**Equality and
Human Rights
Commission**

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Disabled people's experiences of targeted violence and hostility

Chih Hoong Sin, Annie Hedges, Chloe Cook, Nina Mguni and Natasha Comber

Office for Public Management

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List of abbreviations

ACPO – Association of Chief Police Officers

ASBO – Anti-Social Behaviour Order

BCS – British Crime Survey

CEBPP – UK Centre for Evidence-Based Policy and Practice

CJA – Criminal Justice Act (2003)

CPS – Crown Prosecution Service

CSP – Community Safety Partnership

DDA – Disability Discrimination Act (1995)

DED – Disability Equality Duty

DoH – Department of Health

DPO – Disabled people's organisation

DRC – Disability Rights Commission

HRA – Human Rights Act

LDPB – Learning Disability Partnership Board

LGBT – Lesbian, gay, bisexual and transgender

OPM – Office for Public Management

Acknowledgements

Executive summary

About the research

The Equality and Human Rights Commission commissioned the Office for Public Management (OPM) to conduct a two-phase project looking into disabled people's experiences of targeted violence and hostility. The research has taken a broad approach to targeted violence and hostility against disabled people. The terminology around targeted violence and hostility is ill-defined, and terms such as abuse and harassment are often used interchangeably. In this report we have used 'targeted violence and hostility' as an encompassing term to include incidents involving verbal, physical, sexual and emotional violence, harassment and abuse that is directed towards disabled people.

Research methods

Phase 1

The first phase involved a literature review conducted in partnership with the UK Centre for Evidence-based Policy and Practice, and was guided by the approach set out by Government Social Research for rapid evidence reviews. A total of 73 items were included for review. The literature review mapped out the existing evidence base and its strengths, weaknesses and gaps. It identified evidence relating to risk and prevalence, as well as the experience of targeted violence. It documents the types of incidents and their impact on disabled people, and identifies the responses from disabled people and key agencies.

Phase 2

The findings of the literature review (in terms of methods, sampling and thematic focus) informed the second phase of the project. The second phase involved semi-structured interviews with nine stakeholders from a number of key organisations and agencies, as well as interviews with 30 disabled people with learning disabilities and/or mental health conditions from England, Wales and Scotland. Interviews with stakeholders probed into the roles and experiences of key agencies, challenges in inter-agency working and their implications for disabled people, examples of good practice, and recommendations for improvement. Interviews with disabled people explored experiences at greater depth, and identified key barriers and suggestions for breaking these barriers down.

Key findings

1. Current situation

Terminology around targeted violence and hostility

The terminology around targeted violence and hostility is ill-defined, and terms such as 'violence', 'harassment' and 'abuse' are often used interchangeably. The issues are described and understood differently by different agencies and by disabled people. There is particular confusion over the language of 'hate crimes' and this can compromise effective response and intervention.

Existing evidence from the wider literature

We have concerns about the variable quality of the existing evidence base, particularly around the methods used to generate evidence reviewed in the wider literature. In many cases methods are either insufficiently robust or are not reported clearly to enable an assessment of the significance of findings. There are however a number of existing studies that do clearly report their methods and, of these, roughly half employ robust methods (as judged on sample size, sample composition, sample recruitment strategies and multi-method data collection).

There is a severe scarcity of robust and representative national-level data, with little comparison between disabled and non-disabled people, and among different groups of disabled people. There is a lack of country-specific material originating from Scotland and Wales, and much of the existing evidence originates from a criminal justice perspective.

Official data sources include the British Crime Survey, Crown Prosecution Service prosecution rates and local police force crime records. Recent developments in the collection and reporting of official data sources will lead to an improved understanding of the prevalence of disability hate crime. For example, the British Crime Survey has recently been amended so that all respondents who have been assaulted will be asked whether they think the incident was aggravated by hate and, if so, what sort. In addition, police forces across England, Wales and Northern Ireland have, since April 2008, been required to collect hate crime data consistently. This should improve the previous situation where most police forces had no means to record specifically crimes against disabled victims. However as these developments relate to the definition of 'hate crime' as set out by the Criminal Justice Act (2003), the true prevalence of targeted violence and hostility against disabled people will remain unrecorded in official data sources.

2.   Disabled people's experiences

Risk and prevalence of targeted violence and hostility
The available evidence points to significant risk and prevalence of targeted violence and hostility against disabled people. Disabled people are at higher risk of being victimised in comparison with non-disabled people. There is also a strong link between risk and actual victimisation. Within the disabled population, the evidence suggests that those with learning disabilities and/or mental health conditions are particularly at risk and suffer higher levels of actual victimisation.

Relationship between risk and victimisation
However, risk and resultant victimisation is highly complex, with a number of factors at work. The evidence suggests that an accumulation of risk factors heightens significantly the likelihood of being a victim of targeted violence and hostility. Real or ascribed identity labels (for example, ethnicity, gender, religion and faith, etc) as well as wider demographic characteristics (for example, geographical distribution, socio-economic status, etc) can interact in complex manners to bring about differential levels of risk and diverse experiences of victimisation. Unfortunately, there is little or no sustained exploration of intersectionality in the wider evidence base.

Type of incidents
A typology of eight key types of incidents is identified, including:
physical incidents
verbal incidents
sexual incidents
targeted anti-social behaviour
damage to property/theft
school bullying
incidents perpetrated by statutory agency staff
the more recent phenomenon of cyber bullying

While some incidents are severe, our research has identified the prevalence of ongoing, low-level incidents that may go undetected but may escalate at some point.

Situational vulnerability
A number of hotspots, where targeted violence and hostility tends to occur, are identified, namely: on the street; in and around home-based settings (particularly

in relation to social housing but also including private accommodation); in institutional settings; in schools, colleges and at work, and on public transport. The types of targeted violence and hostility enacted in different settings vary, and can impact on different groups of disabled people. Situational vulnerability means that motivations to perpetrate acts of targeted violence and hostility against disabled people may not always be triggered into action. More nuanced understandings of shifting risks, triggers and vulnerability need to be developed as there is no 'one-size-fits-all' approach in targeting interventions.

Motivation of perpetrators

There is little existing research on perpetrator motivations in committing targeted violence and hostility against disabled people. The factors motivating such acts against disabled people identified in our research vary significantly. Perceptions of vulnerability (especially in relation to those with visible impairments or with learning disabilities) and perceptions of threat (particularly so for those with mental health conditions and those with learning disabilities) can motivate acts of targeted violence and hostility against disabled people, depending on the situation and the person in question. Perpetrators may also perceive disabled people as being 'lesser' people and may think that they can get away with their actions.

Impact of targeted violence and hostility

The impact of targeted violence and hostility is wide-ranging, including adverse physical, emotional, and sexual implications. In some instances, the experience can result in the victim's death. Impact can also be long-lasting, causing disabled people to restructure their lives to minimise risk from strategies such as taking longer routes to avoid certain places and not leaving the home at night, through to 'voluntarily' leaving employment or school. Most commonly, coping mechanisms involve acceptance or avoidance strategies. Disabled people are also advised by those around them and by agencies they come into contact with to avoid putting themselves at risk. This wider conditioning means that actions are not taken to address disabled people's access to justice. These acceptance/avoidance and coping strategies have significant implications for social inclusion and the life chances of disabled people.

Responses by disabled people to their experience of targeted violence and hostility can have an adverse impact on themselves. Their actions may be perceived to be perpetrating anti-social behaviour, and may also aggravate targeted violence and hostility against themselves. Issues of dependency and the lack of viable alternatives can further constrain the ability of disabled people taking actions to improve their lives.

The impact of targeted violence and hostility is not confined merely to those disabled people who have suffered from direct acts and can extend to other disabled people. Family members of disabled people can also be subjected to targeted violence and hostility. The impact is more pervasive than the statistics on the prevalence of such incidents suggests.

3.   Reporting and seeking redress

Reporting
Under-reporting of incidents
There is severe under-reporting of incidents. The predominant criminal justice focus of the wider evidence base has led to the overlooking of other agencies' role in the monitoring of, and acting upon, targeted violence and hostility against disabled people. Disabled people have a tendency to report incidents to a third party rather than to the police. Yet these third parties are under-studied. Our primary research identified the important preventative role that health and social care agencies, housing associations, local authorities, civil justice agencies, voluntary bodies, and others can play. While examples of good practice exist, there is a need for better joined-up inter-agency working.

Barriers to reporting
We identified a number of barriers to reporting and recording, particularly in relation to the police. These are physical, procedural and attitudinal barriers that can discourage disabled people from reporting. The cumulative impact of these barriers may lead disabled people to feel that they are not being taken seriously or, worse, being treated as if they are in the wrong.

Under-reporting is not simply due to the barriers within the criminal justice system or those within third-party organisations. The relationship between the victim and the perpetrator can also throw up significant challenges to a disabled person's willingness and ability to report. Disabled people may also blame themselves for what had happened to them, or may simply come to accept that these incidents are part of everyday life.

Redress
Awareness of rights
While there are legislative instruments that can help a disabled person seeking redress against the experience of targeted violence and hostility; these are insufficient in themselves to bring about change. There is a risk that legislative instruments remain at the level of 'messages' and are not being translated into

practice. The awareness and use of these instruments are also inconsistent. Furthermore, disabled people themselves have low levels of awareness of their rights.

Legislative developments
A number of legislative developments have further thrown up contradictions or ambivalence. The developments around the control of anti-social behaviour are found to have impacted disproportionately on disabled people in adverse ways. For example previous research has found that people with mental health conditions are disproportionately served anti-social behaviour orders (ASBOs) and acceptable behaviour contracts due to misinterpretations of unexpected or unusual behaviour (Mind, 2007). Adult protection legislation in Scotland is also problematic for disabled people due to the shift in the balance of power between disabled individuals and statutory agencies.

The No Secrets protection guidelines published in 2000 (Department of Health and Home Office, 2000) gave social care agencies in England and Wales the lead in responding to, and ultimately monitoring, crimes against vulnerable people. This has led to confusion arising from the blurring of responsibilities between social care agencies and the criminal justice sector in monitoring crimes against vulnerable people. This has, in some instances, led to a vacuum of responsibility, with disabled people falling between the cracks. The current review of No Secrets is seen as an important opportunity to better align the two sectors.

4.   Moving forward

Framing the issues
The discourse around the issues surrounding disabled people's experience of targeted violence and hostility needs to be reframed. The emphasis on help and protection (protectionism) underpinning much of existing policy and legislation should be replaced by a focus on justice and redress (rights-based paradigm), although there are some challenges to the latter approach. A pan-equality approach that considers the experiences of different equality strands or groups of people, and addresses different forms of discrimination together can also help increase our understanding of intersectionality and the impact of multiple identities. In addition there is a need to consider the wider socio-economic and political structures within which the key issues are played out.

We have proposed a layers of influence model to conceptualise the interactions across different social circles surrounding disabled individuals (that is family and

carers, organisations and institutions, and societal attitudes). This recognises that experiences and outcomes are not simply determined by the characteristics of any one individual, group or organisation; but by extremely complex interactions across and within these entities. Appropriate interventions need to be designed with a keen awareness of these layers of influence around disabled people, particularly in relation to how different drivers for change may be played out at various levels.

The principle of meaningful involvement of disabled people at all stages of the policy and practice process can bring about sustained progress in this and other areas of disabled people's lives. However, examples of promising practice are currently patchy. A culture change is needed in treating the issues as mainstream and cross-cutting.

Here are two accounts taken from our in-depth interviews that illustrate some of the issues.

Portrait 1

Emma is in her late 30s, has learning disabilities and lives on her own in a house inherited from her mum in Newcastle. As a child she used to get bullied at the special school that she went to and around her local area by other children.

'When I was 11 or 12 years old, I used to get called names at school; they would say horrible things to me and I would get picked on ... I used to ride back from college. One time three boys stopped my bike and called me "spacko". They took my bike, I was really frightened. They were shouting: "Emma, Emma, the spacko." I don't know how they knew my name.'

Being intimidated has become part of everyday life for Emma as she has grown up. She regularly gets called derogatory names such as 'four eyes' or 'spacko' when she goes on the bus or the Metro, and has had a mobile phone stolen.

Emma also got bullied when she had a job. She used to work at a bakery as part of a scheme for people with learning disabilities. Her colleagues did not call her names but used to treat her differently. For example, if a drink was spilt on the floor they would look at her and point to it until she cleaned it up. The manager had a word with the other people at the bakery and they

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stopped doing things like this for a bit but Emma did not stay there long term.

Emma does not feel safe where she lives and never opens the door to anyone who knocks. There have been problems with neighbours and groups of young people hanging around outside and making her feel scared. One night a group of boys stood outside her house exposing their private parts to her which terrified her. She never told anyone about this. She feels more scared at night time and does not like going out on her own unless it is in the daytime.

The person that Emma usually tells about these incidents is her aunt who tells her to ignore it.

'My auntie tells me to ignore it if people say bad things to me. When I ignore them, she says I have done the right thing. She doesn't want me to get into more trouble if I look like I'm upset by the names that people call me.'

This means the police or any other agencies do not get to hear about what has happened to Emma.

Through a learning disability support group Emma has been involved in helping people with learning disabilities feel safer. The group has made a DVD with some tips on staying safe.

'It's letting people know how to be safe. Like what you should do if someone you don't know is knocking on your door ... that's why I sit near the bus driver now when I'm on the bus.'

The group has also invited the police in to speak to members of the group and this has made Emma feel safer and more confident about what to do.

'I feel safe now that I know the police can do something. When they came to speak to us they said that if anything happens we should tell them.'

Portrait 2

Joe is in his mid 40s and lives in supported accommodation through a housing association in Newcastle. He has suffered from mental health

problems most of his life and has also used alcohol as a coping mechanism although he does not drink any more.

Joe used to live on what he describes as a rough estate in Newcastle where he was subjected to repeated violent attacks from other residents. One of the attacks Joe thinks was motivated not by prejudice but by his behaviour which was unusual due to his mental health condition. This makes him more noticeable and can make him an 'easy target' for physical attacks.

Joe also related how some of the attacks he has experienced were motivated by people's prejudice against his mental health conditions. For example, because of his mental health condition, a rumour went round the estate that he was unsafe for children to be around and that he was a paedophile.

'In other areas of Newcastle where I've lived before, especially poorer areas, I've felt less safe ... this place where I used to live a woman came round looking for my brother and said: "Oh you're the one who's been in the psychiatric clinic." Then she went on to give me an earful about how I was likely to be abusing children. Other people have also jumped to the same conclusion – that I'm unsafe for children to be around – I've almost been stabbed on that estate because of it.'

Joe thinks because he is poor and has mental health problems he is seen as unsafe whereas if he was rich 'I would just be an eccentric'.

As a result of the rumours and physical attacks, Joe has an informal 'arrangement' with two friends who offer him protection in his local area. Another impact has been that Joe is now guarded about who he tells about his mental health condition. He tries not to tell anyone and, if he does, he tells them his medication is for 'social phobias' not anti-psychotics as he feels that people immediately think he is a danger to them or their family due to a lack of understanding about mental health issues.

Joe has not reported these incidents to the police as he is worried that because of his mental health issues they will not take him seriously. This is also a barrier for reporting incidents to his housing association.

'You have to be careful about saying that you've got paranoia and you have to be explicit about saying it's anxiety. That's because they [agencies] get

freaked out when you mention paranoia.'

The fear of being forcibly sectioned is also an important factor in making Joe decide not to disclose mental health conditions to agencies he comes into contact with. Joe felt that if agencies were clearer about how information on mental health was used this would encourage confidence in reporting incidents from people with mental health conditions.

1. Introduction

1.1 Aims and objectives of the research

The Equality and Human Rights Commission (the Commission) commissioned the Office for Public Management (OPM) to conduct a two-phase research on disabled people's experience of targeted violence and hostility. This has the overall objectives of:

- Reviewing and providing a clear picture of the existing evidence base in relation to disabled people's experiences of targeted violence and hostility across England, Scotland and Wales in order to inform the Commission's future policy development.
- Understanding the lived experiences of disabled people regarding the above and gathering suggestions for improving safety and security; including looking at the role of public bodies.
- Informing a wider Commission project relating to preventing targeted violence and hostility towards disabled people and improving disabled people's safety and security.

As agreed with the Commission project steering group, the first stage of the project involved a literature review intended to:

- establish the prevalence of targeted violence and hostility against disabled people, including whether some groups of disabled people are more at risk than others
- identify gaps, weaknesses and trends in existing data sources
- explore disabled people's experiences of targeted violence and hostility, and understand how these impact upon lives
- identify what is known about why people perpetrate targeted violence, harassment and abusive behaviour towards disabled people or are hostile towards them
- identify barriers faced by disabled people in reporting and seeking redress for violence in the criminal justice system and across other relevant agencies including local government
- identify promising practice in improving safety and security for disabled people
- identify and develop solution-focused approaches to targeted violence and hostility towards disabled people

The findings from the literature review contributed to the design of the second phase of the project in terms of sampling, methods and thematic emphasis. This

ensures that the second project phase does not merely replicate the existing evidence, and is able to advance our understanding of key issues and to inform actionable recommendations in line with the Commission's strategic objectives.

The second phase of the project, therefore, builds on the evidence identified in the literature review and has the following objectives (EHRC, 2008: 4) including to:

- explore disabled people's experiences and fear of targeted violence and hostility
- understand in some detail the impact on people's lives of targeted violence and hostility
- identify whether disabled people reveal or report targeted violence and hostility and why they do or do not
- examine disabled people's experiences of reporting and seeking redress for targeted violence and hostility, harassment and abusive behaviour in the criminal justice system and across other relevant agencies
- identify the changes disabled people need in order to feel protected and safe from such targeted violence and hostility
- identify the changes disabled people need in the criminal justice system and from other relevant agencies in order to feel confident in reporting and seeking redress

In order to meet the above objectives, the second phase of the project included two components:

Interviews with a small sample of stakeholders from key agencies and organisations identified from the literature review as being of relevance to any strategy for tackling the issues around targeted violence and hostility towards disabled people.

Interviews with a sample of disabled people from England, Scotland and Wales who have experienced (or are experiencing) targeted violence and hostility.

This report presents the evidence generated from the two phases. Phase one generated findings that map out the broad contours of the terrain and help organise our understanding of the complex issues in a more systematic manner. It identified key issues, strengths and weaknesses in the evidence base, key gaps and areas of promising practice. The second phase of the project developed, selectively, key themes identified in the literature review by generating evidence that plugs gaps, advances our understanding of particular issues and identifies

preferred solutions disabled people themselves advocate in combating targeted violence and hostility.

2. Methodology

This chapter outlines the methods used for the various components of the research, and provides a concise overview of associated sets of data generated.

2.1 Literature review

The literature review was conducted between August and October 2008. Given the breadth of coverage and the timescales involved, our approach was guided by the Government Social Research rapid evidence review approach, which sets out appropriate principles and methods to be employed (Government Social Research, 2008).

Method

The search was conducted in partnership with the UK Centre for Evidence-based Policy and Practice (CEBPP), based at King's College, London, involving world-renowned information search and retrieval specialists with access to a large number of databases. We searched material published in the last 10 years covering not only academic peer-reviewed literature, but also practitioner and professional publications, official government publications and 'grey literature'.

The following experts were also consulted, and additional literature was in some instances suggested for inclusion:

- Anne Novis (Disability Independent Advisory Group)
- Deborah Kitson (Ann Craft Trust)
- Robin Van Den Hende (Voice UK, Respond, Ann Craft Trust)
- Anna Bird (Mind)
- Joanna Perry (Crown Prosecution Service)

Several hundred documents were identified from initial searches using search terms that were defined and modified in collaboration with the experts at CEBPP. A full list of search terms and the bibliographic databases searched is provided in Appendix A. Identified material was sifted to meet the inclusion standards of the date of publication, source, research method and focus on project aims. Initial sifting produced a long list of 135 items for further assessment. Closer scrutiny of the long-listed items led to a final short list of 73 items for inclusion[1]. Details of these items are provided in Appendix B. Search results were cross-checked with the bibliographies of key documents to ensure that important relevant material had not been missed. We designed and agreed upon a review template with the Commission to ensure that all relevant information was identified in the review process. A copy of the review template is reproduced in Appendix C.

2.2   Stakeholder interviews

Semi-structured interviews with nine stakeholders from key identified agencies and organisations were conducted over the phone during November and December 2008.

Method

The relevant agencies and organisations were identified on the basis of findings generated from the literature review which pointed to the significance of non-criminal justice bodies and their partnership working with bodies within the criminal justice sector. The sample of agencies was selected in collaboration with the Commission to provide a good cross-section of key criminal justice agencies, health and social care agencies, central government departments, local authority, social housing, civil justice and disability groups. A full list of the agencies, interviewees and the rationale for their selection is provided in Appendix D[2].

The design of the research instrument was informed by findings from the literature review. This enabled us to probe on issues specific to particular types of agencies/organisations, as well as relationships between different agencies and their implications for tackling targeted violence and hostility against disabled people. Experiences of dealing with relevant issues, perceptions of good practice and recommended solutions were also explored. The research instrument was agreed in consultation with the Commission and is provided in Appendix E.

2.3   Interviews with disabled people

We conducted in-depth interviews with 30 disabled people from England, Scotland and Wales. Most of the interviews were conducted face-to-face with a small number conducted over the telephone. Interviews were conducted from November 2008 to January 2009 to ensure findings from the literature review could inform the sampling design and research tools.

Method

The findings from the literature review indicate that people with mental health conditions and/or learning disabilities are the most likely to suffer from targeted violence and hostility. In consultation with the Commission, this set of interviews was designed to focus on the experiences of these two groups. We have identified both men and women from different age groups, different ethnic backgrounds, different socio-economic status and different localities for inclusion in the research in order to explore some of the interactions between disability, impairment and various identity labels and demographic characteristics. The intended and achieved sample composition and distribution is illustrated in Appendix F.

While the literature review pointed to disabled children and young people as a group particularly at risk, we were unable to include this group in our primary research. Research with disabled children and young people requires significant time and resource investments in order for processes to be meaningful and sensitive. There are also significant additional ethical and legal requirements around such research.

Our strategy for identifying and accessing our sample of disabled respondents involved working with a large number of disabled people's organisations (DPOs) in England, Wales and Scotland. Information about the project was sent to all DPOs and the objective of recruitment was stated clearly (see Appendix G). All disabled people who agreed to take part in the research were offered £20 for their involvement. In some cases, Office for Public Management made small donations to a number of DPOs.

