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Original Citation

Gavin, Helen, Ward, Sarah and Hanson, Sue (2017) Celebrating the work of PGRs in Human and Health Sciences. University of Huddersfield Press. ISBN 978-1-86218-146-5

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University of **HUDDERSFIELD**

Inspiring tomorrow's professionals

**Celebrating the work of postgraduate researchers in the
School of Human and Health Sciences**



**Papers and posters presented at the
School of Human and Health Sciences
Postgraduate Research Festival
31 March and 1 April 2016**

Chief Editor: Dr Helen Gavin, HHS Director of Graduate Education

Co-Editors: Sue Hanson and Sarah Ward

Celebrating the work of postgraduate researchers in the School of Human and Health Sciences

Research in the School of Human and Health Sciences covers a wide range of topics, and this is reflected in the research degree candidates registered with us. Research covers topics as diverse as the lived experience of older African people, to patterns and behaviours in contract killer plots, from the intersections of gender, race and religion, to the experience of diabetes in Thai hill people. The School is justifiably proud of the range of research and the work of the research degree candidates. To take this work to a wider audience, the School hosts an annual Postgraduate Research Festival in the spring, 2016 being the second. The work in this edited collection comprises the presentations and posters submitted by PhD candidates in stage 2 of their degree, and, in some cases, candidates in different stages. The Festival has been very successful, with all involved appreciating the opportunity to present their work to a wider audience.

Part 1 of the book comprises a set of papers related to the presentations the Postgraduate Researchers gave on the two days of the Festival. It is divided into four sections that seem most relevant to the work presented/displayed. Section 1 covers research in areas that relate to examining and/or improving the health of a wide range of client groups. Section 2 relates to research on issues surrounding specific victim/perpetrator groups to examining patterns in crime related data, with a general focus on crimes of a sexual/violent nature. Research on personality or identity is represented in section 3. Finally, work on examinations of societal issues is represented in section 4.

Part 2 of the book comprises the posters on display throughout the Festival, showcasing similar types of research as part 1.

We hope you find the book enjoyable, and even helpful, no matter at which stage of the research journey you are.

Dr Helen Gavin, HHS Director of Graduate Education, Chief Editor

Co-editors: Sue Hanson and Sarah Ward

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PART 1 – PAPERS

Section 1 – Health-related research

End of life care in dementia: exploring the experiences of community-dwelling Black African and Caribbean people with dementia and their family carers in the North of England

Tim Dlamini

Supervisors: Dr Alex Bridger, Dr Sarah Kendal and Professor Nigel King

Background and context for the study

People with dementia (PwD) are entitled to quality end of life care (EoLC) that not only meets their individual needs but also supports their families (Department of Health, DH 2008, 2009). However, research in this area suggests that PwD often receives inadequate and largely fragmented care at the end of life despite national and international calls for improvements (Sampson 2006; Sampson, Burns & Richards 2011; Moriarty, Sharif & Robinson, 2011; Calanzani et al., 2013). There are multifactorial reasons for this; such as a lack of recognition of dementia being a terminal condition like cancer, problems associated with identifying the symptoms of end stage dementia, and complications on the decision-making process between family caregivers and health and social care professionals.

Strikingly, EoLC approaches that were precisely intended for people with terminal cancer and whose applicability does not fit well in dementia EoLC are being applied (Sampson, Burns & Richards, 2011; Davies, Maio, Rait et al., 2014); often resulting in poor outcomes. Sachs, Shega & Cox-Hayley (2004) propose that a possible explanation as to why palliative care models for cancer patient are being applied in dementia could be due to a lack of recognition of the condition as a terminal illness that requires palliation of symptoms as in cancer. It is also a widely held view that poor communication problems with professionals which people with advanced dementia often experience also impacts on the delivery of EoLC (Birch & Draper 2008; Mitchell et al., 2004; Mitchell et al., 2009). However, the Department of Health (2008) recommends that access to quality EoLC should only be determined by need and not by a type of clinical diagnosis or illness, cultural background or socioeconomic status.

Although research on help-seeking in dementia (e.g. Werner et al., 2014; Mukadam et al. 2011) has highlighted various negative experiences of the health care system, research on how PwD from minority ethnic groups access palliative and end of life care services is further limited (Moriarty et al., 2011). The principal aim of quality EoLC is to enable people with advanced, progressive and incurable illnesses to die well. Quality EoLC ensures the supportive and palliative care needs of the dying person and their family are identified and met throughout the last phase of life and further into bereavement (DH, 2008). Meeting the psychological, social and spiritual care needs of dying person is at the core of good EoLC. The management of pain and other distressing symptoms is also a priority to promote quality of life (DH, 2008).

Dementia affects people from all walks of life and does not discriminate (All Party Parliamentary Group on Dementia, APPG 2013). Research suggest that compared to the indigenous White UK population people from Black African and Caribbean communities have a higher prevalence of dementia (Adelman, Blanchard, Livingston, 2009). The APPG (2013) projects that there will be a further increase in the prevalence of dementia among Black Asian and Minority Ethnic (BAME) groups in the UK as those who moved to work here after the second world war around the 1950s to the 1970s are now reaching their seventies and eighties.

People from BAME communities including those from Black African and Caribbean backgrounds often do not access palliative care services with UK hospices remaining primarily white populated (Sampson et al., 2006), yet there have been various initiatives and policy drivers aimed at addressing inequalities in health and social care. Research on dementia EoLC has mainly focused on the needs of nursing home residents yet two-thirds of PwD live in the community (Curran & John P, 2011). Moriarty et al. (2011) have called for research to focus on community dwelling people with dementia since current government policies encourage that PwD should be cared for in their homes as possible as it can be, to promote independence. A view that ethnic minority families 'look after their own', has been openly debated, however, the discussion around this claim suggests that the belief has led to diminutive attention to carers from BAME communities, particularly those caring for PwD (Carer's trust, 2013).

It is also widely accepted that family carers are 'experts by experience' (Davies et al., 2014; Chung, Ellis-Hill & Coleman, 2008) Throughout their caring role and communication with their relative who has dementia, family carers often have an understanding of the wishes of the person under their care. Research further shows that good communication and information sharing between staff and families have a potential to help them to make appropriate care decisions that prioritise the interests, comfort

and dignity of their relatives, and also, help with dealing with grief and loss (Birch & Draper, 2008). This is enshrined in the NICE quality standards for EoLC (NICE, 2011) which propose that PwD should have opportunities to make informed decisions about their future care needs early before capacity to do so diminishes. Advance care planning provides such opportunities, allowing individuals with dementia to make advance statements, advance decisions to refuse treatments, lasting power of attorney and preferences at the end of life. Research exploring advance careplanning among African/Caribbean PwD is limited (Moriarty et al., 2011; Sampson et al., 2011).

Given that in the UK alone there are approximately 670,000 family carers who provide informal 'round the clock' care to people with dementia (Alzheimer's Society, 2014), and their ability to offer valuable insights into what the person with dementia may be experiencing or communicating (Chung et al., 2008), it is imperative to gain their views on end of life care. Recently, the Care Act 2014 calls for carers of PwD to be fully involved in assessments and care planning. Despite this, research that focuses on exploring their lived experience and views on dementia EoLC is very limited. The little available research on family carers experiences in dementia has primarily centred the focus on the caring role in early stages of dementia and diagnosis, transition stages during the illness trajectory, caring stresses and burden including loneliness and social isolation and feelings of guilt or bereavement (Davies et al., 2014; Moriarty et al., 2011).

My motivation for this research emerged from my personal experience from working within a community dementia crisis team in a culturally diverse community in the north of England. In my role, I noticed that there is a lot of emphasis on providing quality person-centred care to PwD and their families-as also mirrored in current dementia strategies and related policy frameworks and drivers; however the end part of the continuum of dementia care-the inevitable part of life [care at the end of life] is generally not spoken about particularly among ethnic minority communities. I noticed this gap in practice and also identified it in literature. Although there has been a surge in research around palliative and end of life care in general since the inception of the End of Life Care Strategy (2008), there is still a clear paucity of evidence related to dementia end of life care among ethnic minority groups (Moriarty et al., 2011).

Research around dementia has mainly focussed on the challenge of identifying a cure for the condition. However, a report by Marie Curie (2009) warns that finding cure/s for a syndrome like dementia (dementia is caused by many symptoms) is perhaps not a short term but rather a long-term mission. Therefore, equal focus and emphasis should be directed at improving dementia care, including care at the end that PwD and their carers receive. The limited research specifically looking at EoLC has mainly concentrated on identifying barriers and challenges affecting the delivery of quality end of life care (e.g. Sachs et al., 2004, Conolly et al, 2012, Thune-Boyle et al. 2010, and Harrison-Dening et al., 2012; Calanzani et al., 2013); and most studies in this area have been completed in the USA and Canada with very few within the UK context. In line with the projected increase of the prevalence of dementia, there is a need to explore the experience of Black African and Caribbean PwD and their family carers in the context of dementia and related end of life care.

Overview of research methodology

The current study takes a qualitative hermeneutic phenomenological methodology informed by the work of van Manen (1990) to explore the lived experience of dementia care and related end of life care among black African/Caribbean PwD and their family carers.

This research is divided into two interconnected studies

Method and design

Study One: Two focus group interviews with 13 (n=6; n=7) people with mild to moderate dementia purposively recruited through a community day centre.

Aim:

- To explore the lived experiences of dementia care and perceptions of related end of life care.
- To gain an in-depth understanding of what African and Caribbean PwD perceive to be important at the end of life, drawing on their lived experience of dementia care.

Objectives:

- To illuminate the voice of PWD in research by encouraging an open dialogue about their hopes and views regarding future care at end of life.
- To examine the ways in which African/Caribbean PWD experience living with dementia in the context of end of life care.
- To use focus group interviews as a basis to carefully and sensitively develop ways of facilitating communication about death and dying among African/Caribbean people living with dementia and their families.
- To contextualise experiences and perceptions – lived and experienced versus hopes and expectations of care at end of life in PWD and their family carers.
- To explore knowledge about advance planning, attitudes and behaviours concerning dementia to establish barriers to accessing good quality end of life care among the wider African/Caribbean communities.

A loosely framed topic guide informed by a review of relevant literature will be used to encourage focus group participants to share their lived experience of dementia care and hopes/views on future end of life care.

Study Two: Face to face individual phenomenological interviews with a sample of five current and five bereaved family carers purposively recruited through a community African/Caribbean carers' group.

Aim:

- To explore current and previous family carers' experience to gain an in-depth understanding of EoLC drawing from the experience of care giving to a person who may at some point receive EoLC or have had EoLC.
- To explore African/Caribbean family carers' views of what constitute the quality end of life care drawing on their lived experience as caregivers to persons with dementia.
- To conceptualise experiences and perceptions-lived and experienced versus hopes and expectations of care at the end of life from the perspectives of family carers of African/Caribbean people with dementia.

Approach to data collection:

A topic guide developed from literature reviews of the field and iteratively attuned to key themes identified from the preliminary thematic analysis of study one data (focus group interviews) will be devised to gain a multi perspective understanding of end of life care among this group of people.

Approach to data analysis:

Audio-taped interviews will be transcribed verbatim. In line with methodology; a thematic hermeneutical phenomenological analysis will be applied. Template Analysis (King, 2012) will be employed to manage data to facilitate the analytic process.

Implications:

This work is in progress. It is envisaged that findings will contribute to the current knowledge base, enhance understandings of the EoLC preferences and needs for African/Caribbean PwD and their family carers. Given the dearth of research involving Black African and Caribbean PwD and their carers, a framework of how to reach and engage minority ethnic groups will be suggested. The study's findings may also be used as evidence for policy, commissioning of EoLC and service delivery in the multicultural UK.

References

Adelman S, Blanchard M, Rait G, Leavey, G and Livingstone, G. (2011). Prevalence of dementia in African-Caribbean compared with UK-born White older people: two-stage cross-sectional study. *Br J Psychiatry* 199: 119-25.

Alzheimer's Society (2014). *Dementia UK: 2014 Edition*: Alzheimer's Society, London.

Berwald S., Roche M., Adelman S., Mukadam N, and Livingston G (2016). Black African and Caribbean British Communities' Perceptions of Memory Problems: "We Don't Do Dementia." *PLoS ONE* 11(4): e0151878. Doi: 10.1371/journal. Pone.0151878.

- Birch, D. and Draper, J. (2008). A critical literature review exploring the challenges of delivering effective palliative care to older people with dementia. *Journal Clinical Nursing* 17, 9, 1144-1163.
- Calanzani, N., Koffman, J., Higginson, I.J (2013). Palliative and end of life care for Black, Asian and Minority Ethnic groups in the UK: Demographic profile and the current state of palliative and end of life care provision. Public Health England, Kings College London & Marie Curie Cancer Care.
- Carers' Trust (2013). A road less rocky: supporting carers of people with dementia.
- Connolly A., Sampson E. L., Purandare N (2012). End-of-life care for people with dementia from ethnic minority groups: a systematic review. *Journal of the American Geriatric Society*, 60:351-360.
- Chung, P.Y.F., Ellis-Hill, C. and Coleman, P. (2008). The activity patterns of people with dementia: Carers' perspectives, *Dementia: International Journal of Social Research and Practice*, 7 3, 359-81.
- Curran, S., & John P, W. (2011). *Practical Management of Dementia: a multi-professional approach* (second ed.): Radcliffe Publishing.
- Davies N, Maio L, and Rait G, et al. (2014). Quality end-of-life care for dementia: What have family carers told us so far? A narrative synthesis. *Palliative Medicine* 28, 7, 919-30.
- Department of Health (2008). End of Life Care Strategy – *Promoting High-Quality Care for All Adults at the End of Life*. London: DH.
- Department of Health (2009). Living well with dementia: a national dementia strategy. London: Department of Health.
- Harrison-Denning, K., Greenish, W., Jones, L., Mandal, U. and Sampson, E.L. (2012). Barriers to providing end of life care for people with dementia: a whole-system qualitative study. *BMJ Supportive and Palliative Care*, 2103-107.
- House of Commons All-Party Parliamentary Group on Dementia (2013). Dementia does not discriminate. The experiences of black, Asian and minority ethnic communities.
- King, N. (2012). Doing template analysis. In Symon, G. and Cassell, C. (Eds.). *Qualitative Organisational Research*, London: Sage.
- Lawrence, V., Samsi, K., Banerjee, S., Morgan, C. & Murray, J. (2010). The threat to valued elements of life: The experience of dementia across the ethnic groups. *Gerontologist*, 51, 1, 39-50.
- Lawrence, V., Samsi, K., Murray, J., Harari, D. and Banerjee, S. (2011). Dying well with dementia: a qualitative examination of end-of-life care. *British Journal of Psychiatry*, 199, 5, 417–422.
- Marie Curie Cancer Care (2009). End of life care for people with dementia report.
- Mitchell, S. L., Kiely, D. K., & Hamel, M. B. (2004). Dying with Advanced Dementia in the Nursing Home. *Archives of Internal Medicine*, 164, 321-326.
- Mitchell, S. L., Teno, J. M., Kiely, D. K., Shaffer, M. L., Jones, R. N., Prigerson, H. G., et al. (2009). The Clinical Course of Advanced Dementia. *New England Journal of Medicine*, 361,16, 1529-1538.6.
- Moriarty, J, Sharif, N, and Robinson, J. (2011). Black and ethnic minority people with dementia and their access to support and services. Research briefing. Social Care Institute for Excellence, London.
- Moriarty, J., Rutter, D., Ross, P.D.S. and Holmes, P. (2012). End of life care for people with dementia living in care homes. SCIE Research Briefing 40. London: Social Care Institute for Excellence.
- Mukadam, N., Cooper, C., and Livingston, G. (2011). A systematic review of ethnicity and pathways to care in dementia. *International Journal of Geriatric Psychiatry*, 26, 12–20.
- National Audit Office (2007). Improving services and support for people with dementia. National Audit Office, London.
- NICE (2011) Quality Standard for End of Life Care. Retrieved from: <https://www.nice.org.uk/guidance/gs13>.

Older people and dementia team (2015). Prime Minister's challenge on dementia 2020. Department of Health.

Peacock S C (2012). The experience of providing end-of-life care to a relative with advanced dementia: An integrative literature review. *Palliative & supportive care*, 11, 2:155-68.

Sachs, G.A., Shega, J.W. and Cox-Hayley, D. (2004). Barriers to excellent end-of-life care for patients with dementia, *Journal of General Internal Medicine*, 19, 10, 1057–1063.

Sampson E.L., Burns, A. Richards, M. (2011). Improving end-of-life care for people with dementia. *British Journal of Psychiatry*, 199, 5:357-9.

Sampson, E.L., Burns, A. and Richards, M. (2011) 'Editorial: Improving end-of-life care for people with dementia', *British Journal of Psychiatry*, 199, 5, 1277–1288.

Samsi, K., and Manthorpe, J. (2013). Everyday decision-making in dementia: findings from a longitudinal interview study of people with dementia and family carers. *International Psychogeriatric*, 25, 949–961.

van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. Albany, NY: State University of New York Press.

World Health Organisation (WHO). 2012: Dementia: a public health priority. Geneva: WHO: http://whqlibdoc.who.int/publications/2012/9789241564458_eng.pdf.

Exploring tai chi as an early intervention to improve balance and reduce falls among stroke survivors – towards a feasibility study

Elizabeth Harkin

Supervisors: Dr Kiara Lewis and Professor Kim Burton

Introduction

There has been a considerable increase in re-admission to hospital of older people as a result of falls, placing a substantial economic burden on the National Health Service [NHS] (National Institute for Health and Clinical Excellence, 2013). One population with a particular health condition at high risk of falls is stroke survivors (Jorgensen, Engstad, & Jacobsen, 2002). Factors associated with falling among stroke survivors include impairments such as muscle weakness and neuromuscular deficit, with consequent effects on balance and loss of postural control (Ada, Canning, & Low, 2003; Bensossan et al., 2007; Doyle, Bennett, Fasoli, & McKenna, 2010; Harling & Simpson, 2008). In order to improve functional outcomes after a stroke, survivors in the UK are referred to community rehabilitation services if they require further input from physiotherapy, occupational therapy or speech and language therapy (Dworzynski, Ritchie, Fenu, MacDermott, & Playford, 2013).

As a falls prevention strategy in the general population, early intervention through community-based therapeutic exercise is recommended to restore independence and improve postural stability through increasing strength and balance, with modifications tailored for the individual's health condition (Department of Health, 2009). It could be argued that community-based therapeutic exercise can improve balance and reduce the likelihood of falls among stroke survivors (Marigold et al., 2005). However, individual exercise programmes included in the physiotherapy community rehabilitation programmes tend to focus on mobility and improving muscle strength, but do not necessarily focus on balance (MidYorkshire Hospitals NHS Trust, 2016).

Physiotherapy for stroke survivors has been recommended to last for at least 45 minutes, five times a week to improve residual impairment caused by stroke (National Institute for Health and Clinical Excellence, 2013). Anecdotally, according to local physiotherapists, the recommended 45 minutes is not entirely physical activity-based; a lot of this time is spent travelling, assessing and filling out paperwork. Local physiotherapists also suggest that community rehabilitation lasts on average for only three weeks, and stroke survivors have expressed that they feel 'abandoned' once community rehabilitation has ended, as expressed in a national survey conducted by the Stroke Association (Barrick, 2013).

According to Forster & Young (1995), if stroke survivors fall, this tends to occur within the first six months of stroke onset, representing the period of risk for falling. Therefore, a focus on balance training is needed as an early intervention in addition to the current community physiotherapy input. Studies have shown that tai chi is a form of exercise that may reduce falls and improve standing balance in stroke survivors (Au-Yeung, Hui-Chan, & Tang, 2009; Taylor-Piliae, Boros, & Coull, 2014). However, it is unknown if tai chi is acceptable to, and can be delivered to, stroke survivors in the UK at an early stage – i.e. on discharge from hospital. This paper, therefore, aims to explain the background, rationale and methodology for a randomised controlled trial feasibility study to explore tai chi as an intervention among stroke survivors recently discharged from hospital in the UK, and who have been referred to community rehabilitation.

Background

The World Health Organisation [WHO] definition of stroke is 'rapidly developing clinical signs of focal (or global) disturbance of cerebral function, lasting more than 24 hours or leading to death, with no apparent cause other than that of vascular origin.' Stroke occurs when the blood supply to the brain is interrupted either by a clot in a blood vessel or a burst blood vessel, cutting off oxygen supply and nutrients. This cutting off of oxygen and nutrients causes damage to brain tissue (WHO, 2016). In 2015, there were 152,000 strokes in the UK (equal to one stroke every three and a half minutes) (Gibson, 2013). According to the latest figures, 39,284 people in the UK died from stroke in 2014, with 152,000 strokes occurring. This suggests that there were 112,716 new survivors with variable levels of impairment in 2014 (Stroke Association, 2016). These impairments variously are related to speech and

language, swallowing, physical problems of mobility, or cognitive difficulties. According to the British Medical Association [BMA] (2015), there were 1.2million stroke survivors in the UK in 2015, many of whom are living with a disability, placing a substantial economic burden onto the NHS, costing approximately £9billion a year.

The economic burden of falls in general is set to rise by a third by 2025 due to an increasing ageing population (Department of Health, 2009). Falls have been and are still being recognised as being of considerable public health importance and are a high priority for health and healthcare costs (Department of Health, 2001; National Institute for Health and Clinical Excellence, 2013). In order to reduce these costs, the National Institute for Health and Clinical Excellence [NICE] (2015) recommend strength and balance training for falls prevention in the general population through increasing repetitions of body weight activities, which would mostly benefit the elderly community-dwellers with balance deficits.

Exercise has been recommended by the Department of Health [DH] to reduce the fear of falling, which is itself a risk factor for falls, and leads to anxiety and frustration, thus reducing independence (Department of Health, 2009). Additionally, fear of falling affects older people's compliance with exercise (National Institute for Health and Clinical Excellence, 2015). NICE, therefore, recommend a falls prevention programme to address this obstacle to exercise.

One other reason for non-compliance with exercise is depression. Narushima and Robinson (2002) found that stroke survivors developed major depression prior to discharge from hospital and were found to remain depressed after 12 weeks, posing an obstacle for early rehabilitation.

Arguably, a stroke-specific falls prevention programme is needed for stroke survivors. Indeed, it has been recognised by the DH (2009) that tai chi has potential as a falls prevention exercise.

Tai chi is an ancient Chinese martial art for self-defence. Today, it is a low-impact, low-speed therapeutic exercise, requiring no equipment, and is practised for cardio-vascular fitness, muscle strength, and flexibility (Wayne, 2013). A core feature is that body weight is transferred from one leg to another (weight-shifting), turning the waist whilst the legs remain rooted to the ground, thus stimulating postural balance mechanisms.

Studies have shown tai chi to reduce falls and improve standing balance in stroke survivors (Au-Yeung et al., 2009; R.E. Taylor-Piliae et al., 2014). Indeed, a randomised controlled trial [RCT] conducted by Taylor-Piliae et al. (2014) showed that tai chi could stimulate balance control and coordination, as well as reduce falls among stroke survivors in the USA. However, the population in that US study were stroke survivors who were three months post-stroke.

Another RCT conducted by Au-Yeung et al. (2009) showed improvements in standing balance as early as six weeks after starting tai chi exercises. However, the setting for this study was Hong Kong, where tai chi is already practised regularly by many among the Hong Kong community and is part of the culture. Additionally, participants in Au-Yeung's study were six months post stroke.

In the present research, a novel programme of tai chi exercise classes is being developed specifically for stroke survivors in the UK. This will consist of one-hour tai chi classes twice weekly for 12 weeks in the UK. In addition, it will include at least 15 minutes of daily home practice, guided by a home practice booklet and DVD. The programme will be started at the point when patients have been discharged from hospital (approximately one to three weeks post-stroke). Before a RCT can be conducted, a feasibility study is required to test the acceptability of and adherence to, the novel tai chi programme, as well as to provide data on outcome measures, estimate recruitment rates, and test experimental procedures, all of which need to be established before a major trial can be conducted.

Aims and Objectives

The aim of the proposed study is to conduct a RCT feasibility study to estimate parameters for a full-scale RCT. Such parameters include adherence, acceptability and follow-up rates of a modified 12-week tai chi programme with two one-hour classes per week. Additionally, suitability of outcome measures and home practice will also be explored. The objective of the study is to obtain the data to assess the feasibility and refine procedures for a full-scale RCT.

Methodology

Although RCTs are the gold standard for testing the effect on therapeutic interventions, they need to be well-designed in order to be delivered on time and to target, improving the chance of being successfully completed. A feasibility study is required when the answer to a research question is unknown, and will identify potential problems to the successful conduct of a RCT, allowing for modifications (Arain, Campbell, Cooper, & Lancaster, 2010; Bowen et al., 2009). Therefore, a feasibility study in the form of a RCT will be conducted using two groups: tai chi with usual care, and usual care alone.

Participants who are assessed as suitable for being discharged home with community rehabilitation, after the acute phase of stroke, will be identified whilst being inpatients on a hyper-acute stroke unit. An information sheet will be given to participants, and they will be given two days to consider participating in the study (this early timeframe is due to the rapid discharge turnover).

Once informed consent is given, participants will be screened for eligibility. Participants will be eligible for the study if they are able to give informed consent and have a Berg Balance Score between 30-45 (the Berg Balance Scale [BBS] ranges from 0-57, where a score below 30 indicates severe impairment and above 45 indicates no impairment.) The BBS is an observational test which requires a trained specialist watch the person perform tasks such as reaching forward, sitting to standing etc. This observational test is recorded on a 14-item five-point Likert scale, scoring the ability to maintain their balance whilst attempting the tasks. Baseline Berg Balance scores will be obtained whilst the patients are on the stroke ward as part of their routine care. If this is not possible, they will be obtained from the community rehabilitation services, who are regularly updated with the study's progression (Maeda, Kato, & Shimada, 2009).

Other inclusion criteria include diagnosis of a first stroke at any age and have access to community rehabilitation and have access to the study venue, as well as being able to give informed consent. Because the hyper-acute stroke unit from which participants will be recruited is an active research ward, participants who are already involved in a research study will be excluded to avoid overburden and contamination of the intervention or outcome measures.

Baseline assessments will be taken following eligibility screening. The primary outcome measure is the Berg Balance Score. This score will be the same one taken as part of the eligibility criteria. The initial Berg Balance score will be performed by the hospital physiotherapists as part of participants' routine care.

Secondary outcome measures will be the Falls Efficacy Scale, Geriatric Depression Scale and SF12 Questionnaire, which are self-completed. The Falls Efficacy Scale requires participants to score themselves from one to ten on how confident they are in daily activities, and measures fear of falling. In order to measure how patients feel, the Geriatric Depression Scale will require participants to answer yes or no to questions regarding mood. Quality of life will also be measured using the SF12 Questionnaire, which poses questions regarding health status.

Following eligibility screening and baseline assessments, participants will be randomised into one of two groups (tai chi with usual care, and usual care alone) using restricted randomisation with sealed envelopes. Two sealed envelopes (one labelled with tai chi, and the other with usual care) will be offered to the first participant, who will choose one. This choice will determine the group allocation. The next participant will then be given the second envelope to be allocated to their group allocation. Participants will open the respective envelopes at the time of being offered them. Thereafter, two more envelopes will be prepared for the next two participants and so on. This procedure of preparing randomisation in pairs is to avoid having more than a small disparity in group sizes. The maximum target recruitment number is 20 participants per group (40 in total). Recruitment will stop once this total has been achieved.

Blood pressure will be recorded as part of the participants' routine care, and be noted for the study as baseline if the participant is allocated to the tai chi group to observe any changes in readings through the practice of tai chi because adherence to exercise is low amongst people with hypertension (Gee et al., 2011).

Those participants who are referred to inpatient rehabilitation units will be contacted before discharge from these units by liaising closely with the physiotherapists there. Should participants become

unsuitable for the study (e.g. Berg Balance Score is not within range of the inclusion criteria), patients will be informed straight away.

Falls rates will also be collected in the form of a monthly falls calendar, which will be completed across the six-month follow-up period. The first calendars will be given to participants in both groups at the same time as the eligibility screening and baseline assessments. Further calendars will be given to the tai chi group and collected in by the researcher at tai chi classes up to 12 weeks, and by post using SAEs post 12 weeks to six months. Participants in the usual care group will receive and return questionnaires and falls calendars by post in SAEs sent to them by the researcher at 12 weeks and six months.

Additionally, both groups (approximately five from each group) will be interviewed at 12 weeks in order to gain qualitative data regarding the participants' views in order to make necessary modifications for a full-scale RCT.

Tai chi classes will take place in a hospital physiotherapy gymnasium, and be conducted by a qualified tai chi instructor with indemnity insurance. The tai chi instructor is the second to be approached because one previous instructor was too costly, and he was determined to incorporate acupuncture into the tai chi programme. Additionally, it was very difficult to contact him because he was elusive at replying to emails. Therefore, it is important that the tai chi instructor in the proposed study is accessible and reliable, and is kept up-to-date on the study's progress.

Participants in the tai chi group will be encouraged to do at least 15 minutes of home practice each day, and will be given a home practice guide and DVD. They will be encouraged to fill out a home practice diary indicating how much time they spent each day with home practice. Participants will be invited to bring significant others along to tai chi classes, who will be encouraged to help participants with home practice but will not be part of the study. At the end of each tai chi class, participants will be offered refreshments and be given the opportunity to socialise with each other.

Statistical Analysis

Standard deviations will be obtained as well as an estimate of change on the outcome measures in order to inform future power calculations. A statistician based at the University of Huddersfield will be consulted regarding statistical analysis using SPSS software. Interviews will be transcribed thematically analysed after each interviewee has completed their 12 weeks.

Ethics

After being approved by the School Research and Ethics Panel [SREP], the proposed study has currently been reviewed by two Research Ethics Committees: Stanmore and Leeds West. For their own reasons, the ethics Committees insisted upon randomisation. Originally, the proposed study was not going to randomise because according to Arain (2010) and Bowen (2009), randomisation is not necessary in a feasibility study. The decision to randomise by the ethics Committee has had an impact on how to recruit sufficient people into the tai chi classes within a single source as part of a PhD programme. For example, larger trials are funded, with multi-centres which build up the numbers more quickly. The REC has thus added to the complexity of a feasibility trial by casting some uncertainty over recruitment to tai chi classes.

The Committee also suggested the inclusion of people with dysphasia. In order to address any communication difficulties, the Committee advised the use of significant others to act as interpreters, stating that the policy of family members not being able to act as interpreters may be lifted on this occasion. This makes the study more inclusive, improving upon the original criteria. Because of the multiple submissions, the protocol and design of the study has improved as a result of SREP and REC advice. Therefore, for future REC applications it is advised to choose a nearby Committee and attend the meeting, despite being told it is not necessary. The researcher also advises to keep motivated and listen to advice given by the REC, despite being disappointed – it will be worth it in the end!

Acknowledgements

Thanks are owed to the following people, who have shown me that a team of mixed expertise is essential for a developing protocol for a RCT:-

Richard Morley who has shown dedication to teaching tai chi; MY Therapy and Locala (community rehabilitation services) for the use of their patients; Adrian Robertson (senior physiotherapist) for useful advice, help with validation of the Berg Balance Scale and venue; Ann Needle (stroke researcher) for her expert advice; Dr John Stephenson (statistician) for his expert statistical advice; Alison Sharp (ward manager) for the use of her patients; and finally, the Stroke Association for stroke survivor feedback.

References

Ada, L., Canning, C. G., & Low, S. L. (2003). Stroke patients have selective muscle weakness in shortened range. *Brain*, *126*, 724-731. doi: 10.1093/brain/awg066

Arain, M., Campbell, M. J., Cooper, C., L., & Lancaster, G., A. (2010). What is a pilot or feasibility study? A review of current practice and editorial policy. *BMC Medical Research Methodology*, *10*(67), 1-7.

Au-Yeung, S. S. Y., Hui-Chan, C. W. Y., & Tang, J. C. S. (2009). Short-form Tai Chi improves standing balance of people with chronic stroke. *Neurorehabilitation and neural repair*, *23*(5), 515-522. doi: 10.1177/1545968308326425

Barrick, J. (2013). Feeling overwhelmed: the emotional impact of stroke (pp. 1-60). London: Stroke Association.

Bensossan, L., Viton, J. M., Schieppati, M., Collado, H., Milhe de Bovis, V., Mesure, S., & Delarque, A. (2007). Changes in postural control in hemiplegic patients after stroke. *Archives of Physical Medicine Rehabilitation*, *88*(8), 1009-1015. doi: 10.1016/j.apmr.2007.05.009

Bowen, D. J., Kreuter, M., Spring, B., Cofta-Woerpel, L., Linnan, L., Weiner, D., Fernandez, M. (2009). How we design feasibility studies. *American Journal of Preventative Medicine*, *36*(5), 452-457. doi: 10.1016/j.amepre.2009.02.002

Department of Health, L. (2001). *National service framework for older people*: Department of Health London.

Department of Health, L. (2009). *Falls & fractures: effective interventions in health and social care*. London: Department of Health.

Doyle, S., Bennett, S., Fasoli, S. E., & McKenna, K. T. (2010). Interventions for sensory impairment in the upper limb after stroke (review). *Cochrane database of Systematic Reviews*, *6*. doi: 10.1002/14651858.CD006331.pub2

Dworzynski, K., Ritchie, G., Fenu, E., MacDermott, K., & Playford, E. D. (2013). Rehabilitation after stroke: summary of NICE guidance. *BMJ*, *346*. doi: 10.1136/bmj.f3615

Gee, M. E., Bienek, A., Campbell, N. R. C., Bancej, C. M., Robitaille, C., Kaczorowski, J., Nolan, R. P. (2011). Prevalence of, and barriers to, preventive lifestyle behaviours in hypertension (from a national survey of Canadians with hypertension). *ajconline*. www.ajconline.org doi:10.1016/j.amjcard.2011.09.051

Gibson, C. L. (2013). Cerebral ischaemic stroke: is gender important? *Journal of Cerebral Blood Flow & Metabolism*, *33*, 1355-1361.

Harling, A., & Simpson, J. P. (2008). A systematic review to determine the effectiveness of tai chi in reducing falls and fear of falling in older adults. *Physical Therapy Reviews*, *13*(4), 237-248.

Jorgensen, L., Engstad, T., & Jacobsen, B. K. (2002). Higher incidence of falls in long-term stroke survivors than in population controls. *Stroke*, 33, 542-547.

Maeda, N., Kato, J., & Shimada, T. (2009). Predicting the probability for fall incidence in stroke patients using the Berg Balance Scale. *The Journal of International Medical Research*, 37, 697-704.

National Institute for Health and Clinical Excellence, L. (2013). *Falls: the assessment and prevention of falls in older people*. London: NICE.

National Institute for Health and Clinical Excellence, L. (2015). *Falls: assessment and prevention of falls in older people*. London: NICE.

Taylor-Piliae, R. E., Boros, D., & Coull, B. M. (2014). Strategies to improve recruitment and retention of older stroke survivors to a randomized clinical exercise trial. *Journal of stroke and cerebrovascular diseases : the official journal of National Stroke Association*, 23(3), 462-468. doi: 10.1016/j.jstrokecerebrovasdis.2013.03.031

Taylor-Piliae, R. E., Hoke, T. M., Hepworth, J. T., Latt, L. D., Najafi, B., & Coull, B. (2014). Effect of tai chi on physical function, fall rates and quality of life among older stroke survivors. *Archives Of Physical Medicine And Rehabilitation*, 95, 816-824.

WHO. (2016). Cerebrovascular Accident. Retrieved 15/04/16, 2016, from www.who.int/topiucs/cerebrovascular_accident/en/

The beliefs and lived experiences among hill tribespersons with Type 2 diabetes mellitus in Chiang Rai, Thailand: a phenomenology approach

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Introduction

Diabetes mellitus is a major leading cause of death worldwide. The World Health Organisation (WHO, 2014) estimated that the number of global populations who have diabetes mellitus will increase to 592 million people in 2025 from 382 million people in 2013. 90 % of people who suffer from diabetes mellitus have type 2 (Zusuki et al, 2012) and most of them live in low and middle income countries (WHO, 2014). South East Asia which includes Thailand has the third largest increase of prevalence of diabetes mellitus (IDF, 2013). The top 2 countries with the highest prevalence of diabetes mellitus in 2014 are China and India, which are middle and low income countries respectively.

