TIME HEALS ALL WOUNDS?

by

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Abstract: *Time heals all wounds, it is said. The effects of chronic victimisation have not yet been considered fully in the literature on repeat victimisation. This chapter presents evidence to suggest that the emotional scars of chronic victimisation can be so deep that everyday life loses meaning. It loses meaning because life itself — the freedom and ability to live as one wishes, the ability to function normally — is itself lost. The emotional processes are so traumatic that they resemble bereavement.*

> ...you fear it can always happen and you know it's beyond your control and so if it's beyond your control the fear's always there and it doesn't go away. [Male chronic victim]

This chapter addresses the emotional loss experienced by chronic victims, whose healing scars are reopened. Chronic victims do not have the luxury of time between successive victimisations for their emotional wounds to be healed. This process involves four different stages that will be discussed in detail shortly (Figure 1). Chronic victims of crime are unable to progress through these phases. Only when victimisation ceases do they get time for the wounds to heal. Only then do they begin to recover the loss and rebuild their lives.

The time course of repeat victimisation has been quantitatively explored elsewhere in this book, as have the implications of the issue of repeat victimisation for crime prevention. It is important, however, not to forget the effects of repeat victimisation on crime victims, particularly chronic victims — the group of victims that suffers the greatest proportion of crimes. The growing literature on repeat victimisation in the U.K. recognises that: a small proportion of the population suffers a high proportion of all crimes (U.K. Home Office,

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1994; Farrell and Pease, 1993; Farrell, 1992, 1993; Chenery et al., 1992; Forrester et al., 1988a, 1988b); that repeat victimisation is relevant to a variety of crimes (Ashton et al., 1998; Pease, 1997; Wood et al., 1997; Farrell et al., 1995; Pease, 1995; Mayhew et al., 1993; Tilley, 1993; Burquest et al., 1992; Sampson and Phillips, 1992; Johnston et al., 1990); there are periods of time within which risk of further victimisation is greatest (U.K. Home Office, 1997; Anderson et al., 1995; Farrell and Pease, 1994; Pease, 1991; Polvi et al., 1991; Polvi et al., 1990) and there are implications of repeat victimisation for crime prevention and detection (Pease, 1998; Chenery et al., 1996; Potter, 1996; Farrell, 1995; Forrester et al., 1990). It is also recognised that official police records need to be improved, and that national crime surveys have limitations in that they underestimate the extent of repeat and chronic victimisation (Genn, 1988).

After a decade of research on repeat victimisation in the U.K., however, it is only recently that the implications for "repeat victim support" (Farrell and Pease, 1997:101) have been addressed directly. Although that work addressed the importance of linking victim support with police response to repeat victims, the focus has still been on crime prevention advice. Although "practice and priorities" for victim support are given a broad context (Farrell and Pease, 1997:101), no research has yet looked in detail at the responses of repeat victims to their experiences of crime and the implications for policing and support generally. Farrell and Pease (1997:106) give "first thoughts on a victim support policy on repeat victims," but focus mainly on the role of Victim Support in the dissemination of crime prevention advice. Essential though that is, there is a gap in the literature that this chapter aims to address. The fear of further victimisation, however sensitively that possibility might be made known (Farrell and Pease, 1997), and other emotions has implications for the level of counselling offered to repeat and chronic victims alongside the crime prevention advice that is increasingly being given. Although it has been speculated that "the impact upon the victim of a repeated occurrence...may be cumulatively greater than from a single occurrence" (Farrell and Pease, 1997:106), until now no research has addressed in detail the emotional response of chronic victims. Issues such as the problems in identifying chronic victims in police records have been highlighted (Genn, 1988), but the emotional effects of victimisation neglected.

"If revictimisation is quite likely, then how can this be communicated to the victim without increasing or introducing fear?" (Farrell and Pease, 1997:108) is one question to be asked in terms of crime

prevention regarding the response to different levels of risk. An equally important question, however, is: How can support be graded in response to people's different experiences? By attempting to answer this question, a balance can potentially be struck between giving both practical and emotional support, since "the people who most need crime prevention help are the same as those who need victim support — and they need both kinds of help at the same time" (Farrell and Pease, 1997:109). In the "Biting Back" scheme in Huddersfield, West Yorkshire, "graded responses are provided according to the number of prior victimisations* (Farrell and Pease, 1997:109). This chapter proposes a parallel graded response in terms of emotional support, particularly for chronic victims for whom the emotional scars are greatest (Shaw, 1997). Time to heal is what chronic victims do not get. Even afterwards, the memories of victimisation remain. As with bereavement, although life is reconstructed the memory of what life was like before, and what has been lost, does not completely vanish.

There are implications in this chapter for the training of police officers, their awareness of the emotional state of victims and the way they deal with individually trivial incidents against people who are serially victimised. The links between disorder and crime are explored, as is the merit of tackling disorder from crime prevention, detection and victim care perspectives.

METHODOLOGY

The material upon which this chapter is based originates from doctoral research carried out at the University of Manchester, England, between 1993 and 1997 (Shaw, 1997). This work was a study of fear of crime in which the relative importance of gender and repeat victimisation was explored. The research addressed the effects of these two variables: on general levels of fear; on different crimes; and within diverse spaces. Also examined were the effects of such fear on people's adoption of safety measures. The work contributed to the limited research on fear of crime, which hitherto had concentrated on women's fear of sexual violence by male strangers in public spaces. This body of research suggests that women's fear reflects broader gender inequalities in society, and that the fear of violence is therefore a form of social control. Men also experienced significant levels of fear. However, in the Manchester research debates on repeat victimisation were receiving increasing attention around this time. It seemed appropriate to question whether victimisation and fear of crime might

be a different experience for people who are frequently affected by crime, compared with those who are victimised only once or not at all. It was concluded that repeat victimisation, particularly chronic victimisation, lessens the effect of gender on fear of crime. Repeat victims, particularly chronic victims, experience higher levels of fear than do other people. The research was carried out using multi-method techniques: an extensive questionnaire survey and in-depth interviews. Although there are broader issues concerning gender and repeat victims in general, which are to be the subject of future publications, this chapter documents the emotional pressure of chronic victimisation.

Interview material representing the views of six male and female chronic victims is discussed in this chapter. This is a sub-sample of the total interview sample of 24 that was used for the research as a whole, chosen from the 100-subject sample that completed the survey.[1] The total interview sample consisted of 14 repeat victims (seven men and seven women) and ten other people (five men and five women) from Victim Support and the Manchester City Council. Breaking this down further, the total interview sample comprised eight repeat victims, six chronic victims (repeat victims who experienced crimes and/or other forms of victimisation, sometimes on a daily basis, to the extent that the exact number of victimisations was often not known) five onetime victims and five non-victims. Interview subjects were selected to explore the issues generated from the survey in greater depth in order to examine the different experiences, underlying causes and consequences of fear on people's lives. As with the questionnaire survey, an attempt was made to recruit an equal number of men and women, repeat victims and other people, and people with different levels of fear. The sub-sample of six (three men and three women) discussed in this chapter comprises all the chronic victims from the group of 14 repeat victims Although the aim was not to force people into categories, it is helpful to group people according to their level of emotional response to chronic victimisation. This fear (labelled as high, medium and low) is a reflection of two measures of fear of crime identified in the questionnaire survey: frequency and degree.

