities under its control in order to further its interest of engendering and maintaining the dominance of a white minority over a black majority (Duncan, 2000; Steyn, 2006). After apartheid, high levels of criminal interpersonal violence continued, fuelled by rapid urbanisation and ongoing socioeconomic disparities that resulted in a high level of trauma exposure (Atwoli et al, 2013). The late Nelson Mandela in a foreword to the WHO (2002) report on violence described how the employment of

institutionalised violence perpetuates a culture of violence amongst the majority of the people. Mandela asserted that “patterns of violence are more pervasive and widespread in societies where the authorities endorse the use of violence through their actions” (2002, p. v).

In an effort to create peaceful societies through an active intervention to encourage healing and reparation the new government in South Africa introduced a Truth and Reconciliation Commission aimed to provide a platform for offenders to disclose and seek forgiveness from victims amongst other aims (Shabangu, 2011). However, it has been argued that the government specifically and South African society more generally did not put in place adequate public programs to assist South Africans exposed to state violence and to educate them about alternative dispute resolution mechanisms. As a result, there is a postulation that apartheid created an environment wherein the lines between political violence and criminal violence were blurred (Shabangu, 2011). In his inauguration speech of 1994 as the first democratically elected president of South Africa Mr Mandela succinctly stated “never again shall it be that this beautiful land will again experience the oppression of one by another” (Milestone Documents, n.d). It is against this background that post-apartheid South Africa developed the most progressive Constitution and strong laws against different types of violence, including gender violence (Vetten, 2005). However, even though the constitution was instituted in order to forge a democratic and equality conscious country, the disparities in levels of income and access to resources remain very high. Some studies suggest that the high levels of inequality in South Africa may be the main driving force behind the high levels of violence and crime, rather than poverty per se (Shabangu, 2011). The linkage between inequality and violence is deeply rooted in concepts such as those of personal identity and self-esteem and how these are determined relative to and in comparison with others living in the same society. Those who feel marginalised and alienated by society may seek alternative methods of recreating over-stylised conceptions of dominance and status (Leoschut and Bonora, 2007), such as engaging in criminal acts in which they are able to exercise direct power over victims.

Because violence is so pervasive, it is often seen as an inevitable part of the human condition – a fact of life to respond to, rather than to attempt to prevent (WHO, 2002). While South Africans report the threat of violent crime as a major cause of anxiety and a major obstacle to their quality of life, they are remarkably enthusiastic about many other forms of violence as demonstrated through the consumption of violent entertainment genres within the media, as well as support for violence as envisaged to enforce the law, for example, evidenced in the enthusiastic support of the death penalty (Collins, 2013). Given the pervasiveness of violent crimes it is sometimes argued that South Africans are somewhat

inured to or insensitive to the impact of crime although there is considerable preoccupation with personal safety and with attempting to understand the causes of crime in South Africa.

Research findings suggest that there is no single factor that can explain why one person and not another behaves in a violent manner, nor why one community will be torn apart by violence while a neighbouring community lives in peace. Violence is an extremely complex phenomenon that has its roots in the interaction of many factors – biological, social, cultural, economic and political (WHO, 2002). Various studies and theories try to understand violence differently, for example, one view is that there are no violent individuals, but violent situations — this is what a micro-sociological theory postulates is the genesis of violence; causes are seen as contextual rather than dispositional (Collins, 2008). These observations demonstrate how difficult it is to pinpoint violence to a particular cause or aspect. Among those factors that combine to create violence and crime, there are dysfunctional families, neglected children, normalisation of violence, lack of supervision, truancy, street/homeless children, and non-satisfaction of children's basic needs.

All of this is complicated by the complex relationship between the use of drugs and the commission of violent crimes. 'Although it does not simply mean that drug users will ordinarily be violent, there is a perception that perpetrators under the influence of drugs are likely to be less inhibited, more aggressive and out of control' (Holtmann, 2008, p. 14). In instances where acts of violence are committed with the use of, and require access to weapons, such as firearms and knives, levels of violence are likely to be very high and risk of fatal injury increases. In this regard the availability of firearms in South Africa is of particular concern as it increases the risk of weapons being used to commit crime (Shabangu, 2011). Irrespective of specific causality, it is evident that rates of violent crime are extremely high within the South African context and it is likely that many individuals will have had an experience of either indirect or direct exposure to violent crime, which may in turn cause traumatic reactions.

2.2 Trauma exposure

Most South Africans experience at least one violence-related traumatic event over the course of their lifetime (Matzopoulos et al, 2006 as cited in Seedat et al, 2014).. Such exposure renders individuals susceptible to trauma-related mental health difficulties such as post-traumatic stress disorder (PTSD), depression, and generalized anxiety disorder, yet despite this, community members from such settings are generally unlikely to seek mental health services (Ghafoori et al, 2014; Seedat et al, 2004). This means that social and peer support may become particularly important in the absence of accessing professional support.In South Africa violent crimes are an everyday occurrence that affects the majority of the population directly and/or indirectly (Macritchie, 2006). Kaminer and Eagle (2010) also

cite research indicating that many South Africans have experienced trauma, including exposure to high rates of criminal violence. This provides evidence for the significance of understanding the impact of trauma and trauma reactions that individuals who are exposed to criminal violence may experience and exhibit. It is, thus, important to appreciate the impact of the high levels of violence that many South Africans are exposed to as well as the manner in which such victims are viewed and responded to by others.

2.3 Trauma impact and reactions

A significant body of South African research is built around studying the prevalence of PTSD symptoms and strongly suggests that trauma related conditions constitute a significant public health concern (Edwards, 2005). Hence, it is important to provide a brief overview of the impact of traumatisation on the individual's personal, social, educational and occupational life. The emotional and behavioural problems associated with PTSD can have serious consequences for work and relationships. In severe cases, individuals may not be able to maintain their occupations and, if in formal employment, may have to be medically boarded (Edwards, 2005). Some functional impairment in occupational, social, and family life is common amongst individuals with traumatic stress exposure (Ghafoori et al, 2014). At a psychological level exposure to trauma may lead to a general hyper-reactivity to stressors and to distressful emotional states; for example, a slight upset, worry, anger, or fright may come to induce intense arousal with multiple somatic symptoms (Hinton & Kirmayer, 2013). The victim may come to feel intensely persecuted, and may link this with deep suspicions harboured (sometimes unknowingly) about the unreliable nature of those who are usually trusted (Curnow, 2007). Furthermore, exposure to crime may lead to behavioural inhibition with regard to freedom of movement in one's environment and also to increased anxiety about future attacks (Scott, 2012). Research evidence suggests that the impact of trauma can be disabling to individual victims, restricting their freedom and impairing their functioning.

According to Curnow (2007) trauma is experienced when there is a disruption of a protective barrier in our mind, which guards us from harmful and painful excessive stimulation. The Diagnostic and Statistical Manual of Mental Disorders (5th ed) (DSM-V) defines the post-trauma experience as resulting from a traumatic event where one either experienced, witnessed, or learned that the traumatic event(s) occurred to a close family member or close friend including repeated or extreme exposure to aversive details of the traumatic event(s) and it involves (a) actual or threatened death, (b) serious injury, or (c) a threat to the physical integrity of the self or others" (APA, 2013, p. 271). "The directly experienced traumatic events in Criterion A include, but are not limited to, exposure to war as a combatant or civilian, threatened or actual physical assault (e.g., physical attack, robbery, mugging, childhood physical abuse), threatened or actual sexual violence (e.g., forced sexual

penetration, alcohol/drug-facilitated sexual penetration, abusive sexual contact, noncontact sexual abuse, sexual trafficking), being kidnapped, being taken hostage, terrorist attack, torture, incarceration as a prisoner of war, natural or human-made disasters, and severe motor vehicle accidents" (APA, 2013, p. 274). Thus, it is apparent that a fairly wide range of frightening events of both human and non-human origin may constitute a traumatic stressor, including exposure to criminal violence, such as mugging, which forms the focus of this particular study.

Individuals who have been exposed to or witnessed a traumatic event or situation may experience aspects of four clusters of symptoms, also known as traumatic reactions, as stated in the new revised version of the DSM, the Diagnostic and Statistical Manual of Mental Disorders (5th ed) (DSM-V), these being: (a) intrusions; (b) persistent avoidance of stimuli associated with the trauma; (c) negative alterations in cognitions and mood associated with the traumatic event(s)' and (d) marked alterations in arousal and reactivity (APA, 2013). "Re-experiencing symptoms include recurrent recollections or dreams of the traumatic event, acting or feeling as if the event was recurring, and intense distress or physiological reactivity in response to cues related to the event" (APA, 2013, p. 271). Avoidant symptoms include efforts to avoid thoughts, feelings, activities, places or people associated with the traumatic event, an inability to recall an important aspect of the trauma, feelings of detachment or estrangement from others (Jones & Kagee 2005).

"Negative alterations in cognitions and mood may include; the inability to remember an important aspect of the traumatic event(s), persistent and exaggerated negative beliefs or expectations about oneself, others, or the world, persistent distorted cognitions about the trauma that lead to self-blame, including persistent negative emotional states amongst others" (APA, 2013, p. 274). Symptoms of arousal include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper-vigilance and exaggerated startle response (Jones & Kagee, 2005). In addition to evidencing a certain number of symptoms in each of these categories a diagnosis of PTSD is also dependent on evidence of debilitation to the extent that general functioning is compromised. While only a minority of trauma victims develop the full blown disorder of PTSD, most victims will demonstrate traumatic stress responses that tend to include some of these DSM identified symptoms. For example, many trauma survivors become hyper-vigilant and experience sleeping difficulties for a period following the event (APA, 2013). Thus, it is expected that most people exposed to a traumatic event will exhibit some of these kinds of symptomatic responses even if these reactions do not necessarily develop into full-blown PTSD. One area that has attracted research interest in the traumatic stress field is that of gender differences both with respect to exposure and with respect to traumatisation and the likely effect of trauma exposure.

2.4 Gender and trauma

Differences in patterns of trauma exposure between males and females are evidenced in research (Norris & Slone 2013). These differences are significantly biased towards males being more likely to be exposed to certain kinds of traumatic events, like crime and homicide, and women being more likely to be exposed to other kinds of traumatic events, such as domestic and sexual violence (Kaminer & Eagle, 2010). These differences are also evident in the overall exposure patterns to traumatic events. Evidence shows that about 61% of men and 50% of women will experience at least one traumatic event during their lifetime (Kessler et al, 1995 as cited in Norris and Slone, 2013). Perhaps, more alarming is the presence of trends with regard to trauma exposures experienced by adolescents. For example, research findings from South Africa indicate that boys have a higher mean number of trauma exposures and higher rates of exposure to certain types of assaultive violence (e.g. robbing or mugging, beating by a person other than a family member, sexual assault) compared with girls (Seedat et al, 2004). Despite the fact that young men are at high risk of criminal violence, it is often the case that women are seen as more likely to be victimised and as more in need of protection.

2.4.1 Gendered patterns of victimisation

Victimisation is defined as an event where persons, communities and institutions are damaged or injured in a significant way (Dussich, 2006). There is a distinct difference in the rates and the types of traumatic events that females and males are more likely to be exposed to. As suggested previously, research studies on patterns of crime exposure according to gender indicate that women are more likely to be exposed to forms of trauma that include domestic violence and sexual abuse (Kaminer & Eagle, 2010). These forms of traumatic events, especially sexual abuse, are highly correlated with the development of PTSD (Tolin & Breslau, 2007) and depression in women, but in contrast are more strongly associated with anger in men (Delrey, 2011). Males account for three-quarters of all victims of homicide, and homicide rates are more than three times higher amongst men than women. The highest homicide rates in the world – at 19.4 per 100 000 – were found among males aged 15–29 years. Rates for suicide, in contrast, tend to increase with age for both sexes. The highest rates of suicide at 44.9 per 100 000 were found among men aged 60 years and older, more than double the rates among women of the same age (22.1 per 100 000). In contrast, in the 15 to 29-year-old age group, the rate was 15.6 per 100 000 among males and 12.2 per 100 000 among females (WHO, 2002). Postulating the probable reasons for the above and other findings where there is an indication that men are more likely to be victims of violence, Ratele (2010) asserts that masculine domination is a crucial factor in black male homicide in South Africa, but also suggests that this assertion is not always

readily accepted and appreciated, in part, because it has negative political connotations in relation to the construction of young black masculinity.

These findings regarding differences in rates and types of victimisation and risk amongst men and women provide us with a glimpse of some of the complexities of these differences which are, in part, embedded within the social constructions of each gender. For example, research shows that a traumatic reaction will arise within an individual when the power of the traumatic event exceeds the individual's available perceived resources to deal with it, causing deterioration in functioning and well-being (Delrey, 2011). It is possible that one of the factors that may contribute to this sense of being overwhelmed is the challenging of core aspects of gendered identity. The intersection of trauma exposure, reaction and social constructions of these may provide a basis for understanding observed gender differences in self-appraisal, help seeking behaviours and accessing of social support.

2.4.2 Masculinity and victimisation

The crime exposure patterns discussed above are a cause for concern, especially considering that male gender discourses dictate different ways of being for men that are generally mis-aligned with victimisation. For example, Eagle (2006) noted that a victim identity and a masculine identity are self-evidently incompatible, making it difficult for men (or masculine identified individuals) to adjust to victimisation or to represent these experiences to others. Males are socialised to be strong, stoic and independent, and are consequently seen as able to have higher abilities to solve and be in control of their own problems (Vaswani, 2011). They are also expected to be less emotional or flustered in situations of high stress (Eagle, 2006). In a study of masculinity and victimisation it was evident that even though "in the aftermath of their victimisation many men felt fearful, insecure and vulnerable they experienced the involuntary expression of emotions associated with these feelings as embarrassing, distressing and shameful" (Eagle, 2006, p.71). These emotions were in contrast to social constructions of masculinity and what a male individual should or should not do or be. Congruent with social expectations Kimmel (1994) suggests that men are ashamed to be afraid. They fear being seen as 'sissies' and hence have an inability to identify with the victim role. However, research findings concerning risk and homicide tend to challenge these socially constructed ideologies of what it is to be a man, suggesting that men may indeed often be in positions of victimisation and of serious victimisation.

For the purpose of this discussion it is important to acknowledge that there are a numerous expressions of or kinds of masculinities and it is important to indicate that while the discussion that follows will seek to encapsulate the overarching descriptions of what masculinity represents, this is a limited portrayal. Due to current forms of beliefs and understandings which emphasise that manhood is generally equated with power-over

women and hegemonic masculinity with power over other men (in addition to women), as well as the fact that dominant forms of masculinity tend to be associated with exercising power rather than being rendered powerless, male victims tend to be seen as illegitimate and rendered somewhat invisible. In part because of this lack of social recognition of male victims, men are historically less likely to seek help than women, a finding that has serious implications for their physical and mental health (Gorky, 2010).

2.5 Different expectations for different genders

As has already been addressed, a number of previous research studies have demonstrated that society has different expectations of male and female individuals. These expectations are made tangible through discourses which give rise to meaning and lived experience. Gender categories are defined in terms of how one is socially positioned and play a function in how one is viewed and treated. Additionally, one's life is structured in terms of socially, politically and economically defined structures and sets of relationships, including gendered relationships. For example, males may be considered to have higher problem-solving abilities than females and are consequently more likely to be held responsible for failing to solve their problems (Lehdonvirta et al*,* 2012). In contrast, females are viewed as less able to solve their problems and their problems may be more often considered to be circumstantial and beyond their control. Help is given more readily when the helper perceives that the help seeker is not responsible for causing the problem. The discourse here is clear, men in general are expected to be more capable than women, and as a result, females enjoy a greater chance of being successful when they seek help (Lehdonvirta et al*,* 2012). Additionally, when the help seeker is female, there is a higher probability that the helper will choose to provide help in order to avoid social sanction.

Takagi (as cited in Lehdonvirta et al, 2012) proposes a physiological basis for differences in responsiveness to women as opposed to men who have been victimised and are in need of assistance, arguing that the physical risk of helping females is smaller than that of helping males as it is less likely that a physically smaller female helpee would suddenly harm the helper. In summary, males are less likely to solicit help than females and, when help is sought, females are more likely to be helped than males for a variety of reasons including fear of personal victimisation on the part of the helper (Lehdonvirta et al*,* 2012). It is of interest to understand discursive constructions around female and male victims of crime given the differences in societal views regarding who may and who may not be readily helped as well as considerations of patterns of exposure and response. The current research envisages establishing what these patterns of discourse suggest about how differently gendered victims may be perceived and responded to, especially regarding victim behaviour post trauma exposure, such as increased dependency and help-seeking.

2.6 Discourse and social constructions of gender and aspects of traumatisation as a theoretical framework

It is recognised that writing on discourse is extensive and complex. This brief discussion attempts to locate the study within a theoretical framework that embraces a particular understanding of language and discourse as outlined in this short sub-section, recognising that the discussion in no way does justice to the vast literature on social constructionism and discourse. The research is located within a social constructionist epistemology where language is seen as much more than a mere mirror of the world and way of symbolising phenomena 'out-there'. A social constructionist reading of language and conversation is related to the conviction that discourse is of central importance in constructing the ideas, social processes, and phenomena that make up our social world (Nikander, 2006). The above sentiments are well highlighted within the definition of the term 'discourse', which is defined by Cameron (2007) as any experience where individuals imbue reality with meaning. The appreciation of discourse as being an important social resource places society and those employing dominant discourses in a powerful and authoritative position that shapes sentiments on what is accepted and not accepted within a particular context.

Discursive constructions of certain experiences can have a bearing on how these experiences are interpreted and expressed. Thus, it is important to take cognisance of the influence of society and the impact of its discursive patterns on the behaviour of individuals who are aligned with the implicit rules and regulations imposed by socially accepted discursive constructions of phenomena. These implicit 'rules and regulations' are lived, spoken about and circulated in society and have a powerful influence on individuals, groups and social structures (Terre Blanche, Durrheim & Painter, 2006). An example of a phenomenon that is influenced by social constructions and discourses is that of victimisation. This research study aims at establishing and documenting patterns of discourse with reference to victims of crime and gendering, with a particular emphasis on appreciating how male victims and their responses are constructed.

2.7 Trauma exposure, social support and help-seeking

2.7.1 Receiving support from others.

Research findings indicate that positive social support of high quality can enhance resilience to stress, help protect against developing trauma-related psychopathology, decrease the functional consequences of trauma-induced disorders, such as post-traumatic stress disorder (PTSD), as well as reduce medical morbidity and mortality (Ozbay et al, 2007). Social support refers to the various types of support (i.e., assistance/help) that people receive from others and is generally classified into two (sometimes three) major categories: *emotional*, *instrumental*, and sometimes, *informational* support (Seeman, 2008). These types

of support can be used to bolster psychological health especially post exposure to a traumatic event (Robinaugh et al*,* 2011). Emotional support refers to the things that people do that make others feel loved and cared for, for example, that bolster a sense of self-worth. Such support frequently takes the form of non-tangible types of assistance. By contrast, instrumental support refers to the various types of tangible help that others may provide, such as making food or assisting with transport. Informational support represents a third type of social support (one that is sometimes included within the instrumental support category) and refers to the help that others may offer through the provision of information, such as psycho-education (Seeman, 2008).

Research studies have demonstrated that greater social integration during periods of high life stress may not only provide sustenance for the psychological well-being of an individual, but might also have a positive impact on a variety of discrete health outcomes (Knoll & Schwarzer, 2002). It has been argued that rich social networks may reduce the rate at which individuals engage in risky behaviours, prevent negative appraisals, and increase treatment adherence (Ozbay et al*,* 2007). Strong social support has been shown to be an important factor in decreasing functional impairment in patients with depression and in increasing the likelihood of recovery from depression (Ozbay et al, 2007). Conversely, it has also been demonstrated that a weak social network or poor social support in the aftermath of a traumatic event is a well-established risk factor for post-traumatic stress disorder (PTSD) among adult trauma survivors (Robinaugh et al*,* 2011; Klaric et al*,* 2008). Low social support has been associated with physiological and neuro-endocrine indices of heightened stress reactivity, including elevated heart rate, increased blood pressure, and exaggerated cardiovascular and neuro-endocrine responses to laboratory stressors (Ozbay et al*,* 2007). It is thus important to consider these benefits and hindrances to trauma recovery as suggesting that social constructions of victimisation and their implications for the likelihood of accessing support have very real and powerful consequences.

