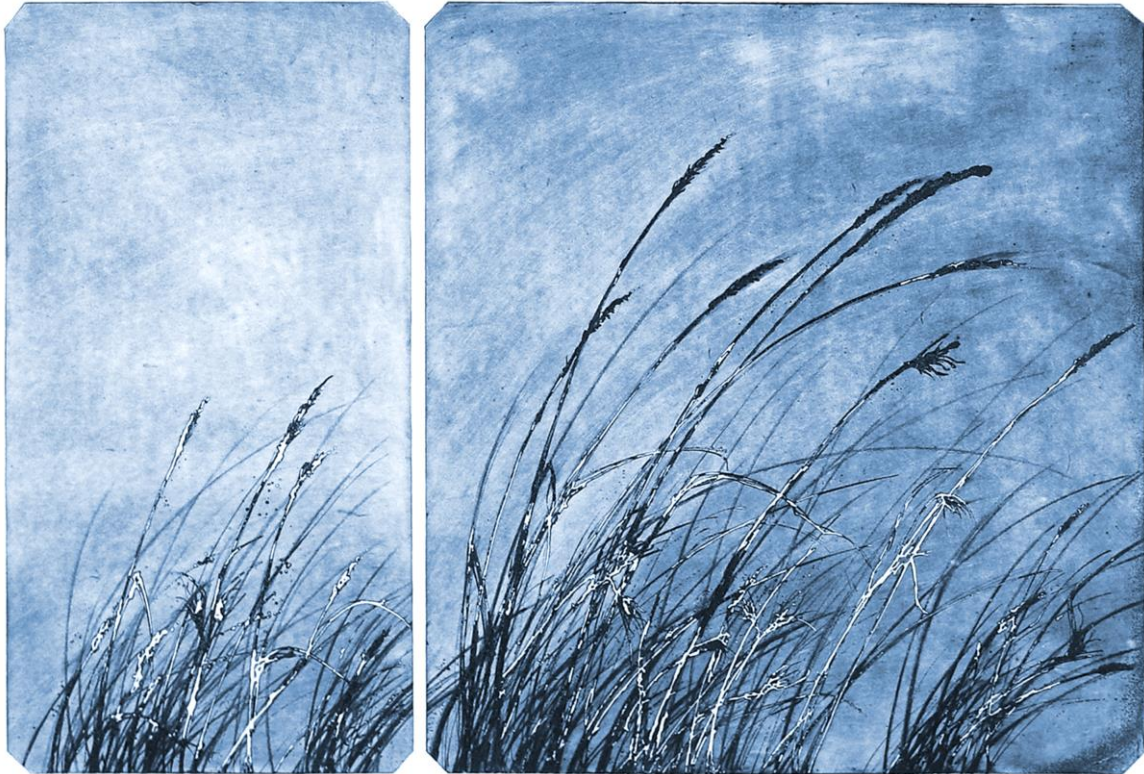


# Men on Black Saturday

Risks and opportunities for change



Vol. 1 Executive Summary and Recommendations

Vol. 2 The Men's Accounts

Vol. 3 Men, Masculinity, Disaster: A literature review – online



### **The Black Hills**

Like people of Pompeii  
They stand and often lean  
Upon each other, immobilised  
By the momentary inferno.  
I strain my ears to catch  
A call of a bird or  
The sounds of brushing leaves ...  
A memory of a canopy.

I strain my eyes to gather  
The few fringes of green,  
Newborn and perfectly formed,  
Clinging to charry hosts.  
I strain my heart to be  
As optimistic as the trees,  
Life will return to these black hills  
This is no cemetery.  
*By Dianna Thomas*

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Disaster Resilience  
Initiative

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## **Introduction**

On and around February 7, 2009 the Black Saturday bushfires swept across Victoria, leaving 173 people dead, 414 injured and 7000 homeless. Moreover, 430 000 of hectares of bushland were destroyed, along with 2029 properties destroyed and 1,400 damaged, more than 10 000 km of fencing destroyed and 11 000 farm animals killed or injured (Borrell & Boulet, 2009; Lancaster, 2009; Parkinson, 2012; Parkinson, 2013). These fires occurred under some of the most extreme conditions of drought and heatwave ever seen in Australia: wind speeds reached 120 km/hour and the fire index rating on February 7th was 328, on a scale where 50 is classed as 'extreme' (Lancaster, 2009). The fires have been described as the most devastating in Australia's history (Borrell & Boulet, 2009).

According to an analysis of the Black Saturday fatalities, significant numbers of deaths occurred due to lack of understanding of bushfire risk, misconceptions about property defence, late evacuation, delays to medical access, and the victims being vulnerable or reclusive members of the community (Handmer, O'Neil, & Killalea, 2010). Nearly half of those who died were classified as 'vulnerable', being younger than twelve, older than 70 or suffering from illness or disability (Teague, McLeod, & Pascoe, 2010).

In the aftermath of the bushfire, communities began to rebuild. As is commonly the case following catastrophic natural disasters, many of the effects of the bushfire were not fully recognised immediately or in the weeks and months following the disaster. Although psychological needs were identified and dealt with as much as possible, in many cases trauma remained, and this trauma was separated according to gendered lines. Men were observed to be suffering psychologically due to their inability to fulfil their expected roles as protectors and providers for their families, and their tendency to withhold their emotions. This was found to be linked to increased rates of violence against women (Parkinson, 2012; Parkinson, 2013).

This article reviews the literature relevant to this topic, beginning with an overview of the expanding field of masculinity studies and examining its relevance to gender and disaster. It continues with an examination of the relationship between gender and risk perception and issues relating to masculinity and Australian men's health. It concludes with an examination of the literature on the community response and recovery after the Black Saturday bushfires.

## **Men's health in Australia**

Generally speaking, significant differences exist between men's and women's health, and between health of rural and urban people. In Australia, the average life expectancy of men is lower than that of women (Goodman, 2010; Haynes et al., 2008), with men suffering higher levels of mortality for all common causes of death, including suicide (Department of Health and Ageing, 2010). Generally, suicide is four times more common in men than women, with more men than women committing suicide due to bereavement. Furthermore, men are less likely to have accessed treatment for mental health issues in the year prior to committing suicide (Victorian Government Department of Health, 2010).

Health outcomes differ between males of different groups, with Aboriginal and Torres Strait Islander males experiencing particularly poor health (Department of Health, 2010b; Department of Health and Ageing, 2007a). A large number of factors contribute

to health inequity, whether between men and women or between different groups of men: these include income, education, employment, social injustice, relationships and violence (Department of Health and Ageing, 2010). A greater focus on gender throughout the health system, it is argued, will improve health outcomes for both men and women (Department of Health, 2010d; Victorian Government Department of Health, 2010). Some priority areas for men's health include risky behaviour (see Gender and risk section), mental health, health and the workplace, and relationships.

Mental illness is a significant health problem for many men, with depression being the most debilitating illness in terms of the number of years of life affected. Substance abuse is also higher than among women, and may lead to physical and/or chronic illness (Victorian Government Department of Health, 2010). Risk factors for mental health problems and suicide include separation (especially from children), traumatic events, unemployment, social isolation and drug and alcohol problems (Department of Health, 2010b; Victorian Government Department of Health, 2010). Accessing help for mental health problems is much lower among men than among women in all age groups (Department of Health, 2010b). Instead, men have a higher tendency to manage emotional and mental health issues through silence, avoidance and denial (Department of Health, 2010b).

Employment is often closely linked to male identity, and loss of employment can lead to feelings of inadequacy on the part of men, who feel themselves unable to fulfil the traditional masculine role of provider for the family, leading to negative effects on health and well-being (Department of Health, 2010b).

It is notable that male-dominated workplaces tend to have the highest rates of work-related injuries, suggesting that masculine behavioural norms in these industries should be targeted for change; peer pressure is a factor that must especially be countered (Department of Health, 2010b, 2010d). "High risk, low pay" jobs tend to be most strongly linked to poor health outcomes for men, while jobs with both high demand and high job control ("active" jobs) are sometimes linked to greater health and wellbeing as they tend to be stimulating and challenging (Department of Health, 2010c).

Good relationships have been identified as linked to men's health and wellbeing. Women have been found to have a role in maintaining men's health and encouraging help-seeking behaviour (Department of Health, 2010c), and relationships with children similarly play an important role. Fathering is an important relationship undertaken by many men, and loss of contact with or isolation from children, along with relationship breakdown, increase the likelihood of physical and mental health problems and suicide for men (Department of Health, 2010d, p. 7). Obstacles to gaining support for fathering include stereotypes that only mothers look after children and fathers believing services are only for women (Department of Health, 2010d, p. 8). The prevention of relationship breakdown is thus clearly in the interests of all involved; this can be facilitated through identifying and addressing causal factors. Times of crisis, such as those brought on by bushfires and other natural disasters, are often the among the most difficult times for couples (Department of Health, 2010d, p. 8).

### **Rural men's health**

Males living in rural and remote areas are a priority group for national health policy as they generally have poorer health than males living in major cities. In 2004-06 rural males had an average life expectancy eight years less than that of males living in urban areas: 72 years as opposed to 80 (Department of Health, 2010d, p. 7). Rural men face greater mental health problems and a higher lifestyle disease burden



(lifestyle diseases include obesity, diabetes and cardiovascular disease), with farming men being even worse off than the rural average (Department of Health and Ageing, 2010). Compared to women and urban men, rural men face higher exposure to occupational hazards and experience greater physical inactivity and poorer diets (Australian Institute of Health and Welfare, 2010). Furthermore, death rates due to injury and poisoning for males increase with remoteness (Australian Institute of Health and Welfare, 2010; Brumby, Chandrasekara, McCoombe, Kremer, & Lewandowski, 2011). Rates of suicide and depression are significantly higher for rural men than urban (Department of Health and Ageing, 2010; Victorian Government Department of Health, 2010).

Possible causes of rural/urban health inequities among men include increased psychological stress due to factors such as changing farm practices, economic hardship and climate variability (Victorian Government Department of Health, 2010). General social determinants of health include socioeconomic disadvantage, limited education, cultural practices and environmental factors (Brumby et al., 2011). Factors contributing specifically to higher suicide rates include easier access to the means of death (i.e., access to firearms), greater levels of social isolation, and lower levels of help-seeking (Australian Institute of Health and Welfare, 2010). Other risk factors include family breakdown, a history of suicide attempts, substance abuse, bereavement, a loss of status or respect, and illness or accident (Department of Health and Ageing, 2007b). Furthermore, specifically rural aspects of masculinity, such as the prioritising of self-sufficiency, may have an important effect (Department of Health, 2010b) (see Rural masculinity section).