While the tone may sound unduly dramatic given the small number of people whose interviews are reported here, it should be said that many further interviews with chronic victims in Scottish cities have been undertaken since the work reported here, and are consistent with its tone (Shaw and Pease, 2000).

Almost without exception, chronic victims are dramatically affected by their experiences. The time between victimisations, for chronic victims, may be almost unbearable. One chronic victim, in contrast, seemed unaffected. He is still discussed, though, as the stark contrast highlights further the extent and nature of the trauma suffered by other chronic victims and why it is important that this is formally recognised and action be taken to address the issue.

BEREAVEMENT MODELS AND THEIR APPLICATION IN UNDERSTANDING THE RESPONSE TO CHRONIC VICTIMISATION

Within the fields of victim support and clinical psychology, there is an awareness of post-traumatic stress disorder (PTSD), defined as "extreme traumatic stress or direct personal experience of an event that involves actual or theoretical death or serious injury, or other threat to one's physical integrity" (Chitty, 1995:14). However, PTSD is seldom used to describe the wide group of crime victims that experience chronic victimisation. This is because counselling is aimed mainly at people who have suffered violent crimes, as they are considered to suffer most in the aftermath of victimisation. Evidence from the questionnaire survey and interview material from the research in Manchester, however, shows that it is not only severe violent victimisation that affects people's fear. For chronic victims, it is the perpetual state of victimisation that is the issue. It is also the remorseless recurrence of incidents that may, on the surface, appear trivial but that have dramatic effects. This evidence supports a different approach to meet the needs of more victims, in terms of the approach of counselling organisations and the police.

The "actual or theoretical death" that is thought to be part of PTSD can also be related to chronic victims. Such is the relentless victimisation, often on a daily basis, and the emotional scars so great, that there is a loss of life — a "theoretical death." The chronic victim grieves for the loss of a normal life. The emotional processes are so extreme that they resemble recognised stages in the bereavement process when actual death occurs. Actual death may as well have occurred for many chronic victims, as the case studies in this chapter illustrate, as everyday life ceases. Although loss and bereavement have been related, albeit in a simplistic way, to crime victims in the work of Wallace (1998), the focus of this work has still been on PTSD and on the development of a crisis model to explain the experiences of victims of violent crimes. Although there is an acknowledgement

that there may be injuries that "are not considered catastrophic in nature but can cause changes in life activities" (Wallace, 1998:75), the emphasis is still on physical wounds being a precondition of an emotional reaction. Although this is undoubtedly true in some cases, this emphasis excludes the non-violent experiences of a wider group of victims. It does not take into account the influence of the frequency of victimisation, nor does it mention repeat or chronic victims. Nevertheless, Wallace usefully refers to Lindemann's work (1944), which was the first to offer a "study on the effects of crisis on the mental health or emotional well-being of humans" (Wallace, 1998:78). This was very early work. Most relevant to this chapter is Caplin (1964), who "extended Lindemann's theories to include all human reactions to traumatic events and not only the grieving process as a result of loss" (Wallace, 1998:78).

It is important to recognise the origin of work on loss and bereavement. Although Lindemann (1944) and Caplin (1964) are acknowledged as early writers on the subject, Kubler-Ross (1969) wrote the first work on the subject. It is thanks to this, and also the early work of Parkes (1964), that we understand better the emotions that terminally ill patients face and the different stages of the process from diagnosis to death. The publication of *On Death and Dying* (Kubler-Ross, 1969) marked the first time that such stages were formally recognised. The book deals admirably with the way in which patients cope with their own imminent death and the process of dying. This work is referred to directly in this chapter as parallels are drawn with people experiencing chronic victimisation. It should be made clear here, though, that the aim is not to underestimate the process of dying and bereavement. It helps, perhaps, to note observations made by Kubler-Ross, though, that "the suffering was worse than death itself (Kubler-Ross, 1969:420). This chapter simply draws parallels between chronic victimisation and the stages of suffering during dying and bereavement. Recently, however, both chronic victimisation and death have sadly happened simultaneously and this is referred to in the final paragraphs of this chapter.

Chapman and Gale (1981) and Worden (1983) have developed the themes from Kubler-Ross (1969) and Parkes into specific stages in the bereavement process. Bereavement is considered to be manifest in both physical and emotional ways. Worden refers to Parkes' (1970) original work, which was the first to refer to the four broad phases formally recognised in bereavement; Chapman and Gale (1981) also use these phases. Figure 1 incorporates all of these sources.

Figure 1: Phases in the Bereavement Process

Phase 1:	Period of numbness shortly after the loss which serves as a coping mechanism — at least for a brief period of time. Calm or dazed appearance.
Phase 2:	Phase of yearning with denial of the permanence of the loss. Anger surfaces. Acute pain. Isolation.
Phase 3:	Disorganisation and despair. Difficulty in functioning. Visiting or avoiding places that hold reminders. Talking and thinking about what has happened. Depression.
Phase 4:	The time during which reorganisation takes place. Resumption of normal activities. Living with memories, realisation that life goes on and spontaneous forgetting about what happened. Acceptance.

Note: Phases originally identified by Kubler-Ross (1969) and later developed by Parkes (1970). This figure includes words and phrases from these two sources and also from Worden (1983:32) and Chapman and Gale (1981:309-311.)

This chapter relates these phases to the emotional response of a sample of chronic victims. Although victimisation is not constant, in that it does not occur every minute of every day, the emotional trauma for many victims is constant. It is not until it stops, until victimisation itself dies, that life is resurrected. Hearing victims talk of the sometimes paralysing effects of victimisation will not be unfamiliar to victim support organisations and the police. The aim here is to provide a new framework of understanding. This can then be used to inform different levels of response by the police and Victim Support to chronic victims.

Worden (1983) suggests that these phases should not be considered as distinct. Anyone who has suffered bereavement knows that although time allows you to resume your life without someone, at certain times and in certain places the pain and numbness can be as acute as during the first days after the person has died. Time allows you to accept and carry on — not to forget and not for the scars to disappear completely, just for the wounds to be healed. Memories of a loved one cannot be erased. The emotion caused by bereavement comes in waves; time helps you to rebuild your life. The same is true for chronic victims. Indeed, some cases discussed here cannot be associated with one phase over all. Instead, a range of phases is suggested that relate to the waves of pain experienced during chronic victimisation. They are recognised in the early work of Kubler-Ross

(1969:122) to "last for different periods of time and will replace each other or exist at times side by side." This chapter therefore uses these phases as a starting point, but does not aim to force people into categories. Most importantly, this approach emphasises that the trauma of chronic victimisation is a process and is inextricably linked with perpetual victimisation, just as bereavement is inextricably linked with the desperate loss of someone dear.

For each group of chronic victims discussed below, a brief summary of the crimes experienced is given. The details are then given a focus as the extent of the trauma is shown and related to stages in the bereavement model.

