

# *Knowledge Exchange: Collaborative Reflexivity on Self-Medicated Victims of Crime*

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## *Abstract*

Collaborative research projects with service providers and their clients are becoming increasingly important for capturing a more comprehensive understanding of criminological matters. This article examines the role of academic–practitioner dialogue and collaboration in framing the concepts and protocols for an empirical study of self-medication among victims of crime. It reflects on the dynamic and nuanced encounters between criminologists, a victim support agency and victims of crime who identified as having self-medicated. Drawing from critical realist reflections on multi-agency partnerships, we offer a discussion of the benefits and hindrances for victims of such engagements, and identify the ethical implications of the practice of victim research and academic–practitioner collaboration. We reflect on the problems of authorisation, empowerment and unexpected outcomes of such research, in particular how the victims in our study appeared to place the researchers on the therapeutic continuum and what this means for victim research.

**Keywords:** collaborative research – victims of crime – victim research – self-medicated victims – multi-agency partnerships – Australia

## **Introduction**

Research may be both scientific and engage in, advocate or take an activist approach to social or political change (Levin & Ravn 2007; Belknap 2015; Carroll 2016). In the social sciences,

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in particular, there is a longstanding imperative that research makes a case for direct societal relevance (Levin & Ravn 2007) or ‘impact validity’ (Massey & Barreras 2013). Advocacy or activist research (Hyman 1995; Drucker 2013; Belknap 2015) may build on the knowledge acquired from methodologically sound study and bring this to modest or less modest interventions in practice or policy. In this way, researchers may not only analyse a policy regime, but also develop or transform a policy agenda (Edwards & Hughes 2012, pp. 436–7) and reflexively collaborate (Banks & Armstrong 2014) to drive a transformative agenda (Edwards & Hughes 2012). As per Levin and Ravn (2007, p. 2), ‘engaged research involves both researcher(s) and “researchee(s)” who work together on problem definition and problem solving’, which can result in ‘a joint process of agenda setting, experiments, reflection, and analysis’ (p. 3). Despite the obvious potential gains, there are still only a handful of published accounts of research collaborations that reflect on the experience of collaboration (Banks & Armstrong 2014, p. 37).

The academic–practitioner knowledge discovery and exchange circuit is explored in the criminology literature in different contexts (Carlen 1985; Henry & Mackenzie 2012; Steinheider et al. 2012; Ponton 2014; Henry 2017; Lumsden & Goode 2017). Recent reflection on academic–practitioner collaboration reveals that more attention has been paid to research conducted *with* rather than *on* service providers (Goode & Lumsden 2016). In community–university research partnerships a focus on ‘collaborative reflexivity’, according to Banks and Armstrong (2014, p. 37), is desirable if the object is ‘to enhance learning from the research process and contribute toward developing sustainable and ethical research collaborations’. Praxis is, therefore, as Levin and Ravn (2007, p. 1) define it, where ‘researchers engage in a social field in pursuit of solving important local problems, while at the same time combining this with a scientific knowledge generation process, and this may be reflexive, designed to incorporate ‘co-inquiry action research’ (Banks & Armstrong 2014, p. 37). Engaged research, therefore, has the capacity to develop both local knowledge and new knowledge (or theory) for the scientific community. Such engagement in collaborative research is considered to consist of meaningful dialogue with participants involved in practical problem solving through a process of joint knowledge generation (Levin & Ravn 2007, p. 2). This article shares this approach and aims to contribute to the understanding of reflexive research by maintaining that collaborative research projects produce more than evidence-based tools for future intervention.

Victim Support Service (‘VSS’) is a statewide, not-for-profit organisation in South Australia (‘SA’) that has been assisting victims and witnesses of crime since 1979, providing therapeutic and practical support to 40,000 people affected by crime each year. In 2011, VSS extended an invitation to Flinders University criminologists to form a research partnership with the purpose of filling the knowledge gap regarding self-medication by victims of crime (hereafter referred to as ‘the self-medication project’). Self-medication is understood as the consumption of alcohol and other drugs (‘AOD’), whether prescribed or non-prescribed, or licit or illicit use, in response to trauma. The self-medication project was conceived as a way to enhance support for victims and their families, through collaboration between academics and victim advocates, by giving a voice to and building knowledge of victims of crime who have tried various approaches to managing their trauma symptoms, including self-medication. How victims cope with unresolved trauma or post-traumatic stress disorder (Frieze et al. 1987; Ullman 2003; Morrison et al. 2011; Jordan 2013) is the subject of longstanding criminological interest (see Jacobsen et al. 2001; Logan et al. 2002). Yet a close look at the literature in this area revealed that only a handful of empirical studies internationally examine reflexive responses regarding substance use and victimisation (Morrison et al. 2011; Flynn & Graham 2010; Ullman 2003; Guggisberg 2012; de Lint et al 2017). The historic lack of research has

meant that it has been difficult for victim support and other criminal justice services to employ evidence-based resources and tools to provide information and support to victims of crime.