### **Help-seeking among Australian men**

Traditional masculine values make it less likely that men will access health services than women because they feel uncomfortable discussing problems or talking about their feelings and/or do not want to be considered weak, even when experiencing symptoms of ill health. This may lead to feelings of shame and embarrassment, as well as delays in seeking help, lower use of healthcare services and a lack of interest in illness prevention compared to women (Department of Health and Ageing, 2007a). Other barriers to men seeking help may include not recognising symptoms, preferring to work it out alone, not knowing the right service, not prioritising healthcare, and services not being 'male-friendly' (Department of Health, 2010b; Department of Health and Ageing, 2007a, 2010; Victorian Government Department of Health, 2010). Failure to seek help for physical and mental health issues is harmful to men and those around them. Health problems such as depression may lead to anger and violence, which may be taken out on others, while damage to men themselves occurs through the adherence to restrictive models of masculinity (Department of Health and Ageing, 2007a).

Help-seeking problems are compounded for men in rural and remote areas as fewer health services exist, especially specialist services such as for mental health, and confidentiality can be a challenge (Addis & Mahalik, 2003). Rural men are more likely to dismiss symptoms and, in times of crisis, tend to have smaller social networks than women for support (Department of Health, 2010b). Long working hours and the seasonal nature of much rural work contributes to difficulty accessing services for rural men. Behavioural factors also contribute, with rural men exhibiting greater risk taking, drug and alcohol abuse, unsafe driving, poorer health attitudes, higher

levels of self-reliance and reluctance to seek help, and fewer opportunities to access preventative information (Australian Institute of Health and Welfare, 2010).

It is clear that constructions of masculinity differ between rural and urban men, with stoicism and self-reliance playing a larger role. It has been suggested that “[pushing] boys into men with masculine ideals that delimit emotional expressivity and help-seeking behaviours... causes attachment trauma that effectively sets many rural men up for an early grave” (Australian Institute of Health and Welfare, 2010) (see also Rural masculinity section).

### **What can be done?**

The workplace has been identified as playing a key role in promoting good health for males, through measures such as workplace health promotion and health checks. It is also clear that an important barrier to help seeking is full-time and inflexible workplaces (Ultimo167, 2010). Work, being a central element determining “financial security, social status, personal development, social relations, self-esteem and protection from physical and psychosocial hazards” (Department of Health, 2010c) clearly has the potential to be play a large role in men’s health.

A significant concern to policymakers in the area of men’s health is whether existing health services suit men’s needs, and if not, how they can be changed to better address these needs; answering these questions should occur in consultation with men (Department of Health, 2010d, p. 5). Strategies for engaging men in healthcare must be different to those engaging women. Examples of strategies include practical measures such as making services easily available and accessible outside of work hours, as well as measures such as making male practitioners available and including ‘male friendly or neutral settings’ (Department of Health and Ageing, 2010). Interventions may be more successful if they focus on good health and celebrate male strengths, and ‘branding’ services as related to mental health or counselling should be avoided. Focusing on community, using existing and creating new networks, training health professionals, and focusing on education and resilience-building are all effective techniques (Department of Health and Ageing, 2010).

Stoltenberg has identified some key points in health messaging aimed at boys and men, based on his theory of masculinity (see Critical masculinity theory section). He points out that any communication must identify and appeal to the motivating interests of its target group if it is to be effective. He argues that men have two sets of self-interests: those that align with their masculine gender identity, which support negative health behaviour such as excessive risk taking, and those that align with their ‘moral identity’, which exists separately to hegemonic masculinity. Health messaging must therefore appeal to men’s moral identity over their gender identity, and avoid triggering gender anxiety. He suggests: addressing men’s capacity for moral reasoning, appealing to men’s desire to be seen as having integrity and a sense of values, using first-person narrative that reveals moral agency, and modelling positive behaviour choice while showing its positive social outcomes for oneself and others (Stoltenberg, 2013a).

## Critical masculinity theory

There is already an enormous literature around men and masculinity in existence. One of the most influential theorists in this area is the Australian scholar Raewyn Connell, who developed her theory of masculinity as a response to then-prevalent sex role theory's failure to come to terms with issues of inequality and power, both between and within genders (Demetriou, 2001). As an alternative to the biological determinist approach, Connell proposed a theory of masculinity based on social construction, arguing that there is not one form of masculinity, but many, each associated with different positions of power. The ultimate form of masculinity is 'hegemonic masculinity', which is the highest level of aspirational masculinity in any given time or place. Hegemonic masculinity is socially constructed to suit perceived social need (for example, war), and all men are positioned in relation to it (Pease, 2010). Only a few men can ever live up to the standards of hegemonic masculinity. Currently, hegemonic masculinity in the West is characterised by heterosexuality, aggression, authority, courage, decision-making, rationality, emotional control, muscular prowess, risk-taking, self-reliance, dominance, the primacy of work, 'playboy' characteristics and violence (Austin, 2008; Kahn, 2011; Pease, 2010, p. 88).

Men who approximate hegemonic masculinity are then situated at the top of the social hierarchy, with non-white, disabled and/or working-class men somewhat lower down and homosexual men or men likened to women at the bottom; in this way, the politics of hegemonic masculinity are linked to other oppressive hierarchies such as those of racism and homophobia (Greig, Kimmel, & Lang, 2000). Coston and Kimmel (2012) give a detailed examination of ways in which disabled, gay and working class men cope with belonging to marginalised masculinities, which may include resorting to hypermasculinity (as seen in some disabled athletes and machismo gay men) and/or oppressing women as one of the few groups below them in the hierarchy. Other men may behave in an effeminate way or 'refuse manhood' out of solidarity with women (Coston & Kimmel, 2012).

Thus, men from minority masculinities may be made to feel emasculated in the arenas of class, race, sexuality and/or ability, though their dominance is maintained in the area of gender. These men often want access to the superiority of hegemonic masculinity but are denied it by discrimination; they therefore try to display their masculinity in other ways, such as by forcing women into subservient roles (Austin, 2008). This argument is supported by Maher and colleagues' (2005) paper, which argues that the Australian legal system protects white middle class masculinity while condemning masculinities seen to be associated with 'less civilised' cultures, perceived as innately violent and oppressive (Maher et al., 2005).

Marginalised masculinities may also play symbolic roles in the construction of hegemonic masculinity: for example, working class masculinity is linked with conceptions of masculine toughness, indicating the interrelatedness of hegemonic and marginalised masculinities (Austin, 2008). Despite these differences, all men continue to be privileged over women in important parts of society which are 'gendered male', such as government, the workforce, religion, and public life generally (Connell, 2005; Dowd, 2010).

Another form of masculinity that is central to understanding the operation of patriarchy is known as 'complicit masculinity'; this may be one of the most important and least-understood form of masculinity (Pease 2013, pers. comm.).

Complicit masculinity is a concept created to explain the fact that many men have some connection with hegemonic masculinity but without embodying it themselves. According to Connell, complicit masculinities are 'structured in ways that realize the patriarchal dividend, without the tensions or risks of being the frontline troops of patriarchy' (Connell, 2005, p. 79). Connell points out that many men in situations of marriage, fatherhood or as members of community leadership compromise extensively with women around them rather than engaging in open domination. These men respect the women in their lives, are never violent towards them, do some share of household work and support the family financially, while still gaining significant benefits from the patriarchal status quo (Connell, 2005, pp. 79-80).

In alignment with theory on gender as a performance, or 'a routine accomplishment embedded in everyday interaction (see also Jurik & Siemsen, 2009; West & Zimmerman, 1987), Connell's theory conceptualises gender relations as an interactive system of connections embedded in organisational routines. They are diverse and changing, and are interwoven with power, economics, emotions, and communications (Connell, 2003, 2005). Gender inequality is deeply interwoven with current definitions of masculinity, which is in effect defined as 'not-femininity' (Connell, 2005 p.70). Connell advocates the creation of alternative forms of masculinity that can offer a range of options for individual males, or even the advancement a model of hegemonic masculinity that supports gender equality (Connell, 2003, p. 28; 2005).

Strong beliefs about biological determinism (i.e., the 'boys will be boys' attitude) have long been a hindrance to reforms leading to sex equality. In the wider culture, assumptions of an innate masculinity that exists independently of society are common – for example, in commonly heard phrases such as 'real men', 'a man's man', 'man up', and the 'deep masculine'. This 'true' masculinity is usually thought to arise from men's bodies. However, this view is not supported by scientific evidence, and masculine identity varies widely between societies, suggesting social rather than biological roots (Connell, 2003, pp. 43-45). In fact, there are many examples of men worldwide changing their roles, often to provide support for gender equality, suggesting that masculinity is not innate and that men can change (Connell, 2003).

Theories of gender based on social construction offer a more fruitful avenue for analysis of masculinity. These theories, such as that of Connell (see above) and Deutsch (2007), recognise that normative ideals of men and women vary according to era, ethnic group and social circumstances (see also Allen, 2002). They focus on social processes underlying resistance to conventional gender relations and on how changes in power dynamics and inequities can be achieved. Deutsch argues, in the case of workplace relations, that behaviour leading to the breaking down of gender stereotypes can encourage collective action and be used to transform institutions. Policies such as paternal leave facilitate such behaviour (Deutsch, 2007; Jalmert, 2003). In the context of heterosexual relationships, Risman (2009) found that women are happier when men move beyond traditional masculine behaviour of the 'sturdy, silent, nonexpressive, hegemonic male', thereby 'undoing gender'.

Australian masculinity scholar Bob Pease argues that men (and members of other privileged groups) possess unearned privilege which is often unconscious and internalised and therefore invisible to them (Pease, 2010). Those who are privileged

determine what is 'normal' in society, along with having more cultural access and choices, higher pay, better representation, more authority, and the power to determine the rules and structures of society generally (Kahn, 2011; Noble & Pease, 2011; Pease, 2010). Privilege effectively changes the psychology of men, making their expectations of justice, fairness, equality and so on based on a belief of inherent male superiority (Kahn, 2011). Privilege, Pease argues, is socially constructed through psychological and social means, and there is no biological basis for male dominance (Pease, 2010).

Echoing Connell's theory on hierarchies of masculinities, Pease identifies the existence of a hierarchy of privilege (Pease, 2010, p. 23), with the most privileged in society being middle class, heterosexual, able-bodied white men. He further argues that oppression can be reproduced without the conscious efforts of the privileged, and that eliminating this privilege is very difficult as societal structures continue to uphold it. In order to live a moral and ethical life, Pease suggests, those who are privileged must firstly recognise their privileged position(s) and then challenge them (Pease, 2010). This is achieved by critically examining one's own role in others' oppression. In general, making visible the male-dominated nature of power structures is seen to be an important step in challenging them (Connell, 2005).

It goes without saying that those who are privileged have much to lose by giving it up, including their morale, the esteem of others, status and money (Connell, 2003, 2005; Greig et al., 2000; Pacholok, 2009; Pease, 2010). Men are often opposed to efforts to promote gender equality for a variety of reasons, such as the loss of material benefits (including care), the loss of the honour, prestige and right to command they are currently accorded, the necessity of changing their identity (breadwinner as strong, caring as weak and unmanly), resentment towards gender equality efforts from men who get little or no 'patriarchal dividend', ideological views on male supremacy, and conservative views about women's role (Connell, 2003). In a 2012 paper, Pease suggests that men's emotional attachment to privilege has been overlooked by critical masculinity studies (Pease, 2012).