Thailand, an upper-middle income country is facing the problem of the diabetes mellitus. The prevalence of diabetes mellitus in Thailand has steadily increased from almost 900 per 100,000 population in 2009 to 1100 per 100,000 population in 2013 (Bureau of Non Communicable diseases of Thailand, 2014). The number of diabetes mellitus cases has been rising in all part of the country including hill tribespersons, a minority group who live in the mountain in the northern of Thailand. There are 8 groups of hill tribespersons. Mostly live in small villages and each group has their own language, beliefs and life style that different from general Thai people.

Literature review

In this study the literature review consists of 1. diabetes mellitus, 2. health promotion in diabetes mellitus patients, 3. the strategies for health promotion in diabetes mellitus patients, 4. the studies of intervention and health promotion programme of diabetes mellitus patients in individual, interpersonal and community level 5.the studies of hill tribespersons and diabetes mellitus. A previous study in Thailand showed that hill tribespersons have been facing more language problems in health care services (Lorga et al, 2012). Studies have not been conducted on the subject of hill tribespersons on their beliefs and lived experiences (Thai Library Integrated System, 2015). The results of this study will lead to the revision of health care services and create a bespoke health promotion programme for hill tribespersons in northern of Thailand.

Aim and objectives

The aim of this study is to explore the beliefs and lived experiences among hill tribespersons with type 2 diabetes mellitus in Chiang Rai, Thailand with the objectives as follows:

1. to explore the health beliefs, current knowledge of diabetes mellitus.
2. to explore the lived experiences of diabetes mellitus and self-management behaviour.
3. to explore the needs, barriers and essential requirements of hill tribespersons with type 2 diabetes mellitus.

Methodology

The methodology in this study is phenomenological study, a form of qualitative research which is useful for deep understanding of phenomenon due to the purpose is to focus on the view of participants. The participants comprised 20 hill tribespersons patients with type 2 diabetes mellitus. Participants were excluded if they were; under 18 years old, have type 1 diabetes mellitus and Inability to understand spoken Thai. All participants were conducted by an in-depth interview with semi-structure interview guideline. Interview were audio recorded with consent. Furthermore, all the study form were permitted by school research ethics panel of school of human and health sciences and the director of the hospital. Content analysis was used in this study.

Preliminary results

The preliminary results suggest participants believe chemicals (such as herbicides), genetics and diet can cause diabetes mellitus. Participants with diabetes mellitus felt and believed they were 'weak', had 'bad blood' and were 'useless'. They trust in public health services and believe medication is most important. 60 % of them used herbs such as Jiaogulan because they were advertised on local radio. 10 participants did not know the diabetes mellitus is incurable. 12 participants did not know about the complications of the diabetes mellitus. 1 participant was unaware that diabetes mellitus is not communicable and only 2 participants were doing exercise. All participants had a controlled diet before the appointment and 5 participants experienced depression with the disease.

References

- International Diabetes Federal (IDF) (2013). *What is diabetes: Diabetes atlas sixth edition* Retrieved from http://www.idf.org/sites/default/files/EN_6E_Ch1_What_is_diabetes.pdf.
- Lorga Thaworn, Srithong Kannapath, Manokulanan Pratumpan, Aung Thin Nyein Nyein. & Aung Myo Nyein. (2012). Public knowledge of diabetes in Karen Ethnic rural residents: a community-based questionnaires study in the far north-west of Thailand. *International Journal of General Medicine*, 15(5), 799-804.
- Suzuki, M., Honda, K., Fukazawa, M., Ozawa, K., Hagita, H., Kawai, T., Ikeda, S. (2012). Tofogliflozin, a potent and highly specific sodium/glucose cotransporter 2 inhibitor, improves glycemic control in diabetic rats and mice. *Journal of Pharmacology and Experimental Therapeutics*, 341(3), 692-701. doi:10.1124/jpet.112.191593
- Thai Library Integrated System (ThaiLIS) (2015). *Thai digital collection*. Retrieved from http://tdc.thailis.or.th/tdc//search_result.php.
- The Bureau of Non Communicable diseases of Thailand (2014). *The statistics of Non Communication diseases*. Retrieved from <http://thaincd.com/information-statistic/non-communicable-disease-data.php>.
- World Health Organization (WHO) (2014). *Diabetes Mellitus: Fact sheet*. Retrieved from <http://www.who.int/mediacentre/factsheets/fs138/en/>.
- World Health Organization (WHO) (2014). *Country and regional data on diabetes*. Retrieved from http://www.who.int/diabetes/facts/world_figures/en/index4.html.
- World Health Organization (WHO) (2014). *Diabetes: The cost of diabetes*. Retrieved from <http://www.who.int/mediacentre/factsheets/fs236/en/>

'I don't want to be blamed for this': one of the emerging findings on nurses' perceptions on their documentation with relation to professionalism in nursing

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Nursing documentation is the key to nursing care in hospitals as it represents nurses' way of practice in any of the clinical settings or discipline. Nursing documentation contains evidence of performed nursing activities and has a strong correlation with nurses' professional practice (Pirie, 2010; Wang et al., 2011). In Malaysia, nurses are 'trained' to abide with the code of professional practice (1998), which required them to contrive a complete, and comprehensive nursing documentation. Regardless of the importance of documentation in the nursing professional practice is widely explored in the western countries (Wang et al., 2011), such study almost non-existent in Malaysia. In addition, there is a paucity of information regarding nursing practice in Malaysia (Shamsudin, 2006).

For this reason, it is important to gather evidence on how nurses demonstrate professionalism in their nursing documentation within Malaysian context. To achieve this aim, the study adopted a mixed method approach. However, only qualitative component of this study is discussed. The purpose of the qualitative component of this study is to explore the perception among nurses in Malaysia on their documentation with relation to professionalism in nursing. The purpose of the qualitative component of this study is congruent to Berger and Luckman's (1967) argument. They claimed that it is important to explore in breadth on nurses' understanding and experience when performing any form of nursing activities, as the interaction that occurs in the society is equally important as measuring the outcome of their activities.

Therefore, semi-structured interviews was utilised to obtain an understanding of nurses' views on their documentation and its influence on nurses' ways of preparing and completing their documentation. Zohrabi (2013) stated that semi-structured interviews were chosen because it is a moderate form in which a great amount of data can be elicited from the interviewee. Forty respondents from five participating government hospitals in Malaysia were interviewed. All respondents were from various hierarchal level of registered nurses; Matrons, Sisters in charge and Staff Nurses from various disciplines and clinical settings. These respondents were the nurses who were directly handling the nursing documentation at their workplace.

Thematic analysis (Braun & Clarke, 2006) was used to identify categories and themes in fourty nurses' accounts of their documentation with relation to professionalism in nursing. Social constructivism was chosen as the framework in analysing the qualitative findings of the study. Social constructivism is looking at where groups collectively construct knowledge for another and collaboratively creating a small culture of shared artifacts with shared meanings (Vygotsky, 1978).

NVivo version 10 was utilised to create a systematic analysis on the transcripts. NVivo is a software to identify consistency or inconsistency in the data analysis and able to manage large amounts of data and different types of data (Bazeley & Jackson, 2013). NVivo allows researchers to classify, sort and arrange information, examine relationships in the data and combine analysis by linking, shaping, searching and modelling.

One of the emerging findings is the fear among respondents (nurses) of "blaming culture" that occurs at their clinical setting. This is because blaming culture do not tolerate mistakes and nurses are more likely to be blamed for poor patient safety and insufficient quality of care (Killbridge & Classen, 2008; Ramsey, 2005). This is because nurses are directly involved in delivering care to patients in the clinical settings. Blaming culture motivates the nurses to ensure their documentation is complete and comprehensive.

The qualitative findings also revealed that the majority of respondents perceived nursing documentation as important evidence if there are possible future medical legal issues that they might have to involve with. Moreover, the majority of the respondents expressed their understanding on nursing documentation as being "if any of tasks are not documented, it is considered as tasks are not done or completed."

Fatima (junior nurse): *"I actually feel that, one of the reasons, there is more and more people, patients getting more cleverer which eventually, this things will influence them to look at when they don't satisfy, that's the thing that I would like to emphasise. This thing, if we don't do it, but we recorded or documented it, this thing will prove or back up us. So, this means that this thing nowadays are getting worst. Last time, there were not much complain, not at all. Nowadays, patients are getting smarter, all the internet, so it means.. aaaaa... we have to do something more detail, I think.. like this will back up us.. means its for... our safe guards too, ok, one more to prove that we did that things."*

The above-mentioned finding is also congruent with one of Blake-Mowatt, Lindo and Bennett (2013)'s findings. They found that all of the respondents in their study perceived nursing documentation as 'very important' and it has protected them legally. Naresh et al. (2009) describe this perception as a significant value that nurses have placed on their documentation as their legal dimension which represents their actual practice. However, this form of perception could lead nurses to associate themselves with the concept "of being blamed if anything happen to the patients". Evidently, the majority of the respondents in this study mentioned that they have to be 'extra cautious' and they will ensure that their documentation is well written and completed. Interestingly, this form of awareness could be considered as one of the important aspects of professionalism in nursing (Salam et al., 2011).

Blaming culture which occurs in a nursing practice could be influenced by hierarchical and compliance based function system (Naresh et al., 2009). One of the respondents in this study shared her story.

Maria (Ward Sister): *"that is why. My nurses are quite scared and look for sister. That's what happened. That is why we must know our job. We know the things and we will get the bully and so much lah."*

On the other hand, one of the respondents of this study mentioned that some of the nurses who were under her care misunderstood about the legal dimension of nursing documentation.

Sheila (senior nurse): *"Actually for incident reporting, a lot of them, misunderstand. They feel that, OK, in the sense, from what I see lahh, I think the younger generation, " Aiyaaa, the incident reporting, we are going to tell that we have done wrong." Actually it is not that. They must understand that, when you do incident report, you record. It is to teach us to find our mistakes. So that we can better ourselves. For the betterment of the patients."*

The above-mentioned finding also supports Ramsey (2005)'s findings. She found that 96 percent of the nurses and more than 90 percent of the physicians, administrators, and pharmacists assigned primary responsibility in ensuring patient safety to nurses. Moreover, Only 22 percent of the respondents believed that physicians, nurses, pharmacists, and administrators share responsibility for patient safety equally.

Based on the above findings, it can be argued that the fear for being blamed could hinder nurses to report any cases of neglects, errors and malpractice (Blake- Mowatt et al., 2013). As a whole, the role of nursing documentation should not be perceived by nurses solely as an evidence to question practice. More importantly, nursing documentation informs nurses and other health care providers of any detrimental effects on patients which are due to the illness or the care and treatment that have been offered. In other words, nursing documentation should be perceived as a medium to promote cultural safety among nurses and other health care providers.

References

Bazeley, P. & Jackson, K. (2013). *Qualitative Data Analysis with Nvivo*. SAGE Publishing Company: Great Britain.

Berger, P. & Luckman, T. (1967). *The Social Construction of Reality*. Penguin Books: England.

Blake- Mowatt, C., Lindo, J.L. & Bennett, J. (2013). Evaluation of registered nurses' knowledge and practice of documentation at a Jamaican hospital. *International Nursing Review*. 60(3),328-334. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/23961794>

- Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101. Retrieved from http://www.tandfonline.com/doi/abs/10.1191/1478088706qp0630a#.VO7_ejGsXTo
- Kilbridge, P.M. & Classen, D.C. (2008). The informatics opportunities at the intersection of patient safety and clinical informatics. *Journal of American Medical Informatics Association*, 15(14), 397-407. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2442268/>
- Naresh, K., Brown G.D. & Lanis, L.H. (2009). From a blame culture for a just culture in health care. *Health Care Management Review*. 34 (4), 312-322. Retrieved from http://www.nursingcenter.com/journalarticle?Article_ID=939361
- Pirie, S. (2011). Documentation and record keeping. *Open Learning Zone*, 21(1),22-27. Retrieved from http://www.afpp.org.uk/news/themes/september_theme
- Ramsey, g. (2005). Nurses, Medication errors and the culture of blame. *Hastings Report Centre*. 35 (2), 20-22. Retrieved from <https://muse.jhu.edu/journals/hcr/summary/v035/35.2ramsey.html>
- Salam, A., Yousuf, R., Islam, M.Z., Yesmin, F., Helali, A.M., Alattraqchi, A.G., Rao, U.S.M. & Haque, M. (2013). Professionalism of future medical professionals in Universiti Sultan Abdul Abidin, Malaysia. *Journal of the Bangladesh Pharmacological Society*. 8, 124-130. Retrieved from file:///C:/Users/U1276369/Downloads/14158-51568-3-PB.pdf
- Shamsudin, N. (2006). Better late than never. *Journal of Advance of Nursing*. 53(3), 262-263. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2648.2006.03655.x/abstract>
- Vygotsky, L. (1978). *Mind in Society*. Harvard University Press: London.
- Wang, N., Hailey, D. & Yu, P. (2011). Quality of nursing documentation and approaches to its evaluation: a mixed method systematic review. *Journal of Advanced Nursing*, 67(9), 1858-1875. Retrieved from <http://onlinelibrary.wiley.com.libaccess.hud.ac.uk/doi/10.1111/j.1365-2648.2011.05634.x/pdf>
- Zohrabi, M. (2013). Mixed Methods Research: Instrument, Validity, Reliability and Reporting Findings. *Theory and Practice in Language Studies*. 3(2), 254-262. Retrieved from <http://www.academypublication.com/issues/past/tpls/vol03/02/06.pdf>

Supporting self-management of long-term health conditions in family members of dementia patients

Nafisa Zaman

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Long-term health conditions include those health conditions which at present have no cure and are controlled or treated with medication or other forms of therapy, examples include heart disease, diabetes, arthritis and depression (Department of Health [DH], 2015b). Currently 15 million people in England are affected by at least one long-term condition and a 53% increase in the number of people with three or more long-term conditions is expected by 2018 (DH, 2013; Mcshane & Mitchell, 2013). Poorly managed long-term conditions give rise to ambulatory care-sensitive conditions resulting in unplanned hospital admissions and poorer quality of life (Purdy, 2010). In light of this evidence, the government's 2015-16 mandate to the National Health Service England highlights the need to provide person-centred care to people with long-term conditions and their carers by enabling them to live independently through self-management (DH, 2014). Although long-term conditions can affect anyone, certain populations are at a higher risk based on a wide range of risk factors to include age, gender, lifestyle, ethnicity and socioeconomic status.

Undiagnosed and unreported long-term conditions pose the greatest challenge for primary care in terms of improving and identifying management needs. However, Fengler and Goodrich (1979) identified a group of patients known as 'hidden patients' in whom the diagnosis may be clear but their specific healthcare needs remain invisible to both the patient and the healthcare provider, thus putting them at a potentially higher risk for poor health management. These 'hidden patients' include those family members who have assumed full-time caring roles for their loved ones with chronic and terminal illnesses.

Informal, unpaid family caregivers are saving the economy over £132 billion per annum (Royal College of General Practitioners, 2014) but it is often at the cost of their own health and well-being. Whether they are diagnosed with health conditions or not, family caregiver's often suffer in silence, forgetting or trivialising their own health needs as the health and well-being of their loved-ones inevitably takes precedence. A mortality study of people with long-term conditions revealed that family caregivers have higher mortality rates due to poorer health management as a result of the general impact of caring and its associated responsibilities (Christakis & Allison, 2006). The study also highlights that within the population of caregivers, dementia caregivers are an exceptionally vulnerable group due to the unpredictability of dementia and the intense emotional impact that prevails even after caring has stopped.

'Carer burden' was a term coined in the early 1960s to describe the physical, emotional, financial and social impact that caring has on a caregiver (Hoffman & Mitchell, 1998). Although, the term burden appears to carry negative connotations, the effects of caring can have considerable benefits as well. Through the Care Act 2014 the Department of Health has issued considerable funding to improve the care of dementia patients and their carer-givers, and provided carers the right to have their 'needs assessed for the first time' (DH, 2015a).

This research aims to employ a sequential mixed methods design to firstly explore and uncover the true impact that dementia caregiving has on family caregivers who have long-term conditions of their own, and then construct an appropriate support tool to identify areas that require self-management support earlier on in the caring journey in order to prevent carer breakdown and health crises.

References:

Christakis, N.A., & Allison, P.D. (2006). Mortality after hospitalisation of a Spouse. *The New England Journal of Medicine*, 354(7), pp.719-730. Doi: 10.1056/NEJMsa050196

Department of Health. (2014). *A Mandate: a mandate from the government to the NHS England April 2015 – March 2016*. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/386221/NHS_England_Mandate.pdf

Department of Health. (2015a). *2010-2015 government policy: dementia*. Retrieved from <https://www.gov.uk/government/publications/2010-to-2015-government-policy-dementia/2010-to-2015-government-policy-dementia>

Department of Health. (2015b). *2010-2015 government policy: long-term health conditions*. Retrieved from <https://www.gov.uk/government/publications/2010-to-2015-government-policy-long-term-health-conditions/2010-to-2015-government-policy-long-term-health-conditions>

Department of Health. (2013). *Improving quality of life for people with long-term conditions*. Retrieved from <https://www.gov.uk/government/policies/improving-quality-of-life-for-people-with-long-term-conditions>

Fengler, A.P., & Goodrich, N. (1979). Wives of Elderly Disabled Men: The Hidden Patients. *The Gerontologist*, 19(2), pp. 175-183. Retrieved from <http://gerontologist.oxfordjournals.org/content/19/2/175.long>

Hoffman, R. L., & Mitchell, A.M. (1998). Caregiver Burden: Historical Development. *Nursing Forum*, 33(4), pp.5-12. Retrieved from <https://library3.hud.ac.uk/summon/>

McShane, M., & Mitchell, E. (2013). Integrating care for people with comorbidities. *Health Service Journal*, 26-7. Retrieved from: <http://www.hsj.co.uk/>

Purdy, S. (2010). Avoiding Hospital Admissions. What does the research evidence say? *The King's Fund*. Pp. 1-28. Retrieved from <http://www.kingsfund.org.uk/sites/files/kf/Avoiding-Hospital-Admissions-Sarah-Purdy-December2010.pdf>

Royal College of General Practitioners. (2014). *Involving and Supporting Carers and Families: an educational framework and learning resource for GPs and primary care teams*. London: RCGP. Retrieved from <http://www.rcgp.org.uk/clinical-and-research/clinical-resources/carers-support.aspx>

Section 2 - Crime-related research

A study into female sex offenders and male rape victims

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Introduction

My study aims to raise awareness of the seriousness of female sex offending. Female sex offenders, especially teachers who have formed relationships with their students, have been the subject of many online comments such as 'Why didn't we have teachers like that when I was at school?' Due to this, female sex offenders are not taken as seriously as their male counterparts. A study by Jansson, Povey and Kaiza (2007) stated that female sex offenders make up only 1% of the sex offender population in prisons, with Allen (1991) suggesting that only the female sex offenders who commit the most serious crimes are likely to be prosecuted. However, statistics by ChildLine suggest that between 2002-2003 calls about female sex offenders accounted for approximately 12% of the phone calls (Beech, Craig & Browne, 2009). These statistics suggest that there is a vast underreporting of female sex offending in the UK.

As well, the topic of male rape and sexual assault is not talked about as much as female rape and sexual assault in society. When male rape is discussed it tends to be met with comments such as 'he should consider himself lucky', 'men aren't affected by rape in the same way that women are'. Comments like these can cause male rape victims to be reluctant in coming forward to report their experiences. This study will aim to shed light on the experiences of male rape and sexual assault victims as well as treatment that they were offered by rape crisis centres and, if they chose to share their experience with others, comments that they faced from the general public. I want to look at the treatment offered to male rape and sexual assault victims at rape crisis centres across the UK and find out if they are offered similar treatments to female rape and sexual assault victims. Only two rape crisis centres in the whole of Yorkshire offer help and treatment to male rape victims; Barnsley and Kirklees. Out of the 53 rape crisis centres across England and Wales advertised on the rape crisis website, 24 of them offer to treat male rape victims (www.rapecrisis.org.uk, n.d.). There are no rape crisis centres in London that offer help to male rape victims, in fact the closest rape crisis centre to offer this service is 1 hour 30 minutes away in Essex.

Bunting (2007) suggests that in up to 5% of sexual offences against children, females are involved. Calls to NSPCC Child Protection Helpline, between 2003–2008 about child abuse committed by women, increased by 132% (NSPCC.org.uk, n.d.). A joint report by Ministry of Justice, Office for National Statistics and Home Office (2013) stated that 12,000 men in England and Wales are raped each year. However, these statistics do not break down males who have been raped and sexually assaulted by females and females who have raped or sexually assaulted males. There are no statistics dedicated to male rape and sexual assault victims of female sex offenders.

Female sex offenders cannot be convicted of rape under the UK sexual offences act because it states that A person (A) commits an offence if - (a) he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis (legislation.gov.uk, 2003). Therefore, females cannot be convicted of rape as the law states that, in order to commit rape, you need to have a penis. The most that a female can be convicted of in the sexual offences act 2003 is assault by penetration which states that (1) A person (A) commits an offence if - (a) he intentionally penetrates the vagina or anus of another person (B) with a part of his body or anything else (legislation.gov.uk, 2003). However, out of the 40 cases that I have analysed, only one male rape victim reported being penetrated. Therefore, most female sex offenders, if convicted, will be convicted of sexual assault. As well, the terminology surrounding the Sexual Offences Act 2003 is very gender biased. Pronouns such as 'he' are used at least twice throughout these laws. In order for females to be convicted of rape the law should be changed to include gender neutral pronouns.

If I was not already convinced that female sex offending is not being taken as seriously as male sex offending, then a Google search that I did in the first stage of my methodology confirmed it. When trying to find media articles about female sex offenders, I found websites dedicated to the 42 hottest female sex offenders, top 10 sexiest female sex offenders, 10 hottest female sex offenders, the hottest women

on the Texas sex offender list and a YouTube video dedicated to the top 10 sexiest female sex offenders (Google, 2016).

Methodology

There are two stages to the methodology. These stages are interconnected with data from stage one helping to create questions for stage two. In the first stage to the methodology I analysed 40 blogs written by male rape victims using thematic analysis, and I also analysed 60 media articles, 30 about female sex offenders and about male sex offenders, using content analysis. The data gathered from the blogs and media articles were used to create Likert statements, questions and vignettes for the questionnaire in the second stage of the methodology. The questionnaire will be launched online and I am hoping to collect approximately 200 responses from the general public. A third stage may be added to the methodology if I feel that I need more data to add to the blogs, media articles and questionnaire responses. If this goes ahead, data from the questionnaire will be used to create questions for semi-structured interviews to be given to male rape and sexual assault victims.

Age when raped or sexually assaulted	Number of bloggers
Child	9
Adolescent	10
Adult	20
Not stated	6
Relationship of sex offender to victim	Number of bloggers
Stranger	12
Acquaintance	7
Friend	2
Spouse/girlfriend	10
Family member	4
Care giver	2
Not stated	8

Findings

In total, 40 blogs written by male rape and sexual assault victims were analysed using thematic analysis. Three of the bloggers stated that they had been raped or sexually assaulted more than once in their life, which is why the numbers add up to 45 and not 40. In total, 32 bloggers reported that they had been raped by a female and the other eight reported sexual assault.

Themes

Prejudice

This theme relates to prejudice experienced by the victims from the police, friends and family and the general public if and when they shared their experience with someone else. This theme was found in 16 out of a possible 18 blogs as only 18 of the bloggers shared their experience with someone that they knew.

Victim blaming

This theme is associated with the general public placing blame on a victim of rape or sexual assault by suggesting that they were in some way responsible for their experience. Again, as only 18 of the

bloggers shared their experience with someone they know, the victim blaming theme could only be found in those 18 blogs. Nearly a quarter of the sample reported experiencing victim blaming when sharing their story.

Embarrassment

The embarrassment theme relates to victims revealing their emotional responses to their experiences. Seven out of the 40 blogs talked about being embarrassed about their experience or telling people about what they had been through.

Denial

The denial theme is associated with male rape and sexual assault victims trying to trivialise their experience or pretending it never happened. Fifteen out of the 40 blogs analysed displayed the denial theme.

Self blame

The self-blame theme is similar to the victim blaming theme because the victim is blamed for their ordeal; however, not by members of society but by the victim themselves. This theme was present in 10 out of 40 blogs.

Reversing blame

This theme was created due to the fact that some of the bloggers stated that the female sex offender threatened to go to the police and state that they were the victim or they would blame the male victim for their own behaviour. Thirteen of the 40 blogs analysed stated that their attacker had either threatened to tell the police that they were the victim instead of the male or had blamed the male for their own behaviour.

Depression

This theme was created because words and phrases that could be linked to depression were frequently found throughout the blogs. These words and phrases appeared within 20 of the blogs analysed, therefore 50% of the sample had experienced, or still are experiencing, depressive thoughts and feelings as a result on their experience.

Rationalisation

This theme was created because some of the bloggers had tried to rationalise their experience by making out that they had consensual sex with their attacker or that they were not as affected as female rape victims of male sex offenders would be. Over one quarter of the bloggers tried to rationalise their experience.

Domestic violence

The theme of domestic violence was found in six of the blogs analysed; however, when the theme appeared in these blogs it was very frequent throughout. This study used the Gov UK (2015) website description of domestic abuse which states that domestic violence is when a person over the age of 16 has experienced coercive, threatening or violent behaviour by an intimate partner or family member; then that makes the number of bloggers who are at risk of domestic violence within this sample nine. Therefore nearly 70% of the bloggers experienced domestic violence related to their experience.

The comments sections of the blogs contained both positive and negative comments. From what I can see from the comments sections, men were less likely to believe that men could be raped by a woman with comments such as 'guys please give your heads a shake, you can't get raped by a woman' and 'Oh pull another one mate. Most men would bite your arm off to get sex so easy. I can only assume you are gay'. Women were more likely to offer sympathy with comments such as 'Just horrible. The fact that so many male rape victims aren't taken seriously makes me ill.' and were more likely to ask questions about sexual arousal and erections during a rape or sexual assault. I also found that readers were more likely to post negative comments if the blog had been posted through a third party website such as a magazine than if it was on an online thread or the blogger's own website. This could suggest that people may think that their comments are less likely to be seen by the victims on third party websites and are therefore less affected by the reader's opinion.

A total of 30 articles written about female sex offenders and 30 articles written about male sex offenders were analysed using content analysis and compared.

Categories

Name calling

This category related to names used in media articles to describe the sex offender. Names such as Pervert, Paedophile and Sicko were used. This theme was apparent in nine out of 30 blogs about male sex offenders and seven out of 30 blogs about female sex offenders.

Prey

This category is associated with language used by reporters to suggest that the sex offenders treated their victims as prey. This theme was found in 10 of the articles about male sex offenders and eight of the articles about female sex offenders.

Villain

This category related to words and phrases used by reporters to vilify the sex offenders. Words and phrases relating to this category were found in 70% of articles about male sex offenders but only 40% of articles written about female sex offenders.

Victim

This category is associated with words and phrases used by reporters to describe the sex offenders' victims as victims. These words and phrases were apparent in 18 of the male sex offender articles and 15 of the female sex offender articles. Reporters were more likely to describe victims of female sex offenders as lovers.

Trivialise

This category is in relation to words and phrases used by reporters to trivialise the crimes of male and female sex offenders. Words and phrases relating to this category were found in 11 articles about male sex offenders and 23 articles about female sex offenders. Reporters were more likely to describe the crimes of female sex offenders as affairs or romances.

Appearance

This related to words and phrases describing the appearance of the sex offenders. This category was found in one of the articles about male sex offenders and six of the articles about female sex offenders.

Spouse/parent

This relates to reporters describing the sex offenders as mums, dads, wives or husbands. This category was not present in any of the articles about male sex offenders but was apparent in 19 of the articles about female sex offenders.

Romanticise

This is associated with words and phrases used by the reporter to describe the crimes of sex offenders as affairs or romances. This category was found in four of the articles about male sex offenders and 13 of the articles about female sex offenders.

Sex offence/rape

This category related to reporters describing the crimes of sex offenders as sex offences or rapes. This was found in 24 of the articles about male sex offenders and 18 of the articles about female sex offenders. The articles were more likely to describe crimes by male sex offenders as sex offences or rapes than the same crimes committed by female sex offenders.

Sex offender/rapist

This category related to the reporter describing the sex offenders as sex offenders or rapists. This category was apparent in 20 of the 30 articles about male sex offenders and only in one of the articles about female sex offenders. Articles were more likely to describe male sex offenders as sex offenders than females.

I have found that the general public tend to comment differently on male sex offender cases than female sex offender cases. The articles about male sex offenders tend to be met with disgust such as 'execute this piece of filth', whereas if a female sex offender is younger or attractive people tend to make jokes about the article such as 'He must've thought it was his birthday'. If a female is older or unattractive the

comment section is usually similar to that of male sex offenders with comments such as 'this woman is an abomination, she is the lowest of the low'.

Evidence of trivialising the crimes of female sex offenders, especially when they are young or attractive, can be found within the articles analysed. Young female sex offenders are more likely to have their crimes trivialised by the media as well as having irrelevant information, such as their appearance, reported in articles. Attractive female sex offenders in the current study had their Facebook photographs published in the articles and were described as 'stunning' or 'head turning', with unattractive female sex offenders being vilified by the media and having their mugshots published in the articles. Older female sex offenders were more likely to be described as perverts and their victims were more likely to be described as prey.

Online questionnaires are about to be launched which will all include the same Likert scale statement section about female sex offenders and the same Likert scale statement about male rape victims. They will also include one of four vignettes about a hypothetical rape that has the same story each time but with the gender roles reversed. There is also a comment section for people to leave comments about their own experiences or their thoughts on how society views female sex offenders and male rape and sexual assault victims. If I feel that I need more data to go with stage one and two of my methodology then I will use data from the questionnaire responses to create questions for semi-structured interviews to be given to male rape and sexual assault victims in an online forum. Female rape and sexual assault victims may also be asked to take part in order for me to compare the experiences of both.

References

Allen, C., (1991). *Women and men who sexually abuse children: A comparative study*. Orwell, VT: Safer Society Press.

Beech, A.R., Craig, L.A. & Browne, K.D., (2009). *Assessment and treatment of sex offenders: A handbook*. UK, West Sussex: John Wiley & Sons.

Bunting, L. (2007) 'Dealing with a problem that doesn't exist? Professional responses to female perpetrated child sexual abuse', *Child Abuse Review*, 16: 252–267.

Google (n.d.). Female sex offender websites. Retrieved from www.google.co.uk

Gov UK (n.d.). Domestic violence description. Retrieved from <https://www.gov.uk/guidance/domestic-violence-and-abuse>

Jansson, K., Povey, D. & Kaiza, P., (2007). Violent and sexual crime. In S. Nicholas, C. Kershaw and A. Walker (eds). *Crime in England and Wales 2006/07*, 4, 49-65.

[legislation.gov.uk](http://www.legislation.gov.uk), (2003). Sexual offences act 2003. Retrieved from <http://www.legislation.gov.uk/ukpga/2003/42/contents>

Ministry of Justice, Office for National Statistics, Home Office (2013). An Overview of Sexual Offending in England and Wales.

NSPCC, (n.d.). Statistics on child abuse. Retrieved from <https://www.nspcc.org.uk/services-and-resources/research-and-resources/statistics/>

Rape crisis (n.d.) rape crisis centres across England and Wales. Retrieved from <http://rapecrisis.org.uk/centres.php>

Who blames the rape victim? An investigation of attributions of blame in hypothetical rape scenarios outside the male rapist/female victim dyad

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Supervisor: Dr Helen Gavin

There is a paucity of literature available on the topic of male rape and sexual assault; when compared to the wealth of research dedicated to female rape and sexual violence (Rogers, 2008).

Ignorance and disbelief about male sexual assault has been perpetuated by the endorsement of rape myths – ‘prejudiced, stereotypical or false beliefs about rape, rape victims and rapists,’ (Burt, 1980, p.217). Rape myths stem from the traditional view of masculinity which dictates that men should be ‘strong, assertive, sexually dominant and heterosexual’ (Herek, 1986). Rape myths function to deny and trivialise sexual assault by shifting the blame from the perpetrator to the victim, thus, society is protected from confronting the reality of rape (Lonsway & Fitzgerald, 1994). In reality, men are almost as vulnerable to sexual assault as women (Javaid, 2014). It is evident that men who do report sexual assault tend not to be taken seriously by the police and are often blamed for their victimisation by those to whom they disclose their assault (Davies 2002).

Walker’s (2004) study on male rape survivors revealed that men who did actively seek professional help from the police and rape support services were confronted with hostile attitudes; this finding was later supported by Jameel (2009) suggesting little has changed in the intervening five years. Rape victims who receive negative responses to their disclosure are more likely to experience greater distress and become vulnerable to further abuse in terms of secondary victimisation. Secondary victimisation is formed when a victim is confronted with attitudes and behaviours that are insensitive, antagonistic and victim blaming and can thereby be severe, long lasting and detrimental to the victims physical and mental health (Correia, Vala & Aguiar, 2001).

The lack of male support services may also prevent victims from reporting the assault and receiving the help they require (Abdullah-Khan, 2008). For example, Donnelly and Kenyon (1996) conducted in-depth interviews with 30 representatives of rape crisis centres. They found only 9 out of the 30 centres had provided help to male victims, 10 said they would be willing to provide help to male victims but had never needed to and 11 said they did not provide services to men. Donnelly and Kenyon’s (1996) research was conducted two years after the change in the legal definition of rape. This indicates that society was not as accepting in terms of acknowledgement of male rape. Abdullah-Khan (2008) found that this situation persists in the twenty-first century as there is still a considerable lack of service provisions available for men. Further support was provided by Pitfield (2013) who found male rape victims are still turned away from rape crisis centres within the U.K.

Considering the negative reactions towards male sexual assault victims in real life cases, it is extremely important for psychologists to study negative reactions towards these victims experimentally. Experimental studies can give an indication of the public’s observations and perceptions of sexual assault and rape, and participants are typically asked to make a series of judgements about a vignette depicting a hypothetical sexual assault or rape. Such studies lead to an understanding of what variables influence the degree to which individuals are blamed for their rape. The findings have important implications for rape victims and more specifically for services designed to support victims of sexual violence (Davies & Rogers, 2006).

Numerous studies have investigated victim blame as a function of the victim’s gender (e.g. Anderson & Lyons, 2005). Howard (1984) investigated the attributions of blame towards both male and female rape victims; the results revealed that male victims were blamed significantly more than females. These gender differences were attributed to the endorsement of rape myths and sex role stereotypes. Thus male victims were blamed more for not resisting the victimisation as they were believed to be able to protect themselves, whereas women were believed to be vulnerable and in need of protection. The study’s results are consistent with Anderson and Quinn (2009) who found attitudes towards male rape victims were significantly more negative than attitudes towards female rape victims; implying attitudes have not changed much since 1984. However, other studies have demonstrated no significant gender differences, implying gender differences only arise under certain circumstances.

A number of studies have also found that the sexual orientation of the victim influences people's perception of blame and responsibility (e.g. Davies & McCartney, 2003). Specifically, male participants have been found to attribute more blame and responsibility to homosexual rape victims than towards heterosexual rape victims. Female participants generally attribute little victim blame and consider the sexual assault to be serious regardless of the victim's sexual orientation (e.g. Davies, Pollard & Archer, 2001).

In addition to victim blame, homosexual male victims are more negatively evaluated on a number of different concepts. For instance, Mitchell, Hirschman, Gordon and Hall (1999) found the homosexual males assault was considered to be less traumatic and more pleasurable than the heterosexual male's assault. Davies, Pollard and Rogers (2001) found that anal rape was considered to be less traumatic and less severe for a homosexual male victim than a heterosexual male victim. Davies et al interpreted these findings in line with Shaver's (1970) defensive attribution hypothesis, that heterosexual men would not assign blame to heterosexual male victims due to identifying and consequently sympathising with the victim. Furthermore, Doherty and Anderson (2004) found that men and women conceptualised the suffering of male rape victims to be deep rooted as the victimisation of heterosexual males was considered to be more serious and more severe than the homosexual male's rape.