This article identifies how, alongside building knowledge in the victim research space, the project represents a unique platform for *knowledge exchange*. This platform has fostered a range of positive and emancipatory outcomes, for victims, practitioners and researchers alike. In turn, this has implications for the project as well as victim research in general. By conducting research with VSS and victims themselves, we have been offered a unique opportunity to reflect on how victims may use the research environment as part of their recovery journey. In these ways, this project contributes to the development of a public research agenda that can influence victim-focused policymaking — an area that has been scrutinised by a number of academics in recent years (see, among others, Lumsden & Goode 2017).

The article is divided into four sections. In the first section we explain how the partnership, the project and its methodology came about, contextualising the research within broader social, political and academic boundaries. After the exploration of the theoretical lens of critical realism in the context of victim research offered in section two, the third section addresses the role of academic–practitioner dialogue and collaboration in framing the concept of authorisation, particularly by adding layers to victims’ recovery narratives. We also reflect on unexpected research outcomes, in particular how participants in the self-medication project appeared to place the researchers on the therapeutic continuum and what this means for victim research. In the final section, we discuss the benefits and hindrances of such research for victims and research community partnerships, inclusive of the ethical implications. Discussion of the challenges faced, lessons learned and potential future research directions brings the discussion to a conclusion. This article reflects on dynamic and reflexive encounters between criminologists, VSS and self-medicating victims of crime.

## Context and background of the partnership

The first of its kind in SA, the self-medication project represented an intensive and collaborative effort by criminologists and front-line support practitioners to address the knowledge gap concerning AOD in victims’ experiences of trauma, drawing on their voices and reflection. Specifically, VSS and criminologists from Flinders University established a research partnership from 2011 to mid-2017 to address the dearth of empirical research on self-medication by victims of crime, with consideration of the impact of self-medication on future victimisation, and health and welfare needs.

For victim service agency practitioners, self-medication by victims of crime is often seen as the elephant in the counselling room. Self-medication, through the use of both alcohol and licit or illicit drugs, has been anecdotally linked to victimisation by health and other practitioners. Crime victims of all types can experience trauma, and reactions to trauma vary in severity and duration. For many victims, enduring a traumatic experience can leave them struggling with upsetting emotions and frightening memories, which can take time to overcome. Research has suggested that AOD consumption may increase vulnerability to greater risks and re-victimisation, as well as criminal offending (Laslett et al. 2015; see also Kaysen et al. 2007; Morrison et al. 2011), as part of an enduring cycle of violence and victimisation. However, to date it has been difficult to determine the nature and extent of the association between victimisation and self-medication, and this generated practitioner support for the collaborative partnership approach employed in the Flinders University study.

In SA, the non-profit VSS has been serving crime victims for nearly 40 years. VSS provides holistic support to all victims of crime, in the form of targeted, pragmatic and therapeutic assistance, including counselling and advocacy court support (VSS 2016). At the heart of VSS is the belief that all victims of crime should have access to high-quality, expert support. VSS services include information and advocacy, counselling, practical assistance, and support for victims of family and domestic abuse. The majority of referrals to VSS are facilitated by the organisation's longstanding partnership with South Australia Police ('SAPOL'). A Memorandum of Understanding ('MOU') between VSS and SAPOL clarifies procedures and roles between staff of both organisations, in particular, the Victim Policy Section, Victim Contact Officers, as well as other specialised roles within SAPOL, and helpdesk officers, counsellors and Victim Support Coordinators within VSS. For example, in 2014–15, half of all new referrals to VSS came from SAPOL, largely due to the MOU (VSS 2016). In the same period, other referral pathways to VSS included self-referral via the VSS website and email (4 per cent of new referrals), family and friends (15 per cent of new referrals), other criminal justice agencies (6 per cent of new referrals), and medical professionals (3 per cent of new referrals).