Even though many men are oppressed by race or class, they are still privileged by gender. Oppressors can themselves be oppressed, and this may make it more difficult for them to see how they oppress others (Pease, 2010, p. 21). Although men may feel powerless (Dowd, 2010), the fact is that the majority of men benefit from the current hierarchy of the sexes because they gain generally from the patriarchal dividend and from the overall subordination of women (Connell, 2005, p. 79).

Another theory of masculinity is offered by the long-time pro-feminist activist John Stoltenberg. In his books *Refusing to be a Man* (1989) and *The End of Manhood* (2000) he argues that men learn a specific gender identity and type of sexual behaviour in which the victims of acts are seen as responsible for those acts. This, he argues, is a key part of explaining why men rape and why men are violent towards women. He argues that men possess two types of identity that are fundamentally in conflict: a gender identity, which requires constant competition with other males and/or oppression of weaker males and women for its reinforcement, and a 'moral identity', which is part of some kind of true self unaffected by social constructions of masculinity. He argues that men can choose to follow their moral identity rather than their gender identity, and that this will lead to relations between men and women based on genuine intimacy and equality (Stoltenberg, 1989, 2013a)

## Criticisms of masculinity theory

Theories of masculinity, especially Connell's, have generated much debate. Frequently, they have been developed and revised in conjunction with the work of other theorists (see, e.g., Hearn et al., 2012). They have also attracted serious criticism despite their influence. Many of these criticisms centre on the conflict between the idea of hegemonic masculinity and the way individual men experience power or lack thereof (for an overview of these criticisms, see Parkinson, 2013). For example, Moller (2007) argues that Connell's theory 'reduces the complexities and nuances of what the subjects of masculinity... actually do', suggesting that men's practices and motivations are often more complex than Connell's determination of masculinity as dominating allows (Moller, 2007).

A different type of criticism disagrees with Connell's concept of hegemonic masculinity. For example, Demetriou (2001) argues for an alternative formulation of hegemonic masculinity that is not solely a white and/or heterosexual configuration of practice, but a 'hybrid bloc that unites practices from diverse masculinities in order to ensure the reproduction of patriarchy' (p. 337). This notion eliminates Connell's dualism between hegemonic and non-hegemonic masculinities, though accepting the overall concept of a hierarchy of masculinities. Instead, it posits that the form of masculinity that reproduces patriarchy is in a constant process of negotiation, translation, hybridisation and reconfiguration and cannot so easily be separated into hegemonic and non-hegemonic (Demetriou, 2001; Kahn, 2011; Pacholok, 2009). Similarly, Coles (2009) argues that Connell's theory is limited due to conflicts between the theoretical concept of hegemonic masculinity and men's lived experiences of masculinity. Coles proposes instead a model of multiple dominant masculinities operating 'within subfields bound by a field of masculinity', and which outlines how masculinities are both produced and reproduced through struggles between dominant and subordinate groups of men (Coles, 2009).

A strong critique of the singularity and universality of hegemonic masculinity has emerged from South Africa, where a model of multiple hegemonic masculinities has received more support. This is revealed through efforts of the African National Congress to valorise a form of hegemonic masculinity that is 'race-specific, backward-looking, and predicated on the notion of male superiority'. It is argued that while the concept of hegemonic masculinity is useful as it creates an analytical space for pro-feminist scholarship on gender relations, it must be better located in a broader contextual understanding of the race- and class-based reality of different societies (Morrell, Jewkes, & Lindegger, 2012).

In contrast, Wedgwood (2009) praises Connell's theory for its profundity while noting its enduring appeal and influence, instead criticising the 'piecemeal' way it has been taken up. For example, misunderstanding of gender power can be seen in the panic over boys failing at school, overlooking the influence of masculinity itself on boys' school results and the advantage to boys and men at every other stage. She notes three particular aspects of Connell's theory which are under-developed or neglected: the influence of psychoanalysis and subsequent use of the life history case study method; the importance of non-hegemonic forms of masculinity; and the concept of cathexis. She furthermore criticises the neglect by feminists of the social construction of sexual desire, due to the large-scale reproduction of many aspects of the hierarchy of the sexes within heterosexual relationships (Wedgwood, 2009).

Connell and Messerschmidt (2005) published an article reviewing the origin of the concept of hegemonic masculinity, the way it has been applied over time, and the criticisms it has attracted, responding by defending the underlying concept of masculinity but proposing some reformulations. These include the rejection of a conception of masculinity as a series of character traits in favour of seeing it as a social construction related to other constructions of masculinity and to femininity; explicit recognition of the variation in masculinities according to geography; and a stronger emphasis on the dynamics of hegemonic masculinity. They point out that hegemonic masculinity may not correspond to the lives of any individual man, but that they do express widespread ideals, fantasies and desires (Connell & Messerschmidt, 2005).

Stoltenberg's work may be interpreted as a critique of more mainstream masculinity theory, though his early work preceded the development of masculinity theory. Unlike theorists such as Connell, Stoltenberg argues against a concept of masculinity in favour of a concept of moral agency which involves breaking entirely with the ideas of masculinity and manhood rather than attempting to reformulate them in a more 'healthy' way (Stoltenberg, 2013b).

### **Masculinity and masculinity theory in practice**

Glover's (2009) account of spending a decade hand-building a mud-brick house gives an indication of how masculinity works in practice. Describing the prescribed masculinities of the 1970s as narrow and restrictive, and having always seen himself as 'girly', Glover explains that building the house enabled him to find a type of masculinity that was both socially validated and comfortable for him. Although building a house does not necessarily have to be linked to the validation of masculinity, Glover describes the process as one of finding pride in his sense of manhood and beginning to enjoy the new world he was discovering: 'I liked the aggressive swagger of it; the bluster; the bubbling camaraderie and good humour' (p. 89). He describes the lack of perceived masculine skills such as physical strength and building prowess as the source of mirth and derision amongst other men, and despite his positive experiences, states that he still sees masculinity as a protective disguise rather than a reflection of his true self (p. 222).

Hidayat's (2012) paper describes an Indonesian program designed to reduce domestic violence in that country. It is based on behavioural change and worked with both Muslim and non-Muslim men. The study found that a key obstacle to change was a belief in a concept of 'ideal manhood' based on male authority in the family that was accepted by many Muslim men, and was reinforced by religion. It argues that these conceptions of what it is to be a Muslim man must be challenged, and describes a widespread media and education campaign that aims to achieve this (Hidayat, 2012).

A 2003 study of men in Latin American countries (Medrado & Lyra, 2003) found that socialisation played a large role in determining the fact that the highest cause of death in those countries is homicide, as well as alarmingly high levels of violence against women. They deny that men's aggression is determined by biological factors, instead finding that violence and brutality are part of the ideal of manhood and that anger and physical violence are socially acceptable ways of expressing emotion for men. Additionally, they comment on the importance of the social division of labour, and in the family, school, daily life and trivial everyday acts. They discuss the

importance of the Brazilian White Ribbon campaign in raising awareness and involving men in the prevention of violence against women, and advocate reform in education, health, justice, employment and public policy.

There have been numerous attempts to consciously change the construction of masculinity around the world. For example, Sweden has had a relatively long history of promotion of gender equality through legal change (Hearn et al., 2012), as seen in measures to encourage equitable parental leave. Early studies revealed that Swedish men were generally in support of equality of the sexes but claimed they could not act towards this goal because of restrictions such as their higher salaries, women 'wanting' to stay home, and so forth. The positive attitude of these men was identified as a crucial step in the right direction, despite these limitations. Jalmert (2003) suggests that many men may believe that other men want to uphold traditional values, making them less likely to change. Recognising that a key way to achieve gender equality was to strengthen the role of fathers, the Swedish government introduced changes to the parental leave scheme, fathers' groups, educational groups on childbirth and parenting and encouragement of men to enter childcare and preschool jobs. These changes initially met with strong opposition but have since become embedded in Swedish culture (Jalmert, 2003).

One arena in which theories of masculinity have been (indirectly) put into practice is that of therapy. Kahn (2011), using various feminist theories, argues that feminist therapy is beneficial for men too as it addresses the diversity of masculinities that men experience, rather than the traditional, essentialist, masculinist perspective of psychotherapy that supports the prescriptions of patriarchal society and 'reflects the voice of dominant masculinity seeking conformity to dominant masculine norms' (p. 64). It has been an axiom of feminist therapy techniques to help clients develop an awareness of the gaps between their view of themselves and the prescriptions of the wider culture, showing them that their failure to live up to these prescriptions is not a failing on their part but on the part of the culture. Kahn argues persuasively that the same techniques can be applied to men (Kahn, 2011).

### **Men, masculinity and the backlash**

In the context of a generalised, society-wide 'backlash' against the gains of the 1970s women's movement (DeKeseredy, 1999; Flood, 2012; Pease, 2008b; Phillips, 2006; Rosen, Dragiewicz, & Gibbs, 2009), a specific brand of men's movement has gained in prominence. Commonly known as 'men's rights activism' or 'father's rights activism' (and often abbreviated as 'MRA'), this movement most commonly campaigns around two main ideas: firstly, that intimate partner violence occurs at comparable rates between women and men, and that policy sensitive to the gendered nature of intimate partner violence is discriminatory; and secondly, that fathers are unfairly denied custody of and access to children in cases of marital breakdown, while being saddled with excessive child and spousal support obligations (Chung, 2002; Dunn, 2004). Although MRA rhetoric is usually couched in terms of equality, family values and/or the wellbeing of children, numerous researchers have shown that their campaigns are not simply trying to get a 'fair go' for men, but are part of a wider societal shift towards concealing men's violence, discrediting feminism and protecting male privilege (e.g. Dunn, 2004; Flood, 2012; Pease, 2008b; Wilson, 2004).



Men's rights activism frequently involves shifting the focus of policy and public debate from institutionalised male privilege and female disadvantage to a decontextualised portrayal of men's and women's disadvantage as occurring on an equal plane (Pease, 2008b). For example, men's difficulty in expressing emotions may be portrayed as a form of victimhood rather than as a central part of the socially-constructed masculinity that is linked to men's social dominance (Pease, 2012). As a result, it can be difficult to discuss men and masculinity without being part of this backlash against feminism. Nonetheless, as men are the power holders and the perpetrators of violence against women, these topics must be discussed, and new ways of approaching men and boys must be developed so that they can be part of change and have their interests recognised, but without weakening efforts for justice for women and girls (Dowd, 2010).