Although a few studies have discussed homophobic attitudes as an explanation for increased victim blame towards homosexual male rape victims, most have done so without the use of empirical evidence (Davies & Rogers, 2006). Nonetheless, Burt and DeMello (2002) found that blame towards the victim correlated with homophobic attitudes, and these findings were supported by Davies, Pollard and Rogers (2006) who also found that attitudes about traditional gender roles relate to victim blame. Burt and DeMello (2002) found homophobic participants attributed more blame and responsibility to homosexual male victims than they did to heterosexual male victims. The findings were subsequently supported by Davies et al (2006) who found homophobia, attitudes towards male role norms and hostile sexism strongly correlated with blame towards homosexual victims.

The research above examines heterosexual men's judgements towards male rape victims. It is extremely important to examine the attitudes of homosexual males for a number of reasons. First, homosexual men have been found to be less homophobic than their heterosexual counterparts (Davies & Rogers, 2008). Second, homosexual men would perceive themselves more similar to homosexual male rape victim than heterosexual men do, thus in line with Shaver's (1970) defensive attribution hypothesis should not assign blame to the male victim. Lastly, it could be argued that homosexual men are more aware of male rape issues than heterosexual men thus do not endorse male rape myths as much as their heterosexual counterparts subsequently not making negative attributions about a rape victim.

Only one study to date has investigated homosexual men's judgements towards male rape. Davies and McCartney (2003) studied both heterosexual and homosexual's attributions of blame and rape myth acceptance towards a hypothetical male rape scenario. Heterosexual men were found to have a higher rape myth acceptance, thus attributed more blame to the male victim in comparison to females and homosexual males. Homosexual males were found to have made more pro-victim judgments overall. This finding provides additional support to the notion that a negative attitude towards homosexuality facilitates victim blame.

Although research literature has begun to acknowledge male rape, the sexual victimisation of males by females still remains relatively ignored and under researched, (Graham, 2006).

Many people, including psychologists, view female perpetrated sexual assault as somewhat implausible. Due to socialization, society believes that men are sexual initiators and women are sexually passive; thus find it difficult to comprehend that women are capable of taking advantage of men (Gavin, 2013).

Struckman-Johnson and Struckman-Johnson (1994) examined the effect that sexual assault perpetrated by both males and females had on a sample of heterosexual male victims. Despite the fact that there are also female perpetrators, current legislation does not define this as rape but as sexual assault. The researchers found that the majority of the male victims who had been sexually assaulted by a male perpetrator had very serious post-assault reactions, but this applied to only a fifth of the male victims of female perpetrators. The researchers proposed that this difference may be due to male

victims of female perpetrators failing to acknowledge the true impact of their assault. As socialisation encourages men to seize any opportunity to engage in sexual relations with a woman (Gavin, 2013), the male victims may have conceptualised the sexual assault as a bad sexual experience instead of a violation of will, thus minimising post assault negative reactions. Sexual relations with a man is inconsistent with the heterosexual male identity and so male victims are more likely to acknowledge the assault, subsequently experiencing negative reactions.

Other studies have investigated people's attributions towards male victims when the perpetrator's gender is manipulated to be either female or male. Smith, Pine and Hawley (1988) investigated how perpetrator gender influenced attributions of blame in a hypothetical male sexual assault. They found both male and female participants perceived a female perpetrated assault to be less traumatic and detrimental to the victim than a male perpetrated assault. Male victims of female perpetrators were perceived to have encouraged and derived more sexual pleasure from the incident than male victims of male perpetrators. This difference was particularly evident amongst male participants as 47% believed the female perpetrated assault was pleasurable compared to 9% of the female participants. The researchers asserted that positive views regarding female perpetrated sexual assault were due to the endorsement of stereotypic views about male sexuality, such as males should find any sex with a female satisfying and enjoyable (Smith et al, 1988).

In addition, Davies, Pollard and Archer (2006) investigated how perpetrator gender and victim sexual orientation influenced attributions of blame towards male victims. Male participants blamed the victim more if he was a homosexual and assaulted by a male perpetrator. Interestingly, male participants also blamed a heterosexual victim more if he was assaulted by a female perpetrator. Finally, attributions of victim blame in female perpetrated sexual assault were greater when the victim was depicted as heterosexual. In short, more blame was attributed to a male victim when he was sexually assaulted by a member of the gender that he was normally attracted to. This was subsequently termed the "sexual preference effect" and has since been replicated in hypothetical cases of adult sexual assault (Davies & Boden, 2012).

The consistent findings within the literature can be summarised as follows. First, male rape and sexual assault victims tend to be blamed more than their female counterparts due to societal stereotypes that a man should be capable of fighting off a perpetrator (Perrot & Webber, 1996). Second, sex role expectations, traditional views of masculinity and homophobic attitudes have been found to influence blame attributions towards male victims (Davies, 2004). Studies have consistently found homosexual male victims are assigned more blame and responsibility than their heterosexual counterparts (e.g. Davies & McCartney, 2003). Male participants have been found to endorse more homophobic attitudes than women thus assign more blame to victims than women (Burt & DeMello, 2002). Thirdly, males who are victims of female perpetrated assaults are viewed more negatively than those who are assaulted by male perpetrators (Davies et al 2006). Such findings have been interpreted in line with traditional views of masculinity in which men should be willing to have sex with a woman (Davies, 2002).

While the current research shows interesting findings, there are still gaps in the experimental study of male sexual assault that needs attending to. There is one specific minority of individuals who have received virtually no publicity or research in relation to sexual assault, transgendered victims. Transgender people, (female to male FTM and male to female MTF) are highly likely to be victimised and discriminated by society specifically because of their transgender status (Gavin, 2013 personal communication). The prejudice, discrimination and vulnerability are often ignored by the police and wider society. A prime example of police negligence and society's ignorance towards transgendered victims is illustrated through the gang rape and murder of Brandon Teena a FTM transsexual who was gang raped and murdered after a gang of local men discovered that he was biologically a female (Pierce, 1999).

Transgender individuals are more likely than the non-transgender population to experience sexual violence and victimisation, due to 'transphobia' (Whittle, Turner & Al-Alami, 2007). Transphobia is described as the emotional disgust, fear, anger or discomfort expressed towards transgender individuals (Hill & Willoughby, 2005). Witten and Eyeler (1999) argued that the motivation for sexual violence against transgender individuals stems from the need to maintain a boundary between the genders and reiterate the belief that gender is a reflection of biological sex and therefore cannot be altered. Therefore, investigating attitudes towards transgender rape victims is imperative.

The present research will aim to rectify this gap in literature by examining attitudes towards female, male and transgender rape victims in order to identify which variables (gender, sexual orientation and acquaintance type) may influence both victim and perpetrator blame and responsibility and determine whether these are consistent with motivational theories of victim blame. Motivational theories of blame assert that people blame victims for two basic reasons: firstly, to maintain control over their environment and secondly, to maintain self-esteem (Bruggen & Grubb, 2014). Two theories that have been used to explain blame directed towards rape victims are the defensive attribution theory proposed by Shaver (1970) and the just world theory proposed by Lerner (1980).

The defensive attribution theory emphasises the role of relevance. Relevance is perceived by the observer when they can perceive personal similarities with the victim (e.g. perceived gender) or situational similarities (that one day the observer might be in the same situation as the victim). When sufficient relevance exists the observer is motivated to engage in defensive attributions to deny the possibility of the same fate happening to them (Davies & Hudson, 2011). Whereas, the basic assumption of the just world theory is that individuals are motivated to believe that the world is a fair and just place, (Lerner, 1980). Thus, when a bad event occurs, such as rape, in order to maintain a belief in a just world people are motivated to believe that the victim must have done something to deserve it (Bruggen & Grubb, 2014). Although, the two theories have been used to explain victim blame, it should be taken into account that many studies findings are based on untested assumptions which limits the generalisability of such explanations (Bruggen & Grubb, 2014).

In addition, the present study aims to examine psychiatrists' rape myth acceptance before and after rape intervention in comparison with the general population. Only a handful of studies have examined professional's rape myth acceptance (Bruggen & Grubb 2014). It is important to examine psychiatrists rape myth acceptance levels as they often play a crucial role in a victims recovery. Psychiatrists are trained to deal with victims of sexual assault thus they may not use rape myths in their judgments of rape victims and thus engage in less victim blame. Therefore, their rape myth acceptance levels will be compared to the general population to see if there are evident differences in rape myth acceptance.

It is intended that the findings of the proposed research will effectively challenge misconceptions about rape and help develop a strong relationship between the community and health care system. This will effectively encourage male and transgendered victims to report their rapes and get the legal, medical and psychological treatment they require in order to aid their post-assault recovery, free from prejudicial judgment (Gavin, 2013).

References

- Abdullah-Khan, N. (2002). *Survivors of male rape: the emergence of a social and legal issue*. Doctoral dissertation. Middlesex University, UK
- Abdullah-Khan, N. (2008). *Male rape*. Palgrave Macmillan.
- Anderson, I. (2004). Explaining negative rape victim perception: Homophobia and the male rape victim. *Current Research in Social Psychology*, 10.
- Anderson, I., & Lyons, A.(2005). The effect of victims' social support on attributions of blame in female and male rape. *Journal of Applied Social Psychology*, 35(7), 1400 -1417.
- Anderson, I., & Quinn, A. (2009). Gender differences in medical students' attitudes towards male and female rape victims. *Psychology Health and Medicine*, 14(1), 105-110.
- Ambrosio, A. L., & Sheehan, E. P. (1990). Factor analysis of the just world scale. *The Journal of Social Psychology*, 130(3), 413-415.
- Barter, C., & Reynold, E. (1999). The use of vignettes in qualitative research. *Social Research Update*, 25,
- Ben-David, S., & Schneider, O. (2005). Rape perceptions, gender role attitudes, and victim-perpetrator acquaintance. *Sex Roles*, 53, 385-399

- Burt, M. R. (1980). Cultural myths and supports for rape. *Journal of Personality and Social Psychology*, 38 (2), 217-230.
- Burt, D. L., & DeMello, L. R. (2002). Attribution of rape blame as a function of victim gender and sexuality, and perceived similarity to the victim. *Journal of Homosexuality*, 43, 39-58.
- Burt, D. L., & DeMello, L. R. (2003). Attribution of rape blame as a function of victim gender and sexuality, and perceived similarity to the victim. *Journal of Homosexuality*, 43(2), 39-57.
- Campbell, R., & Raja, S. (2005). The sexual assault and secondary victimization of female veterans: Help-seeking experiences in military and civilian social systems. *Psychology of Women Quarterly*, 29, 97-106.
- Chapleau, K.M., Oswald, D.L., & Russell, B.L. (2008). Male rape myths: The role of gender, violence, and sexism. *Journal of Interpersonal Violence*, 23, 600-61.
- Cohen, C (2014) Male rape is a feminist issue: Feminism, governmentality and male rape. Hampshire: Palgrave Macmillan.
- Correia, I., Vala, J., & Aguiar, P. (2001). The effects of belief in a just world and victim's innocence on secondary victimisation, judgements of justice and deservingness. *Social Justice Research*, 14, 327-342.
- Dalbert, C., Montada, L., & Schmitt, M. (1987). Glaube an eine gerechte Welt als Motiv: Validierungskorrelate zweier Skalen (Belief in a just world as motive: Validity correlates of two scales). *Psychologische Beiträge*, 29, 596-615.
- Dalbert, C., Fisch, U., & Montada, L. (1992). Is inequality unjust? Evaluating women's career chances. *European Review of Applied Psychology/Revue Européenne de Psychologie Appliquée*.
- Davies, M. (2002). Male sexual assault victims: A selective review of the literature and implications for support services. *Aggression and Violent Behaviour*, 7(3), 203-214.
- Davies, M., & McCartney, S. (2003). Effects of gender and sexuality on judgements of victim blame and rape myth acceptance in a depicted male rape. *Journal of Community & Applied Social Psychology*, 13(5), 391-398.
- Davies, M. (2004). Correlates of negative attitudes toward gay men: Sexism, male role norms and male sexuality. *Journal of Sex Research*, 41, 259-266.
- Davies, M., Pollard, P., & Archer, J. (2001). The influence of victim gender and sexual orientation on judgments of the victim in a depicted stranger rape. *Violence and Victims*, 16(6), 607- 619.
- Davies, M., & Rogers, P. (2006). Perceptions of male victims in depicted sexual assaults: A review of the literature. *Aggression and Violent Behavior*, 11, 367-377.
- Davies, M., Pollard, P., & Archer, J. (2006). Effects of perpetrator gender and victim sexuality on blame toward male victims of sexual assault. *The Journal of social psychology*, 146(3), 275-291.
- Davies, M., Rogers, P., & Bates, J. A. (2008). Blame toward male rape victims in a hypothetical sexual assault as a function of victim sexuality and degree of resistance. *Journal of homosexuality*, 55(3), 533-544.
- Davies, M., & Boden, S. J. (2012). Examining the sexual preference effect in depicted male sexual assault. *Journal of Aggression, Conflict and Peace Research*, 4(3), 136-143.
- Davey, L. M., Bobocel, D. R., Hing, L. S. S., & Zanna, M. P. (1999). Preference for the merit principle scale: An individual difference measure of distributive justice preferences. *Social Justice Research*, 12(3), 223-240.
- Di Silvio, L. (2010). Correcting corrective rape: Carmichele and developing South Africa's affirmative obligations to prevent violence against women. *Geo. LJ*, 99, 1469.

- Doherty, K., & Anderson, I. (2004). Making sense of male rape: Constructions of gender, sexuality and experience of rape victims. *Journal of Community and Applied Social Psychology*, 14, 85–103.
- Donnelly, D. A., & Kenyon, S. (1996). "Honey, We Don't Do Men" Gender Stereotypes and the Provision of Services to Sexually Assaulted males. *Journal of Interpersonal Violence*, 11(3), 441-448.
- Feild, H.S. (1978). Attitudes toward rape: A comparative analysis of police, rapists, crisis counselors, and citizens. *Journal of Personality and Social Psychology* 36, 156–179.
- Ford, T. M., Liwag-McLamb, M. G., & Foley, L. A. (1998). Perceptions of rape based on sex and sexual orientation of victim. *Journal of Social Behaviour and Personality*, 13, 253-263.
- Furnham, A. (2003). Belief in a just world: Research progress over the past decade. *Personality and Individual Differences*, 34, 795-817.
- Gavin, H (2013) *Criminological and Forensic Psychology*. Sage Publications, London (Preview version).
- Gray, J.M. (2006). Rape myth beliefs and prejudiced instructions: Effects on decisions of guilt in a case of date rape. *Legal and Criminological Psychology*, 11, 75-80.
- Groth, A. N., & Burgess, A. W. (1980). Male rape: Offenders and victims. *American Journal of Psychiatry*, 137, 806-810.
- Harrison, L., Howerton, D., Secarea, A., & Nguyen, C. (2008). Effects of ingroup bias and gender role violations on acquaintance rape attributions. *Sex Roles*, 59, 713-725.
- Hellman, C.M., Mulenbug-Trevino, E.M., & Worley, J.A. (2008). The belief in a just world: An examination of reliability estimates across three measures. *Journal of Personality Assessment*, 90, 399-401.
- Herek, G. M. (1986). On heterosexual masculinity: some psychical consequences of the social construction of gender and sexuality. *American Behavioural Scientist*, 29, 563–577.
- Hill, D. & Willoughby, B. (2005) 'The development and validation of the genderism and transphobia scale', *Sex Roles* 53(7-8): 531-544.
- Home office statistics 2013
- Howard, J. A (1984). The "normal" victim: the effects of gender stereotypes on reactions to victims. *Social Psychology Quarterly*, 47, 270–281.
- Horvath, M. A. H., & Kelly, L. (2009). Multiple perpetrator rape: Naming an offence and initial research findings. *Journal of Sexual Aggression*, 15(1), 83-96.
- Idisis, Y., Ben-David, S., & Ben-Nachum, E. (2007). Attribution of blame to rape victims among therapists and non-therapists. *Behavioral Sciences & the Law*, 25, 103-120.
- Javid, A. (2014). Feminism, masculinity and male rape: bringing male rape 'out of the closet'. *Journal of Gender Studies*, (ahead-of-print), 1-11.
- Kassing, L. R., & Prieto, L. R. (2003). The rape myth and blame-based beliefs of counselors-in-training toward male victims of rape. *Journal of Counselling and Development*, 81, 455–461.
- Kassing, L.R., Beesley, D., & Frey, L.L. (2005). Gender role conflict, homophobia, age, and education as predictors of male rape myth acceptance. *Journal of Mental Health Counseling*, 27, 311-328.
- Krahe, B., Temkin, J., & Bieneck, S. (2007). Schema-driven information processing in judgments about rape. *Applied Cognitive Psychology*, 21, 601-619.

- Lerner, M. J. (1980). *The belief in a just world: A fundamental delusion*. New York: Plenum Press.
- Lerner, M.J., & Matthews, G. (1967) Reactions to sufferings of others under conditions of indirect responsibility. *Journal of Personality and Social Psychology*, 5, 319-325.
- Lipkus, I. (1991). The construction and preliminary validation of a global belief in a just world scale and the exploratory analysis of the multidimensional belief in a just world scale. *Personality and Individual Differences*, 12, 1171-1178
- Lonsway, K. A., & Fitzgerald, L. F. (1994). Rape myths in review. *Psychology of women quarterly*, 18(2), 133-164.
- Lonsway, K. A., & Fitzgerald, L. F. (1995). Attitudinal antecedents of rape myth acceptance: A theoretical and empirical re-examination. *Journal of Personality and Social Psychology*, 68, 704-711
- Loo, R. (2002). A psychometric and cross-national examination of a belief in a just world scale. *Journal of Applied Social Psychology*, 32, 1396-1406.
- Margolin, L., Miller, M., & Moran, P. B. (1989). When a kiss is not just a kiss: Relating violations of consent in kissing to rape myth acceptance. *Sex Roles*, 20(5-6), 231-243.
- Melanson, P. K. (1999). Belief in male rape myths: A test of two competing theories (Doctoral dissertation, Queen's University, 1999). *Dissertation Abstracts International*, 59, 5620-5644.
- Mezey, G., & King, M. (1989). The effects of sexual assault on men: A survey of 22 victims. *Psychological Medicine*, 19(1), 205-209.
- Mitchell, D., Hirschman, R., & Nagayama-Hall, G. (1999). Attributions of victim responsibility, pleasure and trauma in male rape. *Journal of Sex Research*, 36, 369-373.
- Oh, E., & Neville, H. (2004). Development and validation of the Korean rape myth acceptance scale. *The Counselling Psychologist*, 32, 301-331.
- Pierce, K. (Director). (1999). *Boys don't cry*. [Film].
- Perrott, S. B., & Webber, N. (1996). Attitudes toward male and female victims of sexual assault: Implications for services to the male victim. *Journal of Psychology & Human Sexuality*, 8(4), 19-38.
- Pollard, P. (1992). Judgements about victims and attackers in depicted rapes: a review. *British Journal of Social Psychology*, 31, 309-326.
- Pollard, P. (1992). Judgements about victims and attackers in depicted rapes: A review. *British Journal of Social Psychology*, 31 (4), 307-326.
- Rubin, Z., & Peplau, A. (1973). Belief in a just world and reactions to another's lot. *Journal of Social Issues*, 29, 73-93.
- Rubin, Z. & Pepalu, L. (1975) Who believes in a just world? *Journal of Social Issues*, 31, 65-89.
- Rogers, P. (1998). Call for research into male rape. *Mental Health Practice*, 1, 34.
- Shaver, K.G (1970) Defensive attribution: Effects of severity and relevance on the responsibility assigned for an accident. *Journal of personality and Social psychology*, 14 (2), 101-113.
- Sims, C.M., Noel, N.E., & Maisto, S.A. (2007). Rape blame as a function of alcohol presence and resistance type. *Addictive Behaviors*, 32, 2766-2775.
- Smith, R. E., Pine, C. J., & Hawley, M. E. (1988). Social cognitions about adult male victims of female sexual assault. *Journal of Sex Research*, 24(1), 101-112.

- Stahnke, T., LeGendre, P., Grekov, I., Petti, V., McClintock, M. and Aronowitz, A. (2008) 'Violence Based on Sexual Orientation and Gender Identity Bias', Washington DC: Human Rights First.
- Sleath, E., & Bull, R. (2010). Male rape victim and perpetrator blaming. *Journal of interpersonal violence*, 25(6), 969-988.
- Stemple, L. (2008). Male rape and human rights. *Hastings LJ*, 60, 605.
- Stermac, L., Sheridan, P. M., Davidson, A., & Dunn, S. (1996). Sexual assault of adult males. *Journal of Interpersonal Violence*, 11, 52–64.
- Struckman-Johnson, C. (1991). Male victims of acquaintance rape. In A. Parrot, & L. Bechhofer (Eds.), *Acquaintance rape: the hidden crime* (pp. 192–213). New York: Wiley.
- Struckman-Johnson, C., & Struckman-Johnson, D. (1992). Acceptance of male rape myths among college men and women. *Sex Roles*, 27, 85–99.
- Struckman-Johnson, C., & Struckman-Johnson, D. (1994). Men pressured and forced into sexual experience. *Archives of Sexual Behavior*, 23(1), 93-114.
- Van der Bruggen, M., & Grubb, A. (2014). A review of the literature relating to rape victim blaming: An analysis of the impact of observer and victim characteristics on attribution of blame in rape cases. *Aggression and Violent Behavior*, 19(5), 523-531.
- Viki, G.T., & Abrams, D. (2002). But she was unfaithful: Benevolent sexism and reactions to rape victims who violate traditional gender role expectations. *Sex Roles*, 47, 289-293.
- Viki, G. T., Abrams, D., & Masser, B. (2004). Evaluating stranger and acquaintance rape: The role of benevolent sexism in perpetrator blame and recommended sentence length. *Law and Human Behavior*, 28, 295-303.
- Walster, E. (1966). Assignment of responsibility for an accident. *Journal of personality and social psychology*, 3(1), 73-79.
- Wakelin, A., & Long, K. M. (2003). Effects of victim gender and sexuality on attributions of blame to rape victims. *Sex Roles*, 49(9-10), 477-487.
- Ward, C. (1988). The Attitudes towards Rape Victims Scale: Construction, validation and cross-cultural applicability. *Psychology of Women Quarterly*, 12, 127-146.
- Whatley, M. A., & Riggio, R. E. (1993). Gender differences in attributions of blame for male rape victims. *Journal of Interpersonal Violence*, 8(4), 502-511.
- Whittle, S., Turner, L. and Al-Alami, M. (2007) 'Engendered Penalties: Transgender and Transsexual people's experiences of Inequality and Discrimination', London: Equalities Review.
- Wenger, A., & Bornstein, B. (2006). The effects of victim's substance use and relationship closeness on mock jurors' judgments in an acquaintance rape case. *Sex Roles*, 54, 547-555.
- Witten, T.M. & Eyler, A.E. (1999). Hate crimes and violence against the transgendered, *Peace Review*, 11#3 (1999) 461-468.
- Williams, J. E. (1984). Secondary victimisation: confronting public attitudes about rape. *Victimology*, 9, 66–81
- Whatley, M. A., & Riggio, R. E. (1993). Gender differences in attributions of blame for male rape victims. *Journal of Interpersonal Violence*, 8(4), 502-511.

Comparison of recidivists and life sentence/death row inmates from US prisons: the roles of criminal social identity and psychopathy

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Acknowledgements

I would like to thank the Pennsylvania Department of Corrections (PA DOC), whose help made this research project possible.

Abstract

Objectives: To compare recidivists, first time offenders, and life sentence/death row inmates (murderers) on psychopathy and criminal social identity.

Method: The Measure of Criminal Social Identity, Self-Report Psychopathy Scale-Short Form, Organizational Structure and Prisonization Scale, and Criminal Friend Index were administered to 478 offenders incarcerated in three prisons in Pennsylvania State.

Results: The ANOVA results for the three groups on cognitive centrality, in-group ties, erratic lifestyle, anti-social behaviour, and interpersonal manipulation were significant. Post hoc tests examined these differences. Multinomial logistic regression results revealed recidivists score significantly higher on the cognitive centrality factor of criminal social identity compared with offenders with life sentences/on death row. Recidivists also scored higher on the erratic lifestyle facet of psychopathy than first sentence offenders or life sentence/death row inmates. Furthermore, first time offenders score higher on the anti-social behaviour factor of psychopathy than inmates with life sentences/on death row.

Conclusions: Results indicate that different classes of inmates develop criminal social identity differently, as well as exhibit psychopathic traits differently. Most importantly, criminal identity is not a central cognition for murderers. These findings provide a substantial contribution to the understanding of criminal identity and psychopathy in correctional settings.

Introduction

A critical literature review conducted by Botelho and Gonçalves (2016) revealed research pertaining to homicide offenders and psychological variables is lacking. Much of this research is outdated (Côté & Hodgins, 1992), very little utilises samples of inmates with life sentences or capital (death) sentences (Behnken, Caudill, Berg, Trulson, & DeLisi, 2011), and no research could be found comparing homicide offenders to first time offenders and recidivists. Moreover, most studies utilise a sample of male offenders, and fail to include females (Putkonen, Kotilainen, Joyal, & Tiihonen, 2004; Brad, Coupland, & Olver, 2014). Studies in the past primarily used psychiatric samples, rather than samples from general prison populations (Laurell & Daderman, 2007; Putkonen, Kotilainen, Joyal, & Tiihonen, 2004), and therefore there was a great focus on mental illness, rather than personality traits. Therefore, it is important to use samples from general prison populations, in order to more accurately examine psychological constructs in offenders.

Past research examining psychopathy in homicide offenders is limited (Firestone, Bradford, Greenberg, Larose, & Curry, 1998; Porter & Woodworth, 2007). Psychopathy is a disorder characterised by 'affective, interpersonal, and behavioral characteristics' (Hare, 2012, p. 94), such as impulsivity, lack of remorse, and pathological lying (Hare, 2012). Hare (1982) additionally examined the link between psychoticism and psychopathy and found a strong correlation between psychopathy and psychoticism. This finding suggests that instead of traditional personality traits, psychopathy could affect criminal behaviour in some way.

Research by Ram (1987) found that convicted murderers scored higher on psychoticism, which would suggest that offenders with life or capital sentences would score higher on psychopathy than recidivists. In addition, Boduszek, Hyland and Bourke (2012) found that psychoticism was a significant predictor of being a murderer. Taking into consideration this link between psychopathy and psychoticism, this

research suggests that murderers and recidivists alike would score higher on the psychopathy scale. However, as this research also relates to recidivists, as well as homicide offenders, it is important to examine these classes separately to determine if differences exist and are significant.

Criminal Social Identity (CSI) is a relatively new construct and research to date has not yet investigated this concept in different classes of inmates using a sample of inmates with life or capital (death) sentences. The concept of CSI was derived from social identity theory (SIT) and its more updated explanation, self-categorization theory (SCT), as well as research examining the roles of criminal associations and criminal thinking styles on criminal behaviour. SIT proposes that individuals' thinking style is developed through the process of identification with in-group members, and this social identification leads to actions harmonious with the identity and support for institutions that embody the identity (Ashforth & Mael, 1989). Based on Cameron's (2004) three-factor measure of social identity, CSI was also designed to reflect three aspects of identity: cognitive centrality, in-group affect, and in-group ties. According to Boduszek, O'Shea, Dhingra and Hyland (2014), cognitive centrality reflects the psychological importance of an offender's group identity, in-group affect refers to the emotional attractiveness of belonging to a given criminal group, and in-group ties demonstrates the degree to which individuals feel a part of, or connected to, a criminal group.

Walters (2003) examined changes in identity in novice and experienced inmates and discovered that experienced inmates scored significantly higher on the Social Identity as a Criminal (SIC) questionnaire In-Group Ties subscale, although they did not score significantly different on the Centrality subscale or the In-Group Affect subscale. Therefore, while most past research examining CSI has primarily utilised recidivistic offenders and has not been examined using death row inmates, research by Walters (2003) suggests CSI may also vary by groups of offenders. As there is no research examining the differences in scores on CSI between first time, recidivistic, and offenders with life or capital sentences, the current study has the opportunity to make a unique contribution.

The current study

The objectives of the present study are to address the aforementioned limitations and determine if first time offenders, recidivistic offenders, and life or capital sentence offenders develop CSI and exhibit psychopathic traits differently and, if so, to examine these differences.

Method

Participants and procedure

The opportunistic sample consisted of 478 offenders incarcerated in three prisons in Pennsylvania State. There were 94 inmates with life or capital (death) sentences (males $n = 69$, females $n = 25$), 266 recidivistic offenders, (males $n = 142$, females $n = 124$), and 118 first time offenders (males $n = 72$, females $n = 46$). The design of this study was cross sectional, descriptive and correlational in nature.

The PA DOC research review committee granted approval for this project. American Psychological Association (APA) and British Psychological Society (BPS) ethical guidelines were also followed. Participants completed anonymous, self-administered questionnaires, were assured about the confidentiality of their participation, and informed they could withdraw from the study at any time.

Materials

The survey consisted of the following measures:

- Measure of Criminal Social Identity (MCSI; Boduszek et al., 2012a)
- Self-Report Psychopathy Scale—Short Form (SRP-SF; Paulhus, Neumann, & Hare, in press)
- Organizational Structure and Prisonization Scale (OSPS; Thomas & Zingraff, 1974)
- Criminal Friend Index (CFI; Mills & Kroner, 1999)
- A demographics questionnaire

Analysis

Data collected was analysed using analysis of variance (ANOVA) and multinomial logistic regression in order to explore how different classes of inmates develop CSI and psychopathy.

Results

Demographic profile

As most of the research on homicide offenders is outdated, and very little research exists using a sample of inmates with life sentences or on death row, it was important to create a demographic profile of these offenders. The majority of inmates with life or capital (death) sentences (73.4%) were male and 26.6% were female. Offenders were Caucasian (48.3%), African American (33.3%), Hispanic (3.4%), and Other (14.9%). In terms of family background, 47.9% of inmates with life sentences/on death row said they grew up with both parents, 39.4% with one parent, 7.4% with step parents, and 5.3% without parents.

With regards to socioeconomic status, 2.9% identified themselves as high, 70.6% as middle, and 26.5% as low. Most homicide offenders (65.3%) came from urban areas and 34.7% came from rural areas.

Descriptive Statistics and Analysis of Variance (ANOVA)

Descriptive statistics and ANOVA results for the three classes of inmates on criminal friend index, prisonization, the three factors of CSI (cognitive centrality, in-group ties, and in-group affect), the four factors of psychopathy (erratic lifestyle, anti-social behaviour, callous affect, and interpersonal manipulation), and age are presented in Table 1.

Table 1 *Descriptive statistics and ANOVA results for life sentence/death row (n=94), recidivists (n=266), and first sentence (n=118)*

Variable	Life sentence/death row (LD)		Recidivists (R)		First sentence (FS)		F	Significant differences (Cohen's d)
	M	SD	M	SD	M	SD		
Criminal Friend Index	11.40	10.99	13.28	11.55	8.02	10.15	9.16*	FS < R (.48)
Prisonization	23.81	5.18	24.18	4.20	23.62	4.86	.65	
Cognitive Centrality	7.26	3.14	8.21	2.41	7.72	2.54	5.11*	R > LD (.35)
In-group Affect	2.57	1.27	2.59	1.22	2.51	1.03	.18	
In-group Ties	6.87	2.68	7.72	2.61	7.07	2.58	4.86*	R > LD (.32)
Erratic Life Style	16.05	5.34	19.41	5.08	16.63	5.31	20.10*	FS < R (.53); R > LD (.64)
Anti-Social Behaviour	2.69	5.80	21.64	5.73	19.46	5.77	5.84*	FS < R (.38)
Affective	14.30	4.40	15.38	4.50	14.54	4.35	2.74	
Interpersonal Manipulation	13.05	4.71	14.92	5.03	13.59	4.69	6.18*	FS < R (.27); R > LD (.38)
Age	45.09	11.79	38.03	10.61	38.41	12.76	14.01*	FS < LD (.54); R < LD (.63)

Note: * $p < .005$ (Bonferroni correction adjustment)

Multinomial logistic regression

Multinomial Logistic Regression was used to analyse predictors for inmates who were incarcerated for the first time, recidivists, and inmates with life or capital (death) sentences (homicide offenders). The main interest of current analysis was focused on the relationship between CSI (3 subscales) and psychopathy (4 factors) and classes of inmates (3 categories), while controlling for criminal friend index, prisonization, age, and gender. Results are presented in Table 2.

Table 2 Results from multinomial logistic regression

Variable	First sentence vs. Life sentence	Recidivism vs. Life sentence	Recidivism vs. First sentence
	OR (95% CI)	OR (95% CI)	OR (95% CI)
Cognitive Centrality	1.07 (.94/1.21)	1.14 (1.02/1.27)*	1.07 (.97/1.18)
In-group Affect	.98 (.72/1.33)	1.07 (.83/1.37)	1.09 (.85/1.40)
In-group Ties	1.07 (.93/1.23)	1.04 (.91/1.18)	.97 (.87/1.09)
Erratic Life Style	1.01 (.92/1.10)	1.13 (1.04/1.22)**	1.12 (1.05/1.20)***
Anti-Social Behaviour	.92 (.85/.99)*	.94 (.88/1.01)	1.03 (.97/1.09)
Affective	1.01(.91/1.12)	.97 (.89/1.07)	.97 (.90/1.05)
Interpersonal Manipulation	1.10 (.99/1.21)	1.07 (.98/1.16)	.97 (.91/1.05)
Criminal Friend Index	.95 (.92/.98)**	.99 (.96/1.01)	1.03 (1.01/1.06)**
Prisonization	.97 (.90/1.06)	.97 (.90/1.04)	.99 (.93/1.06)
Age	.94 (.91/.96)***	.96 (.94/.98)***	1.03 (1.01/1.05)*
Gender (female)	1.22 (.61/2.44)	1.84 (1.01/3.37)*	1.51 (.89/2.56)

Note. OR = Odds Ratio, 95% CI = Confidence Interval. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$
 Cox and Snell = .19; Nagelkerke = .22; McFadden = .10 Chi square pearson (812) = $p > .05$
 $X^2 = (22) 85.64 = p < .001$

Discussion

The primary purpose of the current study was to address previously discussed limitations by contributing to the existing literature on homicide offenders, specifically using a more recent sample of inmates with life or capital sentences, including males and females, and to compare different classes of inmates on CSI and psychopathy.

As past research and theory suggested, results from the current study verified that different classes of inmates develop CSI and display psychopathic traits differently. Boduszek et al. (2014) discovered that number of arrests was significantly positively associated with CSI. Therefore, theory suggested recidivists would score higher on the subscales of CSI, compared to first time offenders. Results from the current study substantiated this. However, most importantly, CSI is not a central cognition for murderers, although it is for recidivists.

Also as theory proposed, recidivists scored higher on the erratic lifestyle facet of psychopathy, compared to first time offenders. However, recidivists also scored higher on this facet compared to homicide. Additionally, first time offenders scored higher on the antisocial behaviour subscale of psychopathy when compared to homicide offenders. These results are surprising, as previous research discovered that violent offending was associated with increased affective/interpersonal psychopathy scores (Serin, 1996). However, this was not the case in the current study. In fact, homicide offenders, arguably the most violent of offenders, scored lower on all aspects of psychopathy, when compared to recidivists and first time offenders.

There are some limitations of the present study. First is the use of self-report data within a sample of inmates introduced some well-known limitations, for example, response bias. However, this feature of the research could not be controlled for by the researchers. Furthermore, the MCSI consists of only eight items that reflect three subscales of CSI. In order to increase internal reliability of the measure and provide a more thorough coverage of the theoretical concept, researchers of the current study recommend revision of the MCSI by providing additional items. However, as CSI has never been investigated in these different classes of inmates and primarily used male samples, despite these limitations, the results of the current study expand the understanding of CSI.

Future research could test the theory and replicate the findings of the current study in other prison populations and assess if the concept can be generalised cross-culturally.

Given what we already know about CSI and psychopathy in terms of their influence on inmate populations, gaining more insight could provide an opportunity for the development of a new intervention program or the progression of existing interventions, such as criminal thinking therapy (CTT).