While we encountered huge interest and benefited from tremendous co-operation from the DPOs, the achievement of the desired sample was extremely challenging. In particular, it proved difficult to secure the desired number of interviewees with mental health conditions from Cardiff, and also disabled interviewees from Scotland. Substitution of geographic areas was undertaken partially in Scotland where a number of interviewees were selected from Aberdeen as well as Dundee. In addition, due to pragmatic considerations, a small number of telephone interviews were conducted (always with the respondent's agreement and sometimes requested for by respondents). We encountered a significant number of drop-outs to the sample even when individuals had agreed to participate initially. This is understandable given the topic area being explored.

We designed the interview guide to explore the key themes identified through the literature review, and to solicit disabled people's suggestions for action and change. The interview guide was agreed in consultation with the Commission and is provided in Appendix H. A version adapted for use with learning disabled interviewees is provided in Appendix I[3]. An overview of the sample distribution and characteristics is provided in Appendix J.

In conducting the research, we put in place strategies to ensure adequate support for disabled research respondents. For example, participants may have been directed to a support worker or to the police if they disclosed sensitive information that caused us to have concerns about their wellbeing.

The findings reported in the following chapter need to be understood against the context of methods and data characteristics highlighted here.

2.4   Reading this report

The approach to this research has been underpinned by a social model of disability. Our approach has aimed to involve disabled people meaningfully and sensitively, and our methods for generating and analysing evidence have been focused on identifying barriers to equality and on recommendations for breaking these barriers down.

The research has taken a broad approach to targeted violence and hostility against disabled people. The terminology around targeted violence and hostility is ill-defined, and terms such as abuse and harassment are often used interchangeably. In this report we have used the term 'targeted violence and hostility' as an encompassing term to include incidents involving verbal, physical, sexual and emotional violence, harassment and abuse that is directed towards disabled people. A proportion of these acts may be recognised in the Criminal Justice Act 2003 as hate crimes, where offences are aggravated by hostility based on disability. However, there are limitations to the terminology and discourse of hate crime. Different agencies and disabled people themselves tend not to use the term 'hate crime' to describe the issues or their own experiences.

As the first phase of the research involved reviewing evidence reported by others which may or may not have been underpinned by a social model approach, we may be reporting findings that do not necessarily reflect our own position as it is important to retain the integrity of the source material.

Significant parts of the overall research have an explicit focus on particular impairment groups. In such instances, we do not presume that an impairment, per se, explains disabled people's experiences. Instead, we acknowledge the complex interactions between impairments with social attitudes and physical structures in generating disabling barriers. We have therefore taken impairments as a starting point for investigating barriers, rather than an end point in explaining experiences. As the Disability Rights Commission (DRC)'s guidance on evidence-gathering in relation to the Disability Equality Duty (DED) noted, a focus on impairment may be necessary depending on the context, as 'Differences in outcome reflect the fact that people with different impairments experience particular types of barriers to equal participation'. However, the guidance goes on to state that: 'The results of research by impairment type should be a springboard to determine what further research – perhaps based on establishing barriers – is needed to develop remedial action' (DRC, 2006a). We have embraced the positive spirit of the DED in approaching this research.

The report has been written with the intention of moving selective parts of the evidence base forward so as to generate actionable findings to inform the Commission's strategy for tackling the complex issues. As such the emphasis throughout this report is to shed light on particular sets of under-documented or under-researched issues that have the potential to generate concrete and specific recommendations for actions. We have avoided extensive description or discussion of parts of the evidence base that are already well documented.

The rest of the report reads as follows:

- Chapter 3 sets out the policy and legislative background plus the issues with available data from existing research and official data sources.
- Chapter 4 assesses the evidence on disabled people being at risk of targeted violence and hostility and additionally explores the link between risk and actual victimisation. This draws largely upon evidence from the literature review in mapping out the terrain, and is supplemented with evidence from our interviews with stakeholders and disabled people.
- Chapter 5 documents the types of violence experienced by disabled people, which can range from low-level, persistent occurrences to less frequent but more extreme incidents. The types of situations in which these are experienced vary, with a number of hotspots identified. The different motivations for the perpetration of targeted violence and hostility against different types of disabled people in different situations are explored. The chapter also discusses situational vulnerabilities. The risk and actual experience of targeted violence and hostility are not pre-determined by any inherent characteristic of the victim and/or the perpetrator.
- Chapter 6 provides an overview of the impact of experiences of targeted violence and hostility on disabled people. The wider impact of such incidents is also explored. The chapter additionally explores how disabled people have responded to such experiences in their everyday lives.
- Chapter 7 builds on the preceding chapter by assessing the response of disabled people through formal channels. This looks particularly at patterns and experiences of reporting, as well as the barriers to reporting and to seeking redress. The importance of third party reporting is identified. The role of, and partnership working between, different organisations and agencies and their implications for disabled people are explored.
- Chapter 8 identifies a number of framing narratives in the wider literature and through our primary research. In particular, the relevance of a rights paradigm and a pan-equality approach are discussed. The need to acknowledge the

wider structural framework around the issues is examined and a conceptual model for understanding the issues raised in this report is proposed.

- Chapter 9 discusses the key findings and their implications, before concluding.

3.   The wider policy and legislative context, and evidence base

The findings from this research need to be contextualised against the wider policy and legislative landscape, and the key drivers for change. Since the late 1990s there has been a drive towards a more participatory democracy where both local communities and individual citizens have the opportunity to participate in political, civic and social activities. It is unclear, however, how far disabled people have been able to take part in this[4] and available evidence suggests significant barriers to disabled people's full participation in political, civic and social activities[5]. The shocking murders of Brent Martin in Sunderland and Steven Hoskin in Cornwall, both of whom had learning disabilities, could be the tip of an iceberg[6]. It is not surprising that fear and experiences of harassment and crime are found to be barriers to full inclusion, not only in relation to disability, but also to gender, age, race or ethnicity, sexual orientation and religion or faith. Recognition of multiple identities (and hence multiple discriminations) suggests that disadvantage can be compounded.

The treatment of disabled people's experiences of targeted violence and hostility has, unfortunately, been confined to certain policy areas such as vulnerable adult protection or criminal justice, with the consequence that issues are being seen in isolation. The material presented in this report, however, demonstrates that some key issues have cross-cutting relevance across a number of policy and legislative agendas, including (but not restricted to): criminal justice; community safety and cohesion; citizenship; social inclusion; equality, diversity and human rights; housing; transport, and others. It is erroneous to treat the issues as purely 'disability' and/or 'criminal justice' issues.

3.1   Legislative developments
The location of the topic is also framed by a complex array of legislative developments. These have originated at different points in time, apply to different countries and have different levels of direct significance for disabled people. For example:

- Part 2 of the **Youth Justice and Criminal Evidence Act** 1999 lays down provisions to help witnesses who find giving evidence in criminal proceedings particularly difficult – because they are children, have a physical or mental disability or disorder, or are frightened of retaliation or distressed by the nature of the offence. The special measures to be provided by the courts include: screens, to shield the witness from the accused; giving evidence by live television link; excluding people from the courtroom or galleries so that

evidence can be given in a more private setting; allowing as witnesses' evidence-in-chief a video-recorded interview with the witness, and allowing as evidence pre-recorded videoed cross-examination. Disabled witnesses and children will also be able to give evidence with the aid of an approved intermediary and with the use of communication aids, such as alphabet boards. The guidance Achieving Best Evidence in Criminal Proceedings: Guidance for vulnerable and intimidated witnesses, including children was produced to help with the implementation of the measures to assist vulnerable or intimidated witnesses.

- In 1998 **The Human Rights Act** (HRA) gave further effect to the rights and freedoms guaranteed under the European Convention on Human Rights (1950) and made these rights enforceable in British courts. The HRA means all public authorities must ensure that everything they do is compatible with Convention rights unless an Act of Parliament makes that impossible. One of the main aims of the HRA is that over time a shared understanding of what is fundamentally right and wrong will lead people to have more confidence in statutory bodies.

- In 2003, **The Criminal Justice Act** (CJA) recognised hate crime against disabled people, enabling redress through the courts through Section 146. The text of Section 146 is reproduced in Appendix L. Section 146 is designed to ensure that offences aggravated by hostility based on disability or sexual orientation are treated seriously by the courts. It brings them in line with offences that are aggravated by racial or religious hostility. In Scotland, the Offences (Aggravation by Prejudice) Bill was introduced into the Scottish Parliament on 19 May 2008 and includes provisions for the recognition of hate crimes based on disability (it should receive Royal Assent in late Spring 2009).

- In December 2006 the **Disability Equality Duty** (DED) was introduced, placing a legal duty on all public sector bodies to promote disability equality. It requires public authorities, when exercising their functions, to have due regard to the need to eliminate harassment of and unlawful discrimination against disabled people; to promote positive attitudes towards disabled people; to encourage participation by disabled people in public life, and to promote equality of opportunity between disabled people and other people.

Regardless of legislative and policy developments, significant challenges persist. Instances of targeted violence and hostility continue to be under-reported. Victims may perceive incidents as minor, expect an unsympathetic response from the police, anticipate that the police will not be able to do anything or may fear reprisal (Victim Support, 2006).

Other legislative and policy developments have thrown up contradictions.
For example, young people with mental health conditions and/or learning
disabilities may be disproportionately subject to anti-social behaviour orders
(ASBOs) (Hunter et al, 2007a)[7]. Voluntary groups have reported the use of ASBOs
by public authorities against people with behavioural disorders; the subsequent
'naming and shaming' of such people by the police or housing officer may cause
further exclusion and stigma. The development of, and contradictions posed by,
legislation around anti-social behaviour have been the focus of a study by Caroline
Hunter and colleagues based at Sheffield Hallam University, and it is not the
intention here to retread grounds covered so admirably by these authors. It
suffices to say that such developments have a disproportionate impact on disabled
people as they can be both victims of, and (actual or perceived) perpetrators of,
anti-social behaviour.

A number of other legislation and guidance has introduced ambivalence around
agencies' responsibility. Chief among these are the *No Secrets* guidance and the
Adult Support and Protection (Scotland) Act, 2007. More will be said of these in
Chapters 7 and 8.

3.2   Overview of existing data

The literature reviewed included academic research[8], (policy) briefing papers,
review essays, investigative articles and think pieces. These used qualitative and
quantitative methods and data, including both primary and secondary data. Some
involved the re-analysis or reporting of secondary material published elsewhere.
As agreed with the Commission, the search concentrated on data from England,
Scotland and Wales, with selective reference to key international material. The
literature review identified the following characteristics of source material:

- There are considerable concerns expressed by some authors over the
  robustness of methodologies, which affect our interpretation of reported
  findings and their significance. There is also limited systematic recording
  of targeted violence and hostility[9], with a preponderance of anecdotal and
  small-scale, non-representative evidence, summarised in the following quotes:

  > 'There are … no national statistics on disabled people's experiences
  > which can be drawn on' (Hunter et al, 2007a: 52), and much of the evidence
  > in this area, 'is not scientifically rigorous literature, consisting mostly of
  > anecdotal evidence, data from convenience samples and
  > non-random samples, and non-random programme evaluations.' (Petersilia,
  > 2001: 658)

- There are diverse and unspecific dimensions of targeted violence and hostility covered. The exact type of targeted violence and hostility documented varies enormously. None of the reviewed material makes explicit comparisons of prevalence or experiences across the different types of targeted violence and hostility. The terminology is often used interchangeably and without clear specification or definition.

- There is considerable variability in the 'researched', including different sub-groups of both disabled people and non-disabled people. While many items specified particular impairment groups being studied, others referred broadly to 'disabled people'. Across the material reviewed, there is a significant focus on people with learning disabilities, with a secondary focus on those with mental health conditions[10].

- There is a lack of material adopting comparative approaches (for example, comparing different sub-groups of disabled people or comparing disabled and non-disabled people). It is therefore challenging to draw conclusions about the uniqueness or representativeness of findings relating to disabled people's experiences. This is further compounded by the fact that most items gave no indication of the geographic coverage of studies[11].

- The majority of material reviewed was published from the criminal justice perspective[12]. Relevant material also originated from a number of other sectors including advocacy, legislation, social care, children and young people, and mental health. The bulk of the material was unspecific about the context framing disabled people's experiences of targeted violence and hostility (for example in employment, in education, etc), with only two studies reporting specifically on the social housing context (Hunter et al, 2007a, b).

4.   Risk and prevalence of targeted violence and hostility

The evidence on risk and prevalence derives largely from the literature review. Subsequent chapters draw more extensively on the qualitative material generated through our interviews with stakeholders and disabled people, and explore a number of key issues at greater depth.

Despite challenges to establishing a precise picture of the nature of risk and prevalence of targeted violence and hostility against disabled people, the literature review identified evidence of widespread and sometimes severe violence. The patterns and trends, however, are complex.

4.1   Risk

Despite the lack of robust material comparing risks to disabled and non-disabled people, there is consensus in existing evidence that disabled people experience a heightened risk of violence and anti-social behaviour leading to victimisation, compared to non-disabled people.

Discussions around risk need to be framed by an understanding of the demographic profile of disabled people in Britain. A wealth of literature confirms the strong link between impairment and social economic status (Department of Health (DoH), 2002; Burchardt, 2000 and 2003; Department for Work and Pensions, 2003; Stickland, 2003), with a particularly strong relationship between certain types of impairment (such as mental health conditions and long-term conditions), ill health and lower social economic status (DoH, 2002; Meltzer et al, 2000). This socio-economic profile has geographic manifestations, which can often compound disadvantage and risk factors[13]. For instance, some authors have coined the term 'the aggregation of disabled people' to describe the situation where disabled people are accommodated in difficult-to-let areas. This geographical concentration increases their visibility and can attract negative attention (Williams, 1995).

Our primary research with disabled people bears out this interplay of factors and the importance of geography, providing evidence for considering disabled people's experiences against a wider framework of deprivation and disadvantage. For example, a number of interviewees lived in areas that they described as 'rough', where levels of social housing are high, and where many residents experienced a high level of anti-social behaviour and crime. A few of the stakeholders we interviewed from relevant organisations and agencies similarly observed this:

> '… hotspots in our areas are poor socio-economic areas, which is probably unsurprising.'

> 'Money protects. For example, taxis, nicer environments, more choice about where you live. Living alone on a council estate might make you more vulnerable to abuse, for example being "befriended" by an abuser.'

The evidence additionally suggests that there is increased risk in relation to specific types of crime. Disabled people, for example, are reported to be four times more likely to experience sexual violence, four times more likely to have their property stolen with the threat or use of violence, and almost twice as likely to be burgled as non-disabled people (Cunningham and Drury, 2002: 3). However, the issue of comparative risk needs to be approached with caution. For instance, while suggesting that there are high rates of susceptibility by disabled people of becoming a victim of anti-social behaviour, the authors of a report cautioned against uncritical conclusions of increased risk as the findings could have been an artefact of data collection methods (Hunter et al, 2007a: 3). There is also a lack of systematic comparison.

The literature identifies heightened risk for disabled children and young people, and for disabled women. The Office of the Children's Commissioner reported that disabled children are twice as likely as 'typically developing' peers of being targets of bullying (Mencap, 2007). The rates of physical and sexual abuse for disabled children are also higher in comparison to non-disabled children (Petersilia, 2001: 671). However, the challenges of establishing comparative risk are highlighted by another study based on comparing rates of bullying between children with speech and language difficulties to 'typically developing' children. This concluded that current data suggested that children with specific speech and language difficulties at secondary school age are not specifically vulnerable to being bullied (Lindsay et al, 2008: 12).

Disabled women are found to be twice as likely to experience domestic violence as non-disabled women (Hague et al, 2008). Women with learning disabilities are identified specifically in the wider literature as being at risk, with levels of violence against women reported to be greater than against men with similar impairments. Complex impairments and an increased level of dependency increase the risk of targeted violence and hostility (McDonagh et al, 2006: 11). Women with particular mental health conditions such as schizophrenia or bipolar disorder were found to be at a greater risk of rape in comparison with the general population (Marley and Buila, 2001).

Previous literature has identified a number of exacerbating risk factors linked to perpetrators' motivations for committing targeted violence against particular groups of disabled people. The fact that people with some forms of impairment stand out more has been put forward as a reason for why people with more visible disabilities are at greater risk from targeted violence and hostility (Hunter et al, 2007a: 67).

Our primary research with disabled people and with stakeholders from key organisations identified highly nuanced discussions around risks that acknowledge the situational vulnerabilities (see Section 5.2) and complex intersections of different identity and demographic characteristics.

Our primary research with disabled people confirms visibility as an exacerbating risk factor. Two interviewees with 'more visible' impairments[14] reported perpetrators making references to these impairments when the incident happened. For example in one such case, a male interviewee with learning disabilities who was also visually impaired had stones thrown at him on the street by young people:

> 'Last year, when I had just moved I once got called "blind man" by kids on the street and had stones thrown at me. I was with my mum walking to the shops … I don't know why they were throwing stones at me. They could see I was blind because I had my arm on my mum's.'

It is important to note that visibility may be compounded by other characteristics of a disabled person, not necessarily stemming from impairment. For instance, a stakeholder interviewed for our research explained that:

> 'Asian and black youth are more likely to be victimised at night. So if you have a learning disability and your ethnicity makes your disability more visible, you get targeted.'

> 'There are issues of greater visibility and therefore greater risk of victimisation for people belonging to multiple minority groups. For example, gay and disabled, race and disability. I recall a Hispanic lady being very upset that when she was wheelchair bound, she started suffering comments like, "Go home, Paki", at the same time as being harassed or assaulted.'

This issue of multiple identities and the compounding of visible 'risk' factors in triggering episodes of targeted violence and hostility is of great interest and warrants further research. There are suggestions from our primary research that these dynamics are played out differently across the different countries of Great Britain, and are related to macro-level distributions of particular sets of population characteristics. For example, one stakeholder interviewed for our primary research stated that:

> 'The intersections [of multiple identities] north and south … are different. Scotland has a much smaller BME [ethnic minority] community. So as a consequence, we have fewer religious and ethnic minorities although that's probably excluding the new waves of economic migrants from Central and Eastern Europe. The majority of those communities are
> based in Edinburgh and Glasgow, and half of them are from Pakistan.
> So it's very different from England. We have very small Afro-Caribbean and Indian communities, and the economic status of ethnic minorities
> in Scotland is different as well – mainly students and professionals,
> as opposed to working class.'

In our primary research, interviewees who did not have visible impairments or who felt that the perpetrator was unaware of their disability were often at a loss to explain the motivating factors behind their experiences. In the majority of cases, however, the perpetrator knew that the victim was disabled – either because the victim was known to the perpetrator (for example they went to the same school, lived in the same neighbourhood or used the same services) or because of the visibility of the victim's impairment. This finding highlights that whether the perpetrator is aware of the victim's impairment is a key exacerbating risk factor. This has implications for whether disabled people choose to disclose their disability and/or impairment, which is discussed in further depth in Section 5.3.

4.2   Prevalence

There is considerable material on the existence and prevalence of various forms of targeted violence and hostility experienced by disabled people in general. For example, it has been reported that:

- Twenty-two per cent of disabled respondents in 2002 suffered harassment in public due to their impairment (Disability Rights Commission (DRC), 2003). This was an increase from 20 per cent in the previous year (DRC, 2002).

- Eight per cent of disabled people suffered a violent attack compared to four per cent of non-disabled people in London during 2001/2002 (Greater London Authority (GLA), 2003).
- Disabled people are four times more likely to be victims of crime compared to non-disabled people (British Council of Disabled People, 2007).
- Forty-seven per cent of disabled people had either experienced physical abuse or had witnessed physical abuse of a disabled companion (Scope, 2007).
- One in five disabled people in Scotland were also found to have experienced disability-related harassment; 47 per cent had experienced hate crimes due to their disability (DRC and Capability Scotland, 2004).

The evidence points particularly to the experiences of those with mental health conditions (Berzins et al, 2003; Wood and Edwards, 2005) and/or learning disabilities (Thurgood and Hames, 1999; Mencap, 1999). For example:

- Seventy-one per cent of those with mental health issues had been a victim of crime in the past two years, 22 per cent had experienced physical assault, 41 per cent experienced ongoing bullying and 27 per cent experienced sexual harassment (with 10 per cent experiencing sexual assault). Only 19 per cent felt safe at all times within their own home (Mind, 2007)[15].
- Seventy-five per cent of people with mental health conditions and 66 per cent of those with learning difficulties have experience of being victims of crime (GLA, 2003; Mind, 2007).
- Ninety per cent of people with learning disabilities have experienced harassment and bullying, with 32 per cent stating that bullying was taking place on a daily or weekly basis (Mencap, 1999).
- Forty-one per cent of those with mental health conditions in Scotland had experienced harassment, compared with 15 per cent of the general population (National Schizophrenia Fellowship (Scotland), 2001).

The wider literature suggests that disabled people are often subjected to persistent attacks. A Home Office report in 2007 built on the findings from the Higgins survey of Scottish people with learning disabilities, which reported that 20 per cent of respondents had experienced an attack at least once a week. The Home Office report extrapolated this figure and noted that if such an incidence of attack occurred in England, this would result in 32,000 people experiencing a hate crime on a weekly basis (Home Office, 2007: 4). Furthermore, our primary research with people with mental health conditions shows that incidents are often multiple and escalating; either experienced on an ongoing basis perpetrated by the same

person(s), or frequent one-off incidents so that they become part of people's everyday lives. More will be said about the types and experiences of incidents in the next chapter.

Much of the literature points to greater levels of targeted violence and hostility suffered by people with learning disabilities and mental health conditions. For example, a survey report published by the DRC and Capability Scotland on hate crimes in Scotland found that there was a greater predominance of attacks against people with mental health conditions, learning disabilities and visual impairments (DRC and Capability Scotland, 2004). The UK Disabled People Council (UKDPC) identifies specifically people with mental health conditions and learning disabilities as victims of crime, with reported rates of 75 per cent and 66 per cent respectively (UKDPC, 2007: 2). These rates are higher than for disabled people in general. While targeted violence and hostility has certainly been documented for people with a range of other impairments[16], there is significantly less material available.

4.3   Victimisation

There is not only an increased level of risk of targeted violence and hostility but also increased victimisation. This strong correlation between risk and victimisation is demonstrated for the various groups identified in Section 4.1. For instance, more than 70 per cent of women with 'developmental disabilities' are sexually assaulted, a rate that is 50 per cent higher than women that do not have 'developmental disabilities' (Petersilia, 2000: 1). The three female learning disabled interviewees interviewed as part of our primary research had experienced sexual crimes ranging from familial abuse, flashing in the street, or so-called friends asking them to undertake sexual acts which they did not want to. These examples are discussed in the following chapter. It suffices to say, here, that our research supports the wider evidence that sexual crimes may be common against women with learning disabilities.