The initial connection between VSS and Flinders University researchers was generated through a program of student internship, started in 2009, which later led to a consultancy and informal discussions around research issues identified by VSS. Throughout 2010–11, the relationship between Flinders University researchers and VSS was strengthened by proactivity at both the senior and junior levels of each organisation, involving ongoing discussion of research opportunities as well as the appointment of Flinders University graduates in roles at VSS. After obtaining ethics clearance from the Flinders University Social and Behavioural Research Ethics Committee, the research team designed a survey instrument in consultation with VSS paid and volunteer staff. The legitimacy of the research process required buy-in or confidence from participants in the survey instrument and its implementation, and volunteers acted as gatekeepers for participant recruitment (Saunders 2006; Creswell & Plano Clark 2007). Since VSS volunteers functioned as the intermediary in the research process, responsible for contacting victims via telephone and assisting them with completion of the survey, a training program was employed to ensure that these volunteers held appropriate knowledge and skills relevant to the research content, method and ethical parameters. Once we had a final version of the survey, the volunteers contacted those victims who, since December 2012, had given consent to be contacted for research purposes. This involved a robust screening process in that a significant proportion of VSS clients were not contactable (approximately 40 per cent), engagement being an ongoing challenge facing not only VSS but all victim support agencies. This problem is particularly exacerbated by the fact that many victims of crime choose to move house or change their contact details as strategies to improve their safety or aid their recovery process (Zorza 1995; de Lint & Marmo 2018). Regardless, most of the clients who were contactable agreed to complete the survey. Upon completion, victims were asked if they could be contacted for interviews. While more than two-thirds (69.6 per cent, or 71 out of 102) ticked 'yes', when we sought to re-engage them in 2014–15, a high percentage were reluctant to have a one-to-one session, resulting in only 15 interviews being conducted. This outcome is common within victim studies, however, as confirmed by studies on hard-to-reach populations within the wider research methodology literature (Creswell & Plano Clark 2007; Lord & Cowan 2011). Moreover, as noted in further detail later in this article, there is much to be gained from the encounter with those participants who have engaged with the project, which justifies an approach centred on knowledge exchange.

Between 2012 and 2016, qualitative interviews with victims ( $n=15$ ) and focus group interviews with VSS counsellors (see de Lint & Marmo 2018) ( $n=2$ ) were conducted to assist in interpreting the quantitative data from the survey instrument ( $n=103$ ). The results supported one of the initial hypotheses presented by VSS to the researchers that the post-victimisation period is associated with a considerable increase in AOD consumption. The qualitative interviews added depth where the survey failed to support the other hypothesis that validation from external network supports would reduce AOD consumption (de Lint & Marmo 2018). Accordingly, given that there is already some research on the dynamic between academic researchers and support agencies (although there is scope for further analysis in this area), this article focuses on the further issue of how victims may use the research environment may incorporate their participation in research into their overall recovery journey. Therefore, this article does not analyse the focus group findings, instead drawing from the victims' interviews.

At the time of collection of the survey instrument, the local newspaper (*The Advertiser*) ran a story on the problem of self-medication by crime victims (Hegarty 2013). In 2015, the national media picked up on the project and ran stories at the national level, including an interview with one of the authors on ABC TV national news (Founten 2015). Some former VSS clients who watched the program contacted VSS and asked to meet with the researchers. However, these former clients could not be contacted by the research team because VSS's mechanism to record client consent to be contacted for research purposes had not been implemented at the time these clients accessed the service. Even if they represent a small fraction of the respondents we were able to interview, they offered us an insight into victims' AOD consumption over time and confirmed the significance of this enquiry into an issue that is worth exploring more closely and systematically.

## Knowledge acquisition

An important intervention into the policymaking in the mid-1980s was a marriage of critical approaches to crime control and a realist appreciation of empirical data that required or suggested more respect for the lived experience of victims of crime in real (as opposed to ideal) communities (Bhaskar 2008; Matthews & Young 1992; Matthews 2014). In this vein, recognising the importance of victimology surveys and overcoming the neglect of community crime and victim representation in the criminal justice system emerged as objectives of restorative justice advocates (Hough & Mayhew 1983; Jones, MacLean & Young 1985). In much work focused on refining understanding of and intervention in the square of crime (representing the interrelationships between the victim, state, community and society), critical criminologists sought to provide policymakers with an alternative to 'just deserts', 'zero tolerance', 'truth in sentencing' and other right-of-centre crime policy innovations (Kinsey, Lea & Young 1986; Matthews & Young 1992; Sim, Scraton & Gordon 1987). The agenda of critical realism concerned the mechanisms or means that empower and disempower community and victim in their lived reality. Against a more emancipatory or socialist reading of state and society, critical realism was born out of the effort to draw attention to the circulation of offenders and victims within communities and state agencies and to reconstitute victims as power brokers. As recounted in Walklate (2015), critical realism brought together the victim survey (see Hough & Mayhew 1983) and the 'lived realities of victimization' to better express the 'the experiences of victimization and offending' (see Matthews 2014). In this regard, support networks are conceived as either providing or blocking an emancipatory agenda for the marginalised population of victims of crime (Bhaskar 2002).