Overall, these results provide a substantial contribution to the understanding of CSI and psychopathy in correctional settings and provide insight into offenders with life or capital sentences, a population that is vastly under researched.

References

- Ashforth, B. & Mael, F. (1989). Social Identity Theory and the Organization. *Academy of Management Review*, 14(1), 20-39.
- Behnken, M.P., Caudill, J.W., Berg, M.T., Trulson, C.R., & DeLisi, M. (2011). Marked for Death: An Empirical Criminal Careers Analysis of Death Sentences in a Sample of Convicted Male Homicide Offenders. *Journal of Criminal Justice*, 39, 471-478. doi: 10.1016/j.jcrimjus.2011.09.001.
- Boduszek, D., Adamson, G., Shevlin, M., & Hyland, P. (2012). Development and validation of a Measure of Criminal Social Identity within a sample of Polish recidivist prisoners. *Criminal Behaviour and Mental Health*, 22, 315-324. doi: 10.1002/cbm.1827
- Boduszek, D., Hyland, P. & Bourke, A. (2012). An investigation of the role of personality, familial and peer-related characteristics in homicidal offending using retrospective data. *Journal of Criminal Psychology*, 2(2), 96-106.
- Boduszek, D., O'Shea, C., Dhingra, K., & Hyland, P. (2014). Latent Class Analysis of Criminal Social Identity in a Prison Sample. *Polish Psychological Bulletin*, 45(2), 192-199. doi:10.2478/ppb-2014-0024
- Botelho, M., & Gonçalves, R.A. (2016). Why do people kill? A critical review of the literature on factors associated with homicide. *Aggression and Violent Behavior*, 26, 9-15.
- Brad, C.A., Coupland, R.B.A., & Olver, M.E. (2014). An Examination of Mental Health, Hostility, and Typology in Homicide Offenders. *Homicide Studies*, 18(4), 323-341.
- Cameron, J. (2004). A three-factor model of social identity. *Self and Identity*, 3(3), 239-262
- Côté, G., & Hodgins, S. (1992). The Prevalence of Major Mental Disorders Among Homicide Offenders. *International Journal of Law and Psychiatry*, 15, 89-99.
- Firestone, P., Bradford, J.M., Greenberg, D.M., Larose, M.R., & Curry, S. (1998). Homicidal and nonhomicidal child molesters: Psychological, phallometric, and criminal features. *Journal of Research and Treatment*, 10, 305-323.
- Hare, R.D. (1982). Psychopathy and the personality dimensions of psychoticism, extraversion, and neuroticism. *Personality and Individual Differences*, 3, 35-42.
- Hare, R.D. (2012). Psychopathy. In C.R. Bartol & A. M. Bartol (Eds.) *Current Perspectives in Forensic Psychology and Criminal Behavior* (p. 94). California: SAGE Publications, Inc.
- Laurell, J. & Daderman, A.M. (2007). Psychopathy (PCL-R) in a forensic psychiatric sample of homicide offenders: Some reliability issues. *International Journal of Law and Psychiatry*, 30, 127-135. doi: 10.1016/j.ijlp.2004.08.011.
- Mills, J. F., & Kroner, D. G. (1999). *Measures of criminal attitudes and associates*. Unpublished user guide.

Paulhus, D. L., Neumann, C. S., & Hare, R. D. (in press). *Manual for the Self-Report Psychopathy Scale*. Toronto, Ontario, Canada: Multi-Health Systems.

Porter, S. & Woodworth, M. (2007). "I'm sorry I did it...but he started it": A comparison of the official and self-reported homicide descriptions of psychopaths and non-psychopaths. *Law and Human Behavior*, 31, 91-107.

Putkonen, A., Kotilainen, I., Joyal, C.C., & Tiihonen, J. (2004). Comorbid Personality Disorders and Substance Use Disorders of Mentally Ill Homicide Offenders: A Structured Clinical Study on Dual and Triple Diagnoses. *Schizophrenia Bulletin*, 30(1), 59-72.

Ram, P. (1987). A comparative study of murderers and recidivists using Eysenck's personality inventory. *Indian Journal of Clinical Psychology*, 14, 100-1.

Serin, R. C. (1996). Violent recidivism in criminal psychopaths. *Law and Human Behavior*, 20, 207–217.

Thomas C.W. & Zingraff, M.T. (1974). Organizational structure and prisonization scale [OSPS]. In: S.L. Brodsky & H.O. Smitherman (Eds.), *Handbook of scales for research in crime and delinquency* (p. 211-214). New York: Plenum

Walter, G.D. (2003). Changes in Criminal Thinking and Identity in Novice and Experienced Inmates: Prisonization Revisited. *Criminal Justice and Behavior*, 30, 399-421. doi: 10.1177/0093854803253137

Section 3 - Personality/identity-related research

Reflections on the sexual agency of young women in North Central Nigeria

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Supervisors: Professor Adele Jones and Dr Jo Woodiwiss

Background and context

Most research on adolescent sexuality in sub-Saharan Africa is risk based, presenting adolescent sexuality as a site of danger. Within the 'risk' framework, adolescent sexuality is discussed in terms of danger (disease, pregnancy & rape), fear and is typically considered as a sign of moral decadence, in hopes that young people will be scared into abstaining from sex. This medicalized and moralizing view which 'equates adolescent sexuality with a sickness best prevented' has been reinforced in the wake of HIV-AIDS pandemic and shifts responsibility from the social system to individual female adolescents (Schalet, 2011:209 in Harden, 2014:456). The use of the 'sex-as-risk' perspective to explain adolescent sexuality is particularly problematic since it rarely considers the issues of agency, relationships, intimacy, desires and pleasure.

Unlike the 'sex-as-risk' perspective, which assumes an automatic connection between adolescents' sexuality and peril, this study adopts a sex-positive framework which sees consensual sex between young people as a normal part of their development and potentially healthy. Sex-positivity does not assume that young people are free to always engage in sex or that gender inequalities which skew the notion of choice do not exist. 'Rather, sexual abstinence is seen as one potential sexual choice that may (or may not) be the healthiest choice for an individual at a particular time' and 'that a healthy sexuality is more than avoiding unwanted consequences' (Harden, 2014, p. 457). The study draws on the sex-positive framework to emphasis meaningful interpersonal relationships, consent, agency and freedom.

My interest has been provoked by what seems to be an absence of any real discussion, theoretical or otherwise on the sexuality of Tiv young women. To contribute to the development of interventions and practice relationships that cultivate and legitimate the sexual agency and entitlement of young women, it is imperative to focus on adolescents' own understanding and experience of their sexuality within the contexts in which it occurs. This presentation is based on on-going research undertaken among the Tiv of Central Nigeria. There are three different meanings to the word 'Tiv'. It is the name of the Tiv ethnic group; it refers to their language; it is also the name by which the Tiv know their ancestor-father Tiv. The Tiv people believe that they are all the descendants of one man called Tiv (Wegh, 2003). They are a group with an independent turn of mind and a sense of corporate responsibility (Bahannan, 1965 cited in Wegh, 2003). Tiv people constitute about 3.2% of Nigeria's total population, and number over 6 million individuals throughout Nigeria and part of the Republic of Cameroon. They are a unique ethnic group of semi-Bantu linguistic affinity. The Tivs speak one common language and studies have shown a sixty seven (67) word list indicating the similarities between Tiv language and the language of "Bantu Nyanza" in present day Malawi. The Tiv are the main inhabitants of Benue State and parts of Southern Nasarawa State. In the North East, they are found in parts of Taraba State.

Research Aim

The larger study on which this current presentation is based seeks to generate socio-culturally specific understanding of female adolescent sexual experiences. Specifically, I am going to reflect on the sexual agency of young women in Tiv. I should be clear that my intention is not to present agency as all-or-none but as a continuum.

Methodology

Methodological Approach

With little research in Nigeria to draw from, a social constructionist-informed grounded theory is used for this study. Social constructionists advocate that sexuality research should focus on how people experience and make sense of their own sexuality. The study sets to look at the young women's world through their own eyes. I do avoid adopting or reproducing the views of the participants as my own but

rather I interpret them. The research is divided into three studies to enable me convey the story of Tiv female adolescents with depth and clarity:

1. Study One - Focus groups involving young women (n=24); (this revealed the primacy of patriarchal and matriarchal roles and values in setting the boundaries for adolescent girls' sexuality)
2. Study Two - semi structured interviews with parents (10 fathers and 10 mothers- not related to the girls in study one- to explore the parental role.
3. Study Three - Skype interviews with individual young women (n=18) to test out scenarios presented in the focus groups and to examine, from the girls' perspectives, the strategies they used to negotiate the strategies put in place by parents.

This paper presentation presents findings from study one only.

Study one - Focus group discussion

This study used focus group discussions (FGD) to elicit data. Twenty four young women from different communities in Tiv land participated, their ages ranged from 16-19 years. I conducted loosely guided FGDs to ensure participant-led discussion in order to obtain as much information as possible and to avoid forcing the girls into a preconceived response pattern (Fusilier & Durlabhji, 2001). This method of data collection allows respondents the freedom to fully discuss life experiences, making it suitable for a grounded theory research. Smithson (2008) points out that focus groups can be used to unpack the social construction of sensitive issues, uncover different layers of discourse, and illuminate group taboos and the routine silencing of certain views and experiences. The focus group sessions were conducted with female adolescents in the study area. Before each FG session, participants were given some time to interact informally and get to know each other. This "ice-breaking" was invaluable as it relaxed the participants and fostered an atmosphere conducive to discussing sensitive issues (Powell & Single, 1996).

Data Analysis

After verbatim transcription of the discussions, line-by-line coding was conducted. Codes were compared with one another and organized into categories. Themes emerged and this presentation centres on one of the central themes: the expression of agency. In the presentation, quotations are provided to illustrate the connection between the data and the analysis.

Exercising agency

I use the term agency to mean young women's ability and/or attempt to craft their sexual lives in a culture that restricts girls' sexuality for fear of pregnancy, disease, religion and general cultural expectations. At the centre of this research is the young women who have huge obstacles to surmount if they want to make choices about their sexuality. A number of handicaps (e.g. gender, economic status, religion, parents) intersect to create a set of social expectations that turn to limit and/or cause young girls' agency to be temporal. I view sexual agency as a matter of degrees, and a continuous developmental process rather than all-or-none. Agency is discussed in this research as a continuum and not an absolute threshold that once reached can be labelled agentic. Agency is not given, it is a product of negotiation and struggle.

Striving for sexual agency

The findings of the current study showed that the established gender regime and the general social expectations in Tiv society affords women less agency than the men. Talking through the experiences they have had, young women in my study identify moments where they felt bad and upset by the attitudes of their male partners as they exercise agency. Girls who show agentic behaviour as regards to their sexuality are often labelled as "too tough" or "man-woman" (one can suppose that this is a deliberate attempt to stigmatize young women for agentic behaviour and keep them in their place). Some participants had the following to say:

I try to be "in charge" [agentic] but my boyfriend does say he is the chairman of our relationship. So, I don't have a say. But I think that is not good. It's so unfair and annoying, I don't like that. [...] Most times we just have to calm down to avoid known as 'that girl' that wants to be like a man. I will keep trying to be free anyway. **Mavis, 16 years.**

I am a very tough girl. I like being in control of things but it's very difficult to put that into practice here. Boyfriends are always older among other things and that makes you feel it is better for you to calm down to keep the relationship going. Guys always want to be in charge and may quit the relationship if you insist on your rights. One warned me to stop being a 'man-woman' [man-like]. **Ene, 18 years.**

In the excerpts above, it is evident that participants are willing to exercise agency but often find it difficult. In their narratives, agency is presented as something that is desired but at the same time difficult to express for fear of certain social repercussions such as gossip and isolation, being abandoned by boyfriends and 'man-woman' label.

The transiency of agency (short-lived)

This study examines the temporal nature of agency when young women engage in intimate relationships. In the participants' narratives, agency was most notable in the stage of relationship initiation commonly referred to as 'toasting.' In partner choice, young women had considerable agency. Generally most girls did not initiate relationships, they however wish it were a normal thing for them to do so, as Nikky (17) expressed, "*I have not done it anyway [laugh] but I feel it should... they should allow it so that we too will experience it here..... the society should allow*". The following excerpts show moments of sexual agency.

Actually that is one aspect I like being a girl when it comes to somebody asking me out or you are 'toasting' me. I feel good, I feel so much good..... [...] . And if you ask me out am entitle to my opinion [initiating relationship]. So, that aspect is very very fine..... [...] that you ask me out does not mean I must accept. If I want I will accept. If I don't want I will say No to you. **Ivy (17).**

[.....] The only time we girls have much power is when guys are 'toasting' us. I am happy when a man is asking me out because at that point you see them being very humble and even begging, it is left for me to say Yes or No [initiating relationship] **Lysta (16).**

Whilst young women in my study appeared to have considerable agency at the point of initiating relationships, their agency was constrained once relationships were consented to, and in many respects their power is surrendered.

But once you accept, you become under them especially when they are giving you money and getting out of the relationship becomes very difficult because they may hurt you if you try to. **Lysta (16).**

I think..... once you accept them you are 'trapped'. Like..... I have a boyfriend, he was a good guy but he is no longer who he used to be and my efforts to quit the relationship..... whenever I attempt going away he is angry threatening me. I am no longer happy with the relationship, just enduring. **Vera (19).**

This findings show how gender inequality plays out in the realm of intimacy and how men control their partners using violent such as threats and non-violent methods such as financial and material support. Young women saying No in the middle of a relationship is often not tolerated by their partners.

Other evidence in the data that suggests that young women's agency is short-lived is in their expression of negative emotions such as fear, sadness and regrets after engaging in sexual intercourse. In their narrative, young women represented sex as something that 'happened' to them; Generally there is this guilt once the person such thing (sex) happens with is not your husband you are not yet married you feel guilty whenever you finish. Like me, (long pause) Sometimes am just afraid I would be pregnant or something. (Praise).

Concealing sexual relationships

As parents and dominant socio-cultural expectations try to suppress girls' sexuality, the young women respond by keeping their sexual activities secret and hidden from the suppressers. Many of the

respondents indicated that they engage in sexual activities surreptitiously to avoid the wrath of their parents.

[.....] I try my best to obey my parents because they want me to be a good girl and in the church, pastors are always telling you that 'sex is sin, wait until you are married'. [.....] I understand with my parents and in order not to hurt them I just do my things in secret because I can't deprive myself completely.

Young women manage the suppressing norms and expectations primarily by concealing their sexual relationships which is a form of sexual agency. I argue however, that such agency is limited since adolescent girls seems to lose connection with their own feelings and desires ("sexual alienation") and are more concerned about the supposed consequences of their actions. This deep-seated habit of sexual deception gives little opportunity for young girls to develop intimacy with the opposite sex and develop into healthy sexual adults. Participant's deception of their "suppressors" lives them without an interactional space where they could talk freely and develop knowledge and skills about sexuality.

Choosing a safer sex practice

Sexual agency can include a young woman's capacity to choose safer sex practices or contraceptives. There are evidences in my data that Tiv girls don't have the right to information and choice of contraception. It seems there is a conspiracy to deny female adolescents agency in their sexuality.

When asked how they get information about contraceptives and how accessible are they, participants had this to say;

That is another challenge because some health workers would refuse giving advice to single ladies and may report to your parents [.....]. So, it's not easy but it is a very good way out.

My mother never told us about any measure to prevent pregnancy, we found out by ourselves but she must not know because we will be into deep trouble if she finds out that I and my sister have started (sex) and are using those pills. One need to be careful because the people at the clinic talk too much.

Implications

These findings have several Implications. One implication is for research foci. The sexual agency of young women needs further promotion within the research community especially in Sub-Saharan Africa. Researchers need to extensively explore the complexities inherent in the sexual agency of girls in order to form a basis for action. Studies on the social structures and socio-cultural terrain that influences and/or denies a Tiv girls sexual agency need to occur.

Another implication is for parental socialization. For a healthy development of their daughters, parents cannot rely on scare tactics, silence or warnings. Mothers should make specific attempts to develop sexually agentic daughters with the potential to manage the sexual and relationship corners of their lives.

There is also need for social campaign by government and non-governmental organizations to empower young women to develop the capacity to make informed sexual decisions that bring them the desired results.

Concluding thoughts

There are clear findings from this study that young Tiv women are pledging (to some degree) away their sexual agency to dominant social expectations, religion, parents and partners. Young girls are living in an unsupportive environment where their sexual agency is restricted and they are often afraid to claim their sexuality. There are however indications in the data that female adolescent sexuality is in transition. There are voices of resistance and resilience. Findings highlight in particular how participants are craving for agency, taking agency in engaging in sexual activities secretly to navigate the boundaries discouraging them to make sexual choices based on their needs and desires. A number of strategies such as sexual deception and the use of contraception were employed by most respondents to reduce the chance of unintended pregnancy, parental punishment and school dropout.

Findings suggest that participant's sexual agency is "enveloped". The word "envelope" is used figuratively, as a noun, verb and adjective. As a noun, it describes the artificial membrane surrounding participants' sexual agency; as a verb, the term is used to describe the control and regulatory functions of parents/culture and the sexual deception of participants; and as an adjective it is used to describe how young women's attempts to disrupt dominant expectations are mired in cultural discourses and social and gender challenges (miry).

There is an urgent need for parents, local institutions, non-governmental organizations, and health centre staff to empower and support young women to believe in themselves and act on behalf of their desires as they negotiate their agency with parents, health workers and partners. Support networks can do a lot in encouraging young girls to challenge and change the dominant social expectations that limit their sexual agency.

References

- Fusilier, M., & Durlabhji, S. (2001). Cultural Values of Indian Managers: An Exploration through Unstructured Interviews. *International Journal of Value-Based Management*, 14(3), 223-236. doi: 10.1023/A:1017525822608
- Harden, K. P. (2014). A Sex-Positive Framework for Research on Adolescent Sexuality. *Perspectives on Psychological Science*, 9(5), 455-469. doi: 10.1177/1745691614535934
- Powell, R. A., & Single, H. M. (1996). Focus Groups. *International Journal for Quality in Health Care*, 8(5), 499-504. doi: 10.1093/intqhc/8.5.499
- Schalet, A. T. (2011). Beyond Abstinence and Risk: A New Paradigm for Adolescent Sexual Health. *Women's Health Issues*, 21(3), S5-S7. doi: 10.1016/j.whi.2011.01.007
- Smithson, J. (2008). *Focus Group*. London: Sage Publications.
- Tolman, & McClelland. (2011). Normative Sexuality Development in Adolescence: A Decade in Review, 2000-2009. *Journal of research on Adolescence*, 21(1), 242-255.
- Wegh, S. F. (2003). Between Continuity and Change-Tiv Concept of Tradition and Modernity. *Lagos: OVC Ltd*.

“We’re here, we’re queer, we don’t drink beer”: the intersections of gender, sexuality, race/ethnicity, religiosity and non-heterosexual British South Asian women and the implications for mental health care

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Abstract

Relatively recently there has been a significant increase in literature on non-heterosexual women and also a significant increase in the study of non-heterosexual identities and the prevalence of mental health difficulties within this minority group. However, the study of British South Asian non-heterosexual women is noticeably absent in the areas of lived experience and mental health and well-being. This study has been prompted by the relative absence of literature on the lived experience of non-heterosexual British South Asian Women and also by the fact that much of the literature focuses on homosexual men, ignoring the lives of non-heterosexual women within British South Asian Culture.

A pilot study was initially conducted in order to understand the lived experience of non-heterosexual British South Asian Women and to inform the focus of the main research project. Using Critical Narrative Analysis the life-world of two self-identified non-heterosexual woman is explored in terms of lived experience, mental health and resilience. Their lives produce unique intersections between gender, sexuality, culture, spirituality and ethnicity in an environment of religiously and culturally endorsed homophobia which prevents their freedom to explore and express their sexuality openly. This study will explore the difficulties faced by non-heterosexual British South Asian Women due to their invisibility and the impact of this on their mental health and well-being. The study will also consider how resilience is demonstrated despite multiple stresses and adversity and how individual and community resilience can be understood, established and maintained within this minority group in order to develop and sustain well-being.

Introduction

‘Left out of histories of homosexuality because of lack of evidence, excluded from cultural constructions of sexual agency because of gender stereotypes, unnamed because of scholarly prohibitions against imposing anachronistic or culturally inappropriate terms, women who love women face an uphill battle’ (Garber, 2008).

Rationale

There is a dearth of research on sexual minority individuals of colour (DeBlaere, Brewster, Sarkees & Moradi, 2010). The literature review that I carried out highlighted the challenges, as well as some of the opportunities, that all LGB (Lesbian, gay bisexual) people face on a daily basis in their communities in terms to their mental health. While the social and cultural environment has changed significantly in Britain over recent years, LGB people still experience discrimination and abuse in various contexts, which results in stress and the potential to contribute to the development of mental health problems (RaRE, 2015). The Rare research report (RaRE, 2015) was undertaken as a collaborative, five year longitudinal study by PACE, an LGBT + mental health charity and a panel of academics from three British universities. The purpose of the research was to explore risk and resilience factors in the development of mental ill health. The RaRE (2015) report states ‘previous research suggests that to a large extent risk seems to rise from exposure to external (i.e. societal) factors, while resilience may derive from a combination of a supportive environment, the acceptance of oneself and the attachment to the LGB&T community’. Although some research has been carried out exploring the experience of the British South Asian LGBT community (Safra Project, 2002 and Siraj, 2012) and the mental health and wellbeing of British South Asian women (Ineichen, 2012) very little is known about the mental health risk and resilience factors for LGB British South Asian Women (RaRE, 2015).

My study aims to address this gap by gathering qualitative data in order to begin the process of understanding this underrepresented group in both mental health research and LGB research in Britain. My life experience has led to me become actively opposed to discrimination of all kinds. My work as a counsellor and counselling supervisor informs my interest in mental health services and the way in

which these services are delivered. As a humanist I believe in the value and agency of all human beings. Furthermore, researchers can be both outsider and insider in many subtle ways, for example, through the intersections of sexuality, ethnicity, class, age, gender, health status, (Fish 2008; Tang 2007). I consider myself, both insider; Non-heterosexual, female, British, minority group member; and outsider; white and of English descent (Hayfield & Huxley, 2015).

The research aims of the pilot study are to explore how British South Asian non-heterosexual women understand the experience of being non-heterosexual in the United Kingdom; to explore the mental health and wellbeing of British South Asian non-heterosexual women; to understand if, when and how British South Asian non-heterosexual women access mental health services; to provide myself with a deeper understanding of the lived experience of British South Asian non-heterosexual women and to initiate contact and begin to build working relationships with participants In order to focus the second stage of empirical research.

Background and literature review

South Asian women consist of an extremely diverse group of individuals from India, Pakistan, Bangladesh, Sri Lanka, Nepal, the Maldives, Afghanistan to name a few who have very diverse immigration histories. South Asian women speak many different languages and follow a number of distinct religions such as Christianity, Hinduism, Islam, Sikhism, Jainism and Buddhism (Choudhury, Badhan, Chand, Chhugani, Choksey, Hussainy, Lui & Wat, 2009). Furthermore, immigration from South Asia to Britain has changed markedly, creating further diversity within this group of women (Wilson 2006 and Brah, 1996). The British census carried out in 2011 reported that 7.5% of the population identified as Asian or British Asian, of which 2.5% or 1.4 million people identified as Indian, 2.0% as Pakistani, and 0.75% Bangladeshi. The remaining members of this group identified as Chinese or 'other Asian' (Office for National Statistics, ONS, 2012). Pakistani and Indian ethnic group categories have both increased by approximately 0.4 million people since the 2001 census which equates to an increase of 0.5 and 0.6 percentage points respectively (ONS, 2011). This is the second largest growth category after the 'any other white' category.

Multiple minority stress

In a meta-analysis of research on the prevalence of mental health disorders in lesbian, gay and bisexual (LGB) minority groups, Meyer (2003) concluded that LGB individuals were two and a half times more likely to have experienced mental ill health than heterosexual individuals. As a result of this work, Meyer (2003) developed a conceptual model, of what he termed, *minority stress*. Pearlin (1999a, p. 163) defines stress as '*any conditions having the potential to arouse the adaptive machinery of the individual*'. However, in more general terms, stress has been described as the external environmental conditions that require individuals to sustain and exceed their capacity to cope which may cause mental or physical ill health (Meyer, 2003). According to Meyer (2003) stressors, which are defined as 'events or conditions' can be both individual and social in nature; for example, personal events such as bereavement, divorce, or a change in status.

The social stress endured by those living with prejudice and stigma resulting from socioeconomic status, homophobia, racism, islamophobia, hetero-sexism and gender stereotypes requires individuals to adapt and change in order to cope. *Minority Stress* is the term coined by Meyer (2003) which has been used to describe the social stress experienced by stigmatised minority individuals drawing on the concepts of distal or external and proximal or internal stressors discussed by Lazarus and Folkman (1984). Meyer (2003) explains that the external social opinions are internalised and given psychological significance by the individual creating anxiety and hyper-vigilance (Szymanski & Sung, 2010).

Methodology

How does a non-heterosexual British South Asian woman make sense of her sexual identity? How does she see her sense of self, femininity, of others and of relationships? On what basis and through what processes does she make decisions to disclose or not to disclose, to engage in same-sex relationships or not or to maintain an appearance of heterosexuality whilst living a secret non-heterosexual life. These questions are important and offer insight into meaning making which may have clinical applications for engaging collaboratively in support services.

Two one-to-one semi-structured interviews with non-heterosexual British South Asian women of various ages were carried out in the pilot study. All identifying information will be removed from the transcripts and pseudonyms given to participants. Participant selection was done as a purposive, snowball sample technique and were required to meet the following criteria: (i) Born in Britain, of South Asian descent and any generation; (ii) All age groups; (iii) All socio-economic groups; (iv) All cultural backgrounds; (v) All religious backgrounds; (vi) Lesbian, bisexual and non-heterosexual women.

Critical narrative analysis (CNA), developed by Langdrige (2007), was used to analyse the data. Participant selection, interviews and analysis were all carried out by the researcher. Emerson and Frosh (2009) describe critical narrative analysis as a psychosocial methodology that focusses on an explicit location of a specific subject at the intersection of social and individual interest and involvements. After analysing the data using critical narrative analysis the narratives, the narrative tone, rhetorical work, identities and identity work and thematic priorities were identified. I then applied the findings to Meyer's minority stress model in order to assess general life stressors, distal and proximal stress processes and coping and social support both community and individual support (Meyer, 2003). Minority identity, minority status and environmental circumstances inform general stress, minority stress processes and coping strategies which in turn inform mental health outcomes (Meyer, 2003).

Initial Findings

Cultural Identity

The data obtained from the two interviews carried out as a part of the pilot study were rich both in depth and content. For the purpose of this presentation I will highlight some of the key findings in relation to the minority stress model of mental health and wellbeing; although these are not extensive and further findings will be reported in my dissertation. Both participants discussed their cultural identity in depth and how this formed the basis for creating their lesbian identities. Hajra spoke at length about how she negotiates her Indian and lesbian identities on a daily basis described as a distal stress process in Meyer's Minority Stress model (Meyer, 2003).

'I need to feel connected to my culture but this culture doesn't want me as a gay women.....'

'It's hard sometimes to just be gay and Asian because you, even though I live within the culture, I live on the margins of the culture,.....'- Hajra, 30

'How can you be Sikh, how can you be Indian, you're gay?....."I was born Indian, I was born gay' - Saarah, 24

These are considered distal stress processes (Meyer, 2003).

Both participants spoke about their ideal relationship would be with someone with the same cultural background but for very different reasons. Hajra felt that a relationship with a girlfriend who shared her culture would be 'richer'.

'The way I feel about having samosas and you know the feeling is different it's not just taste, it's subtle, it's multi-sensory.....'

'It's the British Indian that I would need I think because they are my two identities, I am not wholly British, I am not wholly Indian' - Hajra, 30

Saarah felt that if she was to have a girlfriend from her own culture, that her same sex relationship would be more acceptable to her family and community.

'I'm quite, um, particular when it comes to girls as well, like I, I, I want someone that's like me, that's Indian because I think it would soften the blow a bit....' - Saarah, 24

'.....I think has made me more acceptable is because I am not westernised.... , I think that's what makes me acceptable because my dad saw that she still speaks the language perfectly, she still wants to go to India erm, she wants to have an Indian life' - Hajra, 30

Hajra felt that it was important to maintain her Indian culture in order to remain acceptable to her family and community. In this way both participants experienced distal stress processes but also used this strategy as a coping mechanism and benefited from community resilience processes.

Mental Health

Positive mental health outcomes were found to be the development of individual resilience and development of coping strategies. Negative mental health outcomes were found to be suicidal feelings, substance misuse, anxiety, depression, social isolation and panic. Both participants demonstrated positive mental health outcomes in terms of coping and resilience. Both participants spoke of feelings of guilt, fear, insecurity and self-loathing which led to the concealment of their sexual identity, anxiety and anger for Hajra and panic for Saarah.

'I was drinking early, early hours in the morning, being sick, um, I wouldn't sleep, I was drinking a bottle a night in my bedroom' - Saarah, 24

'I think the gay thing does stress me out because it, it separates me from all the other Indian girls.' - Hajra, 30

'That's how bad it can get, you rather just wish you weren't born or commit suicide.' - Saarah, 24

'...it's hard to cope with cos I feel like, I don't know I just feel like I'm living a lie as well in front of, in front of my dad...' - Saarah, 24

'Like I need to, sometimes I feel like I need to be punched in the face to feel.' - Hajra, 30

Coping and Resilience

Resilience can be described as the ability of individuals to endure and flourish despite hardship and adversity. Coping, similar to resilience, can be described as the effort exerted by individuals in the response to adversity and therefore can be considered the stress experienced in order to adapt to the stressor and protect oneself from negative health impacts. Meyer (2015) asserts that coping does not necessarily suggest a positive outcome whereas resilience signifies positive achievement.

Coping Strategies – Saarah

Planning for the future (Rumination)

Saarah is not out to her father and is afraid of what might happen if she was to tell her father about her sexual identity. In order to cope with this, Saarah plans for a future where she has financial independence and can support herself away from the family home. She speaks of a 'dread' of her father finding out and the guilt she feels for lying to him but also the excitement of having a secret. However, when Saarah isn't in a relationship she attempts to forget that she is gay.

'That, that, that's definitely when, I think then I'll have to say, that's it dad, I'm ready to move out, I've been working, I mean I've been saving up, I've been saving up and I'm ready to like move out...'

'...I just know for a fact that my dad's, he gonna just chuck me out, throw me out the house, disown me um, which I'm dreading, I'm really dreading that day.'

'I just leave it alone just forget that I'm gay, just carry on as normal with my dad and my family.'

Individual Resilience – Saarah

Acceptance of her sexual identity has allowed Saarah to endure and flourish. She has a full time job and does voluntary work where previously she left college and was unemployed and socially isolated.

'You know what, I actually like being a girl and being gay (laughs) and I can't believe I'm saying that, I actually feel alright saying that before I'd be like my gosh, I wouldn't dare say I was gay....'

'...because I'm honest with myself, I'm not lying. I, I think you put a lot of pressure on yourself if you are gonna pretend that you're not and try and force yourself to you know be straight...'

Community Resilience – Saarah

Sikh LGBT community

"...I think just going out and socialising is what I need at the moment, chatting to people. I like to go on these, like these gay nights they have but they're in Birmingham."

Coping Strategies – Hajra

Hajra uses the gym as a coping strategy and does whatever she can to make sure that her father is proud of her.

'I constantly try work on myself like with my depression my best thing is gym membership. Like I don't go to the gym that often,some months I haven't been because I have been so depressed but I know it's there you know like your friend's house where you can just punch walls, it's that kind of place...'

"...the thing is with my dad I've made it so he has to accept me. Like I qualified, well not qualified fully, as a barrister 2, 2 or 3 years ago, I got quald basically and I said to my dad, I said "are you proud of me?" and he went "I am a father, parents are always proud of their children" right, in Punjabi he said that and then I said "even though I am gay" and he said "what's that got to do with it?"

Individual Resilience – Hajra

Acceptance of her sexual identity has allowed Hajra to endure and flourish. She has a full-time job and supports herself. She lives away from home with her English girlfriend. She is also an activist and sees herself as a role model for other Indian lesbian women.

'I've got to that point where it's like, this is, this is me and people should accept me the way I am. Like I accept them, you know.'

'I try to give younger girls that I meet a pathway because that's what did it for me.'

Community Resilience – Hajra

Hajra places a great deal of importance on music, language and nuanced cultural communication.

'...for me there's no compromise and I that, that is what makes me different because a lot of Asian gay women that I've met they are very, very westernised. They've rejected Asian culture in a way and it may be that it didn't support me so I am going to reject it but for more it's like, this is mine and I think because of my mum dying I can't lose that because then I lose my mum even more, does that make sense?'

Help seeking behaviour – Saarah

Sarah spoke of not knowing that there were services that would know how to help someone in her situation.

'I think, yeah, I think I feel like some organisations won't understand the type because of my culture, my background.....'

'I didn't think there was such people like that to help a gay Asian girl cos then again I thought I was the only one.'

'No, because I felt shamed. I didn't want to speak to anyone about that. I just deal with it myself.'

Help seeking behaviour – Hajra

Hajra has sought counselling for her depression but doesn't feel it helps.

'I went for counselling in L for a while. I didn't think it helped me, do you know why, because I, I think I can talk my way out of anything.....I went but the counsellor she, she didn't, she just pissed me off if I'm honest.....'

'I've never been to like a support group or anything or anything that's specifically for gay people, never.'

Conclusion

The initial findings are not exhaustive and I have not discussed general psychological processes. However, the analysis from the first stage pilot study will inform the 2nd stage of this project in regards to research tools. However, Hatzenbuehler (2009) proposed an 'integrative mediation framework' based on two specific areas of research, general stress models and the social psychology of stigma. Nevertheless, this model does not take into account factors promoting resilience. The pilot study carried out as the first stage of this project suggests that community resilience plays a significant role in moderating psychopathology. Shilo, Antebi and Mor (2014) found that familial, peer, relationship and community support acted as mediators for mental distress in both LGBQ youths and adults in Israel.

Wong (2015) describes how the intersectional experience of coping with demands of ethnicity and sexual minority status or the demands of religion and sexual minority status (Gray et al, 2015 & Foster et al, 2015) result in 'more than competing 'identities' but also differences in socio-cultural boundaries—macro-social determinants—that shape and/or regulate what is a 'permissible' or 'desirable' identity to have and how that identity should be expressed.' (Wong, 2015, p.240). Therefore, I propose an integrative framework and will test this in the second stage of my research project.

References

- Brah, A. (1996). *Cartographies of Diaspora: Contesting identities*. Oxon: Routledge
- British Psychological Society (2009). *Code of ethics and conduct*. Retrieved from: http://www.bps.org.uk/sites/default/files/documents/code_of_ethics_and_conduct.pdf
- Choudhry, P. P., Badhan, N. S, Chand, J., Chhugani, S., Choksey, R., Hussainy, S., Lui, C., & Wat, E. C. (2009). Community alienation and its impact on help-seeking behaviour among LGBTIQ South Asians in Southern California. *Journal of Gay and Lesbian Social Services*, 21(2-3), 247-266. doi: 10.1080/10538720902772196.
- Emerson, P., & Frosh, S. (2009). *Critical Narrative Analysis in Psychology: A Guide to Practice*. London: Palgrave Macmillan.
- Gill, A. (2004b). Voicing the silent fear: South Asian Women's experiences of domestic violence. *The Howard Journal*, 43(5), 465-483. doi: 10.1111/j.1468-2311.2004.00343.x.
- Hatzenbuehler, M. L. (2009). How does sexual minority stigma "get under the skin"? A psychological mediation framework. *Psychological Bulletin*, 135, 707–730. doi: 10.1037/a0016441
- Hatzenbuehler, M. L., Hilt, L. M., & Nolen-Hoeksema, S. (2010). Gender, sexual orientation, and vulnerability to depression. *Handbook of gender research in psychology* (pp. 133–151). New York: Springer.
- Heidegger, M. (1927/1962). *Being and Time* [trans. J. Macquarrie & E. Robinson]. Oxford: Blackwell.
- Imaan (2014) *LGBTQI Muslim Support Group*. Retrieved from <http://www.imaan.org.uk/>
- Langdridge, D. (2007). *Phenomenological psychology: theory, research and method* (1st ed.) Harlow: Pearson.
- Langdridge, D. (2008). *Are you angry or are you heterosexual? A queer critique of lesbian and gay models of identity development*. In L. Moone (Ed.), *Feeling queer or queer feelings?: Radical*

approaches to counselling sex, sexualities and genders (p. 23–35). New York: Routledge/Taylor & Francis Group.