The heightened risk of bullying for disabled children and young people (particularly those with learning disabilities) is also borne out by the data on victimisation. For example (Mencap, 2007: 11):

- Eight out of 10 children with learning disabilities have been bullied and have experienced bullying at school.
- Three out of 10 children and young people with a learning disability who have been bullied were bullied on the streets, and the same proportion of children and young people that have been bullied were on the bus and at the park.

- Five out of 10 children and young people with a learning disability had been bullied in more than one place.
- Nearly 50 per cent of children and young people with a learning disability had been bullied for over a year.

A number of people we interviewed with learning disabilities and mental health conditions referred to being bullied persistently when at school, involving both physical assaults and verbal abuse. As later chapters illustrate, this happened within both special and mainstream schools, and in some cases led to the victim leaving the school or college.

4.4   Summary and implications

There is a strong link between risk and actual victimisation for disabled people. However, risk (and resultant victimisation) is highly complex with a number of factors at work. There are significant differences among the different sub-groups of disabled people (and in comparison with non-disabled people), and concomitant variability in the severity and type of victimisation.

An accumulation of risk factors heightens significantly the likelihood of being a victim of targeted violence and hostility. Gender, age and impairment type can interact in complex manners to compound risk and hence resultant victimisation. This does not mean that other factors such as ethnic background, religion or faith and sexual orientation have little or no impact. Instead, it merely acknowledges the scarcity of existing evidence looking at the interaction between disability/impairment and these other factors in relation to experiences of targeted violence and hostility. For example, our interviews with disabled people identified instances where ethnicity can influence the risk and experiences of targeted violence and hostility.

There is an urgent need to plug these gaps as the manner in which different identity labels interact is highly complex and cannot be predetermined. Outcomes can thus be highly varied. The following chapters go into some depth on disabled people's experiences, perceptions and suggestions for change; building on the evidence generated through the literature review.

5. Nature and experiences of targeted violence and hostility

This chapter explores, in depth, the nature and experiences of targeted violence and hostility, drawing largely on findings from the literature review and from interviews with disabled people. Evidence generated through interviews often allowed us to deepen our understanding of issues reported in the wider literature, but at times threw up conflicting findings that required deeper consideration.

This chapter starts by identifying a typology of incidents based on the primary and secondary material. It proceeds to explore how different types of incidents may be manifested and experienced by people with different impairments in a number of hotspots. It then identifies a number of motivations behind the perpetration of targeted violence and hostility against disabled people, demonstrating how these vary by real and/or perceived impairment as well as how attribution of causal factors behind incidents is complicated by multiple identities (real and/or perceived). It is important for the findings presented here to be interpreted in relation to the sample composition and the sampling approach, explained in Section 2.3 and illustrated in the relevant appendices.

5.1 Types of incidents

The literature review identified a wide range of reported incidents, ranging from extreme violence (resulting in death) to a large number of other criminal and sub-criminal occurrences. The murder of Brent Martin has been mentioned previously, and the reviewed material presented two additional examples of extreme violence against disabled people leading to death: that against 'Child B' and Steven Hoskin. The case review of the murder of Steven Hoskin reports:

> 'On 6 July 2006 his body was found at the base of the St Austell railway viaduct. In addition to his bearing catastrophic injuries associated with falling 30 metres, a post-mortem examination confirmed that Steven had taken paracetamol tablets, had been drinking alcohol and had sustained recent injuries from cigarette burns. Further, he had neck bruises from having been hauled around his home by his own pet's dog-lead and the backs of his hands bore the marks of footprints.' (Flynn, 2007: 4)

A study comparing the case of Victoria Climbie with that of 'Child B', documents the torture of the disabled four-year-old girl. In March 2006, two months after the child was returned from the care of Westminster Council to her parental home, she was admitted to hospital covered in bruises and burns and displayed signs of neglect (Cooper, 2007).

As argued by many, these extreme cases are likely to be just the tip of the iceberg. Other criminal and sub-criminal incidents are widely reported in the literature. For instance, physical and verbal attacks, harassment in the street, having something stolen, being spat on and having property damaged are some of the more common incidents reported (Cunningham and Drury, 2002; Hunter et al, 2007a: 64). Our primary research with disabled people confirms the prevalence of a wide range of criminal and sub-criminal incidents perpetrated by people both known to disabled victims and by strangers, in a variety of settings.

The various evidence sources identified eight key 'types' of experiences. The majority of disabled interviewees reported experiencing two or more types of experience, with less than one third of interviewees reporting just one type. These are examined in depth below.

Physical incidents

Physical types of targeted violence and hostility were the most commonly mentioned type of experience by both learning disabled interviewees and those with mental health conditions. In terms of frequency, incidents range from one-off physical attacks committed in a range of situational contexts to sustained attacks such as routine domestic violence. In terms of form, incidents range from having objects thrown at the person (such as stones or bricks), being followed, being physically attacked and use of force against a person such as having their head pushed down the toilet.

> 'He [the husband] would be out drinking most nights and when he got home it would start. He'd begin with telling me I was fat and ugly. And then he would begin hitting me and throwing me around.'

> 'At school I was physically hurt … I was bullied to hell. I was hit with pieces of wood with nails in them, people would put knives to my throat, and I had a few bones broken.'

Sexual incidents

These were mentioned by five interviewees involved in our primary research. Gender was a significant factor here as all relevant interviewees were female. Three had learning disabilities and two had mental health conditions. Experiences ranged from one-off cases of being flashed at by strangers on the street to sexual assault committed by persons known to the victim. Four cases of sexual assault were mentioned – one was committed by a family member; another committed by

a 'friend'; one was an attempted sexual assault committed by a person living in the same neighbourhood; and one was by a college tutor.

> 'After dinner, when my dad and step-mum were watching TV or playing on the PlayStation downstairs, my step-uncle used to tell them he was going to the toilet and come into my bedroom and touch me and things.'

> 'A couple of months ago I was asked by a friend to [here interviewee made a gesture like masturbating a penis]. He's an old man I told him "no". I know him from the pub – he had his willy hanging out there as well.'

Verbal incidents

These were mentioned by a third of our disabled interviewees and were more common among learning disabled interviewees. Verbal harassment was commonly reported to be ongoing but committed in a series of disparate incidents involving different people, mostly by strangers either on the street or on public transport. There were however a number of cases where verbal harassment was both ongoing and committed by the same person/people. These cases most commonly occurred in schools (see school bullying, below) or in the victim's immediate neighbourhood. Victims were either called disabilist names (for example 'spacko', 'nutter', 'psycho', etc), or vicious rumours were circulated in the local neighbourhood or school against the disabled people, with two cases of victims being labelled as paedophiles.

> 'After my daughter got taken into care, the trouble on the housing estate started. There were about 20 kids chucking eggs and milk at our house. They were calling me a paedophile.'

> 'Sometimes when I'm on the Metro, people make faces at me. My auntie tells me to ignore it. It makes me feel horrible, I don't like it. Other times, people call me "spacko", "four eyes" or "sexy". They shout at me.'

Targeted anti-social behaviour

The Home Office defines anti-social behaviour as being any 'aggressive, intimidating or destructive activity that damages or destroys another person's quality of life'. In this case we use targeted anti-social behaviour to refer to a range of incidents, mostly sub-criminal, that are committed specifically against a disabled person in their immediate neighbourhood, for example where a disabled person's neighbour behaves differently towards the disabled person as they do towards other non-disabled neighbours. This type of experience was mentioned by five

interviewees in our research with disabled people, all of whom had mental health conditions. The targeted anti-social behaviour mentioned included neighbours playing loud music when they know the disabled person is at home and neighbours being overtly more 'territorial' against disabled people (for example erecting fences between their house and the disabled person's house). Harassment against people with mental health conditions is more likely to be persistent, and the ongoing nature of harassment was found to be a key characteristic of the experiences of targeted anti-social behaviour.

> 'The neighbour then started putting up a washing line along the length of garden and hung tarpaulin – this made us feel that we were something they had to be protected from. The music got louder and louder and then a lot of banging on the wall – sounded like they were in the kitchen banging a metal spoon against a saucepan and this was on a daily basis. It was continuous – every day. It might sound trivial or silly but it was every single day; it's hard to describe what it's like.'

> 'I had a neighbour who played loud music constantly and I couldn't sleep. I reported him to environmental health – they came in and took away his stereo – and his friends turned against me, because they were going to take him to court. That's when the harassment and intimidation started – for example, I would be sitting in a coffee shop and they would follow me there and would sit there and stare at me.'

Damage to property/theft

While this type of behaviour overlaps with targeted anti-social behaviour, we have identified this as a distinct type of experience due to the direct targeting of property. In total, four cases of damage to property/theft were mentioned by interviewees, evenly split between those with learning disabilities and those with mental health conditions. In cases of vandalism this was accompanied by other types of targeted violence and hostility, such as verbal threats or being spat at, committed by the same perpetrators as part of ongoing campaigns of harassment.

> 'We went away that Christmas and when we came back we had a broken window. I was beaten up and spat at by the local kids. We had our front door broken four times and the kitchen window was broken. We had fireworks chuck over the garden and our house was paint bombed.'

In the two reported incidents of theft, one interviewee with learning disabilities mentioned a 'friend' taking money from her purse and food from her fridge

whereas the other interviewee with mental health problems reported being burgled by a stranger in a one-off incident.

School bullying

Seven interviewees, mainly those with learning disabilities, mentioned bullying at school, although in all cases this had occurred in the past as none of the interviewees in our sample of disabled people were of school age. The majority of experiences of bullying at school occurred in the 1980/90s, which is reflective of the age profile of the sample of disabled people interviewed. Instances of school-based bullying occurred at both mainstream and special needs schools and all occurred at secondary level on an ongoing basis.

> 'When I got to secondary school, there were gangs of other students who were younger than me who used to call me names and I used to get picked on a lot. I used to tell them to stop but in the end I just had to put up with it. They used to follow me, copying the way that I walk.'

> 'When I was 11 or 12 years old, I used to get called names at school. They would say horrible things to me and I would get picked on. They sometimes pulled my hair and would run around with my glasses.'

Cyber bullying

Cyber bullying is a relatively new form of bullying, identified through our interviews with disabled people but not reported in the literature review. It occurs through a number of increasingly accessible media such as mobile phones and the internet. New incidents of cyber bullying on social networking sites and video upload sites have been reported to us by a number of disabled people's organisations (DPOs), but the frequency and prevalence is not known and there is a lack of robust evidence in this area.

In our interviews with disabled people, two interviewees with learning disabilities mentioned experiencing cyber bullying in the form of threatening and/or humiliating text messages and voicemail messages sent directly to their mobile phones.

> 'Last year I had trouble with a girl making fun of me. She left nasty messages on my mobile phone saying her friend was going to kill me.'

> 'He had my phone number and he would send me horrible text messages: text message after text message after text message … I had to change my

mobile number. My mum was starting to save the texts in case we needed to use them.'

Incidents perpetrated by statutory agency staff

In total, seven disabled interviewees involved in our primary research mentioned incidents perpetrated by statutory agency staff that they perceived as abusive or violent. Most incidents were mentioned by those with mental health conditions.

The types of incidents perpetrated by statutory agency staff are wide ranging and include police victimisation in the form of discriminatory stop and searches[17], which may have been underpinned by a racial dimension.

> 'The police have stereotypical views of young people from St Pauls [Bristol] – if they see you wearing a hoodie and a hat, they think you're doing something. I always get stopped and searched.'

Another case involving the police related to an arrest made as a result of negative assumptions made by officers around the disabled person's impairment. The interviewee with a mental health condition, in this case, also had a visual impairment. He was arrested by police who thought he was drunk whereas it was his visual impairment that made his physical behaviour, at that time, similar to someone intoxicated.

> 'In Whitechapel, I was having a drink in a pub. My visual impairment can make me look like I'm drunk when I don't wear my glasses. The barman refused to serve me and called the police. They asked me to move along. I said, "OK, easy, tiger", and was arrested for abusing a police officer.'

Other types of incidents perpetrated by staff at statutory agencies reported by interviewees include forced intake of medication and excessive use of physical force in psychiatric hospitals. The high level of reported incidents by people with mental health conditions in relation to both the police and health services has an important bearing on the available paths of redress that these individuals feel are open to them. This is discussed in Section 7.7.

5.2   Situational contexts

These various types of incidents are played out in a range of situational contexts. The literature review identified a number of hotspots. Our primary research with disabled people identified additional hotspots and provided greater clarity around those identified in the existing literature. For example:

- While the literature review identified incidents 'on the street', the primary research indicated that a large number of on the street incidents occurred near to where disabled people live.
- Primary research shed some light on violent, harassing or abusive incidents happening on public transport.
- While the literature review identified social housing as a hotspot, the primary research identified additional less frequent, but no less significant, incidents taking place in private accommodation.
- Primary research, additionally, drew attention to supported housing as a hotspot. This is especially for people with learning disabilities.
- Both evidence sources point to incidents in schools, colleges and work.
- Both evidence sources identified the significance of institutional settings – for learning disabled people, this includes day centres and residential care. For people with mental health conditions, this more commonly means in police or hospital settings.

On the street and on public transport

While the literature review focused largely on the experiences of learning disabled people within institutional settings, the majority of learning disabled interviewees in our primary research are not living in institutional settings. Our primary research found that the most common location of incidents experienced by these learning disabled interviewees was on the street. Two thirds of learning disabled interviewees reported on street incidents such as physical attacks or verbal abuse. This difference in emphases across the two sources of evidence may have been a result of the 'welfarist' or 'protectionist' attitudes underpinning a significant segment of research on learning disabled people. This attitude and its implications for the lenses through which learning disabled people are viewed may have had implications for how and where they are researched. For instance, much of the literature identified had associations with caring situations or places. It is interesting that our sample, derived through DPOs and comprising largely of people living in the community, have yielded findings with a different emphasis from the bulk of existing literature.

Learning disabled respondents to our study reported that verbal abuse often related to their impairment and involved derogatory disablist language. Interviewees reported that perpetrators were overwhelmingly children and young people that were hanging around on the street or in their local neighbourhood such as by some shops, in a park or most commonly around where people lived.

Learning disabled interviewees reported these types of incidents also occurred on public transport such as buses. A stakeholder interviewee also mentioned that targeted violence and hostility against disabled people 'often happens on buses'. Another stakeholder interviewee explained that:

> 'Transport is a key area where abuse is experienced, compounded by modern culture of not getting involved. This leads victims to believe that it is tolerated, possibly encouraged, by society.'

In and around home-based settings

The experiences of learning disabled interviewees from our research contrasts somewhat with the experiences of interviewees with mental health conditions. For interviewees with mental health conditions, the most common location of incidents was in the area around their home (for example, their immediate neighbourhood or housing estate), with over two thirds of interviewees with mental health conditions citing an incident that took place in this type of location. In these cases perpetrators tended to be neighbours or people who live in the same vicinity.

Our research with both disabled people and with stakeholders from key organisations builds on existing evidence that disabled people living in social housing are particularly at risk. This highlights the important role for social housing providers and local authorities in responding to incidents of targeted violence against disabled people that occur within the social housing context.

However, experience is not restricted to the social housing context and our primary research also found several incidents of targeted violence and hostility against people with mental health conditions living in owner-occupied housing.

Existing research reported elsewhere highlighted instances in the social housing context of people having lit matches thrown through their letterbox as well as used condoms, excrement and abusive letters being delivered to their front door. Incidents reported in our primary research with disabled people across both social housing and owner-occupied housing included repeated vandalism of property, such as eggs being thrown, windows broken, gardens vandalised and loud music played at all hours. These findings from the primary research support evidence from elsewhere that most perpetrators of repeated violence against people with mental health conditions are known to the victims[18]. However, interviewees in our research indicated that this often tended to be in terms of knowing them by sight or a recognition that the person lived in the vicinity.

In comparison, people with learning disabilities that live independently may face a somewhat different set of challenges. The literature reviewed suggests that many find it difficult to form local networks. They may attract people that are engaged in anti-social behaviour, thus increasing their own vulnerability. In addition, they risk being both a perpetrator and a victim of anti-social behaviour. This was certainly so in the case of Steven Hoskin who found his bedsit increasingly being used for a range of anti-social behaviour (Flynn, 2007: 24). People with learning disabilities living independently may engage in anti-social behaviour:

> ' … out of desperation to end their social isolation: they believed that this was the way to win friends, led on by a bad crowd who were exploiting the lack of social understanding … '

and it is not surprising that:

> 'a significant number of disabled people [were] living in the social housing sector, rendering them potential recipients and beneficiaries of antisocial behaviour interventions.' (Hunter et al, 2007a: 14, 97)

In our research with disabled people, no clear incidents were encountered of interviewees engaging in anti-social behaviour. This may not be surprising as our interviews relied on self-reporting by disabled people themselves. There were however a number of examples of interviewees retaliating to harassment which then either acted as a motivating factor for more serious, physical attacks or led to the disabled interviewee being treated as a perpetrator by statutory agencies. Specific examples of these are illustrated and discussed in subsequent chapters of this report.

In schools, colleges and at work
Schools, colleges and work-based settings can also be hotspot areas where targeted violence and hostility takes place. This suggests a key role for relevant staff and employers in reducing attacks, bullying or harassment against disabled children and adults. The incidence of bullying in schools has been reported in wider literature (see Section 5.1) and finds resonance in our primary research where one third of interviewees related incidents of bullying at school and college.

A smaller number reported incidents of bullying in the workplace from colleagues, including physical attack and verbal insults. Numbers are low and it is plausible to suggest that the lower reported number of incidents in the workplace is reflective of the lower employment rate of disabled people, which is particularly so for those

with learning disabilities and/or mental health conditions. Data from the Labour Force Survey demonstrates that while disabled people's employment rates have been improving, from 43 per cent in 1998 to 50 per cent in Spring 2006, there is considerable variability within this group. People with mental health conditions and those with learning disabilities have the lowest employment rates at only 22 per cent and 23 per cent respectively (Disability Rights Commission, 2007).

Institutional settings

Existing literature indicates the significance of targeted violence and hostility in institutional settings[19]. The wider evidence base suggests that 'victimisation by caregivers and peers' may be more common in comparison to those who live in the community (Petersilia, 2001a: 664). Those with developmental disabilities were found to be reporting abuse by someone associated with disability services or through services provided specifically for disabled people (Sobsey, 2006; Petersilia, 2001a: 673)[20]. This echoes some of the findings of institutional abuse reported for older people (Bennett, 1999). The literature reviewed places an emphasis on sexual abuse of disabled people (women, in particular) in institutional settings (for example at day centres or residential homes).

It is important to note that while disabled people in such settings are often abused by those known to them, some of the perpetrators may be other disabled people. For example, people with learning disabilities who have been sexually abused indicate that the perpetrator is most likely to be another person with learning disabilities (Loveridge et al, 2003). Similarly, a study of sexual abuse of older people with dementia reported that resident offenders target the older person with dementia (Burgess and Phillips, 2006: 198).

Our primary research also revealed that a number of interviewees with mental health conditions perceived institutions (most often in-patient psychiatric wards) to be environments that can promote targeted violence and hostility against them. The majority of perpetrators in these cases were reported to be statutory agencies staff, although in one case the perpetrator of a violent attack was another service user.

5.3   Motivating factors

There is a gap in the wider literature reviewed on robust evidence with perpetrators of targeted violence and hostility against disabled people. This limits our ability to fully explore motivating factors behind these incidents. There is a need to appreciate different motivating factors underpinning targeted violence and hostility in different settings and against different groups of disabled people.

Motivations can only be understood against the context of specific representations and perceptions of risk and vulnerability. These may differ by context and by types of disabled people. The issues being explored here in relation to targeted violence and hostility cannot be accommodated adequately within the terminology and discourse of hate crime[21]. The case review of Steven Hoskin's murder argued powerfully that:

> 'The term "disability hate crime" fails to recognise the duration of Steven's contact with his persecutors; the counterfeit friendship; the background to Steven's perilous disclosures to Darren; the joyless enslavement, or the motivations of all of his persecutors.' (Flynn, 2007: 25)

The limitations of the terminology and discourse of hate crime are confirmed by our primary research. None of the disabled interviewees in our research used language specifically connected with hatred towards their disability in explaining the perpetrators' motivations. While evidence of hostility as opposed to hatred is necessary to prove disability hate crime, the finding that disabled people do not use the language of hate implies that such language may not be recognised as relevant by disabled victims of targeted violence and hostility. It was common for interviewees to frame their responses in terms of fear and/or perception of threat – namely the perception that the disabled person may be a threat can act as a key motivating factor. It is important to bear in mind that our primary research involved people with learning disabilities and/or mental health conditions, and these findings may not necessarily apply unconditionally to other disabled people.

The main motivations disabled people themselves identified in our study included:

- Active dislike towards the disabled person due to prejudice, or not seeing a disabled person as a person.
- Perception of threat expressed through hostility.
- Actual or perceived vulnerability of disabled person.
- Actual or predicted behaviour of the disabled person.
- Perpetrators thinking they can get away with their actions.
- Control and unequal power relations.

Active dislike towards the disabled person, or seeing them as a 'lesser' person
The disablist verbal abuse reported by interviewees that either accompanied physical attacks or occurred as standalone incidents reveal the prejudice that disabled people experience, and how this is translated into hostility. Our disabled

interviewees perceived that the prejudice acted as a motivating factor for perpetrators in carrying out these types of incidents.

In some of the cases where active dislike towards the disabled person was identified as a motivating factor, interviewees felt that that their impairment was associated with other negative or criminal identities such as paedophilia. This labelling was felt to be a direct consequence of negative attitudes towards the victim's impairment. This was most apparent in two cases where male interviewees had been labelled as paedophiles by members of their local communities and that this particular label acted as a key motivating factor for the perpetrators.

> 'Other people have jumped to the same conclusion – that I'm unsafe for children to be around. I've almost been stabbed on that estate because of it … I would consider it linked to my mental health, because it was on the basis of that vicious and totally untrue rumour that was going round the estate that I was a paedophile.'

The interviewee clearly identified the labelling of him as a paedophile to be linked to his mental health condition. The other interviewee who had also been labelled as a paedophile by people living in his local community was not sure whether the harassment he experienced was connected to his learning disability. This demonstrates the difficulty in attributing experiences and outcomes to disability or impairment in any straightforward manner.

It is of course very difficult to separate whether the targeted violence and hostility and harassment that these two interviewees experienced was a result of hatred towards paedophilia, or if this label was used as an excuse, or seen as being synonymous with disability in order to legitimise violence against these individuals.

While not strictly to do with 'active dislike', our primary research with stakeholders uncovered explanations for acts of targeted violence and hostility to be perpetrated against disabled people because disabled people are seen as 'lesser' people. This is exemplified by the following quote:

> 'Sometimes, [they] don't see the disabled person as a person. Then there are things like allowing things to happen; allowing people to do things that might not be a crime.'