2.7.2 Male and female use of social support.

It has been noted that even within the framework of the understanding that social support plays a significant role in alleviating distress, social support is not always available, perhaps for certain groups of people (Knoll & Schwarzer, 2002). For example, the type, amount and intensity of help provided to males versus females, or adults versus young individuals, may be very different. Some research studies suggest that the optimal source of social support may depend on the developmental stage of the person who is receiving the support. For example, parental support seems to be more valuable in early adolescence than it is in late adolescence (Ozbay et al, 2007), implying that older young adults are expected to be and expect themselves to be more self-sufficient. Young women are more likely to solicit social support than older females (Knoll & Schwarzer, 2002). Optimal social support may be highly

dependent upon the social demographics of those giving or needing support and individuals may receive or not receive adequate social support depending on whether they are observed to be able or unable to deal with the situation for a variety of reasons.

It is also important to understand factors that affect one's perception of self-efficacy in dealing with certain experiences. One of the major factors to consider is stress. Stress affects individuals by diminishing their sense of personal control, whereas social support helps individuals cope with life crises by bolstering this important personal resource (Krause & Keith, 1989). A careful review of the literature suggests that while social support may generally tend to enhance feelings of personal control, women are more likely to utilize supportive networks than men (Krause & Keith, 1989). This difference is, in part, due to macro social experiences of the different sexes. Generally women are more likely to develop a greater number of close friends than men. Women also tend to provide more emotional support to both men and women and in turn get more help (Knoll & Schwarzer, 2002). Thus, these differences may have impact on how each gender experiences support, because they are aligned with socialisation patterns. Women appear to have larger social networks and receive more support than men across the life course (Krause & Keith, 1989). As has been argued these differences in men's/women's use of social support are due, in part, to differing socialisation patterns for men and women.

2.7.3 Male gender socialisation as a hindrance to help seeking.

While the impact of victimisation upon men has already been discussed, including feelings of shame around vulnerability and the expression of strong affect or symptomology, this sub-section explores help-seeking more specifically. Help seeking is defined as ''any communication about a problem or troublesome event which is directed toward obtaining support, advice, or assistance in times of distress,'' and ''includes both general discussions about problems and specific appeals for aid'' (Gourash, 1978, p. 414). Research in social psychology has shown that the ways in which people seek help for their problems follow certain socio-demographic patterns. Men in general are more reluctant to seek help for their problems than women (Vaswani, 2011). One explanation for these observations is found in social expectations relating to the male gender role: the myth of the male gender as a strong, stoic, self-sufficient figure (Lehdonvirta et al, 2012).

The impact of the social expectations on behaviour is readily observable when a person (male or female) acts in ways that are dissonant with their identity standard as a masculine male or feminine female and negative emotions may ensue following actions and appraisals of others in response to such dissonance (Carter, 2014). When this dissonance occurs, the actor will attempt to alter behaviour so as to gain appraisals from others that re-align with the identity standard (masculine male or feminine female) (Carter, 2014). In relation to

victimisation and traumatisation it may be particularly difficult to conform to masculine male expectations. Yet societal expectations may demand such adherence leading to an internal conflict between two polarised identities of victimhood and masculinity. Often the victim identity is denied with severe repercussions specifically for male victims. This includes difficulties in acknowledging neediness and related help seeking.

A second view is espoused within gender-role theory which is grounded in the supposition that individuals socially identified as either males or females tend to occupy different ascribed roles within social structures (Eagly, 1987). This theory is relevant in explaining the concept that gender-role conflict arises when characteristics of male gender socialisation (i.e. roles, norms and stereotypes) affect men's willingness and/or ability to seek help for problems (Vaswani, 2011). Vaswani (2011) identifies four areas where men can be conflicted regarding help seeking. These areas include an orientation towards success, power and competition; restrictive emotionality; restrictive affectionate behaviour between men, and conflicts between work and family responsibilities. This theory predicts that males and females will develop different skills and attitudes and they will behave differently with respect to issues of dependence and accessing support (Eagly, 1987). Consequently, the theory is fundamental for understanding the role of socialisation in help seeking behaviour. It also provides us with an idea of how social discourse can have major implications regarding whether an individual will seek help or not, with related consequences for their recovery process.

Thus, the literature highlights a range of issues that pertain to encouraging or limiting help-seeking behaviours. These factors are often complex and interlinked and may vary with the nature of the person or problem (Vaswani, 2011). For example, a study on the impact of social support on migrants demonstrated that regardless of age, men did not seem to be affected by the amount of social support they were granted, and they appeared to cope fairly well with the situation at hand (Knoll & Schwazer, 2002). This finding in some way supports the notion of men as being more independent and having good abilities to solve personal problems. Thus, under some conditions it appears that men manage reasonably well without accessing support of either an informal personal or more professional kind. However, in the main it seems valid to hypothesise that if social support helps to ameliorate trauma impact and masculine identified individuals are less easily able to access such support, this is likely to be detrimental to their well-being. Understanding how others perceive the legitimacy of help-seeking and dependent behaviour in male victims may assist in appreciating possible obstacles to such help-seeking in reality. Social constructions of help-seeking in differently gendered victims may have implications for the process of trauma recovery especially in a country where individuals are more likely to be exposed to a violent traumatic event than in many other places in the world (Seedat et al, 2014).

2.8 Conclusion and summary of the literature review

Literature search findings indicate that despite the availability of effective interventions for PTSD and related psychological symptoms relatively few victims of crime seek help from mental health professionals following a violent event (McCart et al*,* 2010). These low rates of mental health service utilisation are concerning given the relatively high rates of psychiatric disturbance that are commonly observed among adult victims of crime, and given the long-term functional impairment that often results from untreated psychiatric problems (McCart et al*,* 2010). The scourge of high crime rates in South Africa is one of the main current concerns of the country and the SAPS crime statistics provide an indication of the concerning levels of violence that ordinary South Africans are exposed to each year (SAPS, 2014). It is likely that with these high levels of crime in the country, especially of violent crime, many people will have been exposed to a violent event that may result in negative effects to their physical and psychological wellbeing. These debilitating negative effects have been demonstrated through research to be negatively correlated to a strong supportive environment (Knoll & Schwarzer, 2002). However, it has been noted that both the provision of, and access to, a strong supportive environment can be mediated by societal expectations, including expectations pertaining to gender dispositions and roles (Lehdonvirta et al, 2012). These expectations may influence the way individual victims of crime construct their own victimisation experiences and behave in response to this. Socially males are expected to have stronger problem-solving abilities than females (Lehdonvirta et al, 2012) and these kinds of expectations may contribute to the research trends that demonstrate that men in general are less likely to seek help than women, whereas women appear to have larger social networks and receive more support than men across the life course (Krause & Keith, 1989).

A substantial proportion of crime victims do not seek formal help, such as from law enforcement, mental health, and medical professionals, despite having problems that suggest that they could benefit from support (McCart et al*,* 2010). Two predisposing characteristics commonly associated with reporting a crime to law enforcement include victim gender and ethnicity. For example, studies suggest that female adults are more likely than male adults to report crimes to police (McCart et al, 2010). It is apparent that a range of social and cultural issues influence victims' likelihood of seeking mental health and other services. It is reasonable to assume that these trends in how victims present and engage with their own victimisation can be traced back to some extent to the dialogue that members of society engage in when conversing about victims of crime and the manner in which victims who are differently sexed and their responses to such victimisation are constructed. These patterns of conversations, which contribute to discursive constructions of gender and victimisation, traumatisation and help-seeking may have implications for some of the

behaviours and consequently outcomes for traumatised victims of crime and thus appear worthy of study in contemporary South African society. The following chapter describes the method used to investigate the research aims.

CHAPTER 3.0 METHODS

3.1 Design

This study was conducted following a qualitative approach involving collection of focus group discussion data that was then subject to thematic and discursive analysis. This particular design was chosen in an attempt to extrapolate from the participants' constructions of the subject matter and patterns of communication, ideas and meanings that appear to offer particular interpretations of behaviours and responses of hypothetical victims of crime linked to constructions of gender. The study was designed to observe how the gender of a hypothetical victim of crime appears to shape discursive constructions of their victimisation and traumatisation amongst their peers.

3.2 Population

The population from which participants were drawn for the purposes of the study was that of first year psychology students at the University of the Witwatersrand in Johannesburg.

3.3 Participants

Convenience sampling was utilised since the study had no strict criteria in respect of the nature of the participants who could supply useful information on the topic other than seeking for participation from willing student volunteers. Convenience sampling is a non-probability sampling method that seeks to choose individual sample members largely according to their availability (Terre Blanche et al*,* 2006). In this instance it was thought that it would be useful to gather information from a group who represented peers of the hypothetical victim who was portrayed as a fellow student (see below). A study by Scott (2012) indicated that a large portion (74.8%) of her sample of Wits university students (*n*=92) reported lifetime exposure to crime of some kind, indicating that members of the Wits student population should be able to identify with being in the position of victims of crime. Since this population was likely to be reasonably familiar with direct or vicarious experience of crime they were expected to be able to converse about the issue in an engaged manner.

3.3.1 Demographic profile of the participants

The mean age of the 11 participants was 18.9 years and the majority of the participants were females (n=10) with one male. Although it was hoped to recruit roughly equal numbers of male and female participants, the volunteers for the study were dominantly female and this was borne in mind in interpretation of the results. The majority of the participants were black (n=8), with three white participants. All the participants were first year psychology students. Participants mainly lived in residences, both within and outside the university campus, and a few lived at home off campus.

3.4 Procedure

Focus groups were used as the method of data collection. Terre Blanche et al, (2006) suggest that 'focus groups' is a general term that refers to a research interview conducted with a group. The use of focus groups in the current study was aimed at allowing for access into the inter-subjective experience of individual participants, in that focus groups encourage debate and exchange of ideas. The interaction within focus groups enabled participants to ask questions of each other, as well as to re-evaluate and reconsider their own understandings of their specific experiences, as is suggested to be one of the strengths of the method (Gibbs, 1997). Furthermore, employing a focus group design opened up access to understanding differences or similarities in framing and opinions within the groups (Terre Blanche et al, 2006). Focus group designs elicit a multiplicity of views and emotional responses within a group context and allow for the collection of a large body of data within a relatively short period of time. Focus groups were important in this research in particular because there was a need to elicit information about different gender constructions within the different groups as well as the manner in which languaging or discursive expression represented ways of constructing differently gendered victims of criminal violence (Gibbs, 1997).

3.4.1 Focus groups

Four sets of focus groups were convened in the following manner, two groups separately discussed the male victim scenario and the other two separately discussed the female victim scenario. Although it was initially intended that each group should consist of a minimum of four members, despite prior confirmation, in several instances students did not arrive at the allocated time and rather small groups (in two cases consisting of only two participants) were conducted as it was considered inappropriate to cancel for those who had dedicated time to participation. The small group sizes meant that reasonably intensive discussions took place in the groups.

The **Two Sets of Focus Groups** were arranged in the following manner;

MALE VICTIM SCENARIO

Group 1 (*two participants both black females***)**
Group 2 (*four participants all black females***)**

FEMALE VICTIM SCENARIO

Group 3 (*three participants, one white & one black female (s) and one black male***)**
Group 4 (*two participants both white females***)**

These groups were independent of one another, thus each group only discussed one case scenario. The use of two independent groups to discuss both the male and the female victim scenario was intended to prevent 'cuing' of individual participants about what the focus of interest of the study was by foregrounding gender as the most salient aspect of the case as would be the case if one group were to discuss differently gendered victims. Each group was allocated a time in which all prospective members had indicated that they would be free and available for at least sixty minutes. At the beginning of the group each participant was provided with the vignette (case) (Appendix E and below) to read on their own. Following this, the researcher read the case whilst the participants listened. After reading, the researcher posed a general question about the case in order to facilitate the beginning of the discussion. The opening question posed was 'what are your thoughts about this case?' The sessions were audio recorded for later transcription. Permission for recording was sought before the recording commenced. A series of further interview probes were used (see Appendix E) which were introduced into the groups depending upon the direction the discussions took and whether the research aims were being met through the discussion.

3.4.2 The vignette

Table: The vignette

A walk to University
Themba a 22 year old male psychology student lives in Braamfontein and walks to Wits every day. One early winter morning on his way to university Themba was approached by a guy who placed a knife at his throat and threatened to kill him demanding his backpack in which he had a laptop and some textbooks to be used that day. He was very scared and thought the guy would stab him in the neck. He gave up the bag and the guy took it and ran. Themba was so shaken that he could not speak, his mouth was dry and his heart was racing, and everything around him seemed unreal. A few days after the incident he started to have recurrent dreams and intrusive thoughts about the situation. He became easily startled and refused to walk alone anywhere. He now misses classes if his friends, who stay in the same complex as him, are not available to walk at the same time as him to university. He avoids walking on the street on which the incident happened to an extent that now he takes a different route that is much longer to get to university. As a result he is often late. He blames himself for the incident as with hindsight he thinks he should have fought the perpetrator. Maybe, just maybe he would have defeated him since the guy was not bigger than him. Themba is feeling so shaken up that he is not sure whether he is going a bit crazy. He wonders if he should perhaps go for some counselling even. (In the case of the female victim all details remained the same except that a female name was used and the victim was initially described as 'female'.)

The above vignette was used to stimulate discussions about constructions of female as opposed to male victims of crime related trauma and their response to this event. The initial

prompt to the discussion were utilised to enable the researcher to maintain a relatively high level of control over the conditions in which relevant discourse(s) emerged (Ruiz, 2009) and in this case the control was about centring discussions on the prescribed vignettes.

The vignette included information in the following areas relevant to the research study:

1. The nature of the traumatic event (violent crime) and victim's engagement at the time.
2. The trauma exposure related responses of the victim including trauma symptomatology.
3. The support and help-seeking responses of the victim.

3.4.2.1 Constructing the vignette/s

The criteria for the two vignettes employed (essentially one scenario with alternate gender of victim) was that:

- They controlled for other socially loaded variables including Age, Race and Socio-economic status (SES). This was done in order to allow for inferences to be constructed on the basis of difference in gender only rather than any other variable. For this reason all details of the case were kept identical other than the sex and name of the hypothetical victim.
- They were developed to reflect an incident that might have occurred within the context of the participants who took part in the study, in order for the participants to be fully engaged with the dynamics within the case and to appreciate them. The vignette concerned the experiences of a hypothetical university student with whom it was envisaged most of the participants would be able to identify.
- They described a reasonably full range of symptomatology that were in alignment with those listed as part of the DSM-5 diagnostic criteria for someone who has experienced a traumatic event. This was done in order to provide some content validity for the study. The trauma symptoms of the hypothetical victim in the vignette were thus compiled according to those that appear on the DSM-5 for individuals exposed to a traumatic event.
- They were designed to capture a traumatic event of moderate intensity and magnitude in order to elicit an ambivalent point of view regarding the resultant experienced trauma symptomatology. What were understood to be overly severe (such as involving actual physical injury) or overly mild (such as a theft without any contact with the perpetrator) traumatic events were excluded, since it was envisaged that they would elicit communication patterns that might overly polarise the discussion. The type of trauma that the hypothetical victim was exposed to in the vignette appeared to be moderate since there was no actual injury but there was exposure to a weapon and threat of physical injury as well as loss of important possessions. It was thought that this scenario reflected a not uncommon or

implausible set of events that might be experienced by a university student on an urban campus.

3.5 Data Analysis

Thematic and discursive analytic methods conducted within a critical tradition were used for analysing the data. The bulk of the analysis was conducted in accordance with thematic analysis principles (see below), complemented by a more critical discursive reading of the material.

3.5.1 Thematic analysis

Thematic analysis (TA) is a method of identifying, analysing and reporting patterns (themes) within data. Furthermore, TA is designed to interpret various aspects of the topic, drawing out different aspects and dimensions that appear to be central in the data set (Braun & Clark, 2006; Ibrahim, 2012). Braun and Clark (2006) suggest that thematic analysis can be an essentialist or realist method which reports on experiences, meanings and realities of participants as if these represent a 'truthful' version of reality or can be employed as a constructionist method, which examines the way in which events, realities, meanings and experiences are representative of discourses operating within society. The current study aimed to understand the lived experiences of the participants as they were communicated but also to understand how these experiences were communicated and to attempt to propose some of the underlying reasons for such ways of communicating. Whether an analysis is more realist or constructionist in orientation Braun and Clark (2006) agree is hinged on how the analysis is carried out and they suggest that ideally the analytic process should involve a progression from description (organised semantic content and summary) to interpretation (theorising the significance of the patterns). Ibrahim (2012, p. 39) sums it all up in his assertion that "the first principle of the process is to compact extensive and diverse raw data into a succinct structure". Below is the process that was followed in analysing the data, as described by Braun and Clark (2006).

PHASE I: Familiarising oneself with the data.

Due to the fact that as the researcher I was involved in data collection and analysis, thinking about analysis began during the conducting of the focus groups. The observations of communication patterns (verbal and non-verbal) across the two victim scenario vignettes and between participants was the first point of curiosity as it provided the initial phase of pattern identification. Further data engagement occurred during the transcription phase where nuances of the conversations emerged and were prominent when observed from a removed position, as opposed to those generated whilst being within the groups during the discussions. Additional immersion into the data occurred during the reading of the

transcribed data the purpose of which was to identify and streamline threads or patterns that were similar and of interest from the focus groups. Braun and Clark (2006) encourage reading through the entire data set at least once before beginning coding as ideas and identification of possible patterns are shaped by reading through the transcripts. In this instance this initial reading was complemented by the other processes mentioned.

PHASE II: Generation of the initial codes

Data items that were believed to communicate or to share a similar underlying message or idea (data extracts) were given the same code and collated and grouped together under each code. According to Braun and Clark (2006) codes identify aspects of the data (semantic and latent) that seems interesting and can be examined in a meaningful way regarding the phenomenon under investigation.

PHASE III: Searching for themes

As per Braun & Clark (2006)'s suggestion coded data extracts and items that communicated similar messages were grouped together and re-read to understand the underlying connection or ideas that they communicated and a broad thematic name for these data extracts was created. For example many data extracts suggested that participants diminished the experience of the victim and these were placed together and the initial name allocated to the theme was *Minimising*. In the same way as demonstrated above, all the data extracts that had the same code, and communicated a reasonable chain of evidence, were grouped together and listed under one umbrella theme name which was a working name at this point and subject to change (Ibrahim, 2012). Braun and Clark (2006) suggest that the end of this phase is apparent when all candidate themes and subthemes have been generated and all extracts of data coded.

PHASE IV: Reviewing themes:

In alignment with Ibrahim's (2012, p. 42) assertion that the 'theme must describe the bulk of the data'. It was clear at this phase that some of the themes were not well suited to describe what was being communicated by the participants in the more coherent and efficient way and thus it was necessary to alter initial theme categories, for example, by merging some of these initial themes with others as it made sense to have a broader theme. It was however established that most themes were relevant and had enough supporting data extracts to be analysed as they were. However, those that needed merging, themes like Minimisation and Desensitisation were combined as it made sense to do so due to strong similarities in content. This sifting process is necessary as data within themes should cohere together meaningfully while there should be clear and identifiable distinctions between themes (Braun & Clark, 2006). Braun and Clark (2006) describe this phase as consisting of two levels of

reviewing and refining, which are, firstly at the coded data extract level and secondly at the entire data set level. Data extracts that made coherent sense under specific themes were kept and those that seemed to deviate in one way or another were removed from the group and placed elsewhere. As far as possible the resulting data themes were "internally homogenous, that is, all the data extracts were based around the same idea, and externally heterogeneous, meaning that the themes were clearly identifiable and distinguishable" (Braun & Clark, 2006, p. 20).

PHASE V: Defining and naming the themes:

This phase, Braun and Clark (2006, p. 21) say involves identifying the "essence of what each theme is about and determining what aspect of the data each theme captures". This, the authors say, is possible through the construction and writing of a detailed analysis and identification of a 'story' that each theme tells. At this stage the identified themes were defined and these definitions were refined in order to best describe what the theme entailed as well as what meaningful information they communicated in regard to the victimisation, traumatisation and gender.

PHASE VI: Producing the report

This is a phase where you tell the complicated story of the data in a way which convinces the reader of the merit and validity of the analysis (Braun & Clark, 2006).