Langdrige, D. & Hagger-Johnson, G. (2009). *Introduction to Research Methods and Data Analysis*. Harlow: Pearson.

Lazarus, R. S., & Folkman, S. (1984). *Stress, coping, and appraisal*. New York: Springer.

Meyer, I. H. (2003). Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence. *Psychological Bulletin*, 129 (5), p.674 – 697. doi: 10.1037/0033-2909.129.5.674

Meyer, I. H. (2015). Resilience in the study of minority stress and health of sexual and gender minorities. *Psychology of Sexual Orientation and Gender Diversity*, 2 (3), p. 209 – 213. doi: 10.1037/sgd0000132

Office of National Statistics (2012). *2011 Census for England and Wales*. Retrieved from <http://www.ons.gov.uk/ons/guide-method/census/2011/index.html>.

Pearlin, L. I. (1999a). *Stress and mental health: A conceptual overview*. In A. V. Horwitz & T. L. Scheid (Eds.), *A handbook for the study of mental health* New York: Cambridge University Press.

Pilkington, A., Msetfi, R. M., & Watson, R. (2012). Factors affecting intention to access psychological services amongst British Muslims of South Asian origin. *Mental Health Religion and Culture*. 15(1), 1-22. doi: 10.1080/13674676.2010.545947.

Raleigh, V. S. (1996). Health Policies in Developing Countries. *British Medical Journal*, 312(7023), 130-131.

Ricoeur, P. (1981). *Paul Ricoeur hermeneutics and the human sciences*. (J. B. Thompson, Ed.). New York: Cambridge University Press.

Ricoeur, P. (1996). *The Hermeneutics of Action*. ed. Richard Kearney. London: Sage Publications Ltd.

Siddiqui, H., & Patel, M. (2010). *Safe and Sane: A Model of Intervention on Domestic Violence and Mental Health, Suicide and Self-harm Amongst Black and Minority Ethnic Women*. Retrieved from <http://www.southallblacksisters.org.uk/sbs/sas-report-copyright-sbs.pdf>.

Siraj, A. (2012). "I Don't Want to Taint the Name of Islam": The Influence of Religion on the Lives of Muslim Lesbians. *Journal of Lesbian Studies*, 16(4), 449-467. doi: 10.1080/10894160.2012.681268.

Szymansky, D. M., & Sung, M. R. (2010). Minority Stress and Psychological Distress among Asian American Sexual Minority Persons. *The Counseling Psychologist*. 38 (6), doi: 10.1177/0011000010366167

The National Archives (2014). *Equality Act 2006*. Retrieved from <http://www.legislation.gov.uk/ukpga/2006/3/contents>.

The National Archives (2014). *Equality Act 2010*. Retrieved from <http://www.legislation.gov.uk/ukpga/2010/15/contents>.

Thoits, P. (1999). *Self, identity, stress, and mental health*. In C. S. Aneshensel & J. C. Phelan (Eds.), *Handbook of the sociology of mental health*. New York: Kluwer Academic/Plenum.

Time to Change (2010). Retrieved from <http://www.time-to-change.org.uk/>.

Wilson, A., (2006). *Dreams, Questions, Struggles: South Asian Women in Britain*. Pluto Press, London.

Wounds scar the flesh but words scar the soul: childhood emotional abuse and the development of psychopathic traits

Amy Naismith

Supervisor: Dr Helen Gavin

Introduction

Regardless of the fact that childhood emotional abuse is significantly harder to detect than physical and sexual abuse it is estimated that approximately 18,000 children in the UK were identified as requiring protection from emotional abuse in 2015 (NSPCC – Child protection register, 2015) with emotional abuse being the second most common reason for children to require protection. Childhood emotional abuse is defined as the persistent emotional maltreatment of a child significant enough to cause severe and persistent negative effects on a child's emotional or psychological development that is direct or indirect in nature. This includes telling a child that s/he is inadequate, worthless, unloved and undervalued, and only there to meet the needs of another person/persons. Abused children are not allowed to express views, deliberately silenced and mocked. In addition, children may have age or developmentally inappropriate expectations imposed on. Emotional abuse also includes witnessing or hearing domestic violence bullying (including cyber bullying) resulting in a child feeling frightened or in danger (HM Government, 2015).

Childhood emotional abuse may not result in observable physical evidence, however, researchers and clinicians have agreed that it is a core element of both sexual and physical abuse (Rees, 2010) and may even be significantly more damaging (Gavin, 2011). It appears reasonable then to suggest that childhood emotional abuse may be significantly more harmful when compared to other forms of child abuse as a result of the perpetrator being almost invariably the individual responsible for encouraging and enabling a child to fulfil their developmental potential (Glasser, 2002). Although childhood emotional abuse may be perpetrated by individuals outside the family unit, D'Andrea et al (2012) suggests that childhood emotional abuse inflicted by a parent or guardian in early childhood, or chronically throughout childhood and adolescence, is significantly more damaging to the child's overall development.

To date, the effects of emotional abuse and neglect have generally been studied in individuals who have also experienced other types of abuse, and the unique effects of emotional abuse and neglect have not been examined (Spertus et al, 2003). Emotional abuse remains a neglected area of childhood experience due to the issue of its definition and lack of consensus regarding an operational definition (Carr, 2015). As a result, there are relatively few published measures of emotional abuse to date, with pre-existing measures sharing two common features; they are brief and relatively limited in scope (e.g. Child Abuse and Trauma Scale – Kent & Waller, 1998). For example, the emotional abuse subscale of the Child Abuse and Trauma Scale (CAT) (CATS; Sanders & Becker-Lausen, 1995) is an extension of the original scale and contains seven question items unlikely to capture the true multidimensional nature of childhood emotional abuse.

Therefore, the development and validation of a new psychometric tool capable of measuring the multidimensional nature of childhood emotional abuse is crucial if childhood emotional abuse is to be investigated either alongside or in isolation from other forms of abuse.

Study one aimed to address the chronic lack of a "gold standard" measure of childhood emotional abuse evident in the literature by developing and validating a new psychometric scale capable of capturing the multifaceted nature of childhood emotional abuse – Naismith-Gavin scale of childhood emotional abuse. In order to identify the most current working definitions of childhood emotional abuse an extensive literature review was conducted. Protocol was followed focusing on the development of the research questions, identifying key words which may be utilised to construct research parameters for literature searches, identifying appropriate target samples and sizes and identifying appropriate research designs and analysis. The literature review became increasingly more specific by reading article abstracts, relevant articles and collating and eliminating data for inclusion and exclusion. Appropriate analyses will be undertaken in the future and included in a report detailing procedures and findings.

Face Validity

Following an extensive review of the literature concerning the measurement of childhood emotional abuse an initial pool of 42 question items was developed, however, this pool was later reduced to 38. One of the question items developed to address the concept of ignoring in relation to childhood emotional abuse is as follows:

'To what extent did you feel your primary caregivers were emotionally available to you?'

A further question item that is designed to address the concept of isolation concerning childhood emotional abuse is as follows:

'Were you encouraged to engage with other children?'

All question items would be answered using a Likert-type scale response set.

Method

Face validity was then assessed by recruiting a selection of experts recruited from the psychopathy, childhood studies and the wider remit of psychology. Experts were invited to participate in a standardised rating exercise designed to ascertain whether the Naismith-Gavin scale of childhood emotional abuse Scale accurately measures the construct it was developed to – childhood emotional abuse. Experts were recruited were required to rate each question item on a scale of 1-10 with 1 indicating no relevance. Experts were also given the opportunity to provide more detailed feedback. Question items that were rated lower than five were to be considered for revision or removal. Consideration of expert feedback then took place, with some revisions being integrated into the final scale item list of 30.

Study 2

Design and Methodology

In order to perform an exploratory factor analysis and measure the internal consistency of the Naismith-Gavin scale of childhood emotional abuse convenience sampling was utilised to select non-clinical/non-criminal participants who were readily available to participate in the research. Samples were drawn from the Undergraduate and Postgraduate population at the University of Huddersfield and the general population in order to improve the generalisability of the results. The research included two inclusion criteria that stated participants must be a minimum of 18 years old and a UK resident. Qualtrics online survey software was utilised to distribute the Naismith-Gavin scale of childhood emotional abuse via the internet. The study was advertised as "an examination of the relationship between childhood experiences and emotion regulation/dysregulation in adulthood".

A sample of 137 men (N= 32) and women (N= 105) completed the Naismith-Gavin scale of childhood emotional abuse. Eighty-eight percent of participants described themselves as White British, 6% as mixed race British, 2% as Asian or Asian British, 1% as Black or Black British and 0.72% as other ethnicity. Ages ranged from 18 to 75 years (M = 2.79, SD = 1.53). Participants were presented with a participant information sheet prior to participating. Participants who provided their consent were then directed to the scale instructions that they were advised to read thoroughly prior to answering any of the questions. Basic demographic data such as sex, age and ethnicity were required before being presented with a set of 30 question items designed to measure childhood emotional abuse. Following completion of the Naismith-Gavin scale of childhood emotional abuse participants were provided with a debriefing sheet which revealed the true purpose of the research and details of numerous counselling and support services in an attempt to acknowledge the importance of safeguarding participants from experiencing any harm or distress as a result of their participation.

In order to perform concurrent analysis a further sample of 60 men (N= 10) and women (N= 50) were required to complete two questionnaires – the Naismith-Gavin scale of Childhood emotional abuse and the emotional abuse subscale of the Child Abuse and Trauma Scale (CAT – Kent & Waller, 1998). Ninety percent of participants described themselves as White British, 2% as mixed race British, 2% as Asian or Asian British, 3% as Black or Black British and 3% as other ethnicity. Ages ranged from 18 to

75 years ($M = 2.45$, $SD = 1.45$). Participants were presented with a participant information sheet prior to participating. Participants who provided their consent were then directed to the scale instructions that they were advised to read thoroughly prior to answering any of the questions. Basic demographic data such as sex, age and ethnicity were required before being presented with the two scales – Naismith-Gavin scale of childhood emotional abuse and the Child Abuse and Trauma Scale (CAT) emotional abuse subscale. Following completion of the two scales, participants were provided with a debriefing sheet that revealed the true purpose of the research and details of numerous counselling and support services.

Analysis and Results

Exploratory Factor Analysis

Factor analysis can be described as a multivariate statistical procedure that has a variety of uses. Factor analysis has been utilised in the current study in order to aid the reduction of a significant number of variables into a smaller set of variables – also referred to as factors). Secondly, it has been utilised in order to establish underlying dimensions between measured variable and latent constructs, thus aiding the formation and refinement of theory. Finally, the application of factor analysis has been utilised in order to strengthen construct validity evidence uncovered in relation to the Naismith-Gavin scale of childhood emotional abuse (Field, 2013).

The data sample was scrutinised for suitability for factor analysis with research indicating sample size was not an issue as current research adheres to absolute number of cases required and utilised the rule of 100 (Gorsuch, 1983 and Kline, 1979). A correlation matrix illustrating the relationships between individual variables was generated which indicated all variables were correlated, however, none of the variables correlated above the $R < .9$ (Field, 2005). In addition, there were no significance values that caused any alarm, all being less than 0.01. Finally, the determinant value was $2.58E-016$ (0.000258) which is greater than the necessary value of 0.0001, therefore, multicollinearity was not an issue.

Several statistical tests were utilised in order to assess the suitability of the data for factor analysis prior to the extraction of specific factors, including the Kaiser-Meyer-Olkin (KMO) Measure of sampling adequacy (Keiser, 1974) and Bartlett's Test of Sphericity (Bartlett, 1950). Results indicated that the data produced a KMO Measure of sampling adequacy of .95 and a significant Bartlett's Test of Sphericity ($p < .05$). A principal components analysis was performed using a direct oblimin because of statistical evidence suggesting that all variables were correlated. Data extraction was performed indicating that the data produced a cumulative percentage of variance of 69.15% and 3 components (factors) which possess and eigenvalue > 1 . A further factor analysis was conducted in order to assess the contribution of the two question items included in factor three by statistically forcing the data to produce two factors. The absence of those two questions once the strength of factor three had been assessed resulted in the two items that were included in factor three to be removed. Further data extraction indicated that the data produced a cumulative percentage of variance of 65.68% and a total of two factors that possess eigenvalue > 1 .

Interpretation of the data requires the researcher to examine which variables have been attributed to which factor, and then deciding upon a name for that particular factor. The current research has ultimately resulted in two factors. Descriptive labels were created which accurately reflected the theoretical and conceptual intent of the research – childhood emotional abuse. Factor one appeared to demonstrate a persistent, long-standing pervasive active and intentional destructive pattern of interaction with child which is often suggestive of emotional abuse, whereas factor two appeared to demonstrate a persistent, long-standing, pervasive, passive and unintentional ignoring of the child's needs which is often suggestive of emotional neglect.

Internal Consistency of the NGA Scale of Childhood Experience

The internal consistency of the Naismith-Gavin scale of childhood emotional abuse was conducted to confirm that all the question items utilised measured childhood emotional abuse. The total Scale demonstrated a high internal consistency (Cronbach's alpha .974). The alpha was also applied to each of the three factors identified in the first factor analysis with factor one demonstrating a high internal consistency of .972, factor two also demonstrated a high internal consistency of .934 and factor three demonstrated a somewhat lower internal consistency of .601. Internal consistency for factor three

presents a lower internal consistency as a result of this factor including only two question items. This result also provides further justification for its removal from the data.

Concurrent validity: association of NGA Scale of Childhood Experience to the Child Abuse and Trauma Scale

The concurrent validity of the Naismith-Gavin scale of childhood emotional abuse was conducted in order to examine the degree to which the scale correlates with a previously validated measure, in this case the Child abuse and Trauma scale (CAT) emotional abuse subscale. Results indicated a high correlation between the Naismith-Gavin scale of childhood emotional abuse and the CAT emotional abuse subscale of .764 ($p < .05$) thus demonstrating that although there is a high correlation between the two scales. It is essential to note that a high correlation may indicate the lack of need for a newly developed measure of childhood emotional abuse the high correlation that has occurred here may be as a result of the similarity between questions included in the CAT emotional abuse subscale and the Naismith-Gavin scale of childhood emotional abuse. The new scale is not intended to duplicate current scales but address the current conceptual scope of existing measures of childhood emotional abuse.

Study 2

Introduction

Are psychopaths born or made? To date, this remains the most captivating question surrounding the aetiology of psychopathy. The purpose of experiment two is to investigate whether there is an association between childhood emotional abuse and adult psychopathy. Individuals with psychopathic personality can be characterised by a constellation of features including interpersonal-affective features (for example, manipulateness, superficial charm and a lack of affect and emotion) and antisocial features (for example, aggression and impulsivity) (Hare, 2003). The aforementioned traits ultimately define adult psychopathy and typically manifest themselves in early childhood (Frick & Marsee, 2006). The long-term expression of this disorder is believed to be a product of complex interactions between biological and temperamental predispositions and environmental factors – in other words the interaction between nature and nurture that shape and define adult personality (MacDonald & Iacono, 2006). To date, what has not been examined systematically is whether there is an association between emotional abuse experienced in childhood and the development of psychopathy.

A plethora of evidence has demonstrated that childhood emotional abuse may have long-term implications concerning adult mental health and the development of personality disorders. For example, Kuo et al (2015) investigated whether frequency of childhood emotional abuse is uniquely associated with the severity of BPD characteristics when controlling for other forms of child abuse and whether subsequent difficulties with emotion regulation can account for the relationship between childhood emotional abuse and the severity of BPD characteristics. Results demonstrated that the frequency of childhood emotional abuse was uniquely associated with the severity of BPD characteristics. These findings indicate that childhood emotional abuse specifically may have a significant developmental role in BPD pathology. Therefore, an examination of whether childhood emotional abuse may result in the manifestations of psychopathic traits in adulthood is therefore a valid objective.

Research examining the presence of psychopathy within the non-criminal/non-clinical remains limited. There is a growing body of evidence within the psychopathy domain, which demonstrates that not all psychopaths engage in criminality. In Britain, research has demonstrated that psychopathy affects approximately 1% of the general population (Coid et al, 2006). Therefore, it is imperative to recognise the potential damage that may be inflicted by psychopaths in our communities. Professor David Cook (2007), one of the leading researchers within the psychopathy domain posits that concerning personal relationships; psychopaths engage in multiple relationships, are more likely to abandon their offspring and perpetrate domestic violence. Conversely, research has also shown great interest about individuals who display a preponderance of psychopathic traits, often referred to “successful” psychopaths, who function particularly well in society.

In order to examine the presence of psychopathic traits experiment one will utilise the Levenson's Primary and Secondary Psychopathy Scale (LPSP) (Levenson et al, 1995). Levenson's psychopathy scale has been selected due to its reliability and validity with regards to assessing the presence of psychopathic traits in non-clinical/non-criminal samples. In addition, the Naismith-Gavin scale of

childhood emotional abuse will be utilised in order to measure childhood emotional abuse. The aim of the current study is to investigate the relationship between childhood emotional abuse and psychopathic traits in adulthood.

Design and methodology

Convenience sampling was utilised to select non-clinical/non-criminal participants who were readily available to participate in the research. Samples were drawn from the Undergraduate and Postgraduate population at the University of Huddersfield and the general population in order to improve the generalisability of the results. The research includes two inclusion criteria that stated participants must be a minimum of 18 years old and a UK resident. SONA has been utilised in order to attract Undergraduate participants at the University of Huddersfield. Participants will be offered .5 of a credit for their participation in the study. Permissions to utilise the SONA system were not required. Qualtrics has also been utilised to distribute the Naismith-Gavin scale of childhood emotional abuse to the general population. The study has been advertised as “an examination of the relationship between childhood experiences and emotion regulation/dysregulation in adulthood”.

Although data collection is still ongoing a preliminary analysis was conducted using a sample of 151 men (N = 17) and women (134). Participants were presented with a participant information sheet prior to participating. Participants who provided their consent were then directed to the scale instructions that they were advised to read thoroughly prior to answering any of the questions. Basic demographic data such as sex, age and ethnicity were required before being presented with a set of 56 question items, 30 of which will measure childhood emotional abuse, with the remaining 26 measuring psychopathic traits. Following completion participants will be provided with a debriefing sheet that revealed the true purpose of the research and details of numerous counselling and support services in an attempt to acknowledge the importance of safeguarding participants from experiencing any harm or distress because of their participation.

Analysis and results

A preliminary analysis demonstrated that childhood emotional abuse was significantly correlated with psychopathic traits in adulthood, $r = .203$, $p < 0.01$ (one tailed). A partial correlation was also conducted which demonstrated that childhood emotional abuse was not significantly correlated with psychopathic traits in adulthood $r = .218$, $p < 0.01$ (one tailed) when controlling for sex, however, this may have occurred due to a small male sample. Data collection is still ongoing in this experiment in the hopes of increasing the sample size in general but with specific focus on increasing the male sample significantly.

Discussion

Our knowledge about childhood emotional abuse is limited with reviews of the literature suggesting that a lack of consensus concerning its definition may be the crucial issue needing to be addressed currently. This lack of a working definition has resulted in the development of several inadequate scientific measures designed to measure childhood emotional abuse all of which lack the capability to address the multidimensional nature of childhood emotional abuse. The development and validation of the Naismith-Gavin scale of childhood emotional abuse was undertaken in order to address the difficulties associated with current measures of childhood emotional abuse in the literature. It is predicted that the Naismith-Gavin scale of childhood emotional abuse will be utilised in future research in order to identify and measure the severity of childhood emotional abuse within the general population.

Much more research is required in the field with regards to examining the possible relationships between the experience of childhood emotional abuse and any long-term consequences such as the development of psychopathic traits etc. Such research may aid the identification of childhood emotional abuse in future years, how this may effect child development and adult outcomes in addition to developing prevention strategies and intervention programmes for children and parents – it is time to break the silence with regards to childhood emotional abuse.

References

Bartlett MS (1950). Tests of significance in factor analysis. *British Journal of Psychology*; 3(Part II):77-85.

Carr, A. (2015). *The Handbook of Child and Adolescent Clinical Psychology: A Contextual Approach*, Second Edition, Routledge, East Sussex.

Coid, J., Yang, M., Roberts, A., Ullrich, S., Moran, P., Bebbington, P., Brugha, T., Jenkins, R., Farrell, M., Lewis, G., & Singleton, N. (2006). Violence and psychiatric morbidity in the national household population of Britain: public health implications. *Br J Psychiatry*, 189, 12–19.

D'Andrea, W., Ford, J., Stolbach, B., Spinazzola, J., & van der Kolk, B. (2012). Understanding interpersonal trauma in children: Why we need a developmentally appropriate trauma diagnosis. *American Journal of Orthopsychiatry*, 82, 187–200.

Field, A (2005). *Discovering statistics using SPSS*, (2ND edition), Sage, London.

Field, A. (2013). *Discovering Statistics Using IBM SPSS Statistics* (4th ed). Sage Publications. London.

Frick, P.J., & Marsee, M.A. (2006). Psychopathy and developmental pathways to antisocial behavior in youth. In C.J. Patrick (Ed.), *Handbook of psychopathy* (353-374). New York: Guilford.

Gavin, H. (2011). Sticks and Stones May Break My Bones: The Effects of Emotional Abuse. *Journal of Aggression, Maltreatment and Trauma*, 20, 503-529.

Glaser, D. (2002). Emotional abuse and neglect (psychological maltreatment): A conceptual framework. *Child Abuse and Neglect*, 26, 697–714.

Gorsuch RL (1983). *Factor Analysis*. Hillsdale, NJ: Erlbaum.

Hare, R. D. (2003). *The Hare Psychopathy Checklist-Revised* (2nd ed.). Toronto: Multi-Health Systems.

HM Revenue, Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children (2015) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

Kaiser HF (1960). The application of electronic computers to factor analysis. *Educational and Psychological Measurement*, 20:141-51.

Kaiser HF. Little Jiffy, Mark IV (1974). *Educational and Psychological Measurement*; 34:111-7.

Kent, A., & Waller, G. (1998). The impact of childhood emotional abuse: An extension of the child abuse and trauma scale. *Child Abuse and Neglect*, 22, 393–399.

Kline, P. (1979). *Psychometrics and psychology*. London: Academic Press.

Kuo, J. R., Khoury, J. E., Metcalfe, R., Fitzpatrick, S. & Goodwill, A. (2015). An examination of the relationship between childhood emotional abuse and borderline personality disorder features: The role of difficulties with emotion regulation, *Child Abuse and Neglect*, 39, 147-155.

Levenson, M. R., Kielhl, K, A. & Fitzpatrick, C. M (1995). Assessing Psychopathic attributes in a noninstitutionalised sample, *Journal of personality and social psychology*, 68, 151-156.

MacDonald, A. W., & Iacono, W. G. (2006). Toward an integrated perspective on the aetiology of psychopathy. In C. J. Patrick (Ed.), *Handbook of Psychopathy* (375-385). New York: Guilford.

Rees, C. (2010). Understanding emotional abuse. *Archives of Disease in Childhood*, 95, 59–67.

Sanders, B., & Becker-Lausen, E. (1995). The measurement of psychological maltreatment: Early data on the child abuse and trauma scale. *Child Abuse & Neglect*, 19, 315–323.

Spertus, I. L., Yehuda, R., Wong, C. M., Halligan, S., & Seremetis, S. V. (2003). Childhood emotional

abuse and neglect as predictors of psychological and physical symptoms in women presenting to a primary care practice. *Child Abuse & Neglect*, 27, 1247–1258.

Occupational therapy and the sexual health of clients: issues of professional identity

Penny Ralph

Supervisors: Professor Surya Monro and Mrs Jo Stead

Beginning

I was going to start this presentation by asking who thinks sex is important but then I thought, hmm, that could get awkward. And I guess that's part of what my research is about.

I think all of us in this room are professionals – as academics, researchers, people who have undertaken professional qualifications or worked in other professions, but some subjects can challenge our sense of being professional.

And I think issues of sexual health and sexuality are areas which can challenge us.

So I'm going to be talking about occupational therapy and the sexual health of clients and how that intersects with OT professional identity.

Introduction

I'll be giving you an overview of what are occupational therapy, occupation and professional identity. I'll be telling you what I mean by sexual health, why it matters and how it can be a challenge to OTs. Then I'll hopefully be explaining how the three areas intersect and the impact of that, and finally what I think can be done to improve matters when the three intersect.

What is Occupational Therapy (OT)?

Occupational therapy is a protected profession, regulated by the Health and Care Professions Council – which means you need to do an accredited course and register with the HCPC to use the title Occupational Therapist. OTs work with people of all ages, in a variety of settings including health and social care, housing, education, prisons, voluntary and private sectors, in mental, physical, acute, and learning disability services. OTs look at the whole-person, providing practical support to facilitate recovery and overcome any barriers that prevent people from doing the things they want or need to do. For example, advising on approaching a task differently, using equipment or assistive technology, adapting living or working environments, and finding strategies to reach chosen goals (NHS careers, 2015; COT, 2015; WFOT, 2015).

Occupation - not just paid work!

OTs use the word occupation in its widest sense. It's not just about work. "Occupation" refers to practical and purposeful activities that allow people to live independently and support their sense of themselves, their identity. These can be day-to-day tasks such as self-care – washing, dressing, etc., work – which can be voluntary or paid and includes education or play, or leisure, such as hobbies sport, etc. (COT, 2015; WFOT, 2015).

Professional identity

Okay, now I'm going to try and pin down professional identity. There's a mass of literature on defining what professional identity is but I thought I'd keep it fairly straightforward. Professional identity is made up of the beliefs, attitudes, and traits that make up how you see yourself in a work context – that includes expected and accepted practice, conduct and ethical behaviours. It's the traits and attributes that make up how you see yourself, and how others may see you, in your job role (Slay & Smith, 2011; Mackey, 2007).

OT Professional identity

For OTs, there has been an on-going struggle with professional identity. The literature suggests that OTs are confused and insecure about their role, and feel that their common-sense problem-solving

approach isn't taken seriously by other professionals. The diversity of settings and roles, and lack of uniform definition of what an OT is across those settings has impacted on OT professional identity (Clouston & Whitcombe, 2008; Turner, 2002; Finlay, 1998).

Professional identity: between two cultures

As a result, despite confidence in their practice and pride in their jobs, OTs have reported feeling low professional esteem, lack of recognition, uncertainty in articulating the value of what they do and a feeling of being low status. I don't think there can be many OTs who haven't heard a joke about being basket weavers or tea makers, either from other professionals or OT colleagues. Particularly in health care settings, there's a dissonance between the holistic, client-centred values of OT set against a dominant bio-medical culture which focusses on pathology and discharge. So what has that got to do with sexual health? (Clouston & Whitcombe, 2008; Turner, 2002, Finlay, 1998).

Sexual health – definition

First off, what do I mean by sexual health? I've deliberately used this expression because I feel that currently 'sexual health' flags up a lot of negative connotations, and I personally think this needs to be challenged. Usually when we think of sexual health we think of sexually transmitted infections, unwanted pregnancy, erectile dysfunction, etc. And the response to this medicalised view is that sexual health is often seen in terms of pathology or something not functioning which needs to be fixed. However, the World Health Organisation (WHO, 2015) defines sexual health as "...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity" – which is a much wider definition.

Sexuality

WHO (2015) definition of sexuality:

'...a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.'

When you add the WHO definition of sexuality, you can see that sexual health should be viewed in a more positive and holistic way. Their definition considers emotional, mental and social well-being, identity, sexual orientation, pleasure and relationships.

So what?

Sexual health – importance

Well, sexual health is important. It's a domain of the International Classification of Function Health & Well-being, it's linked to health, well-being and identity, and research suggests it's an important issue for clients and service users who want sexual issues to be addressed but are unsure who to ask.

Research suggests that broaching sexual health supports general health and well-being, reduces stress, improves self-esteem and body image and helps people adjustment to life changes (Couldrick, 2007; McCabe & Taleporos, 2004; NHS Choices; 2015; Tipton-Burton, 2013; Northcott & Chard, 2000).

Sexual health – a challenge for OTs

However, despite its importance, research suggests that sexual health is often overlooked and omitted by OTs and Health Care Professionals (HCPs) generally. They report feelings of discomfort and embarrassment, lack of confidence, knowledge and training, lack of time, resources and clear referral pathways, and assumptions that sexual needs aren't a priority. Sexual health issues can challenge personal values and prejudices, and there is a fear that broaching these issues can impact on rapport building or encourage inappropriate behaviour (Couldrick, 1998; Couldrick, 2007; Jones, Weerakoon & Pynor, 2005; Yallop & Fitzgerald, 1999; Haboubi & Lincoln, 2008).

Sexual health, OTs and professional identity

So how do these issues intersect, given the reactions to OTs and society in general, Sexual health is still subject to stigma. When sexual health issues are broached, they're often medicalised or viewed in functional terms. As discussed earlier, OTs historically have suffered crises in their professional identity which impacts on their professional confidence and esteem, making an already stigmatised and difficult to area of practice to broach a greater challenge.

OT identity – barriers

I think that low professional esteem may exacerbate existing barriers and stigma in broaching sexual health issues, and that the tension between the dominant medicalised approach, feelings of being lower status, and the current discharge-oriented, resource-stretched climate, make it more difficult for OTs both to stay true to their holistic, client-centred professional values, and to challenge that biomedical dominance. With sexual health seen as a low priority, and a lack of clear support and resources to deal with any sexual issues combined with the stigma and discomfort associated with broaching it, it's easy to see how sexual health may be omitted (White & Mortenson, 2002; Wellcome Collection, 2015).

What next?

But I don't think it has to be all negative. I think OTs and OT literature in particular is unduly preoccupied with its professional identity crisis. Other health professions also work in a variety of settings and roles, and they don't seem quite so attentive to issues of their status.

I think OTs need to embrace their variety and flexibility, and that they can bridge the divide between art of occupation and the science of medicine, practical common sense and evidence based health care. OTs do have a unique role - the focus on meaningful occupations as being central to wellbeing and identity. We can use that focus & those skills to help support the holistic health and wellbeing of clients, including their sexual health.

And on my part, I hope that my research on OTs who do broach sexual health, will help make it a more ordinary and normalized part of the OT practice and professionalism (Molineux, 2001).

Conclusion

So, we've seen that sexual health is an important aspect of health and identity, but that OTs find broaching sexual aspects of care a challenge, frequently omitting it from practice. We've also seen that OTs suffer from low professional esteem and feel unsure of their professional identity BUT... by embracing the mixture of art and science inherent in OT practice, and focussing on the occupational needs and wants of clients, we may be able to help tackle the OT identity crisis, and ensure OTs broach sexual issues, thus ensuring holistic, client-centred professional practice.

References

- Clouston, T. J., & Whitcombe, S. W. (2008). The professionalization of occupational therapy: a continuing challenge. *British Journal of Occupational Therapy*. 71 (8), 314–320. Retrieved from <http://www.ingentaconnect.com/content/cot/bjot/2008/00000071/00000008/art00002>
- College of Occupational Therapists – COT (2015). *What is Occupational therapy?* Retrieved from <https://www.cot.co.uk/ot-helps-you/what-occupational-therapy>
- Couldrick, L. (1998). Sexual Issues within Occupational Therapy, Part 1: Attitudes and Practice. *British Journal of Occupational therapy*. 61 (12), 538-544. doi: 10.1177/030802269806101201.
- Couldrick, L. (2007). *Sexual expression, physical disability and professional practice*. Retrieved from www.shada.org.
- Dyer, K. & das Nair, R. (2013). Why don't healthcare professionals talk about sex? A systematic review of recent qualitative studies conducted in the United Kingdom. *Journal of Sexual Medicine*. 10, 2658–2670. Doi: 10.1111/j.1743-6109.2012.02856.x.

Finlay, L. (1998). *The life world of the occupational therapist: meaning and motive in an uncertain world*. PhD thesis. Retrieved from www.ethos.bl.uk.

Haboubi, N. & Lincoln, N. (2003). Views of health professionals on discussing sexual issues with parents. *Disability and Rehabilitation*. 25 (6), 291-296, Doi:10.1080/0963828021000031188.

Jones, M. K., Weerakoon, P., & Pynor, R. (2005). Survey of occupational therapy students' attitudes towards sexual issues in clinical practice. *Occupational Therapy International*, 12(2), 95–106. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/16136867>

Mackey, H. (2014). Living tensions: Reconstructing notions of professionalism in occupational therapy. *Australian Occupational Therapy Journal*, 61(3), 168–176. doi:10.1111/1440-1630.12097

McCabe, M. & Taleporos, G. (2003). Sexual esteem, sexual satisfaction, and sexual behaviour among people with physical disability. *Archives of Sexual Behaviour*. 32(4), 359–369. Doi: 10.1023/A:1024047100251.

NHS Careers (2015). *Occupational Therapy*. Retrieved from <https://www.healthcareers.nhs.uk/explore-roles/allied-health-professionals/occupational-therapist>.

NHS Choices (2014). *Benefits of love and sex*. Retrieved from <http://www.nhs.uk/Livewell/Goodsex/Pages/ValentinesDay.aspx>.

Northcott, R., & Chard, G. (2000). Sexual Aspects of Rehabilitation : the Client's Perspective. *British Journal of Occupational Therapy*, 63 (9), 412–418. Doi: 10.1177/030802260006300902.

Slay, H. & Smith, D. (2011). Professional identity construction: Using narrative to understand the negotiation of professional and stigmatized cultural identities. *Human Relations*. 64(1), 85-107. doi: 10.1177/0018726710384290

Tipton-Burton, M. (2013). Sexuality and physical dysfunction. In. H. Pendleton & W. Schultz-Krohn. *Pedretti's Occupational Therapy: Practice skills for physical dysfunction*. 7th ed. Missouri: Elsevier.

Turner, A, Forster, M. & Johnson, S. (2002). *Occupational Therapy and Physical Dysfunction: principles, skills and practice*. Edinburgh: Churchill Livingstone.

World Health Organisation - WHO (2001). *International Classification of Functioning, Disability and Health (ICF)*. Retrieved from: <http://www.who.int/classifications/icf/en/>.

World Federation of Occupational Therapy – WFOT. *What is Occupational therapy?* Retrieved from: <http://www.wfot.org/AboutUs/AboutOccupationalTherapy/DefinitionofOccupationalTherapy.aspx>

Yallop, S., & Fitzgerald, M. H. (1997). Exploration of occupational therapists' comfort with client sexuality issues. *Australian Occupational Therapy Journal*. 44 (2), 53–60. Doi: 10.1111/j.1440-1630.1997.tb00755.x.

Male femininity: conceptual foundations for research into the subversive potential of new manhoods

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I wrote my undergraduate dissertation on the role of men in feminism. Part of this came from a personal desire to be useful to feminism, a movement and activism that is not particularly interested in liberating a white, middle-class, heterosexual cis-gendered man. This does not mean to say that men are incapable of feeling some oppression from patriarchy. Pascoe (2005), for example, describes a 'fag discourse', a not necessarily explicitly violent means of other pupils emasculating and disciplining schoolboys by identification with femininity and homosexuality. Femininity, specifically 'male femininity', as a pathologised practice, became part of my dissertation. I argued that shifting definitions of masculinity, men and maleness were approaching more traditional notions of the feminine. This became my way around subversivism, Julia Serano's suggestion that, for some, 'in order to challenge sexism, people must 'perform' their genders in ways that bend, break, and blur all of the imaginary distinctions that exist between male and female, heterosexual and homosexual, and so on' (Serano, 2007, p. 346). It exemplified a non-normative gender performance, and so a 'way in' to feminism.