This inequality of value, where a disabled person is not seen as of equal to a non-disabled person, is widely reported in the literature. It also finds resonance in the literature relating to negative attitudes towards older people and towards particular groups of people from an ethnic minority background (Sin, 2008).

Perception of threat expressed through hostility

The problem of perceived threat has been documented widely in previous literature whereby stigmatisation of disabled people, particularly those with mental health conditions, is seen as contributing to the perception of threat. Previous literature finds that the lack of public education and sensationalist media stories portraying negative images of disabled people can encourage discriminatory attitudes towards them (Ward, 1997). For example, there is a common association of mental ill health with crime or criminal tendency. Media coverage of mental health conditions focuses disproportionately on the dangers to public order from people with severe mental health conditions. People with mental illness, particularly schizophrenia, are therefore viewed as dangerous and unpredictable (Crisp et al, 2000).

Our primary research confirmed the stigmatising nature of mental health and how this translates into expressed hostility towards people with mental health conditions. All interviewees who identified a perception of threat as the motivating factor had mental health conditions. There was strong agreement among these interviewees that fear of people with mental health conditions was underpinned by a lack of understanding or awareness of mental health diagnoses. This fear was exacerbated by the already discussed discriminatory and stereotypical depictions in the media. One male interviewee told us that:

> 'I can be in a group of friends and they imply that people with mental health problems are all axe-murderers and that they're all loopy. And unfortunately in the past this has led to situations where I have been physically threatened. I used to live in supported housing and the people living there are aware that you've got mental health problems so you're seen as a target … generally speaking, it's a lack of understanding.'

Other interviewees felt that the perception of threat manifested itself in incidents where perpetrators were attempting to protect themselves from the disabled person despite no evidence of threat. This is described by one interviewee who noted a change in her neighbour's behaviour towards her and her husband following the disclosure of mental health diagnoses to them:

'They [neighbours] came round on one occasion and I offered my son's old coat and everything was fine and she asked me, "What do you do?", and I said, "Well, neither of us work because we both have long-standing mental health problems." We felt from that point onwards they started behaving towards us in a harassing way and starting picking on different things … One time he [the neighbour] came running out of the house and said to his child, "You're not talking to that", and pulled the child away – I was left thinking I was evil, dirty; that there was something dangerous about me. I love children and get on well with kids.'

The issue of disclosure and the role it plays in contributing towards negative experiences is something that is of significance to some disabled people, particularly those with invisible disabilities. This phenomenon has also been noted by some of the stakeholders we interviewed:

'If you have mental health [conditions], you're not going to get targeted until people find out there's "something wrong".'

Examples such as these illustrate the fact that real or perceived negative consequences of disclosure can have important implications for some disabled people's willingness to disclose their disability. This may be seen as a coping mechanism for some. However, non-disclosure may also mean that disabled people do not receive the support to which they are entitled (Stanley et al, 2007). For example, a stakeholder we interviewed for this research noted the challenges in providing services for disabled witnesses and victims:

'The main challenge is identification. Special measures are not always used in cases where people are eligible. They might be good at hiding the disability that they may have.'

Negative incidents against them may also not be recorded appropriately by the authorities they report to. More will be said on this in later chapters of the report.

Previous research has found that such negative stereotypes appear to be more evident among younger people. In a survey conducted by Changing Minds, a third of people aged 16–19 were found to have negative views about people with schizophrenia and depression, in comparison to one in five among people in the older age group categories (Hunter et al, 2007a: 73). This may help explain the finding reported previously relating to the high numbers of disabled interviewees in

our research indicating that children and young people were a main group perpetrating acts of targeted violence and hostility against them.

In addition to the presence of an impairment which is considered by others to be potentially threatening as mentioned above, a number of black male interviewees felt that their ethnicity and gender were viewed potentially as threatening by perpetrators of targeted violence and hostility against them, and in some cases by staff at statutory agencies:

> 'I told them [the police] I had multiple disabilities and wanted to see a doctor but they just saw a big black man who was a bit drunk. It was a horrible experience. It was the first time I felt completely voiceless … There is a fear of "us and them" for black men because our experience of the police has been quite negative in the 80s and 90s. We both have negative stereotypes of each other. We need to integrate more and break down barriers.'

> This example demonstrates the complex interactions among different identity labels, and the difficulty in attributing experiences and outcomes to any single label.

Actual or perceived vulnerability of the disabled person
The second most frequent motivating factor mentioned by disabled interviewees in our research was the perpetrators' perceptions of the disabled person's vulnerability. Interviewees commonly described this as the extent to which perpetrators saw the disabled person as an easy target.

The wider evidence base similarly noted instances of targeted violence and hostility being motivated by perpetrators' perceptions of the victim's vulnerability. These relate largely to targeted violence and hostility against people with learning disabilities, although some of these may also apply to people with other impairments. In our research with learning disabled people, the perception of vulnerability was seen as a constant issue. This is particularly so when perpetrators become aware of the disabled person's impairment or saw others getting away with violent, abusive or exploitative behaviour against the individual. Our disabled respondents felt that this had led to perpetrators thinking that the victim could be easily taken advantage of. As the following two quotes illustrate, this provided the motivation for a number of types of targeted violence and hostility:

> 'There can be gangs of boys who come and take your money. I think they pick on me because I've got a learning disability – they used to see me when I was a little boy and saw what school I went to: one for special needs. They used to call me names outside school – all different words like you're a handicapped, you're a spastic.'

> 'It's wrong what he did, it made me feel upset. I know him from the pub ... I think because I've got learning difficulties, they take advantage of me – they're not my friends really.'

The second quote, in particular, draws attention to the problematic issue around 'friendship'. Isolation and a lack of friends are particular challenges confronting some disabled people, and these may be especially so for those with learning disabilities and/or mental health conditions. Previous research has also shown that disabled victims of violence sometimes allow themselves to remain in risky situations or to be victimised because of a desire to make friends or because there are few alternatives (Petersilia, 2001: 676). These complex sets of social relations can mean that conduct may have started as being non-abusive or non-criminal, but may have at some point tipped over. Certainly, the cases of Steven Hoskin and Brent Martin demonstrated how long-term low-level incidents may become part of the everyday. The term 'grooming' has certainly been used to describe aspects of such relationships. In light of this, a stakeholder interviewed as part of our primary research expressed concern that current developments in tackling such issues:

> ' … focus on the very serious end which is understandable as a campaigning tool – but a lot of disabled people's experiences don't fit this.'

Our research also highlighted that impairment was only one factor that made interviewees appear vulnerable to perpetrators. Other factors such as age, gender, living on their own, physique, level of confidence and visible presence of social networks were all related. For example one female interviewee with mental health issues in her 30s felt that the perpetrator of an attempted rape and stabbing viewed her as vulnerable because she was a female living on her own without a visible social network or visible contact with family members:

> 'The man who tried to knife me, I didn't know him. I was on hello terms, that's all – he lived in the block opposite me. I don't know why he did that to me – we didn't have an argument or anything – I was coming home once at night down the alleyway and he was making gestures about my breasts ... I

think he knew I was a vulnerable woman living on my own. He knew that I didn't have family coming to see me – my family cut off all contact with me some years back – so he knew I didn't have visitors coming to the door and there were no signs of male presence or brothers coming round. So when they know there's a woman living on her own, they'll try it on even more. If there had been a male presence, I don't think it would have happened. I was definitely viewed as an easy target.'

In most cases where an interviewee with mental health conditions identified the perpetrator's motivation as perceived vulnerability, they often cited fluctuating mental health as an exacerbating factor, believing they were perceived as more vulnerable when going through a period of poor mental health. Lack of friends or social networks was also mentioned by interviewees with mental health problems who felt this made them more isolated and therefore an easier target.

Actual or predicted behaviour of the disabled person
Several disabled interviewees in our research told us that their actual behaviour, or the behaviour that the perpetrator predicted of them, had led to the targeted violence and hostility that they had experienced. Interviewees felt that the actual behaviour of the disabled person could be viewed as a motivating factor. It was sometimes retaliatory in nature and in response to harassment, such as mimicking and taunting by the perpetrator. This harassment would prompt the disabled person to act in a way that then invited further, often physical, incidents. Many interviewees described feeling like they wanted to retaliate following an incident, but it was only in a minority of cases that an interviewee reported actually retaliating:

> 'It's hard to keep calm after people call me a thief. It gets to you after a while. I worry about getting punched if I say anything to them. I would probably get into trouble.'

In all these cases where the disabled person retaliated, it prompted a more serious response from the perpetrator. For example, the following quote is from a young male interviewee with learning disabilities who experienced ongoing bullying and physical violence from other pupils at a secondary special school:

> 'They used to follow me, copying the way that I walk because I walk quite funny. It was always the same people. They used to get me into trouble at school. I told my care assistant but they used to get away with it. It happened all the time I was at secondary school. I used to retaliate or tell

them to stop it and go away but they wouldn't listen so I used to retaliate which made them worse.'

Other examples reported in the wider literature include disabled people living in social housing suffering more harassment when they complained to the parents of their harassers (that is children), resulting in verbal abuse from both the parents and the child(ren) (Hunter et al, 2007a). In our primary research, a number of disabled interviewees reported that past experiences of complaining about the perpetrator generated additional harassment as a result of being seen as an informant. This discouraged them from reporting further incidents:

> 'Also you feel worried about being seen as a grass – like what happened to me with those next-door neighbours.'

For other interviewees, stereotypical attitudes held by others, including staff from statutory agencies, in relation to the ethnicity, age and place of residence of the disabled person increased the likelihood of experiencing targeted violence and hostility. For one young, mixed-race, male interviewee with mental health conditions, the stereotypical attitudes of the police in his area meant that he was subjected to frequent stop and searches:

> 'The police have stereotypical views of young people from St Pauls [Bristol] – if they see you wearing a hoodie and a hat, they think you're doing something. I always get stopped and searched. They'd call me names in front of my friends insinuating I was a snitch. I made a complaint to them about the way I was treated but I just got a written apology.'

Perpetrators thinking they can get away with it
Only one disabled interviewee in our primary research identified perpetrators thinking they can get away with their actions as a factor motivating the targeted violence and hostility that he had experienced at school from other pupils. In this case, the interviewee had experienced targeted violence and hostility and bullying over a long period of time. Despite reporting it to school staff, no action was taken by the school against the perpetrators as the interviewee was labelled by staff as a trouble maker. This case provides a clear example of how not being believed (discussed further in Section7.5) can lead to continued experiences of targeted violence and hostility:

'When I was at school, none of the teachers believed me. It made it easier for the other kids to bully me because they knew they would get away with it, so I would get picked on even more. It was a catch-22 situation.'

Control and unequal power relations

Previous literature identifies coercion and punishment towards the victim as a factor to many criminal and sub-criminal actions against disabled people in order to gain control over the victim's behaviour, particularly over disabled women or people with learning disabilities. Perpetrators in these situations were often identified as being 'predatory caregivers' or 'corrupted caregivers'. The former are considered to maintain opportunities (for example, through employment) to have access to victims. As the name implies, this type of caregiver is much more strategic and is thought to commit both impulsive offences as well as planned offences. Predatory caregivers are thought to be likely to commit extreme cases of physical and sexual violence as well as low-level harassment:

'Many of these offenders are individuals with overwhelming feelings of inadequacy, lack of control over others and an overwhelming need to assert control over others seen as vulnerable. For these offenders, control can take the form of bondage, torture, sexual assault or a variety of other actions.' (Petersilia, 2001: 678)

In contrast, 'corrupted caregivers' are considered to be a consequence of inadequate training and policy, which can lead to abusive interaction with people in their care (Petersilia, 2001: 678).

The primary research did not identify any cases of incidents involving carers but control over victims was identified as a motivating factor by interviewees in other forms of relationship – for example, peer relations between school pupils and hierarchical work relations.

'The ward manager wasn't a nice woman and would make my life hell for whatever reason. I was asked by her whether I was on medication and she was always commenting on the way I looked – with depression your pupils look big – she was always telling me I looked like I was on drugs.'

Profile of perpetrators

In the literature reviewed, a small number of studies present profiles and/or motivations of likely perpetrators of targeted violence and hostility towards people with learning disabilities. A Home Office report stated that people who perpetrate

hate crimes against people with learning disabilities are primarily of working age and are 'adults leading everyday lives' (Home Office, 2007: 3). Perpetrators are reported to be largely falling within the 16 and 44 years age bracket (Home Office, 2007: 3). In addition, some of the literature implicates children and young people, as exemplified by the following quote from a person with a learning disability:

> 'I've been harassed on several occasions by young lads who throw things at the windows and steal dustbin lids where I live. At one point they broke the window. I never reported it as I don't know where and who to report to. It's actually scary when you think of it.' (Home Office, 2007: 17)

The reality of incidents perpetrated by younger people against learning disabled people has been reported previously and is supported by findings from our primary research. We found that out of the 15 interviews with people with learning disabilities, 12 interviewees reported incidents that involved children and/or young people. Of these, four involved school-based bullying from other pupils when the victims were themselves pupils at either schools or colleges. However the remaining incidents involving children and young people were against adults with learning disabilities that took place either on the street or in the immediate neighbourhood of the interviewee. One of the stakeholders we interviewed similarly identified children as perpetrators of targeted violence and hostility, proceeding to explain that:

> 'Somehow we socialise our children to value sameness and to be afraid of difference … They can only get that from adults around them. It's important to know the context. Kids are aware of differences in colour but where that's "normal", they don't see that as a process of differentiation, but groups can be formed along different lines.'

This is in contrast to the perpetrators of targeted violence and hostility against people with mental health conditions. None of our disabled interviewees with mental health conditions (except one who experienced bullying at a mainstream school) identified the perpetrator as being a child or young person. Perpetrators in these cases were more likely to be other residents or neighbours as well as statutory agency staff.

Our primary research, however, does not uncover any incidents of targeted violence and hostility against people with learning disabilities perpetrated by staff, either from statutory agencies or those in an informal caregiver role. This finding contrasts with research reported elsewhere that looked at the abuse of people with

learning disabilities in institutional settings. This disparity may be explained by our sampling approach[22]. Research that has looked at the conditions and factors that contribute to increased vulnerability of people in institutional settings has been underpinned by the 'dependency stress model', explained as follows:

> 'Children with disabilities are more dependent on their caregivers; increased dependency increases the demands on caregivers; increased demands result in increased stress for caregivers, and caregivers abuse their charges because they cannot cope with the increased stress.' (Petersilia, 2001: 678)

The evidence from previous research indicates that increased dependency can give rise to increased risk of targeted violence and hostility in a caregiving situation:

> 'When a person is dependent on another for food, clothing, shelter and all social interaction, that dependency sometimes prevents him or her from resisting abuse.' (Petersilia, 2001: 678)

It is important to note that these conceptual models need to be understood in the context of their genesis (that is, based on studies looking at institutional settings). They are inadequate and inappropriate in explaining the types of incidents experienced by disabled people on the street and in other situational contexts. They may also not apply to other disabled people who do not have learning disabilities and/or mental health conditions. Our primary research with disabled people has helped shed some light on the motivating factors in other situational contexts.

5.4   Summary

The evidence identified eight main types of incidents against disabled people. While most of these have been well-documented, cyber bullying has emerged recently as a new form of targeted violence and hostility warranting further research. These various types of incidents against disabled people are played out differentially in a number of situational contexts. A number of hotspots are identified.

The varied picture suggests strongly that there are different representations and perceptions of vulnerability and risk attached to different groups of disabled people in different places. In tandem, there is no one motivation that causes perpetrators to commit acts of targeted violence and hostility against disabled people. It is important to note that the findings reported here relate predominantly to those with

mental health conditions and/or learning disabilities. The extent to which they can be applied more generally to other disabled people requires more research.

The primary research found that the perpetrators' motivations (as identified by interviewees with learning disabilities and mental health conditions) are complex and multiple. Motivations vary across different types of targeted violence and hostility and different situational contexts, and are affected by other demographic characteristics of both the perpetrator and the victim. The issue of the intersectionalities among multiple identities is one that kept cropping up in interviews we conducted with stakeholders. Particular sets of intersections (for example, having more than one minoritised identity) can compound risk, and may even in some cases trigger incidents of targeted violence and hostility. Preventative measures, therefore, need to be far more nuanced.

Vulnerability and risk are not simply by-products of some inherent characteristics of disabled people (for example, their specific impairment). Instead, these are always assessed in relation to context and this may interact with particular real and/or perceived characteristics of a person to compound perceptions of vulnerability and risk. These situational vulnerabilities and situational risks mean that motivations may not always find a trigger for targeted violence and hostility to take place. As a stakeholder interviewed for our research claimed:

> 'Who's a victim depends on how they come across and in what context.'

The risk and actual experience of targeted violence and hostility are therefore not predetermined by any inherent characteristic of the victim and/or the perpetrator.

6. Impact on disabled people, and some wider impact

The literature review identified illustrative accounts of the impact that targeted violence and hostility has on disabled people. Both the reality and the real or perceived threat of targeted violence and hostility impact upon the quality of life of disabled people. One study, for example, reported that nearly 60 per cent of disabled people felt that their disability heightened the risk of being a victim of crime and 'limited their life-functioning' in consequence (Petersilia, 2000: 5).

The primary research has identified a number of impacts upon disabled people which are discussed below:
- Aggravation of existing conditions
- Victims ignoring the perpetrator
- Victims restructuring their lives
- Action and aggression
- Fear of disclosure
    Impact on others

6.1 Aggravation of existing conditions

Existing evidence also indicates that the experience of targeted violence and hostility can aggravate the conditions of some disabled people, particularly those with mental health conditions. A study conducted for the Disability Rights Commission (DRC) reported that 97 per cent of respondents stated that harassment had had an impact on their mental health, which was incidentally described as the single most distressing consequence of their harassment (Hunter et al, 2007a: 60). Similar experiences were reported in our primary research, with just under half of the interviewees with mental health conditions reporting deterioration in their mental health following incidents. This is manifested, for instance, in repeated suicide attempts and nervous breakdowns.

> 'I was so scared from the harassment from these men. I was scared for my life and I could feel myself getting close to having a nervous breakdown.'

For at least one interviewee, the targeted violence and hostility she experienced triggered deterioration in her mental health, not only because of the ordeal of being targeted on an ongoing basis, but also because of previous experiences of targeted violence and hostility that she had experienced when she was a child:

> 'I actually became suicidal; it triggered off so many things for me. I come from a very abusive family.'

Our primary research has found that people with learning disabilities can similarly experience a deterioration of mental health following incidents of targeted violence and hostility. Around one quarter of our interviewees with learning disabilities have named either self-harm or an increase in number of epileptic fits as an impact:

> 'My wife and I were completely terrified. At one point I was going to slit my wrists because I couldn't take it any more.'

> 'I sometimes used to shake and cry, I was swearing and cursing, biting my hand, I don't very often bite my hand but I was doing it then. And biting my kneecap because I was so frustrated; I didn't know what to do about it.'

A small number of our disabled interviewees also reported a decline in their physical health. One interviewee noted that she had developed arthritis and back pain due to her body tensing up as a result of stress. Another interviewee had a heart attack, which surprised his GP as he was not seen as at risk from heart conditions. In both cases, healthcare professionals noted that the physical conditions were induced by stress, but in neither case did they associate the stress to the experiences of targeted violence and hostility:

> 'It totally deteriorated my health. Not only my mental health, but my physical health – I was walking on crutches at the time because my body was tensing up so much. I was so tense, I was experiencing terrible back ache; my arthritis was playing up all the time. I was never away from the doctors and he was saying it was definitely all stress related. As soon as I moved. my health improved tremendously.'

The disabled people were handled in terms of symptom treatment. No attempts were made by the relevant healthcare professionals at identifying or tackling the underlying causes. Section 7.7 reports, in greater detail, on the lack of inter-agency working and also on some of the 'welfarist' approaches towards disabled people that may cause professionals to overlook or dismiss critical connections.

6.2   Victims ignoring the perpetrator

The common response of ignoring the perpetrator's actions was frequently expressed by our disabled interviewees, particularly in relation to verbal harassment. Disabled victims are also commonly advised to ignore perpetrators. This is particularly in relation to our interviewees with learning disabilities, suggesting that sustained harassment is seen to be, and accepted as, a part of everyday life.

'My auntie tells me to ignore it if people say bad things to me. When I ignore them, she says I have done the right thing.'

A number of our interviewees felt that this was a positive response as they felt that it minimised the risk of a repeat attack:

'They [learning disability support workers] told me not to stare at people and to go another way if I see big groups of young people and to ignore them. I think that advice is useful. You don't get into as much trouble if you don't answer back. It's better to ignore them. I would give the same advice to other people.'

As the above quote shows, not only are some disabled people advised by third parties to ignore and avoid situations, they themselves may be passing on the same advice to other disabled people. This demonstrates the detrimental effect of wider conditioning by those people and organisations around disabled people, and by society, leading to acceptance that disabled people cannot and should not expect to lead fulfilling lives. One of the stakeholders we interviewed, therefore, highlighted the need to:

' … raise awareness for individuals that they shouldn't tolerate it and they can do something about it. Third-party reporting centres are key to this.'

6.3   Victims restructuring their lives

One of the most common responses adopted by disabled people involves changing or restructuring some aspect of their life to escape the perpetrators' actions or to avoid putting themselves in risky situations. This is documented widely in the existing literature and confirmed by our primary research.

The literature review identified that fear can cause disabled people to plan their days to avoid harassment. Research elsewhere found that over a third of respondents to a study altered daily routines and 47 per cent avoided places that they associated with harassment (Hunter et al, 2007a). Similar findings of children with learning disabilities avoiding places where they have suffered bullying have been reported (Mencap, 2007). Experiences and fear of targeted violence and hostility can have significant long-lasting effects on disabled people, including:

'Feeling isolated and vulnerable, causing people to remain in their home, give up their jobs or even move house.' (Home Office, 2007: 3)

The most common changes that disabled interviewees in our primary research made to their lives was moving house, going out less (often leading to a subsequent loss of social life), avoiding their home if they were being targeted by neighbours and leaving college or employment.

Social withdrawal was mentioned frequently by our disabled interviewees as a protective measure resulting from a loss of trust in people. This is illustrated by the following quotes:

> 'I lost all trust in human beings – it's difficult to describe the depth of that …
> I had my barriers up all the time. I was terrified of speaking to anyone
> in the new flat because of my experiences in the old flat. So I thought I'm
> going to keep myself to myself. So when people started being friendly to me
> I was worried they might start harassing me, so I was very offish.
> Very offish and unfriendly. That was just to protect myself I think because
> I was so frightened.'

> 'I tend to stick to myself – I'm worried about people taking advantage of me.
> People used to talk past me and try to hit me and call me an idiot at school
> and outside of school – it's hard to trust people.'