Due to the nature of the study, that is, the focus on gender (and masculinity in particular) and criminal victimisation and related response, it was important to establish whether further factors affected how the participants communicated about the victim. For example, it was considered useful to observe where points of identification and disidentification with the hypothetical victim occurred. The final report thus attempts to do justice to the findings through description and analysis of both content and some process dimensions.

3.5.2 Discursive reading of the material

Even though this was not the main analytic method utilised and it was not possible to produce a full or detailed discourse analysis, it was nevertheless interesting to note that some of the communications of the participants reflected subscription to certain dominant discourses, for example, aspects of Medical Discourse and Patriarchal Discourse. Through focus groups observations and reading of the transcripts there was evidence to suggest that participants drew on these particular dominant discourses to dominate the discussion and legitimate their perspectives, sometimes through discrediting the contributions of other participants. Van Dijk (2001) suggests that this can occur virtually at all levels of context, text and talk, where the communication is more or less controlled by powerful speakers. He further asserts that such power may in some instances be abused at the expense of other

participants. In this study and within the context of the focus groups as will be discussed at greater depth in the next chapter it seemed as though certain voices were being 'silenced' by the use of statements such as '*I can tell you to read a specific book and you will find these types of symptoms*' or '*according to psychological books these are normal symptoms of people who went through a traumatic event'*. It is important to acknowledge that limited critical observation and reading of patterns was applied in highlighting prominent discursive features in the participants' communications, rather than the analysis embracing full discourse analysis methodology in respect of looking at how language is utilised to reflect power relations. Thus, brief discussion and commentary on discursive aspects of the data is included to enrich the findings where appropriate

With the above in mind it is important to provide a brief description and definition of what discourse and discourse analysis (or discursive analysis) broadly refers to. Discourse is defined by Terre Blanche et al, (2006) as referring to broad patterns of talk and systems of statements that are taken up in particular speeches and conversations, rather than the speeches and conversations themselves. The interest in discourse as a means of understanding social reality is based on the notion of the subjective orientation of social action. While there are various approaches to discourse analysis, the key aim of this form of analysis is to reveal how constructing 'objects' in language contributes to a 'political' shaping of how phenomena are understood and engaged with. Discursive analysis is a somewhat broader term and refers to the examination of how patterns of communication may reflect the popularity of particular discourses and how conversations reflect power relations of a social and interpersonal nature. Given that social action is guided by the meaning that individuals attach to their actions, we must account for this meaning when attempting to understand and explain the action (Ruiz, 2009). In this instance there was an interest in how the phenomena of victimisation and traumatisation were constructed by participants both more broadly and with regard to gender and to this end some aspects of discursive analysis are included in the discussion. This added approach was utilised in order to provide a window into some of the discursive patterns that appear to construct responses to crime victims.

The discursive analysis process began by looking at the textual aspect of the participants' contributions to the discussions in order to extrapolate discursive patterns. This was performed through reading the text and re-reading it and then identifying certain aspects in operation, e.g. binary oppositions, recurrent terms, phrases and metaphors, how human subjects were referred to, etc. (Terre Blanche et al, 2006). For example, in this instance it was the subject position of 'victim' of crime that was of interest as well as gender constructions of compromised mental health in the form of symptoms, and it was intended to scrutinise how these 'objects' were spoken about and discursively constructed within the groups. Thus, there was particular interest in how the participants constructed the victim and

his/her experiences and what these constructions meant as well as how these discursive constructions were located within broader, culturally available systems and discourses (Wodak & Meyer, 2009). In addition to the transcripts, while the participants were engaged in focus group discussions patterns of talk were observed and noted, including some of the non-verbal communication that accompanied aspects of the discussion. Written notes aimed at complementing the recorded data were kept at the end of each group, including initial observations about dominant discursive patterns. For example, the use of rhetorical strategies by participants to present their own views as legitimate, credible and objective in order to argue their point was noted (Wodak & Meyer, 2009), both in interviewer notes and as evidenced in the transcripts.

In addition to focusing on how 'objects' were constructed and on rhetorical strategies in talk the analysis also focused on the 'positioning' of the interviewees themselves and the hypothetical victim, as emerged in their talk. The adoption of subject positions entailed within specific discourses has repercussions for the way individuals think, feel and experience themselves. Particular participants' positioning of the victim and themselves was noted (Georgaca & Evrinomy, 2012). Finally, since it is suggested as important in discourse analysis, attention was also paid to references to established practices, institutions and power relations. It was important for the analysis to pay attention to the prevalent or dominant discourse(s) in this regard and how they appeared to influence the conversations. This form of analysis was conducted to extrapolate some of the higher order dynamics that appeared to be at play within the discussions. These analyses are included in the discussion of core findings elaborated in the next chapter.

3.6 Measures of quality and attempts to ensure research rigour

There is a clear imperative for rigour to be pursued in qualitative research so that findings may carry conviction and strength (Long & Johnson, 2000). As in all good academic research it was considered necessary to apply "rigorous techniques and methods for gathering high quality data that must be carefully analysed with attention to issues of validity, reliability and triangulation" (Patton, 1999, p. 1190), in part to ensure that the method and findings are potentially transferable to different contexts. Some of the measures that were put in place to attempt to ensure that the research was methodologically sound included the considerations entertained in developing the vignette and the conducting of 'independent' focus groups. In addition, as described above, careful observations during focus group discussions were made and a secondary analyst (the supervisor) was involved in confirming the analysis and reviewing the findings. The research study transcripts were independently read by the researcher and subsequently his supervisor who then met to compare and discuss observations in an effort to ensure that the resultant interpretations were valid. Long and Johnson (2000) assert that this method increases the credibility of a study.

Since this study was designed to tap into socially constructed norms and expectations, there was awareness that researcher characteristics (male, black, psychology student, etc.) might have some bearing and impact on the data collection and data analysis. Therefore, it was considered useful to reflect on potential biases that might arise as a consequence of my identity and positioning as a researcher and to keep these in mind during data gathering and analysis processes. Reflexivity is defined as an integral process in qualitative research whereby the researcher reflects continuously on how their own actions, beliefs, values and perceptions impact upon the research setting (Gerrich and Lacey, 2006). Ideally these beliefs and values are made explicit and taken into account so that "rather than engaging in futile attempts to eliminate the effects of the researcher, reflexive researchers try to understand them" (Hammersley & Atkinson 1995, p. 18 in Long & Johnson, 2000, p. 33). Reflexivity enables us, not only, to be self-aware of the circumstances we find ourselves in, but also to be aware of the circumstances of the other individual and our specific interaction. As a result we can theoretically adjust our understanding of ourselves within this process and modify our behaviours, actions and thoughts appropriately where necessary (Lambert, Jomeen & McSherry, 2010). Some reflection on reflexive elements of the research is included in the evaluation of the merits and limitations of the study.

3.7 Ethics

Permission to conduct the study was granted by the relevant University of the Witwatersrand Research Ethics Committee in this case the 'sub-committee of the School of Human and Community Development (Appendix A). Each individual was provided with an information sheet (Appendix B) explaining the purpose of the research, the procedure, emphasising the voluntary nature of participating and the freedom to withdraw from the study at any point before submission for examination. Then the participants were provided with two consent forms to sign and date (Appendix C and D) in order to confirm their willingness to partake in the study and to consent to the use of the recording equipment. The recordings have been placed in a secure cabinet that only the researcher has access to. Individuals that indicated that they had been exposed to a traumatic event within the past six months were excluded from the study as was indicated in the participant information sheet.

It was anticipated that there might be a small possibility that some participants might feel subjectively distressed by either the details of the case or the process of the focus group and a referral option to a qualified psychologist at the Counselling Careers and Developmental Unit (CCDU) was available. However, there was no participant who reported feeling distressed or emotional following the focus groups so even though there was a referral system in place no participant was referred. The contents of the focus groups were kept confidential and no names of participants revealed. In order to protect the confidentiality and

privacy of participants and to provide some markers for the reader in the presentation of supporting quotations each participant was provided with an identifying code in a numerical sequence. For each focus group participants were numbered from one to the last participant, the gender (M/F) and race (B/W) of the person was placed next to this number and the sex of the hypothetical victim in the scenario they were involved in discussing was placed in a bracket as well as the group number for identification purposes, e.g. Participant two, a black female, female victim scenario, group three = **P2BF(FV3)**.

This chapter discussed the research methodology, the design, sampling, analysis and ethics necessary to reach the aim of the study. The following chapter will combine the findings and discuss of the study.

CHAPTER 4.0 FINDINGS AND DISCUSSION

In this chapter there will be joint presentation of findings and related discussion as is common in much qualitative research and seemed to make most sense in this instance. The following themes emerged from the analysis of the interview data: 1) Victim blame, 2) Legitimacy of trauma reactions; 3) Desensitisation, minimising of the nature of the event and related assessment of the responses 4) Victimisation as an identity position, 5) The role of social support and help-seeking, 6) Gender related constructions of victimisation and traumatisation, and 7) Evidence for contestation of gender stereotypes. As was intended in the designing of the study it was evident that participants held strong opinions about at least three different aspects of the scenario amongst others, these being opinions about the hypothetical individual becoming a victim in the first instance, secondly about their trauma related reactions, and thirdly about their support and help-seeking behaviour in the aftermath of the trauma exposure. Although the study was centrally focused on investigating differences in the construction of victimisation and traumatisation as related to gender and masculinity in particular, it was evident that much of the interesting discussion pertained to becoming a victim of crime and associated responses irrespective of whether the hypothetical victim was male or female. This means that the first six themes deal with the more general attributions and constructions that emerged in the group discussion with themes six and seven then dealing more explicitly with gender related considerations. However, where gender related observations are pertinent in themes one to six these are also raised and briefly discussed.

4.1 Victim Blame

One of the most striking findings of the study was what appeared to be a considerable degree of censure of the victim of both a direct and indirect nature. The blaming of the victim, as articulated by participants in the focus groups related to two spheres of behaviour. One aspect was that the participants appeared to proffer ideas that the victim was perhaps blameworthy for becoming a victim in the first instance, suggesting, for example, that they may have possessed characteristics that led to them becoming easy targets. Secondly, as will be discussed under ‘Legitimacy of traumatic reactions’ below, some participants indicated that the traumatic event and the victims’ reactions to it were not appropriately correlated. Each of these different types of judgment and blame will be elaborated with this first sub-section dealing with the issue of becoming a victim in the first instance.

Violent acts are always choices that perpetrators make, yet, it is the people who are harmed by violent acts that often receive negative responses from their loved ones, as well as from various social institutions **(**Ahrens, 2006; The Canadian Resource Centre for Victims of Crime, 2009, p. 2). This observation is relevant and comes alive in the current study. Even though the overarching message by the participants towards the victims was that of

understanding and sympathy, there was a strong underlying communication that implied that victims needed to take personal responsibility for their circumstances. The victim was viewed as being largely responsible for his or her safety. In line with this position that was both inferred and overtly expressed, it was communicated that everybody needs to be aware of their surroundings and should not be ignorant about the likelihood of threat of violence in the area in which they live. For example participants asserted the following:

> **P3WF(FV3):** *'Prepared you should be prepared. If you are living in a big city you definitely should be prepared it is stupid to walk around without any protection, especially if you have a laptop'.*
>
> **P2BF(FV3):** *'But then ehm don't you think that, cause there's ....., .like you, for example, you've heard cases where people got robbed. This is not the first case you are hearing today and obviously she has heard of such cases like she is at res like students experience these things everyday. Like you have a mental picture and also walk to my res because I don't stay inside but I have this mental picture that I have to be aware of my environment. Each and everywhere you go you have to be aware of your environment.*

This viewpoint from the participants constituted a form of victim blaming. Victim blaming is a devaluing act that occurs when victim(s) of crime or an accident are held responsible — in whole or in part — for the crimes that have been committed against them (Andrew, Brewin & Rose, 2003). Even though in the current study there was evidence suggesting that participants felt that people from different environments and with different dispositions may experience crime and violence differently, there was an overall communication that personal protection through environmental awareness was paramount and the responsibility of the individual concerned. The overarching communication was that the victim in the scenario presented was at fault for not having taken the necessary steps and precautions to prevent the likelihood of attack. Phrases like "***should*** *be prepared*" and "***have to*** *be aware*" suggest an injunction to manage oneself in particular ways in this kind of environment, the implication being that if the victim had been aware and prepared they would not have become a victim.

This view of the victim by the participants is aligned with the observations expressed in The Canadian Resource Centre for Victims of Crime (2009) documentation and in Schoellkopf (2012) both sources asserting that often the responses towards victims of crime are based on the misunderstandings of others that lead them to believe that the victim deserved what happened to them ('*it is* ***stupid*** *to walk around without any protection*'). The participants' reasoning and understanding was that as a South African citizen in particular, in a country where the rates of crime are known to be high and such attacks are rife, it was naive of anyone not to be cognisant and aware of the dangerous and precarious environment they lived in. As indicated earlier it was suggested that being aware of one's surroundings might well prevent such an occurrence. As a result the victim was experienced as being ignorant

and naive ("*stupid*") for having fallen victim to crime, and consequently indirectly held responsible for their own victimisation to the extent that one participant felt that the victim was somehow 'asking for it' to walk in the area without any form of protection.

The victim blaming in the hypothetical scenario manifested in two different forms. Not only were the hypothetical victims blamed for being insufficiently alert and cautious but questions were also posed as to whether their actions and ways of being might have led up to and almost 'invited' the criminal event. Here the participants felt that there was a lack of environmental awareness on the part of the victim, a sense that he/she had lived an over-protected, possibly over-secluded life, ignorant of crime and danger prior to the event, and was thereby unable to respond appropriately to the realities of living in a crime and violence ridden Johannesburg. For example;

> **P1WF(FV4)**'*……in a small like, village, or small town, where something like that doesn't really happen, you are not exposed to violence as you hear about violence in the news.'*.
>
> **P1BF(FV3): *'...****ya or switch your phone off I mean find alternative ways I mean now you gonna get to class everyday late because you fear. The reality of your life is it might happen wherever you are now'*
>
> **P1BF(FV4):** *'I think.....ehm I can't find the word...but to some extent I think she was avoiding this thing to think about it or something. Because if you are living in this place obviously you have heard of things or seen it, so she was just not awa.....I wouldn't say not aware because .....not cautious..... ignorant about her surroundings.'*
>
> **P1BM(FV3):** *'I think that people know that these things can happen to them on everyday. Especially students, it's an everyday life, especially here in South Africa there is high crime and you are expected that you could be robbed one day'*

Hence, participants speculated about the origins of the perceived lack of awareness and said things like: '*…….maybe you were not brought up in a big city that is so chaotic really….'.* In trying to make sense of the victim's lack of 'responsibility' they provided hypothetical explanations for the victim's lack of awareness and thus susceptibility to falling victim to crime. However, it was clear that in their opinion crime is ubiquitous. Participants commented with statements like: ***'****…..the reality of your life is it might happen wherever you are now…'* to illustrate the point and to reinforce the notion that the victim should be aware at all times and take responsibility for appropriate behavioural practices.

It seemed as though it was difficult for the participants to imagine the victim as having had no control over what happened to him or her. In an effort to come to terms with what happened to the hypothetical victim the participants blamed the victim, invented ways that the mugging could have been avoided and consequently, how the intense psychological reactions that ensued thereafter might also have been avoided. This at some level distanced

the participants from the place of the victim and from any possible thoughts that this could ever be them. It was interesting that in actual fact from the way they spoke ("***I** have this mental picture that **I** have to be aware of **my** environment*', "*then **I** wouldn't go'*) participants seemed to have made strong identifications with the event described and the potential for similar victimisation (as was intended in the initial framing of the scenario), but then needed to distance themselves from the victim and their responses. This way of thinking evidenced by the participants, can further be understood using the theory of invulnerability, the conception that responders tend to blame the victim in order to maintain their own sense of safety, particularly in situations in which the form of victimisation is close to their own experience **(**Schoellkopf, 2012). Hence, participants said things like ……. '*she was not cautious..... ignorant about her surroundings*'……...which included the perceived victim's failure to prevent victimisation as well as his/her possible inability to act in future situations - *'…..then what are you gonna do when the big things happen?'* This may then in turn account for some of the rather unsympathetic reactions to the victim's described responses to the event with the suggestion in many instances that their responses appeared to be excessive, as discussed under the next theme.

The participants did not want to consider the possibility that they could themselves lose control over their lives or bodies in becoming victims. In an effort to maintain this view, in many instances they placed the blame on the victims indicating that they had not been sufficiently vigilant or street wise to prevent the attack, and in this way they could perhaps create a false sense of security **(**Schoellkopf, 2012; The Canadian Resource Centre for Victims of Crime, 2009)**.** Although this sense of invulnerability might have been helpful to participants in some respects it has also been found that holding these kinds of beliefs too strongly can lead to increased and/or unnecessary risk-taking behaviour (Vance, 1991). Therefore, the victim blame stance of the participants is a double edged sword, where not only the victims are hurt by it but the responders may also be over confident about their own capacity to resist victimisation.

4.2 The legitimacy of trauma reactions

For the most part the traumatic reactions ascribed to the victims in the scenario were seen as normal responses to abnormal situations and events, largely irrespective of the gender of the victim. However, the intensity, severity, duration and content of the psychological reactions were utilised as indicators of whether the reaction was viewed as normal or abnormal, or sometimes even as over-dramatic. Thus, there was a limit to what could be entertained under the idea of normality.

In addition to considering the 'reasonableness' of the person's symptoms the psychological reactions of an individual who has gone through a traumatic event were viewed as being

influenced or shaped by either one of two major factors or perspectives, viz. the environmental background to which the individual had been exposed and the dispositional or character structure of the person. In the case of the environment several of the participants indicated that the context in which the individual victim had lived before the traumatic event was likely to determine both the expected psychological reactions and participants' reactions to the victim. On the other hand, at the dispositional level, the individual characteristics or personality traits of the person prior the traumatic event were viewed as likely to determine the victim's expected psychological reactions as well as how others who knew the victim would respond to these. Thus, the participants seemed to have quite a strong sense that predisposing factors might shape responses to these kinds of events. Specific sub-themes regarding trauma reactions are discussed in more detail below.

4.2.1 Normal reactions

Participants in the main observed that the psychological reactions of the victim to the traumatic event/situation were to be anticipated. There was an understanding that anyone who had gone through the same or similar situation would exhibit similar patterns of reactions. Since the reactions illustrated in the case scenario were based on the symptomatology exhibited in Post-traumatic Stress Disorder (PTSD) (as described in the DSM-5), this does indicate at some level that the participants were familiar with the debilitating effects that exposure to traumatic events can have on an individual. Examples of such evaluations of response included the following;

> **P2BF(MV1): '***I think it's normal. I don't feel that it is exaggerated....I .....I think that this is to be expected.'*

> **P1BF(MV1):** '*I think the anxious...that's normal to be paranoid that is perfectly normal'*

Important to note, was the fact that the participants' views were aligned with literature that has established that traumatic experience can cause significant psychological difficulties for large numbers of people, and that some can be affected for the remainder of their lives (Roberts, Kitchiner, Kenardy & Bisson, 2010; Daniel, 2008). The participants seemed to know and understand quite a lot about trauma and the experiences of victims to the extent that they were aware of nuances, dynamics and conflicts experienced by victims in general and those of crime in particular. For example;

> **P2BF(MV1)***: 'I think that ehm this shows that he is blaming himself, he says he should have done something or he would have done something and this is what a lot of victims go through. They blame themselves thinking it was my fault. I was maybe walking in a very bad space at a very bad time alone with my .....I could have done something...ya or they would just put the blame on themselves'.*

P3WF(FV3): *'Ya ya it is evident that she is extremely traumatised just by the fact that she is like having recurrent dreams and thoughts about it. Ehm it is, almost seems like symptoms for post traumatic disorder like the fact that she wants to avoid anything that reminds her of the event whether it is just walking on the street or just walking on the road. But also something I don't understand is why she start to feel guilty and question the way she acted because I think in those kinds of situations you can't really predict how you going to act if you gonna fight or flight, it is just something that just happens'.*

P3BF(MV2):*'... remember we all react differently. I don't think at the point we are depending on being male or what. The thing is that when you are in fear it's either you flee or you fight or you flee. It all on who...how you respond and how you feel that scariness because some people like Themba seems to have frozen at the very moment and gave it all away to disappear. Some could fight but then it doesn't really depend on gender right now it really about how you respond to fear'.*

Perhaps what is also necessary to note is the fact that these were first year psychology students who had not yet been exposed to an extensive literature on trauma and trauma reactions. Therefore, their knowledge about the impact of trauma on the individual's psychological wellbeing may have been acquired outside of the classroom in the public domain. Quite important to consider in this regard is the role of the media, including television, radio and social media in communicating ideas. Even though the media has been depicted to negatively affect the psychological wellbeing of the consumer in relation to the consumption of traumatic news coverage (Council on Communications and Media, 2009; Kim, 2013) there is evidence to suggest that despite the negative connotations underlying the presentation of psychological trauma in news stories, entertainment and advertising (Sieff, 2003) there are some educational, informative and realistic representations of mental disorders (Keranen, 2014).