Connell suggests that a way to achieve this is by focusing on the relations between men and women rather than on differences (Connell, 2003, p. 11). Bob Pease suggests that gender mainstreaming approaches may have some potential in his examination of the Australian government's gender mainstreaming policies of the late 1990s, which shifted focus to men and masculinity in government service provision. The effects of this shift were not generally positive for women, as they allowed a decrease in attention to issues affecting women and to feminist perspectives, but he notes that gender mainstreaming has progressive implications in that it makes gender equality the responsibility of men as well as women (Pease, 2008a).

### **Men and feminism**

Theorising masculinity has its risks, and often generates distrust because so many issues remain for women. The development of analysis of masculinity has proceeded cautiously because of the possibility that patriarchy could use the language and arguments of feminists to reinvent itself. This is related to concerns that that 'doing gender' in different ways may simply change the form of masculinity without reducing male privilege (Risman, 2009). Work on masculinity may easily be hijacked to reinforce, rather than undermine, patriarchy, and masculinities scholars must constantly be reminded to remain focused on issues of power and the hegemony of men. Competing claims of bias or a hierarchy of needs from men and women are common, but must be resisted (Dowd, 2010). This phenomenon can clearly be seen in action with the use of masculinity scholarship by MRA groups (see, e.g., Dobash & Dobash, 2004; Flood, 2012). However, the study of masculinity, men and men's practices is important for feminists to undertake in order to understand male power, processes of subordination and determine the reasons why men have an interest in harming women (Dowd, 2010).

Although some men acknowledge that women are oppressed, in general men do not consider themselves privileged (Pease, 2010, p. 11). Most men think that patriarchy serves them well, and many think that a critique of patriarchy implies that all men are oppressive in their behaviour towards women (Pease, 2010, p. 105).

Accommodating men in partnership with women to tackle issues of gender inequality is problematic as women tend to modify their behaviour in the presence of men, being careful not to offend men and feeling gratitude that men are involved (Pease, 2011). This results in the diversion of women's attention from women to men's concerns and feelings (Castelino 2010 cited in Pease, 2010, p. 180). A further

problem is that men's movements in support of gender equality can easily become agents of the patriarchy because they benefit so greatly from the system: Connell has outlined a history of some such groups, some of which finished by regaining hegemonic masculinity (Connell, 2005). Alternative ways of framing men working with women that do not imply equality between men and women may be more fruitful: for example, framing men as allies to women (Pease 2013, pers. comm.)

In the case of efforts to reduce men's violence against women in Australia, Pease (2011) argues that partnerships between men and women have resulted in individual men being excused while larger problems of men's privilege and the advantages men gain through the use of violence are ignored. Simultaneously, the social context of men's violence is sidelined in favour of a medical model that characterises violence against women as a kind of disease that can be caught, and prevented with appropriate intervention. He suggests that male anti-violence allies need to critically examine their role in the culture that perpetuates men's violence against women (Pease, 2011, p. 179).

Men's sense of entitlement, as well as their need to maintain a superior identity, can result in violence against women (Greig et al., 2000; Pease, 2010, p. 14). For many men, being the one in control is a key aspect of what it means to be a man, and if men feel their authority to be threatened they may attempt to tighten their control over the women and girls in their lives, especially if they perceive female gains to result in a loss to their entitlement as men (Greig et al., 2000). Challenging men's coercive control of women is therefore very difficult as it requires challenging men's privilege and their sense of entitlement to control women. For example, since women's work is interpreted as an affirmation of patriarchal masculinity, some men may be easily frustrated when women do not do what they expect of them (Pease, 2010, p. 98). Although most men are not violent towards women, those who are violent are not likely to feel deviant; in fact they usually feel as if they are exercising a right. This is authorised by an ideology of supremacy (Connell, 2005, p. 83).

Generally, the role men can play in achieving the goals of feminism is uncertain and unclear (Dowd, 2010). Connell, however, argues that men and boys are the gatekeepers for gender equality and must be involved for any change to take place. This sentiment has been echoed by many others (e.g. Flood, 2011). Furthermore, change must be attractive to men and boys, so that they see it as having positive effects for themselves and their families – for this it must be articulated in appropriate forms in different countries (Connell, 2003).

### **Negative effects of hegemonic masculinity on men**

Men, as well as women, pay a price for male privilege (Dowd, 2010). Trying to live up to the standards of hegemonic masculinity is a constant stress on men, and can even lead to early death (Greig et al., 2000; Jalmert, 2003). Medrado and Lyra's 2003 study shows a very concrete way in which masculinity negatively affects men's lives, arguing that the patriarchal system that requires men to 'defend their honour' frequently leads to them to end up in jail. An astounding 95.6% of inmates in the countries studied are male (Medrado & Lyra, 2003).

Male privilege can have negative psychological effects, including higher rates of depression, poorer body image, problematic alcohol use, loneliness and overall psychological distress (Kahn, 2011). It can also cause problems with relationships,

difficulties relating emotionally to others, isolation, lack of trust, moral, spiritual and physical costs, social and economic pressures, and general health problems arising from the construction of masculinity and from dominating behaviour (Connell, 2003, p. 13; Connell & Messerschmidt, 2005; Jalmert, 2003; Pease, 2010, p. 174; 2012). Some examples include the higher likelihood of premature death from accident, homicide or suicide; occupational injury in industries such as mining, transport, and heavy manufacturing; injury through sport; elevated levels of alcohol, tobacco and drug abuse; and the unwillingness to seek medical help (see below) (Connell, 2003; Connell & Messerschmidt, 2005; Jalmert, 2003). Issues of identity would also be eased by a change in the constitution of hegemonic masculinity: for example, men who are unemployed would no longer face psychological damage over being unable to fulfil expectations that they should be the family breadwinner (Connell, 2003, p. 13).

Measures designed to make childbearing and child-raising in conjunction with working easier are generally targeted at women (for example, maternity leave, flexible work hours, family-friendly workplaces). While these measures may make it easier for women in the short term, this tendency further ingrains gender inequality and the unequal division of labour where masculinity is defined through paid work and femininity associated with childcare and domestic work. The disadvantages of ascribing nurture to one sex are starkly conveyed by Australia's Sex Discrimination Commissioner, Elizabeth Broderick (Broderick, 2013). In contrast, men are working longer hours and the emergence of a global business masculinity is resulting in poor outcomes for work/family/life balance for men, and for gender equity more generally (Connell, 2003).

It has long been recognised in the field of masculinity studies that patriarchy ultimately destroys those men and women who conform to its requirements: the physical and mental health problems suffered by men are a clear indication of this fact (Kahn, 2011). It is therefore clear that men will greatly benefit from a broad social justice agenda targeting masculinity that will benefit most men materially and all men psychologically (Greig et al., 2000).

While individuals who do not conform to masculine stereotypes may experience rejection and marginalisation – such as verbal and physical bullying, victimisation, isolation, and damage to their sense of self – non-conformity to masculinity may actually bring many personal benefits: it has been found to be associated with a number of measures of physical and mental health (Kahn, 2011).

While it is tempting to frame arguments that aim to encourage men to promote gender equality in terms of the advantages it will bring to them, it is important not to obscure the message that gender equality is a worthy aim in and of itself, quite apart from the benefits it brings to men. Movement toward gender equality is not a zero-sum game: that is, advantages that go to women do not automatically equate to disadvantages for men. While men have much to lose through working for gender equality, they also have much to gain; however, most men, when engaging in a cost-benefit analysis, tend to finish by continuing to support patriarchy. For this reason, it may be most effective to accompany arguments for men to support gender equality based on the positive outcomes for them with arguments based on social justice and human rights of women (Pease 2013, pers. comm.)

## Rural Masculinities

A specifically Australian, rural variety of masculinity (or masculinities) may contribute to the problems suffered by men in the aftermath of Black Saturday. Rural masculinity is generally considered to include stoicism, self-reliance, the belief that help-seeking is a sign of weakness, lesser emotional expressivity, strength, stamina, 'grit and guts', general hypermasculinity, and the control of nature and technology by males (Eriksen, Gill, & Head, 2010; Ultimo167, 2010). Tyler and Fairbrother (2013a) identify three main characteristics of Australian hegemonic rural masculinity that differentiate it from other masculinities: the frontier mentality and the idea of (colonial) man against nature, the importance of physical strength, and the valorisation of risk-taking.

Interestingly, Eriksen and colleagues' study of attitudes to bushfire awareness found that these perceptions of rural masculinity were often embraced by new arrivals to the community ('treechangers'), both male and female. The myth of the (male) bushfire volunteer was identified as being very important. Women who both worked and had primary responsibility for children had little time for bushfire preparation, and their exclusion contributed to the masculinisation of that work and therefore the reinforcement of rural hegemonic masculinity (Eriksen & Gill, 2010; Eriksen et al., 2010).

Campbell and Bell's (2000) review of masculinity studies in the context of rural sociology makes a distinction between 'the masculine rural', that is, the way in which masculinity is constructed within rural spaces and sites, and 'the rural masculine', the way in which images of rurality are implicated in the construction of a more general masculinity (for example in the widespread image of a 'real man' being one who can use a chainsaw to chop down a tree, or a cowboy). The mythologising of the Australian bushman perhaps provides a pertinent example of the latter category (Featherstone, 2008). Tyler and Fairbrother (2013a) point out that this means that the analysis of rural masculinity may be applicable outside areas that are technically or functionally rural.

Research on rural masculinity reveals that rural life in Australia tends to be highly patriarchal and that the division between men's and women's roles is particularly strong. Rural people tend to have a strong perception of themselves as 'country people' and subscribe to an ideology that relies heavily on a conservative definition of the male-dominated family. These traditional gender roles provide men with an apparently natural authority, and despite changes in recent years, for example due to drought and economic restructuring, the influence of hegemonic rural masculinity remains strong (Tyler & Fairbrother, 2013a).

Dempsey's 1990 analysis of life in an Australian town ('Smalltown'), based on a series of longitudinal surveys from 1973 to 1987, though somewhat dated (it is based on a series of longitudinal surveys from 1973 and 1987), provides an insight into rural masculinity. Dempsey describes strict rules that must be adhered to, including division of labour based on gender (with women's work being devalued), men whose preference is for the company of other men, and the inferiority of women expressed in language, social mores, and economic dependence. Both the private and public spaces of men are protected and women are barred from entrance. The expectation that women support men no matter what is apparent, and it is clear that this expectation persists to some extent today (Dempsey, 1990).

The idea of 'traditional mateship', which has traditionally influenced friendships between Australian men, may be related to rural masculinity. 'Traditional mateship' is said to include unquestioning group loyalty, guarded levels of disclosure and the expectation of giving and receiving practical rather than emotional support. However, there are signs that this conception of male friendship is changing into one that is less restrictive, which Butera labels as 'neo-mateship' (Butera, 2008).