### *Authorising victims: What's new in the network?*

The identification or stipulation of subjects by authorised actors or knowers is fraught. There is a long tradition that suggests that formal intervention can be damaging to social integration, particularly given the dilemma that such intervention is permitted or expected on the basis of an attribution of need that often stipulates the signified as a one-dimensional actor (that is, *as* offender, client, patient or victim, for example). As is well documented in the literature (Parsons & Bergin 2010), this tends to fix the signified (victim) in an institutionally laded repeat performance (a self-fulfilling prophecy) of secondary victimisation. On the other hand, within victimology the act of authorising is directly connected to validation as an important if not crucial step in the recovery process. In this regard, to the extent that that narrative is ideographic, a unique and non-replicable property, the recovery of the victim as an author or co-author of victimology accounts is regarded as a core dimension in those victimology traditions that pay greater attention to the power dynamic in victim constructions (such as critical victimology: see McGarry & Walklate 2015).

As Matthews (2009, p. 352) argues, the *grounding of social structure* from the actor standpoint is important for critical evaluation because that structure is ontologically deep, which is to say that it shapes and to some extent determines how phenomena are known; it involves 'enduring relations between the structural position of actors'. Capture, and testing, of novel reconceptualisations in the discovery of possible empirical 'realities' is at the heart of the interaction between agency and research actors and actions. Revision and reinterpretation or modification of subjects occur as a consequence of the bilateral exchanges between parties in the network (which in this context include support services, justice actors, university representatives, counsellors and victims). In an 'interprofessional network' (see Hood 2012), the research actor is entwined in the mandates of both justice and therapeutic actors. He or she seeks to (re)invest knowledge generation into a stipulation or referent of 'victim' as a node in the policy process, often (but certainly not always) contributing to restorative justice public policy.

For the victim of crime, the network has snakes and ladders, to use an analogy. To put it in Latourian terms, the network comprises a range of materials comprising associations and entanglements (Latour 2005, p. 8). The victim's network of associations includes the offender and sometimes physical as well as psychological injury and trauma (as an obdurate object) in addition to therapists, police officers, prosecutors and other legal and court workers, counsellors and psychologists or psychiatrists, and friends and informal social supports (Budde & Schene 2004; Liang et al. 2005; Latta & Goodman 2011). For some victims, their network might also include the media. For the victims we surveyed and interviewed, university researchers also formed part of their network, and this was a novelty, something that did not fit neatly with therapeutic or justice interests and discourses. In the intersection of the researcher, therapeutic discourse and juridical discourse, the subjectivity of the victim is changed or transmogrified to align with the interests and values of these various actors/discourses

Our study involved subjects who were pre-authorised by actors, including the police, the courts and (persons n) the therapeutic community (such as counsellors). For our cohort, at least, this formal network of actors had the authority to receive and process people, to accept or deny them. To again use Latourian terms, they were pulled through obligatory passage points. Our cohort underwent further authorisation in two respects. First, they were identified or named through the selection criteria of the interprofessional network that included the Flinders University ethics committee and the research team. Second, they volunteered to contribute an account of victim self-medication, an important step in empowerment. In this

way, although ‘vulnerable’, they were willing and able to tell their story, re-offering themselves for validation or authorisation according to a unique (for them) set of institutional or discursive criteria.

### *The encounter*

The encounter resets or modifies pre-existing network relations. It is a moment when, following address by another actor or party, each actor resets his or her respective position in the support network. In this, the victim (referred to hereafter in the female, for simplicity) is reified and multiplied as a signified. Already *known* by police and justice officials as a complainant or witness and the therapeutic community as a victim-client, she is now encountered by the researcher as a source of knowledge generation. As a *source*, she is reflexive on victimhood. She is asked, implicitly and explicitly, to reflect on the ideographic material that comprises her case or story, and in so doing, and along with the researcher, objectifies herself.

The incorporation of the researcher into the victim network provides for a further victim alignment. Accordingly, as per critical realism, the understanding of networks is expanded to take note that the researcher and practitioner are engaged in a mode of intervention that is reflexive and dynamic. In practice, respondents refine the researcher reflexivity; they incorporate the researcher node into their formal support network. While perhaps for some this entails an explicit rejection of a therapeutic reflexivity, it may nonetheless be incorporated into the narrative of recovery. In this regard, the discourse of recovery is expansive, and adaptive to research cues as actors attempt to realise abstract assumptions through their own concrete examples and experience. In addition to the victim’s alignment of their account with the discourse of criminal justice and therapeutic agencies, the victim modifies their self-identity to accommodate the perceived academic review. For example, more than one of the respondents in the study described historical abuse to the researchers that had not been previously disclosed. They did so in the context of building a narrative account of their victimhood, one that they set up to assume an ‘objective’ distance from considerations of therapeutic need or just deserts. As one interviewee remarked, ‘I wanted to take part in this [interview], because so many people that are victims do use, do self-medicate and it’s just not understood and it should be’ (VSS, Interviewee ID012).