Figuring out exactly what I meant by male femininity was the harder part, and the aim also of this paper. Putting the two words together felt like a natural development, but also posed a number of problems. My first research proposal separated my thoughts into two obvious sections, maleness and femininity, synthesising the two ideas in the third section into 'male femininity'. On femininity, I found how some feminisms have made the assumption that 'the normative feature or socially prescribed requirements of femininity are the embodiment of patriarchal domination and oppression' (Schippers & Sapp, 2012, p. 28), leading to many feminists being critical of feminine women. I also discussed psychoanalytic feminism's attempts to reclaim the feminine as an act of political subversion, from Cixous's 'écriture féminine' (Cixous, 1976) to Kristeva's embrace of the semiotic realm (Moi, 1986), and how these approaches run the risk of essentialism. On men and maleness, I covered the ways in which feminist approaches have shown the concepts of men and masculinity to be in a permanent state of flux and redoing, such that the concept of man differs greatly over time and space (Connell, 2005; Hearn & Kimmel, 2006). The proliferation of multiple masculinities has meant that, often, some have identified more with many feminine traits. I aimed to bring femininity into the mix to explore how some masculinities pull away from dominant and hegemonic hypermasculinities.

When putting these two together, my research proposal contained a large number of things that might be considered male femininity, including: drag, transvestitism, trans women, metrosexuality, hipsters, new men, stay-at-home dads, religious dress, first men, male nurses and nannies, homosexuality, dandies, glam rockers and pantomime dames. Not only did not all these things not seem to properly encompass what I meant, but an 80,000-word thesis is probably not long enough to cover them all. In order to fully establish what male femininities are, I decided to embed the project in a more political context. This paper is therefore split into three main sections. The first explores the concept of neoliberalism, explaining how I conceive of and am using it in my research. I continue some of these themes (particularly ambivalence) in a discussion of gender, establishing what I mean by 'male' and 'femininity' and also introducing new concepts of 'manness' and 'womanness'. With some assistance from the literature on post-femininity, I then tie these together to discuss my concepts of new manhoods and male femininities, detailing how neoliberalism has impacted on men and masculinities.

Neoliberalism

I do not think it would be unfair to say that neoliberalism is often a misused word. However, I have found it useful to understand how gender has responded to what Thrift (2005) calls 'knowing capitalism' that is constantly reforming and reshaping itself. I think it first important to distinguish neoliberalism from economic liberalism, the main difference being that neoliberalism is also a cultural phenomenon. Bearing in mind this relation between culture, economy and people (in terms of gender), Foucault provides a good explanatory framework.

Foucauldian definitions of neoliberalism refer not exclusively to the institution of free-market principles associated with the Chicago School. Foucault theorised a specific dialectic between the subject and

government that sees them 'co-determine each other's emergence' (Foucault in Lemke, 2001, p. 193). I have found Wendy Brown's concept of 'political rationality' (2006) useful as a way of describing this relationship, which is not a political position itself, but a system of thought through which subjects are interpellated. Neoliberalism's ontology of the subject makes individuals extensions of the economic system, such that 'neoliberalism encourages individuals to give their lives a specific entrepreneurial form' (Lemke, 2001, p. 202). This creates a discourse of responsibility that gives individuals opportunities to govern their own lives, allowing neoliberalism to hide a new form of discipline behind narratives of freedom, responsibility and progress. Wendy Brown says that 'part of what makes neoliberalism 'neo' is that it depicts free markets, free trade, and entrepreneurial rationality as *achieved and normative*' (Brown, 2006, p. 694). The economic principle of the freedom of the market is therefore important, but it is through that freedom that a specific disciplinarity or set of cultural values is encouraged. Importantly, this is not necessarily done through a naturalisation of free market principles, but through a valorisation of them as in some way modern or progressive. Essentially, neoliberalism is an invasion by the economy into the social and 'the transforming of global cultures into 'market cultures'' (Duggan, 2004, p. 12) justified by invoking an entrepreneurial responsible and economically-defined subject, meaning it is fundamentally a structure of social order.

This works by constant reconfiguration, making capitalism performative. Neoliberalism should not be seen as closed off, ahistorical and in unwavering control of bodies, but is in an ongoing dialectic between attempts to pull away from this. Bauman (1991) uses the concept of ambivalence to describe the instruments that pull away from the state. For him, neoliberalism might be interpreted as a late modern ideology. He first establishes the aim of modernity as creating order, but observes that with the onset of the reflexivity of neoliberal subjectivity thanks to the requirements of self-discipline, there must come one or two concessions. Without the absolute (if, as Foucault observes, more effective) control of bodies, it seems clear that there will be a tension between the instruments of the state and the desire to pull away from disciplinary technologies to produce oppositional spaces. These oppositional spaces are what Bauman calls ambivalences, in that they are indifferent towards hegemonic discourse. In an era defined by late modernity, these ambivalences end up being taken on and dressed up as ordered, intelligible and rational phenomena. One such ambivalence might be the fluidity and speed of technological advancements. For Boutang (2011), these technological advances distinguish a new era of capitalism, which he calls cognitive capitalism. The originator of the concept, Boutang points out that it 'in no sense eliminates the world of material industrial production ... rather it rearranges it, reorganises it and alters the positioning of its nerve centres' (Boutang, 2011, p. 48). It becomes a way of asking how capitalism is changing as technology does the same with an increasing rapidity, with both the advent of non-physical commodification and the plurality of ways in which transactions can occur.

Man/men, masculinity/ies, maleness?

How has neoliberalism impacted on gender? To begin with, I need to make clear what I mean when I talk about gender, and that is dependent on what terms I use, and how they are defined. Connell (2005, pp. 68-71) usefully demarcates four possible definitions of gender: essentialist, positivist, normative, and semiotic. Essentialism assumes a continuity between a biologically determined sex and gender. Positivist definitions aim to pin down gender using empirical study of the actions of men and women, also assuming predetermined sex as prior to gender. Normativity tries to read ideal versions of man and woman as a frame through which to interpret individual practices. Finally, gender can be defined semiotically, a series of abstract signs determined by a relation to each other – here, masculinity is defined as not-femininity. Although separating these four definitions is useful, most work on gender uses a number of them as complementary of each other. Indeed, I believe they are all useful ways of defining gender (arguably with the exception of essentialism). Broadly, however, what this shows, to build on my previous arguments, is that gender as a construction is ambivalent to location and explicit definition. It is so hard to define because it happens everywhere. It is only the naming of gender that makes it into something that we understand.

This ambivalence occurs particularly at the level of practice: as much as taxonomisations tries, it rarely seems to describe anything more than ideal or stereotypical conceptions of gender that lived experiences do not often reflect. This is a commonly suggested problem with concepts of womanhood/manhood, masculinity/femininity, male/female and woman/man. To capture exactly how we read and enact gender in ways that often group people only at very general levels, I suggest that the words manness and womanness can be used to refer to temporal sets of ideas that are used to display gender by individual people. One might view these ideas as similar to the concept of queerness,

which acknowledges the internal contradictory mess of non-normative gender (Browne & Nash, 2010); with manness and womanness, I aim to acknowledge the internal contradictory and non-normative mess of supposedly normative gender. This is not to say that I consider the concepts of maleness, men and masculinity to be useless, but that the concept of manness takes what are largely theoretical ideas to an everyday level. Masculinities are taken, therefore, to be inessential. I find manhood useful for describing the way those normative acts are gathered into specific ways of being a man – these do not have to line up with specific masculinity acts, but are normative in a similar way. Manness constitutes the empirical actions relating to manhoods in the everyday, the mess of things going on that we read as acting as a man. Finally, maleness occurs when this manness runs in continuity with those assigned male at birth, or more specifically, what is referred to as cis-gendered men.

Bearing in mind this ambivalence at the level of practice, I will also adopt the concept of performativity as in Butler (1990) and West and Zimmerman (1987). Performativity describes gender as performance, a cluster of practices that, when continually reiterated, become expressible as a coherent idea – hence, my talk of ‘doing’ gender. This also makes insights from psychoanalysis valuable. Certainly for Freud and early psychoanalysts, gender was not coherent and easily locatable, even if psychoanalysis has often been used for essentialist ends. Indeed, for Freud, ‘masculinity ... never exists in a pure state, as the whole being of a man’, so that ‘femininity, too, is always a part of a man’s character’ (Connell, 1994, p. 17). Following the importance of taking into account competing definitions of gender, semiotics certainly speaks to this idea: there is certainly an extent to which masculinity and manness are defined and practised with an awareness of femininity and womanness. Without knowing what those opposites are, one cannot not do them. A useful way of thinking about this is Carl Jung’s concept of the anima, a feminine interior he asserts is suppressed by men. Although close to essentialism, this, as Hauke (2000) argues, can be reconfigured with a more constructivist flavour to become a description of a process of internalised that feminine otherness. Doing manness therefore can be seen to involve an internally repressed womanness, which, through a Foucauldian disciplinary process, is pathologised if revealed during perceived performances of manness.

Post-femininity to post-masculinity and new manhoods

To consider the interaction of these two theoretical strands (neoliberalism and gender), it is useful to take the growing literature on post-femininity and post-feminism as a point of departure. This literature looks at the intersections of the neoliberal subject with performances of womanness (Genz, 2009; Gill & Scharff, 2011; McRobbie, 2009), and how neoliberalism has absorbed and made sense of womanness in its ambivalence. The neoliberal subject might also be seen as one of these ambivalences; being both reflexive and responsible, it appears inherently contradictory, and indeed a further contradiction onto which femininity might need to build. Indeed, Marnina Gonick argues that the discourse of responsibility is at odds with ‘traditional’ femininity, which ‘is being undone through its inclusion in discourses of individualism, rationalism and adulthood’ (Gonick, 2004, p. 207), yet still holding together. Nevertheless, reflexivity is often seen to be an important facet of the domestic sphere, with some suggesting that, in a neoliberal era, ‘women are more appreciated precisely because of the qualitative/adaptive characteristics they are assumed to guarantee’ (Morini, 2007, p. 51). Neoliberal subjectivity might be seen to be, to some extent, breaking down clear gender performance as it seeks ever newer markets.

Like womanness, manness demonstrates a similar reconfiguration of subjectivity. These new subjectivities at the intersection of neoliberalism and men are ‘new manhoods’, presenting a new opportunity for the femininity that inheres within men’s gender performances to be revealed, showing both their arbitrary content and their constructed nature. This is then manifest in practices that are associated with capitalism and the market, such as metrosexuality and the hipster. While it is evident that neither of these performances are inherently subversive (both examples are heavily market-oriented (Hall, 2014; Henke, 2013)), in the same way that neoliberalism rationalises their contradictory natures, so is patriarchy forced to accept that men may, to survive this new configuration of capitalism, have to reveal more femininity. Some of this might be seen in debates surrounding the desirability of emotional and aesthetic labour (Nickson & Korczynski, 2009; Nixon, 2009). At the same time, I believe that articulating these identities in certain ways, and that means in ways that explicitly shows the feminine nature of new manhoods rather than making them more conducive to the perpetuation of patriarchy, they retain the ability to upset patriarchies.

There are useful theoretical guides into the relations between consumption and subversion, and how the former might be able to (perhaps oxymoronically) assist the latter. Michel de Certeau's (1988) *Walking in the City* argues that consumption only gains meaning at the point when the individual consumes, and at that level, the intended market meaning can be challenged or upset. His metaphor, as the title of the piece suggests, is the cityscape, intended by its designers to be used and traversed in certain ways. In reality, those journeys are often ignored by walkers, meaning the possibilities within the cityscape are not limited by its architecture. Instead, consumption offers opportunities to use city spaces in new ways. This demonstrates the importance of the concept of articulation, overcoming the seeming lack of inherent subversion in new manhoods.

Methodology

My aim, then, will be to establish in what ways new manhoods might subvert gender norms. As these practices are defined at several levels, such as what feminine men do, what norms they uphold and where they understand those norms from, my research methodology will require a level of reflexivity and sensitivity to these differing locations of knowledge. Added to this is the performativity of capitalism and neoliberalism's complex internalisation of ambivalence, leading to the suggestion that 'the repertoires of empirical sociology need to be rethought in an age of *knowing capitalism*' (Savage & Burrows, 2007, p. 895). My methodology will borrow from several schools of thought, notably Halberstam's 'scavenger methodology' (Halberstam, 1998). Scavenger methodology, for Halberstam, is one that is sensitive enough to competing locations of data such that it eschews one method of data collection. It should be pointed out that the development of my methodology is at an embryonic stage, but to fully understand male feminine subject formation, I intend to employ two main foci in my research. First, I will employ a frame analysis of male feminine performances on popular culture, and notably on TV and film. Reading from this, I will secondly use both focus groups and interviews with feminine men, performing a similar analysis. In some ways, this methodology will also be emergent (see Hesse-Biber & Leavy, 2006), in that, much like my research itself requires a sensitivity to the location of the data, the analysis of it will have to be sensitive to the nature of the data; in this way, my analysis will partly emerge from having carried out the research. From this, I hope to establish how, and in what ways, new manhoods might subvert gender norms.

References

- Bauman, Z. (1991). *Modernity and Ambivalence*. Cambridge: Blackwell.
- Boutang, Y. M. (2011). *Cognitive Capitalism* (E. Emery, Trans.). London: Polity.
- Brown, W. (2006). American nightmare: Neoliberalism, neoconservatism, and de-democratization. *Political Theory*, 34(6), 690-714.
- Browne, K., & Nash, C. J. (Eds.). (2010). *Queer Methods and Methodologies: Intersecting Queer Theories and Social Science Research*. Farnham: Ashgate Publishing Ltd.
- Butler, J. (1990). *Gender Trouble* (2 ed.). Oxford: Routledge.
- Cixous, H. (1976). The Laugh of the Medusa. *Signs*, 1(4), 875-893.
- Connell, R. W. (1994). Psychoanalysis on masculinity. In H. Brod & M. Kaufman (Eds.), *Theorizing Masculinities* (pp. 11-38). London: SAGE.
- Connell, R. W. (2005). *Masculinities* (2 ed.). Cambridge: Blackwell.
- de Certeau, M. (1988). *The Practice of Everyday Life* (S. Rendall, Trans.). London: University of California Press.
- Duggan, L. (2004). *The Twilight of Equality?: Neoliberalism, Cultural Politics and the Attack on Democracy*. Boston, MA: Beacon Press.
- Genz, S. (2009). *Postfemininities in Popular Culture*. Basingstoke: Palgrave Macmillan.

- Gill, R., & Scharff, C. (Eds.). (2011). *New Femininities: Postfeminism, Neoliberalism and Subjectivity*. Basingstoke: Palgrave Macmillan.
- Gonick, M. (2004). Old plots and new identities: Ambivalent femininities in late modernity. *Discourse: Studies in the Cultural Politics of Education*, 25(2), 189-209.
- Halberstam, J. (1998). *Female Masculinity*. London: Duke University Press.
- Hall, M. (2014). *Metrosexual Masculinities*. Basingstoke: Palgrave Macmillan.
- Hauke, C. (2000). *Jung and the Postmodern: The Interpretation of Realities*. London: Routledge.
- Hearn, J., & Kimmel, M. S. (2006). Changing studies on men and masculinities. In K. Davis, M. Evans & J. Lorber (Eds.), *The Handbook of Gender and Women's Studies* (pp. 53-70). London: SAGE.
- Henke, K. (2013). Postmodern authenticity and the hipster identity. *Forbes and Fifth*, 3(1), 117-129.
- Hese-Biber, S. N., & Leavy, P. (2006). *Emergent Methods in Social Research*. London: SAGE.
- Lemke, T. (2001). 'The birth of bio-politics': Michel Foucault's lecture at the Collège de France on neo-liberal governmentality. *Economy and Society*, 30(2), 190-207.
- McRobbie, A. (2009). *The Aftermath of Feminism: Gender, Culture and Social Change*. London: SAGE.
- Moi, T. (Ed.). (1986). *The Kristeva Reader*. Oxford: Blackwell.
- Morini, C. (2007). The feminization of labour in cognitive capitalism. *Feminist Review*, 87(1), 40-59.
- Nickson, D., & Korczynski, M. (2009). Editorial: Aesthetic labour, emotional labour and masculinity. *Gender, Work and Organization*, 16(3), 291-299.
- Nixon, D. (2009). 'I can't put a smiley face on': Emotional labour and service work in the 'new economy'. *Gender, Work and Organization*, 16(3), 300-322.
- Pascoe, C. J. (2005). 'Dude, you're a fag': Adolescent masculinity and the fag discourse. *Sexualities*, 8(3), 329-346.
- Savage, M., & Burrows, R. (2007). The coming crisis of empirical sociology. *Sociology*, 41(5), 885-899.
- Schippers, M., & Sapp, E. G. (2012). Reading *Pulp Fiction*: Femininity and power in second and third wave feminist theory. *Feminist Theory*, 13(1), 27-42.
- Serano, J. (2007). *Whipping Girl: A Transsexual Woman on Sexism and the Scapegoating of Femininity*. Berkeley, CA: Seal Press.
- Thrift, N. (2005). *Knowing Capitalism*. London: SAGE.
- West, C., & Zimmerman, D. H. (1987). Doing gender. *Gender and Society*, 1(2), 125-151.

Section 4 – Societal issues

Exploring undergraduate students' perceptions and experiences of computing and engineering work placements

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The focus of the current research is the qualitative exploration of how students in the subjects of computing and engineering in one UK university experience their undergraduate placements, and in particular an emphasis is placed on understanding the process of learning and development perceived to occur whilst on placement. At present the research is still in the data collection phase, but before discussing my own approach and intended contributions to study the area of placements, the relevant background research will be briefly reviewed.

As a research student in the area of psychology, I am often asked why I elected to study placements in computing and engineering specifically, presumably due to the lack of a discernible link between the subjects of choice and my own. Primarily, computing and engineering placements were selected due to their lack of prevalence in the pre-existing placement literature. This might not initially seem of note, but it is somewhat more surprising when considering that placements originated in the discipline of engineering before later being incorporated across a broader range of subject areas (Little & Harvey, 2007). I had therefore anticipated a greater amount of placement literature to have been dedicated to this subject. Additionally the Higher Education Statistics Agency (HESA, 2014) indicated that the subjects of computer sciences and engineering had the highest percentage of students failing to continue into the second year of their degree in 2014, a pattern which had been reflected in the years prior. In the knowledge that computer sciences and engineering had such significant drop out percentages (9.8% and 7.2% respectively) my research posits there to be a necessity for further study in these areas, with a requirement for at least part of this additional research being dedicated to the understanding of work placement experiences, as work placements have gained prominence across growing numbers of UK undergraduate degrees (Heyler & Lee, 2014). This increase in placement inclusion is in large part due to placements being advocated in numerous government backed reports such as the NICHE (1997) Dearing Report, The Wilson Review (2012) and the Higher Education Academy's Pedagogy for Employability (2012).

Reports such as these emphasised the inclusion of worked placements with the intention of establishing greater links between higher education institutions and industry (Little & Harvey, 2007) and to enhance student employability and promote skills development (Wilton, 2012). For engineering students in particular this is of great importance as the percentage of employers stating engineering, IT and technical recruits did not meet reasonable expectations of skill has increased for the ninth consecutive year, rising to 44% (The Institute of Engineering and Technology, 2014).

Unsurprisingly, when considering how strongly work placements and their benefits have been emphasised in reports such as these, the objective of a great deal of research in the area of placement has been to determine the impact of placement participation on an array of outcomes. Studying placement outcomes is an essential avenue of exploration when considering the time, effort and expense that is allocated to placement programmes, be that for the placement provider, university or the student. Each stakeholder needs to know that placements are a worthwhile endeavour. Of particular focus in this strand of research are employability outcomes, and literature with this focus consistently demonstrates a positive effect. Employability focused research has demonstrated placements value in contributing to students' increased confidence in their employment prospects (Bullock et al, 2009), strengthened idea of their career direction (Reddy & Moores, 2006), improved starting salary, in addition to placement students having a greater likelihood of gaining a graduate position within six months of graduation (Moores & Reddy, 2012).

Employability, however, is just one strand of the outcome focused research in the area of placements. Additionally, academic improvements have been consistently indicated in response to placement participation (Green, 2010; Little & Harvey, 2007; Mansfield, 2011). Literature has also considered the impact of placements on outcomes such as personal satisfaction, confidence, and motivation; however outcome literature looking beyond its impact on employability and academia is sparse.

In addition to outcome based research, a review of the literature suggests the other key research strand in this area considers practice and best practice on placement. Here research questions what practices occur on placements, and which of these practices best contribute to those outcomes discussed earlier. This is a consideration which will feature within my own research, as my study aims to contribute an explanation of the process of learning and development on placement and in doing so will need to explore the practices which enable or disable students' successful participation in the work placement context. However, the way this is approached in past literature differs to my own approach.

One approach favoured in the study of work placement practices has been to request that participants complete surveys investigating which elements of placement practice contributed to aspects of their development, e.g. Jackson (2014), and Petrilă et al (2015). An alternate method frequently used is to redesign a placement model or programme and compare the new outcomes with the outcomes from the old design and this demonstrates if the changes are impacting learning, for instance Curtis et al (2009), Stanley (2013) and Webb and Hayes (2008), and this allows placements to continually evolve and improve.

Whilst this is not an extensive overview of the current literature in the area of placement learning, the intention is to demonstrate some of the more relevant research trends for the current research and to demonstrate that the work done in the area thus far is of great value. I believe my own approach to researching this topic, however, could contribute to the understanding of placement experiences in a way which is limited in the current research.

At present a great deal of the placement literature, particularly that which is focused on outcomes, is quantitative in nature, and so does not provide an insight into what students actually experience whilst on placements. Whilst the qualitative research in the area is able to describe what takes place on placement and the resultant outcomes, the majority do not offer any actual explanation of the process of learning and development that is taking place to result in these outcomes, as the majority of the current literature is not theoretically underpinned (Coll et al, 2009).

The current research is aimed not only toward demonstrating what students experience whilst on placement, and not simply what learning and development takes place, but additionally I aim to offer theoretically underpinned explanations as to how this development may be occurring in response to placement participation. To assist in the formulations of these explanations, the study will draw upon a combination of sociocultural theories: Bronfenbrenner's Bioecological Theory (1999), Vygotsky's (1978) Social Constructivist Theory, and Lave and Wenger's (1991) Communities of Practice Theory. Due to the complexity and depth of these theories, they will not be discussed in any detail at present. However, it is important to demonstrate the emphasis they place on considering learning in its social, cultural and historical context. Instead of understanding learning as a relatively simple process of knowledge acquisition which can be understood in isolation from its context, these theories view learning as synonymous with experience. Learning takes place through interactions with and participation in our social environment and as such any research on how people learn needs to understand the context in which this learning takes place. For this reason this theoretical framework will not only be used to assist in the interpretation and explanation of the research findings, but has also been used at the stage of data collection such as by guiding the methods of data collections selected to be appropriate, informing the kinds of consideration made and questions asked. To offer an explanation as to how the participants developed in response to their placement, there must be an understanding of the immediate and wider social influences impacting upon their experiences. In doing so I am hoping that I will be able to provide a contextualised account of the students' placement participation and offer an explanation of the learning processes taking place throughout their placement journey.

In discussing my approach to achieving my studies aims, I had considered simply describing my method as it currently stands. However, as a PhD student relatively new to the world of research I have found there to be a steep learning curve, and the gradual evolution of my method throughout the course of the study demonstrates this. Whilst responding to the frequent challenges that arise in real research and adapting my plans as necessary has at times been difficult, it arguably demonstrates the level of flexibility and resilience needed in post-graduate study.

Initially an ethnography seemed the most appropriate method of data collection. Typically this involves the use of observations, interviews and document analyses, which I'd hoped would allow the observation of learning in context and gain insights into the perceptions, expectations and practices in relation to

placements. However, due to the nature of placement location and organisation and the limited time frame for data collection, I felt observations may not be entirely feasible; a quasi-ethnography however was considered a strong alternative. This would involve the retention of the document analyses and interviews, however the observations would be replaced with social media group discussions.

It was originally intended that the data collection would begin with pre-placement interviews with around ten participants. At this stage questions would explore the student's academic journey so far, their expectations and hopes for placements etc. Following this stage it was anticipated I would recruit around twenty participants to join a private social media research group I had developed and within this group I would gather regular updates on their placement experiences as they were occurring. A question would be posted weekly and the group would also be encouraged to converse with each other about their experiences and offer support and advice so that they too could gain something from the research experience. Upon returning to University ideally the initial ten students would be invited to post-placement interviews in which their transition back to university could be explored.

Unfortunately this method could not be implemented in the manner described above. My contact in the relevant University department was very supportive of the research due to its perceived practical applications, and so I was invited to a placement lecture whereby students who were just about to go on placement would gain some last minute advice. It was anticipated that 300 pre-placement students in computing and engineering would attend. Based on this information, gathering 20 participants from this recruitment opportunity appeared achievable. However, due to a combination of my stage-fright and a lack of recruitment experience, only three students stated their interest. This lecture was the last opportunity to gather participants for pre-placement interviews, as immediately afterwards students were beginning their placements.

Based on this unforeseen issue the method was altered to include only the social media group discussions and one post-placement interview with the cohort who had already returned from placement, to gain their reflective experiences of placements and the return to university. In addition to this setback another soon followed, when I learned that the department could no longer facilitate research recruitment and the only remaining option for recruitment was now social media. In response to this new change in recruitment permission I placed a link to the recently developed private research group on all the relevant pages and groups on Facebook, along with some information as to what the study would entail. In addition all the necessary documentation such as information sheets, consent form, duty of care statements were uploaded to the research group so that they were easily accessible. This method of recruitment proved quite effective, with 38 participants joining my group in less than two weeks.

At present there is a limited understanding of how effective social media is as a tool for research (Nicholas & Rowlands, 2011). From my own experience in this study in many ways it has been an extremely useful tool. Whilst I initially had 38 participants join the group, my weekly question received on average three responses, which has steadily declined from the earlier questions which averaged around seven responses. However, whilst the response rate has not been as high as anticipated and whilst the group conversations and advice have not really come to fruition, I have found that the limited responses the questions do encourage are extremely rich and will be of great value to the analysis stage of the study. My participants are able to share in depth their experiences on placement as they take place and still provide an idea of the placement context due to the nature of the questions asked. In addition, seven semi-structured interviews have already been conducted in response to successful social media recruitment and a further three are in the process of being arranged.

Whilst social media has been an excellent tool for recruitment in addition to allowing me to gather rich detailed data, it has also been useful as a tool of communication whereby I have been informed of other potential data collection opportunities. On one Facebook page I was informed of a placement question and answer lecture which takes place at the end of each year. In response to this information, permission to attend was sought and observations of this lecture (pending ethics approval) will be conducted and should make a valuable addition to the study data. On another page I learned of a girls' group where fourth year computing and engineering students intend to guide younger students in relation to various elements of academia including placements, and these too will be observed to be included as data in the research.

As is evident, my method of recruitment and data collection has adapted over time. In many respects the study will need to combine data from multiple sources. Of course these methods of data collection

are unable to provide the rich contextual data that observations would afford. However, in part, combining the data that has arisen from each of these opportunities may provide a better sense of the placement experience than simply following the participants through their placement journey, as it has allowed for information to emerge that may not have been evident during what would have been very short placement observations or may not have arisen during interviews due to my own lack of placement experience.

Data collection is now anticipated to continue until around November 2016; after this point a theoretical thematic analysis will take place. I am hopeful that based on the theoretical analysis of this new data my research can make a valuable contribution to the literature in the area, in addition to having practical applications for placement providers and university staff charged with the task of continuing to monitor and improve UK university work placements in computing and engineering.

References

Bronfenbrenner, U. (1999). Environments in developmental perspective: Theoretical and operational models. In Friedman, S.L. & Wachs, T.L. (Eds) *Measuring environment across the life span: Emerging methods and concepts*, 3-28. Washington DC: American Psychological Press.

Bullock, K., Gould, V., Hejmadi, M., & Lock, G. (2009). Work placement experience: should I stay or should I go? *Higher Education Research & Development*, 28(5), 481-494.

Coll, R. K., Eames, C. W., Paku, L. K., Lay, M. C., Hodges, D., Bhat, R., Ram, S., Ayling, D., Fleming, J., Ferkins, L. & Wiersma, C & Martin, A. (2011). An exploration of the pedagogies employed to integrate knowledge in work-integrated learning. *Journal of Cooperative Education and Internships*, 41(1), 14-35.

Curtis, S., Axford, B., Blair, A., Gibson, C., Huggins, R. & Sherrington, P. (2009). Making Short Politics Placements Work. *Politics*, 29(1), pp. 62-70.

Green, P. (2011). The impact of a work placement or internship year on student final year performance: An empirical study. *International Journal of Management Education* 9 (2), 49-57. doi:10.3794/ijme.92.316

Little, B., & Harvey, L. (2007). UK work placements: a choice too far? 1. *Tertiary Education and Management*, 13(3), 227-245.

Helyer, R., & Lee, D. (2014). The Role of Work Experience in the Future Employability of Higher Education Graduates. *Higher Education Quarterly*, 68(3), 348-372.

Institute of Engineering and Technology [IET] (2014) *Skills and Demand in Industry: Annual Survey 2014*, Stevenage. <http://www.theiet.org/factfiles/education/skills2014-page.cfm>

Jackson, D. (2015). Employability skill development in work-integrated learning: Barriers and best practice. *Studies in Higher Education*, 40(2), 350-367.

Lave J & Wenger E (1991) *Situated Learning: Legitimate Peripheral Participation*, Cambridge: CUP

Mansfield, R. (2011). The effect of placement experience upon final-year results for surveying degree programmes. *Studies in Higher Education*, 36(8), 939-952.

Moore, E., & Reddy, P. (2012). No regrets? Measuring the career benefits of a psychology placement year. *Assessment & Evaluation in Higher Education*, 37(5), 535-554.

NCIHE (1997). *Higher education and the learning society, main report* (National Committee of Inquiry into Higher Education – the Dearing Report), London: The Stationery Office.

Nicholas, D., & Rowlands, I. (2011). Social media use in the research workflow. *Information Services and use*, 31(1-2), 61-83. doi:10.3233/ISU-2011-0623

Pegg, A., Waldock, J., Hendy-Isaac, S., & Lawton, R. (2012). *Pedagogy for employability*. York: The Higher Education Academy.

Petrila, A., Fireman, O., Fitzpatrick, L. S., Hodas, R. W., & Taussig, H. N. (2015). Student Satisfaction with an Innovative Internship. *Journal of social work education, 51*(1), 121-135.

Reddy, P., & Moores, E. (2006). Measuring the benefits of a psychology placement year. *Assessment & Evaluation in Higher Education, 31*(5), 551-567.

Wilton, N. (2012). The impact of work placements on skills development and labour market outcomes for business and management graduates. *Studies in Higher Education, 37*(5), 603-620.

Stanley, T. (2013). Bridging the gap between tertiary education and work: situated learning in accountancy. *Issues in Accounting Education, 28*(4), 779-799. DOI: 10.2308/iace-50527.

Vygotsky L S (1978) *Mind in society: The development of higher psychological processes*. Harvard University Press, Cambridge MA.

Webb. R.M. & Hayes. J.F. (2008). Work Integrated Learning: Will it Work for Spatial Science Wilers? In McDougall, Kevin, Eds. *Proceedings Queensland Spatial Conference, Gold Coast, Qld, Australia*.

Wilson, T. 2012. *Review of business–university collaboration*. London: BIS.

G R O W T H M I N D S E T

I N A C T I O N

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Inspiring tomorrow's professionals



Research begins with planned actions

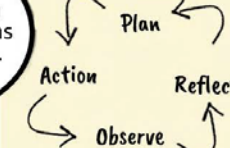
Key Questions

- How can we get children to learn more effectively?
- How can we implement Growth Mindset into our school?
- How will Growth Mindset impact on pupil's well-being?
- What are our challenges?

We reflect on what we see with respect to our aims self, and context.

Action Inquiry

Wadsworth (2015)



- Action - Being experimental
- Observe - Hypothesis testing and inductive moments
- Reflect - Abductive moments
- Plan - Hypthetico-deductive moment
- New Acting - Continuous process

We then observe the Growth Mindset intervention

Then we plan for future actions and the cycle continues

This project is about the integration of Growth Mindset psychology, as theorised by Carol Dweck (2006), into a large primary school (500+ pupils) situated in a disadvantaged area of South Manchester.

This is participatory research where I am among 'co-researchers' planning, doing, observing and reflecting on professional practice. This means that each 'co-researcher' subjectively contributes to their own, and group, learning cycles. I am positioned in two roles, as a school counsellor who observes for clinical purposes, but also as a researcher providing psycho-analytical observations as reflective

data for the planning and delivery of new Growth Mindset orientated teaching interventions.

The impact of this research is primarily focused on the context which it is placed. However, it is the first extended observational account of the real-world integration of Growth Mindset psychology into a school setting. Thus providing an interesting account of a popular, contemporary, and psychologically grounded approach to teaching.

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- Dweck, C. S. (2006). *Mindset: The new psychology of success*. Random House, New York
- Wadsworth, Y. (2015). Shared Inquiry Capabilities and Differing Inquiry Preferences: Navigating "Full Cycle" Iterations of Action Research. In H. Bradbury (Ed.), *The SAGE Handbook of Action Research* (Third Edit., pp. 750-759). London: Sage.

'A comparative study exploring police discretion, police methods and tools whilst addressing anti-social behaviour amongst young people in Poland, England and Wales'

Literature Review

Anti-social Behaviour (ASB) has become a popular key topic of public and political concern in the UK, which can be confirmed by looking into recent governments policy changes; Crime, ASB and Policing Act (2014) and media. However, **the definition of ASB** as well as different methods of policing it; zero-tolerance policing, community policing or neighbourhood policing which have been adopted in the UK since 2004 onwards have been well under-researched in Poland.

As the field of policing is actually in a state of constant change, it is vital to explore the recent **methods of policing ASB** implemented by Police in both countries to develop a better understanding of the relationships between cop culture, practice and the acculturation process and learn how police officers interact with members of the public, particularly with young people.

This approach will not only help a researcher to construct the operational and theoretical base of **police discretion**, as it has been argued police officers are a heterogeneous group who carry with them a history of learning, socialisation, of values, beliefs and personal ideologies that affect their interpretation of the police role and their adjustment to the demands of police work but also, test already existing hypotheses surrounding the notion of police culture or police (canteen) sub-culture, which will be beneficial to both police service organisations and other partner organisations in informing/improving their future practice in general.

The aims of the research

The aims of the research is to answer the following four questions:

1. Do definitions of ASB differ between the police in Poland, England & Wales?
2. What is the nature of police discretion, while addressing ASB amongst young people (under 18 years old) in Poland, England & Wales?
3. What extent does the police discretion differ between the police in both countries?
4. What is the nature of modern policing to tackle ASB amongst young people in Poland, England & Wales?

Methodology

The research uses a mixed method approach;

- 32 semi-structured interviews; 4 ASB scenarios with 32 officers; 8 observations.



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THE LIVED EXPERIENCE OF YOUNG PEOPLE WHO HAVE ALOPECIA: PATIENT AND RELATIVES' PERSPECTIVES

Amrit Bhatti Supervisors: Joanna Smith & Alison Rodriguez

Q?

Key questions for stage one (relatives' experiences)

BACKGROUND INFORMATION

- Alopecia areata is a dermatological disorder in which individuals lose **some or all of their hair**. Although this can be on the scalp, alopecia can also occur on other parts of the body where hair would usually grow.
- Alopecia is a chronic inflammatory condition, and can occur at any age but is **most prevalent for individuals aged 15-29** (NHS, 2015).
- In the UK, Alopecia affects **1.7% of the population**. Alopecia can also affect those with cancer. There are around **2,300** new cases of cancer in teenagers and young adults each year (Cancer Research UK, 2015).

WHY CONDUCT THIS STUDY?

Little is known what it is like for young people to have alopecia, such as what it means to them and how it could affect them. The **AIM** of the research is to explore the lived experiences of 15 young people (10-19) who have alopecia and 15 relatives (parents/legal guardians, partners, grandparents, and siblings).

KEY OBJECTIVES INCLUDE:

- To examine the alopecia related experiences of young people and relatives.
- To investigate the perceived perceptions of support available for young people with alopecia.
- To identify the needs of young people with alopecia and their relatives.