## **Gender and disaster**

According to leading disaster researcher Elaine Enarson, research on disaster has largely been conducted 'through the eyes of men'. Disaster management is gendered, as is how we talk about disasters and 'the heroes we create' (Enarson & Morrow, 1998, p. 4). Disaster management has traditionally been the arena of men, whose work reflected norms of gender, class and race (Enarson & Morrow, 1998, p. 4). Women are excluded from decision-making, leadership roles, emergency planning and fieldwork (Fothergill, 1998), often due to a perception by male-dominated emergency management that they are incapable in a disaster (Scanlon, 1997). As a result of this overwhelming male bias, existing gender and disaster research has understandably focused primarily on women.

During and after disasters, it is women who are asked to sacrifice, while men fall back on unearned privilege (Parkinson, 2013). For example, childcare is left to women, even if they have additional emergency duties to perform, while men frequently leave their immediate family to report to overstuffed emergency centres (Scanlon, 1998). Women relief workers' work is sometimes impeded by discrimination as they are not trusted by men in positions of power, and generally women's skills are under-utilised in disaster management (Fothergill, 1998). Disaster management's 'male-dominated and action-oriented' approach often leads to a lack of 'emotional first aid' (Fordham & Ketteridge, 1998, p. 93). In recovery, women are disadvantaged at all points, with poor women faring the worst (Fothergill, 1998). Tellingly, one writer, describing her experience following Hurricane Katrina, characterises New Orleans as a 'newly constituted "city of men"' (Batlan, 2008).

According to the World Health Organisation (2002) paper on gender and health in disasters, there is an urgent need for better sex-disaggregated data on mortality, morbidity and long-term health consequences following disasters. It calls particularly for better documentation of the influence of gender on coping mechanisms and better evaluation of recovery mitigation programs that incorporate gender equity. (WHO Department of Gender and Women's Health, 2002).

According to a literature review of gender and disaster with a focus on increasing family violence after disaster (Parkinson, 2013), there is a large research gap generally on gender and disaster. Internationally, gender and disaster research only emerged in the 1990s and in Australia it remains rare. However, gender permeates all aspects of the disaster experience, as disasters tend to magnify both the strengths and weaknesses in a society, therefore exacerbating pre-existing discrimination based on gender (see also Fothergill, 1998; Mulilis, 1999; Scanlon, 1998). Worldwide, mortality is generally higher for women and children during and after disasters than for men, but in Australia following bushfires mortality is slightly higher for men. More research needs to be conducted to understand this (Parkinson, 2013; Tyler & Fairbrother, 2013b) (see also Disasters and masculinity section).

Some examples of how gender is important during and after disasters, as found in the literature, are as follows. Physical impacts may differ between women and men: for example, men are more likely to die from lightning as they are more likely to be outside, while women indoors in caring roles are more likely to die in earthquakes and tsunamis (Fothergill, 1998). Bateman and Edwards (2002) found that women's caregiving roles put them at higher risk during hurricanes because of their more limited mobility and decreased ability to evacuate; Fothergill (1998) adds women's lower power, status and social class as added risk factors. They noted, too, the importance of the gendered distribution of decision-making in American households and its effects on household labour (Bateman & Edwards, 2002; Fothergill, 1998).

Following disasters, men are more likely to perform work requiring physical strength, search and rescue operations, help people they do not know personally and participate in public, visible aspects of reconstruction. They also get more recognition of their work by the media (Fothergill, 1998). Cox (1998) notes that the work women performed in reconstructing communities following the 1983 Ash Wednesday bushfires went unnoticed, while the work the men performed in rebuilding physical structures was lauded (Cox, 1998), while Fothergill characterises the work women do in 'putting lives back together' as 'unenviable' (Fothergill, 1998, p. 20). Women's caregiving roles tend to expand dramatically after disasters, becoming an 'extreme version' of their pre-disaster obligations (Fothergill, 1998, p. 19). Enarson and Fordham (2001) found that emergency planners did not consider women's vulnerability during and after floods in the UK, and that women were additionally burdened by having to look after male partners who couldn't cope (Enarson & Fordham, 2001). Women in poor, flood-affected regions of Scotland were mostly responsible for care-giving after the disaster, which was problematic for many reasons, including making it more difficult for males to access 'feminised' care support systems (Fordham & Ketteridge, 1998, p. 83).

A 1998 study of gender relations following Hurricane Andrew (which struck the United States in 1992) found that the hurricane disrupted some traditional gender roles as women took on physical work. However, in the aftermath of the disaster, the return to typical gender roles was welcomed as a return to normality. The authors note that the disruption to gender roles was only slight and momentary, and conclude that the return to traditional gender relations helped the community make sense of the disaster and return to a state of stability (Always & Smith, 1998).

A somewhat different case study – of the 1991 Oakland Berkeley firestorm – examined the effects of the disaster on local gender relations (Hoffman, 1998). Oakland at that time largely represented the pinnacle of equality of women and men, with women being independent and couples largely egalitarian. The study found, fascinatingly, that the shock of the disaster led to a retreat back into traditional gender roles, which the authors characterise as a 'fifty-year setback' (p. 57). It very quickly became the role of women to facilitate emotional relationships, and women found themselves marginalised by insurance officials, architects and contractors, especially if they were assertive. Male survivors, having maintained their access to the public world, seemed to recover more quickly (Hoffman, 1998).

A Victorian study of recovery after the Ash Wednesday bushfires (Valent, 1984) perhaps offers the best information about gender and disaster for this particular topic. Like the studies cited above, it noted that the usual hierarchical structures of

families and communities broke down during the crisis, but gradually reverted to 'normal' patterns in the following months. Shame and guilt were experienced by victims for not being able to fulfil their expected roles (Valent, 1984).

### **Masculinity and disaster**

Because the privileged are regarded as the norm, they are less likely to be studied or researched, as is evident in the way that 'gender' becomes a code word for 'women' (Enarson, 2009a; Enarson, 2009b; Pease, 2010, p. 13; Tyler, 2013). This is true in disaster literature as elsewhere. As a result, a number of researchers have called for increased research on men and masculinity and disaster (e.g. Enarson & Fordham, 2001; Tyler, 2013). This is true in the case of disaster, where we learn as little of men's emotional work as of women's physical work (Enarson & Morrow, 1998). It is clear that gender shapes men's experiences during and after disaster as well as their interaction with women and other men.

Although men usually have more power in decision making and control over resources than women do, other aspects of their gender make them vulnerable in disasters: for example, work on the front line puts their lives at risk, as does the normalising and validating of risky behaviour, which may also affect those around them (Enarson, 2009b). Emotional issues may arise for men in the aftermath of disasters due to their use of 'self-destructive coping strategies involving interpersonal violence and substance abuse and masculinity norms which may limit their ability to ask for needed help' (Enarson, 2000, p. 3). She notes, too, that men with marginalised sexual identities can be at higher risk of violence and/or social isolation during times of crisis, while power relationships between men generally may influence their vulnerability (Enarson, 2009a). She suggests that non-traditional gender roles should be promoted for men as well as women following disasters, and concludes that men's experiences must also be considered in disaster research (Enarson, 2009b).

Enarson has further identified the key challenges to including a focus on masculinity in disaster work. These challenges include the fact that there is no reward for men working on gender issues; the fact that gender is seen as a personal rather than structural issue; the lack of disaggregated data; the limited interest of men in leading roles in research, policy and practice; and the fact that gender is usually read as meaning 'women'. Enarson identifies men's reduced risk perception and increased risk tolerance as factors that can endanger their lives and the lives of those around them during and after disaster. Additionally, she points out that men in emergency management positions can experience conflicting obligations between work and family (Enarson, 2009a).

Following a 95% per capita increase in reported cases of sexual assault in New Orleans following Hurricane Katrina, Austin (2008) suggests that the increase in violence was caused by the destruction of institutional supports that takes place following natural disasters. The destruction of societal institutions that support hegemonic masculinity left men feeling inadequate for being unable to live up to their gender roles, and consequently reverting to a form of hyper-masculinity that led to increased violence against women. This may be especially strong for black men, who faced added challenges due to racism (Austin, 2008).

This work on disaster supports the 'masculine overcompensation thesis' proposed by Willer and Rogalin (2013), which states that men react to threats to their masculinity with extreme displays of masculinity. In their study, they found that men who were given feedback indicating that they were feminine expressed greater support for war, homophobic attitudes, and interest in buying an SUV (Willer et al., 2013). Disasters and their aftermath are heavily affected by the dominance of hegemonic masculinity. Emergency and disaster planning and response services are highly male-dominated, with Australian disaster management being 'characterised by a tolerance for, and sometimes a celebration of, hyper-masculinity' (chapter two of Parkinson, 2013, p. 1) (see also Gender and disaster and Firefighting and masculinity sections).

Work on the increase in violence against women by their male partners following disaster has led to calls for more study of masculinity in disaster in Australia (Parkinson, 2012; Sety, 2012). Researchers have posited generally heightened stress, psychological strain from grief and loss, alcohol abuse, lapses in constraints usually offered by legal and societal expectations, loss of options as support services for women are reduced and changed living circumstances as causes of increased men's violence against women (Parkinson, 2013, chapter 2). In this 2013 review, however, Parkinson suggests that men's masculinity is threatened by disasters: this includes threats to the male role of provider and protector and a loss of the control that men are used to having over their day-to-day lives; this is combined with a community attitude of empathy for the abuser that excuses such violence as the result of 'stress'. Austin (2008) suggests that the temporary removal by disasters of social institutions that regulate masculinity means that men resort to a form of hypermasculinity to compensate, which may manifest itself in violence against women (Austin, 2008).

Parkinson's research found that violence against women by their male partner increased following the 2009 Black Saturday bushfires, due partly to existing cases of violence being compounded by the stress of the disaster and partly to new cases. The men's stress was used as an excuse for their violent behaviour, but Parkinson emphasises that most men were stressed after Black Saturday and only some men chose to be violent (Parkinson, 2012; Sety, 2012).

An interesting case study revealing the importance of masculinity in disaster reconstruction is provided by Always and Smith's 1998 paper on Hurricane Andrew. Following the disaster and the temporary disruption of gender roles that it provided, men very quickly reasserted their 'rights' as husbands, and the role of men as protectors and women as nurturers was enforced, with women stating that they wanted their partners to take on that role. The women saw men's identities as being more affected by the hurricane than their own ('... the men seemed more apt to experience the hurricane as an assault on their manhood, and often this was related to their ability to provide or maintain a shelter'), especially when they were unable to live up to expectations of masculinity. Men's identities were closely tied up with their jobs, so many men went back to work as soon as possible, an option frequently unavailable to women though they often wanted to. At all points during the hurricane and its aftermath, safety was equated with men, male authority was supported at all levels, and the image of male physical strength and stoicism was promoted.