Exemplary also are the accounts of respondents who took the face-to-face interview process as a way to self-reflect freely on their situation and recovery patterns against the grain of the therapeutic requirements. These respondents indicated in their recounting of how AOD consumption enmeshed with their recovery narrative that they perceived the researcher to be distinct and removed from therapeutic or juridical accountability. For instance, one of the respondents, an assault victim who was taking advanced tertiary classes in sociology, appeared to capitalise on the direction of the research inquiry to reflect on her recovery narrative in greater depth than what she had achieved in counselling. Similarly, another respondent whose daughter was killed by his partner, took the opportunity to elaborate on the support he had received inclusive of his categorisation as non-responsive to counselling. He used our research as an alternative platform to reflect on his self-identity inclusive of what he would or would not share in a counselling setting.

Flinders researchers were perceived as a means to reflect on the therapeutic and juridical connections (the latter in terms of secondary victimisation), but at other times we were drawn into that therapeutic discourse. During debriefing with VSS and its counsellors, it was clear that the respondents had perceived the researchers to be part of a therapeutic continuum. That is, in the eyes of the participants, the role of the research team had transitioned from an

exogenous position of academic review to an integrated part of the interprofessional network, such that the researchers were mandated to provide support and guidance, listen and help the victims to build confidence to navigate the recovery process. Where researchers 'sit' on the therapeutic continuum in relation to friends, family, police, hospital staff and victim support agencies appears contextual and requires further exploration; nonetheless, victims' positioning of them on this continuum represents an important research outcome.

For the victim, of greatest importance is that research participation (inclusive of insight and self-reflection) may boost or advance their place on the recovery narrative. In many ways, the interview supports a collaborative reflexivity that fosters a cathartic release. Interviewees position the researcher on the therapeutic continuum and, to use the terms of naïve realism, anticipate an emancipatory outcome. The researcher-interviewee interaction interrupts or challenges the narrative flow and therapeutic introspection, producing at least the possibility of greater insight into the narrative.

The researchers in this study developed an appreciation of, and began to incorporate, at first somewhat unwittingly, the practices if not the knowledge and the assumption that a robust concept of 'network of supports' includes their interaction with clients and the functional dynamics of the interprofessional network itself. Universities and government agencies may develop ethical requirements governing research on victims, but these are reconceptualised by researchers and practitioners in the ongoing attempt to develop formal and informal networks as obstacles or conduits. We found that developing an intelligible narrative that connects agency mandate with victim recovery requires taking note of the situational context of the empirical capture.

Victim respondents are predisposed to view the research as a context for their recovery, and researchers, in turn, are drawn in through the therapeutic narrative toward viewing respondents as more or less supportive of a knowledge agenda. However, for researchers, knowledge generation is set up as an abstract value which is acquired from data analysis, with respondents more or less leaky containers providing that data. If theory generation is by default based on a sterile and objective encounter, that default position was for us, challenged by the encounter with the emotional force of the victim respondent. This forced us to consider a more interactive or real time exchange of research value or insight for respondent data.

Empirical research, like the encounter between victim, agency and research actor, is a site in which hypotheses, conceptualisations and expected conclusions may shift on uncertain institutional or onto-epistemological ground. While uncertainty is explicitly delimited — a property to be excluded by design — in most research programs it is also a discursive space, or place of novel discovery. By acknowledging the uncertainty, or unpredictable dynamism, of the encounter between agency, researcher and victim, it became possible to recognise and incorporate the ideographic character of both victim experience and research discovery.

## **Knowledge exchange: networking and partnership building**

In this section, we offer a reflection on the university–community research partnership. There is a widely acknowledged need for collaborative partnerships that build the capacity of support services for crime victims (see Holder, Leary & Frost 2013; Banks & Armstrong 2014; Belknap 2015). Partnership encourages community participation (by victims and researchers) in decision-making, but also fosters the development of knowledge and targeted strategies across a much wider range of issues (including disadvantage, AOD use and violence) with the aim of enhancing service delivery (Goris & Walters 1999; Entwistle et al.



2007). As identified in the wider networking literature (see Entwistle et al. 2007), partnerships may involve diverse actors from a range of backgrounds, who draw on various resources including new and often unexpected ways of thinking, which in turn can result in research that is not conducted according to rigid and often uncritical internal systems (as is the case in many criminal justice agencies). Reflection on research partnerships fosters an understanding of inter-subjective engagement, which is particularly apropos in this field of research (Levin & Ravn 2007). In the context of a more iterative and encountered research design, the instruments, process and outcome modify as actors reflect on tasks and interactions. That said, there is scant description in the social science methodological literature of how to avoid the dangers of collaborative enquiry and achieve effective inter-subjective collaborative research (see Levin & Ravn 2007). As noted by Drucker (2013), there are profound benefits to building strong connections between theory and practice including in the generation of 'usable knowledge' that is, in this context, central to frameworks of support and assistance for victims. Collaboration of this kind brings together evidence-based research, practitioner knowledge of best practice and, crucially, understanding of client values and needs. Although we know that research participants and researchers are intertwined in the knowledge-generation process (Levin & Ravn 2007, p. 8), there is little guidance from the literature on researcher praxis.