High Levels of Emotional Trauma: Bereavement Phases 1, 2 and 3

Margaret, Sabhita and Tom were still chronic victims at the time of interview, often experiencing crime on a daily basis. Margaret (white, aged 40 to 44) is being victimised by her neighbours. Over the past few years she has suffered verbal abuse, including death threats, and her property is constantly being damaged. She has had visits from bogus bank clerks, who have subsequently been found to be friends of the family of perpetrators. A dead mouse was posted through her letterbox, and she has been assaulted and has had a mass of hair pulled out by the female head of the offending household. She is frequently followed wherever she goes, including when she walks her young son to school, and the neighbours constantly make unbearable noise, at all times of the day, to add to the aggressive torment. As the perpetrating family owns its home, the Council is powerless to move them. Instead, the police are trying to bring about a prosecution on the grounds of noise harassment. Margaret records the noise levels and reports everything to the police. As yet, however, no arrests have been made, and no remedy has been afforded.

Sabhita (Pakistani, under age 20) has experienced many crimes. She used to live above a shop that her family owned. They were burgled there on numerous occasions during the night. She also worked in a local chemist shop. When she was by herself, the shop was raided by masked men who took the till as she stood watching. No arrests were made. These are just a few of the crimes she has experienced.

All the many crimes that Tom (Chinese, aged 35 to 39) has suffered are, he feels, racially motivated. He was assaulted in a street near his home after he tried to help a woman who was being verbally

and physically assaulted by a man. The man turned out to be her partner, who then assaulted Tom. On almost a daily basis, both in the streets near his home and elsewhere in Manchester, Tom feels threatened. On the estate in which he lives, most people are white. He is constantly verbally abused and has been burgled a number of times. He sold his car because it was being repeatedly vandalised.

Margaret, Sabhita and Tom all have a constant fear of being victims of crime, and this is simply a reflection of the frequency of their victimisation. Their whole lives are dominated by these experiences. The first three phases of the bereavement process are applicable here. For each of them, the loss of normal life is apparent. The ability to function has been destroyed. Just as they are beginning to recover from the most recent victimisation, something happens again to return them to the initial numbness of Phase 1. Phase 4, the resumption of normal life, is never reached.

Phase 1: Numbness and Dozedness

It is the constant experience of victimisation and the fear of imminent victimisation that contributes to the intensity of these feelings. The knowledge that victimisation is likely to occur again, probably in the near future, makes the level of anxiety almost unbearable. Having experienced the misery of victimisation already, victims know what to expect. This makes the situation worse. For Tom, the fear is so great that the continuation of life itself seems to be at risk. His experiences have drawn his attention to his own mortality. He feels so numb that he has lost any sense of perspective, to the extent that his life itself appears to be in danger: "...all this fear of being hurt, you know, the fear of being attacked and the fear of the unknown, you know, the fear of dying prematurely, you know — there's so much more I want to do in life, you know, all these missed opportunities and...it affects you...you know, in terms of my [sic] death..."

Margaret also experiences this lack of control. The constant fear of what might happen makes everyday life a terrible ordeal. The minute she begins to come to terms with one form of victimisation, she is bombarded by another form. It is like being dazed after suffering a blow on the head. The difference is that you cannot get up off the floor without being stunned again: "From one second to t'other you don't know who's following you — it could be different people every day. I'm followed to school by at least three people. Sometimes they're [sic] stood on corner, and as one stops the other one starts and the other one stops and other one comes."

It is also not knowing why she has been singled out as a victim which feeds her fear. Asking "why?" when somebody dies is also a common response to bereavement. It is part of the initial numbness of the experience. As Margaret relates: "I've never worried about anything as much as I have about this because [of] not knowing what they're doing it for and not knowing why they've picked us to do it. The only thing I can think of is the house — 'cos we haven't got no money for 'em at all..."

Although this is only one side of the situation, the appearance of Margaret when interviewed is one of unprovoked victimisation of a quiet and private person.

Phase 2: Anger and Acute Emotional Pain

Kubler-Ross (1969:4;44) suggests that "...the process of grief always includes some elements of anger...anger is displaced in all directions and projected onto the environment at times almost at random."

Part of the anger for a chronic victim might stem from the increased sensitivity to experiences that perhaps would not have been so frightening prior to victimisation. Crimes per se do not have to be committed for the chronic victim to feel victimised. Part of Tom's feeling of vulnerability is his awareness of his physical disability, although you would not know the disability existed if he did not tell you. He relates this directly to his fear and experience of crime:

> ... because I'm physically disabled I think the physical security thing is quite a big issue because the ability to defend myself is somewhat, you know, lessened compared to an able-bodied person. I mean, I can go backpacking, I can climb mountains but I can't defend myself if somebody is stronger than me...I lost my leg when I was sixteen so it's a long time since but...you get kids calling you names and it really unsettles me...

This experience has further implications as Tom's awareness of his physical limitations heightens his perception of the types of crimes of which he could become a victim. There is an all-encompassing anger that causes acute emotional pain and a perception of victimisation that is out of all proportion to the reality of such crimes taking place: "...you do feel sometimes when it's dark, you know, it flashes across your mind that this guy could be gay — he could rape you. I think in my case I have to say, because of my dis-

ability it does, you know, flash across my mind but I wouldn't say it's as often as, you know, my fear.. .of being attacked."

This insight into the effects of chronic victimisation on a man illustrates that women have no monopoly on fear of sexual violence. For Tom, his experiences are twofold. He is not only trying to cope with the memory and fear of chronic victimisation, but also his identity as a man has been challenged. In contrast, Margaret is only afraid of the types of crimes of which she has been a victim and just one set of people, the perpetrators. She is not afraid of predatory crimes that have been a focus of research on women's fear: "I've never been assaulted in that way so I wouldn't know...I haven't been in that situation so at the moment that wouldn't frighten me. Besides which, most probably knowing me I would try and do something where they couldn't do anything like that at [sic] me."

Sabhita is also more frightened of the crimes of which she has been a victim.

> Sabhita: I mean, mugging is...IVe not actually experienced it so, you know, I mean, I've not actually been personally...you know, like someone's not come to me and, you know and picked something off me.
>
> Author: So you're more afraid of things that have actually happened...?
>
> Sabhita: ...happened to me. I'm more afraid of that, you know. Probably if that ever happened to me, I'd probably be afraid of that. You've gotta experience fear, you just can't say, you know, "111 be afraid that way more."

People clearly have different responses. When suffering bereavement itself, it is well known that people deal with loss in different ways. This is clearly the case when that loss comes in the form of loss of normal life through victimisation. Even within his own private space, Tom does not feel completely safe. The invasion of his home by intruders is clearly partly responsible for this. Even some time after this happened, he still sees his own personal and private space as being lost. Although he speaks of a property crime, this incident affected his fear for his *personal* safety. The loss is in both material and emotional terms. This is the nature of the bereavement suffered through chronic victimisation. The home is perceived to be an extension of the person and the language Tom used reflects his sense of outrage at what has happened to him.