There is some indication in this study that men experienced negative effects from masculinity, with men speaking of increased alcohol intake, weight loss, headaches and denial of symptoms. Additionally, the authors mention that men did not take up opportunities to 'talk', though it is not conclusive about why; it suggests that perhaps men's jobs were less supportive (Always & Smith, 1998). A similar study by Enarson and Fordham on floods in the UK found that men were reported to have withdrawn, were no longer able to be 'the strong one' (p. 49) and suffered from the perception of not being able to protect their family (Enarson & Fordham, 2001).

The masculine nature of bushfires has been noted by several researchers (Cox, 1998; Eriksen et al., 2010; Tyler & Fairbrother, 2013a). Cox, for example, criticises accounts of bushfires for being entirely about men, and for portraying bushfire work as being all about mateship and heroism, and as naturally masculine (Cox, 1998).

### **Firefighting and masculinity**

Firefighting is a profession strongly associated with heroism and masculine heterosexuality, and is frequently portrayed as such in the media and popular culture. It is, in many cases, a job with a high degree of prestige (Ainsworth, Batty, & Burchielli, 2013; Tyler, 2013). Its military overtones and links to war have been noted by some researchers (Ainsworth et al., 2013; Tyler & Fairbrother, 2013a; Tyler & Fairbrother, 2013b), with Tyler and Fairbrother going as far as to say that emergency services and management are 'essentially run on militarised lines'. They go on to argue that firefighting is highly masculinised and reinforces wider societal constructions of appropriate 'masculine behaviour' (Tyler & Fairbrother, 2013b). Overall, Tyler and colleagues' work argues compellingly for links to be made between constructions of (rural) hegemonic masculinity, emergency management, firefighting and bushfire in Australia (Tyler, 2013; Tyler & Fairbrother, 2013a; Tyler & Fairbrother, 2013b; Tyler, Fairbrother, Chaplin, et al., 2012; Tyler, Fairbrother, & Phillips, 2012).

Some authors have criticised the cult of heroism surrounding firefighting. For example, Desmond (2008) critiques the mythology that exists around firefighting in the USA, suggesting that it makes invisible the reality of firefighters' lives. In fact, he argues, they are mostly working-class, underpaid and performing menial labour; there is a risk they will sustain life-long injuries or death. Although their heroism is the only reward they receive from their work, it actually serves to dehumanise them – it is an issue of class that serves those who are protected (Desmond, 2008).

A 2005 case study of the Okanagan Mountain Park Fire in British Columbia, Canada examined the playing out of masculinities and male hierarchies during and after the disaster. The researcher found that full-time (usually white, middle-class, male) firefighters gained more privileges and acknowledgement than the wildland firefighters, who were more racially diverse, more itinerant and included some women: for this latter group, firefighting was simply 'part of the job', while for the former, it was heroic work. The two groups were highly antagonistic and competed with each other to frame themselves as 'real men', a process which was made worse by the media. In interviews, the firefighters were consistently disparaging of other groups for not being manly enough – for example, for running away, being cautious, or not being aggressive. Since even the group that was publicly praised as heroes engaged in this behaviour, the author concludes that hegemonic masculinity is not only relational but must be constantly maintained. She notes the stress caused by

this necessity and its implications for health and relationships: following the fire, many had to take stress leave, some resigned and others required medication and/or suffered marital difficulties. Among the firefighters, competence was considered to include maintaining calm in a crisis, using aggressive tactics, controlling emotions and risk taking (Pacholok, 2005, 2009).

Research on Australia's volunteer fire services (Beatson & McLennan, 2005) has found that numbers are declining due to the ageing of their predominantly male populations. As a result, many rural fire services may soon no longer be viable. The study states that recruiting and retaining more women volunteers would be beneficial to the fire services, but that a number of barriers exist to achieving this aim, including male firefighters' perceptions that women are not capable of performing the work.

Further information is provided by more recent research: McLennan, Birch et al. (2006) reports that women volunteers generally feel welcomed and accepted in their brigades, but that a significant number have experienced discrimination or harassment, while a larger number have problems with the fit of protective clothing and usability of equipment (McLennan et al., 2006). A 2013 study of female firefighters in the volunteer CFA provides some interesting insights into the construction of masculinity in the CFA (Ainsworth et al., 2013): the women firefighters interviewed described the men behaving in a 'blokey' fashion which included swearing, watching porn, being threatening, and excluding the women from training through language and behaviour. Recruitment drives to engage the interest of women were not effective in this environment. The women firefighters interviewed, however, saw their femininity as beneficial as it allowed them to better relate to and support victims. They saw the men's behaviour as unprofessional, and viewed their work as volunteers as important for the community. They favoured gender-neutral conceptions of individual merit and ability, simply wanting equal access to training opportunities, work and promotions (Ainsworth et al., 2013).

Firefighting is a stressful occupation. A 1996 New South Wales study on post-traumatic stress disorder in volunteer firefighters (almost all men) found that threats to the firefighters' own safety and fearing death and personal injury were the most stressful aspects of the work. Helplessness, especially the inability to help others, was also a large contributor, and previous life experience and exposure to other trauma were most likely to be associated with PTSD. Interestingly, many firefighters refused to participate in the survey, possibly because admitting to suffering stress would affect their perceived effectiveness as a firefighter, and entire shires never received the survey because it was rejected by regional superiors. The authors conclude that some firefighters suffering from PTSD may not want to face it (Bryant & Harvey, 1996). A 2013 Victorian study came to similar conclusions, finding that firefighting is one of the most dangerous professions in the world, being highly stressful and having a high physical and emotional impact on workers. Adding to the stress inherent to the work were issues such as budget cuts, an ageing rural population, inadequate training, shift work, and lack of time to debrief. Links to mental health effects, including suicide, were apparent and firefighters mentioned self-medicating with drugs and alcohol. Participants in the study felt that support was inadequate and management did not know what to do about the problems. Additionally, what support services existed were often not used due to a 'macho job

and rescue mindset' and not wanting to appear weak in front of other workers and management (Cook & Mitchell, 2013).

### **Gender and Risk**

Men, especially young men, tend to engage in more risky behaviour than women. This behaviour may have negative impacts on their health, potentially leading to motor vehicle accidents, unsafe sexual practices and substance abuse (Connell, 2005, p. 70). Risky behaviour results from a combination of factors including individual characteristics, biology, age, mental health, a range of social determinants and the construction of masculinity (Department of Health, 2010a; Victorian Government Department of Health, 2010). The socialisation of young boys to take risks, peer group pressure and public adulation of heroic activities (such as those of soldiers and firefighters) contributes significantly to this behaviour, while engaging in activities such as binge drinking may act as "a public display of allegiance to male peer groups" (Department of Health, 2010a). Another possible explanation is that risk perception tends to be lower in men than in women, a finding widely observed in the literature (Department of Health, 2010a, p. 6). It is notable that risky healthy behaviour in men correlates with conformity to traditional standards of masculinity (Stoltenberg, 2013a).

For example, a 2000 US study found that white middle-class males were the least likely to perceive risks as high, including risks related to natural disasters. Working-class men, non-white men and women all perceived risk to be higher, suggesting that variation exists within groups, and casting doubt on biological explanations for sex differences. The authors suggest, instead, that white males may perceive less risk because they are most involved in creating, managing, and controlling the world that produces these risks (additionally, white males receive the largest portion of the benefits of risky technology, perhaps making them perceive the risks as more tolerable (Finucane, Slovic, Mertz, Flynn, & Satterfield, 2000). Furthermore, they found that white males tended to promote individual achievement, initiative and self-regulation over community-based decision and regulation processes (See also Fothergill, 1998, p. 14).

### **Disaster and risk perception**

Perception of risk in relation to disaster varies considerably between different groups. For instance, a 1991 survey of residents of Warrandyte, at the time an urban/rural interface region of Melbourne, found that 52% of residents acknowledged living in a high fire risk area, as opposed to 36% of residents of Dandenong, a similar region close by; this difference was probably due to the success of an educational campaign in Warrandyte. Additionally, the study found that perception of fire risk was correlated with age of the residents, with older residents having a lower perception of risk, perhaps because they felt themselves to be more experienced, and length of residence, with newer residents – less than one year – having a lower perception of risk, probably because they had not yet received literature from the local fire authorities. The perception of risk was significant because residents who recognised the potential hazard were more likely to have taken precautions to protect themselves and their property (Finucane et al., 2000). Moreover, a series of studies in Gippsland (a rural region in south-eastern Victoria) found that local residents often rated the risk level of natural disasters lower than disaster management experts did, but that this risk assessment emerged from a

more thorough understanding of the history and context of the community and in the context of more 'everyday' risks such as mortgage payments (Beringer, 2000).

In relation to the Black Saturday bushfires, a report from the Bushfire Commission found that risk awareness was high: about 80% of respondents living in areas of high bushfire danger considered themselves to be at risk, and 90% considered themselves personally responsible for their protection. However, these percentages were lower for residents of suburban regions (Buckle, Marsh, & Smale, 2003).

### **Disaster, gender and risk perception**

With respect to natural disasters, it has generally been found, across a wide range of societies and types of disasters, that women are tolerant of lower risks than men, and are more likely to believe early warnings (Whittaker & Handmer, 2010). Concomitantly, those who take the greatest risks are a small minority of men (Fothergill, 1998; Martin, 2010; Mulilis, 1999; Ripley, 2009; Tyler, Fairbrother, & Phillips, 2012).

Risk perception during disasters takes place in the context of broader patterns of sex inequality, which tend to be strengthened during natural disasters. Coping ability is determined largely by access to resources and is therefore mediated by gender, class, age and ethnicity (Ripley, 2009); for women, caregiving roles play an important role, with women being more likely to perceive disasters as risky if family members are threatened (Bateman & Edwards, 2002; Fothergill, 1998; Mulilis, 1999).

For instance, a 2002 study of North Carolina households affected by Hurricane Bonnie in 1998 found that women's heightened perception of risk led to them being more likely to give credence to warning signals and then to evacuate. Women's traditional roles as carers placed them generally at a higher risk than men as their mobility was limited; as a result, the women's perception of their heightened risk was valid, and indeed, they were not always able to evacuate even when they wanted to. In contrast, men's lower perception of risk was linked to their general perception of being empowered, in control, and having greater access to resources. The authors found that when men did perceive risk at the same level as women, they evacuated, and furthermore that men in caring roles were likely to evacuate, suggesting that risk perception is not biologically based but driven by socially-constructed caring roles (Bateman & Edwards, 2002). Similar results emerged from a 1999 study in Manitoba, Canada, with women consistently taking risks more seriously and predominantly male voices discouraging mitigation efforts. In this case mandatory evacuation took place, with children evacuated first, leading to a tacit gendering of the evacuation process as women had little choice but to leave with their children, while men could choose to stay or go (Enarson & Scanlon, 1999). In other cases, while women are more likely to want to evacuate, where men are positioned as the decision-makers they may be unable to do so.