Hood (2012) posits a schema of interprofessional working that situates the actors beyond the 'naïve realist model' of *emancipatory intervention* in which causality is misrepresented and complex needs are disaggregated and then subject to specific interventions by designated professionals. These professionals have specific outcomes in mind, after which there is an evaluation (Hood 2013, p. 8). Instead of stopping at that disaggregation and reducing a complex causal process to a closed linear system (Hood 2012, p. 8), a much broader and more critical foundation of expertise, knowledge and experience is needed, which is predicated on an understanding of a recovery narrative, inclusive of traumatic events and significations. This can be achieved by using critical realism (see Bhaskar 2002, 2008, 2009). Hood draws on Bhaskar (2008) to argue that reality is more accurately encountered as a 'product of multiple, interacting tendencies at the underlying level of the real' that, although perhaps not observable, nonetheless 'cause things to happen' (2012, p. 8). In Bhaskar's (2008) schematic, the domain of the real is comprised of the properties or structures that make things happen, the actual, where events happen, not all of which are apprehended, and the empirical, where what happens is apprehended. In the critical realist model, structural properties shape a specific need; contributing as well are causal mechanisms that are conditioned by other mechanisms and other needs. This model stipulates that multiple, complex and varied events and interactions are experienced by a victim and shape their experience/recovery, in addition to the outcome recorded from the intervention. The implication is that common assessment frameworks can be used to inform but not dictate the judgment of expert practitioners (Hood 2012, p. 10).

Hood's (2012) schema also addresses 'reflexive-hermeneutic complexity'. In this regard, Gray (2013) describes how the 'prescriptive templates of common assessment frameworks' provide cognitive and conceptual schema to organise our experience of the world and support the application of learning or training in line with a set of rules. In addition, professional expertise is enacted via a social process that includes integration of the interaction with clients and the functional dynamics of the interprofessional network itself. Hood notes that setting up the 'expert system' means that each member brings 'new judgments and hypotheses to bear on a situation, contributes their own actions and decisions and establishes new interconnections. All of this will feed into causal complexity as well as increase the overall uncertainty of communication and decision-making'. (Hood 2012, p. 10)

Initially proposed to the Flinders University research team by VSS, the research project was an inter-subjective collaboration from the outset. While VSS has conducted a number of client satisfaction surveys and issues-based focus groups over the years, a practical roadblock to such work has been the capacity of the organisation to conduct empirical research into the victim experience. The project was designed with the agency's assistance to incorporate VSS agendas and processes. For example, the partnership directly supported the achievement of two key VSS strategic objectives, namely, 'strengthening research capabilities', and 'outputs and advocacy of victims'.

In helping to achieve these strategic objectives, as well as carve out time to conduct the research and support the institutional mandates placed on academic staff, the Flinders University researchers set about drafting grant proposals to funding bodies including the Australian Institute of Criminology, the National Drug Law Enforcement Research Fund, the Attorney-General's Department of SA, and the Flinders University Faculty of Education, Humanities and Law research funding program. The researchers were unsuccessful in the external applications but received seed funding from the university to support the development and launch of the survey and conduct an initial literature review.

From a practical perspective, collaboration necessitated the adoption of discursive strategies proposed by the partner. The partnership enabled the Flinders University researchers to access victims of crime, a group that is often difficult to identify and establish meaningful contact with and from which it is challenging to collect data (Fisher & Lab 2010). In this project the researchers could not depend on the framework of trust that victims had already established with VSS and its services; that trust was based on a therapeutic relationship with counsellors. After gaining access as per the agency and requisite ethics, it fell on individual researchers to provide sufficient reciprocities so that highly personal information might be offered. To put it in critical realist terms, it required the adoption of an authentic openness to the multiple interpretations of causes and events.

In this regard, research–community partnerships demonstrate that advocacy and research are not mutually exclusive (Massey & Barreras 2013); meaningful and participatory dialogue with subjects can produce mutually beneficial outcomes for both participants and researchers. Indeed, it has been identified that emotional attachment between researchers and participants through engaged collaborative research facilitates a more nuanced understanding of what and, importantly, who is being studied (Jewkes 2012). Where researchers are able to 'understand (and share) [participants'] experiences, situation, feelings and motives' (Levin & Ravn 2007, p. 5) they are empathically engaged and create joint learning. This was evident during the process of collecting and reviewing the audiotapes of the qualitative interviews in the self-medication study, where there was, in Levin and Ravn's (2007, p. 2) terms, an 'intersubjective or dialogical involvement with the participants, allowing for empathy to emerge as a key variable'. Whatever the level of engagement of the research team with the subject prior to direct interaction with our victim cohorts, the nature of our objectivity was impacted at this stage of the research.