As a consequence of having to plan their lives to a greater extent to minimise the risk of being in harm's way, many disabled people are unable to be spontaneous (Shamash and Hodgkins, 2007). This has significant implications for disabled people's social inclusion and citizenship.

Our research shows, however, that a number of our disabled interviewees felt that their ability to minimise the risk of repeated attacks was limited as they did not have enough money. This was particularly so around moving house or being able to afford social activities that would have helped lessen the impact of their experiences on their mental wellbeing.

Although a number of disabled interviewees in our primary research expressed relief that they had managed to escape the targeted violence and hostility (for example, by moving house), a significant minority had mixed feelings about having changed some aspect of their lives. They felt that it was unfair that they, rather than the perpetrators, have had to change their lives:

'I felt like it should have been him who had to leave the bungalow. Or make him move out of the college. I don't think that the problem was dealt with by the college.'

'Why should it be me and the children that had to move out? He's the one being abusive; he should move. There's four of us and one of him. It didn't seem fair.'

In another instance, a stakeholder we interviewed explained that avoidance may not always work and is not a sustainable response. He drew parallels with experiences of some people who have had gender reassignment:

'One of the things that people who change sex do is to move away, change identity, keep themselves to themselves. But some … who
have been successfully reassigned, and then someone finds out. The confidentiality is broken … and then they get hate crime. Same sort of things happen with disability.'

6.4   Action and aggression

Previous research has noted that sexual targeting of people with 'intellectual disabilities' was found to result in increasing levels of disturbed behaviour (for example, aggression, social withdrawal and inappropriate sexual behaviour) (Sequeira, 2006). Our primary research found that experiences of targeted anti-social behaviour and physical, verbal as well as sexual incidents could lead to aggressive behaviour in both interviewees with mental health conditions as well as those with learning disabilities.

Where an increase in aggressive behaviour in the disabled victim was noted, this most commonly took the form of damage to their own property, such as punching walls or smashing things. Aggressive retaliatory attacks against the perpetrators were also reported, although far less frequently. It has already been noted that retaliatory behaviour has led to an escalation in the targeted violence and hostility experienced by a number of our disabled interviewees. Such behaviour has also led to them being treated as perpetrators by statutory agencies.

Some of our other disabled interviewees, particularly younger interviewees, noted that it was sometimes difficult to 'just ignore it' because of the adverse impact of the incidents or because of the perceived injustice:

> 'They were calling me the usual names like 'speccy' and I tried to ignore it because it's not worth it. But when they threw the brick – that's too far.'

The issue of age and its impact on acceptance behaviours (for example, in terms of coping and tolerance) has also been noted in research with older people from black and ethnic minority backgrounds[23].

A small number of our disabled interviewees reported having taken action to deal with the perpetrators themselves. This was often linked to anger towards the perpetrator after the incident. As discussed previously in this report, such direct action can often lead to the disabled person him/herself being perceived as a perpetrator. This is also reported in the wider literature reviewed:

> 'If an adult with learning disabilities decided to "fight back" against a child that is bullying them, the child is likely to tell their parents. The adult disabled person may then be perceived as the bully.' (Gillen, 2006)

As mentioned previously, actions by disabled people to resolve matters can generate additional targeted violence and hostility against them and/or against their family members.

An interesting finding from our primary research relates to the fact that, in a very small number of cases, disabled interviewees mentioned making informal arrangements with friends and acquaintances to deal with the perpetrator on their behalf should they experience the targeted violence and hostility again:

> 'I also have a couple of friends who I have an agreement with. I'm helping them and they help me. They weigh 23 stone each and they know how to make their presence felt, shall we say.'

6.5   Fear of disclosure

An additional response, particularly by interviewees with mental health conditions, was to stop disclosing their mental health diagnosis to other people. Non-disclosure as a form of action taken to minimise risk has been discussed previously in this report.

6.6   Impact on others

The literature review reported evidence of the wider impact of harassment and bullying on the lives of disabled children and young people:

> 'Even those who had not actually experienced bullying personally were aware of the possibility and it therefore shaped their sense of self and their social relationships.' (Watson et al, 2000: 16)

The quote is significant because it illustrates the fact that even those who have not actually experienced bullying personally have responded to the likelihood of it happening to them. In looking at the impact of targeted violence and hostility on disabled people, we therefore need to take into consideration the wider symbolic and indirect impact of such incidents. This is particularly so when there is also evidence, reported in the wider literature, of targeted violence and hostility faced by family members of disabled people, in particular the children of disabled people[24].

In conclusion, targeted violence and hostility has wide-ranging impacts on the lives of disabled people. Experiences of targeted violence and hostility can lead to a deterioration of disabled people's physical and mental wellbeing. In addition, targeted violence and hostility can cause disabled victims to restructure the way their lives are lived on a day-to-day basis so as to minimise the risk of repeated experiences. These impacts infringe on disabled people's ability to exert full control over their lives and minimise the lifestyle choices available to them. Healthcare professionals and third parties may fail to identify or address the cause of physical and mental deterioration thereby missing potential opportunities for pathways to redress.

7. Reporting, recording and seeking redress

Through the literature review, we have identified that much of the existing evidence in this area relates predominantly to the criminal justice system. Our approach to sampling interviewees from key organisations and agencies reflects the need to shed light on the roles of a wider set of organisations and agencies operating within different sectors. Issues of cross-agency working and their implications for addressing issues relating to targeted violence and hostility against disabled people are also explored. Our primary research with disabled people additionally sheds light on wider sets of reporting practices and their experiences of these.

7.1 Rates of reporting

The existing evidence relating to reporting focuses predominantly on reporting to the police, with far fewer studies on reporting to third parties (for example, third-party reporting organisations, healthcare staff, etc). Third-party agencies do not always alert the police: a finding borne out by our research with disabled people (see Sections 7.3 and 7.7). This suggests that disabled people reporting to third parties are likely to have different experiences and access to the criminal justice system than those reporting directly to the police. Official reported rates are likely to be lower than actual rates.

In general, there is a lack of statistical information with regard to reporting rates. Where these are produced or referenced in existing literature, they tend to be statistics that are either derived from other countries or were generated by studies published over 10 years ago. Information is also predominantly specific to particular groups in the context of specific experiences. Available crime statistics do not disaggregate data in a way that supports sub-group comparisons.

Recent data suggests that 90 per cent of disabled respondents in Scotland who were victims of hate crime have told someone about the attack, with friends and family being the most likely people to have been informed. Forty-one per cent of disabled people in the study reported the incident directly to the police (Disability Rights Commission (DRC) and Capability Scotland, 2004). Research carried out elsewhere with visually impaired people found that the majority of visually impaired people who experienced verbal and physical targeted violence and hostility tended to turn to their family and friends for support (Action for Blind People, 2008). Our primary research with disabled people has found similar levels of disabled people telling someone about their experiences, with third parties (as opposed to the

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police or indeed family members) appearing to be the preferred channel for reporting.

Thirteen out of the 15 interviewees with learning disabilities in our research told someone about their experiences, as did 12 out of 15 interviewees with mental health conditions. Both interviewees with learning disabilities and those with mental health conditions have a tendency to tell a third party about their experiences rather than to go to the police directly. Rates of reporting may also vary geographically. An interview we conducted with a stakeholder identified the following perspective:

> 'Under-reporting [is a big issue]. Only in single figures for disability hate crime in areas in Wales, but we know it is much more.'

While the above interviewee articulated the common view that 'many cases are not identified as disability hate crime', there was an acknowledgement that other factors may be at play and there is a need to find out more about differential under-reporting.

7.2 Reporting by people with mental health conditions

The limited existing evidence on reporting by people with mental health conditions identified in the literature review relates to different experiences and is not directly comparable. One study on reporting rates of adults with mental health conditions living in the community, published 15 years ago, found that 48 per cent of the study sample who had experienced harassment had decided not to report it to anyone (Berzins et al, 2003). A more recent study, on the other hand, suggests that 30 per cent of people with mental health conditions in the community who had been victims had not told anyone. This compared with 45 per cent of their counterparts in a hospital setting who had not told anyone (Mind, 2007).

A different study reported that 62 per cent of the sample of older people without dementia had made a self-report of sexual targeted violence and hostility, compared to 13 per cent of those with dementia (Burgess and Phillips, 2006). It reported additionally that other people were involved in reporting sexual targeted violence and hostility, including family members, health professionals, neighbours and friends.

Our primary research with interviewees with mental health conditions identified three who told the police directly, two who told family members and 10 who told a third party (housing officers, local council, teacher, psychiatrist and hospital staff).

Interviewees with mental health conditions in our sample are more likely than learning disabled interviewees to report their experiences through statutory complaint systems, such as the environmental health department at the local council in the case of targeted anti-social behaviour incidents, or the complaints department at the hospital or police in the case of targeted violence and hostility involving statutory agencies.

Interviewees with mental health conditions also appear to be more likely than learning disabled interviewees to report their experiences to healthcare staff including hospital staff, GPs and mental health workers. In these instances, this was often a result of increased visits to healthcare workers due to the deterioration in their mental health following their experiences.

7.3   Reporting by people with learning disabilities

The most comprehensive data on the reporting rates of people with learning disabilities is from the Mencap report published in 1999, and the findings from this report are widely cited in a number of items included in our literature review. The Mencap report found that while a substantial proportion (75 per cent) of people with learning disabilities do report incidents to another person, only a small proportion (17 per cent) do so directly to the police. It was more common for incidents to be reported to medical or support staff (54 per cent). Another study argued that neighbours could play more of a role in reporting bullying against a person with learning disabilities, although other evidence shows that neighbours can sometimes pose risks to disabled people (Gillen, 2007) (see also Section 5.1).

Our primary research with learning disabled interviewees identified four who reported their experiences directly to the police, three who told family members and 12 who told a third party (advocates, support workers, teachers, and housing officers)[25]. Interviewees with learning disabilities were more likely that those with mental health conditions to tell someone they already knew – for example their support worker or advocate. This finding however should be treated with some caution as the sample was drawn through disabled people's organisations (DPOs) and that therefore the interviewees with learning disabilities were those who already had contact with this type of third party.

In summary, there appears to be a disparity between current knowledge about reporting rates, which presents a picture of under-reporting, and actual reporting by people with mental health conditions and learning disabilities. This disparity results from the focus in existing literature on the criminal justice system and, specifically, reporting rates to the police. Our primary research, which finds

support from the wider evidence base, indicates that reporting to third parties is widespread, although lamentably under-studied. Such reporting can often occur through more informal conversations with support workers, teachers or healthcare professionals. Reports do not always get passed onto the police. There are however examples of third parties who had reported incidents to the police on behalf of the disabled person where a more straightforward crime had been committed, such as a burglary. The tendency for third parties to report to the police may be dependent on the type of incidents involved and the third parties' assessment of the nature and severity of the incidents.

7.4   Experiences of reporting

As mentioned previously, existing research is skewed towards a focus on the criminal justice system. An additional shortcoming in the wider literature pertains to the tendency for the experiences of disabled people reporting to the police to be presented as individual case studies (Sharp, 2001; Mencap, 1999). A number of specific barriers to reporting are discussed below.

Lack of access to an advocate

Access to someone who is able to advocate on behalf of disabled victims is an issue raised in the literature on both disabled children (Love et al, 2002) and adults (Lewis et al, 2003), particularly for those with learning disabilities. Advocates are usually not made available, or disabled victims are not consulted as to whom they would like to have act as an advocate for them. Special measures for vulnerable victims are not always initiated by the police, and a lack of multi-agency working can lead to inappropriate support being identified by the police for the victim (Gillard and Wallace, 2003). This can compound the distress experienced by disabled victims, and there is evidence of complaints being dropped because of this. An advocate is important for identifying appropriate support needs as these are not always identified at police stations (Medford et al, 2000).

Our primary research found that interviewees with mental health conditions also lacked consistent access to advocacy – either because they were not made aware of available support such as Appropriate Adult and advocacy schemes or because under-resourced advocacy services were unavailable at the times when they were needed:

> 'I know people who have reported to the police who have had access to an advocate, but not everyone does. Some did and some didn't. It's probably around access to advocacy – in this area it's poorly funded so they struggle to cover everyone and they're not always around when you need them – if

you got taken into a police station, you wouldn't be able to call an advocate to come down unless it's coincidentally in working hours.'

Interviews conducted with stakeholders also identified a recognition that practice is extremely patchy. As one interviewee articulated: 'One person can get a fantastic response, and another gets crap.'

Lack of access to mental health support services
A small number of studies identified in the literature review identified a lack of referrals to mental health services, such as counselling and therapy, to support disabled people once they have reported incidents to the police. Anecdotal evidence reported elsewhere suggests that referrals to these services are not always given even where there is a clear need, for example when a victim is self-harming as a result of their experiences (Sequeira, 2006; Peckham et al, 2007). Access and referrals to mental health services would help victims recognise that the targeted violence and hostility they had experienced was not their fault (Lewis et al, 2003).

Our primary research presented a somewhat different dimension to this issue. Some of our interviewees with mental health conditions reported receiving referrals from the police to mental health services but no real redress of their experiences:

> 'My solicitor wrote to the police asking why there hadn't been an investigation into the attempted rape and stabbing. The police wrote back saying that they had lost the incident log number and referred me to a psychiatrist. But I wanted some action against that man, not a referral.'

> This example demonstrates, yet again, that key agencies can often view disabled people from a welfarist standpoint, with actions relating to their perceived care rather than in seeking redress through enabling proper access to justice.

Diagnostic overshadowing
Diagnostic overshadowing is a term used in the health context to describe the 'tendency to attribute health problems to a person's [disability]' (DRC, 2006b: 69). This tendency to explain symptoms or self-reports solely or primarily in the context of a person's impairment finds resonance in the criminal justice system where the victim's disability overshadows the crime that has been committed:

'There is a risk that sometimes services, including the criminal justice services, see someone has a learning disability and think it is their learning disability that has to be dealt with rather than the crime.' (Joint Committee on Human Rights, 2008: 69)

Diagnostic overshadowing, reported in the wider literature, is manifested in instances where standard procedures are not followed. For example, there is evidence that some people with learning disabilities who are victims of sexual targeted violence and hostility do not have medical checks carried out. This departs from the standard procedures and can mean that there is a lack of medical evidence that could be used to prosecute the offender (Lewis et al, 2003). There is also evidence of victims not being referred to Victim Support, again demonstrating a departure from standard practice (Gillard and Wallace, 2004).

Our primary research found that the impact of diagnostic overshadowing on disabled people, particularly those with mental health conditions, was to make them reluctant to disclose their mental health diagnosis. This has obvious implications for the effective utilisation of legislative tools such as Section 146 which provides for an increase in offender sentencing length if, at the time or immediately before an offence, the offender demonstrated hostility to the 'disability (or presumed disability)' of the victim. If a disabled victim does not disclose their mental health diagnosis, or any other impairment, when reporting to the police and other involved criminal justice agencies, these agencies will not be aware that they are dealing with a potential disability hate related crime.. In these cases Section 146 would therefore not be seen by these agencies as a relevant tool.

'I'd be very reluctant to mention the fact that I use mental health services if I was reporting things like assault to the police, even if I thought that the assault had something to do with my mental health. It's similar to experiences that I've had with GPs, where I've noticed that they've treated me differently once they've found out about my mental health. If you go to the GP for general stuff, what's interesting is that on their computer screen it pops up that you've got mental health illness.'

The importance of disclosure in terms of potential recourse and access to support has been discussed in previous chapters. The real and perceived negative consequences of disclosure have also been documented.

Lack of disability awareness

The literature reviewed reports instances where police do not recognise that the victim has learning disabilities, or treat learning disability and mental conditions as similar. Police can make ill-informed judgements about the person with learning disabilities and how best to respond to them as a result of stereotypes and a lack of awareness about individual needs (Monaghan and Pathak, 2000). The lack of awareness can combine with diagnostic overshadowing to doubly disadvantage disabled people. This double jeopardy has been described, in the wider literature, for people with learning disabilities (LDs):

> 'On the one hand, police are unlikely to identify whether people have LDs, and therefore are unlikely to provide appropriate support to assist them in reporting crime and harassment. On the other, the police may become aware that the person has learning disabilities through the reporting process and then not follow through with the report as they would with another person.' (Sharp, 2001: 90)

> The lack of disability awareness in key agencies dealing with disabled people is an issue raised repeatedly during our interviews with stakeholders. In fact, one stakeholder insisted that:

> 'Training should be mandatory on disability issues, like it is on domestic violence cases.'

7.5   Reasons for under-reporting

Five particular factors are cited in the existing literature to explain under-reporting:

- the relationship between the perpetrator and disabled victim
- the victim's awareness of their human rights
- the language of hate crime
- previous experiences with and confidence in the criminal justice system
- accessibility issues

Our primary research with disabled people and stakeholders from organisations and agencies identified a number of additional reasons for under-reporting:

- embarrassment
- fear of losing control or independence
- previous advice from others telling the disabled person to ignore the incidents
- difficulty in verbalising experiences

Relationship between the perpetrator and the victim

In thinking about the response of disabled victims who know the perpetrator, the issue becomes more complex. This is particularly evident when the disabled person is reliant on the perpetrator (who may, for example, be a caregiver). Issues of dependency and the lack of viable alternatives can constrain the ability of the disabled victim taking actions to improve their lives. The issue of 'friendship' has already been discussed previously in this report. The wider literature additionally identified the following example pertaining to caring situations:

> 'Participants constantly reported weighing the pros and cons of a relationship that turned abusive, which is very similar to the way that [non-disabled] women respond to abuse. Included in this equation are factors such as repeated difficulty in finding and keeping quality PAS [Personal Assistance Service] providers, fear that the next provider might be worse, the lack of emergency back-up PAS, and the risk of being admitted to a nursing or foster home and/or losing custody of children because of not having an assistant.' (Saxton et al, 2001: 408)

Three particular types of relationship are considered in the wider literature: close interpersonal relationships (for example, familial or friendship ties); relationships between disabled people and their carers or personal assistants; more distant relationships (for example, neighbours and others living nearby).

Issue of dependency and unequal power relations is put forth in the literature to explain under-reporting by disabled people in the context of perpetrators being carers, or individuals with whom the disabled people have close personal relationships. In such contexts, disabled people may fear grave personal harm if they make a report (Petersilia, 2001; Joint Committee on Human Rights, 2008). This may also apply in the case of people living in the same neighbourhood, as the following quote illustrates:

> 'I could not report because they threatened me that if they saw the police coming, they would know that it would have been me, and [I'd] therefore put myself in further danger.' (Hunter et al, 2007a: 66)

In addition, conflicts of interest between a family perpetrator and a victim may also interfere with proper reporting by another party (Petersilia, 2001).

Our primary research found that where the victim was known by sight to the perpetrator (for example, they both live in the same neighbourhood), both

interviewees with mental health conditions and those with learning disabilities said that they were sometimes or always hesitant to tell other people because they were fearful of reprisals from the perpetrators.

> 'Something did happen that I didn't tell the police about. I don't know why I didn't tell them. When I was at Auntie's house, there were some neighbours who were trying to get inside the house. They were standing outside the windows flashing at me when Auntie had gone out … I didn't tell Auntie when she came home because I thought that she would be angry with her neighbours and would tell them off. That might have made them worse.'

Lack of awareness about human rights

The wider evidence base reported that very few disabled people are aware of their rights under the Human Rights Act (HRA) and are therefore:

> ' ... unlikely to seek to rely on them when complaining to the police, let alone in taking legal action.' (Perry, 2004: 44)

This lack of awareness manifests itself in a perception among disabled people that harassment and bullying is part of everyday life, particularly for people with learning difficulties (Mencap, 1999). More recently, the Joint Committee on Human Rights cited evidence that people with learning disabilities sometimes do not know that what is being done to them is a criminal act and that their rights have been violated by the targeted violence and hostility that they have experienced.

This was often mirrored in responses from disabled interviewees in our primary research who had not reported their experiences to the police. They were unsure of whether what they had experienced was a crime and whether the police should have been told. Despite this uncertainty, our sample of disabled interviewees nonetheless advised that other disabled people in similar situations should contact the police. Other interviewees, however (particularly those who had experienced targeted violence and hostility in the past), felt that they had been on a learning curve. They reported feeling that if their experiences are repeated, they would be more aware of their rights now:

> 'The experience has been a bit of an education – you realise what life is all about. I was quite naive before but the harassment has shown me how nasty people can be. I've lost so much – 10 years of a good career. I was very bitter two or three years after the event but you have to put it behind you. I wouldn't put up with those things now. Now I would say I'm going to

go to a union because I know I'm right. I didn't know what my rights and entitlements were back then.'

The importance of raising the awareness about disabled people's human and legal rights is essential. Stakeholders interviewed for our research point to the fact that disabled and non-disabled people need to know what is unacceptable and what is not to be tolerated. Inaction by society can mean that disabled people feel unsupported and isolated. In some instances, as the evidence presented previously has demonstrated, disabled people may be compelled out of desperation and extreme frustration to take the law into their own hands. This can swiftly turn them from being victims to being perpetrators (Gillen, 2007) in the eyes of wider society.

The language of hate crime
The language of hate crime can confuse and obscure a diverse range of incidents experienced by disabled people (Perry, 2004). Currently the Association of Chief Police Officers (ACPO) defines a Hate Incident as:

'Any incident, which may or may not constitute a criminal offence, which is perceived by the victim or any other person as being motivated by prejudice or hate.' (ACPO, 2005)

A Hate Crime is defined as:

'Any hate incident, which constitutes a criminal offence, perceived by the victim or any other person as being motivated by prejudice or hate.'

However, disabled people's interpretations of what constitutes a hate crime can lead them to downplay the everyday experiences of targeted violence and hostility.

Wrong labelling of incidents can exacerbate the under-reporting by encouraging the victim to change their behaviour instead of taking action and reporting incidents to police (see Section 6.3). An interview we conducted with a stakeholder yielded the following comment:

'One of the main problems of the language of hate crime for disabled people and other targeted groups is that it obscures the evidential requirements for Section 146 to apply. Section 146 simply requires evidence of hostility which has dictionary definitions of "unfriendliness" or "antagonism". Disabled people, the police and CPS all might suffer

confusion in this area. The separate issue is that crimes experienced by disabled people more generally get mislabelled as "abuse" [or] "bullying" so the police do not perceive the incidents to be the business of the criminal justice system.'

Our interviews with stakeholders from a range of key organisations and agencies identified numerous instances of frustration being expressed in relation to inconsistent and confusing language/terminology across different organisational and sector boundaries:

'Social care has a responsibility to talk about crime: what it is, what you can do if it happens, how to avoid and minimise risk. Language is unhelpful. For example, within day centres, it's called bullying. In the outside world, it's called a crime … We need to know what are offences, and where we can go if something wrong happens.'