> ...your house is like your castle, you know, and all the things you ever worked for, you know, it's all there — it's all personal to you and people only come by invitation, right, and here were some assholes who came through, by force, and helped themselves to things that you hold dearly [sic]...very intimate, I think and so...and you feel like your privacy, you know, [is] being taken away, being invaded, you know, being taken away. It's like...so because your flat, your house is...an extension of your personhood you feel it's an attack on you, so the nearest knowledge I could draw is like being raped...

Although it would not be right to underestimate the trauma suffered by rape victims, Tom's words nevertheless indicate the deep disturbance caused by his victimisation. The language used shows that the threat is felt on many different levels.

Another aspect of fear, which is not peculiar to this group of chronic victims, is anger. Tom feels very bitter that he had items stolen from his home that he knows will not be appreciated by the perpetrators. He has a collection of old records and some valuable paintings for which he fears they may return.

Margaret is also very angry. Despite her chronic victimisation and extreme fear, she still adamantly believes that the perpetrators will not force her to move. "No. There's no way I'm being forced out. No way...am I being forced out of me (sic) own home to lose money we can't afford to lose." It is this fighting spirit and anger that, as well as being a reflection of trauma, is also a mode of survival.

Much of Tom's emotional pain and anger is related to his awareness of his ethnicity and he feels that "not all people are racist. But they just might be." The isolation, which he feels through his victimisation, emphasises his perception of himself as "different." He has become very sensitive to, and angry about, people's behaviour in general. This type of response to perceived or real racially motivated victimisation has also been documented elsewhere (Kassa, 1995). As Tom says, "Just one flick of an eyelid or a body movement...[and] you can tell somebody doesn't like you just because of the colour of your skin...you can always read this echo — the echo of somebody's thoughts...it's very painful and it's very fearful [sic]."

The racial nature of the crimes has also affected the way in which Tom perceives other people, not only his perception of himself: "[Victimisation] ...affects your perception towards white people...I don't feel towards people I know, but towards people you [sic] don't know...You think, you know, every white person is a potential bur-

glar, a potential, you know, attacker, and it's sad because you're pushed to think like that when you don't want to, you know."

Some of the crimes of which Sabhita has been a victim have also had a racial element to them. She speaks of the way in which Asian women are targeted because of the jewellery they wear, although she does not appear to feel the same element of isolation that Tom articulates, possibly because Asian women are not in the minority in the area of Manchester in which she lives. This situation differs greatly from Tom's experience of isolation because of being a minority in the area in which he lives. Sabhita explains that:

> ...it's a tradition to wear gold — even Indian women and Sikhs and Asian women, Muslims [wear gold]...They [criminals] just drag it off their ears and like, you know, the neck, and [they take] bracelets and [rings] off fingers and everything, and they, like, rip the ear, you know...I have clip-on earrings [on] at night. If I do wear the other ones I don't wear real gold...with my hair you can't hardly see 'em [the earrings] sometimes, you know, I usually cover them...

Sabhita is therefore extremely aware of her vulnerability because of what she wears as part of her ethnic identity. Tom cannot do anything to change his appearance and perhaps his sense of helplessness reflects this.

Phase 3: Depression, Disorganisation and Despair

Referring to a male patient, Kubler-Ross (1969:78) suggests that his "depression paralleled his increasing weakness and inability to function as a man and provider." As the initial stages of the emotional reaction are overcome, chronic victims appear to begin trying to reform their lives. This is still a turbulent time, however, since incidents still occur frequently. There is still great difficulty in functioning normally because the experiences are still fresh. Chronic victimisation has made Tom suspicious of many different people, in many circumstances and at many times. There appears to be no boundary to his perception of what he could potentially be a victim of and by whom he could be victimised. This creates despair as the whole perception of life is changed. There is instability and disorganisation. As Tom recounts

> ...some women...can give...a threatening...Well,...I think it's more verbal than physical because some...some women can be, you know, very abusive verbally and if they don't like you...she

> [sic] could get her man, you know, to come and threaten you...usually the ones who look pretty rough and they sound rough, you know, and you can tell they're rough. And they're quite, you know, they're burly and, you know, quite heavily built. But the younger girls, you know, the small women don't frighten me as much.

Although the fear levels of chronic victims are excessive, their experiences cannot simply be forgotten. They are always with them, just like the memory of a loved one who has died. Although the victims are now functioning again, having gotten over the early stages of the victimisation, the memory is still uppermost. The difficulty now is coping with what has happened. For example, there are no types of space within which Margaret feels completely safe. Even within the Victim Support offices, where the interview took place, she was not completely at ease, although she took great comfort in knowing that nobody could follow her inside the building and hurt her.

Although Margaret did not have anything stolen from her home, on one occasion the perpetrators had gained entry into the house posing as officials from her bank. She was not hurt, nor was any of her property stolen, but this invasion of private space is a source of difficulty for her in terms of putting the experiences behind her. She is greatly distressed knowing that "they've come in the house, they know what's in the house." But there are two other ways in which her privacy is still being invaded. One is by the way in which the perpetrators listen through the adjoining walls into her home. The second is the invasion she feels when she is being followed when she goes out. Since the victimisation is taking place within close proximity to the victims' homes, the threat is always there. There are constant painful reminders of what has happened and the prospect of future victimisation. This affects the quality of life and has a detrimental effect on general health, because everyday stress is increased and sleep patterns disturbed. Margaret reports, "I'm not sleeping. I'm getting up about.. .what, three times last night; I'm not sleeping properly. Like you would normally have a good sleep...I haven't had one for months."

One of the main problems that Margaret faces is the perpetual noise from her neighbours. This is not simply everyday noise, but deliberate shouting, music and banging. Her family's private world is incessantly being intruded upon by these noises. When perpetrators listen through the walls, they shout abuse. Although these may appear to be trivial issues, they are not. These have included death threats. The variety in the nature of victimisation reinforces the pre-

vious incidents, even apparently trivial ones. The victimisation also has an effect on other members of her family who do not even live in the area. Margaret has an elderly father whom she is too frightened to visit because of the fear of being followed. Her words speak for themselves: "I can't go and see me [sic] dad because they might use him as a tool against me. Me dad can't run away — he's got no legs to run away on...I won't go to see him in case I put him in danger."

Although there are aspects of the individual response to chronic victimisation that are unique (as in bereavement), because the situations are unique, there are several key themes that can be drawn from this group of victims. The loss that they experience is the loss of life as it was. The stresses and strains of life are not given any perspective because of the loss of freedom and motivation. There is nothing to lift them because they know they cannot experience pleasure whilst the victimisation is happening. Just as in bereavement, when the chance of doing anything with that person is lost, so, too, for chronic victims the option of everyday life is suspended. No light appears at the end of the tunnel because no solution can be foreseen. Part of this is because of the lack of control over victimisation. This motivates feelings of anger. There is a general suspicion of many places and many people and any perspective has been lost. Though there may not have been *serious* physical injury, the chronic victimisation has had a traumatic effect on these individuals. Events that may appear trivial are a part of this victimisation. Trivial events are both indicators and reminders of past victimisation and future victimisation. Although Genn (1988:91) relates specifically to violent victimisation when saying that "victimisation may often be better conceptualised as a process rather than as a series of discrete events," these words are supported in this chapter for chronic victims in general.