As illustrated in the second quotation above there was evidence to suggest that these participants were indeed aware of the effects of PTSD and this seemed to help them to be sympathetic and understanding of the victim. Somewhat ironically, in relation to the previous discussion of victim blaming, several participants seemed to appreciate both the likelihood and detrimental potential of self-blame and self-recrimination on the part of the victim and placed some weight on this likely aspect of traumatisation (*they blame themselves thinking it was my fault*). Quite interesting also was the fact that the gender of the victim seemed to be less of a factor in determining the normality of the psychological reactions of either male or female victims than it did in other areas such as help seeking and support provision, as will be discussed later, although there was some reference to gendered styles of response. There was a consensus that all victims of crime and violence experience similar types of reactions. In addition, to foregrounding the symptomatic presentations of the victim, including hyperarousal as indicated above, the participants demonstrated their awareness of the impact, disruption and displacement of one's sense of being following a traumatic

experience, i.e., they appreciated that deeper psychological injury, including self-recrimination and self-doubt (as illustrated above), might also be part and parcel of the experience and that responses might be relatively enduring and debilitating.

> **P3BF(MV2):** '*It's scary for some people. It affects people differently. It might not affect you. Some it does so that's why people think they actually have nightmares and can't live their lives after that, but it's normal.'*

> **P1BM(FV3):** '*I think it is not over dramatising everything I think you're bound to have some sort of reaction when such things happen to you'*

Also of interest to note was that even though there was general consensus that the traumatic reactions experienced by the hypothetical victim were normal, there was an understanding that different people would be differently affected, and thus react differently to trauma exposure.

> **P3WF(FV3);** '*Trauma no matter how small is different for everyone'*

> **P3BF(MV2); '**You *know even though she says we are raised, especially guys, to be strong and all those things. We not forget that we are different people we all have different characters, the sensitivities and all that'*

The participants' responses in this regard exhibited an alignment of their beliefs with current understandings of trauma and trauma reactions. It is noteworthy to point out in the history of psychiatry this has not always been the dominant view. The legitimacy of a victim's traumatic responses was determined by their reaction to treatment and poor prognosis was attributed to the problematic dispositional characteristics (Kulka et al, 1990). Similarly in literature during World War One authorities began to identify those personnel who succumbed to emotional combat reactions but were able to regain their composure and ability to fight relatively quickly as worthy of treatment, and thus such individuals were afforded more "sympathetic" accommodations by the military psychiatrists (Daniel, 2008). Juxtaposed to this view on treatment was the understanding that those individuals who succumbed to the symptoms associated with "irritable heart" and who persisted in professing "their reluctance to fight" were viewed as cowards and as a result were treated harshly (Kulka et al, 1990). The psychiatric understanding of trauma disorders and reactions has changed markedly since then and improved knowledge has filtered through to the mainstream population. As such current understandings of trauma and trauma reactions as exhibited by the participants are reflective of academic and clinical understandings of trauma and trauma reactions, albeit with residual historical understandings. It is espoused in current literature that numerous factors play a role in individual victim's appraisal of trauma and differing reactions to traumatic situations and that these may include dispositional, environmental and other factors (Jaffe, Segal, & Dumke, 2005). Thus, not surprisingly, in terms of initial and common reactions to the case the participants were able to entertain the idea that the described

reactions were legitimate both in terms of common trauma responses and/or possibly in relation to the individual make-up of the case described.

4.2.2 Abnormal reactions

In addition to viewing the described reactions of the victim as appropriate there was also a fair amount of contrasting conversation that questioned the 'normality' of the hypothetical victim's responses. It was also evident that contrasting views in this regard could be ventured within the same focus group or by the same person. Several participants seemed to view the victim's reactions to be exaggerated, dramatic and unnecessary when juxtaposed against the magnitude of the traumatic event, which was seen as relatively minor.

> **P1WF(FV4):** *'yes ya. They are quite extreme if you think about it because you know it happens that people get mugged or you are in a dangerous situation but very few people take it in such a bad way that they completely avoid things and they stop....actually hindering her life in her university performance'.*
>
> **P1BF(MV1*);*** *'Then what are you gonna do when the big things happen?'*

The psychological reactions to the traumatic event were also viewed as being abnormal, 'crazy' and 'dramatic' when the intensity, severity, duration and/or content of the reactions were not aligned with the traumatic event in the opinion of the interviewees. In these instances the victim's experience was labelled as being abnormal or as an overreaction. It was not uncommon for these kinds of observations to be offered alongside some reference to the 'normality' of responses. For example,

> **P1WF(FV4):** *'I feel like the fact that she reacted so badly, we can say that it may be a little bit of an overreaction.'*
>
> **P2BF(FV3): *'*** *.....am still in my view on this thing I think she is going crazy'.*
>
> **P1BF(MV1): *'****I have been 'going a bit crazy' is a bit of an exaggeration'*
>
> **P2WF(FV4):** *'I think like just in terms of her reaction I think it is normal. I think the only time that you can argue that it is not normal or maladaptive is if she continues having dreams and thoughts or if she continues avoiding walking alone or that place for a long period of time then maybe it is not so normal'.*

As will be elaborated later, it seemed that there were points of identification and disidentification with the victim by participants and that what were viewed as extreme responses evoked a disidentification that then led to further interrogation of the victims' responses. For example, the fact that the victim was described as worrying about their own sanity (going crazy) was viewed as an exaggerated fear. Where the victim's reactions were viewed as being exaggerated the tendency was for the participants to wonder about the individual victims' dispositional traits.

4.2.3 Predisposing factors at dispositional level

There are numerous dispositional factors that are responsible for the psychological wellbeing of individuals, for example the beneficial role of optimism for physical and psychological well-being is widely established and as a result, dispositional optimism is associated with resilience to trauma (Mazulyte et al, 2014). Suppositions about dispositional factors were utilised by participants to further inform judgements of how to react to the post-traumatic reactions of the victim. It was clear that the aim was to come to terms with and make sense of, the victim' expected psychological reactions following a traumatic event. The consensus was that some individuals are fragile, over-reactive and highly emotional and that their reactions would be exaggerated and even a bit dramatic in comparison with a more 'stable' victim. Reactions that were seen as over dramatisations were associated with dispositional factors. For example;

> **P1BM(FV3); '** *I also feel like we are not given enough information as to what kind of person that she is. Is she too sensitive is she like ....how does she react to like this kind of stuff'*

> **P2BF(FV3); '** *But then don't you think we could like with this information we can see how she....whether she is a sensitive person cause she .....reading this I think she is dramatic....I....I.....I feel like she is sensitive....you know'.*

It was difficult for the participants to reconcile the perceived dramatically exaggerated reactions of the victims, firstly, as being normal, and secondly, as stemming from the situation. Hence, they attributed these perceived unfavourable reactions as resulting from dispositional tendencies, seeming to infer that even in other unrelated circumstances the victim would act in the same way. The references to 'sensitivity' seem to suggest a degree of neuroticism or characteristic emotional vulnerability on the part of the victim that would render her (in this instance) vulnerable to over-reaction. This type of thinking perhaps played a protective role for some participants, enabling them to distance themselves from the behaviours exhibited by the victim. This kind of bias in inference is well documented within the attribution theory literature, whereby unfavourable behaviours of others (as opposed to the self) are seen as arising from dispositional rather than situational causes (Malle, 2003).

These kinds of subjective judgments about the reason behind others' behaviour in turn determine how people interpret the behaviour, respond to it and what they expect from these individuals in the future (Mason & Morris, 2010). Quite striking though is the fact that during the early development of theories about trauma and post-trauma reactions this emphasis on dispositional vulnerability was common amongst mental health practitioners, as mentioned previously. A review of the literature on this issue by Daniel in relation to combat trauma casualties indicated that the predominant view was that trauma type reactions resulted from cowardice and that such responses represented an abnormality that was due to some "pre-

existing character defect." (Daniel, 2008). Although this kind of position was not commonly held amongst the study participants it is worth noting that one participant demonstrated a similar point of view about the hypothetical victim's post-traumatic reactions. Even though the main message of the comment was that of provision of understanding and support, the basis for that provision stemmed from an assumption about the victim's impaired mental state.

> **P1BF(MV1):** *'.....he has already lost his .....I would say that he is probably emotionally fragile, he is probably extremely sensitive, he could actually have been a sheltered person or someone who is like naive that something like this would happen. So he probably have issues with anxiety or some underlying paranoia about something, whether it be hearing voices, or he is in such a big shock that something like this he could even comprehend actually happened'*

The inference in the above statement is that the individual victim is reacting in a particular way due to dispositional causes with the participant even going so far as to suggest that this individual victim's reactions can be best understood to result from a pre-existing mental disorder. This type of construction of the victim as 'mad and fragile' on the basis of their described responses is important to note in that it suggests a further form of victim blaming. The purpose of this kind of evaluation seemed to be, at least in part, to distance the participants from the victim by making him/her different from themselves, thus preserving their own sense of psychological intactness and reducing their anxiety about their own potential vulnerability to traumatisation. The constructions of the victim in this way may have stemmed from a cognitive dissonance related to sharing many similar life aspects to the victim, (student, early twenties, at the same university, living in residence or near to campus) and yet needing to experience themselves as unlikely to become victims of crime and unlikely to be vulnerable to the same kinds of trauma reactions (Harmon-Jones, 2012).

The overall communication regarding disposition was that of taking account of individual difference and therefore differing experiences. Participants demonstrated an understanding of the need to consider many different aspects, including dispositional factors, in the judgement of particular behaviours especially related to trauma and trauma reactions. However, it was interesting to note that the traumatic reactions of the victim that were viewed as being dramatic and exaggerated were largely attributed to dispositional characteristics whereas more stoic, unaffected, resilient reactions were largely attributed to more situational influences, such as where one had grown up. It was interesting that where gender was mentioned in relation to the normality or abnormality of trauma reactions the commentary fitted gender stereotypes indicating that men in particular would be expected to be more stoic.

> **P2BF(MV2)** *'....like I said earlier I think it's a social stigma in a way the fact that....ehm am sorry to put race ....but in a sense that as a black man you are taught*

to fight, you are taught to protect, you are taught you must be strong, you can't cry, you can't be weak. You know what I mean. I think as a result that is one a lot of black men are dealing with, a lot of emotional stuff, because there is no space for them to deal with emotions openly, freely and honestly. They say u (he) is weak, shame and for what, you know what I mean. ya it would get worse. But it is like a social stigma in this case for guys to not, like, accept things as they are. But if it was in my case and am a women and I get robbed and I tell people about it people are gonna feel sorry for me. I'm allowed to then say 'oh am scared and this and that' but then because he is a guy you can't really deal with the emotions. You can't really say 'guys am scared'.

In the above quotation the influence of society at an almost dispositional level is emphasised and its impact noted. There was a sense that societal expectations stifled the expression of emotions by men irrespective of their individual characteristics or attributes. The role of society in the sanctioning of what is and is not allowed regarding traumatic stress reactions, especially for men, was seen as likely to encourage the blunting of men's own feelings and emotions and their expression. However, as indicated previously, aspects related to gender differences in particular will be more fully elaborated under later themes.

4.2.4 Reactions as related to losses incurred

Following the need to preserve a sense of personal security and resilience participants indicated that the expression, intensity and duration of traumatic reactions were likely to be mediated by a variety of factors, including the value and meaning of the stolen item. There was a strong viewpoint that the higher the value and more meaningful a stolen item is to someone, the higher the likelihood that their reactions will be intense and of a longer duration. Participants spontaneously introduced this kind of logic concerning the nature of loss (material and otherwise) entailed and the severity of symptomatic responses. One participant (P1BM) in particular indicated that the amount of energy and work he had to put into his university work following theft of his laptop was intense and laborious. He argued that losses associated with victimisation mean that the violation is not only about the personal space and safety of the individual victim but also about the sentimental and practical value of what was taken and the broad impact of this on life going forward.

P1BM(FV3); '*I also feel like because of the thing that she lost, her laptop, I lost that. I think that as much as that is not the same case, like at that point I lost mine too, I was not mugged, like 'ok give me the laptop'. I didn't find it in my room. Like it is something very valuable like with all the notes, like I used to download all the slides into my laptop. So every time I have to copy notes I am always reminded about that. So I feel like there is something that sort of like triggers her and makes her go back to the situation.'*

P2WF(FV4); ' *Ya uhum I am pretty sure I wouldn't be too down if a pair of shoes is stolen but this is my education, the laptop has all your assignments and stuff it will be like the end of the world.'*

Again it is worth noting the degree of personal identification with the victim here with the employment of terms like “I” and “my” in comparison with the victim, suggesting that the scenario was successful in evoking identifications and that the conversation was indicative of likely responses to fellow students and also personal experiences of violation. The participants felt that the meaning that the lost item had was likely to potentially intensify and prolong the traumatic reaction through constant reminders regarding its use value and significance. There was a sense that trauma reactions might be based not only on the threat to one’s life but might also be exacerbated by other factors, as just described, and illustrated by the comment below.

> **P1WF(FV4):** *‘....the deeper you go out to the aspects of the whole and not just being held up with a knife and having your bag stolen. When you look at where she comes from, what she lost, it actually start to justify the behaviour a bit more. If something happens to you and then you are placed under a lot of that stress like from now you don’t have your work and stuff. I can imagine that it can just spiral out of control’.*

The impact of the trauma on the entire life of the victim was taken into consideration in an effort to understand the context of the perceived powerful and possibly exaggerated traumatic reactions. The sense was that there needed to be an explanation beyond the perceived minimum threat to life (as described in the scenario) to justify not only the reactions but also the support required by the victim. In an effort to make sense of the victim’s post trauma reactions, particularly those reactions perceived as being extreme or abnormal, participants considered various factors beyond those discussed already, including environmental factors.

4.2.5 Predisposing factors at environmental level

The environment or context that the individual victim had been accustomed to living in before the exposure to a violent situation or event was understood to have an impact on how they would react to a traumatic situation. In the opinion of several of the group members and as voiced in more than one of the focus groups, some geographical areas are more violent than others and participants argued that the high prevalence of violence and crime in certain areas would lead to less reactive victims. Thus, they seemed to entertain a kind of dose tolerance model of traumatisation, suggesting that familiarity with crime and violence would toughen people up. Interestingly and in contrast to their view, research findings indicate that there is a positive correlation between the degree of exposure to bad experiences and vulnerability to PTSD symptomatology (Edwards, 2005). The participants’ views have possible negative implications for the recovery process of the victim given that there is a mismatch between their common sense point of view and what research evidence indicates. The interviewees volunteered that there are highly violent areas where criminal and violent

activities occur almost daily and consequently people in these areas are expected to be less reactive to traumatic events resulting from violent criminality.

> **P1WF(FV4):** *'I think many people are so desensitised to the whole violent situation but then maybe you were not brought up in a big city that is so chaotic really. That there is so many people all the time and that something like that can easily happen.'*
>
> **P1BM(FV3):** *'I don't know I guess if you grew up in this kind of setting you are able to understand all that…'*

In actual fact what literature appears to show is that repetitive and multiple traumatisations render victims more vulnerable to trauma symptomatology and PTSD (Edwards, 2005) and in this respect the logic of the participants runs somewhat counter to what research has demonstrated. In a sense the interviewees seemed to position themselves and many other students as largely street wise and therefore more impervious to traumatisation, treating muggings as a kind of fact of life. For example;

> **P1BM(FV3):** *'..... if you go down town where it is very chaotic and you're bound to get mugged whether you like it or not. Like you just have to be certain of where you are'*
>
> **P1WF(FV4):** *'...I think many people are so desensitised to the whole violent situation'*

It should be acknowledged that the participants were not talking about prior victimisation per se but rather prior adjustment to a high violence environment that they perceived might build a degree of resilience to traumatic events. The participants could entertain the idea that someone who had grown up in a quiet or rural area might be more disturbed by this kind of experience – implying to some degree that the response of the individual in the case presented was somewhat naïve. People from non-violent areas, where communities stand together to prevent crime and violence, might, understandably in their opinion, react in a somewhat exaggerated way to a crime or violent event. For example;

> **P1BM(FV3)**: *'I just feel like if you experience something like that for the very first time especially if you have come ....or having moved from a certain space where it wasn't like this chaotic to Joburg where it is literally congested and anybody could .....like, it's busy.....it's different'*
>
> **P2BF(FV3):** *'For me I think if we were told....like if I'm reading this I'm thinking....maybe is a kind of girl who grew up in a comfortable place like everything was just good. And then she probably came to Joburg and she did experience for the first time and she was not aware of it'*
>
> **P1WF(FV4):** *'I think many people are so desensitised to the whole violent situation but then maybe you were not brought up in a big city that is so chaotic really'*

The geographic area or context of an individual was seen as having a powerful impact on how they would react to a traumatic event. There was a sense that there would be

understandable culture shock that might render experiences of criminal victimisation incomprehensible to certain individuals, particularly those moving from less violent areas to highly volatile ones. As a result the responses of highly reactive individuals from less violent areas were sanctioned due to an appreciation of contextual factors.

Somewhat at odds with the previous commentary which reflected that in general greater allowance was made for symptomatic responses from individuals who might find 'city' life daunting and overwhelming, there was also reference by one participant to the fact that greater stoicism is expected particularly of men from the rural areas where patriarchal values are strong. The way of life in certain geographic spheres especially rural areas and towns advocates for and expect demonstrations of stoicism and macho behaviour in the face of adversity, especially from men whose primary responsibility is seen as being protector and provider.

> **P2BF (MV2): '** *No. Ezilalini (in the villages) for instance you can't be scared...I promise you I have got friends who are from ezilalini (in the villages) you can't do that it is not allowed for you to be weak.'*

Thus, in this instance masculinity and environmental background were viewed as inter-related in such a way that certain kinds of response sets might not be tolerated in male crime victims. It appears that the actual geographic environment from which a person is viewed as coming form may have an impact in terms of what ways of being are and are not encouraged of people from those areas. In the mind of this interviewee at least, the rural, very patriarchal and culturally driven areas prohibit men from expressing negative emotions that could be viewed as weak, resulting in calls to be stoic and invulnerable in situations such as that described in the scenario.

It was evident that focus group participants made rather complex links and inferences in trying to make sense of whether the described symptoms of the victim appeared legitimate or not and that there was some inference that men from particular backgrounds would be censured for the kinds of responses described. In addition to some acknowledgement of prior environmental experience as shaping response, the other thing that seemed to ameliorate whether victims were experienced to be overreacting to common events and related harsh judgments of their responses, was their perceived disposition. However, even with a perceived fragile disposition there was a sense that the reactions could be understood and tolerated up to a certain level especially if an individual resided within areas that were experienced to be chaotic, violent and confusing.

4.2.6 Commentary on judgements of victim responsivity

Implicitly many of the participants communicated that negative events were more likely to happen to others than to them, a pervasive notion that is based on the optimism bias concept (Lapsely, Aalsma & Halpern-Felsher, 2005). There was an expectation that the victim should continue with life as it were, especially given the expectation that s/he would in all likelihood have been exposed to earlier violence in one form or another prior to the event described within the scenario. This last mentioned expectation was based on the previously mentioned assumption that South Africa is a violent country and so the majority of people in the country would in all likelihood have been exposed in person or through stories to the impact of violence and crime ('*like students experience these things everyday',* '*but considering the fact that we live in South Africa and in those high crime rate places like Joburg')*. Ensuing from this assumption was the idea that any individual who experiences a trauma in any form, especially in the form of criminal activity and violence, should have some sort of buffer from previous environmental exposure and thus should be desensitised and somewhat unaffected by such an event (as will be further elaborated under the next thematic section). In a sense participants conveyed that if exposure to crime was normative, people should become accustomed to dealing with the impact of such events and thus should be less affected by them.