'Hate crimes has been used more on race and homophobic crime … In 2001, one of our books was the first to say it was happening to disabled people.'

'There are gaps in language and culture between police and social workers.'

Very few of the disabled interviewees in our primary research made unprompted references to disability hate crime. Instead interviewees appeared to feel more comfortable using, and are more familiar with, the language around discrimination, stigma and prejudice in describing their experiences. However, one interviewee with mental health conditions mentioned that he had seen information published by the police in Newcastle on 'disability hate crime' and that this had increased his confidence in reporting to the police:

'I have also seen some literature from the police on disability hate crime which I think shows they're taking it more seriously. It makes me feel more confident reporting things to the police.'

A lack of awareness around hate crime increases the chance that disabled people will not see the terminology as relevant to their personal experiences and may not use existing tools to their best advantage in seeking redress.

Previous experiences of, and confidence in, the criminal justice system

Our primary research with disabled people strongly highlights that inadequate response from agencies following the reporting of targeted violence and hostility can contribute to the deterioration of the disabled victim's mental health. This is worrying given that both existing evidence and our primary research point to a high level of unsatisfactory responses from statutory agencies. This is particularly so from the perspective of people with mental health conditions.

For our disabled interviewees who received unsatisfactory responses from statutory agencies following the reporting of targeted violence and hostility, a breakdown in relationships with staff working at these statutory agencies was often mentioned. Interviewees reported a loss of trust in these agencies if they felt that their accounts were not believed or taken seriously. This not only impacted adversely on their mental health but the breakdown in relationships was also seen by disabled people to be a key barrier in gaining the support needed from statutory agencies in seeking redress against the perpetrator:

> 'I was in such a bad place emotionally. My relationships with the professionals [the police and the psychiatrist] [were] breaking down because I was getting so frustrated that no one was listening to me. That probably made it even more difficult to get any help from them; they started seeing me as a trouble-maker.'

Negative past experiences of reporting to the police have been documented in the wider literature for people with mental health conditions and this is further confirmed by the experiences reported in our primary research. Poor relations between the police and people with mental health problems can be caused by prior experiences such as police 'stopping and searching' for no apparent reason, and that this may subsequently affect the reporting of crimes to the police (Sparks et al, 1977; Mind, 2007), although this correlation has been disputed (Wood and Edwards, 2005).

In our primary research, there is certainly a mistrust of the police among interviewees with mental health conditions. This was often demonstrably more entrenched in younger interviewees from black and minority ethnic backgrounds who felt that they were often subject to differential targeting, as described below by one such interviewee:

> 'The police have stereotypical views of young people from St Pauls [Bristol] … I was beaten up by the police when I was 10. Me and a friend were

shooting BB guns and the police came and thought it was a real gun. They provoked us, so we were rude. They beat us with their truncheons. I've hated the police ever since then.'

More generally, disabled people have been found to have lower levels of confidence in the criminal justice system compared with non-disabled people (Quarmby, 2008b)[26]. This is an issue remarked upon consistently by stakeholders we interviewed from key organisations and agencies. Confidence is affected by disabled people's perception that they will not be listened to or taken seriously (Cunningham and Drury, 2002). There is also a concern that they themselves may get into trouble (Home Office, 2007). This is supported by findings from our primary research with disabled people:

 ⅼ mentioned to my psychiatrist once that people were calling me a paedophile. She was very sympathetic. But you have to be so careful in what you tell people because you might be sectioned. I would never tell the police about people calling me a paedophile. They'd be likely to think that there's no smoke without fire. I don't want more trouble for myself.'

Disabled people are also found, in both our primary research and in the wider published literature, to lack confidence in agencies such as the police or social housing providers to resolve problems relating to harassment or victimisation. This is fuelled by the perception that statutory agencies are unwilling to intervene on behalf of the disabled person (DRC and Capability Scotland, 2004). The Home Office Report *Are Special Measures Working*, for instance, found that only between six and 12 per cent of 'vulnerable or intimidated witnesses' or those who qualify for special measures under the Youth Justice and Criminal Evidence Act 1999 were identified by criminal justice agencies (Hamlyn et al, 2004).

Accessibility issues

There is limited evidence from the wider published literature that a lack of access to police stations and inaccessible reporting systems can contribute to under-reporting (Quarmby, 2008b; Cunningham and Drury, 2002). Poor wheelchair access and the lack of interpreters (for example, British Sign Language interpreters), inaccessible information and reporting forms and systems, and a lack of disability equality training by frontline staff can create multiple layers of inaccessibility (Gilson et al, 2001; Quarmby, 2008b).

In some instances, inaccessibility can compound issues around some disabled people not knowing how to report. The evidence here, however, is scant

(Cunningham and Drury, 2002; Joint Committee on Human Rights, 2008). Our primary research did not identify any additional issues around accessibility and interviewees did not discuss accessibility issues to any extent. This may have been due, in part, to the composition of our sample, although a number of our interviewees have a range of other impairments.

Fear of losing control or independence

The literature review identified reports that some disabled people may fear being sent to a more restrictive setting such as residential care (Petersilia, 2001; Saxton et al, 2001; Joint Committee on Human Rights, 2008), or fear losing custody of their children (Saxton et al, 2001). In our primary research, a number of interviewees with mental health conditions mentioned that fear of being sectioned made them hesitant to disclose their mental health diagnosis to statutory agencies if they were reporting harassment. Stakeholder interviews additionally identified a more generalised fear of 'losing control' as being a barrier to reporting. There are different manifestations of what 'losing control' meant. In one case, it was linked by a stakeholder to the:

> ' … dilemma for disabled people about whether they will lose independence.'

In another case, a stakeholder mentioned the fear of disabled people not having any control over what is done with the information they provided:

> 'People aren't sure who will be handling their data. There are concerns about data protection. It is hard to build trust.'

Embarrassment

Our primary research corroborates findings reported elsewhere that experiences of targeted violence and hostility can be embarrassing and humiliating for victims. Research by the DRC found that around two thirds of people who had been attacked had felt embarrassed, humiliated or stressed (DRC and Capability Scotland, 2004). In our primary research, these feelings were manifested as reasons for under-reporting for interviewees with both learning disabilities and mental health conditions.

Feeling embarrassed was described by disabled interviewees as being caused by a number of factors, often related to the expectation that others would perceive the disabled person differently or because it would mean being attributed a label with which they did not identify. For example, one male interviewee with mental health

conditions noted that his embarrassment was rooted in gendered norms of behaviour:

> 'I was too ashamed and embarrassed to tell anyone. Because I'm a bloke, I'm expected to handle it. I still get upset and cry but it's not acceptable for a man to do.'

For another interviewee – a woman with a mental health condition who had experienced sustained domestic violence from her husband – feelings of embarrassment stemmed from the societal stereotype of someone who is abused and this stereotype did not reflect how she saw herself. This embarrassment was also a barrier to reporting the domestic violence:

> 'It's also embarrassing – I was always quite an outgoing person before I got married. I was embarrassed about the situation I had ended up in where I was being abused. When I look back on it, it doesn't feel like it was even me.'

Difficulty in verbalising experiences

A number of disabled interviewees in our research felt hesitant about reporting their experiences because it was **difficult and/or traumatic to verbalise** their experiences.

> 'What made it difficult to tell people ... I find it difficult to speak about things sometimes; I get worked up and can't express my feelings.'

Commonly expressed phrases, such as 'keeping it bottled up inside', suggest that some interviewees (particularly those who have experienced sexual targeted violence and hostility or targeting from family members) can find it difficult to initiate a conversation with somebody to report the experience. A number of our disabled interviewees mentioned that it was easier to tell somebody what was happening if asked directly, rather than having to initiate that conversation themselves.

Interviews with stakeholders also identified that disabled people find it difficult to talk about their experiences. It may be, as one stakeholder puts it, that:

> 'Victims experience a high level of incidence before they report, quite probably higher than that documented for domestic violence.'

7.6   Recording

Simply because a disabled person may have reported to relevant authorities does not mean that the incident will be recorded appropriately or at all. First, as the preceding chapter outlined, there is an issue of whether the authorities take the report seriously and act on it. Second, there is the issue of whether the reported incident gets recorded as a hate crime[27]. Our research with stakeholders attests to this challenge.

Recording of incidents as hate crime

A report published in 2008 noted that 'disability hate crime is all but invisible in official government statistics' (Quarmby, 2008b: 12). Nonetheless there have been recent important developments in the recording of hate crime data. Police forces across England, Wales and Northern Ireland have, since April 2008, been required to collect hate crime data consistently. This should improve the previous situation where most police forces had no means to record specifically crimes against disabled victims. This made it difficult to collate statistics on prevalence, as well as on reporting rates (Perry, 2004). It is critical for hate crimes to be identified properly as tougher penalties introduced through Section 146 of the Criminal Justice Act (CJA) can be meted out.

The Crown Prosecution Service (CPS) has been recording its performance in prosecuting disability hate crime since April 2007 and reported on its performance in late 2008 in its first annual hate crime report (Crown Prosecution Service, 2008). The first year that performance information on disability incidents was captured was 2007–8. The key findings are that, in the year ending March 2008:

- 183 defendants were prosecuted for disability incidents
- 77 per cent of cases resulted in a conviction
- the guilty plea rate was 72 per cent
- acquittals accounted for more unsuccessful outcomes than victim issues, similar to racist and religious incidents and homophobic and transphobic crimes
- 82 per cent of defendants prosecuted were men
- 'offences against the person' were the most common offences, with burglary, theft and handling also common
- 83 per cent of defendants were identified as belonging to the White British category

While the report acknowledged issues with data quality, it is nonetheless an important set of statistics that should be tracked through time.

In addition, the government has recently agreed to alter the British Crime Survey (BCS) so that all respondents who have been assaulted will be asked whether they think the incident was aggravated by hate and, if so, what sort (Quarmby, 2008a). It is worth bearing in mind that while modifications to the BCS will have the potential to provide more comprehensive data, the samples will still exclude residents in institutions and supported community-based accommodation. This compromises, significantly, the estimation of the prevalence of hate crimes against disabled people (Wood and Edwards, 2005). In addition, these developments relate to the definition of hate crime as set out by the CJA, as opposed to the recording of targeted violence and hostility against disabled people more broadly.

As these are very recent developments, the evidence relating to the prevalence and nature of 'disability hate crime' has yet to emerge. International evidence, however, suggests that formal data collection systems often fail to record whether the victim of hate crime and/or targeted violence and hostility is disabled (for example, Grattet and Jenness, 2001)[28]. In addition, the recording of impairment type is almost non-existent and largely inconsistent where it does exist (for example, Hunter et al, 2007a)[29]. It may be necessary to look wider for alternative sources of useful data that may give other direct or proxy measures of key issues. We have identified a number of other potentially useful datasets deposited at the UK Data Archive at the University of Essex, although each has shortcomings. A list and assessment of these potential alternative sources of data is provided in Appendix K.

7.7 Seeking redress

The focus of the existing evidence base on the criminal justice system has meant that there is some attention on the need for proceedings to be geared towards the prosecution of an identified offender. Some of our interviewed stakeholders, additionally, drew attention to the fact that the police may not wish to deal with the 'low-level' incidents reported by disabled people despite the fact that these may be prevalent. As one interviewee remarked:

> 'The police want to be dealing with serious crimes. That is their business. When you decide you want to be a police officer, you want to deal with bank robberies.'

This emphasis on the more serious end of the spectrum of incidents can, however, create significant challenges for disabled people as it may not reflect the reality of their everyday lives.

With specific reference to people with learning disabilities (Gillen, 2007), incidents reported are unlikely to result in prosecution due to the real and perceived difficulties in proving that a crime has been committed. In addition, complaints through third-party procedures (for example, via housing officers) can often take a long time to be addressed. Some of the stakeholders we interviewed drew attention to the lack of joint protocols that facilitate better joined-up working across different agencies. Other stakeholders mentioned the lack of understanding of other agencies' needs and priorities which can hamper progress. Time lag and a lack of joined-up working can affect the amount and quality of evidence that can be collected by the police that is necessary for prosecution. One stakeholder we interviewed commented on this issue by drawing on the example of Ms A in Scotland: a woman with learning disabilities who had been suffering from a string of alleged abuses:

'[She had been] managed by different agencies in a piecemeal way over a number of years to the extent that different agencies had not been talking to each other. So when a case was eventually put to a prosecutor ... it wasn't taken forward because of the lack of coherence between agencies. As a result, no one has been prosecuted.'

There is also evidence which points to different legal outcomes in response to the reporting of targeted violence and hostility made by disabled people compared to non-disabled people (Burgess and Phillips, 2006). Statistics released by the CPS reveal that successful outcomes of CPS trials (which include cautions, convictions and guilty pleas) were reached in 83 per cent of racial incidents, 78 per cent of homophobic incidents and 77 per cent of disablist incidents in 2007/8.

Demonstrating that 'hate crime' against disabled people is motivated by hostility is a key issue for the criminal justice system. Recent literature post-2003 has focused on the lack of success that the criminal justice system has had in this area. It is also noted that when prosecutors were given a new legislative tool, such as Section 146 of the CJA, they were initially cautious and used it only in a few cases (Voice UK APPG, 2007: 5). There is, as yet, no comprehensive data available on how often Section 146 has been applied, making it difficult to assess the success of the legislation in promoting justice for disabled victims.

Perceived credibility of disabled witnesses
There is evidence from the existing literature that stereotypes about disabled people can lead to dismissive and even negative response from the police. This seems to be particularly so for people with learning disabilities and/or mental

health conditions, where reports of victimisation or low-level harassment by the police exist (see Section 5.1). There can be a perception, by the police, that those with mental health conditions or learning difficulties are more likely to be offenders than victims (Williams, 1995).

Our primary research found that it was not just the police who did not take disabled people's accounts seriously. Staff from other statutory agencies were also found to doubt the credibility of the disabled person's accounts or to hold the view that those with mental health conditions or learning disabilities were more likely to be perpetrators than victims. Examples of these perceptions were found in the reported experiences of interviewees in relation to teachers, housing officers and staff at local councils. These perceptions often acted as a barrier to third parties relating incidents to the police on behalf of the disabled person.

> [Interviewer: Did any of the people that were told – did they report it to police/someone else?] 'No they didn't, there was absolutely no communication between any of them: the psychiatrist, the environmental health people, the police, or any of the people I told. I felt like they all thought I was stupid and weren't taking me seriously enough to take it forward with their managers or other people.'

Previous research has found that CPS and police perceptions of disabled victims' unreliability may disproportionately impact on decisions to prosecute cases involving people with learning disabilities and/or people with mental health conditions (Mind, 2007; Mencap, 1999). It may be assumed that individuals (particularly those with learning disabilities) are not able to give evidence or that it will be too stressful for them to do so, which may reduce the likelihood of a successful prosecution. Hence the case is dropped (Joint Committee on Human Rights, 2008). This issue has gained attention following a recent ruling by the High Court that CPS were wrong to drop a prosecution of a case involving a victim with mental health conditions (referred to as FB) because the CPS believed that the victim would not be a credible witness. None of the 30 disabled people we interviewed had been a witness at court.

Police officers have been found to be reluctant to pursue cases that rely on the testimony of a person with learning disabilities or with mental health conditions because they are thought to be unable to remember accurately and reliably, or to vocalise their experiences (Voice UK APPG, 2007; Burgess and Phillips, 2006; Marley and Buila, 2001).

This issue was commented on extensively by a stakeholder we interviewed, who drew specifically on the case of 'Ms A' in Scotland. Our interviewee stated that:

'The current criminal justice system is presented with individuals whose credibility is compromised … [in the case of "Ms A" this was] partly because there was evidence that having made charges against the perpetrators, she would then withdraw them and then allow them back into her home in full knowledge of those working with her … This is why the "Ms A" case gave rise to much soul searching about how things could have been done better … I think the prosecution services' strict guidelines on credibility where the proof is on the Crown and therefore have to depend on the chief witness being seen as credible. But by the same token, a greater understanding of learning disabilities would have led them to engage more effectively with the agencies who worked directly with "Ms A" … In terms of the agencies working with "Ms A", there should have been better awareness of the needs of the justice system in terms of needing reliability and consistency, and this awareness would have led them to make better decisions, thereby increasing the chances that the case got taken forward. There needs to be greater understanding on both sides. The social care system needs to understand the priorities of the criminal justice system for credible coherent evidence, and the criminal justice system needs to understand the priorities of supporting the victim.'

It is important to note that the assumptions behind what constitutes the ability to provide credible and reliable accounts are clearly underpinned by complex ideologies and social constructions of what 'normal' and 'competent' constitute (Sin, 2005a, b). This is exemplified by research conducted with people with dementia. Despite popular stereotypes, dementia is not an undifferentiated condition. The discourse abilities of 'confused' older people (Ripich and Terrell, 1988) and the recall capacities of people with autism and learning disabilities (Petersilia, 2000: 2; Henry and Gudjonsson, 1999) are often underestimated. 'Competence' is not 'all-or-nothing' (Gilhooly, 2002) and there can be no universal set of criteria for ascertaining competence. Competence is task specific (Beauchamp, 1991).

However the adversarial style of questioning used in the criminal justice system has been found to be inappropriate, particularly for people with learning disabilities (Hatton et al, 2004), and can cause distress and confusion.

Assumptions about reliability and credibility can lead to a tendency for professionals to speak with other people instead of listening directly to the disabled people. This has been observed especially in relation to disabled children. A spokesperson from Barnado's has thus been quoted as saying that:

'We need to ensure there are the systems and resources in place to allow the voices of disabled children to be heard safely and confidently.' (Cooper, 2007: 1)

It has been reported elsewhere that nearly one in five disabled people who have reported an incident to the police said that the police did nothing as a result. Three quarters of the same study's sample indicated that while the police had taken details of the incident, they were generally unable to stop the attackers due to lack of proof or, in some cases, lack of interest. The following example illustrates a scenario where a person's disability (visual impairment, in this case) was cited as the reason for the police's inability or unwillingness to follow up a report:

> 'It's pointless [reporting abuse], because I've tried reporting it to the Community Police and the first thing they say to me is, "Could you recognise him?"' (Action for Blind People, 2008: 11)

In the case of disabled children and young people, particularly those with learning disabilities, the wider evidence base suggests that bullying did not stop even after the victim had informed someone (usually a teacher or parent) (Mencap, 2007; National Autistic Society, 2006).

Lack of joined-up multi-agency working
The cases involving Steven Hoskin, 'Child B', and 'Ms A' highlighted the fact that the victims were known to statutory service providers. The case review of Steven Hoskin stated that:

> 'What is striking about the responses of services to Steven's circumstances is that each agency focused on single issues within their own remits and did not make the connections deemed necessary for the protection of vulnerable adults proposed by No Secrets.' (Flynn, 2007: 21)

The predominant focus in the wider literature on the criminal justice sector has meant that the debates have not taken full account of the blurring of responsibility between the criminal justice system and social care agencies in dealing with targeted violence and hostility against disabled people (Perry, 2004).

The No Secrets protection guidelines published in 2000 gave social care agencies the lead in responding to, and ultimately monitoring, crimes against vulnerable people. This has created a discrepancy in the responsibilities of different agencies for different parts of the British population because social care agencies do not have this role for the rest of society. As a result, the government itself has created barriers to justice as a consequence of its attempt to protect disabled people from such crimes. This blurring of responsibility has led to the situation where:

> 'Mainstream criminal justice agencies are failing to effectively respond to crimes against disabled people because the message the police gets is that social care professionals should "protect vulnerable adults from abuse" rather than the police needing to support people to take action against offenders.' (Perry, 2004: 44)

However, social services agencies have no statutory duty of care towards disabled adults, leading to instances where local authorities and their social care agencies have failed to intervene, arguing that there is no duty for them to do so (Quarmby, 2008b). There appears not only to be a blurring of responsibility between social care and the criminal justice system, but also a vacuum of responsibility.

Stakeholder interviews conducted as part of our research confirmed this lack of clarity as a real cause for concern and identified the No Secrets Review as an important opportunity to provide greater clarity in this area:

> 'The No Secret guidance was useful to set up recognition of adult abuse, safeguarding boards, etc. The guidance needs changing and [to] relate better to the personalisation agenda.'

> "The No Secrets Review has the potential to get consistency in social care and the criminal justice system, using the same language. There is an opportunity to better align social care and the criminal justice system. The criminal justice system can only prosecute if it is a crime, so if a care home deals with it as an internal matter, it can be too late."

Another stakeholder interviewed recognised the challenges relating to inter-agency working across the social care and criminal justice boundaries, but pointed out promising developments in bridging this:

> 'We are reviewing how social care and health links with the police and the criminal justice system. There is a lot of variability. Forty-four police forces

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all structured differently, and different health structures. The Law Commission is looking at drawing together different parts of the social care law and part of this is looking at whether to develop new legislation around safeguarding.'

In general, our primary research highlighted the lack of multi-agency working to tackle targeted violence and hostility against disabled people. However, it is important to note that there are examples of good practice identified in both the literature review and through our stakeholder interviews. In Wales for instance:

'Each of the four CPS areas has a disability hate crime coordinator … currently researching groups to provide a comprehensive database of DPOs to communicate with … We have hate crime scrutiny panels in each area where members of the community scrutinise hate crime cases, identify good and bad practice, and feed this back to prosecutors. Members also feed back to their communities, so it's a two-way process. We are acting transparently, so I'm hoping this will impact on confidence.'

In Scotland, another stakeholder interviewee explained that joint working is being taken forward between the police and colleagues from the health sector through a working group. In addition:

'We co-sponsored a seminar … which was co-hosted with CPS … and invited a whole range of parties to take part: police, voluntary sector, health, social care, criminal justice. We looked at how to take the debate forward and promote greater access to the criminal justice system. Out of that seminar, we've been working more closely with speech and language therapists to review ways in which appropriate adults are engaged with the criminal justice system to support the needs of people with disabilities who have communication needs.'

It is important to note that since December 2006, all public bodies have a duty under the Disability Discrimination Act (DDA) and the Disability Equality Duty (DED) to take positive action to promote disabled people's equality and participation, and to eliminate harassment. This is a potentially powerful lever to galvanise the various agencies to work more closely in tackling the issues covered in this report. Indeed, one stakeholder interviewed in our primary research observed the importance of the DDA and the DED in acting as an overarching framework binding various agencies operating in the realm of protecting and supporting disabled victims of crime.

While there is some progress by statutory agencies in relation to meeting DDA requirements (Quarmby, 2008b; Hunter et al, 2007a), the existing literature acknowledges that there is still a long way to go before public bodies are geared up fully to meet the requirements of disability legislation[30].