Bereavement phases 1, 2 and 3 are applicable to the phases of chronic victimisation. Victims are frequently being bombarded by new victimisations. After each of these, they feel numb, as in Phase 1, and the anger that ensues is similar to that which occurs in Phase 2. Because there is a constant state of victimisation, however, these phases are blurred and the overall feeling is of despair, especially for Tom and Margaret. The stress with which they are living makes it difficult for them to function normally. They are not able to move on to Phase 4 (acceptance, the resumption of normal life) because they are catapulted back to Phase 1 after each incident, whether serious or trivial. There are constant reminders of victimisation. The despair is impossible to lift. Although different phases associated with be-

reavement are passed through, the agony of chronic victimisation remains.

Medium Levels of Emotional Trauma: Bereavement Phases 2, 3 and 4 (Predominantly 4)

Two people are discussed in this section. They are Lewis and Julia, a married couple. Both have suffered chronic victimisation. This lasted for two years and ended just before they were interviewed. It consisted of many different types of incidents happening almost on a daily basis. The perpetrators were from a family living opposite them. Lewis and Julia were constantly watched from an upstairs window through which the perpetrators could see into their home. Verbal abuse was shouted at them through this window, and the threats became more serious when Julia and Lewis reported the harassment to the police. These included death threats. Constant damage was inflicted on their property, from vandalism to the outside of their home, and raids on their garden and shed to numerous burglaries. Every time Lewis and Julia went out, which was not often, they expected something to have happened while they were gone. It usually had. The victimisation ended when Lewis went to see the family to ask them to leave them alone and he was seriously assaulted with a baseball bat. He had to give up his job and still cannot walk without the aid of a walking stick. The perpetrating family was evicted and some members were charged with the offences, though the rest of the family has been relocated only a few streets away.

When Lewis and Julia were first visited, for the questionnaire, their fear was extremely high. Their chronic victimisation had only just ceased and they were awaiting the trial of the perpetrators. On a second visit, for the interview, their fear had decreased but was full of contradictions. On some occasions the aftermath of the two-year period of chronic victimisation still dominates their fear and behaviour. At other times, Lewis and Julia feel much safer because their victimisation has now ended. These contradictions separate them from the cases just discussed and associate them with Phase 4 of the bereavement process as well as Phase 3. The emotional effects therefore come in waves, as in bereavement. Whilst Lewis and Julia may, on the surface, appear to be recovering — time has begun to heal the wounds of the past — the scars are still there, because not enough time has elapsed between the sequences of victimisation. Sometimes the anger resurfaces with the initial numbness of Phases 1 and 2 but, mainly, they are reconstructing their lives. It is Phase 4, which

this section concentrates on, given the concentration on previous phases above.

Phase 2 and 3: Anger, Denial and Acute Emotional Pain/Depression, Disorganisation and Despair

For Julia (white, aged 65 to 69) the memory of victimisation is still clear. The invasion of privacy she felt after one of the numerous burglaries seems to be a common theme among many chronic victims.

> ...the fear and the knowing that...knowing that somebody has been all over, I mean, every room in your home, looking in your wardrobes and your drawers and knowing...they've seen all into your private things. Slashing clothes and the bed, and opening the drawers and spilling things out, and cutting the chair seat, and spraying grey paint on the paintings and covers and things...taking your small possessions...phones and small electrical things — even the clock. We couldn't tell the time, we couldn't 'phone the police — we couldn't even make a cup of tea. It was...I didn't know what to think. I was frightened and I was angry...I was frightened to a point but I was angry to the point where I thought I would have liked to have killed them. It's no good saying, "Oh, they're animals" because animals don't do that to one another. Animals don't treat one another like that, they don't go into other animals' places and do things, do they?

One can sense Julia's anger; it stems from the fact that her private space was invaded in such a brutal way, even apart from the experience of property crime.

Phase 4: Acceptance, Resumption of Normal Activities

Although after chronic victimisation ceases life begins to resume, it is important to note that: "Acceptance should not be mistaken for a happy stage. It is almost void of feelings" (Kubler-Ross, 1969:100).

As Lewis (white, aged 45 to 49) talks about his fear when the victimisation was still happening, he very firmly puts it in the past tense. Now that the victimisation has ceased, their lives are no longer completely being catapulted from one emotion to another, though the effects still live on. Lewis's words describe the relief that the victimisation has stopped: "...all the pressure's gone...you know, the relief. I can go out the front of the garden and not have to worry who's watching, or you [sic] can drive out, even though, you know, they're

still around, 'cos we've seen them — they've not caused us any problems." Julia echoes these feelings: "...like from March to now it's been nice. Because [though] I won't say I haven't thought about them being over there, because it went on for a long time and I find that I still...look over...I don't think about them, to tell you the truth, anymore. There might be an odd time..."

There is an element of contradiction and confusion in Julia's words, perhaps because the threat has only recently been removed, but also because of the continued effects of victimisation. Yet, it is still clear that her previously very high level of fear has dissipated. She now just wants to be able to forget the trauma of her experiences and move on emotionally to build a new life. Even though she has seen the family of perpetrators since it all ended, there is simply a desire to forget the past. As when one suffers bereavement, eventually he or she is able to put what has happened in its place, accept it, and begin to rebuild a life. The person does not forget, the scars do not vanish — it is just that time helps one to gain a perspective. That time is only available during Phase 4, however, when the victimisation has stopped completely.

Lewis's obsession with everyday checks on his property has developed as a result of the long period of chronic victimisation and is geographically very specific. There are some contradictions here. Despite his lower level of fear since the chronic victimisation stopped, he still carries out the safety checks that he did every day throughout the period of victimisation. Lewis still goes to extraordinary lengths to protect his property.

> Lewis: ...even though they've gone we still never let it...we've still not ignored it — I still go out in the morning... First [thing] in the morning I go out the back — check the car, and I go to the shed — check the shed.
>
> Author: Every morning?
>
> Lewis: Every morning...[I] Still check everything. The shed's alarmed anyway, so a beep goes off when the shed door's open or the roofs taken out 'cos if they can't get through the door they take the roof off — they did that with next door's [shed] two years ago. [They] just lifted off the roof, took what was in the shed and put the roof back.

The fact that Lewis uses the present tense here shows that the aftermath of the chronic victimisation continues mentally and emotionally. It highlights the type of threat under which he was living. He

took precautions to protect everything and to feel the need to alarm a garden shed shows the lengths to which the criminals went during their campaign. It appears that this obsessive behaviour has now become a habit for him, which he does not perceive will change in the future. Julia articulated much the same thing.

> Lewis: .. .we had a grille on the front. We'd just had a grille fitted. And [when] they came back the last time they forced the grille off— that were [sic] 12 inches of steel frame.
>
> Author: And do you foresee a time when you might be able to take those down?
>
> Lewis: Just leave them up' it's a habit. I always put the key in the door, put the lock on the side, turn the alarm on, walk out the door, lock the gate, lock the door...the bottom lock — padlock...Yeah. But, I've got used to it now and there are enough locks on all the doors. This is locked, that's locked, the back door's got three locks on [it], that's alarmed. There's sensors in there, there's sensors in here — that door's alarmed, this one so...And the grille's alarmed but the alarm goes on if they force the grille now.