As noted above, if we view the research as a collaboration, as we do, this requires a position of inter-subjectivity; the researcher interacts with participants to acquire knowledge. In the field of anthropology, a strong version of collaboration is referred to as 'going native', a term denoting that the researcher has lost their objective bearings and adopted the subject's *Weltanschauung*. In the case of partnerships between researchers and agencies, this is a two-part process: first, it is about the research identifying and understanding the agency's view; and, second, the research identifies the subject's views, in our case those of victims of crime. Using this twofold approach, we rationalise research that makes an impact in a

community, justifying the term ‘praxis.’ The ultimate objective is the development of conceptual tools that support the agency’s ability to understand and support the needs of its clients — what is referred to below as solving local problems.

In the project, it was observed that participants’ ‘knowledge’ needed to be interpreted broadly. This influenced the framing of the research process. To build a more nuanced understanding of the victim interaction with AOD, it was necessary that the researchers listen to victims’ accounts of their trauma with minimal prompts by the researchers. Many interviewees made reference to the interaction with the research team in the explication of their recovery narrative. The story-telling involved in discussions of the recovery narrative became crucial to the project. Indeed, in our research the acts of providing and receiving a life story were found to have transformative potential, not only because this could, as conceived, guide future VSS practice, but also because it could provide strong validation — a factor critical to shaping the recovery process, but one that is frequently absent from victims’ experiences of the justice system.

The therapeutic discourse has its disciplinary nomenclature and conventions. Victims as clients or patients are meant to develop a particular attitude towards their recovery, for instance, one that is consistent with the resources and protocols of the service-providing agencies and actors. Likewise, as juridical subjects, victims are expected to conform to a somewhat stultifying and often invalidating version of witness or complainant. By adopting a deliberately inter-subjective style of interprofessional working and knowledge discovery in our research, we sought to develop a more open-ended space for our signifier-subjects, which provided the authorial space for their ideographic accounts. Indeed, the book that we wrote based on our research featured a large number of direct quotes from our victim interviews.

Another product of the inter-subjective knowledge exchange utilised within our study was the co-development of a pamphlet,<sup>1</sup> which featured a synopsis of personal narratives about self-medication in a format intended to promote awareness of crime victims’ needs. The pamphlet will be available in hard copy for those who attend VSS, as well as the wider community (including those who may not have reported their victimisation) through online media. This represents new local knowledge, jointly created through a research–community partnership that emphasises the role of victims in the research process, which will enhance VSS’s response and advocacy, as well as the experience of victims.

## Encountering victims

In this final section, we reflect on some of the broader implications of the research and the encounters mentioned above. Specifically, we focus on a range of ethical considerations related to undertaking an engaged collaborative approach and the possibility that the encounter may be dislodged from a sound structural mooring.

Through the dynamism of reflexive collaboration, there is ample opportunity for the modification of ethical guidelines and research practice (Banks & Armstrong 2014). However, it is well understood by research ethics committees that the granularity of the requirements, the stipulation of approved personnel, practices and devices, and the bureaucratic burdensomeness and infrequency or lack of timeliness of research approvals can overburden modest research team resources. In our experience, the divide between helpful and harmful observations or speech acts concerning victim reflections on their trauma

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<sup>1</sup> At the time of writing, the pamphlet has been developed but not yet published.

experience and recovery was a somewhat perilous liminal place. We danced on the line between the therapeutic ethic of care — a disciplinary or expert knowledge with which we have no formal association — and the researcher ethic of disinterested discovery. As we indicated previously, for the victim the ambiguity of the space that we occupied presented a means of resetting their position in a recovery narrative. Yet, it was that space — one not foreseen or accounted for in the ethics proposal — which ultimately yielded the excitement of discovery. The ethical implications of *becoming* inter-subjective in this manner were not foreseen; the research team debriefed with ethical implications were a focus of the debriefing, and expressed the somewhat ungrounded conviction that our interjections were not harmful and may even have provided added insight to victims. The extent to which participatory, engaged and, in this regard, ethical research can lead to better or meaningful knowledge generation, emancipatory change (Mandell 2010; Hood 2012) and positive outcomes for victims, practitioners and researchers alike is always uncertain.