Although the critical judgments of the hypothetical victim's response seemed somewhat harsh, the participants' views and comments appeared to be borne out of considerable concern for the hypothetical victim as well as out of the need to distance themselves from this kind of experience. They seemed to be worried about the victim's ability to cope with more severe and intense traumatic experiences. It was, however, clear that the participants' decision-making processes about the victim's experiences during the event and thereafter were based on, and influenced by the optimism bias as mentioned earlier and that this appeared to be deployed in order to protect and preserve a sense of invulnerability (Lapsely, Aalsma & Halpern-Felsher, 2005). A point worthy of noting was the fact that even though both male and female victims were subject to the same blame, as has been illustrated at some points in the discussion, the male victim was subject to extra harsh judgement and ridicule for his reactions, which in some instances were viewed as being pathetic and in contrast to what is expected of a man. This was especially emphasised for the hypothetical 'macho man' who inspired no sympathy at all when considered as a victim of crime.

> **P1BF(MV1*);*** *'Then what are you gonna do when the big things happen its ... it's it's different because I almost expected more when if its a metrosexual crying out.....I feel like he has more room to cry (laughs)'*
>
> **P2BF(MV2);** *'I think to a certain point it would change *as she pat her friend on the back to demonstrate as if patting Themba * mara lewena (but you) (everybody*

laughs) you would now identify with that softness because you have dealt with that case. But if it was a case of someone that was like (mimicking a macho male voice) 'ya ya" it would make me feel like what the hell! Those two things don't mix. I suppose that is why again the general thought that people look at a guy and they automatically make an assumption based on the way how masculine and strong you are'

These viewpoints have serious implications for male victims of crime and the provision of support which is necessary for the recovery process as will be further elaborated. Nevertheless, it was clear that both male and female victims were judged harshly for exhibiting post-traumatic stress reactions that were perceived to be over-indulgent. Overall it seemed that many participants [***P1WF(FV4), P1BF(MV1), P2BF(MV1), P1BF(MV2), P2WF(FV4), P1BM(FV3), P1BF(FV2), P3BF(MV2)]*** introduced evaluations of both the victim's propensity to become a victim and their subsequent responses to victimisation that questioned the legitimacy of the victim's behaviour (irrespective of gender) and translated into critical judgments. While some of these evaluations seemed to stem out of concern for the victim much of it seemed to be linked to participants' tendency to identify with the victim and the need to distance themselves from him/her. In addition, there was also a particular contextual tone to the discussions which suggested that given how common and widespread this type of victimisation is in large cities in South Africa, potential victims needed both to take greater responsibility for personal safety in public spaces and to take on such experiences in a relatively matter of fact way.

4.3 Desensitisation, minimising of the nature of the event and related assessment of responses

The pervasive desensitisation to the impact of crime was rather striking and appeared to warrant elaboration under a dedicated theme. Given the fact that no country or community is untouched by violent images and that accounts of violence pervade the media; it is on our streets, in our homes, schools, workplaces and institutions (Word Health Organisation (WHO), 2002). In keeping with the WHO's findings the participants in the current study expressed that South Africa, in particular, is a violent country and that crime related events occur daily. They inferred that as a result people were less likely to be reactive to a violent or criminal event. The participants themselves felt that individuals who have gone through a violent and criminal event needed to summon their courage and move on. This stemmed from the understanding that one is bound to experience, witness or hear of a violent activity that has taken place and therefore that one needs to become accustomed to the facts, effects and after effects of such acts, again in alignment with the WHO (2002) assertion that violence is so pervasive, it is often seen as an inevitable part of the human condition – a fact of life to respond to, rather than to aim to prevent. As a result participants in the study were less understanding of or sympathetic towards the perceived overreaction to the minor trauma exposure of the hypothesised victim, as partly discussed previously.

P2BF(FV3): *'Another view is that like, maybe, I don't know whether am talking because I have never experienced that, but considering the fact that we live in South Africa and in those high crime rate places like Joburg, I feel like the way she reacted into the situation was rather too dramatic. And ehm.....for one like I think maybe you you just say 'I was at the wrong place at the wrong time' because now not going to university and all that. It is not like she is the first person to be robbed or anything so I just feel some of it, she took it .....to the extreme she was rather too dramatic'.*

P1BF(MV2): *'I think that people know that these things can happen to them on every day. Especially students, it's an everyday life, especially here in South Africa there is high crime and you are expected that you could be robbed one day'*.

Due to the desensitisation of continuous exposure to crime and violence, participants in the study anticipated that traumatic reactions following exposure to a criminal or violent traumatic experience should be minimal. As a result participants' discursive constructions of the victims' reactions which were not congruent with these expectations were dominantly negative. There was an expectation that constant exposure to crime and violence should lead to victims being largely unaffected by these events.

This view of the victim's reaction could be hypothesised to stem, in part, from some cognitive dissonance resulting from the known likelihood of falling victim themselves and the vulnerability and powerlessness that this entails. Hence, participants imagine that the victim's state is one that they themselves would not succumb to.

P1BM(FV3): '*Uhum ya, I think ya it will point down to that she is always dramatising. I mean if you you lived here you why you.....it's as if like.....well this is .....I get that it is ...like having to live here and being under this context you are bound to be, ok..... ya it does, although it is not a good thing though. Ya it does, you just have to have some kind of .....I don't know....just, just woman up I guess ya'.*

P1WF(FV4): *'Yes ya. They are quite extreme if you think about it because you know it happens that people get mugged or you are in a dangerous situation but very few people take it in such a bad way that they completely avoid things and they stop....actually hindering her life in her university performance'.*

In the above quotations it is evident that there is some ambivalence in having to engage with the topic of exposure to crime and P1BM appears to become somewhat inarticulate in attempting to voice his point of view on this matter. He refers to '*having to live here'* and that these circumstances reflect "*not a good thing*, however, one just has to "*woman up*", a term he uses somewhat ironically. P1WF is at pains to indicate that "*it happens*" but that "*very few people take it in such a bad way*".

The participants' experience of South Africa as a violent country and violence as an inevitable aspect of their daily lives is very evident in these quotations. For example, **P1BM (FV3):** *'I think that people know that these things can happen to them on every day. Especially students, it's an everyday life, especially here in South Africa there is high crime*

and you are expected that you could be robbed one day', This matter of 'factness' about potential exposure to crime contributed to their lack of confidence about the effect of external sources of help to prevent crime and violence as well as doubts about the processes aimed at mitigating the effects of the aftermath of exposure, such as counselling. Speaking of counselling one participant in particular, alluded to the fact that this type of help can perhaps create an illusion of safety on the part of the victim, resulting in further victimisation due to misconceptions about an ability to avoid future victimisation (as illustrated below). This was a rather fascinating viewpoint considering that the role of counselling is to help the victim process the trauma and therefore mitigate or eliminate the symptoms (Briere, 2002) as well as to empower victims, through learning and understanding different ways that they can perhaps protect themselves without being confrontational. However, it seemed that the participant thought that counselling was directed more at empowering victims of violence to believe that they can aggressively confront their perpetrators. The overarching message from the participants was that South Africa is a country plagued by violence and that being a citizen means getting used to and responding blandly to violence.

> **P1BF(MV1):** *'We can't prove any part of the solution. We live in a country that has a high crime rate. It can still happen again regardless of how much counselling he has he can still go back to his normal life, walk around by himself and even feel proud of himself and then it happens again. He may be so empowered that he might think this time I can fight this person off and get hurt doing so. He lives in an environment that is dangerous and the fact that has dawned on him because the incident had to happen to him for him to realise that actually you can't walk wherever you want to in this country you don't. Male or female, unless he moves to a first world country where there is police in every corner and actually help you. He would really feel really secured, counselling can't help much with the environment'.*

The implications of the desensitisation to violence and resignation to its impact are severe for society at large as this kind of attitude is liable to influence how people respond to violent acts in general and victims of violence specifically. The misconception that stoicism, composure and self-control are born out of or strengthened out of constant exposure to violence is of concern. Although such attitudes may have some protective aspects for the responders it further disrupts and negatively affects the support that would otherwise benefit the victim. Desensitisation to violence has far reaching implications for society and victims of crime and the country as a whole.

Psychoanalytic and psychodynamic writings understand denial, minimisation and rationalisation as unconscious defences against threats to the self, often mobilised following feelings of powerlessness and shame (Scott & Straus, 2007). This view of minimisation may be pertinent to understanding the dynamics evident in the current study where participants seemed to feel powerless in preventing the scourge of crime and violence in South Africa and adopted a kind of armour of acceptance. When viewing the victim's psychological

reactions the participants used the traumatic event to gauge the level of acceptability of the psychological reaction in terms of intensity, duration and need for support. In the main the hypothetical victim's reactions were seen as being at odds with the nature and intensity of the criminal incident which was seen as being non-violent. This led to a decreased sense of obligation from the participants to imagine getting involved and supporting the hypothetical victim. In creating a framework to understand the victim or evidence for their behaviour, the participants considered features of both the event and the reaction. Lack of correlation between the magnitude of the event and the intensity of the reaction, was viewed negatively. Consequently, many participants were torn between the idea of helping the distressed victim and feeling that their energies might be wasted on an individual with a fragile sense of being who should 'buck up and get over it' as did others. For example;

> **P1BF(MV1):** *'I have been going a bit crazy is a bit of an exaggeration....but I think the anxious...that's normal to be paranoid that is perfectly normal. But when you go to a point where you question your sanity I think that becomes....that is a problem after one incident....does that make sense?. Because no physical harm has befallen Themba. It is the thought that physical harm may have come to him that is causing psychological instability. So if that's from the threat of something happening then how is he going to react if something really happen and someone hits him with something on the head or punch him in the nose to get his things'*
>
> **P1WF(FV4):** *'Yes ya. They are quite extreme if you think about it because you know it happens that people get mugged or you are in a dangerous situation but very few people take it in such a bad way that they completely avoid things and they stop....actually hindering her life in her university performance'.*

The inference in these statements is that traumatic reactions, especially extreme or intense ones, should be aligned with the severity of the event, for example, exposure to a high level of violence and sustaining physical injury. Consequently, when the individual was seen to be overly reactive following what was perceived to be a moderately traumatic event they tended to be met with misunderstanding and the possibility of limited, or minimal support. There was an almost linear link between the perceived nature of the severity of the traumatic event, the extremity of the psychological reaction of the victim, and the likelihood that the participants could envision themselves providing support to the victim. Thus, perceived minimal traumatic exposure was expected to lead to minimal or no psychological reactions which would ultimately mean no need for support and thus, no burden to the responders. The experiences of those impacted upon, or affected, by a traumatic event need to be in keeping with its impact, as judged by observers. This line of reasoning seemed to present a dilemma, for some of the participants, since at times, as evident in discussion of the case scenario, the severity of the trauma did not appear to them to correlate well with the intensity of the resulting psychological reaction, but in other instances it did. Accordingly, in this kind of scenario their sense was that help or support would be provided but with conflicting emotions about the legitimacy of the need for such support. For example;

> **P1BF(MV1):** *'.....there, there is reasons..... your mother has died, father or granny someone close to you. Criminal conviction but you didn't do it, you can cry cause you know your ass is gonna get raped in prison, you can cry fine. You have just been kicked out of university you have no future left, your bursary wants their money back, even a loan shark is after you, you know what you are allowed to cry..... Then what are gonna do when the big things happen?(laughs)'*

In this quotation it is evident that the participant felt that much more serious kinds of conditions (such as loss of a parent or rape in prison) would be required to justify the kinds of reactions reported to be evident in the case victim. There is a sense that she is quite derisory about the victim's trauma related symptoms and need for support. The participants' correlation of the magnitude of the trauma and the subsequent psychological reaction provided them with a framework for justifying whether there should be provision, non-provision or limited provision of support to victims. In an effort to make sense of, and to comprehend the relationship between traumatic exposure and subsequent psychological reactions, the participants tended to assign what they perceived to be extreme reactions to dispositional factors (such as an overly sensitive disposition). Consequently, the experiences of the hypothetical victim and any other individuals imagined to exhibit similar reactions under the same conditions did not inspire sympathy in some of the participants and may be indicative of the kinds of support this kind of victim could expect in reality. Thus, living in a high violence environment inspired a process of desensitisation about the effect of violence, criminality and trauma from responders, and considerable minimisation of the victim's personal experiences in some instances.

4.4 Victimisation as an identity position

There is an implicit relationship between being a victim of crime and needing social or institutional support and help. Hence it is important in this case to understand how responders (society) construct the victim and victimisation. Victimisation is defined by Olweus (1997) as a negative action which constitutes an intentional infliction of injury or discomfort upon another. Another writer contends that victimisation is an event where persons, communities and institutions are damaged or injured in a significant way (Dussich, 2006). A victim of crime is defined as a person who has suffered harm, including physical or mental injury, emotional suffering, economic loss or substantial impairment of his or her fundamental rights through acts or omissions that are in violation of our criminal law (Webster, 2008).

The constructions of the victim(s) in the current study were based on two main roles or positions that the victim was seen as likely to take up, that is, personal agency and identification with the victim role. These constructions were discussed as the primary identity positions that a victim has an option to choose from. Furthermore, these two constructions were characteristically discussed by participants as being mutually exclusive, that is,

participants felt that each individual victim should have some sense of personal agency, the absence of which was equated to a choice of positioning oneself as aligned with the identity of being a victim. The need for the victim to display personal agency and to become disidentified with the victim role appeared to be based on the participants' need to experience freedom from the obligation to provide continuous support. The continuous need for, and provision of support for a victim such as that described in the scenario was seen as a practical inconvenience in the participants' lives and as possibly ultimately negatively impacting on their psychological wellbeing. The discussion below provides an exploration of the constructions of victimisation.

4.4.1 Personal agency

Agency is a behavioural and psychological concept and refers to an individual's sense of what they can do or achieve (Duggins, 2011). The participants in the study conceptualised personal agency as the ability of an individual to deal with the psychological reactions resulting from the exposure to a traumatic event, primarily on their own. There was anticipation that one should be able to manage traumatic reactions resulting from exposure to traumatic life events through a sense of self efficacy.

> **P2BF(MV1):** "*But at some point a person has to decide 'Ok I have an issue this is my problem, I can see I have an issue, and therefore let me do something'. Or let me talk to somebody or...you know you act .....you can't just be like chilled when you know you have a problem'.*

An absence of this sense of self efficacy was viewed negatively and understood to indicate helplessness and vulnerability.

> **P2BF(MV1)**: *'Like I'm saying he would just have to get his acts together because he can't be babied forever. I mean like he is a 22 year old he has to sort himself out like.....'*

The above participant continued to emphasise that as a young adult one should have a sense of personal agency and that life experiences should have taught the victim that life happens and things get disrupted but one needs to have a personal centre and to continue going on being.

> **P2BF(MV1):** '*.....I mean we....you go through stuff and you find ways to just get through it and get over it , it happened so move on, like who would be holding your hand now really'*

This all or nothing view of a sense of personal agency was interesting and may have implication for the understanding and provision of support to victims of crime (*He can't be babied forever*). Absent or low personal agency within an adult was seen by the participants as indicative of a serious lack of personal strength, will and capability to go on (*you go through stuff and you find ways to just get through it*) .However, there was also a sense that

one's ability to harness and utilise one's personal agency following a traumatic event is influenced, in part, by one's pre-trauma functioning. An individual with pre-trauma functioning that was viewed as being positive and emotionally resilient, who exhibited negative emotions post trauma exposure, was understood to have been severely affected by the traumatic event and their responses were seen as more legitimate. In this instance the person was not seen as lacking in personal agency but rather as having been overcome by circumstance.

> **P1BF(MV1):** *'If I knew Themba to be someone who was sort of unaffected really happy, go lucky person and he first came to me, you know, anxious and mildly depressed about the situation. I would probably .....you know obviously at first I'd be concerned for his well-being....because it would have had to be quite severe to shake him up like that ...if you have never seen him in that state it also rattles you. It's, it's bumping against you so much. I'd probably be concerned at the beginning, I think it forces you to look at someone as being very sort of human, because you often look at people from the outside as being unaffected by things and then you go on with life quite easily. So I think it would....I wouldn't be....I'd probably try to be patient and comfort'.*

> **P1BM(FV3); '***.....but like considering the fact that we are dealing with individual case we should really take into account ....the kind of person they are, the kind of things that do the structure that could really help with a traumatic experience, in terms of how we look at their situation'.*

An experience which resulted in a fractured sense of personal agency that was previously witnessed to be intact translated into an appreciation of the need for this individual to be afforded sympathy and continuous support. Even though this viewpoint was positive for previously stoic, independent and seemingly unaffected victims, the implications seemed to be negative for victims who exhibited the opposite dispositional characteristics. There seemed to be a strong potential for isolation and lack of support for these types of victims, who may in turn feel exposed and perhaps more vulnerable to further victimisation. Interesting though was the fact that when participants were evaluating trauma reactions of the victims, (discussed elsewhere in the dissertation), especially those of male victims, they exhibited a more sympathetic view towards an individual with a pre trauma disposition characterised by fragile, sensitive and reactive traits. For example;

> **P2BF(MV2):** *'I think to a certain point it would change (as she patted her friend on the back to demonstrate, as if patting Themba) mara lewena (but you) (everybody laughs) you would now identify with that softness because you have dealt with that case. But if it was a case of someone that was like (mimicking a macho male voice) 'ya ya" it would make me feel like what the hell ! Those two things don't mix'.*

> **P1BF(MV1):** *'It's so much personality though, because I have a lot of guy friends you know you get.....I have some guy friends that are extremely macho and that have a really big ego and then you have almost more feminine guy friends like, not gay, but they almost the guys that are really sensitive, you know, metrosexual, or he is just an extremely sensitive, fragile sort of person. And that would impact on how I react on it*

because when you that egotistical guy friend who reassures himself as macho and maybe even a womaniser, he doesn't need help or anything'.

Although it appeared that both the fragile as well as the stoic unaffected victims were likely to be assessed as lacking agency, even if in somewhat different kinds of ways, there was tension about whose post-traumatic reactions could be tolerated more. It appeared that generally victims with a pre traumatic disposition characterised by traits of sensitivity, fragility and emotionality inspired less positive attitudes. However, the opposite was true when the participants engaged with the hypothetical male victim when he was constructed as previously macho or hyper-masculine. Thus, gender stereotypes were utilised to determine the standards of behaviours that were expected and likely to be tolerated from victims of crime and these were used to establish the type, intensity and duration of care and support that should optimally be provided to victims of crime. The implications for the male victims were mostly negative as they seemed to have to pay the high price of poor support, for their stoicism and pride prior the traumatic event. For example;

P1BF(MV1): *'I mean in my mind I would be like "you thought you were tough and you talked a big game and now something happens you are broke'. Because you know you get macho guys that when they court you as the girl they try to let you know how are they gonna keep you safe, you know, 'when you are with me babe you don't need to worry about anything'. If that guy comes to my door crying because he didn't even get stabbed, he didn't even stab him, then you like ' you are not who you said you were'. It is how am I gonna look at you and am probably gonna be less sympathetic because you feed like sort of image of yourself and now what happens is that you are actually in pain from your ego'.*

The differences in outlook evidenced within the four groups may indicate challenges and difficulties in understanding as well as providing the necessary support to different types of victims of crime. Social support is necessary for victims to recover since it allows them to resume the same or better levels of functionality as they enjoyed prior to victimization (Dussich, 2006). These conflicting views from participants about what type of victims to provide what kind of support to, are of concern as they suggest implications for the kind of social support that victims of crime may receive. Social support or engagement is also likely to bolster personal agency, both prior to and post traumatic events with positive and supportive social life experiences being necessary for an intact sense of personal agency. One participant in particular pointed out that prior experiences of the self and observations of others' experiences may be utilised to support and strengthen a sense of personal agency. The goal of social support was to strengthen a weakened (low) sense of personal agency in order for the individual to continue with life as soon as possible without requiring ongoing support. For example;

P1BF(MV2): *'Ya, I would say you have to accompany him the first day or few days then tell him,...advise him that these things happen to everyone you know'.*

Personal agency was viewed as being the foundation for the victim's recovery process, without which, it was anticipated that the individual would potentially forever be dependent on support. There was an underlying anxiety about a perceived continuous dependency of the victim amongst some of the participants, linked to judgments about a low sense of personal agency in the victim. The belief and understanding that each individual has personal agency which they need to actively apply in these kinds of situations was underpinned and sustained by the need to lessen personal obligation to provide continuous support. Therefore, while the role of support was viewed as in part to assist the victim in the process of resolving and working through the psychological impact of the trauma it was also understood to be useful in the re-activation of personal agency in order for the victim to return to being self-reliant in dealing with the effects of the trauma. Linked to the emphasis in the discussion on the need for victims to draw on a prior sense of agency and to attempt to recover such was an implication that being in a kind of 'disabled' state post-trauma might become reinforced by ongoing support from others.