It is also interesting that different spaces within the home are perceived in different ways. Although Julia still is as obsessive as Lewis in the security checks she carries out, there are simple ways in which life has resumed.

> Julia: ... I still put the chain on the door; just close the grille off and put the chain on the door. And if I'm on my own I put the chain on the back door, too. But apart from that I'm not frightened anymore; 111 go out the front now and look around, and 111 even go...look over the gate if I want to.
>
> Author: So, before you didn't do that?
>
> Julia: No, before I never went 'round the front.
>
> Author: Even during the day?
>
> Julia: Never. I never went 'round the front at all or came out the back and looked round the back. As far as I'd go would be the corner of the house. I never went and looked at anything round the front. And, as you see, we've got window boxes now and a pot on the steps and it's been nice. It's been nice to be able to go and walk around and look out at the front now instead of thinking "oh, they're watching everything I do, and

maybe she's going to come out or maybe he's going to come out of his window and look at me, look at us and say something." But now it's not...it's nice.

These are the simple everyday things that most people take for granted but that represent the resumption of normal life for people who have endured chronic victimisation. These comments also highlight the fear of trivial incidents happening, like being stared at from a window. As has been mentioned before, these apparently trivial incidents are both a source of fear for chronic victims and also indicators of persistent victimisation.

Although a person's chronic victimisation may have recently come to an end, there are still emotional side effects manifest in behavioural terms. Key aspects of life have changed, and these reflect a much-reduced level of emotional response. These aspects bring about contradictions, which are dominant in Phase 4. There is continual referral to life before and after victimisation. Despite just one experience of violent crime, during which Lewis was attacked, *personal* safety has been considered to be perpetually under threat. Although, like with bereavement, the initial pain has gone, the agony of chronic victimisation is experienced in waves. There is a general resumption of life, but anger sometimes resurfaces and the numbness experienced immediately after victimisation is forcefully articulated. Even though the wounds, both emotional and physical in this case, are beginning to heal, the scars are still there. They will always be there, but time allows the scars to fade as life is rebuilt.

Low Levels of Emotional Trauma

Daniel is a chronic victim but, almost without any contradictions, has a very low level of emotional response to his chronic victimisation. He has recently started being harassed by a group of young people who use the front of his home as a meeting place every evening. He has also been assaulted in a local public house. As the discussion shows, however, Daniel (white, aged 45 to 49) does not perceive the victimisation as loss. There is simply an acceptance and normalisation of crime. Victimisation is not recognised as loss because there is no awareness of his right to live without victimisation. It is perceived as a part of everyday life and acceptance is perhaps too easily given. This supports Wallace's suggestion that "individuals react differently to different situations and what may be a crisis to one person may only be a minor annoyance to another" (Wallace, 1998:78).

Daniel is not affected by his experiences because he normalises what is happening to him. He is curious about the young people who victimised him but does not identify them as being potentially threatening, even though he sees them dealing in drugs. Daniel does not perceive a threat. He conforms to a form of masculinity that sees personal safety to be at risk only in the exchanged blows type of situation. He has a fatalistic attitude to his victimisation: "Basically I don't worry about it... If it happens there're nothing much I can do about it so there's not much point in worrying about it... it just annoys [me]. If it's warm and we've got the back door open and we're listening to the T.V., we can hear as much of them sat [sic] on the front wall as we can of the T.V."

Despite having been assaulted during a pub brawl and intimidated outside his home by group of young people, Daniel is not concerned. Although his sleep is disturbed, he claims he is not a person who needs much sleep and therefore, unlike Margaret in the first group, this is not a problem. Daniel's lack of concern for his own personal safety is reflected in the lack of concern he has for the safety of his family. His attitude is almost blasé when asked if he worries about the safety of his wife: "I don't think I need to worry about Mary's safety — she knows a lot more people...than I do, so shell be well looked after if there were any trouble."

Although their work is mostly concerned with female victims of domestic violence, Bush and Hood-Williams (1995) have suggested that many victims normalise victimisation. Although he does not consider himself to be suffering, Daniel also normalises his victimisation. Having a group of youths constantly outside his home is almost accepted as part of his everyday life.

It is the presence of people in certain spaces that makes Daniel aware of risk, in particular what he described as "strange" public houses. These houses are "usually where a lot of the people are pretty loud, and if you don't know them you think it looks as if some trouble was going to erupt. And then when you've been in there a few times, you realise that it's just normally like this all the time and you just take no notice then."

These "strange public houses" support evidence in Stanko and Hobdell's research (1993) that men are aware of the existence of "bad" pubs, and that these buildings with "...untrustworthy 'characters' could then be avoided or frequented, depending on whether one wished to participate or avoid violence" (Stanko and Hobdell, 1993:405). Daniel, however, does not even feel that his personal safety is at risk despite the character of these spaces. Although he

acknowledges risk, he does not see the protection of personal safety as being a priority.

Although Daniel has a low level of emotional response to victimisation, he does admit to feeling more aware of the threat of crime after dark than he does during the daytime.

> Daniel: ...there is a short-cut through up there — a farm track — and Mary has told me that there's quite often muggers lurking round there behind the trees and what have you. And I just thought, "Oh, well, if there is, there is" and I've carried on coming up and down there and so far I haven't been assaulted, anyway.
>
> Author: So it doesn't worry you, hearing stories about certain areas...?
>
> Daniel: No.

When questioned further he very calmly dissociated himself with feeling unsafe personally. For example, when he was asked about feeling afraid in very quiet places, his response simply did not relate to crime.

> Author: You say that you sometimes feel afraid in areas where you can't see many people after dark. Why?
>
> Daniel: I suppose because I'm a bit of a night owl myself, and I expect other people to be around during the night...not just [to be] on my own.

Chronic victimisation has no emotional effect on quality of life here. Few behavioural changes are made, despite direct experience of victimisation. The lack of concern for individual personal safety is part of a lack of concern for people's safety, including family members, in general. This fatalistic attitude absorbs experiences of crime into normal life. The loss of privacy because of the intrusion of young people is not recognised as loss by the victim, who just accepts that it happens. Perhaps this comes about because the individual rights of the victim have not been recognised. The loss is not recognised as a loss and therefore there is no emotional response, unlike with the other chronic victims.

IMPLICATIONS FOR TRAINING OF POLICE OFFICERS

Chronic victimisation has obvious implications for extra practical and emotional support for chronic victims. First, they do not get used to chronic victimisation. Second, there is a need for greater awareness of apparently trivial events. The effects of relatively minor occurrences on chronic victims should now be clear from the evidence presented above. The policing implications of what appear to be trivial events should be a major message of this chapter. This is crucial for crime prevention, crime detection and victim care. The three elements are not totally separable. If chronic victims are given the necessary care and attention, then they can also be the source of untapped information on the actual levels, extent and nature of crime. The potential, if used carefully, is to complement the other main sources of information on levels of crime: national crime surveys and police data.