Social landlords, for instance, are still unsure about how they should address anti-social behaviour where either the victim or perpetrator is disabled, despite the fact that disability is generally mentioned in the available guidance:

> 'At the moment we know little about how decisions are taken about what enforcement is used in cases of anti-social behaviour, how social landlords find out about whether victims or perpetrators are disabled and what impact it has on decisions as to what action is taken.' (Hunter et al, 2007a: 6)

Our primary research showed a great deal of variability in the extent to which social landlords made use of tenancy agreements/contracts with anti-social behaviour clauses against the perpetrator:

> 'My actual landlords were useless. They knew everything that was happening. I couldn't understand why they wouldn't use the contract to get this neighbour out. In the contract that every resident has to sign, there is something about anti-social behaviour and that there would be consequences if people behaved in this way. I went and spoke to everyone at the housing association and the tenants association but nothing was done against the neighbour or his friends; no one would back me up. I told them immediately after things happened. They told me that no one else was making formal complaints about the noise – but that's because they were too frightened to complain.'

Conversely, another interviewee had been helped by his housing officer to challenge harassment he was experiencing by another resident through a housing association policy on anti-social behaviour. This suggests that housing officers and associations can play a preventative role in tackling targeted violence and hostility against disabled people. This important role was noted by some of the stakeholders we interviewed:

> 'Their role is key … I want more housing associations [in Wales] to come on board and pick up on these issues. They can identify patterns of behaviour, can develop risk assessment conferences like they do with domestic violence … [and] play a more preventative role.'

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' … local authorities and housing associations have a prevention role … [they can] think about the person and potential risks, and reduce the prevalence of harm.'

Our literature review additionally identified that there is very little advice given by local authorities on dealing with issues of anti-social behaviour involving or affecting disabled people. There is also great variation in the types and levels of activities around information, awareness raising, and recording of targeted violence and hostility by Community Safety Partnerships (CSP), Learning Disability Partnership Boards (LDPB) and self-advocacy groups. CSPs were found to have a lower level of awareness of the existence and importance of hate crime when compared to LDPBs and self-advocacy groups (Lamb and Redmond, 2007). CSPs were also unclear about the extent to which they may be collecting relevant monitoring data.

The Home Office has recommended that local networks and shared strategies should be established to tackle disability hate crime among the following agencies:

- Local Partnership Boards
- Advocacy and Self Advocacy Groups
- Voluntary Services
- Criminal Justice Boards
- Crime and Disorder Reduction Partnerships
- Safeguarding Adults Boards

Use of legislative instruments

Where studies identified in our literature review mentioned legislative instruments, the overwhelming conclusion is that legislative tools are available but are not being utilised fully (Perry, 2004). This finding resonated with stakeholders interviewed for our research who felt existing legislation was in place to deal with this issue but was not fully understood or embedded by the necessary agencies.

Legislative instruments mentioned in the reviewed literature and in stakeholder interviews include the:

- Criminal Justice Act (Section 146) (CJA)
- Disability Discrimination Act (DDA) and the Disability Equality Duty (DED)
- Human Rights Act (HRA)

Our primary research with stakeholders identified, additionally, the importance of recent developments in adult protection legislation in Scotland.

The CJA is mostly discussed in the wider literature in relation to the misunderstanding about Section 146 (Voice UK APPG, 2007: 4). The CJA is acknowledged to have a symbolic significance in sending out the message to victims, perpetrators and agencies responsible for identifying and combating hate crime that disability hate crime is to be taken as seriously as racist hate crime (Perry, 2004). However, there are some challenges in practice, as pointed out by a stakeholder interviewed for our research:

> 'Section 146 is a sentence uplift for disability and homophobic hate crime [but] it is difficult to know at the moment how well it's working. It is not routinely recorded. The court service could have a role in recording this. We don't know how well we're doing in this. There are a huge number of [legislative cases] coming through. I wouldn't be surprised if not every judge or prosecutor knew about Section 146. It needs more time to embed and to be used.'

A number of other stakeholders we interviewed concurred with this view that Section 146 is currently under-used.

Only one item in the literature review addresses statutory agencies' (specifically social landlords) use of the DDA and DED (Hunter et al, 2007a), although other reviewed items make passing reference to them (Quarmby, 2008b). While there may be signs of increasing levels of awareness of the DDA and DED, in practice there is still a significant implementation gap. Our interviews with stakeholders identified a few instances where the DDA and/or DED was mentioned, although there was a lack of sustained discussion around how these instruments have been, or are being, used to promote equality for disabled people.

Like the CJA, the HRA is recognised in the wider literature as sending out the message that targeted violence and hostility against disabled people is degrading and unacceptable. However this will simply remain a message unless related measures and guidance are put in place, and the HRA enforced. There is some evidence demonstrating that the police are often not aware of the provisions in the HRA, or do not act on them (Lewis et al, 2003; Perry, 2004). This is confirmed by our primary research with stakeholders from key organisations. In addition some of the stakeholders interviewed identified tensions within the HRA:

> '[The] Human Rights framework – right to protection and right to family life – can pull in different directions. There is a tension here. How can people have both these things? [It's] much easier to take someone out of a situation. We need to look at balancing rights: people recognising issues earlier on through risk assessments; people being enabled to make their own assessments.'

Moreover, evidence presented in Section 7.5 points to low levels of awareness of the HRA among the disabled population. This limits the extent to which they seek redress through available mechanisms and legislative instruments. In addition, the HRA may not be considered relevant to their everyday lives.

Our primary research with stakeholders from key organisations and agencies identified some recent legislative developments that have important implications for disabled people. In particular, the **developments in Scotland relating to adult protection legislation** are seen by some as of great significance for disabled people. Part One of the Adult Support and Protection Act went live in Scotland in October 2008. It:

- provides greater protection to those thought or known to be at risk of harm through new powers to investigate and intervene in situations where concern exists
- places a duty on specified organisations to cooperate in investigating suspected or actual harm
- places a duty on councils to make inquiries and investigations to establish whether or not further action is required to stop or prevent harm occurring
- introduces a range of protection orders including assessment orders, removal orders and banning orders
- provides a legislative framework for the establishment of Adult Protection Committees across Scotland

While one stakeholder interviewee extolled the virtues of this piece of legislation, another acknowledged some benefits to the legislation but also raised concern about the potential adverse impact it may have on disabled people:

> 'The new adult protection law in Scotland strengthens duties. In England, no one piece of legislation brings it all together. But in Scotland, there is now a right for a social worker to go in and do an assessment and also a right to removal from home. Also barring orders that could bar the

perpetrator from home without a court conviction. This is worrying and can be potentially disempowering for disabled people.'

This difference in legislation across the different countries in Great Britain was also noted by another stakeholder we interviewed:

'[There is] not a huge difference as policies apply to England and Wales. However, there are different adult protection policies. [There is] In Safe Hands in Wales.'

This respondent, however, was unable to establish whether the approach in Wales would have a different impact on disabled people.

7.8   Summary

The overwhelming focus in the wider literature on disabled people's experiences within the criminal justice system has led to a neglect of the fact that most disabled people choose not to report to the police. Instead, third-party reporting is common. However, incidents may not be reported onward to the police. This not only compounds the problem of under-reporting but also limits the ability of disabled people to seek redress.

There are a number of barriers to reporting. Of particular significance is the relationship between the perpetrator and the victim that can cause the latter to be reluctant and even fearful to report. Disabled people also have low levels of awareness of their human rights, and this can be made worse by the conditioning effects of their family members, carers and wider society in encouraging acceptance or avoidance. Experiences are thus put down as part of the everyday. The confused language and terminology around hate crime, as well as the different ways in which the relevant issues are described and understood by various agencies and by disabled people themselves can throw up additional barriers to reporting. Unsatisfactory or even negative past experiences with the criminal justice system has also led to a loss in confidence and trust among disabled people, particularly those with mental health conditions.

The lack of joined-up working across key agencies has also meant that additional barriers are experienced by disabled people. Of particular importance has been the No Secrets guidance which has led to a blurring of responsibility between social care and criminal justice agencies. The current review of No Secrets presents a timely opportunity to make the necessary alignments.

In general, while several legislative instruments exist and there are a number of other developments afoot, there is a real risk that legislation is not translated into practice that makes a difference to the lives of disabled people. While this has been the consensus identified in all the evidence sources gathered for this research, our primary research with key stakeholders identified an additional country-specific challenge. Interviewees from Wales and Scotland frequently noted the need to translate policies and guidance in order for their country-specific implications to be drawn out:

> 'There is the introduction of the disability hate crime policy for CPS and specific guidance for prosecutors [that will be useful] … when they are reviewed, we will need to do this in Wales and get the Welsh perspective.'

> 'We are committed … that they are trained to nationally recognised standards, but there must be a greater consistency in their use across Scotland.'

8.   Approaching the issues – framing narratives

We have so far outlined the findings from the existing body of research on targeted violence and hostility, abuse and harassment against disabled people as well as the findings from our own primary research on the lived experiences of disabled people in England, Scotland and Wales. This chapter examines the ways in which disabled people's experiences have been framed in wider policy and legislative discourses. It also highlights the implications resulting from our findings for current and future practice.

8.1   Rights versus vulnerability

The issues relating to disabled people's experiences of targeted violence and hostility have sometimes been underpinned by a protectionist paradigm focusing on disabled people's perceived vulnerability, as opposed to a rights paradigm. Consequently disabled people have been perceived as being in need of help and protection as opposed to being in need of justice and redress (Perry, 2008). This has sometimes led to disabled people being removed from the perceived (or real) threat rather than action being taken against the perpetrator, a situation about which disabled people have expressed frustration (OPM primary research, 2008). Our research with stakeholders from key organisations and agencies similarly documented frustration with a protectionist approach:

> 'We can't protect people. We need to have systems in place where people can have a say about their own protection. It is a patronising way to frame the debate and gives too much power to professionals. Not a helpful model.'

> 'Stop thinking we can protect. Move away from a protection response to enabling and empowering.'

Further, the protectionist paradigm has contributed to the notion that targeted violence and hostility towards disabled people (particularly those with learning disabilities) should be dealt with by social policy and not criminal justice policy. This approach:

> ' … has led to a social policy ghetto where debates and proffered solutions relating to violence against people with learning difficulties do not readily engage with criminal justice structures or solutions.' (Perry, 2008)

Rejecting the protectionist paradigm and embracing a rights paradigm may be one way of counter-balancing these 'ghettoising' tendencies. Disabled people and other stakeholders working in this field argue that the focus should be on the rights and entitlements of disabled people to have the same experience of safety, security and access to justice as non-disabled people.

There are, however, inherent tensions within a rights-based approach, and rights may at times be competing or contradictory. This is especially the case when targeted violence and hostility is perpetrated by those known to disabled people. For example, the need to balance a person's right to a private life will clash with the right for protection if that private life is harmful. A rights-based approach can therefore be conceived as a balancing act between different rights. Disabled people must be empowered themselves to be meaningfully involved to get the balance right.

8.2   Managing risk

Central to a process of balancing rights is a focus on managing risk. Our interviews with stakeholders from key agencies and organisations identified a desire for disabled people, social care agencies, families and carers to engage in more structured and explicit processes to manage risk. This is particularly pertinent in situations where a specific risk is ongoing or posed by perpetrators known to the victim, for example if a person with learning disabilities forms 'friendships' with people who are acting in an abusive or derogatory way towards them. The opportunity for a structured process to identify and manage potential risk would be desirable at an early stage.

The involvement of disabled people is important and reflects a key plank of the Disability Equality Duty (DED). The disability rights movement's slogan, 'Nothing about us without us', serves as a reminder of the need for disabled people to have a say in every stage of the process.

The personalisation agenda can provide opportunities to enable disabled people and service providers and carers to undertake better risk assessments. However, there are also attendant risks, as two stakeholders we interviewed from key organisations note:

> 'People have to have the confidence to choose who works with them. There is a big opportunity, but also risk factors … The personalisation debate [should] make it clearer that disabled people have the right to make choices about their lives and their safety and security.'

'Issues often picked up by key workers. Key worker staff often not trained or have an NVQ. They are often not well supported or supervised, especially with individualised budgets. They may not be trained to spot things. [They] may veer from doing nothing to being overprotective.'

Some of the stakeholders we interviewed saw the need for improved systems and processes to manage risk to be complemented with a commitment to early intervention:

'Agencies should focus more on the preventative – recognising and managing risks. Early intervention [and] preventative work can mean people are empowered to prevent abuse.'

A large proportion of the incidents of targeted violence and hostility that disabled people suffer are persistent and ongoing over a period of time. Sometimes these situations can escalate in severity and risks become greater. Quicker agency response to implementing preventative measures may reduce the risk posed and negative impact sustained by disabled people.

In the context of prevention, several of the stakeholders interviewed for our research drew attention to the importance of third-party reporting centres:

'[It is key to be] training people to work in third-party reporting centre to pick up on incidents which may not be directly reported. Best example is the Citizens Advice Bureau [CAB]. During the course of conversation, it may become apparent that they have been the victim of hate crime. [This will] only work if the people working there have the awareness and are proactive and encourage people to report. People won't come forward. If they did, they would probably have gone straight to the police anyway.'

'Their role is key. We have many third-party reporting centres in Wales … they can play a preventative role.'

However, there is acknowledgement among some of our stakeholder interviewees that third party reporting centres are not a panacea:

'Third-party reporting centres are not a good thing in themselves. People won't come to them. It is more about people having awareness about the issues in their day-to-day jobs and can help third-party reporting centres work. For example, CABs.'

'Disabled people's organisations [DPOs] could have a key role in third-party reporting: training police, advocating for individuals. They are already there but they would need a bit more funding to help them fulfil this role. This has happened more around race and homophobic hate crimes. However, DPOs and CABs are so under-funded. They are struggling to meet existing demands.'

'If you have a completely separate third-party organisation, it is too far a leap for people to make. They should be located in DPOs or, if it is a separate body, then they need to have strong links into DPOs and self advocacy groups.'

There is recognition that for third-party reporting centres to work, they need to be working with current networks of practice and also need to be funded adequately.

8.3   Structural factors

The material deprivation of many disabled people is often overlooked as a causal factor leading to their experiences of targeted violence and hostility (Perry, 2008). Only one study identified in our literature review made reference to this (Shamash and Hodgkins, 2007). However, many of the interviews we undertook with disabled people as part of this research demonstrate the importance of location, geography and poverty in increasing risks to disabled people. Work to advance disabled people's human rights in all areas of life such as housing, employment and civic participation will result in improved safety and security for disabled people.

Many of our stakeholder interviewees draw attention to the need for the issues relating to disabled people's experience of targeted violence and hostility to be treated as a cross-cutting issue:

'It is not a just disability issue! Society and other agencies have a role.'

Certainly our stakeholder interviews named a wide range of other agendas that the issues related to, including the justice agenda, the cohesion agenda, the equality agenda and more. This urges us to push for a change in the way the discourse around disabled people's experiences of targeted violence and hostility has been conducted. One stakeholder identified lessons from the work done in tackling domestic violence, and argued that a cultural change is required:

'It requires a cultural change. It is seen as a minor priority, probably just one person to be the expert on this but not something that has to be taken

onboard. Therefore, the response could be hit and miss. With domestic violence, it required a cultural shift to defining it as a crime. That kind of cultural change needs to happen around disability hate crime.'

There needs to be more concerted effort at talking about, and dealing with, the issues as 'everybody's issues'. The issues are real human issues, relating to real ordinary people:

> 'We need to do something about the training of public servants that makes them remember that they [the disabled victims] are someone's brother, mother, daughter that you're dealing with.'

8.4   A pan-equality approach

Disabled people are an incredibly diverse group of people. Existing research has tended to overlook the experiences of disabled people in the context of their other identity labels (for example, disabled woman, disabled older man, disabled black gay man, etc). While there is some research on older disabled people, disabled children and young people, and disabled women, there is little on the experiences of lesbian, gay, bisexual and transgender disabled people, for example. One study identified in our literature review, looking at the experiences of disabled people in Tower Hamlets, noted its multi-racial and socio-economically disadvantaged profile. It reported that a small number of Muslim victims felt that they were triply disadvantaged as they had experienced racism, disabilism and Islamophobia. Hate crimes do not, therefore, always fall neatly into one category and it is crucial that relevant agencies acknowledge the multiple identities and multiple needs of the victim (Shamash and Hodgkins, 2007; Cunningham and Drury, 2002).

The sample of people with learning disabilities and mental health conditions in our research has been selected to encompass a range of other characteristics, such as differential age, ethnicity, gender, class and geographical backgrounds. However, due to the relatively small sample size, we are limited in our ability to generate systematic and robust comparisons across various sub-groups. Nonetheless, our qualitative research has identified clear examples of complex interactions of various identity labels and other demographic characteristics, as well as their implications for the experiences reported by disabled people. It can thus be difficult to disentangle and be specific about causal factors.

8.5   A layers of influence approach

It is clear that the issues relating to disabled people's experiences of targeted violence and hostility are extremely complex. There are also significant gaps in the

evidence base. Our approach has been informed by a conceptual model through which we may view the issues reported. This model recognises that disabled people are individuals who exist in nested hierarchies of various social aggregates. There is an awareness of the need to recognise appropriate levers for targeting interventions at the various aggregates in order to bring about desired outcomes. The model is visualised in the diagram below.

Figure 1: **Layers of influence around disabled people in relation to targeted violence and hostility**
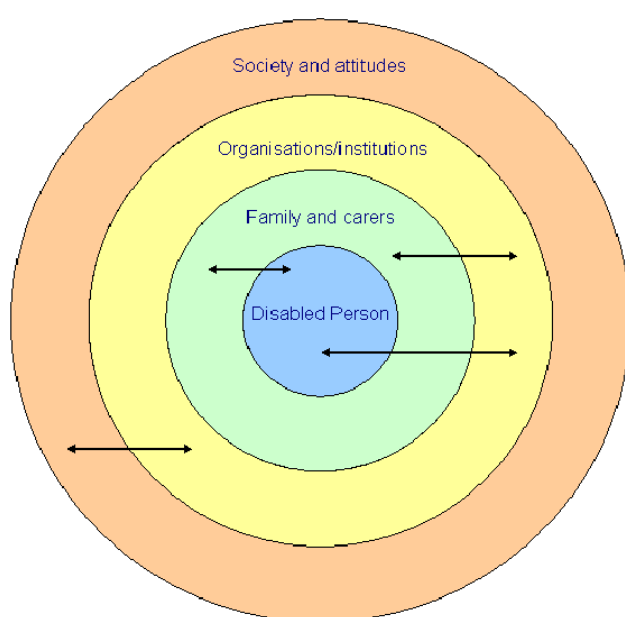
In the centre of the diagram is the disabled person with his or her set of characteristics (for example, age, gender, ethnicity, area of residence, class, etc). The next circle represents immediate networks such as family, friends and/or carers. Issues such as the size, quality and composition of these various networks are of importance. The circle around this is representative of the different institutions that disabled people may come into contact with either in their everyday lives or when experiencing targeted violence and hostility. These include DPOs, the police, housing associations, health and social care organisations, and others. Lastly, the outer circle depicts wider society and attitudes. The linkages can be complex and are not pre-determined by any one set of characteristics but by the interactions across the different 'actors' inhabiting the different 'layers'.

This layers of influence model has been popularised in literature on health interventions and has proven to be a powerful device to help think through interventions and their targeting. This model is also very similar to the ecological model used by the World Health Organisation to understand the multifaceted nature of violence. Recommendations therefore need to relate to a coordinated holistic approach.

9.   Discussion and conclusion

9.1   Action to improve the lives of disabled people

This report has covered an extremely wide terrain in relation to disabled people's experiences of targeted violence and hostility. Our research is about adopting a strategic approach in generating and reviewing evidence so as to yield findings that can help the Equality and Human Rights Commission identify clear sets of actions. It is of vital importance that the research and subsequent activities are action-focused, aimed at taking concrete steps to improve the lives of disabled people and others around them.

The importance of this cannot be underestimated as the disabled people we have interviewed for this research repeatedly, and independently, implored us to 'do something'. Disabled people need to know what is being done on the basis of their contributions to this and other research. They also need to be involved in decisions around the types of interventions and support required to tackle the issues identified. One of the stakeholders interviewed as part of our research noted that while national organisations and parts of the government have started picking up on the work done by self-advocacy groups:

> '…some of it is quite tokenistic – a bit of a quick fix - jumping on a bandwagon. Using the work of disabled people but not listening to what they are saying.'

The positive spirit of the Disability Equality Duty (DED) needs to be embraced. This encourages us to be mindful of the need to involve disabled people meaningfully throughout and to be focused on improving outcomes by breaking down barriers.

9.2   Improving the evidence base

The DED, additionally, highlights the importance of effective evidence gathering, analysis and use in order to inform action. On this note, the literature review we conducted identified significant gaps in the existing evidence base. While the lack of evidence is not an excuse for inaction (Disability Rights Commission, 2006), it is nonetheless important to improve the coverage and quality of the evidence base. The existing evidence base is very patchy and there are concerns over the robustness and representativeness of material. In addition to methodological and data issues, there is a plethora of vague and often interchangeable terminology. For example, 'violence', 'harassment' and 'abuse' are vague terms that encompass a range of phenomena (Moran, 2006). There is a wide range of

triggers for such diverse incidents and it is misleading to assume that any one trigger will apply in all situational contexts against all disabled people. In addition, different definitions and usage of terminology affect estimates of prevalence and can compound the already considerable concerns over data collection techniques in this area. Moreover, there is a lack of sustained comparisons between disabled and non-disabled people, and within the disabled population itself. This makes it difficult to ascertain the uniqueness or generalisability of reported experiences and outcomes.

9.3   Experiencing targeted violence and hostility

Despite shortcomings, there is compelling evidence that disabled people are at higher risk of targeted violence and hostility in comparison with non-disabled people. There is further evidence that people with particular impairments, such as those with learning disabilities and/or mental health conditions, may be at greater risk in comparison with the disabled population as a whole. In addition, this heightened risk is translated into actual experience of victimisation, with ample evidence pointing to various forms of such incidents. There is a compounding of risk where multiple risk factors overlap. The literature points, specifically, to the accumulation of risk as a result of age (both older people and children and young people), gender (especially women) and impairment type (especially learning disabilities and/or mental health conditions). Our primary research explored, additionally, the impact of other identities, demographic and situational characteristics in heightening the risk of victimisation.