4.4.2 Identification with the victim role

Participants expressed that victims that experience a high and continuous level of social support may lose their sense of personal agency and begin to identify with the victim role. This is an interesting view, especially considering that literature has found that social support is generally negatively correlated with many mental disorders (Klaric et al, 2008; Kendler et al, 2005) which may include over-dependency. People who identify with the victim role or victim syndrome tend to believe they have no control over the way events unfold, lack a sense of responsibility (de Vries, 2012) and have a low sense of personal agency, a contributory factor to their overly detail oriented and anxious viewpoints (Vallacher & Wegner, 1989). Being in an extended state of victimhood requires a lengthened need for support, and the effects of this kind of case were viewed to be negative for both the victim and the responders. One participant in particular argued that the victim may become disempowered through constant social support leading to a state of perpetual vulnerability and victimhood.

> **P1BF(MV1);** *'Because bottling it in and coming to me and letting it all go, is not really solving anything. And then it becomes...it almost makes him too vulnerable if that makes sense. It is good to be vulnerable but then to keep him in that state .....if you constantly, like keep comforting him, then you like perpetuate him as a victim. Does that make sense? You don't empower him. It's like he is a baby all the time and he starts to see himself as a victim and I don't think that is healthy'.*

This participant suggested that ongoing support may infantilise the victim (*it's like he is a baby*) and she asked the question as to what optimal support should be in terms of not reinforcing vulnerability (*it almost makes him too vulnerable*) and promoting empowerment. It was interesting that the comment was directed at the hypothetical male victim and it may be

that the kind of dependent behaviour described as consequent on the trauma was seen as more problematic in a young man than it would be in a young woman. The participant also seemed to hint at some concern about her lack of capability as a responder to rise up to the requirements of the provision of such support. It was thus not entirely clear whether this view was borne out of concern for the victim or was a way of reducing obligation to provide ongoing support. This view complimented Lakey & Cohen (2000)'s hypothesis that social support will be effective in promoting coping and reducing the effect of a stressor insofar as the form of support matches the demands of the stressor.

Another interesting view concerning how the victim role can be acquired and maintained was related to self-blame. Constant self-blame and thinking back to the incident was viewed as a precursor to a state of enduring traumatisation and vulnerability. A victim that was constantly thinking back to what they should have done differently was understood to be re-traumatising him or herself and in the process placing the self in a state of perpetual victimhood. This was seen as a process that would hinder psychological processes aimed at resolving the traumatic state.

> **P1WF(FV4):** '*We always think back to the situation and be like 'Oh I could have done that, I could have done that', but then the fact that she is doing that is just putting so much pressure on herself. She can make herself feel more traumatised when were you in that situation you did what your insti....what you thought was instinctually best. But obviously there is a knife, you are not gonna be like 'maybe I should fight this guy, maybe I should try to run, it doesn't matter let me get this guy away from me and save my life. So like in hindsight its easy to remember that you weren't ....its easy to forget that you were in a life threatening situation and try not to resolve it in your mind'.*

Evidence from literature suggests that trauma survivors have a tendency to believe that they brought the trauma to themselves (Galor, 2011).Findings in the current study suggested that self-blame was seen as unconstructive and having a negative impact on the processes aimed at recovery. Individuals who react to trauma with a strong sense of self blame tend to feel that they are responsible for the negative events that occur in their lives, a view stemming from a misguided sense of power and control over most events (Galor, 2011). However, the imputed attempt by the hypothetical victim at gaining control by revisiting their behaviour and decisions was viewed by the participants as a contributor to taking on the victim role. Thus, the absence of personal agency, over dependence on social support, and ruminative self-blaming were seen as fundamental pillars of the development of a kind of 'victim syndrome'. These factors were seen as contributing to a perceived lack of initiative and progress towards recovery on the part of the victim.

> **P2BF(MV1):** *'But the thing is if he wants to recover then he needs to do something. So it is his life...he is like 'if no one is walking with me I am staying at home'. That is basically saying I have an issue, I have a problem, and am not gonna sort it out. I'm*

just gonna chill and be like ya I don't know. But at some point a person has to decide 'Ok I have an issue this is my problem, I can see I have an issue, and therefore let me do something'. Or let me talk to somebody or...you know you act.'.

The role of good personal agency seemed to serve two purposes in the accounts of the participants. One was that this would assist the victim to get out of the state of victimhood and to seek short term help and support, potentially leading to recovery. The second purpose was to provide relief to the responders, eliminating the need for a sense of obligation to provide ongoing support that might eventually negatively affect the relationship between the victim and supporters. There is some support for the participants' view about the negative consequences of a prolonged victimhood. Literature suggests that people with a victim mentality are said to display passive-aggressive characteristics when interacting with others, their behaviours often having self-defeating qualities (de Vries, 2012) and ultimately leading to distancing of support systems. Having to support a prolonged victimhood was viewed as being potentially strenuous and possible emotionally draining by participants. As a result over-identification with the victim role by the hypothetical case or the development of a 'victim syndrome' was frowned upon and discouraged. Linked to these aspects of discussion about victim identities the participants engaged in discussions that were aimed at making sense of, and thinking about what an optimal social support interaction between victim and responder should look like.

4.5 The role of social support and help seeking

Social support refers to social interactions that provide individuals with actual assistance and embed them into a web of social relationships perceived to be loving, caring and readily available in times of need (Kaniasty, 2005). Research findings indicate that there is an inverse relationship between social support and morbidity; however, these previous research studies have focused on the perceived impact of social support from the victims' perspective and not the views of responders on providing support (Brancu et al, 2014; Lehdonvirta et al, 2012; Kleric et al 2008). The current study focus was on the responders' perception of the need for, and apparent willingness to support victims of crime and violence. Numerous factors, including the prevalence of crime in the particular area, personal victim vulnerability and reactivity, and perceived ignorance, were all cited as contributing factors in the decision of responders as to whether or not and how to provide support to the victim. The following quotes elaborate on some of the thought processes that the participants indicated they would deploy prior to and perhaps even during the process of helping the victim.

P2BF(FV3): *'I think also, I kinda emphasise the fact that it is her responsibility, because if you go to any place you need to be aware of the environment, you need to be alert so I think she was just too comfortable'.*

P1BM(FV3): *'I guess ya. Unless, like, you are trying to be ignorant of the, like, what is happening....like, you deny like this cannot happen to me'.*

P1WF(FV4): *'I feel like the fact that she reacted so badly we can say that it may be a little bit of an overreaction'.*

Despite these anticipated challenges all participants in the study agreed that they would provide the much needed support to victims of crime and violence where such support was necessary and required. For example;

P2WF(FV4): *'For the most part if it is your friend you would want to accompany them, everyone understands that feeling of being scared. If you can walk with her, but I don't see why you wouldn't...'*

P1BF(MV1): *'I am a female I mean I'm around the similar age as Themba. If I was staying at the same complex as him and he wants me to walk him everywhere I think the only thing is that, I'll probably be sympathetic at the beginning. Because it is violating. I can understand if I have been in a trauma situation I expect people to walk me.'*

In the main the participants seemed to have a positive drive towards providing support to the victim a behaviour that seemed to be aimed at benefiting others even when at some personal cost to themselves (Kerr et al, 2004). The participants envisaged many ways that they could deploy their support skills, including offering psycho-education, in an effort to help the victim understand the need for support and reason for their current psychological states.

P1BF(MV2): '*But you know what I would tell Themba, neh, is that accidents happen. Like, lets say you are in that frightened moment, I don't think you will think of how I was raised how my mother said.....you are scared and the only thing that is occupying your mind is the fear. It overcomes everything. You don't remember that, oh mama said.....yes this is me trying to tell him that it is ok after ....cause you couldn't have thought of all of those things at that time. I am explaining to you your state of mind that time, why you couldn't fight that person. It is not because you were not strong but it's because the mind was full of fear at that moment you know'*

P3BF(MV2): *'No matter how difficult it is .....by accepting that you could not have done anything at that moment. I can give you scientific proof that this is why you couldn't do anything at that moment. If you are required to go do research to tell you what was happening in your mind at that time I would do it so that you can go and get help. That is what should happen to start with, we must re-change that stigma in your head... that guys are supposed to just deal with it and move on'.*

It was interesting to note that the participants suggested using some of the psychological practices that have been proven to be effective for different psychological disorders such as a form of desensitisation or guided approach. Even though they did not have the full knowledge of how it might work they demonstrated an interest in using their newly acquired psychological information in the bid to provide support to the victim.

P2BF(MV2): *'I'd probably say, let's go through that road again and see if we can find that guy. Because sometimes, you know, when you, when you .....it's like when you have a certain fear or a certain....oh ya.....and you avoid it, it grows and becomes*

bigger and bigger and bigger. So maybe if he go through the same route again it might actually evoke the emotions and make it worse or he might just realise that a lot of people have gone through the same thing in this particular street. And maybe bumping to someone who has been in the same situation is going to be like, you know what, get over it. It happens all the time and there is nothing you can do about it so this is what I would do. Face your fears if it doesn't work then come to CCDU'.

Different theoretical frameworks postulate on the reasons why people help others, for example empathy is seen as a potential psychological motivator for providing support (MacDonalds & Messinger, nd). Some of the conversational modes employed by the participants suggested that empathy might indeed be present, as in, "*I would tell Themba, neh*" the use of the person's name suggesting an engagement with his experience. Whatever the motivations for the participants to have a propensity to help the hypothetical victim, it was evident that in the main they would provide support to the best of their abilities (even if this tendency was mediated by some of the issues already discussed). This is important as even though support from others may be a reactive rather than a preventative strategy in reducing mental ill effects from traumatisation it is important to have evidence that there is potential for the reactive strategy to work in reducing serious and long term effects.

Another interesting point was that the participants were optimistic about their own chances of getting help and support if and when they might need it in a similar kind of situation. For example;

P1BM(FV3): '*My friends would be like 'Ok cool, do that because it's a good thing' just maybe it depends on the kind of people that you are surrounded by or the kind of social context that you have or you were raised under'*

Overall there was an understanding that the provision of support may help the victim and prevent the extension of the duration of symptoms.

4.5.1 Duration of symptoms and support

Literature findings suggest a mechanism called 'social support deterioration' – referring to the decline in perceived social support in the aftermath of trauma, a phenomenon that contributes to the detrimental impact of stress rather than serving to counteract or buffer it (Kaniasty, 2005). In the current study it was clear that social support would be provided where help was required. However, there was a sense that the provision of support might become strained, or even disrupted, under certain circumstances. For example, participants indicated that the duration of the trauma reaction symptoms would determine the extent to which they would be likely to provide support. Keane et al (1985)'s study on social support systems of Vietnam veterans with PTSD found that qualitative and quantitative measures of social support declined to lower levels with time. Congruent with these findings, participants in the current study envisaged that the longer the psychological trauma symptoms persisted

the higher the likelihood of them viewing the victim unfavourably and withdrawing their support.

> **P1BM(FV3):** *'Ehm not necessarily ....I wouldn't say she is crazy, but she is about to go crazy, like not normal. Like...I feel like if she doesn't get help as soon as possible she might all go a little bit crazy, ya that's it. I don't think she is crazy especially if we had been told about it, like it just happened like a one or two weeks ago. Ya I think I get it you not crazy...she's not crazy but if the experience was long.....she crazy.'*
>
> **P2BF(MV2):** *'It would be frustrating because I'm assuming the emotional being would be completely different even how they communicate with you, things that were fun to them will probably be a nightmare'.*
>
> **P3BF(MV2):** *'.....eh because it will affect your friendships, relationships or what....the best thing he can do for himself and for everybody that has to walk him to class is get help'.*
>
> **P2WF(FV4):** *'I also think so myself because if you gonna walk with her and she is constantly talking to you about it and like very anxious that is going to make you anxious as well and that will kinda be transferred onto you. And then like also the fact like that you got your studies to focus on and things like that, so I think getting more professional help for her would be better than trying to deal with it on your own'.*

Participants believed that symptoms that had a longer duration and were of high intensity might cause frustration and irritation from helpers (*it would be frustrating* and *because it will affect your friendships)*. There was also a sense that the strain would have a negative impact on relationships. The change in the way the person carried him/herself was seen as a pivotal point of change that would negatively affect the relationship. Aspects that were pillars of prior relationships might become compromised and this it was anticipated could lead to a change from a mutual, peer interaction to a helper-helpee relationship. For example, the reference to needing to focus on one's own studies and the fact that things would no longer be experienced as fun indicated a need to keep a hold on the peer relationship element. In alignment with this view a study on the impact of PTSD on veterans' family relationships by Ray and Vanstone (2009) found that familial relationships were affected negatively with an intensified cycle of emotional withdrawal and retreat for both the veterans and their families, creating a struggle with healing from trauma. It is possible that the participants were concerned that a similar pattern might develop between the student victim and his or her friends and peers.

Moreover, participants reported that the extended duration of the symptoms would negatively affect the state of wellbeing of the helper through constant exposure to negative psychological experiences of the victim. Participants felt that they themselves would begin to experience some of the negative cognitions and emotions of the victim and thus is some ways find themselves 'victims by proxy', feeling a form of vicarious traumatisation (*that is going to make you anxious as well and that will kinda be transferred onto you*). Therefore,

even though the participants were willing to provide help towards the hypothetical victims they were also wary of the potential impact on their own psychological wellbeing. As a result the participants felt that they would rather encourage a very intensely or enduringly traumatised the victim to get help elsewhere, most likely professional help (as will be discussed further). Similarly participants felt that the longer an individual needed support from them the more likely that the process would become frustrating, irritating and disruptive.

> **P1WF(FV4):** *'For the most part if it is your friend you would want to accompany them, everyone understands that feeling of being scared. If you can walk with her, but I don't see why you wouldn't, but I do think that it might become a problem in your life because you might feel obliged. Like maybe if you don't have to go into university you'd be like ok I understand she is scared maybe I should just walk with her anyway.*

> **P1BF(MV1):** *'.....But I would probably be sympathetically at the beginning but when it becomes an inconvenience I would probably be annoyed but not because he is male but just because I have my own life. And that's where it becomes problematic you see because I can't alter my schedule to accommodate him to make sure that he gets to school, to make sure his work is done I've got my own things as well. The best thing is....if I was close to him, If I wasn't like I'd leave him alone (chuckle from participants).*

The longer the duration of expectations of help the more likely the occurrence of resentment or irritation. There is suggestion that subsequent support starts to be provided out of obligation rather than empathy (*but I do think that it might become a problem in your life because you might feel obliged)*, especially if the individual victim is known and close to the responder. The obligation to provide prolonged support to the victim was envisioned to likely result in inconveniencing the responder and therefore that help would be curtailed or responsibility transferred after a while.

> **P3BF(MV2):** *'I would walk him to CCDU (laughter from her and others) yes I would walk him because I walk him there once so that I don't have to walk him every day to class'.*

> **P1BF(MV2):** *'Ya, I would say you have to accompany him the first day or few days then tell him,...advise him that these things happen to everyone you know'.*

However, there was a sense that much more would be done for a victim that had close relations to the helper prior to the trauma, irrespective of these challenges. For example, P1WF goes on to say: '*But I do think that it wouldn't be that much of a burden in your life like this is my friend, you know, it is not too far a walk. So let me just walk with this person so they feel safer. Then you might feel safer too walking with someone else.'* Both she and P1BF (MV1) even go so far as to indicate that collective efforts on behalf of the victim might benefit them and others.

P1BF(MV1); '*But ehm if we were close....if he lived in a student complex then I think it would be important then that everyone get together and say these are the dangerous routes. This happened to Themba it can happen to any one of us'*

The need for freedom from the inconvenience, obligation and the emotional baggage presented by helping the other provided a context for doubt and self-oriented thinking which in many instances seemed to place the responder's needs ahead of the victim's. There seemed to be an underlying expectation that the support provided should be of short duration and be aligned with, or minimally disrupt, the responder's own life plans and routines. Once the support needed was perceived to have crossed the boundary between help and self-sacrifice, the majority of the participants felt uncomfortable with the idea of continuing with the provision of support. Where the needed support seemed to potentially be likely to negatively impact their sense of wellbeing, self-preservation, independence, freedom and self-concept, the participants were uncomfortable with possibility of continuing to provide such help. Part of the concern related to fear of loss of autonomy and vulnerability to the development of distress related symptoms (Manguno-Mire et al, 2007). Hence, the participants were willing to help the victim only up until they felt that their own sense of wellbeing and goal directedness would not be compromised by continued provision of that support. It appeared that when they felt the limitations of their own capacities to provide such support they would refer the victim for professional help.

4.5.2 Professional Help

Participants felt that where they could provide support for victims of crime and violence they would, however if provision of such support was deemed hypothetically ineffective and unhelpful, the hypothetical victims would be encouraged to seek and utilise professional help. Literature findings indicate that the role of professional help is important in the alleviation of morbidity following a traumatic exposure. For example, some findings suggest that certain professional therapies may be particularly beneficial for symptomatic individuals with low social support in the initial months following a traumatic event (Robinaugh et al, 2011). Therefore, low levels of social support or support of brief duration in particular do warrant the need for professional help. Nevertheless, it seems that the consumption of professional help is impacted upon by contextual and societal factors.

The stigma associated with mental health consumption was pointed out as being one of the major hindering factors in seeking and utilising professional mental health services. For example;

P2BF(FV3): *'I think ehm what would happen is that...yes there will be those that attend counselling but there would be those, like, jokes sometimes, like, when I am around. They make fun of the situation - but considering the fact that I have experienced such a traumatic thing that will have an impact on me. Obviously, they're, even if they are not straight up jokes, they'd be those comments about*

attending this counselling that would affect me, considering that I also have the mental picture that counselling is associated with such things'.

P1WF(FV4): *'There is that stigma attached to counselling, especially if you have been brought up in a smaller village where counselling isn't really an option. I can imagine people saying things like, even older generations where I am from would say 'counselling is a waste of time, like, deal with your problems'. They are very straightforward and a lot of people see counselling as something that is not very useful'.*

P2WF(FV4); *'I think you can't be like, no, you need counselling. Some people will really be offended by that and think that 'am I crazy, you think I'm nuts'.*

It was somewhat surprising that despite choosing to study psychology the students still tended to perceive the need for counselling in a negative light, even if these opinions were attributed to others. There were clearly suggestions of ridicule and stigma attached to seeking counselling as well as some inferences about being culturally inappropriate and only for very disturbed or weak individuals. There was a sense that there was still a lot of stigma attached to professional mental health services and consumption thereof and that as a result many people might choose not to seek professional help in order not to suffer prejudice and discrimination (Watson & Corrigan, nd).

Despite the above there was a sense that where the victim's reactions seemed to be overwhelming for the responders, due to their intensity and duration, as well as their impact on the wellbeing of both the responder and victim, professional help was to be highly encouraged. The agglomeration of all of the symptoms and defence reactions to them were seen as requiring someone with experience to deal with such experiences. While there was tension concerning what participants felt was accepted regarding professional mental health service provision and use, several participants felt that such services were now accepted universally due to generational changes. However, related to the concerns outlined above confidentiality was seen by the participants as a major issue when it came to attending a professional mental health service;

P1BF(FV3): *'I think it is not easy to be confidential about it because if am suggesting it to her and she ...well she is my friend, but she cannot trust someone, like, not to tell anyone else, like, maybe if we are just a group of friends here and somebody ask me 'where is she?' So there could just be like cliques, like, that so people would know. It's not easy if it is suggested, if it's something that I just decided that I need to go to counselling then I can be confidential about it'.*

The concern of the participants was with confidentiality amongst peers rather than amongst professionals. They felt that it was impossible to maintain a level of strict confidentiality if the mental health services are recommended by a friend. The above participant felt that there was a way around issues of confidentiality and privacy, such as not informing others that you are attending.

