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POLICING

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COPING WITH VICTIMISATION

trauma and the criminal justice researcher

Stephanie Fohring

THE NOVELTY of the raised eyebrows, expressions of surprise and intrigue that inevitably follow my response to the now dreaded dinner party question, 'So, what do you do?' wears off quickly. As the conversation continues, and I am likely relishing in the opportunity to talk about myself, or even more so, my research, my work with victims of crime inevitably comes up. 'That must be hard', and the truth is, it is.

When imagining your future as a young researcher, you do not often stop to consider the impact on oneself of working in criminal justice and forensic settings. Of course, academics are not the only, or I imagine, the most intensely exposed to difficult work scenarios; social workers, police officers, prison and parole officers, nurses, doctors and numerous clinicians all must cope with the burden of working with difficult populations.

Although all bound by involvement one way or another with criminal justice, people in these professions are likely to have very different resources and approaches, both at a personal level and an organisational level, for coping with the emotional stress. Poor coping in this case may be referred to as 'burnout': the psychological strain associated with working in difficult situations. While

contributing factors include professional isolation, the emotional drain of always being empathetic, ambiguous successes, and failure to live up to one's own and others' expectations, symptoms may manifest as depression, cynicism, boredom, loss of compassion, and discouragement. All these are common, and thus very possibly overlooked, problems for anyone working in a research focused, competitive academic environment.

That said, the potential effects of working with trauma survivors are distinct from those of working with other difficult populations, as the clinician, caseworker, or in this case, researcher, is exposed to the emotionally shocking images and suffering that are characteristic of serious trauma (McCann and Pearlman, 1990). For example, the first interview I conducted for my present research was with a young woman who suffers from an illness which has left her physically disabled. I was admittedly unprepared for the harrowing account of years of sexual abuse by her carers, culminating in the death of her resultant child. A later interview with a woman who had suffered the murder of her husband left my professional transcriber in tears.

Impact of trauma

Exposure to such material may result in one of two similar yet distinct illnesses: Vicarious Trauma (VT) and Secondary Traumatic Stress (STS). VT refers to pervasive, cumulative, and permanent harmful changes that occur in a professionals' views of themselves, others, and the world around them as a result of exposure to graphic and/ or traumatic material. This definition in itself is strikingly familiar to theory surrounding the impact of crime. Victimisation is thought to be so disruptive because it challenges at a fundamental level our beliefs in a safe and benevolent world, and of ourselves as good (and hence undeserving) people (Janoff-Bulman, 1992).

STS on the other hand, is a disorder experienced by those supporting or helping persons suffering specifically from Post Traumatic Stress Disorder (PTSD). The focus here is not specifically on cognitive phenomenon as in the case of VT, but on a wider spectrum of experiences directly linked to the symptoms of PTSD. Over the course of my own recent research conducting in-depth interviews with victims of crime, and the resultant process of coping with what I was hearing, I began to realise

many parallels between my own reactions and those of the victims I was studying. I was (un)fortunately not the first to make this connection. The trauma literature is quick to point out that the process of working through vicarious trauma parallels the therapeutic process with victims. Coping with criminal victimisation is a very personal experience, as is coping with any challenging life event, and each victim, each person, will have different strategies and different resources available to cope with any trauma or challenge. Although the scale of impact tends to differ from victim to victim or person to person, ranging from little to no impact, to severe and debilitating, the type of impact tends to be similar. For example, the victim of a housebreaking may find it difficult to sleep for a night or two after the incident, whereas a victim of a sexual assault may be hindered by nightmares for years to come.

Coping as a researcher

Symptoms of VT or STS may be the culmination of continual exposure to traumatic material that can no longer be assimilated into one's world view or worked through: in other words, the inability to process further traumatic material. Whether these changes are ultimately destructive to the researcher depends, in large part, on the extent to which they are able to engage in a parallel process to that of the victim client, the process of integrating and transforming these traumatic experiences. Again, like victims themselves, the researcher must be able to acknowledge, express, and work through these painful experiences in a supportive environment. The knowledge of this process is however not innate. This is a skill for which a need must first be acknowledged, and then must be learned.

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Additionally, supportive environments are not always readily available. There is a semi-prevalent attitude in academia (and other areas) that if you can't cope with this type of research/work, then perhaps you are in the wrong type of work. However, there is no predicting when, why or how, a certain case/participant may push one over the line. It may occur very gradually, and no matter how long one has been working in a particular criminal justice setting.

My own answer to the question 'how did you get into that line of work?' began rather early, as a research assistant at the lab of Professor John Yuille in the psychology department of the University of British Columbia. I already knew that I wanted to pursue graduate studies, and thus the need for research experience. My first job as a volunteer was transcribing interviews conducted for two separate projects, one involved the victimisation of sex workers from Vancouver's downtown eastside, another, offenders' memories of crimes committed. Needless to say, volunteer turnover was pretty high. On the bright side, those that stuck in there (for better or for worse) soon moved up the ranks, through coding and training, to eventually find ourselves enjoying research days at some of Canada's high security prisons.

Training before going into prison as a researcher consisted largely of using the psychometric tools relevant to the research, and in physical safety, particularly not wearing high heels nor revealing one's address to psychopathic inmates. I do not recall any discussion of coping with the intense nature of the cases we were covering, despite the fact that we went through volunteers in a rather telling manner and personally, I can still vividly recall some of the stories I heard as part of this research.

Give students the tools they need to protect themselves and to become not only successful, but healthy researchers

Research training for students on the other hand, typically involves project design, quantitative and qualitative analytical methods, and report writing. Research ethics are a crucial part of this training, but the focus is entirely on protecting participants from harm. Providing informed consent and support, avoiding deception, and how to debrief are all obviously key skills for student researchers to learn, but what about safeguarding researchers? I don't recall ever hearing the words 'vicarious trauma' in a class when I was a student, despite the fact that there is substantial research in this area, and numerous suggestions for how to cope when researching (or working with) traumatic events.

In addition to maintaining balance in our personal and professional lives, combining this work with other professional commitments (such as teaching), and being aware of and respecting our own boundaries, McCann and Pearlman (1990) recommend avoiding professional isolation by having contact with other professionals who work with victims. This does not necessarily have to take the form of a support group or case-conference, so long as the focus is on normalising reactions, providing a safe environment where one may feel free to share and work through reactions that are painful and disruptive.

This again reflects the similarities between researchers and their participants; wanting to know that you are not the only one, that what you are experiencing is normal, has been one of the most pervasive reactions to victimisation in my research, so much so that one of my recommendations made to support service providers was to introduce peer support groups for victims. So why not peer support groups for researchers and other criminal justice employees? And why not include information about the risks and symptoms of VT and STS in research methods modules? Give students the tools they need to protect themselves and to become not only successful, but healthy researchers.

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