Many of those who commit less serious crimes and disorder are the same criminals who are perpetrating serious crimes. The persistent offenders are responsible for the vast majority of all disorder, minor crimes and serious crime. Antisocial behaviour in general has been linked with a propensity to commit disorder, leading to the development of criminal careers (Farrington, 1997). "Most criminal career researchers" asserts Farrington (1997:367), "still focus on serious violent incidents." The balance needs to be redressed. There is already a greater awareness that disorder should be tackled as a root cause of crime. For example, powers have recently been given to police officers and local authorities in England and Wales to return young children, particularly those under the age of 12, to their homes if found on the streets after dark. This follows Scotland's Child Safety Initiative, co-ordinated by the Strathclyde Police and the South Lanarkshire Council in the Hamilton* area. There has been a reduction in complaints from local residents about the behaviour of young people and recorded crime levels have been reduced, although much of the publicity material has been keen to emphasise that the safety of the children has been the primary concern of the Initiative.

Apparently trivial events are indicators of both the state of mind of chronic victims and of more serious forms of criminal activity, as "most offenders are versatile" (Farrington, 1997:398). Kelling and Coles (1996) have been influential in this field in the U.S. They acknowledge that individual acts of disorder are not necessarily, by themselves, problematic. Cumulatively, however, disorder can create huge problems. If disorder is allowed to flourish, the actions of the perpetrators go unchallenged and this gives positive signals that their

behaviour is acceptable.[2] The sooner we begin to tackle effectively the increasing prevalence of disorder, the greater chance we have of preventing more serious crime. As specific examples in this chapter have shown, disorder and antisocial behaviour can indeed have as great an effect emotionally on chronic victims as more serious incidents. Therefore, not only is there the potential to acknowledge and tackle the relationship between disorder and crime rates, but also the effects of such behaviour on chronic victims.

There are implications for many stages in the criminal justice process. Not least are the implications for the courts. It is crucial to create more court time to hear less serious offences and convict offenders for the disorder committed, as Kelling and Coles (1996:5) state, "the crime problem does not begin with serious, or "index' crime." Kelling has been pivotal in restoring order in the City of New York with his attack on the widely documented problems in its subways. Such was the success in tackling disorder, in his position with the city's police transportation authority, that Kelling also was given a remit to solve other problems within the city, such as aggressive begging and squeegeeing, the aggressive unrequested practice of washing car windows. He overcame the perception by many that disorder was the least of the city's problems.

> Keeping the peace, solving citizen problem, resolving conflicts, and maintaining order are at best seen as distracting peripheral functions and, at worst, as despised 'social work'...serious crime has been at unacceptable levels for 3 decades. The model has failed because it does not recognise the links between disorder, fear, serious crime and urban decay [Kelling and Coles, 1996:6].

Kelling and Coles refer to Skogan (1990). In his work, disorder is shown beyond all doubt to contribute to the "spiral of decay" in society in general: "In neighbourhoods with higher crime levels, disorder was linked more strongly with crime than were other characteristics of the areas" (Kelling and Coles, 1996:25). As a society, do we not have a moral responsibility to help people like those discussed in this chapter? For chronic victims, disorder is often accompanied by more serious crime. Disorder creates emotional trauma as well as crime itself. When the two happen simultaneously, often on a daily basis, the effects are devastating. If disorder is linked with crime itself, for which there is overwhelming evidence, then are we not addressing two key problems in our society today if we focus on eliminating disorder: crime and fear of crime?

We cannot miss this opportunity to address the issue of disorder before it becomes unmanageable. Although perhaps "maintaining order...has come to be perceived by many of us, even police themselves, as a degrading non-police function" (Kelling and Coles, 1996:71), there is ample evidence here to argue for the balance to be redressed. During Kelling's initial involvement with the New York Police Department, even after the success of the New York City Transit Authority, in which disorder and crime on the subway in New York were reduced, there was still scepticism. A key comment that he received at the start of the wider city work was: "Where in the hell did you ever get the crazy idea that disorder was police business? Our job is fighting crime" (Kelling and Coles, 1996:131). Kelling explained, however, that in the subway in New York "Police discovered that a high percentage of those arrested for fare beating either were carrying illegal weapons or had warrants outstanding for their arrest on felony charges...when action was taken against fare beaters, serious crime dropped. And consequently also, police morale soared — they really could make a difference" (Kelling and Coles, 1996:134). Thereafter, attitudes began to change.

The issue of civil liberties in relation to the offender should perhaps be raised here, in particular the discretion given to police officers in tackling disorder. Even now, however, "police select from a repertoire of potential reactions and responses...in their day-to-day work...all subject to their own reasoned and professionally formed judgement" (Kelling and Coles, 1996:165). Even if the themes here have support, utmost care should be taken to emphasise a number of points. If training began to highlight the importance of addressing the history of apparently trivial events, careful attention would be given to collecting evidence so that perpetrators caught for such incidents would not be wrongly accused of more serious crimes. Offenders would no longer be able to get away with trivial crimes, although would still be afforded the same protection as they are now.

Addressing disorder has the potential to give a platform to chronic victimisation and to the broader spectrum of incidents faced by victims. The essential element would be for the Crown Prosecution Service to enforce Protection Orders, as is already the case for domestic violence in England and Wales. Such a step would mean a crackdown by the police on disorder, supported by the courts.[3] This, in turn, would support recent new initiatives that have been given an increased political profile recently in the U.K. Most recent was an announcement by the Prime Minister, at the 1998 Labour Party Conference, that resources would be channelled more towards crime "ho-

spots," although the approach advocated in this chapter is for a focus on the individual rather than the area. The focus of police action would be on the actual individuals within high-crime areas, where repeat victimisation and chronic victimisation have been identified as problems. In essence, the fact that disorder can lead to crime, and that the perpetrators of disorder often go on to commit more serious crimes and develop criminal careers, which has a huge psychological impact on chronic victims, the police would be aiming resources at tackling disorder at the individual level. If there is backing from the courts to convict offenders of disorder, then we are genuinely tackling the root causes of crime. There are obvious merits in terms of police-community relationships. The police would be able to pay more attention to the history of individual victims of crime, particularly chronic victims. Such attention is clearly worthwhile from the evidence of the trauma suffered by chronic victims included this chapter. As Kelling and Coles (1996) explain:

> Both disorder and the fear it generates are serious problems that warrant attention in and of themselves. Disorder demoralises communities, undermines commerce, leads to the abandonment of public spaces, and undermines public confidence in the ability of government to solve problems; fear drives citizens further from each other and paralyses their normal, order-sustaining responses, compounding the impact of disorder [p.242].

CONCLUSIONS

To conclude the chapter, a return is made to the perspective of the chronic victim. A bereavement model is a useful framework in which to understand the emotional response of chronic victims. People respond very differently to their experiences of crime and the emotional response is a process. Symptoms associated with the most traumatic phases of bereavement — Phases 1, 2 and 3 — are apparent when chronic victimisation is being suffered. It is during this time that both "crime prevention and victim support are necessary for the *same* people (recent victims) at the *same* time (promptly after their victimisation)" (Anderson et al., 1995:3), specifically chronic victims. It is only when chronic victimisation ceases that people are able to rebuild their lives, representing Phase 4 and beyond in the bereavement process.