Stigma plays a major role in the persistent suffering, disability and economic loss associated with mental illnesses. Persons with mental illnesses are often victimised for their illnesses and face unfair discrimination, such as difficulties in accessing housing and employment and often they are mistreated by family, friends and the surrounding community (Kakuma et al, 2010). Beyond the societal stigma, participants alluded to internalised stigma structures about mental illness and mental health service consumption that may further hinder usage of these services (for example in remarking that the victim themselves might see this as a labelling of them as 'crazy'). Hence, it was evident that actively and openly seeking mental health services was viewed negatively by participants due to the impact of societal stigma associated with mental illness despite the fact that they thought that professional help might be both beneficial and necessary.

Having discussed the prominent themes that emerged as generally salient in discussions of both the female and male victim scenarios, the discussion now moves to focus in on the thematic material that had particular relevance for gender, masculinity and male victimisation.

4.6 Gender related constructions of victimisation and traumatisation

The discursive constructions and communications about the impact of gender on victimisation, psychological reactions, help seeking behaviour and support seeking were most prominent in discussions of the male victim scenario. There was no mention of specifically gender related issues in relation to the female victim scenario and the discussions were seen to have general relevance and to be related to how this kind of criminal attack would affect most people irrespective of gender. However, in the male victim scenario discussions, as will have been evident in some of the prior themes presented, there was fairly frequent reference to the male identity and masculinity (or not) of the victim. It was appreciated by the participants that men, and more particularly masculine-identified individuals, who are inadvertently located in the position of a victim, struggle to engage with such experiences in multiple ways, in many respects precisely because of the disjuncture between masculine and victim subject positions (Eagle, 2006).

There was an understanding that male victims of crime and violence were subject to much more stringent societal rules than female victims that prevented them from freely expressing their emotions. Masculinity was particularly emphasised as impacting on the ability of the male victims to express their feelings and experiences following a traumatic event. Participants felt that this was one of the reasons why many men were unable to seek help or to effectively deal with the aftermath of exposure to a criminally motivated traumatic event and associated violence. Interestingly enough, in line with this view, the participants appeared to be least sympathetic to traumatic reactions in male victims who they suggested

may have previously expressed their masculinity in a way that depicted them as being above and dominating females. This will be elaborated below.

The participants' conversational constructions of the victim indicated that they still used societal standards to measure the appropriateness of the victim's reaction and judged it accordingly. In an effort to sympathise and provide support to the hypothetical victim participants categorised the male victim into either a macho-hyper-masculine guy or a sensitive-metrosexual, feminine-type guy. The employment of these categories and judgments of associated levels of stereotypical masculinity allowed the participants to be more sympathetic and supportive to a male victim that was viewed as being more feminine than the hyper-masculine individual. The participants created a dichotomy similar to that of masculinity and femininity which was utilised to make sense of, and construct the male victim's victimisation and consequent behaviour and reactions (Bem, 1974). The (re)construction of masculinity into separate more feminine and more masculine characteristics was interesting and could be further interrogated. It appeared that it allowed the participants to be more accepting and supportive of the more feminised male victim, indicating a social proclivity towards provision of help and support to more feminine typed individuals (Knoll & Schwarzer, 2002; Kendler et al, 2005).

Further analysis of these kinds of gendered constructions and understandings of traumatic reactions are elaborated on below.

4.6.1 Expressions of masculinity and becoming a victim

Generally males were viewed as having to contend with societal expectations and standards in situations of vulnerability and as such forced to exhibit certain behaviours that were aligned with those expectations. One participant explained that males have a need to demonstrate their masculinity through strength and bravery, often to the detriment of their wellbeing and those of people around them.

> **P3BF(MV2):** *'Its being a guy, you know guys....even when you walk with them on the street during the night and you like 'oh dude we are gonna get robbed' and they'd be like 'oh no not with me'. They have that pride that I'm a guy I can't be robbed. Once they get robbed they like 'oh Jesus I'm a coward'.*

Participants also seemed to believe that the way masculinity was expressed might well lead to confrontation of an avoidable harm or hazard, where an individual might actively engage in dangerous situations due to fear of social stigma, ridicule, loss of sense of self and the need to demonstrate a non-fearful masculinity.

> **P2BF(MV2):** *I think it's a social stigma in a way the fact that....ehm am sorry to put race ....but in a sense that as a black man you are taught to fight, you are taught to protect.*

Participants in the current study purported that male individuals (and perhaps particularly black male individuals) are socially cast in the role of performing gender and masculinity in particular ways in which deviations from these may lead to particular sanctions including stigmatisation and isolation (Courtenay, 2000). Ratele (2008) suggests that due to ruling ideas of what it means to be a man, men (and women) do things to others and to themselves under the 'influence' of ruling masculinity. The male individual finds himself performing masculinity, sometimes against his nature or internal state of being, in order to align with the role to which he is socially cast. In the quotation above P3BF(MV2) refers to "*that pride that I'm a guy I can't be robbed"* and the likelihood that if such a person is victimised they will exercise very negative self-judgments *(I'm a coward').* Participants expressed that males were cast in roles of being strong, self-sufficient, protectors, and providers.

Ideal characteristics of the socially constructed man were seen by participants as obstructions to the expression of emotions and behaviours that indicated anything remotely different from these masculine stereotypes. This meant that the expression of traumatic stress reactions and related help-seeking was also understood to be complex and problematic for the male victim. The 'performance' of masculinity was viewed as being to the disadvantage of the individual performer, especially for example, during times where help seeking might be necessary in order to gain support and regain wellbeing following a traumatic event (Gorki, 2010).

> **P2BF(MV2):** *'It might be the same thing. The very same thought that he had there might come back and he might ask 'how am I gonna go there and sit next to this lady and tell her how scared I am because somebody, did not even stab me. They just had a knife and ....like I said earlier I think it's a social stigma in a way the fact that....ehm am sorry to put race ....but in a sense, that as a black man, you are taught to fight, you are taught to protect, you are taught you must be strong, you can't cry, you can't be weak'.*

These findings were in accordance with literature, that is, when men experience an illness or disability the gender ramifications are often considerable. Their status in the masculine hierarchy is often reduced, relations of power with regard to women shift and they experience an increased level of self-doubt about their masculinity (Courtenay, 2000). Understandably, the role of society in shaping and maintaining masculinity or what it means to be a man was seen as largely the cause of the struggles that many men encounter daily when they are faced with situations where help is warranted and required.

> **P1BF(MV1):** *'When you start to talk about masculinity I suppose it's that looking for help means you can't deal with the problem yourself. So but then if you call into question the whole role of being a male in society that is a picture of society especially them needing help or something that undermines you as a man and you have to say 'I need help because this has undermined me as a man'. You don't want to admit it that anyone can rattle you to that extent, to question how you perceive*

yourself in your own gender role, I suppose. So that is probably I think...that expectation or that preconceived notion of what masculinity is ...is what would actually hinder him from looking or seeking out help even if he is aware that he needs help. He is more likely to sit at home and hope that he will get over it or something ya'.

In addition to appreciating that social constraints might prevent male victims from acknowledging the extent of their fear and the psychological damage they had sustained, as well as from help-seeking, the way that an individual was viewed as expressing his masculinity also appeared to determine the participants' reactions to his need for support and ultimately the provision, type, intensity and duration of that support. Participants felt that an individual whose pre-trauma persona was characterised by macho, hyper masculine and dominant masculine tendencies should have a post-traumatic experience that could be characterised as unemotional, stoic and unaffected, in keeping with this style. However, in the event that this individual exhibited symptoms that were contrary to their previously hyper-masculine behaviours and attitudes, the participants were less eager to help or provide support. Contrary, to the constructions of hyper masculine victims, male victims that were viewed to be sensitive, able to express their emotions and as not being invested in constantly reminding others of their privileged patriarchal position, were viewed with more sympathy and understanding. For example;

P1BF(MV1): *'it's so much personality though, because I have a lot of guy friends you know you get.....I have some guy friends that are extremely macho and that have a really big ego and then you have almost more feminine guy friends like, not gay, but they almost the guys that are really sensitive, you know, metrosexual, or he is just an extremely sensitive, fragile sort of person. And that would impact on how I react on it because when you that egotistical guy friend who reassures himself as macho and maybe even a womaniser, he doesn't need help or anything. When he is suddenly at my door crying I would be like (**making body gestures of humiliating someone)** 'oh so you the big man is crying now'. I'd probably think like 'uhm that's what you get ya'.*

It is important to note that the majority of the participants were women students and that some of their characterisations of men appeared to be based on encounters with overly dominant men. As illustrated in some of the previous quotations, participants understood masculinity to be associated with being strong, independent, protecting, self-sufficient and unemotional. Consequently, masculinity was also understood to negatively affect females who adopt and express masculine roles in their relationships and everyday lives. The struggle, it seemed, arose from the impact of an event or situation that undermined that with which they have self-identified and have chosen to perform at a particular time and in particular spaces. For example;

P1BF(MV1): *'Ya because I don't really think it has anything to do with gender if you think about it. My cousin is a lesbian and she had like a girlfriend who was extremely*

quite masculine, very boyish. I thought that some were boys am not gonna lie to you, even from the way they danced. The way they moved, they are very masculine. They are the sort of people that if something like this happened, oh something like this did happen to one of them, and even if it was more violent they'd still be not open about it because they portray themselves as very strong and they have that masculine sort of quality or personality trait. I guess that they portray forward. That they are the protector in the relationship and you are the feminine one and I am the masculine one. I protect and when that is called into question and probably because they also females the way it affect them is even more since it undermines them even more, because you portray yourself with that masculine strength and if you get betrayed by your gender or whatever, however you see yourself'.

Although there are a number of stereotypes inherent in this quotation it is evident that P1BF (MV1) could entertain the idea that a masculine identified woman might also struggle with victimisation and that the problem lay in gender performance rather than in biological sex. As suggested previously, expressions of masculinity were positioned into two specific categories, either hyper-masculine and/or sensitive-feminine-androgynous victims, with the latter generally being understood to be an inferior expression of maleness. The discussion below explores what it means to fall into one or the other of these descriptions and what discursive means were employed to create these constructions of two different male type victims within the groups.

4.6.1.1 Hyper-masculine-victim

Participants described the hyper-masculine individual as strong, self-sufficient, unemotional and unaffected, and as an individual who, in particular, made it constantly known to others that he possessed these qualities. The expectation of this individual as a victim was informed by, and aligned to, how he had been understood to have performed gender prior to the trauma exposure. Consequently, this individual was expected to react stoically, and to be largely unaffected by the traumatic event. Reactions that appeared to be contrary to these expectations in such hyper-masculine individuals were viewed as pathetic and undeserving of sympathy or support. For example;

P2BF(MV2): *'But if it was a case of someone that was like (*mimicking a loud macho male voice*) 'ya" it would make me feel like what the hell!. Those two things don't mix. I suppose that is why again the general thought that people look at a guy and they automatically make an assumption based on the way how masculine and strong you are'.*

P1BF(MV1): *'I mean in my mind I would be like "you thought you were tough and you talked a big game and now something happens you are broke'. Because you know you get macho guys that when they court you as the girl they try to let you know how are they gonna keep you safe. You know 'when you are with me babe you don't need to worry about anything'. If that guy comes to my door crying because he didn't even get stabbed, he didn't even stab him, then you like ' you are not who you said you were. It is how am I gonna look at you and am probably gonna be less sympathetic*

because you feed like that sort of image of yourself and now what happens is that you are actually in pain from your ego. That is how I would see it'.

In these quotations it appeared that participants' reactions to the male's victimisation were particularly influenced by his imagined commentary concerning his masculinity prior the traumatic event. The hyper masculine victim whose prior trauma exposure communications were underpinned by nuances of bravado, and references to being the conqueror, protector or 'Hercules', was viewed negatively. It is interesting that these self-professed qualities, theory asserts, are often used by hyper-masculine individuals to mitigate against and/or alleviate deep seated fears of powerlessness, subordination and subservience (Hopkins, 2008). Thus, theoretically is possible to see that such individuals may find it very difficult to become victimised and traumatised as this would mean they have to engage with precisely these sets of feelings as depicted in the scenario. A pervasive construction of masculinity and what it means to be masculine is, in part, to distance themselves from that which is feminine (Kimmel, 1994). The declaration of possessing masculinised qualities worked against this type of hypothetical victim in the minds of several of the women participants, eliciting minimal or no sympathy or support (*I'm gonna look at you and am probably gonna be less sympathetic)*, and even it appeared, inspiring indirect forms of humiliation, ridicule and mockery as evidenced in the laughter and play acting. Thus, hyper masculinity may be used by men as a protective gender performance ideal, but may inspire gender stereotypic informed reactions from responders in times of need and victimisation.

4.6.1.2 Sensitive or less-masculine (feminised)-victim

This type of victim as constructed in the conversation was described as a male individual who demonstrates feminine traits and characteristic and thus, does not fit perfectly into the masculine framework. Participants in the current study felt that it would be easier for them to be more sympathetic, helpful to, and supportive of, an individual male victim who was imagined to have been fragile, sensitive, in touch with his emotions and able to express them, prior to the traumatic event. They also thought that it was possible that these kinds of men might be more clearly targeted by potential attackers.

P1BF(MV1): *'Whereas one of those delicate male friends that you have and something like that happened to him then I'd probably be more sympathetic because I know that he is not confrontational, he is not an aggressive person. He is probably targeted because someone could see that in the way they are walking, you can even see the way they walk that someone will be an easy target. In society he already probably feels helpless because he is not the quintessential masculine male. You know, so that must make him feel even more helpless where someone picked you out and was like 'I know you are not enough of a man to fight me off' so hand me that stuff and I know you not gonna fight for it. Then I would feel really bad for him because he probably already subject to ridicule and his male peers are probably ridiculing him about it. You know guys don't really cry to each other. They don't support each other so it would have been, yah, because you are always wearing*

thing and you look ...uhm hey they probably sort you out and they'd probably say that you know'.

There was an expectation and an understanding that this kind of individual would be emotionally expressive and highly reactive following exposure to such a traumatic situation. Participants endorsed this type of victim's anticipated reactive behaviour and expressed that they would feel sympathy for, comfort and support him.

> **P2BF(MV2):** *'I think to a certain point it would change (as she pats her friend on the back to demonstrate as if patting Themba) mara lewena (but you) (everybody laughs) you would now identify with that softness because you have dealt with that case. When someone is a guy and is softer.....we just assume you are gay or are still in the closet. You see my point, it goes back again to society'.*

The participants' view was quite contrary to some assertions made in the literature that the high level of emotionality and sensitivity of feminine men may pose a problem for women, who may not be comfortable with emotional men (Hill, 2006). In the case of the present study it seemed almost as if the women students had particular people or friends in mind when they put forward these ideas, suggesting that they were reasonably open to engaging with emotionally expressive men. Perhaps noteworthy in the assertion above was the suggestion that such traits might go hand in hand with sexual orientation (*you are gay or are still in the closet*) and therefore that such a person would be a friend rather than a partner. It seemed that a non-sexual, platonic social relationship between feminine typed men and women friends might be a positive relational context for the recovery of victimised men. However, even though the sensitive feminine man was viewed as a normal variant of what it is to be a man there was an underlying tone of pathologising his hypothetical reactions, particularly by one participant. This participant explicitly expressed that the sensitivity and fragility demonstrated by the hypothetical victim might have traumatic or pathogenic origins.

> **P1BF(MV1):** *'He has already lost his .....I would say that he is probably emotionally fragile, he is probably extremely sensitive, and he could actually have been a sheltered person or someone who is like naive that something like this would happen. So he probably have issues with anxiety or some underlying paranoia about something, whether it be hearing voices, or he is in such a big shock that something like this he could even comprehend actually happened. And the fact that it sort of makes you realise your own mortality as a person. And as a young man because a lot of young men at that age don't have that conflict of self yet because they are young and driven and just strong. So I would say he is already he is quite fragile because he's ego or upbringing and psychic being is already fragile....if he breaks from this'*

It was apparent that P1BF(MV1) found it very difficult to entertain that a man might display the kinds of symptoms and behaviour described in the case scenario and that she was compelled to seek for explanations beyond the immediate circumstances described, even suggesting that the person may have been so disturbed previously as to have 'heard voices'.

This need to postulate some prior vulnerability or defect in the 'weak' male victim is in contrast to what was communicated in relation to the hyper masculine men, whose traits were seen to have primarily societal origins. The pathologising of that which is seen as alternative to the conventional definition of masculinity communicates that stereotypic or even hegemonic masculinity is seen as a normative masculinity (Hall, 2014).

Understandably, the tension between the two categories of hyper-masculine and more feminine-typed men draws attention to the role of society in the creation and maintenance of challenges about how to behave for male individuals in general and male victims in particular, as well as challenges for potential responders to those that are victims of violent criminal acts and afflicted by trauma reactions. The deeply rooted societal rules and expectations of what it means to be a man, a masculine man specifically, not only affects the men as victims of crime but also the responders who are envisaged to be those who will provide the much needed support to the victim. Stemming from the above challenges, in an effort to create an environment that would allow them to help a male victim, participants in the current study had to deconstruct, reconstruct and redefine what it means to be a man and only then were they able to think of and put forward helpful ways that they would use to respond to the victim. The male victim had to meet a set of strict criteria to warrant sympathy, that is, there had to be an alignment between the victim's pre-trauma characteristics and post-trauma behaviour, and only a less masculine (feminine) victim inspired supportive response.

> **P2BF(MV1):** *'Ya and the other thing is that some people because of society you find that they have multiple personalities. It's like there is this person that I am with when I'm with my mother or this person that I am with when I'm with, when I'm with my girlfriend. There is this person that I'm with when I am with my friends and there is this person that I'm with when I'm alone. So it's like people have different personalities and then that question is who are you really? Then it is problematic if your girlfriend knows you as you know 'my boo is strong and what not' and ehm maybe your friends at school know you as 'oh he is a nerd' but your friends back at home know you as a thug and when you are alone you are the scared little boy (laughs). The boy is gonna pop up, so how is the girlfriend going to react to the little boy because you have never introduced that person to her. Nobody knows you like that, so it is a serious thing'.*
>
> **P3BF(MV2):** *'If you knew Themba before and you knew him to be.....yes you would understand even if he demonstrated being strong and macho you can understand that he does have some characters of being weak'.*

Even though the feminine characteristics were pivotal for the male victim to get support from the responders there was a sense that the fragile, emotional and sensitive characteristics associated with femininity were still viewed as weak and unmanly, in part because the victim has inadvertently 'allowed' themselves to play a passive and submissive role to their attacker (Hill, 2006). This is evident, for example, in the references to the male victim being likely to

have self-judgement around not fighting back and the references to naivety, extreme sensitivity, helplessness and 'not being man enough'.

> **P1BF(MV1):** *'Its trappings of masculinity isn't it.....I mean the incident especially that he didn't fight back, because mostly media or expectations in part are a real man fights back, a real man, you know, is not afraid of danger, he stands up for himself or he stands up for his community. Because he was so passive and docile to the situation and immediately handed the things over rather than protesting or doing something about it. I think it calls into question that.....him playing into that role that masculinity it has undermined his manhood.....well what he probably may perceive as manhood in his view. So it undermined that and further that he got this anxiety and he needs to be walked around. You know you men are supposed to walk the girls around, you know, like getting home. Not the fact that he is gonna be, like (mimicking a deep voice) 'ah come on Sizwe come walk me'. It is emasculating cause it makes him weak as well. So that is what may actually perpetuate depression or anxiety because it just makes him have a lack of self-image probably. And that is probably extremely unhealthy for him because he won't get over it then'.*

Communications about what it means to be a man are constantly presented in a range of media and are used as frameworks to conceptualise and measure male behaviour and punish behaviours and characteristics that are viewed as unacceptable or contrary to what it means to be masculine (Hill, 2006; Hall, 2014; Ratele, 2013). This leaves men with limited behavioural options, in terms of expressing themselves outside of the societal definitions of masculinity. The participant(s) quite explicitly recognised the impact of societal expectations on the hypothetical male victim and the manner in which this fore-grounded problematic aspects of male gender stereotyping, as is evident in the reference to the "*trappings of masculinity*". The participants recognised that men may experience themselves according to the societal pressure dominant at and in a particular time and space, and will express themselves accordingly. However, one participant indicated that deep down in the recesses of the individual male person's consciousness lies an aspect of the self that is safely tucked away from the scrutiny of the observing society. This fragile, vulnerable and easily affected part, was the aspect that would in all likelihood materialise during moments of trauma. They coined this part the '*little boy*' a part that was viewed both with some sympathy and some censure.