A 2010 study based on 348 postal surveys and 38 interviews of landholders in a bushfire-prone region of New South Wales (Eriksen & Gill, 2010) found results that partially reflected those of other natural disasters: 77% of men compared to 48% of women planned to stay and defend property, mirroring results from a number of other bushfire studies in various parts of Australia (Fothergill, 1998; Handmer et al., 2010; Martin, 2010; Mulilis, 1999; Ripley, 2009; Tyler, Fairbrother, & Phillips, 2012). However, no significant gender difference was observed between overall

perceptions of bushfire risk, and generally speaking the higher levels of concern for preparation and mitigation observed among women in other studies were not observed..

In bushfire situations, risk perception and evacuation may be influenced by the national policy position on bushfire response, summed up by the slogan “prepare, stay and defend or leave early”. It is clear from the literature that in bushfires, as in other disasters, men are more likely to want to stay and defend, which may be linked to notions of rural masculinity (deLaine, Pedler, Goodman, & Rowe, 2008; Eriksen et al., 2010; Handmer et al., 2010; McLennan & Elliot, 2011; Tyler, Fairbrother, & Phillips, 2012). Participation in the “Fiery women” program, which was targeted specifically at women to increase their bushfire preparation knowledge and skills, led to most participants changing their preference from evacuation to staying and defending (deLaine et al., 2008), lending further support to social explanations over biological. Tyler and colleagues (2012), however, suggest that this strategy, i.e., ‘correcting’ women’s attitudes to conform to a more masculine model, fails to acknowledge the possible benefits of women’s risk aversion while simultaneously neglecting the underlying social causes of sex differences in risk perception (Tyler, Fairbrother, & Phillips, 2012). It is perhaps important to note that Tyler’s work is considered controversial.

The Australian bushfire policy of ‘prepare, stay and defend or leave early’ (often shortened to ‘stay or go’) was severely tested in the Black Saturday bushfires (Tyler, Fairbrother, & Phillips, 2012), though the Bushfire Royal Commission concluded that the underlying tenets of the policy stood up to scrutiny. The Commission commented, however, that the policy relied too heavily on people having a good fire plan and was not appropriate for fires as intense as those of Black Saturday. They further argue that the policy should encourage people to adopt the lowest-risk option, which is to leave early (Teague et al., 2010).

Australian researcher Mae Proudley (2008) argues that the policy needs to be updated to reflect the reality of the context in which decisions are made during bushfires. She argues that this policy is too narrow and individually focused, to the neglect of systematic and cultural considerations recognising that decisions take place within families structured by traditional gender roles (Proudley, 2008). Proudley’s conclusion is supported by a 2008 analysis of Australian bushfire fatalities which underscores the complexity of the decision lying behind the ‘stay or go’ message; a key finding is that the majority of deaths of men occurred while they were attempting to defend property (while the majority of deaths of women occurred due to late evacuation) (Haynes et al., 2008). An analysis of the Black Saturday fatalities possibly provides further support for this finding: the authors note that the data could potentially be read as broadly in support of the stay or go policy, but their case-by-case examination of the fatalities reveals the complexity of the decisions made in the lead-up to the fire. These complexities emerged largely from misconceptions about and lack of understanding of bushfire risk, preparation and property defence (Handmer et al., 2010). The quantitative results of Haynes’ and Handmer’s studies underscore the need to recognise the effect of restrictive gender roles on men’s and women’s behaviour during bushfire.

Some research has found that the interpretation of warnings is contextual and culture-bound. This means that characteristics of the target audience must be taken

into consideration when designing warning systems, and importantly, these characteristics include gender (Salter, Bally, Elliot, & Packham, 1994). Women and men often receive information in different ways, with men being more likely to receive warnings through official emergency channels and women more likely to receive them through informal social networks (Enarson & Scanlon, 1999; Tyler, Fairbrother, & Phillips, 2012). Enarson and Scanlon's (1999) Manitoba study found men were less active in information-seeking than women, perhaps suggesting that this characteristic of men needs to be taken into consideration. Bushfire awareness and preparation programs have traditionally followed a male-oriented, gender-blind approach that has possibly contributed to the relative reduction in male deaths due to bushfires observed over time in the fatality data (Haynes et al., 2008). The gap between male and female deaths has been closing over time and is now close to equal. For bushfire awareness and preparation programs to be effective for all, they need to be targeted specifically at women, as well as at men (Haynes et al., 2008). Additionally, it is necessary to address the assumptions of masculinity that underly the current male-oriented policy approach, as these may be harmful for men too (see Masculinity section).

### **Responses to Black Saturday**

A 2009 study of Kildonen UnitingCare support workers on the responses they had observed from people affected by the bushfires indicates of the range of psychological responses experienced by members of the affected communities. The workers noted:

- Ability to recover seemed to be linked to past life experiences, with longer-term community residents better able to adapt
- Numbness and confusion were a common initial reaction to the fires, along with emotional suppression, rapid changes in emotion and specific emotional reactions from children
- High or even 'hyper' activity in performing practical tasks
- Survivor's guilt and the development of 'hierarchies of worthiness', with many community members putting their own needs on hold to help others
- An intense period of community bonding and activity which was not necessarily conducive to long-term recovery
- A gradual realisation of what was lost, with the realisation that real psychological recovery was only just beginning
- A 'hierarchy of grief' with people unable to simultaneously mourn all the people they had lost
- Hyper-vigilance, dreams, flashbacks, hallucinations and fear of the next fire season.

Furthermore, the study noted that many relationships had been changed or stressed by the fires and their aftermath, for example over whether to rebuild or relocate.

The effects and nature of the stress appeared to depend on the nature of the relationship before the fires (Borrell & Boulet, 2009).

Kildonan UnitingCare workers also performed interviews with victims of the fire, providing a valuable catalogue of the way in which the bushfires affected victims' sense of self (Borrell & Boulet, 2009; Borrell, Vella, & Lane, 2011a). Identity was affected by role shifts immediately following the fires, close encounters with death, the loss of loved ones, and sudden unemployment. The participants' accounts revealed that identity is strongly tied to place (both to buildings such as the home and to the landscape) and to material possessions; the destruction of these objects by the fire caused a rupture in the victims' sense of themselves, which later had to be rebuilt. Many participants' sense of belonging in the community was challenged because they felt overlooked in decision-making in the recovery process, and the community itself experienced a restructuring process as some former 'pillars of the community' receded into the background as they were unable to cope, while others who had not previously been active became reluctant 'heroes'. Relationships of all types experienced strain due to different experiences of the fire and its aftermath. A sense of alienation from formal institutions was common, and the importance of recovery through community gathering without outsiders was emphasised (Borrell, 2011).

A book of personal stories from Black Saturday told to journalists makes numerous mentions of expressions of grief from men. Men often spoke of crying in public, which was identified as an unusual occurrence that only took place because of the magnitude of the loss (McGourty, 2009). Anger, impatience, fatigue and emotional burnout were identified by another victim of the 2009 fires (Usher & Gudgeon, 2010, p. 205).

Some reports have emerged of trauma within the ranks of firefighters, with an ABC 7:30 Report program (Cowan, 2009) revealing that some firefighters were struggling with guilt for leaving their homes to burn to follow orders to fight fires elsewhere. Some firefighters felt that inadequate support was provided by the CFA (Cowan, 2009; Jackson, 2009). One paper on the aftermath of bushfires suggests that emergency services should have access to expert trauma and grief services such as those available to Australian Defence Force soldiers (McFarlane & Raphael, 2009). A report considering the response of CFA workers to Black Saturday (Seach, 2012) provides more details: overall, it found that a culture of psychological harm minimisation needs to be implemented in the CFA. It should include prevention and preparedness as well as response and recovery, and priority should be given to keeping families connected and rebuilding teams. It notes the negative effects on firefighters of the public criticism and even abuse of CFA members during and after the Royal Commission, and suggests that this be considered as a long-term consequence of disaster (pp. 9, 17). In the associated literature review, it was found that mental health and related difficulties in firefighters tended to persist for 3-5 years following the disaster and advocates a more coordinated and better treatment of the psychological risks associated with firefighting. Psychological health should be considered as important as physical health (Seach, 2012).

Parkinson (2013) provides a more theoretical analysis of the events of Black Saturday. She notes that disaster shatters existing gender roles, making men feel that their superiority and control is in crisis (see also Austin, 2008) – this was evident

during and after Black Saturday when women took on roles that were outside normal gender expectations, while some aspects of men's gender roles were impossible to achieve due to the fires. As Parkinson writes, 'In surviving and escaping from the fires on Black Saturday, both men and women reacted to life and death situations as individuals, rather than along gendered lines' (chapter 6, Parkinson, 2013, p. 9). After the disaster, these anomalies had to be pulled back into order, and violence against women – as a means of maintaining and reproducing patriarchy – was one of the methods used to achieve this (Parkinson, 2013).

### **Disaster recovery**

Disasters such as the Black Saturday bushfires can have a devastating impact on individuals and communities. Disaster psychologist Rob Gordon's theory of disaster trauma posits that the sudden, dramatic change they can cause in social structure may result in victims 'debonding' from the structure of affected communities, which may be followed by a process of 'fusion' whereby a new social system emerges that is adapted to immediate needs but not to long-term recovery. Over time, developing tension leads to 'cleavage planes' emerging between conflicting groups. However, he argues that a more constructive form of social differentiation can be achieved with coordinated recovery interventions (Gordon, 2009). Reports from fieldworkers following the 1983 Ash Wednesday bushfires in Victoria and South Australia reflected these concepts (Valent, 1984).

Generally speaking, psychological problems occurring two years after a disaster tend to be related more to the aftermath of the disaster than the event itself, as well as to the psychological characteristics and social relations of the people involved (Borrell & Boulet, 2009). Research on the Ash Wednesday fires revealed long-term mental health issues relating to trauma, repression and denial of feelings, guilt over accepting help, relationship strain, and anxiety over the result of the decision to leave the affected area or not (Hawe, 2009).

According to the Australian Emergency Management Institute's Community Recovery Handbook, recovery after a disaster is 'the coordinated process of supporting affected communities in the reconstruction of the built environment and the restoration of emotional, social, economic, built and natural environment wellbeing.' It recommends that communities manage their own recovery in order to achieve the best outcomes (Hawe, 2009). According to the World Health Organisation, only 3-4% of people suffer long-term effects following bushfires (Australian Emergency Management Institute, 2011, p. 4), but an Australian paper on trauma following Black Saturday states that 10-20% of survivors will need help to heal (Department of Human Services, 2009). The report *After the Bushfires: Victoria's psychosocial recovery framework* points out that many effects of bushfires may only become apparent after a year, or even longer. These effects can include economic hardship, physical health problems, depression and other mental health issues, as well as relationship issues, long-term effects of living under stress for a long period of time, developmental, academic and behavioural problems in children, loss of leisure and recreation, loss of friendship networks, and loss of a sense of direction in life. Warning signs may include an increase in abuse of drugs and alcohol (Montgomery, 2009).