There is potential to incorporate these stages into the Olympic scheme originally proposed and practically implemented in Huddersfield's Biting Back scheme in the North of England (Anderson et al., 1995). This would complement existing crime prevention advice. Victim counsellors would recognise the phases of bereavement, but this model would help, for example, in the training of volunteers. In essence, the level of emotional support could be tailored towards the phase(s) through which a particular repeat or chronic victim is passing. As indicated at the start of this chapter, chronic victims generally do not move through these phases. With every new victimisation they face each one again. From a counselling perspective, this evidence provides a new framework for helping chronic victims deal with the emotional trauma of victimisation.

There are three increasing levels of response that many schemes aimed at tackling repeat victimisation have adopted from the Biting Back scheme. Different levels of response could be developed to provide emotional support and crime prevention advice simultaneously within the bronze, silver and gold levels, where bronze represents the lowest level of advice and victimisation and gold the highest. The implications of incidents that may, on the surface, appear to be trivial but that are often an integral part of chronic victimisation would be given due attention. The implications for the approach of the police when called to an incident have been addressed. Apparently trivial events have to be taken more seriously from the evidence presented, as they may not be happening in isolation. It is essential that a full history of each incident be ascertained to inform crime prevention advice, victim care and crime detection. Disorder has to be addressed directly, no matter how insignificant the victim or the police officer considers the presenting incident to be at first glance.

It is only by addressing disorder and by understanding the stages in the emotional response of chronic victims that we can help alleviate suffering, reduce the likelihood of future victimisation and increase detection. This chapter has stressed the severe emotional response experienced by chronic victims, who experience crimes often on a daily basis. The majority of these people's lives are completely dominated by their chronic victimisation. Even when it stops, the effects do not cease.

There is an increasing move from within the field of victim support to recognise that victims of crime respond very differently to their experiences. At the Annual Conference of Victim Support in July 1997, different "aspects of victimisation" (Victim Support, 1997:5) were recognised, and it was proposed that it is not helpful to "label" people's

reactions. By using a multi-stage bereavement model, this chapter has aimed to raise awareness of the variety of responses to victimisation. Whilst some models — for example, the "two-phase reaction experienced in rape trauma syndrome" (Victim Support, 1997:5) — are useful to some extent in understanding the response to one type of crime and heightening awareness of PTSD after violent crimes, this chapter has included experiences of different types of crimes and different people's response to chronic victimisation. Chronic victims suffer a high proportion of all crimes. They require a co-ordinated care response, as well as crime prevention advice, to deal with the emotional wounds, for which there is no time for healing to take place. Parkes (1970) recommends Kubler-Ross's (1969) *On Death and Dying* "to any reader who refuses to believe that the best way to deal with fear is to run away" (p.viii).

It is hoped that this chapter might encourage debate between the police and victim support organisations, using a co-ordinated tiered approach to the care of chronic victims. Co-ordination is an important point. Crime prevention and crime detection issues are, perhaps, more at the forefront of police officers' minds in schemes aimed at tackling repeat victimisation. Whilst these issues should not take second place, there is now a responsibility to support victims emotionally if they are increasingly being told of the likelihood of further victimisation. It is perhaps worth noting other words from Kubler-Ross (1969).

> He may cry out for rest, peace, dignity, but he will get infusions, transfusions, a heart machine, or a tracheotomy. He may want a single person to stop for one single minute so that he can ask one single question — but he will get a dozen people around the clock, all busily occupied with his heart rate, pulse, electrocardiogram or pulmonary functions, his secretions or excretions, but not with him as a human being [p.8].

The saying "time heals all wounds" may give comfort to some people after chronic victimisation. Many people who have faced bereavement, however, will identify with the statement that although time does help, the scars often still remain. Time simply allows you to pick up the pieces without the person who has died. It does not erase the memory. A gap still remains. No other person can completely substitute for that loss, for the person who was lost was unique. With chronic victimisation, time does not have a chance to heal the emotional scars until it ceases altogether. This is not to say that chronic victimisation is worse than bereavement but that, whilst it is hap-

pening and during the aftermath, similar emotions are experienced. The loss is permanent, and as Wallace accepts, though only in relation to victims of violent crime, "the victim may never be the same person as before the crime* (1998:82). The loss, therefore, is manifest by a "change in identity" (1998:75). As this chapter has shown, however, the process is complicated for chronic victims because of the lack of time for healing to take place. It is much more complicated than simply saying that there is a rigid set of stages, as in previous work. Also, it is not just significant anniversaries like birthdays or holidays that trigger painful memories of what is happening, or has happened. For chronic victims, everyday life holds reminders of the inevitable plight.

Sometimes, both bereavement and chronic victimisation occur simultaneously. One cannot even begin to express in words what emotional turmoil, devastation and anguish must have befallen the family of Kelly Yeomans, who tragically killed herself in September 1997 because she could not face the torment and incessant bullying of a group of five teenage boys. The whole family had been chronically victimised since 1994. Perhaps the case studies in this chapter have at least presented something of what this close-knit family might have been experiencing. But can one imagine the effects of the loss that followed because of it? When the five boys pleaded guilty, at the Derbyshire youth court in February 1998, to bullying Kelly and admitting that they "thought their hate campaign had probably caused Kelly's death" (Mcllroy, 1998); one boy had only hollow words to offer to explain their actions: "We did it for fun," he said. "We wanted Mr. Yeomans to come out and chase us. We didn't want them to feel upset, just mad. I wish I could go and say sorry to them now" (p.6).

Hollow words indeed. In March 1998, Darren Steel was also found dead in his bedroom at home after ending his young life. He, also, was a victim of bullying at his school in Burton, Staffordshire. Despite the school claiming to have a policy aimed at tackling bullying, such chronic victimisation is still claiming the lives of people, literally, as well as the metaphorical death explained in this chapter. Mrs. Vera Hipkiss, a pensioner living in the West Midlands, is another example. She and her husband had been suffering at the hands of a group of teenagers who frequently shouted abuse at them and vandalised their property. Mrs. Hipkiss died after a heart attack subsequent to chasing the youths away.

As a society, we must not allow chronic victimisation to continue. We must be there for those whose lives are frozen in time, whose previous lives are lost until the victimisation ceases and enough time is

available for the wounds to begin to be healed. As Kubler-Ross (1969) notes, "the relinquishment of life is possible...and grief can pass" (p.vii).

●

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NOTES

1. Forty-seven of these people, mostly repeat victims, were referred through the 14 Victim Support schemes operating within the Greater Manchester area. Thirty-five, mostly single victims or non-victims were Manchester City Council employees. The remaining 18 were contacted through Greater Manchester Police or other local agencies.

2. Kelling and Cole's (1996) *Fixing Broken Windows* is an essential read for a deeper understanding of disorder, links with crime and the impact on the wider community — not just victims.

3. A working definition would have to be agreed. A good starting point is: "...disorder is incivility, boorish and threatening behavior (sic.) that disturbs life, especially urban life" (Kelling and Coles, 1996:14).