Even though participants were understanding and could envisage being supportive of male victims, there was an underlying and sometimes more overt communication that there was something wrong with an individual who was not demonstrating the expected markers characteristic of hegemonic expressions of masculinity. For example, there was perhaps some insensitivity in the use of the word *weak* to denote that which is not expected and perhaps not accepted, from a man. Thus, there was an underlying communication that fragility, vulnerability and weakness might elicit a supportive, helpful and sympathetic experience for male victims but generally only in the context of conflictual feelings from

responders. There was little sense of the same kinds of ambivalences being displayed in the discussions of female victims, although the issue of symptom severity and duration as being a more general aspect for consideration in expectations for support has been discussed previously.

There was a sense that the way that an individual victim, particularly a male victim, was socialised, would have an impact on their willingness to accept the outcomes of their victimisation and subsequent need for support. These victim struggles, the participants suggested, would go beyond the difficulty of accepting support but would include the difficulty of accepting victimhood and its aftermath. The participants' concerns were relevant to consider since research findings indicate that a victim identity and a masculine identity are incompatible, making it difficult for men (or masculine identified individuals) to adjust to victimisation or to represent these experiences to others (Eagle, 2006). Much of the commentary concerning the male victim in the scenario presented tended to support this kind of understanding although it was clear that the participants grappled with the complexity of issues in this regard. It was apparent that there was some tussle in deciding whether to attribute 'problematic' behaviours to the individual concerned or to the wider context in which they had been socialised and in which they sought to manage and convey their experience. It was also evident that participants vacillated between aligning sympathetically with the kind of 'double-binding' that they appreciated male victims faced or aligning with those who might critically evaluate such conduct in a man.

4.6.2 The impact of societal sanctions and expectations on the responses of the participants.

Subtle forms of communication and innuendos such as jokes, impersonations, caricature, and ridicule conveyed the grip of societal expectations on participants. The male victim scenario discussion groups were punctuated with laughter and impersonations of hypothetical male victims, especially where the actions and or reactions of the victim were seen to be in contrast to societal standards of how a man should act or react. Some of these more non-verbal communications have been alluded to in previous material presented. Thus, even though the individual participants demonstrated a progressive discussion of the case at the level of thought and some overt conversation, there was an underlying and strong emotional and behavioural expression of disquiet with the position of the male victim in line with conventional societal rules and expectations. In this context it appeared that societal authority and related gender expectations (Bem, 1972) provided a foundation for the uncensored way in which the participants behaved and communicated their conflicting views and attitudes about the male victims. The underlying communication was that of difficulty in reconciling the male individual with the term victim. The struggle demonstrated by the participants appeared to parallel that experienced by male victims themselves (Eagle, 2006).

The experience of the male individual post a traumatic exposure was perceived by the participants as being at odds with the dominant understanding of what it means to be a man and this central tension seemed to become their pivotal point of internal and behavioural conflict. This deviation from traditional manhood exemplified in the male victim case seemed to be difficult for the participants to reconcile with the former definition of what is it that they understood and have observed to be manly.

> **P2BF(MV2):** *'I think to a certain point it would change *as she pat her friend on the back to demonstrate as if patting Themba mara lewena 'but you' everybody laughs) you would now identify with that softness because you have dealt with that case. But if it was a case of someone that was like (mimicking a macho male voice 'ya ya") it would make me feel like what the hell! Those two things don't mix. I suppose that is why again the general thought that people look at a guy and they automatically make an assumption based on the way how masculine and strong you are.*

> **P1BF(MV1):** *'I mean the thug tear is cool, you know. What I mean, like one tear, not like.....I've seen like I've see like a macho guy cry. Hhhhhhhhhmmmmmmm and he was like over twenty 'blaaap blabhhh blaaaaa' (mimicking inaudible gibberish spoken while crying). No one died, you weren't like assaulted, you don't' have a criminal record and I was looking at him and .....I actually wanted to laugh and it took so much strength for me to wait for the moment to pass and pat him on the back and be like (kind of speaking with muffled voice and inaudibly) and I went to my place and I was like 'hahhahahahahahahahaha guys I saw, so and so he was crying' and I just like I re-enacted the whole thing'*.

The tension between what was being communicated in words in terms of understanding, empathy and acceptance was accompanied by opposing behaviour in the form of laughter, ridiculing impersonations, discomfort and implied censure. There was an underlying unconscious communication of the un-acceptableness of the male victim's behaviour or of the expression of sad or vulnerable emotions more generally. This kind of response set reveals some of the challenges likely to be faced by individual male victims both in terms of internal self-worth and in terms of expectations of judgment by others. Male victims' experiences of victimhood may be negatively impacted upon by the tension between their current experiences of negative psychological reactions and their self-definition, based mostly on societal standards (Whitworth, 2008). This may have implications for victims' help seeking behaviour and for participants' support provision tendencies.

It is noteworthy that both as young women (predominantly) and as psychology students these participants may have been more inclined to communicate a stance of understanding, support and sympathy for the male victim, going against the underlying tendency to align to more conservative evaluations. However, even they struggled to retain a wholly sympathetic stance. Even though women provide more emotional support to both men and women (Knoll & Schwarzer, 2002), the implications of the current findings are serious, especially in a larger

societal context where an individual responder may be alone and unsupported in his or her plight to attempt to understand, sympathise and support a male victim.

While there was an awareness of the impact of societal rules and expectations regarding gender, participants seemed to be largely unaware of their own policing of gender, as was evident in their interactions. Cognitively, participants understood that men and women are the same and that they have similar experiences and challenges. However, societal standards and ways of socialisation had overridden their sense of these commonalities, contributing to the entertainment of what might be called pseudo-differences, to which individuals were expected to conform by self-adjusting. For example;

> **P2BF(MV2):** *'Ya it would get worse. But it is like a social stigma in this case for guys to not like, accept things as they are. But if it was in my case and I'm a women and I get robbed and I tell people about it people are gonna feel sorry for me. I'm allowed to then say 'oh I'm scared and this and that' but then because he is a guy you can't really deal with the emotions. You can't really say 'guys I'm scared'. Is that what is coming across. You know what I mean....if we were wired differently than.....you know what I mean. People sort of understand when you say I'm a guy and I'm not scared of whatever it is. So it basically shows that we all go through the same emotions, we all go through the same experiences in life. It's just that society somehow makes it ok and not ok for some to allow the feelings and for some to not express them'.*
>
> **P3BF(MV2):** *'But we can't deny the fact that you are having sleepless nights, we can't deny the fact that you can't walk that same road. So what are we supposed to do? Even if you are raised to be strong it is not helping, you are not feeling strong at this moment. So what is the point of going there?'*

Even though the impact of societal expectations was felt throughout the participants' conversations there was no communication that addressed or envisaged how these rules and ways of relating can be dismantled. One participant felt that it would be better if these ways of thinking that encourage stoicism, independence and being unaffected would be put aside in times of crises. However, it is unlikely that learned and performed ways of being can be contested as an effort of will in the moment since literature has time and again found evidence of the impact of male consumption of societal expectations to the detriment of personal wellbeing (Lehdonvirta et al, 2012; Whitworth, 2008). Participants P3BF and P1BF did demonstrate a strong conscious need for the reconciliation of or non-discrimination in how men and women are viewed and treated as victims. Notwithstanding these sentiments the focus group discussions generally pointed to how entrenched societal rules and expectations appear to be.

4.7 Evidence for contestation of gender stereotypes

Although there was strong allegiance to gender stereotypic views within the group discussions, there was also some limited indication of a self-conscious attempt to contest normative positions. Despite challenges faced by male victims of violence and crime, most of

which are set against the backdrop of societal expectations (Sered, 2014), the participants in the current study postulated that their generation was much more open to change and progress. They stated that current gender norms and stereotypes are slowly being dissolved, thus allowing for the expression of the self as an individual rather than representing a collective. The representation of the collective meant mainly the impact of society on how to perform gender, specifically masculinity and femininity (Ratele, 2013), an ideological position that was experienced by participants as working against male victims of crime and violence. Referring to possible hindrances for male victims to seek support or express themselves following exposure to violence **P3BF(MV2)** explained**;**

> *'You know even though she says we are raised, especially guys, to be strong and all those things. We should not forget that we are different people we all have different characters, the sensitivities and all that. I might be from a strict family that taught me, hey a man doesn't cry, a man must be responsible. But I'm not gonna fight at that moment and I'm the one that is going to take flight and will have those nightmares at the end'*.

This participant illustrated the need to understand individuals as individuals and not as representing a particular group that is expected to behave in certain ways. There is a suggestion that the damage to the self might be too severe in attempting to conform to gender stereotypes – (*I'm the one that is going to take flight and will have those nightmares at the end).* She further explained that despite all being influenced by gender related discourses there was a shift of perspective from what their parents experienced to what they, as the youth, were currently experiencing in life.

> **P3BF(MV2):** *'But I think we are a generation of change, we are one generation that is fighting the norm, we are one generation that does not have to go through what our parents went through. If Themba is in university he is also fighting that norm we are all fighting. Like being a girl doesn't mean I have to cook for you and as a girl I'm actually not going to cook for you. It is that norm that we are all fighting that will help Themba to get through it because he is intelligent enough to be at university, he is intelligent enough to know that I am a human being, I can feel these things even if the society or culture says this is this and that. Scientifically or somehow he would know'.*

The majority of the participants emphasised that the struggle to counter normative behaviours and ways of being was not an easy one. This struggle to change the norms, they asserted, was founded on the significant role of education, viewed as a vehicle and platform for change and progress (*It is that norm that we are all fighting that will help Themba to get through it because he is intelligent enough to be at university)*. Participants expressed that perspectives within current discourses about what it is to be a specific gender are at some level influenced by educational background which is generally associated with decreased conservatism. For example, **P2BF(MV2)** suggested**:** *'It goes back to.....I think if you are an educated or an enlightened parent your kids will then be different to whoever's kids who's a*

parent who is not as enlightened'. It was evident that the fundamental basis of gender stereotypes and performances was slowly being debunked and new ways of performing gender were becoming more easily introduced, even if slowly and unevenly. For example, the following was ventured on going for psychological help as a black male.

> **P1BM(FV3):** *'Yah I feel like it's easier at this period in time like in this modern era to say 'I'm going to a psychologist or a counsellor' it doesn't feel weird like ok . I don't think.....just maybe ..... I just feel like no, going to counselling.....maybe it's because I just feel like it's not even ....I've never felt like that is the case I just feel like it's people that just wanna have the voice whatsoever'.*

The above and other comments indicated that participants felt that it was easier for them to understand and respond positively to someone who has been through a traumatic experience and is now having a traumatic reaction. Furthermore, they anticipated that the hypothetical victim would be thinking in similarly open-minded ways as they perceived themselves to be doing since the victim fitted a profile similar to theirs. Hence, there was also an assertion by P2 that due to reduced stigma in the modern era it would be easier, to utilise mental health care services, like counselling than would previously have been the case. Concordant with findings in literature, participants did agree that change is still in process and that a lot of work and time would be necessary before the effects of being informed, progressive and understanding could be experienced more universally.

> **P2BF (MV2):** *'But not this generation, the coming generation, because these ones we are already there. Your kids will not go through what Themba is going through because you are enlightened. You see what I mean'.*
>
> **P3BF (MV2):** *'But I think we are a generation of change, even our parents days they knew certain things were not allowed.*

Education, enlightenment, and being of a new generation were seen as the fundamental basis of change and progress against the backdrop of strongly held beliefs and ways of performing stereotypical behaviours aligned to gender. There was a sense of hope about a different future where the breaking of the normative stereotypes would mean the same treatment for everybody, including more receptivity towards male victims of crime and violence. It was interesting to note that these kinds of more reflective philosophical discussions tended to arise towards the end of the groups. It was almost as if having caught themselves in the act of embracing and using gender stereotypes, the participants felt that they needed to bring more emancipatory discourses into the foreground. They seemed at least intellectually invested in the possibility that gender restrictions in the context of victimisation and traumatisation might be open to shifts.

CHAPTER 5.0 SUMMARY, LIMITATIONS, SUGGESTIONS AND CONCLUSION

5.1 A Summary of the findings

Seven themes emerged from the study, these were, victim blame, legitimacy of trauma reactions, desensitisation and minimising of the nature of the event and related assessment of responses, victimisation as an identity position, evaluation of social support and help seeking, male gender related constructions of victimisation and traumatisation, and evidence of contestations of gender stereotypes. Briefly and in summary these themes indicated the following: Firstly, it appeared that in the main the participants constructed both the male and female victim's traumatic experiences as resulting from irresponsibility, naivety and ignorance. Furthermore, the victim' traumatic reactions tended to be constructed using two major typologies, that is, they were categorised in terms of whether they could be viewed as normal or abnormal, with hyper and intense-reactions, as well as more enduring reactions, being considered to be abnormal and probably dispositionally based.

Secondly, the apparent desensitisation to and minimisation of crime risk and impact amongst participants seemed to stem from the experience of violence and crime as being ubiquitous, and uncontrollable within the South African context. This, in turn, contributed to some underplaying of the victim's experiences and responses, which were met with some incredulity and sometimes puzzlement. Thirdly, victimisation was constructed using two constructs, i.e., the degree of personal agency exhibited by the victim, and the degree of identification with the 'victim role' that was exhibited. This conceptualisation appeared to contribute to the creation of a framework for preserving participants' personal need for self-reliance and control, in which they could argue that most people would draw on a sense of personal agency and a resistance to dependence in coping with trauma and therefore that enduring suffering would in all likelihood be associated with personal weakness and indulgence in symptoms. Fourthly, it was also evident that the constructions of the levels of support that might be forthcoming and appropriate were based on the idea that support should be short term and should not overly inconvenience the provider. Pragmatic expectations of cooperative, understanding, advice accepting and minimally reacting victims were conveyed and it was suggested that victims who displayed contrary behaviours should anticipate decreased levels of support. There were concerns about the impact of excessive need for support on the relationship between the responder and victim as well as the negative effects this might have for the psychological wellbeing of the responder. Consequently, it was suggested that professional help might well be necessary if symptoms became too burdensome to peers, although there was some recognition that use of such services might carry some stigma and arouse increased anxieties in the victim.

Finally, there was a fair degree of discussion related to the impact of patriarchy and social constructions of men and masculinity on how male victims and those who might engage with them would experience and manage victimisation, traumatisation and support seeking. Participants put forward versions of two types of hypothetical male victims, either a more typically masculine young man or a more soft or feminised young man, and indicated that they would have less sympathy for the former category of men should they become victims. There was evidence of considerable contestation in how participants took up positions in regard to masculinity and victimisation, for example, with evident discrepancies in non-verbally and verbally communicated knowledge and evaluations of trauma and its effects on young men. Although participants could reflect on the possibility of a changed society in which there would be greater gender fluidity and greater allowance for authentic reactions in situations of victimisation such as that described in the scenario, they nevertheless seemed to be rather caught up in normative discourses concerning gender.

5.2 Limitations of the present study

One of the major limitations of the study was the small sample size which resulted in having to conduct smaller focus groups than was initially planned or desirable. Unfortunately, despite, several attempts to recruit more participants there was fairly small take up for the study and it was considered important to go ahead with those who had made themselves available and arrived at the agreed upon times. It cannot be ruled out that within a smaller focus group dominant individuals may get more time to express themselves and their views and may perhaps more easily influence less dominant individuals than might be the case in a larger group. However, it is also the case that the small group size appeared to allow for very engaged discussion from all participants.

Apart from the small size of the focus groups, it was also noteworthy that the majority of the participants were females. Even though this gender pattern was somewhat representative of the first year population of psychology students in which men are in the minority, it does raise concerns about whether the views expressed were representative of the broader views of both males and females on this topic. Therefore, it should be acknowledged that the findings of this study are mainly expressive of female students' constructions of both male and female victims.

Furthermore, my presence as a clinical psychology student may have had an impact on the participants' responses and discussions as they may have assumed that they needed to adopt a more sympathetic attitude to the victim in my presence. For the most part, it seemed that the relationship between me (as a researcher) and the participants was based on the fact that we were all students generally and students of psychology specifically. Following this assumption it seemed that some of their discussion, particularly that surrounding the traumatic reactions of the hypothetical victims, in part, was influenced by their need to

demonstrate the extent of their psychological knowledge. My expectations, and perhaps my assumptions, too, about the participants, were based on the fact that they were psychology students and so at times I was pleasantly surprised by their confidence in expressing views that related to more sociological and critical social psychological constructions, especially regarding ideas that were contrary to psychological theory on traumatic reactions. This suggested a degree of spontaneity in participants' responses that hopefully reflected a lack of over-constraint in my presence.

Although in many respects the study proved correct some of the initial assumptions about responses to victims of violence, and more specifically male victims it is also important to note that there is a difference in reporting on what one might do and how one would actually act in such a situation. It is important therefore to re-emphasize that the findings are indicative of how students conversed about the hypothetical criminal victimisation and traumatisation of a peer rather than, for example, being based on participants' observation or actual victim reports. Nevertheless, the case study appeared to produce a real sense of engagement on the part of participants and it is likely that their observations might well reflect how they (and others) would engage with such a fellow student in reality.

5.3 Suggestions for future research

The current findings indicate that social constructions of male victims are mainly based on gender stereotypes, prejudices, socialisation practices and discourses. A similar study with a larger sample and an extended population pool, including older adults from various sectors of society, might produce useful comparative data. It was evident that, as students, the participants had some exposure to educational material that might have encouraged specific ways of responding to victims of crime, whereas a population whose background was not rooted in this kind of educational context might offer rather different views.

It would also be useful to conduct such a study with more male participants so that points of identification and disidentification might be more varied in terms of gender. Perhaps a slightly different design would be helpful in gaining the understanding of how men in particular view the reactions of male victims of crime and violence as well as how they would react in relation to hypothetical psychological reactions and help seeking behaviour. Thus, instead of heterogeneous focus groups or homogenous female focus groups, it would be helpful to have homogenous male focus groups discussing the male victim scenario. I anticipate that, due to socialisation patterns, a group of male participants discussing a female victim might demonstrate over familiarisation with the need to provide protection, support and care as dictated by societal standards, for a female victim. However, where there is a male victim it would be interesting to see how the victim is responded to, constructed and treated in discussion. Perhaps this would shed further light into the dynamics governing male victims of crime and violence and their decisions as to whether or

not to admit to difficulties and seek help. This would better demonstrate how male responders react to, construct and treat male victims.

5.4 Concluding comments

The provision of social support to victims of crime and violence is impacted upon by numerous factors, including, but not limited to, prevalence of crime and violence, self-efficacy perceptions of the responder, the reactions of the victim, the traumatic event, as well as societal and environmental factors. The current study indicates that despite all of these challenges and influencing factors, the participants generally understood the impact of violence on victims and appreciated some of the subsequent 'normal' reactions to such events. However, even though male and female victims were understood to exhibit similar 'normal' reactions to abnormal situations, male victims were mainly constructed against the backdrop of pre-existing socialisation patterns and gender stereotypic discourses. Male victims of crime were constructed using societal frameworks heavily influenced by conventional (hegemonic) understandings of masculinity and how it should be expressed, even in situations of victimisation. Even though the participants communicated a sense of understanding and acceptance of the hypothetical male victim and his responses, their non-verbal behaviour communicated a different perspective which was more censorial and shaming than was the case with the hypothetical female victim. There was also more questioning of the legitimacy of the male victim's emotional state and dependency related behaviours. In a somewhat contradictory way, participants were both able to appreciate the burden of gender related expectations on a young man under such circumstances and yet also seemed to convey such expectations themselves both overtly and covertly at points. These findings have implications for the provision of support, care, sympathy and understanding to male victims' of crime and violence and for their probable subsequent recovery process. From aspects of the discussion, expectations of stoicism and self-sufficiency in men appear to be deeply entrenched even amongst a young student population, although there was evidence to suggest a willingness to interrogate stereotypes and a hope for a less gender restricted future.

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APPENDICES