Although it may seem like a low priority in the midst of the reality of dealing with the aftermath of a major disaster, accurate data collection reflecting the status and



experience of diverse groups within the community must be a priority as this information is required to prevent inequality in disaster recovery (Department of Human Services, 2009). The general failure worldwide to collect this data has been noted by some researchers (Martin, 2010). It is important to identify vulnerable groups, such as children and the frail and elderly, as well as gendered differences (Martin, 2010; Parkinson & Lancaster).

In terms of psychological responses to the trauma of a bushfire, it appears that there is no clear consensus on the 'road map for recovery' (Urbis Pty. Ltd., 2010). In the early days of the aftermath, victims may be unable to concentrate and perform simple tasks such as filling in forms, and may have no memory of events later (Borrell, 2011). Several sources note that in the early days following a disaster, the most important activity for psychological recovery is to protect and comfort, ensuring that time is spent with loved ones and investing in other sources of support (Borrell, 2011) (Forbes & Creamer, 2009; McFarlane & Raphael, 2009). A number of sources suggest that formal intervention should not be entered into too quickly – for example, Forbes and Creamer suggest nothing beyond a 'psychological first aid program' within the first two weeks, followed by a more formal confrontation of the traumatic memories some time later. Urbis (Urbis Pty. Ltd., 2010) identifies five elements following mass trauma which have been identified as useful: safety, calming, self and collective efficacy, connectedness and hope.

Some publications do not recommend debriefing following a traumatic bushfire event (Forbes & Creamer, 2009; Urbis Pty. Ltd., 2010). In contrast, a report commissioned by the Victorian Government to inform a community resilience-based recovery strategy strongly recommends critical debriefing after incidents. It does note that debriefing may enhance arousal in the immediate aftermath of trauma exposure and that limiting the amount of talking about the trauma may be more productive if it reduces anxiety and depression (Hawe, 2009). , but that denial and suppression of trauma can mask problems. The importance of victims regaining a sense of control is emphasised (Hawe, 2009).

Urbis (2010) points out that community recovery takes years and that therefore services must be supported for long periods. They argue that a shift to a more holistic, community-led, relationship-based approach requires clear definitions of the role of case managers and a change of name to better reflect the change in focus. Support services must be proactive in offering assistance to victims as people who are grieving may not know what kind of help will be useful to them (Urbis Pty. Ltd., 2010).

Montgomery (2009) advocates that survivors should be offered assistance within three months after the traumatic event to prevent the development of more serious problems. His 'model of psychological response to disaster' includes stages of progression, and assurances that symptoms are not a sign of weakness or of mental illness. Anger may be part of the recovery process, as can a 'frozen' state which may be mistaken for calmness. Intervention should be tailored to the individual, and government plays a key role in supporting the trained workforce (especially rural practitioners who are likely to suffer from increased workloads). The government should also play a role in helping communities prepare psychologically for disaster (Montgomery, 2009)

Mixed conclusions exist over the benefits of formal counselling, with the Kildonen UnitingCare publications noting that professional counsellors who didn't know the area were unhelpful (Borrell & Boulet, 2009; Borrell, Vella, & Lane, 2011b), and other sources uncritically advocating formal intervention from outside the community (Borrell & Boulet, 2009; Borrell et al., 2011b), possibly suggesting that this problem was not widely noted by service providers. Some papers note that the use of local support workers is problematic due to their heavier emotional involvement in the disaster (Hawe, 2009), but others noted that local support workers were better able to gain the trust of their clients (Borrell & Boulet, 2009). The reality that many direct services had staff directly affected by the bushfires was an issue (largely undocumented?) in the aftermath of Black Saturday, with burnout and increased staff turnover both occurring (Borrell & Boulet, 2009; Lancaster, 2009).

It is widely noted in the literature that the community itself must be heavily involved in recovery planning and processes (Australian Emergency Management Institute, 2011; Borrell & Boulet, 2009; Borrell et al., 2011b; Community Recovery Committees, 2011; Gunter, 2011; Hawe, 2009; Regional Development Victoria, 2013; Urbis Pty. Ltd., 2010). This point is critical and appears to be behind some of the objections to professional counsellors in the Kildonen UnitingCare publications. Unfortunately, Gunter's collation of community perspectives on recovery indicates that community involvement in recovery was inadequate in the aftermath of Black Saturday (Gunter, 2011). Despite the heavy emphasis on this point, it appears that there is a dearth of literature evaluating community-led strategies both in Australia and internationally (Hawe, 2009; Urbis Pty. Ltd., 2010), though a number of publications exist that clearly lay out the lessons learned from community recovery from Black Saturday (Community Recovery Committees, 2011; Gunter, 2011). An international literature review by Urbis (2010) found that the literature tends toward advocating community-led recovery, with a focus on strengths, relationships and place (Urbis Pty. Ltd., 2010).

Volunteering in bushfire recovery programs is important to community recovery, but it may have significant effects which should be taken into account. According to one 2011 study, positive outcomes included increased community linkages and connection, but negative outcomes for individual volunteers were significant, with burnout and neglect of their own and their family's needs being common. Heightened conflict and tension also occurred in some cases, with factions forming between different committees and stress leading almost to the point of violence on at least one occasion (Webber & Jones, 2011).

Disaster may be seen as an opportunity for wider cultural change and heavy community involvement in recovery planning and processes may facilitate the construction of a better community in the future (Birkmann et al., 2010; Hawe, 2009). A fruitful area of development could be a conscious attempt to address hegemonic masculinity.

### **Recovery and gender**

Some groups may be worse or differently affected by disasters, psychologically speaking. Those affected worse may include lower socio-economic groups (Hawe, 2009). International research has noted that there are substantial differences in the physical and psychological impacts of the sexes following disasters, and there is

some evidence to suggest that this applies to Australia too, and occurred following Black Saturday (Tyler, 2013). The *Community Recovery Handbook* notes that women and men may react differently to disasters and therefore different recovery activities should be offered to each. Specific interventions suggested for men include men's sheds, tool libraries, community building projects, sporting events and outdoor pursuits (Australian Emergency Management Institute, 2011). A Kildonan UnitingCare report notes violence (against women and otherwise) and substance abuse as growing problems in the aftermath of the fires. In contrast to other disaster response literature, it found that men coped worse than women, at least in the short term, due to an inability to cope emotionally; women were more likely to suffer materially and financially in the long term, but in the short term were more likely to discuss their emotions (Borrell et al., 2011a; Borrell et al., 2011b) Gunter (2011) further notes that men are unlikely to seek out emotional assistance or counselling, instead holding their emotions inside and releasing them at a later date, and suggests therefore that counsellors should not wait for victims to come to them but approach them independently (Gunter, 2011).

The Kildonan UnitingCare report identifies men as a main target group requiring special mental health resources, noting that emotional support was required for some men. It comments additionally that informal groups centred around an activity are effective for men to share their experiences, and advocates more 'organic' opportunities for men to interact than currently exist; additionally, such activities can tackle practical needs such as fencing projects at the same time as addressing psycho-social needs. In at least some cases, however, men were inclined to go to activities with their families but not with specific men's activities. It suggests specific activities such as fishing trips, boat license days, advanced driving days, forklift license classes and chainsaw lessons (Borrell et al., 2011a, p. 29). It is perhaps concerning that all these activities are at the extreme end of stereotypical masculine appeal, given the harms of masculinity documented by this review.

### **Use of services**

The Victorian government's Four Year Update on bushfire recovery, published in February 2013, provides some information about services provided and used in the aftermath of Black Saturday, though the figures are not disaggregated by gender. The Red Cross Disaster Recovery and Outreach Program visited about 800 households, providing 23 referrals, and the dedicated helpline of the Bushfire Communities Support Program (BCSP) received 918 calls and supported 546 clients with case work. Other programs included service and community collaboration networks, support for the bereaved and bushfire memorials. Altogether, 72 medium-to-long-term community projects have received funding to continue into 2014, including health and wellbeing, arts, and landcare projects, as well as community support officers. One of these projects is a Men's Shed, begun due to concerns about the effect of the bushfires on men's physical and mental health. In addition to community projects, psychological support services received continued funding as well as a grant system for community projects (Grants for Resilience and Wellness - GROW). As of January 2013, 293 people were accessing counselling (Regional Development Victoria, 2013).

## **How to change**

The key to changing the current situation, in which toxic masculinity is harming the lives of both women and men, is to focus squarely on the social processes that create a dual-gendered system of masculinity and femininity, both structural/institutional and interactional (Deutsch, 2007; Pease, 2010). This can be achieved in a multiplicity of ways, from education (see Case, 2007) to law reform, and has been a principle aim of the feminist movement for decades, if not centuries. Measures that help women to overcome gender norms, such as increasing the minimum wage, providing subsidised childcare and the regulation of paid domestic labour, increasing women's representation in leadership positions, and so on are part of these efforts (Deutsch, 2007). It is thus clear that efforts to improve the status of women may also work to decrease the negative effects of masculinity on men.

Some specific ways to change this situation that have been suggested in the literature already cited in this review are as follows. The refusal of individual men to accept male privilege out of solidarity with women, to interrogate their own privilege and to fight alongside women in opposition to women's oppression is one option (Coston & Kimmel, 2012; Kimmel, 2002; Pease, 2010). The critical academic study of masculinity and of gender relations and interactions is important as it will facilitate a clear understanding of the situation, which is necessary for effective change to be made (Connell, 2005; Dowd, 2010). However, this study must be careful not to ignore male privilege and men's social dominance, or to portray men's difficulty in expressing emotions as a form of victimhood rather than as the direct effect of hegemonic masculinity (Pease, 2012). The work in this area, while already extensive, may still be expanded, for example through an examination of men's emotional investment in male privilege and how this may be disrupted, as suggested by Bob Pease (Pease, 2012). Reforming laws (such as parental leave) that entrench female domestic and child-raising labour and therefore reinforce women's poverty and men's lesser involvement in family life is a necessary step which will have many benefits (Deutsch, 2007; Jalmert, 2003; Noble & Pease, 2011). Feminist therapy for men will be helpful to aid individual men in understanding and coming to terms with the problems with the social construction of masculinity (Kahn, 2011).

Within emergency management, efforts must be made to increase women's participation and reduce negative perceptions and stereotypes of women's competence in this area. Awareness must be raised at all levels of the discrimination faced by women following disasters, and of the problems suffered by men following disasters as a result of masculinity (Enarson, 2009b; Scanlon, 1998).

## **Conclusion**

As outlined in the literature above, the construction of masculinity has a direct effect on men's experiences during and after disasters, with corollary effects on women and children. Masculinity has negative effects on men's health, their perception of risk, and on their responses to disasters. The effects of this masculinity were clearly evident in the Black Saturday bushfires as well as in other disasters. In order to mitigate the effects of toxic masculinity on men, women and children in future disasters and everyday life, the construction of masculinity must be addressed. There is considerable room and need for further research in this area to determine how best this can be achieved.

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