References
Bhargava, K., Fenton, D., Chambers, L., & Taitelbaum, I. (2015). Alopecia areata and its impact on young people. *Dermatological Nursing*, 24(1), 24-31. Cancer Research UK. (2015). Teenagers' and young adults' cancers statistics.
Kinahan, K. E., Sherry, L. K., Seidel, K., Leemann, W., Dillworth, A., Lacobuzius, M. E., ... & Kral, K. R. (2012). Starring, disfigurement, and quality of life in long-term survivors of childhood cancer: a report from the childhood cancer survivor study. *Journal of Clinical Oncology*, 30(2), 2013-2019, 2013.
NHS (2015). Hair loss. Retrieved 10/07/15, 2015. From <http://www.nhs.uk/conditions/hair-loss/>
Smith, J., Flowers, P., & Larkin, M. (2009). Interpretative Phenomenological Analysis: Theory, method and research. London: SAGE Publications.
Tucker, P. (2009). Bald is beautiful? The psychological impact of alopecia areata. *Journal of Health Psychology*, 24(1), 142-151.



PREVIOUS RESEARCH

According to Bhargava et al. (2015), there is a need to explore the impact of hair loss on a younger population. There is limited research on young people with alopecia generally, and studies which explore the experiences of alopecia tend to focus more on **body image concerns** rather than investigating alopecia as an **independent measure/phenomenon**.

Tucker (2009) systematic review of 19 studies (adult samples) concluded that "It is apparent that alopecia areata causes dramatic and devastating emotions in patients, which can negatively impact their self-esteem, body image, and/or self-confidence," (Tucker, 2009, p. 142).

Kinahan et al. (2012) found that hair loss was associated with depressive symptoms and anxiety for childhood cancer survivors.

METHODOLOGY



- This is a staged design in which I will look at the experiences of relatives in the first stage of the work, and patients in the second.
- Participants are recruited through an advertisement placed on the Alopecia UK website.
- The interviewer sends the participants one question a week over the course of six weeks via email, in which individual and personal 'probe' questions are sent based on their initial response.
- The transcripts will be analysed using Interpretive Phenomenological Analysis (Smith, Flowers and Larkin, 2009).

Going back to the very first time X lost their hair - could you tell me what happened?

What has been the impact of X's alopecia on you? Can you describe a recent occasion where this has occurred?

What has been the impact of X's alopecia on other people close to you?

I'd like you to think about the time your relative had attended school during a period in which the alopecia was most prominent. Could you describe how you felt during this time?

What support have you received?

Has anyone spoken to you about your own needs of having a family member with alopecia? What would you consider your needs to be?

RESULTS

Data collection is currently underway. Below are some quotations given by **relatives**.

'children started to make fun of him and would run around the playground and take his hat off him. This left him feeling very upset and we had several conversations about 'why me?' and 'I wish I wasn't here' and 'no-one will ever want to love me'

'She worried that people would think she was a boy. In many ways it was like a loss of self - and she isn't a shrinking violet, she has always been quite a feisty wee girl, but the alopecia crushed her for a while.'



'It's made me feel very guilty & helpless. That I can't solve it or give him the answers he wants. I have two other children but Adam has become the focus as he's very emotional so house is in a constant state of high alert/emotion.'

'No words can describe how frightened and sad I was when Nathan lost his hair. To see my son afraid, bewildered and devastated when he could see all his hair was falling out broke my heart... I became really depressed for a long time'

Children's preferences in play – an exploration of traditional play in the natural environment

Developed by Saira Bibi (2016)
Department of Human and Health Sciences, University of Huddersfield

Introduction

Research studies show that the natural environment is an ideal place for children to dwell in (Aaron and Witt, 2011). However in the context of consumerism, ICT and the commodification of children's play there are concerns that play in the natural environment may be changing the nature of children's play. Unlike previous research that has explored how important experiences of nature are during childhood (Pretty et al, 2009), this research is investigating how often children are exposed to nature and to what extent traditional play (any form of play which is performed in the natural environment without the use of manmade artefacts) exists in their playful lives.

The aims of the study are to explore whether traditional play exists in children's lives and whether the amount of traditional play they engage in varies according to their gender and socio cultural background. It is important to look at cultural and gendered related influences because they play a major role in how children are brought up in their social environment which affects their social experiences, thoughts and behaviours.



Methodology

This research has a child centred methodology which recognises children's perspectives by listening to them about what they enjoy playing and where they enjoy playing (Clark and Moss, 2011). The process of data gathering for this research is organised into two phases.

In the first phase of data gathering 24 children aged 7-9 years from Yorkshire participated in drawings, taking photographs, talking about their photographs and showing the researcher where they play (incorporated the methodological pieces of the Mosaic approach, Clark and Moss, 2011).

The second phase of data gathering involved a semi structured interview with the children's parents and guardians. The interviews helped explore parents and guardians' views on traditional play and also further enhanced our understanding of their children's play.

Literature cited

Aaron, R.F., and Witt, P.A. (2011) Urban students' definitions and perceptions of nature. *Children, youth and environment*

Clark, A. and Moss, P. (2011) *Listening to young children. The Mosaic approach*. NCB. Second edition

Glaser, B.G., and Strauss, A.L. (1967) *Discover of grounded theory: strategies for qualitative research*. Chicago: Aldine

Pretty, J., Angum, C., Bain, M., Barton, J., Gladwell, V., Hine, R., Pilgrim, S., Sandercock, G., and Sellens, M. (2009) *Nature, childhood, health and life pathways*. Interdisciplinary centre for environment and society (iCESA). Occasional paper

Results

The findings are currently being analysed using grounded theory (Glaser and Strauss, 1967). Grounded theory recognises patterns in the research concept by opening core categories that have general implications. These core categories further enhance the research concept.

Current research photographs



Conclusion

This research will improve our understanding of children's experiences of nature and help us understand the complex relationships that influence their play experiences. It will also enable researchers and parents to recognise what children's interests lie in.

The influences of class, gender and ethnicity on securing a graduate job



Introduction

Over the last 50 years participation rates in higher education have risen from 5% in 1963 to 49% in 2012 (BIS, 2014). While leading to a better qualified population it also means that the graduate job market is increasingly competitive with a degree no longer being sufficient to secure high-level employment (Tomlinson, 2008). Universities have therefore placed the concept of employability upon their strategic agendas but it must be questioned if this approach is sufficient to help students prepare themselves for employment.

Definitions of Employability

There are numerous definitions of the term with highly cited ones including:

'a set of achievements – skills, understandings and personal attributes – that makes graduates more likely to gain employment and be successful in their chosen occupations, which benefits themselves, the workforce, the community and the economy.' (Yorke, 2006 p8)

"Employability is having a set of skills, knowledge, understanding and personal attributes that make a person more likely to choose and secure occupations in which they can be satisfied and successful." (Dacre Pool & Sewell, 2007 p280)

There is no agreed list of employability skills but popular ones include:

- Communication
- Problem solving
- Critical thinking
- Personal effectiveness



And should be accompanied by personal attributes such as:

- Honesty
- Integrity
- High level of motivation



Models of Employability

Models of employability help map out the process of how students can acquire these skills and abilities while at university. Dacre Pool and Sewell's (2007) model is multi-stage, acknowledging the development of a wide range of attributes before a student reflects on how they have become employable. This then allows them to position themselves in the graduate labour market.

Figure 1. The essential components of employability



(Dacre Pool & Sewell, 2007, p280)

Employability models adopt a career focus and assume that by progressing through the different stages students have the ability to secure a job. The recruitment process for the leading, large scale graduate schemes typically comprises an online application form, psychometric tests, telephone/video interview, assessment centre before a final face-to-face interview.

In reality, many graduates struggle to find employment that is commensurate with their level of qualifications. Three key factors influence graduate employment outcomes:

Class, Gender and Ethnicity

(Moreau & Leathwood, 2006).

Therefore, females, ethnic minority and working-class students face structural barriers that cannot simply be overcome through employability initiatives (Okay-Somerville & Scholaris, 2015).

Research Methods

The theoretical framework for this research is based on Bourdieu's (1977) triadic concepts of capital, field and habitus. These 'thinking tools' will be used to analyse the experiences of final-year undergraduates as they search for work. The relationship between these concepts can be expressed as:

$$[(\text{habitus})(\text{capital})] + \text{field} = \text{PRACTICE}$$

(Bourdieu, 1984 p95)

Semi-structured Interviews were completed with 31 final-year students from a range of courses across the university. Interviewees were selected so that their personal circumstances would allow the three influencing factors of class, gender and ethnicity to be explored in relation to graduate employment. Follow up interviews were completed with 19 respondents twelve months after graduation to discuss their experiences upon entering work.



Using Bourdieu's concepts, an initial thematic analysis will summarise the key research findings. Narrative analysis will then be used to explore the interviews in depth with a number of respondents being selected to present their experiences as 'stories'. These stories will be based on the three key structural barriers that are the foci for this research to discuss their impact upon graduate employment.



Early Findings

- Graduates do not face equal opportunities for employment upon completing their studies.
- Persistent structural barriers influence engagement with graduate recruitment processes. These processes usually search for inherent attributes that cannot easily be acquired through employability skills (Mason, Williams & Cranmer, 2009).
- Experiences and opportunities prior to university have a significant impact on employment outcomes.
- Employability models need to be developed to factor in structural barriers based on class, gender and ethnicity.
- Bourdieu's (1977) tools of capital and habitus can be used to analyse the field of graduate employment.
- By understanding their relative positions in social space and equipped with a knowledge of how the field operates, graduates can potentially improve their employment opportunities by engaging more strategically with recruitment processes.
- To support this universities need to tailor employability initiatives to meet individual student needs rather than pursuing the current broad-based careers approach.

References

Bourdieu, P. (1977). *Outline of a Theory of Practice*. Cambridge: Cambridge University Press.
Bourdieu, P. (1984). *Distinction*. Abingdon: Routledge.
Dacre Pool, L., & Sewell, P. (2007). The Key to Employability: Developing a Practical Model of Graduate Employability. *Education + Training*, 49 (4), 277-289. doi:10.1080/00400910701754435
Department for Business, Innovation and Skills. (2014). *Participation Rates in Higher Education: Academic Years 2006/2007 – 2012/2013*. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/347064/h1e11r.pdf
Mason, G., Williams, G., & Cranmer, S. (2009). Employability Skills Initiatives in Higher Education: What Effects do they have on Graduate Labour Market Outcomes? *Education Economics*, 17(1), 1-20. doi:10.1080/09645290802028115
Moreau, M.-P., & Leathwood, C. (2006). Graduates' Employment and the Discourse of Employability: a Critical Analysis. *Journal of Education and Work*, 19 (4), 305-324. doi:10.1080/13639060600607083
Okay-Somerville, B., & Scholaris, D. (2015). Position, Possession or Process? Understanding Objective and Subjective Employability during University-to-work Transitions. *Studies in Higher Education*, 1-17. doi:10.1080/03075079.2015.1091813
Tomlinson, M. (2008). 'The Degree is not enough': Students' Perceptions of the Role of Higher Education Credentials for Graduate Work and Employability. *British Journal of Sociology of Education*, 29 (1), 49-61. doi:10.1080/01422690701737457
Yorke, M. (2006). *Employability in Higher Education: What it is - What it is not*. Learning and Employability Series 1. York: Higher Education Academy. Retrieved from <https://www.heacademy.ac.uk/initiatives/employability-higher-education-what-it-is-what-it-is-not>

The Criminal Experience

Exploring the Relationship between Narrative Roles and Emotion across Person and Property Offenders

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Introduction

"Through his actions, the criminal tells us about how he has chosen to live his life. The challenge is to reveal his destructive life story, to uncover the plot in which crime appears to play such a significant part" (Canter, 1994, p.299).

- Canter (1994) claims that criminals are not a random sample of the general population, but are individuals whose life stories have become ill-formed or confused, and like the general population, offenders see themselves as playing a particular role through their day to day lives.
- It is therefore hypothesised that in any given criminal context there will be a dominant role that each criminal will take, and this role will relate directly to a recognisable overall life story narrative.
- Through the self-reflective exploration of offending behaviour, four themes of narrative roles have emerged, all of which reflect the outstanding literature devised by Frye (1957) and McAdams (1988). These are: **The Hero, The Professional, The Revenger and The Victim**.
- Also known to influence behaviour are emotions, and although there is a large body of research investigating the emotions experienced by a 'normal' population, there has been little attention paid to the emotional state of a criminal. Even more so, there is a lack of research investigating the emotional experience of an offender while he or she is committing the offence, despite motivation being key to the majority of offending theory.
- Mancuso (1985, as cited in Miall, 1989) suggested that the type of emotion is dependent on the current role of the individual, and roles provide the psychological framework for making sense of emotions, as well as the broader world. Although there is considerable case study evidence to support this hypothesis, little has been done in the attempt to associate narrative themes and emotion on a larger scale.
- An initial study of narrative roles and emotions, suggested a link between Russell's (1997) circumplex of emotions and the four narrative role themes suggested by Frye (1957) and McAdams (1988), and so the current study aims to fill such gap, by exploring the similarities between themes of narrative and emotional experience.

Method

Twenty-nine adult male offenders participated in the study (N=29). The age range of participants was from 20 years of age to 66 years, with a mean age of 31 (M= 30.7, SD= 13.15). Out of the 29 offenders, 14 were in custody for sexual offences and 15 were in custody for burglary.

A self-report questionnaire was used within the study, in order to obtain sensitive data. The questionnaire consisted of four sections, and each participant was asked to complete each section-

1. Demographics and Offending History
2. Description of Crime
3. Emotions Statements
4. Narrative Role Questionnaire (NRQ)

Smallest Space Analysis

Smallest space analysis (SSA) is a non-metric, multidimensional scaling procedure (Lingoes, 1973), based on the assumption that the underlying structure will most readily be appreciated if the relationship between every variable and every other variable is examined (Canter, 1985). An examination of the raw mathematical relationship between all the variables would be difficult to interpret, so a geometric (visual) representation is produced.

Study 1

Study 1 aimed to investigate whether emotional themes and the circumplex of emotion can be identified among person and property offenders. To test the relationship between each of the variables, the data was subject to SSA. The null hypothesis was that the variables would have no clear relationship to one another, and this would be displayed in the results from the SSA.



Results from a Smallest Space Analysis (SSA) suggested two distinct themes of emotion, which were experienced during sexual offending. These two themes of emotions, which were evident in the SSA, appeared to share the same underlying themes of affect; pleasure/displeasure.

Next, a Smallest Space Analysis (SSA) was conducted on the emotional experience reported by acquisitive offenders. The results also suggested two distinct themes of emotion (pleasure/displeasure); however, the divide was not as clear as that found in sexual offending.



The final objective of study 1 was to compare the emotional experience during person and property crimes. Overall, the findings were relatively consistent, with both crime types producing SSA plots which support the pleasure/displeasure model of emotion.

The differences between the two offence types were within specific variable comparisons-

- Sexual offenders reported higher scores for those emotions associated with a pleasurable experience
- Acquisitive offenders on the other hand, reported higher scores for those emotions associated with a displeasurable experience

Study 2

Study 2 aimed to investigate whether the overall structure of roles that person and property offenders see themselves acting out when committing their crimes, could be differentiated in terms of different role themes, e.g. Adventure (Hero), Professional, Revenger, Victim, and Frye's (1957) archetypal stories (mythoi). To test the relationship between each of the variables, the NRQ data was subject to SSA.



The SSA plot identified four themes within the data provided by sexual offenders. Each of these four themes directly related to McAdams (1988) life story model, and could be applied to Frye's (1957) archetypal stories.

Again, an SSA was conducted on the data to explore whether any themes could be found for acquisitive offenders. However, after multi-level analysis, it was concluded that no themes were evident in the data.

Finally, the third objective of study 2 was to explore the similarities and differences in roles, between person and property offenders. The SSA plots generated, suggested that whilst the 4 narrative role themes are evident during sexual offending, there is no support for the themes of narrative roles during acquisitive offending.

Variable mean comparison indicated that acquisitive offenders were more likely to score themselves higher 'per variable' during the NRQ. This suggests, that acquisitive offenders feel a higher identification to each of the statements during their offence, indicating that acquisitive offenders are more aware of roles, and their part, during an offence. Overall, sexual offenders were more likely to score themselves higher for roles associated with the victim and the revenger type narratives, whilst acquisitive offenders were more likely to rate higher scores for variables associated with the adventure (hero) and professional roles.

Study 3

The final study in the series brought together emotion and roles, and aimed to explore the link that exists between experiencing an emotion and acting out a role between person and property offenders. The twenty-six emotion variables and the thirty-three role variables were included together into the SSA analysis. Because an SSA plots closely together the variables which are associated, the hypothesis was that emotions, which are closely related to certain roles, would co-occur in the same region of the plot.



Results from the SSA identified a divide between positive narrative roles, and pleasure emotions and positive narrative roles.

An examination of the relationship between emotions and roles experienced by acquisitive offenders through the use of SSA revealed no association between the variables for acquisitive offenders.



The final objective of study 3 was to explore the similarities and differences in relationship between emotion and roles experienced among person and property offenders. It was found that sexual offenders have a clear distinction between pleasurable offending and displeasure offending, whilst for acquisitive offending there appears to be no themes present. There was, however, clusters in displeasure emotions (Miserable, Upset, Depressed, Scared, Annoyed, Sad and Irritated) evident in both types of offending. Between the two SSAs, displeasure emotions and the Victim role theme appear to share the same region of space. This confirms that offenders, who view themselves as acting out the victim role, are experiencing emotions of displeasure.

Implications and Future Research

- The study of the criminal experience as an individual journey helps us to move away from traditional explanations of crime and enhances our psychological understanding of the impact of emotions on offending behaviour and repeat offending behaviour.
- The findings have implications, which spread wider than the realms of academia including the mainstream treatment choice for offending behaviour, CBT. The current use of CBT undervalues the emotional significance of crimes to offenders (Ioannou, 2013). By linking CBT and emotional experience together, therapists can uncover the offender's emotions, and recognise the significance of the event to the individual.
- Findings from the current study also have implications for the ways in which the criminal justice system understand crime. By increasing the general understanding of crime, and the motivations and significance for the offender, appropriate investigation and sentencing decisions can be made.

As the current study was the first of its kind to not only explore the emotions and narrative role within specific offence type, but also the first attempt made to investigate the association between the two, future research is needed to explore the current findings. Research should also aim to encapsulate a wider variety of crime types, a more diverse sample (including gender, age and background experience) and should aim to overcome the suggested limitations acquired when applying a sample of repeat offenders and substance misuse clients.

Key References: Canter, D. (1985) How to be a facet researcher. In D. Canter (ed.) *Facet theory: Approaches to social research*. New York: Springer. Canter, D., & Ioannou, M. (2004) Criminal emotional experiences during crimes. *International Journal of Forensic Psychology*, 2, 71-81. Canter, D., Koozeil, C., & Ioannou, M. (2003) The facet structure of criminal narratives. In L. Shiner, & D. Eiser (Eds.), *Facet theory: Towards cumulative social science* (pp. 27-38). London: Sage. Ioannou, M. (2013) The Experience of Crime: Emotions and Roles Experienced whilst committing an offence. Unpublished MSc Thesis, Investigative Psychology: Offending Profiling and the Analysis of Criminal Action. West Sussex: John Wiley & Sons Ltd. Frye, N. (1957). *Anatomy of criticism*. New Jersey, USA: Prentice-Hall, Inc. Ioannou, M. (2013) The Experience of Crime: Emotions and Roles Experienced whilst committing an offence. Unpublished MSc Thesis, Liverpool: The University of Liverpool. Ioannou, M. (2006) Hero or Victim: criminal emotional experience of crime. University of Liverpool. Unpublished Doctoral Dissertation. Ioannou, M. (2013) Emotions as expressions of crime: In *The behavioural analysis of crime: Studies in David Canter's Investigative Psychology*. Ashgate, Aldershot, England, 1 (1973). The Gutman-Lingoes non-metric program series. MA Thesis, University of Michigan, MacAdams, D.P. (1988). *Person, identity and the life story*. New York, USA: The Guilford Press. Russell, J.A. (1980). A circumplex model of affect. *Journal of Personality and Social Psychology*, 39, 1161 - 1178. Young, S. & Canter, D. (2012). Offenders' crime narratives as revealed by the Narrative Roles Questionnaire (NRQ). *International Journal of Offender Therapy and Comparative Criminology*, 1-23.

Testing the effectiveness of the Concealed Information Test

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Introduction:

The Concealed Information Test (CIT) developed by Lykken (1959), aims to detect whether an individual possesses information about an event that they deny knowledge of. The CIT is based on the measurement of the physiological signs indicative of an Orienting Response (OR), which is an individual's immediate reaction to a significant change in its environment (Sokolov, 1963). According to Lykken (1959), the CIT is based on the plausible assumption that guilty individuals will produce their largest physiological reactions to undisclosed case details (keys) presented among incorrect, but plausible alternatives. The overall aim of this research was to investigate the effectiveness of the CIT by examining its ability to detect those individuals who possessed relevant knowledge of the critical items within participants.

Method:

A total of N=51 participants completed two tasks on the same occasion while under the supervision of a research assistant. The first task was to burst a balloon with a fork. The second task was to attack a life-sized male mannequin with a knife using one strike to the midriff. Following task completion, experimental condition participants were then taken to a separate room to undergo the test (Figure 1). The physiological data was recorded with a Lafayette Polygraph LX5000 SW system. Electro dermal activity, respiratory readings, heart rate and blood pressure were recorded (Figure 2), however only the GSR was used as a source of response data when analysing the CIT results (Krapohl, McCloughan, & Senter, 2006). Lykken's (1959) scoring method was employed, meaning that GSR amplitudes were ranked from 0 to 2 (Figure 3).



Figure 1. Polygraph experimental set up.



Figure 2. Polygraph apparatus.

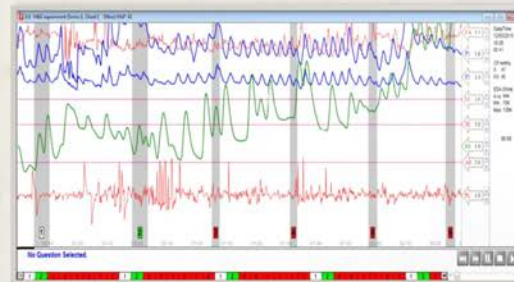


Figure 3. Example of a polygraph chart showing GSR levels (green line), respiratory readings (blue lines), heart rate and blood pressure levels (red lines).

Results:

The polygraph recorded complete GSR measurements for 41 out of 43 experimental condition participants, on the Balloon task questions. Of these 41 participants, Lykken scoring accurately indicated the presence of concealed information for 31 participants, in which the detection rate accounts to 75.6% (Figure 4). The polygraph recorded complete GSR measurements for 39 out of 43 experimental condition participants on the Mannequin task questions. For these 39 participants, Lykken scoring accurately indicated the presence of concealed information for 22 participants, resulting in a detection rate of 56.4% (Figure 4).

Across both tasks, the polygraph recorded complete GSR measurements for 38 out of 43 experimental condition participants. Of these 38 participants, Lykken scoring accurately indicated the presence of concealed information on both tasks for 17 participants, on only 1 task for 15 participants and on neither task for 6 participants. This resulted in a complete detection rate of 44.7%, a partial detection-rate of 39.5% and a false-negative rate of 15.8% (Figure 4).

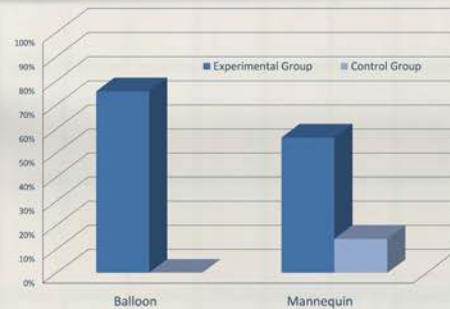


Figure 4. Graphic representation of detection rates for the Balloon task (left column) and the Mannequin task (right column).

Conclusions:

The current study detected the presence of concealed information regarding the balloon task with an accuracy rate of 75.6% while incurring no false positives. This result is in line with CIT accuracy estimates commonly reported in the relevant literature, which range from 76% to 84%. Regarding the mannequin task, however, CIT detection accuracy only reached a rate 56.4%, which was not statistically significant, with one false positive. Considering both tasks combined, the CIT did perform at a statistically significant level with a large mean difference between guilty and innocent groups. This study demonstrates the potential of the CIT as an applied method for accurately detecting concealed information. Although there are limitations that might have affected the results, the majority of the participants showed increased physiological reaction to the relevant items. This research supports the idea that CIT can be used to effectively assist police forces in discriminating innocent from guilty suspects.

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Who's following you?

Megan Kenny, Dr Maria Ioannou & Dr Laura Hammond

Why study victimisation on social media?

- Negative behaviours online can be indicative of negative views and behaviours offline, not only in relation to traditional forms of bullying, IPV and stalking but also views and opinions of the victims they target. Studies examining sexism online have found that men who were prepared to send a sexist tweet also found female job applicants less competent than their male counterparts^{11,9,10}.
- Experiencing online victimisation can lead to negative effects on the victim's mental health, relationships and financial status¹².
- Social media engagement continues to grow worldwide¹³, it is thus important to understand the prevalence of victimisation, the motivation(s) behind perpetration and how it impacts on those who experience it.

Key Findings

- Women are more likely to be targeted online, particularly if they do not appear to conform to traditional gender roles^{3,11}.
- A correlation appears to exist between the intensity of victim engagement online and being victimised¹³.
- Crossover behaviours are observed between online and offline perpetration of cyberbullying, cyberstalking, cyber intimate partner violence and cyber sexual harassment and technology is often used to enable offline offending^{1,2,3,4,7}.
- Evidence suggests that, particularly with cyberbullying, victims also perpetrate bullying behaviours^{8,15,17}.



2.13 billion
The number of people accessing social media online in 2016

96.1%
The percentage of the UK population accessing the internet in 2014

1.55 billion
The number of people accessing Facebook in January 2016

1 in 4
The number of young people (11-16) who have experienced something on social media which upset them in the last year

Aims of Research and Methodology

This research seeks to build on existing findings and examine the experience of individuals accessing social media in relation to cyberbullying, cyberstalking, cyber intimate partner violence and cyber sexual harassment. Utilising innovative techniques to recruit participants through social media, including the use of hashtags, the aim is to uncover the experiences of a broad spectrum of people and to attempt to redress the limitations of existing findings.

Limitations of existing research

- Much emphasis is placed on the experience of children and adolescents, however increasing numbers of adults are accessing social media, an increase of up to 88% in some age groups¹³.
- Existing research focuses on one area of offending (e.g. cyberbullying) and how behaviours may differ between online and offline offending but does not explore potential crossover between different victimisation behaviours.
- Many studies target particular demographic groups, like university students, neglecting the experiences of others who use social media.

References

- Borrás, E., Gómez-Guadix, M., & Calvete, E. (2015). Cyber dating abuse: Prevalence, content and relationship with offline dating aggression. *Psychological reports: Relationships & Communications*, 114(2), 585-585.
- Conroy, C., & McEwan, T. E. (2014). Cyberstalking versus off-line stalking in a forensic sample. *Psychology, Crime & Law*, 20(12), 955-972. DOI: 10.1080/1068148X.2014.893934.
- Drabing, H., Bauer, J., Anders, A., Wagner, M., & Gellert, M. (2014). Cyberstalking in a large sample of social network users: Prevalence, characteristics and impact upon victims. *Cyberpsychology, Behavior and Social Networking*, 17(12), 61-67. DOI: 10.1089/cyber.2013.0031.
- Everaetde, R., Beegman, L. R., & Dubautskone, N. (2012). Cross contextual stability of bullying victimization: A person-oriented analysis of cyber and traditional bullying experiences among adolescents. *Spanish Journal of Psychology*, 15, 181-190. DOI: 10.1111/j.1467-8402.2011.02095.x.
- Gómez-Guadix, M., Almerich, C., Borrás, E., & Calvete, E. (2015). Prevalence and association of sexting and online sexual victimization among Spanish adults. *Sexuality Research and Social Policy*, 12(2), 145-154. DOI: 10.1007/s12126-015-0286-9.
- Holt, T. J., Bossler, A. M., Maffei, E., & May, D. C. (2013). Identifying predictors of unwanted online sexual conversations among youth using a low self-control and routine activity framework. *Journal of Contemporary Criminal Justice*, 29(4), 661-672. DOI: 10.1177/10439862135022376.
- Lyndon, A., Bonds-Raacke, J., & Crafty, A. D. (2011). College students Facebook stalking of ex-partners. *Cyberpsychology, Behavior and Social Networking*, 14(12), 711-716. DOI: 10.1089/cyber.2010.0286.
- Mitchell, K. L., Vigna, M. L., Jones, L. M., & Espelage, B. (2014). What Features Make Online Harassment Incidents Upsetting to Youth? *Journal of School Violence*, 00, 1-23. DOI: 10.1080/15382202.2014.900462.
- Mitchell, K. L., Friskhorst, D., & Wood, J. (2007). Youth Internet users at risk for the most serious online sexual solicitations. *American Journal of Preventive Medicine*, 29(6), 532-537.
- Quinn, T. T., Boornstein, P., Samalukonkarn, R., Samols, N., Chaitanya, M., Guadalupe, T. E. (2013). Connections between online harassment and offline violence among youth in Central Thailand. *Child Abuse & Neglect*, 44, 159-165. DOI: 10.1016/j.chabu.2010.04.001.
- Free Research Center (2015). *Online Adults and Social Media*. Retrieved from: www.free-research.com
- Keane, B. W., Hanson, D., & Fisher, S. D. (2013). Being pursued online: Applying cyber-theory to cyberstalking victimization. *Criminal Justice and Behaviour*, 30(11), 1148-1159. DOI: 10.1177/0306848113512448.
- Keane, B. W., Hanson, D., & Fisher, S. D. (2013). Stalking in the 'Twilight Zone': Extent of cyberstalking victimization and offending among college students. *Deviant Behaviour*, 33, 2-25.
- Schulze-Greif, A., & Schellbauer, H. (2009). Social behavioural correlates of cyberbullying in a German student sample. *Journal of Psychology*, 117(6), 224-226. DOI: 10.1027/0044-3409.217.4.224.
- Tamela, J. R., Choi, H. J., Brem, M., Wilford-Crawley, C., Stuart, G. L., Heister Peckin, M., & Elmquist, J. (2010). The temporal association between traditional and cyber dating abuse amongst adolescents. *Journal of Youth & Adolescence*, 40, 360-369. DOI: 10.1007/s10964-010-0580-3.
- Wright, M. F. (2015). Adolescents' cyber aggression perpetration and cyber victimization: the longitudinal associations with school functioning. *Social Psychology of Education*, 18(4), 453-466. DOI: 10.1080/14632158.2015.1013164.

Being An Adult Musician: A qualitative study in to the nature of identity in adult popular musicians



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A Definition of Musical Identity:

A persons perception of themselves as a musician as shaped by their interactions with other musicians and non musicians and their perceptions of their musical achievements and abilities and their future ambitions.



This study

This current research will provide further insight into the nature of identity amongst adult, non-classically trained musicians that has, so far, been under represented in the literature. This study shall explore the journey taken by adult musicians, the networks and communities they have developed and how these have influenced and continue to influence why they continue to play and perform and how this has shaped and may continue to shape their musical identity and overall sense of self. It is envisioned that the research shall draw upon past research into Social Identity Theory (Tajfel & Turner, 1979) and Musical Identities (O'Neill, 2002; Davidson & Burland, 2006; MacDonald, Hargreaves & Miel, 2002) as part of the theoretical framework. I shall also be drawing on the ecological systems theory of Bronfenbrenner (1979) and the theory of communities of practice (Wenger 1998) to consider how participation and multi-membership of different communities may affect the musician and the way in which their musical identity might manifest itself.



Introduction

The subject of 'musical identity' has been a growing topic for research in recent years amongst those engaged in the study of the social psychology of music (North & Hargreaves, 2008). However, there is concern that some of the conventional ideas about musical identity have become outdated (Cook, 1998).

- The current literature has examined aspects such as the development of provisional identities (Davidson & Burland, 2006), family influence on identity development (Borhwick & Davidson, 2002) and the development of identity linked to the development of musical skill (O'Neill, 2002).
- Participants are usually young formally trained classical musicians who are in the beginning stages of their careers as performers. (North & Hargreaves, 2008).
- The British Phonographic Industry reported that in 2013 classical music accounted for just 0.6% of total music consumption in the UK whereas pop and rock music accounted for a combined 58.2%.
- The 2014 NAMM Global Report states that more and more people are now involved in making music having had little or no formal music education.
- Green (2002) has described that popular musicians have a more self-directed, distributed approach to learning to play and develop a wider set of musical skills than is usually found in classically trained musicians, however, there is little psychological research in the literature that examines the effect of this on musical identity in the long term.



"A Definition of a Musician: Someone that loads £5000 of equipment into a £500 car so he can drive 100 miles to play a £50 gig"
Anon



Design & Methodology

This research will use qualitative methods. Semi-structured interviews as well as observations of the participants in both their performance setting and in their own personal space.

- Participants will be musicians who are either full-time professional performers or part-time semi-professional performers.
- They will not have had a formal classical musical education but may have had some form of musical education from peers, video's or private tuition at some point in their playing career.
- They shall be musicians who perform, record and/or teach on a regular full time or part time basis.
- The sample group is not to be genre specific to those who play a certain style of music nor will it be limited to those who play a particular instrument because these factors are not specifically relevant to the aims of the research.
- A minimum playing career of 15 years and a minimum age of 35 years have been chosen to ensure that musical experience as a performer and life experience as an individual is of a sufficient level.
- It is envisioned that the maximum number of participants shall not exceed 15 – 20 due to the nature and richness of the data that is expected to be gathered.

Current stage of project

I began my research by reading the literature concerning the musical education of popular musicians. I have also been reading the literature concerning identity and self concept and, more specifically, the literature concerning musical identities to try to begin to develop a conceptualisation of what I believe musical identity to be and I am formulating ideas of how identity as a musician is a key aspect of an adult musicians overall self-concept. The process of reading and literature reviewing will continue throughout the data collection and analysis phase as the findings become known. The first initial interviews and observations are now taking place as part of a pilot study phase. So far, themes are emerging concerning the changing role of the individual within groups, the importance of acquiring practical skills rather than musical skill and difficulties experienced adapting to changes in the music industry. In depth analysis has yet to take place.



References

- Berthoin, F. J. & Daulton, J. W. (2002) Developing a (musical) identity as a musician: A family 'script' perspective. In E. A. MacDonald, J. W. Hargreaves, & D. E. Miel, *Musical Identities* (pp. 60-76). Oxford: Oxford University Press.
- Borhwick, D. (2008) *The psychology of musical development: Implications for career and design*. Cambridge, MA: Harvard University Press.
- Cook, N. (1998) *Musical Identity: A study of the music of the Beatles*. Oxford: Oxford University Press.
- Davidson, J. W. & Burland, S. (2006) *Musical identity formation: The role of the musician's community*. *Journal of Musical Development* 1(1), 475-482. Oxford: Oxford University Press.
- Green, J. (2002) *From popular musician to professional: A study of the music industry*. *International Journal of Music Education*, 24(1), 1-10.
- Kerr, A. E. (1997) *Individual differences in musical aptitude*. Ph.D. Thesis, The School of Psychology of Music, University of Huddersfield.
- MacDonald, E. A., Hargreaves, D. E. & Miel, D. (2002) *Musical Identities*. Oxford: Oxford University Press.
- North, A. C. & Hargreaves, D. E. (2008) *The social and applied psychology of music*. Oxford: Oxford University Press.
- O'Neill, S. A. (2002) *The self identity of young musicians*. In E. A. MacDonald, D. E. Hargreaves, & D. E. Miel, *Musical Identities* (pp. 70-84). Oxford: Oxford University Press.
- Ryff, H. & Turner, J. C. (1975) An integrative theory of happiness: In W. G. Austin, & S. Bourne, *The social psychology of interpersonal relations* (pp. 13-47). Monterey, CA: Brooks/Cole.
- Wenger, E. (1998) *Communities of practice: Learning, meaning and identity*. Cambridge: Cambridge University Press.