More importantly, there appears to be a lack of capacity for evidence-based research within the wider field of victim research. Although much has been done over the past four decades to improve the position of victims in the criminal justice system, there is a distinct lack of in-depth research into the victim experience, in terms of both their recovery and the nature and quality of their contact with criminal justice services. While VSS has sought to strategically ground its efforts around supporting the advocacy needs of victims on a collaborative research partnership approach, it is clear that it faces opposition from state government actors, it works ‘actually’ to use the critical realist meaning, within the ‘reality’ of ‘doing research in a political and value-laden context’ (Massey & Barreras 2013, p. 616). In SA, the practice of ‘research’ is more internally focused on supporting existing policy and justifying service provision than on finding ‘truths’. For example, as part of the Transforming Criminal Justice Reform Program, the SA Attorney-General’s Department has developed a pilot Victim and Witness Survey (‘VieWS’) to measure victim and witness satisfaction, including their perceptions of the quality of service provided by criminal justice agencies, as well as perceptions of timeliness, accessibility and outcomes (Attorney-General’s Department 2015). The measure of victim and witness satisfaction derived from the VieWS survey will inform the performance measures of the Criminal Justice Sector Reform Council, but will do little in the way of capturing in-depth knowledge of victims’ experiences of trauma and their recovery from crime. Collaborative approaches to research are therefore integral to building the capacity of VSS to develop research projects, and also to encouraging researchers and practitioners to work together to understand the victim experience of trauma within a complex environment of government policy and funding arrangements. That said, significant challenges remain since ministerial budgetary divisions still militate against the implementation of a holistic, multi-agency approach.

In addition, with regard to structural mooring, it is the presumed but uncertain connection to an emancipatory authority that may be most concerning. There is a danger that, contrary to design or intention, researchers will subject victims to a disciplinary power, particularly given that victims have traditionally experienced subjection in most, if not all, of their relationships within the criminal justice system (Banks & Armstrong 2014; Belknap 2015). As per Matthews (2009, p. 351), critical criminology must note the influence of social structure and the state through and on various apparatuses; and central to realist criminology is the intra-class and parasitic nature of victimisation and crime perpetration.

## Conclusion

Collaborative research projects between academics, service providers and their clients are increasingly important for gaining a more nuanced understanding of issues and subjects under study. Reflexive engagement has come to be seen as a valuable resource and methodological approach in the criminological domain. Armstrong, Blaustein and Henry (2017) claim that reflexivity contributes not only to a better understanding of the researched by the researcher but also to the analysis of broader sociopolitical implications. The emphasis on knowledge exchange suggests a dynamic interaction where each party is an active contributor, rendering the empirical field an environment in which practice learns from research and vice versa.

This article has explored the knowledge acquisition and knowledge exchange that occurs as a result of interaction among victims, a victim services agency and academic researchers through an analytical lens consistent with critical realism. Through such interactions, each participant gained a level of knowledge and/or self-awareness in relation to their recovery narrative and self-medication, while also learning about other actors' priorities, assumptions and boundaries. Via a process of ongoing interaction with the participating agency, including meetings before and after each interview with victims, the researchers were privy to the agency's operational side as well as possible organisational constraints. The triangulation of the research field allowed for a rebalancing of power and knowledge. This, in turn, allowed the research team to approach the research site and experience with an awareness of its onto-epistemological uncertainty, the fluidity of conceptual categorisations and the potential for unexpected findings.

Thus, at one level, it is hoped that the findings of the project will inform evidence-based knowledge and practical support services for victims of crime who self-medicate with AOD in SA and elsewhere (see de Lint et al. 2017). In addition, this article explored how the project provided a space for elaboration on the role of reflexive collaboration in research–community partnerships within the victim recovery process. The dynamic, engaged and ideographic character of the encounter between agency, researcher and crime victim enables the access and exchange of deeper and meaningful knowledge.

How much authorship can really be shared? This is an ethical question not only because it necessitates consideration of the potential exploitation of subjects — represented in Mandell's (2010) notion of 'hit and run' or Sherman and Torbert's (2000) 'data raiders' — but also because it requires critical examination of the process of authorising itself. In other words, we must consider the risks of such collaborative empowerment. Specifically, critical evaluation is needed of the respective skillsets and capacities of researchers to serve in such a therapeutic role, particularly given the tension between researchers' interests in eliciting meaningful change for subjects and the more traditional role of 'getting data'. For example, despite the best of intentions, researchers, as part of the interprofessional network, may cause secondary victimisation, with the process of interviewing serving only to further de-identify an individual where the individual's stories are swept up by the tape recorder. In the current project, this risk was mitigated by sustained involvement with the victim cohort (as opposed to 'hitting and running'), as well as reflexivity in the research process (in which direction is taken and knowledge learned *from* subjects). This challenged existing hypotheses and encouraged innovation as demonstrated by changes to advocacy and research praxis that serve to strengthen the research–community partnership.

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