An exploration of breast cancer survivors' lived experiences of physical activity.

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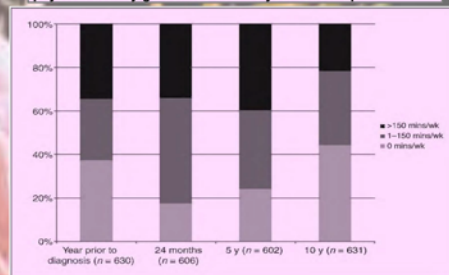
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Background and aims

- Research data highlights that the percentages of breast cancer survivors, who adhere to physical activity recommendations, are low.
- Previous research in this field, mainly relies heavily on quantitative or mixed methodological approaches.
- Furthermore, research involving health care professionals' experiences and perspectives of providing physical activity advice to breast cancer survivors after the completion of treatment is sparse.
- The aims are to qualitatively explore breast cancer survivors' experiences of physical activity, and health care professionals' experiences and perspectives of providing physical activity advice.

Percentage of US breast cancer survivor's meeting aerobic physical activity guidelines over 10 year follow-up



Methods and sample

- Interpretative Phenomenological Analysis (IPA) will be the methodological approach used.
- Data collection methods will involve; individual, semi-structured, in-depth interviews for approximately 45-90 minutes
- Interviews will be conducted across different sites; The University of Huddersfield, breast cancer survivors' homes, and the hospital sites where the health care professionals are based
- Purposive sampling method used to recruit participants
- Sample groups= Two homogenous groups will be used:
 - Breast cancer survivors (<18 years)
 - Health care professionals who are involved in the breast cancer treatment pathway
- Approximately 5-15 participants from each sample group

“Exercise and advice was certainly not part of the routine treatment”.

(Case B24, 15 months after mastectomy, ALND, chemotherapy and radiotherapy on dominant side, aged 40–49 years)

“I found my hospital treatment was only looking after the medical needs but no information about lifestyle and prevention advice for future.” (Female with breast cancer, 1 year after diagnosis).

Analysis and findings

- Interviews will be audiotaped and transcribed verbatim
- Each transcript will be analysed individually by the researcher.
- A step-by-step analytical process, will be used as a guided framework:
 - Looking for themes/emergent themes
 - Connecting themes
 - Looking for convergence and divergence
 - Table of superordinate themes
 - Writing up the themes into a narrative account
- The significance of the research findings, will ideally promote further research in the research field and lead to improvements in the promotion of physical activity among breast cancer survivors.

References

1. Mason, C., Alfano, C. M., Smith, A. W., Wang, C., Neuhauser, M. L., Duggan, C., McTiernan, A. (2013). Long-term physical activity trends in breast cancer survivors. *Cancer Epidemiology, Biomarkers & Prevention* : A Publication of the American Association for Cancer Research, Cosponsored by the American Society of Preventive Oncology, 22(6), 1153-1161. doi:10.1158/1055-9965.EPI-13-0141
2. Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. London: SAGE.
3. Lee, T. S., Kilbreath, S. L., Sullivan, G., Refshauge, K. M., & Beith, J. M. (2010). Patient perceptions of arm care and exercise advice after breast cancer surgery. *Oncology Nursing Forum*, 37(1), 85-91. doi:10.1189/10.ONF.85-91
4. DH, MacMillan Cancer Support & NHS improvement. (2013). *Living with and beyond cancer: taking action to improve outcomes (an update to the 2010 The National Cancer Survivorship Initiative Vision)*.

Investigating the group dynamics of social conformity on co-witness identification accuracy

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Abstract

The majority of false convictions are said to be influenced by a false eyewitness statement (Cardozo, 2009). Previous research suggests that this could be due to individuals being prone to informational influence from other eyewitnesses, when faced with such situations (Gabbett, Memon, Allan, & Wright, 2004), however very little research has attempted to investigate the link between eyewitness statements and informational influence. The present study aims to investigate the effects of social conformity on eyewitness identification accuracy. As most previous studies have been based on simple cognitive tasks, findings cannot be used to reliably determine if social conformity exists among crime eyewitnesses. The present study therefore utilises a novel experimental paradigm in which participants view actual CCTV of a crime, and through the use of confederates tests how susceptible the participants are to conformity. Participants (N=700) will watch a CCTV footage of a mock crime, in their groups. Participants are asked to discuss the footage amongst each other prior to giving eyewitness statements. The experiment will be manipulated to identify if eyewitnesses will conform to one another as well as identifying salient factors that increase the risk of conformity. The results will allow us to reassess the validity of eyewitness statements as a reliable source of evidence in the courtroom as well as helping police officers in reducing the risk of recording false statements.

Problem

APPROXIMATELY 96 INDIVIDUALS ARE WRONGFULLY CONVICTED OF A VIOLENT OR SEXUAL CRIME EVERY YEAR WITHIN THE UK, DUE TO EYEWITNESS MISIDENTIFICATION.

IN APPROXIMATELY 48% OF CASES OF MISIDENTIFICATION, THE REAL PERPETRATOR WENT ON TO COMMIT MORE CRIMES (CARDOZO, 2009)

Contributing Causes of Wrongful Convictions (first 325 DNA exonerations)
Total is more than 100% because wrongful convictions can have more than one cause.

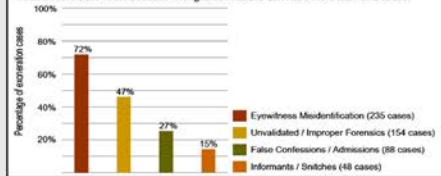


Figure 1: Contributing causes confirmed through Innocence Project research (The Innocence Project, 2015).

Social Conformity

Social conformity is the act of changing your own views, attitude or behaviour to match that of a group (Cialdini & Goldstein, 2004).

Social conformity can be caused by informational influence, which is the process of obtaining information from a group and accepting it as accurate information about reality (Kaplan & Miller, 1967). Informational influence is at its strongest when an individual is uncertain about the task or topic at hand (Asch & Wheeler, 2000).

Therefore it can be hypothesised that if co-witnesses of a crime were to discuss the event amongst each other, they would be at risk of changing their beliefs on the event and as a result give police investigators false information. Furthermore, previous literature suggests that the more uncertain an eyewitness is about the event, the more likely they are to conform to the other eyewitnesses.

Objectives

- 1) To investigate if there is a relationship between the age of an eyewitness and their likelihood to conform to other witnesses
- 2) To identify if different personality types (Using Five) can predict how likely an eyewitness is to conforming to other when giving a statement.
- 3) To identify if the size of the group an individual discusses an event with will have an effect on their risk to co-witness conformity.
- 4) To identify if the size of the confederates giving a false statement will have an effect on their risk to co-witness conformity.
- 5) To identify if the perceived authority of the confederate has an effect on co-witness conformity rates

Method

Sitting in a room with the rest of their group members, participants will be asked to watch a real CCTV footage of a fight breaking out in an un-named bar on a projector screen (see figure 2), collectively.

After the footage is over the participants are asked to engage in a group discussion about what happened in the video footage for 3 minutes. The confederate(s) will have been previously instructed to argue that the man in the yellow top had started the fight (false) when in reality it was the man in the dark green top who started it.

After the group discussion was over the participants were individually taken to a private room to give statements on what they believed had happened (including who they believed had started the fight).



Figure 2: Screenshot of CCTV footage of an assault, shown to all participants

Pilot Study

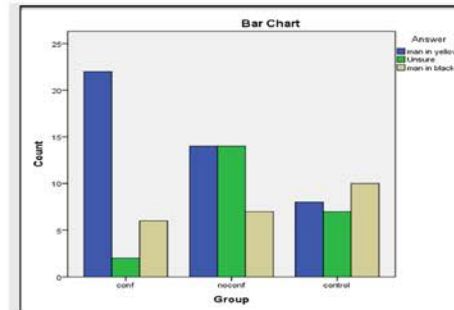


Figure 3: Bar chart illustrating participants (N=95) answers within each condition: A, confederate present; B, no confederate present; C, no confederate and no group-discussion per rated, respectively.

- A** 73% identified the wrong man as the offender
- B** 40% identified the wrong man as the offender
- C** 32% identified the wrong man as the offender

Implications

Improving our understanding of eyewitness statements

Previous research has indicated that both Police officers and jurors believe that eyewitness statements are more reliable than research shows (Cutler & Penrod, 1985), with 87% of police officers having stated that EW statements provided the major lead in most investigations (Rebbell & Milne, 1998). The findings of this project will allow us to reassess the validity of eyewitness testimonies as a safe source of evidence.

Improving Police officers understanding of recording eyewitness statements
Police interviews indicated to us that police officers are aware that many statements they take are unreliable. The project will aim to identify salient factors responsible for eliciting co-witness conformity through dissemination of the findings, we can aim to improve police officers interviewing techniques in order to reduce the chance of co-witness conformity.

The biopolitics of food charity: A critical discourse and dispositive analysis

«Power is anything that tends to render immobile and untouchable those things that are offered to us as real, as true, as good.»

Michel Foucault, 1980

Background

Challenging dominant realist concerns with causes and hidden structures of poverty, this critical discursive approach aims to reconstruct the knowledge that makes food charity a 'true' and universal solution to hunger and poverty with wide-ranging power effects.

Selected research questions

- How is food poverty made visible, knowable and governable within a dispositive of charity?
- How are new subjectivities imposed but also actively taken up in acts of avowal and evaluation?
- What technologies are at work in the moralisation, education and disciplining of 'clients'?
- What are the links between biopolitics and the creation of institutionalised charity?
- How are alternatives and counter-discourses rendered absent and invisible by the charitable regime of truth?



Discursive practices

Power-
Knowledge

Non-discursive practices



Materialisations

Power-Knowledge

Power-Knowledge

Adapted from Figer, 2002

Biopower at work



As seemingly non-political private institutions charities mobilise a variety of technologies and expert treatments to problematise, evaluate and correct 'vital' aspects of life by

- teaching financial skills, individual responsibility and morality as 'biopedagogies',
- categorising worthy clients as grateful recipients actively enrolled in their own reform,
- transforming the deviant poor into integrated, useful community members and
- maximising economic utility based on market values and neoliberal rationalities

The dispositive of charity

The dispositive entails all the discursive and non-discursive practices and visible materialisations that make food charity possible and necessary as 'true' solution to a current need. In it, discourses infuse practices and materialisations with knowledge, making food poverty visible and governable. To analyse this 'apparatus' of knowledge then requires:

- reconstructing the norms, rationalities and problematisations constituting food bank practices
- 'discursifying' material displays and food collections
- demonstrating the links between mundane rituals and knowledge production
- linking all 3 aspects to social change, material effects and unintended consequences

Visual discourse analysis

Including visual data adds valuable features to text-based discourse analysis (Mayerhauser, 2006), making it possible to:

- understand images carrying discourses as imposing truth effects and producing material realities
- link images to subjectification, absence and ways of seeing and speaking
- and acknowledge the normalising role of images in the regulation of conduct and production of truth over time.



Social media analysis

A pilot study has captured 6000 tweets and 800 images following a recent "Neighbourhood Food Collection" where initial analysis has shown:

- Visualised food displays and celebrations of community as persuasive solution regardless of measured impacts
- Potential symbolic and economic benefits to businesses
- Poverty being managed through ethical consumption and convenient donations, absolving docile donors of any political responsibility
- Volunteers acting as pastoral agents and trusted proxies for the absent, invisible poor

Next steps and outlook

- Ethnographic observations of supermarket food collections



- In-depth discourse analysis of policy and charity documents
- Qualitative interviews with food charities, partner agencies and 'clients'

References

Bühmann, A. D., & Schneider, W. (2008). Vom Diskurs zum Dispositiv. Eine Einführung in die Dispositivanalyse. Sozialtheorie, Bielefeld: Transcript.

Harwood, V. (2009). Theorizing Biopedagogies. In J. Wright & V. Harwood (Eds.), Knowledge studies in health and social welfare: Vol. 3. Biopolitics and the 'obesity epidemic'. Governing bodies. New York: Routledge.

Figer, S. (2002). Discourse and knowledge: Theoretical and methodological aspects

of a critical discourse and dispositive analysis. In R. Wodak & M. Meyer (Eds.), Methods of Critical Discourse Analysis. London, Thousand Oaks: SAGE.

Leube, T. (2011). Biopolitics: An advanced introduction. Biopolitics, medicine, technoscience, and health in the 21st century. New York: New York University Press.

Mayerhauser, T. (2006). Diskursive Bilder! In S. Maasen, T. Mayerhauser, & C. Renggli (Eds.), Bilder als Diskurse. Bilddiskurse. Weilerswist: Velverück.

Rabinow, P., & Rose, N. (2006). Biopower Today. BioSocieties, 1(2), 195-217.

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ETHNIC MILITANCY AND PREVENTIVE POLICY IN NIGERIA.

Supervisors:

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Applied Criminology Centre

Babatunde Osabiya.



Research Contribution

This study will:

- **contribute** to the ethnic militancy literature by recommending a framework to improve on strategic/ situational policy to reduce ethnic militia activities in Nigeria and other African nations witnessing ethnic militancy crises.
- **promote** Inter-disciplinary knowledge in the social science sphere especially Public Administration, Political Science, Political Sociology, Criminology, Social Psychology, International Relations/Studies as well as informing policy-makers, security operatives and the government.
- **improve** social welfare, social cohesion, national security and increase public engagement with research and related societal issues and influencing public policies.

Background

Nigeria is a nation-state located on the west coast of Africa and has a diverse geography, with climates ranging from arid to humid/ equatorial. Its most diverse feature is its people; > 250 languages are spoken in Nigeria, including Yoruba, Igbo, Fulani, Hausa, Edo, Ibibio, Tiv, and English as the official. The country has > 500 ethnic groups, with varying languages and customs, creating a rich ethnic diversity. The largest ethnic groups are the Yoruba, Igbo, Fulani, and Hausa accounting for > 70% of the Nigerian population. The Edo, Ijaw, Kanuri, Ibibio, Ebirra, Nupe, Gwari, Itsekiri, Jukun, Urhobo, Igala, Idoma and Tiv make up the rest.

After military coupes in the early 1960's the country finally returned back to democratic system of government in 1999. But Nigeria faces the growing challenge of preventing Africa's most populous country from breaking apart along ethnic militia lines. Thousands of people have died over the past few years in communal attacks led by ethnic militants. Nigeria's ethnic militancy problem has added to its economic woes, hindering foreign investment even though the country has abundant natural resources, notably large deposits of petroleum and natural gas. (Osabiya, 2015)

In Nigeria there are ethnic militia in the six geo-political zones that have posed serious threats to the Nigerian state even before the advent of Boko Haram and the Niger Delta militants. The Boko Haram insurgency only brings a different dimension to the situational crisis being faced by the Nigerian state and brings a global dimension to our internal security problems which is a result of ethnic militancy despite the relentless efforts by the government through the joint security operation of the security agencies. In terms of specific strategies, the Nigeria ethnic militias adopted the following as a means of executing their operational plans:

- Arson, mass killing by gunfire, media propaganda and advocacy and piracy
- Suicide bombing, use of improvised explosives and forced enlistment or recruitment of combatant
- High-jacking of aircraft, hostage taking/kidnapping and jail break (Osabiya, 2015)

Research Aims

The principal aim of this research is to critically examine the issue of ethnic militancy in Nigeria. This aim is supported by the following objectives:

- **To examine** the nature of ethnic militancy in Nigeria.
- **To examine** the effects of ethnic militancy in Nigeria.
- **To critically assess** existing approaches towards reducing ethnic militancy in Nigeria
- **To identify** lessons for policy and practice in tackling ethnic militancy
- **To unpack** the various political, social and ethnic dimensions to ethnic militancy
- **To explore** the link between ethnic militancy and political violence

Research Questions

What types of intervention (if any) have been tried to reduce violence associated with militia?

Are there any examples of approaches to violence reduction in other countries that might be transferable to Nigeria?

To what extent is there evidence of what works in tackling violence associated with ethnic militia?

What does a clear understanding of the nature, operation and impact of militia in Nigeria have for preventative interventions?

What impacts have the operations of ethnic militia had on Nigerian economic growth?

What socio-economic conditions created avenues for the emergence of ethnic militia

Militancy Incidents



Examples of Incidents Location

25/1/16: 4 suspected ethnic militia suicide bombers attacked a busy market in the north Cameroonian town of Bodo, close to the Nigerian border. The blasts killed at least 28 people and wounded another 65.

31/1/16: 86 people killed & hundreds others injured in attack by ethnic militants on Dalori Village, 4km from Maiduguri, Borno State, Nigeria.

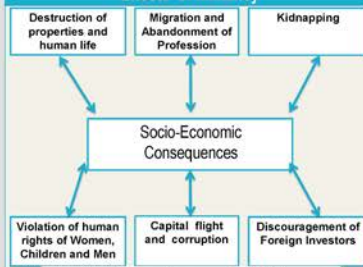
9/2/16: two female ethnic militia suicide bombers kill more than 60 people and another 78 were injured at a camp for displaced people in Dikwa a city in Borno State, Nigeria

19/2/16: two female ethnic militia suicide bombers attacked a market in the northern Cameroon region of Mema, 24 people were killed in the blast and another 112 injured (Nigeria National Bureau of Statistics 2016)

Methodology

This study will employ qualitative research methods to address the research questions. A qualitative analytic method refers to identifying, analysing and reporting patterns (themes) within the data that will be collected for the purpose of the study. (Braun and Clarke, 2006) This study will use face-to-face interviews and questionnaires to gather data. I will use thematic analytic approach to analyse the data. Thematic data analysis consists of minimally, organizing and describing the data set in (rich) detail.

Effects of militancy



Results/Implications

The Nigerian state and its citizens will continue to witness situational crises, poverty, and socio-economic inequalities which in most cases lead to the emergence of ethnic militia. There must be a way out of this mess through preventive policy that will discourage all forms of discrimination, neglect and marginalization in dealing with ethnic militancy and also reduce poverty among the masses so that the reservoir of recruits for ethnic militancy will be reduced.

Conclusion

The solution to ethnic militancy in Nigeria lies in the total restructuring of the society and its ruling class which would have to move beyond repression to dialogue with militants, that prevention is the only answer.

Without a proper preventive policy, the future of Nigeria will be continue to be threatened by the activities of ethnic militancy because the various ethnic militia groups that make up Nigeria are relating to one another with fear and discourage the Nigerian politicians from using ethnicity in pursuing their parochial interests which they have taken to be above that of national interest.

The premise underpinning this study is that bad governance, corruption, sustained economic hardship, rising inequality and social frustration are fostering the growth of ethnic militancy in Nigeria

References

- Azunna, C. (2015), Ethnic and Religious Militia in Nigeria: The Case of Boko Haram, In Asian Journal of Humanities and Social Sciences, 48-54
- Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology Qualitative Research in Psychology, 3 (2), pp. 77-101. ISSN 1478-0887
- Osabiya, B. (2015) Ethnic Militancy and Internal Terrorism on Nigeria's National Security, In International Journal of Development and Conflict, 59-75.
- Osabiya, B. (2015) Nigeria's Federalism, Unity and Development, In Global Journal of Management and Business Research: Administration and Management 1-9.
- Osabiya, B. (2015) Democratization and The Military in Nigeria: A Case for an Enduring Civil-military Relations In The Fourth Republic and Beyond In Global Journal of Political Science and Administration, 44-52
- Osabiya, B. (2014) Nigeria And Democratic Elections, In Journal of Good Governance and Sustainable Development in Africa, 53-64

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INTRODUCTION

Sharp scalpel debridement and enucleation is the standard routine treatment for the management of corns. Since the effects of this treatment are short lived plantar metatarsal pads (PMPs) are widely prescribed alongside debridement. It is assumed that offloading the excessive pressure will subsequently decrease the mechanical stress and irritation at the site providing further relief for patients. Although this strategy is widespread there is no research evidence available to justify this clinical practice. A randomised controlled trial is proposed to establish whether the inclusion of a plantar metatarsal aperture pad alongside debridement provides any additional benefit in the management of corns.

The lack of clarity within the literature and the vast variety of materials available to podiatrists makes it a challenging process when prescribing the insoles. This preliminary research is essential to provide podiatrists with further knowledge and clarity during this process. Similarly, to assist in the development of the pilot protocol and the decision of the material to take forward within this clinical trial.



Plantar corn



PMP with aperture cut out at site of corn

Location of corn

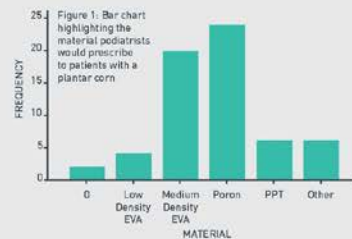
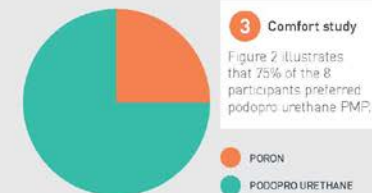


Figure 2: Pie chart illustrating the preferred choice of PMP material.



3 Comfort study

Figure 2 illustrates that 75% of the 8 participants preferred podopro urethane PMP.

DISCUSSION POINTS

The survey demonstrates further investigation is required to evaluate the effectiveness and design of PMPs as podiatrists are continuously prescribing them in routine practice without validated research evidence.

Although compression testing highlighted that medium density EVA has the greatest compressional strength, participants found this the least comfortable when asked to wear the insole. Patient compliance is essential when prescribing insoles this could explain why in the survey the majority of podiatrists prescribed poron.

One limitation of the comfort study is the sample size and population as the results may not be generalizable to patients with forefoot pain.

One strength of the compressional testing is the consistent results when testing each material specimen three times demonstrating high reliability and repeatability.

RESULTS

1 Survey

Of the 62 participants 55 (88%) of the participants emphasised they use PMPs to manage corns in routine practice. See figure 1 for material.

2 Compression Tests

Medium density EVA is the stiffest, 300kPa is required to compress the material 0.5mm. Poron is the most deformable (50kPa).

CONCLUSION

The podopro urethane material will be selected for investigation. This material is stiffer than poron and participants found the insole the most comfortable.

Understanding attitudes relating to regional drinking practices: An analysis of post-mining communities in Doncaster



Justin Reynolds

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Huddersfield
Inspiring tomorrow's professionals

Research contribution

The research aims to improve understanding of attitudes relating to drinking practices in post-mining communities in the Doncaster Borough. The research will support professionals working with clients with alcohol misuse issues, by providing knowledge of area specific alcohol consumption culture.

Background

Coal mining in Doncaster ended in June 2015 as a result of the closure of Hatfield Colliery and in December 2015 coal mining disappeared from Yorkshire's landscape as a result of the closure of Kellingley Colliery in North Yorkshire.

Doncaster has one of the highest "heavy" drinking levels in the South Yorkshire region. Barnsley and Rotherham both report lower levels of higher risk drinkers (Doncaster Council, n.d.). Sheffield has a similar percentage of higher risk drinkers (13%), though reports a relatively lower number of months of life for males lost due to alcohol during the 2012-2014 period (13.9) (Public Health England, 2016). Doncaster has the highest number of months of life lost due to alcohol in the Yorkshire and Humber region (16.4) (Public Health England, 2016). The Doncaster borough also has the fourth highest number of months of life lost for females due to alcohol in the Yorkshire and Humber (6.6).

Post-mining areas are highly represented in Doncaster. These areas have the highest alcohol attributable and alcohol-specific hospital admissions statistics in the Borough.

The effects of the loss of coal mining in post-mining areas on attitudes to alcohol, is a phenomenon that needs more discussion with regards to alcohol research. Bennett, Benyon & Hudson (1999) argue that the phenomenon of forced disassociations with the mining industry (a result of the loss of the industry) has resulted in the development of new identities, however they do not go into detail regarding how this has an effect on attitudes to alcohol consumption.

Research aim

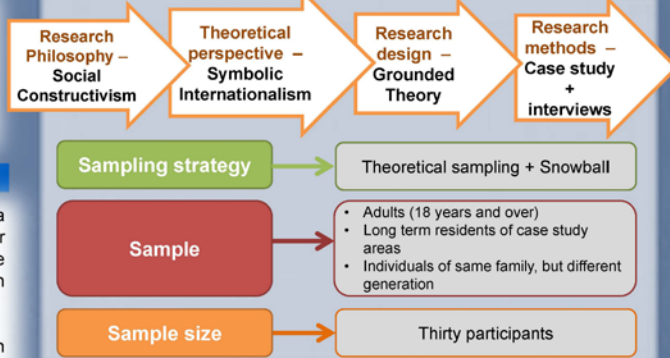
To investigate attitudes that exist towards alcohol in the post-mining communities of Mexborough and Denaby Main in the Doncaster Borough.

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Methodology



Preliminary findings

Early findings suggest that alcohol plays an important role in social life in the case study areas and that consumption has changed from traditional venues (Working Men's Clubs, and pubs) to the home. The data collection and analysis processes are still ongoing at this time

Conclusion

This study will fulfil the gap in knowledge regarding attitudes to alcohol and drinking practices in post-mining communities in Doncaster and similar areas in Yorkshire region. The research will aim to contribute knowledge that will support health professionals working in these areas.

References

- Bennett, K., Benyon, H., & Hudson, R. (1999). The coalfields research programme: Discussion paper no.2. different places. representations. Cardiff: Cardiff University.
- Doncaster Council. (n.d.). Doncaster substance misuse strategy 2014-17. Doncaster Council: Doncaster.
- Public Health England. (2016). Local alcohol profiles for England. Retrieved from <http://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page0>



Beyond Fear of Crime

An Exploratory Study of the Responses to Crime

Research Aims

1. Identify emotions related to crime and crime risk through interviews
2. Construct a valid measurement tool capable of gathering data for analysing emotional responses
3. Test the validity of the measurement tool through empirical analysis

What we know*

- Fear of crime is often seen as something which women suffer with, more so than men.
- Anger is commonly found when measured in studies on responses to crime.
- There are not enough studies on other emotions beyond fear.
- There are many factors which all affect a person's perceptions and feelings on a day to day and even an hourly and situational basis.
- Emotions are complex, ever changing, fluid events.

Procedure

The study will be conducted in two stages; stage one identifying emotional responses through interviews which will create the foundation of the theory and will build the measurement tool.

Stage two is to create the measurement tool based on the data gathered in stage one and also testing the measurement tool empirically.

Background

Fear of crime has been studied intensely over the years however many of them have recently been criticised for the lack of consistency in the questions, definition of "fear", and for not including other emotional responses. In addition to this it has been argued that the questions are confusing, not only because of the items mentioned above but also because in some instances the questions have measured perceived risk rather than fear. (Gray, Jackson & Farrall 2008)

*Issues of what we know

- Women are thought to be more fearful because of the possibility of any personal crime to turn into a sexual crime. Culturally there are also issues with labelling women as more fearful due to; informal learning, fear in men is seen as a weakness, and women are seen as more vulnerable targets.
- Many researchers argue for the use of other emotional responses in studies however while attempts have been made, there has been, as of yet, no step forward. As well as this the very questions asked arguably created biases.
- While it is impossible to assume that the factors has the same influence on people, they are a good indication for which factors influence what emotion.
- Because of their very nature emotions has to be identified by the people who feel them and not theorised from other emotion studies.

The end product

This study will aim to create a tool which in the end will provide future research with valuable data on what emotional responses people have towards crime and the prospect of victimisation. It will give researchers a valid measurement tool to use for future studies to side step from the path which has been wandered far too long.

References

Gray, E., Jackson, J., & Farrall, S. (2008). Reassessing the fear of crime. *European Journal of Criminology*, 5(3), 363-380. doi:10.1177/1477390808090834

A Foucauldian Discursive analysis of newspaper media and government policy representations of mental health in regard to claiming benefits

Becky Louise Scott

Supervisors: Dr Alexander Bridger and Dr Dawn Leeming

Overview

According to the Strathclyde Centre for Disability Research and Glasgow Media Unit (2011) the way in which disability and benefits are reported by newspaper media and political rhetoric in regard to proposed changes to benefit entitlement is having a negative impact on disabled people. This impact has been two-fold as the representations which are constructed through newspaper and political rhetoric are being reinforced by one and another.

This has coincided with:

- Economic recession and austerity
- A government incentive to reduce welfare spending by 12bn
- An increase in pejorative language in reporting
- A 43% increase in disability hate crime from 2011/12 to 2014/15 (Criminal Justice Joint Inspection, 2013).
- The roll out of the Work Capability Assessment (WCA), used to assess eligibility for out-of-work sickness benefit Employment and Support Allowance (ESA).

The change in government policy on benefit provision features more stringent definitions of disability. The issues posed have been well established in the disability literature; however a focus which specifically explores the discourses which operate in regard to mental health has been noticeably absent. This is a pertinent issue considering the often subjective experience of mental illness and stigma.

Research Aims

To discursively explore how those with mental health difficulties are positioned by policies, documents and practices related to the Work Capability Assessment and the implications this has for subjectivity.

To discursively explore how the newspaper media represent those diagnosed with mental health problems, who claim benefits.

Background

In 2010, the Department of Work and Pensions (DWP) began to reassess those entitled to Incapacity Benefit under the WCA. Assessments were conducted by French company ATOS, and later Maximus.

The Limited Capability for Work component of the WCA is carried out by a 'disability analyst' using a computer led points system featuring 'descriptors', which are used to explain tasks of varying difficulty.

A claimant must score 15 points to be eligible. Points cannot be combined between descriptors and points can only be awarded one of the two sections; either physical, or cognitive, intellectual and mental function.

Descriptor		Points
Appropriateness of behaviour with other people, due to cognitive impairment or mental disorder	Has, on a daily basis, uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.	15
	Frequently has uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.	9
	Occasionally has uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.	6

Figure 1. example of WCA descriptor and points awarded.

Widely publicised reporting of changes to benefit provision and mental health have permeated the period 2010-2015, ranging from anecdotal evidence of ATOS' failings, destitution, and suicide to 'malingerers', fraud and crime.

The period 2010-2015 is therefore of importance to the inclusion criteria of the thesis.

Braschi, P., North, N., & Stewart, T. (2013, Jun 29). One in six people in this town is on anti-depressants. Is it, as local GPs fear, because they get more benefits? Daily Mail, pp. 26. Retrieved from <http://search.proquest.com/docview/137230806?accountid=11526>

Brown, G., Watson, N., and Philo, G. (2013) Bad News for Disabled People: How the Newspapers are Reporting Disability. Project Report, Strathclyde Centre for Disability Research and Glasgow Media Unit, University of Glasgow, Glasgow, UK.

Criminal Justice Joint Inspection. (2013). LIVING IN A DIFFERENT WORLD: JOINT REVIEW OF DISABILITY HATE CRIME. UK: HMVCSH HMVCSH HMVCSH.

Foucault, M. (1979). Discipline and punish: The birth of the prison. New York: Vintage Books.

Gentleman, A. (2011, Feb 23). G2: 'they don't mark down that every step you take is painful': The government's reform of the disability benefits system has angered claimants, who say the new tests fail to identify why they can't work. Inside gentleman reports on the fallout of Cameron's war against 'sloppy culture'. The Guardian, pp. 6. Retrieved from <http://search.proquest.com/docview/154566849?accountid=11526>

Woodhouse, C. (2014, Jul 13). SEE SHRINK IF YOU WANT HANDOUTS. The Sun, pp. 6. Retrieved from <http://search.proquest.com/docview/154566849?accountid=11526>

Methodology and Theoretical Approach

Foucauldian discourse analysis used to deconstruct: Newspaper media representations across political spectrum
The Daily Mirror, The Guardian, The Sun and The Daily Mail

Government policy in regard to mental health and benefits
Including Atos guidebook, WCA descriptors (2010-present)

Foucault's work allows for the deconstruction of taken-for-granted assumptions of the mentally ill who claim benefits in regard to how certain discourses operate and are made available and how these are intertwined with power and social structures.

ONE IN SIX PEOPLE IN THIS TOWN IS ON ANTI-DEPRESSANTS. IS IT, AS LOCAL GPs FEAR, BECAUSE THEY GET MORE BENEFITS?

"BENEFIT claimants with anxiety and depression like TV's White Dee may be forced to get counselling or lose handouts"

"One report, explaining why a woman with mental health problems had been found ineligible for the benefit, states as justification that she "did not appear to be trembling . . . sweating . . . or make rocking movements""

Future Directions

At present I am in the initial stages of coding the corpus of newspapers from the media analysis, and currently exploring taken-for-granted assumptions of criminality, suicide, masculinity, scepticism, blame, shame, and the 'deserving and undeserving poor'

I plan to use this in order to inform the latter half of the research, in which I intend to explore government policy on the WCA. This has proved useful as I have found that the WCA dominates much of the media reporting in regard to claiming benefits and mental health.

The Middle East and Immigration: Personality traits, Resilience, and Experience

Nazanin Shiraj, PhD (candidate), Maria Ioannou, PhD, & Laura Hammond, PhD

Europe is currently experiencing one of the most substantial influxes of migration in its history, in particular facing an upsurge in the number of immigrants from the Middle East. Whilst the contemporary debates give the impression that immigration from the Middle East is a relatively new phenomenon, the Middle East has always been known for its political issues (Shaked et al., 2004).

Our contention is that these immigrants should not be allocated to a singular group on the basis of their current VISA status, but rather on their experience of the journey, their coping strategies, and processes underlying that journey are the factors that should be examined in order to gain a better understanding of the current migration situation.

Other factors that could play a significant role in migration are differences in personality traits. Although literature on the topic of immigration has burgeoned in the recent years, there is yet a dearth of research focussing on the personality traits of immigrants. For instance, personality has been known to play a substantial part in migration, yet only a few studies have attempted to detect the personality factors that facilitate acculturation (Smither et al., 1982).

Aim

The present study aims to examine the relationship between different dimensions of personality traits and successful migration. Consideration of the potential mediating effects of resilience and coping strategies, individual motivations and experience of migration will also be explored.

Sample- 150 adult participants (Syria, Afghanistan and Iran) with immigration status in the U.K.

Methods- Combination of both quantitative and qualitative methods, with the aim of developing a model of the relationships between personality traits, resilience, and successful migration. This is the first study to directly examine these links.



Stranger, Acquaintance and Domestic: A Psychological Exploration of Jury Decision Making within Three Differing Rape Trials

Dominic Willmott & Dr. Daniel Boduszek - *University of Huddersfield*

Background

The central question in Rape trials often revolves not around whether a sexual act occurred, but whether it occurred with consent. Resultantly, jurors' decisions become largely based upon which of the opposing stories they believe, possibly explaining the large disparity in Report-to-Convict figures.

The *Story Model* details how jurors construct decisions during trial however, research in England is yet to systematically explore, the effect that underlying psychological constructs have upon verdict decisions jurors and juries make – irrespective of the evidence presented at Court.

Research Aims

This research aims to explore the relationship or predictive interaction between psychological constructs and attitudes jurors hold with the verdict decisions ultimately made.

Methodology

Participants

$N = 360$ P's comprised within 30 jury panels, observed one of three rape cases reconstructed within a video sequence over the course of 2 hours. Mock trials were carefully scripted and recorded in consultation with an expert panel of criminal justice practitioners having been granted special permission to re-enact the trial evidence within a Crown Court in the North of England. Derived from genuine cases, all scenarios included a number of key elements that both research and the expert panel identified as being present in many contested rape cases, i.e. voluntary drunkenness and previous intimate relationships.

Procedure

Trial simulations purposefully included a level of ambiguity and sufficient lack of detail such that participants' decisions could not be necessarily swayed one way or another by physical evidence alone and therefore interpretation of what happened would be solely attributable to underlying biases, social conformity and implicit psychological constructs held.

Post-trial, mock jurors were assessed according to the verdict choices made, both individually and after deliberating as a group in order to be examine any interactional relationship between verdict decisions made and psychological constructs implicit within the individual jurors, assessed pre-trial.

Emerging Findings

Psychological Factors; Rape Myth Acceptance Attitudes, Psychopathic Traits, Self-Esteem & Interpersonal Relations appear predictive of –

- Initial decision formation
- Tendency to change decision during deliberation
- Ability to resist decision conformity

Implications

Evidence of a predictive relationship between juror characteristics and verdict outcomes, highlights the impact that preconceived biases can have upon the verdict decisions within contested rape cases, beyond the evidence presented at trial.

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