The wider literature identifies a number of hotspots, namely: on the street, in a social housing context and within institutional settings. Our primary research confirms the existence and significance of these hotspots, but also identifies a number of additional hotspots or further dimensions of those reported elsewhere. For instance, while the literature review identified incidents 'on the street', the primary research indicated that most on the street incidents occur near to where disabled people live. This may be particularly so for those with mental health conditions. While confirming that social housing is a hotspot, our primary research identified less frequent, but no less significant, incidents taking place in private accommodation. This has implications for disabled people living independently. While our primary research did not involve disabled children and young people, a number of interviewees nonetheless recounted experiences of suffering from targeted violence and hostility when they were in schools or colleges. This supports findings reported in the wider literature about disabled children and young people being at risk of targeted violence and hostility.

The types of targeted violence and hostility enacted in different settings vary and can impact on different groups of disabled people. In addition to the widely documented incidents (for example physical attacks, verbal targeting, damage to property, bullying, etc), our primary research identified the emergence of cyber bullying as a relatively recent form of abuse and harassment. Its characteristics and prevalence warrant further study and monitoring.

9.4 Perceptions of vulnerability and threat

The factors motivating such acts against disabled people vary significantly. Depending on the situation and the disabled person in question, motivations can range from perceptions of vulnerability to perceptions of threat. This leads us to be more nuanced in our approach towards seeking solutions for the problems identified as there is no one-size-fits-all approach. It is also important to appreciate that 'vulnerability' and 'risk' are not simply by-products of some inherent characteristics of disabled people. Instead, these are always assessed in relation to context that may interact with particular real and/or perceived characteristics of a person to compound perceptions of vulnerability and risk. These situational vulnerabilities and situational risks mean that motivations may not always find a trigger for violence, harassment and abuse to take place. The risk and actual experience of violence, harassment and abuse are therefore not predetermined by any inherent characteristic of the victim and/or the perpetrator.

9.5 Implications for social inclusion

Regardless of the motivations, the impact of targeted violence and hostility on disabled people is clear. This can be physical, psychological, emotional and sexual. It can also be long-lasting, causing disabled people to structure their lives to minimise risk. Our primary research identified evidence that others around the disabled person may actually advise the victim to avoid putting him/herself at risk rather than take action to tackle the issue. As the wider evidence and our primary research found, some perpetrators of violence against disabled people do so because they think they can get away with it. Avoidance and acceptance behaviours by disabled people and by those around them may thus vindicate such perceptions. This type of acceptance (by the disabled person) and conditioning (by others) has significant implications for social inclusion. Moreover, it encourages low expectations and low aspirations, preventing disabled people from leading their lives to the full.

It is important to note that the impact of targeted violence and hostility is not confined merely to those disabled people who have suffered from such acts directly. Instead, the impact extends to other disabled people who may not have

experienced such acts and to family members of disabled people. The impact is therefore more pervasive than mere statistics on prevalence of such incidents demonstrate. Thus, tackling the issue requires far more than just supporting the disabled victims.

9.6 Implications of the current focus on the criminal justice system

Statistics on prevalence are compromised severely by under-reporting by disabled people, by other people around them, and by some organisations and agencies that come into contact with them. The predominant focus of the existing literature on the criminal justice system has led to the overlooking of other agencies' role in the monitoring of, and acting upon, targeted violence and hostility against disabled people. The evidence suggests that disabled people have a tendency to report incidents to a third party rather than to the police. However, not all third parties then report such incidents to the relevant authorities. There is an urgent need to look at the types and roles of these other parties.

The criminal justice focus of the wider literature has identified a number of barriers to reporting and recording, particularly by the police. These relate to physical, procedural and attitudinal barriers that can discourage disabled people from reporting, particularly when the cumulative impact of these barriers may lead disabled people to feel that they are not being taken seriously or, worse, being treated as if they are in the wrong. There can sometimes be a fine line between the perception of a disabled person as a victim and an offender.

9.7 Relations of power

It is important to note, nonetheless, that under-reporting is not simply due to the barriers within the criminal justice system or those within third-party organisations. The relationship between the victim and the perpetrator can also throw up significant challenges to a disabled person's willingness and ability to report. This may be especially so if the perpetrator is known to the victim (for example, a neighbour, carer, family member, etc), bearing in mind the often unequal power relations involving disabled and non-disabled people.

In addition, disabled people are frequently unaware of their rights. As mentioned previously, negative attitudes and low expectations by wider society (and the extent to which these may have been internalised by disabled people themselves) can lead both disabled and non-disabled people to treat some incidences of targeted violence and hostility as part of the everyday. This can be compounded by a protectionist and welfarist approach towards disabled people that emphasises caring and harm avoidance. These approaches and discourses, however well-

intentioned, are disempowering for disabled people. They do not challenge the disabling barriers and structures, but merely accept them as regrettable.

While the existing literature has focused disproportionately on the experiences of disabled people in relation to the criminal justice system, our primary research has shed some light on a number of organisations and agencies that operate outside the criminal justice sector.

9.8   Blurring of responsibilities

The evidence from our primary research and from elsewhere demonstrates that, while there are examples of good practice, there is considerable variability within and across sectors. The confusion identified in the wider literature arising from the blurring of responsibilities between social care agencies and the criminal justice sector in relation to monitoring crimes against vulnerable people is an issue that stakeholders interviewed for our research have expressed significant concern over. There is recognition that, in some instances, this confusion has led to a vacuum of responsibility, with disabled people falling between the cracks. There are, nonetheless, developments afoot to resolve this issue, with the current review of No Secrets representing an opportunity for change.

9.9   Framing the issues

There need to be concerted efforts at shifting the discourse, policy and practice around targeted violence and hostility against disabled people. The evidence generated from our interviews with stakeholders from key organisations and agencies, and our research with disabled people have identified that the issues are often described and understood very differently.

This diversity of discourse points to the inadequacy of hate crime terminology in helping us understand and deal with the issues raised in this report. This has significant implications for awareness and attribution, particularly when the evidence shows consistently that different identity labels and wider demographic characteristic interact in extremely complex ways, transcending the narrow labelling tendencies of many existing policy and legislative instruments. These can have the effect of portraying and understanding observed incidents simplistically: for example, as a social care or a criminal justice issue. Alternatively, incidents may be ascribed naively as a disability or a race issue, even when the evidence demonstrates that these forms of ascription are woefully inadequate in preparing us to deal with complex social issues in truly joined-up ways that recognise multiple and fluid identities. As one of the stakeholders interviewed for our research articulated, intersectionality of identities can be seen as an opportunity for action:

'It makes the case for dealing with the issues as mainstream business.'

There are, however, challenges as current systems and procedures are not really set up to deal with such complexity, as the above stakeholder proceeded to explain. Moreover, existing legislation can often throw up contradictions.

Disabled people are not a homogenous group, and experiences within the disabled population are extremely diverse[31]. The evidence behoves us to develop more sophisticated ways of understanding the complex issues identified in this report. We have suggested using a 'layers of influence' model to help conceptualise the interactions across different levels of social aggregates surrounding disabled individuals. This recognises that experiences and outcomes are not simply determined by the characteristics of any one individual, group, or organisation; but by extremely complex interactions across and within these entities. Appropriate interventions therefore need to be designed with a keen awareness of these 'layers of influence' around disabled people, particularly in relation to how different drivers for change may be played out at various levels.

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Sparks, R.F., Genn, H.G. and Dodd, D.J. (1977) Surveying Victims: A study of the measurement of criminal victimisation, perceptions of crime, and attitudes to criminal justice. Chichester: Wiley

Stanley, N., Ridley, J., Manthorpe, J., Harris, J. and Hurst, A. (2007) Disclosing Disability: Disabled students and practitioners in social work, nursing and teaching. A research study to inform the Disability Rights Commission's formal investigation into fitness standards. London: University of Central Lancashire and Social Care Workforce Research Unit, King's College, for the DRC.

Stickland, H. (2003) *Disabled Parents and Employment*. London: HMT/DWP.

Thurgood, G. and Hames, A. (1999) 'Harassment of children with a learning disability', *Clinical Psychology Forum*, 134: 26–30.

Victim Support (2006) Crime and Prejudice. The Support Needs of Victims of Hate Crime: A research report. London: Victim Support.

Voice UK All Party Parliamentary Group (APPG) (2007) *Disability Hate Crime.* Voice UK All Party Parliamentary Group, 14 November, meeting notes.

Ward, G. (1997) *Making Headlines: Mental health and the national press.* London: Health Education Authority.

Watson, N., Shakespeare, T., Cunningham-Burley, S. and Barnes, C. (2000) *Life as a Disabled Child: A qualitative study of young people's experiences and perspectives.* University of Leeds.

Williams, C. (1995) *Invisible Victims.* London: Jessica Kingsley.

Wood, J. and Edwards, K. (2005) 'Victimization of Mentally Ill Patients Living in the Community: Is it a lifestyle issue?', *Legal and Criminological Psychology*, 10, 2: 279–290.

Appendix A Databases and search terms used for literature review

The following **databases** were identified by experts at UK Centre for Evidence-based Policy and Practice as the most relevant for the purposes of this research. They were searched for material published in the last 10 years:

ASSIA (Applied Social Science Index and Abstracts)

British Library Direct

National Criminal Justice Reference Service

Criminal Justice Abstracts

Ovid

Social Policy and Practice 2000–2008, comprising the following five UK databases:

Ageinfo

ChildData

Planex

Social Care Online

Urbadoc

Web of Knowledge

These databases cover not only academic peer-reviewed literature, but also practitioner and professional publications, official reports and 'grey literature'.

The following **search terms** were used in various combinations in identifying relevant material:

- disabled / disability / disabilities
- handicap
- impairment / impaired
- ill health
- mental
- learning disabilities / difficulties
- violence / violent
- violation
- crime / criminal
- hate
- harm
- hurt
- victim
- assault

- attack
- injury
- ill-treat
- harass
- bully

Appendix B Material reviewed

Author(s)	Date	Title	Published by	Type	Methodology	Sample Size	Geographical coverage	Impairment coverage
Action for Blind People	2008	Report on Verbal and Physical Abuse Towards Blind and Partially Sighted People Across the UK	Action for Blind People	report	Primary research. Quantitative survey on verbal and physical abuse, also carried out among people without a visual impairment. In addition two focus groups with blind and partially sighted people were conducted	199 visually impaired people and 1,942 people without a visual impairment completed the survey	UK (regions not specified)	Blind and visually impaired
Brownridge, D.A.	2006	Partner Violence Against Women with Disabilities: Prevalence, risk, and explanations	Violence Against Women: An International and Interdisciplinary Journal, vol 12, no. 9, pp 805–822, September 2006	Article	Survey completed by means of telephone interviews, conducted in 1999	Random sample of 25,876 men and women aged over 15	Canada	Not impairment specific
Brownell, P. and Wolden, A.	2002	Elder Abuse Intervention Strategies: Social service or criminal justice?	Journal of Gerontological Social Work. 40 (1/2), 2002, pp 83–99	Article	Non-experimental study design used to compare elder abuse situations from the files of a community-based organisation programme	56 cases of abuse analysed, majority of victims were female and aged between 60 and 94	US	Focuses more upon impairment of abuser/perpetrator
Burgess, A.W. and Phillips, S.L.	2006	Sexual Abuse, Trauma and Dementia in the Elderly: A retrospective	Victims & Offenders, vol 1, no. 2, pp 193–204, April 2006	Article	A convenience sample was obtained of 284 forensic cases known to a multi-disciplinary group of professionals who investigated. Examined or	284 cases collected: 261 were female elders and 19 were male elders. Victims ages ranged from 56 to 100 (largest	US	Dementia

					consulted on elder sexual abuse victims. The Comprehensive Sexual Assault Assessment was used to enter data from case files	group in their 80s – 34 per cent). 80 per cent elders were Caucasian and 14 per cent African American		
Chaplin, R., McGeorge, M. and Lelliott, P.	2006	Violence on Inpatient Units for People with Learning Disability and Mental Illness: The experiences of service users and staff	The British Journal of Developmental Disabilities, vol 52, no. 2, pp 105–115	Article	Literature review	16 sources cited	UK	Learning disability/mental health
Clarke, S. and Lamb, L.	2008	Working Together and Sharing Expertise: The key to good practice in tackling hate crime	Community Living. 21 (4), 2008, p 14	Article	Article in practitioner magazine	n/a	UK	Learning disability
Cooper, S.	2007	Was Westminster another Climbie?	Children Now, (21 Feb). pp 12–13	Article	Advocacy	n/a	England	Cerebral palsy
Cramer, E.P., Gilson, S.F. and DePoy, E.	2003	Women with Disabilities and Experiences of Abuse	Journal of Human Behaviour in the Social Environment, vol 7, no. 3/4, pp 183–199, 2003	Article	A qualitative study of disabled and non-disabled professionals and survivors of abuse	Participants were 24 disabled women recruited through the Centre for Independent Living	UK	Not impairment specific
Cunningham, S. and Drury, S.	2002	Access All Areas; A Guide for Community Safety Partnerships on Working More Effectively with Disabled People	NACRO	Report	Literature review. Internet search of best practice. Two focus groups: one group of people with learning disabilities who were members of The Camden Society, and one of people with physical disabilities who were members of HAFAD, a disability action group	Not described	UK	Not impairment specific

Disability Rights Commission; Capability Scotland	2004	Hate crime against disabled people in Scotland: A survey report	Capability Scotland	Article	Self-completion questionnaires were sent out to participants and focus groups were carried out	716 questionnaires were sent to disabled people and their carers, and 158 questionnaires were completed in the analysis (22 per cent response rate). Two focus groups were conducted in Perth and Glasgow with 15 participants	Scotland	Mobility impairments; visual impairments; learning disabilities; mental health problems and hidden disabilities
Dolton, A.	2003	Disabled People's Fear of Crime does not Reflect the Reality.	Radar Bulletin, September 2003, pp 12–13	Article	Article in third-sector magazine – based upon the Home Office Fear of Crime team's work	n/a	UK	Not impairment specific
ENABLE Scotland	2007	Speak Up! The bullying of children with learning disabilities	ENABLE Scotland	Article	Primary research undertaken in conjuction with Mencap. Survey distributed to self-advocacy groups and schools	500 children (not specified if all of these completed questionnaire)	UK	Learning disabilities
Fawcett, B.	2002	Convergence of Divergence? Responding to the abuse of disabled women	Journal of Adult Protection, 4 (3), September 2002, pp 24–33	Article	Academic discussion paper drawing from three feminist perspectives	n/a	UK	Not impairment specific
Flynn, M.C.	2007	The Murder of Steven Hoskin; A Serious Case Review	Cornwall Adult Protection Committee	Report	Report of a serious case review	n/a	Cornwall	Learning disabilities
Forbat, L.	2004	The Care and Abuse of Minoritised Ethnic Groups: The role of statutory services	Critical Social Policy, Aug 2004, 24	Article	Academic discussion paper and review of social policy	n/a	UK	Not disability specific
Gillard, D. and Wallace, C.	2003	No Way to Handle Assault	Community Care; (1499) 20 Nov 2003– 26 Nov 2003, pp 46–47	Article	Article in practitioner magazine – 'practice panel' reviewing case study	n/a	UK	Learning disabilities
Gillen, S.	2007	Targets of Hate Crime	Community Care, no. 1,692, pp 28–29, 27	Article	Article in practitioner magazine. Cites primary	n/a	UK	Not specified; refers to 'people

					research			with disabilities'
Gilson, S.F., Cramer, E.P. and DePoy, E.	2001	Linking the Assessment of Self-Reported Functional Capacity With Abuse Experiences of Women With Disabilities	Violence Against Women, vol 7, no. 4, pp 418, April 2001	Article	Literature review	19 sources of evidence referenced	US	Physical impairments
Grattet, R. and Jenness, V.	2001	Examining the Boundaries of Hate Crime Law: Disabilities and the 'Dilemma of Difference'	Journal of Criminal Law and Criminology, vol 91, no. 3, pp 653–697, Spring 2001	Article				
Greater London Action on Disability	2004	Disabled People and the Police: A new relationship?	Metropolitan Police Authority, 2004, pp 41, RP78260	Article	Report from the December 2004 Community Engagement Committee	n/a	London	Not impairment specific
Hatton, C., Johnson, S.D. and Kebbell, M.R.	2004	Witnesses with Intellectual Disabilities in Court: What questions are asked and what influence do they have?	Legal and Criminological Psychology; 9 (1), Feb 2004, pp 23–35	Article	Analysis of transcripts from court transcripts	16	UK	Learning disabilities
Healthcare Commission	2007	Investigation into the Service for People with Learning Disabilities Provided by Sutton and Merton Primary Care Trust	Healthcare Commission	Report	Healthcare Commission investigation	n/a	Sutton and Merton	Learning disabilities
Healthcare Commission and Commission for Social Care Inspection	2006	Joint Investigation into the Provision of Services for People with Learning Disabilities at Cornwall Partnership NHS Trust	Healthcare Commission and Commission for Social Care Inspection	Report	Report of the joint investigation into services for people with learning disabilities provided by Cornwall Partnership NHS Trust	n/a	South West	Learning disabilities
Hodes, M. and Tolmac, J.	2005	Severely impaired young refugees	Clinical Child Psychology and Psychiatry, vol 10, no. 2 (Apr), pp 251–261	Article	Academic paper that aims to describe the psychiatric, family and social backgrounds of severely impaired young refugees, many of whom arrive unaccompanied	Case studies	UK	Physical disability

Home Office	2007	Learning Disability Hate Crime: Good practice guidance for crime and disorder reduction	Home Office	Article	Good practice guidance, identified using the results from the Hate Crimes Against Adults with Learning Disabilities Survey (Inclusion North and Coast to Coast, 2007)	n/a	England	Learning disabilities
Horne, S., Merz, T.A. and Merz, D.P.	2001	Disability and Emotional Abuse: Mental health consequences and social implications	Journal of Emotional Abuse, vol 2, no. 4, pp 39–60, 2001	Article	Academic discussion paper on emotional abuse	n/a	US	Not impairment specific
Hunter, C. et al	2007 a	Disabled People's Experiences of Anti-social Behaviour and Harassment in Social Housing : A critical review	Disability Rights Commission	Book	Primary research. Four strands: (1) literature review, (2) analysis of policies and procedures at national and local level of local authorities and registered social landlords, (3) small-scale survey of online social housing providers, (4) consultation through three focus groups with providers, disabled people and carers	Sample size of (3) online survey: non-specialist providers N=70 (25 per cent response rate), specialist providers N=7 (23 per cent response rate)	England	Not impairment specific
Hunter, C. et al	2007 b	Anti-social Behaviour and Disability: The response of social landlords	People, Place and Policy Online, vol 1, no. 3, 2007, pp140–161	Article	Academic paper reporting on the Hunter et al (2007a) review	n/a	UK	Not impairment specific
Joint Committee on Human Rights	2008	A Life Like Any Other? Human rights of adults with learning disabilities	House of Lords, House of Commons Joint Committee on Human Rights; HL paper 40-I HC 73-I session 2007–8	Article	Received almost 200 separate pieces of evidence and correspondence from a wide range of relevant charities, service providers, NGOs, carers	n/a	UK	Learning disabilities

					and families, Government departments and people with learning disabilities			
Kitson, D. and Fyson, R.	2007	Independence or Protection: Does it have to be a choice? Reflections on the abuse of people with learning disabilities in Cornwall	Critical Social Policy, 27 (3), 2007	Article	Commentary reflecting on investigation in Cornwall	n/a	South West	Learning disability
Lamb, L. and Redmond, M.	2007	Hate Crime National Survey: Learning disability hate crime: identifying barriers to addressing crime	Care Services Improvement Partnership	Article	National survey to 400 community safety partnerships; 150 learning disabilities partnership boards and 200 self-advocacy groups	163 responses	UK not specified	Learning disabilities
Lewis, L., Gillard, D. and Franklin, K.	2003	Taken with a Pinch of Salt	Community Care; 10 Apr 2003, pp 46–47	Article	Article in practitioner magazine –'practice panel' reviewing case study	n/a	UK	Learning disabilities
Lindsay, G., Dockrell, J.E. and Mackie, C.	2008	Vulnerability to Bullying in Children with a History of Specific Speech and Language Difficulties	European Journal of Special Needs Education, vol 23, no. 1 (Feb), pp 1–16	Article	Primary research: longitudinal study	69 children	UK	Children with specific speech and language difficulties
Love, S., Joslin, E., Cerrone, P., Franklin, K. and Priestley, C.	2002	A Botched Investigation?	Community Care; 10 Oct 2002, pp 42–43	Article	Article in practitioner magazine	n/a	UK	Learning difficulties
Loveridge, L., Walz, L., Cerrone, P., Gear, C., Franklin, K., Priestley, C. and Taylor, K.	2003	Abused and Abandoned	Community Care; 13 Feb 2003, pp 44–45	Article	Article in practitioner magazine – 'practice panel' reviewing case study	n/a	UK	Learning disabilities

Marley, J.A and Buila, S.	2001	Crimes Against People With Mental Illness: Types, perpetrators and influencing factors	Social Work, vol 46, no. 2, p 115, April 2001	Article	Primary research. Quantitative surveys distributed to mentally ill individuals via support organisations	234 individuals diagnosed with a major mental illness who returned a survey	US	Mental health
McDonagh, R.	2006	Violence to and Maltreatment of People with Disabilities: A short review	Journal of Rehabilitation Medicine, vol 38, no. 1, pp 10–12,	Article	Short review of the discussion around violence against disabled people	19 sources of evidence referenced	Pan-Europe	Physical impairments
Mencap	2007	Bullying Wrecks Lives: The experiences of children and young people with a learning disability	Mencap	Article	Primary research. In 2007, Mencap carried out workshops with children and young people with a learning disability. The workshops were held in 46 schools across England, Wales and Northern Ireland to find out more about their experiences of bullying. The workshops were carried out in special schools and in special units within mainstream schools. The workshops consisted of activities and discussion, and the children were supported to fill in a survey about their experiences of bullying. The survey was accessible for children with a learning disability, using easy words and symbols.	507 children and young people with a learning disability aged between eight and 19 years took part in these workshops: 60 per cent of respondents were boys and six per cent were from a black or minority ethnic background	England, Wales and Northern Ireland	Learning disabilities

Mencap	1999	Living in Fear. The need to combat bullying of people with a learningdisability	Mencap	Article	Primary research – quantitative survey and six focus groups with adults with learning disabilities	Survey: N=904. Focus group participants not described	England, Wales, Scotland and Northern Ireland	Learning disabilities
MIND	2007	Another Assault	MIND	Report	Primary research – quantitative survey with adults with mental health problems. Focus groups	Survey: N=304. Focus groups: N=52	UK	Mental health
Monaghan, G. and Pathak, M.	2000	Silenced Witnesses	Community Care; 27 Apr 2000, pp 20–21	Article	Article about Liverpool social services witness profiling system	n/a	North England	Learning disability
National Children's Bureau	2007	Bullying and Disability	National Children's Bureau	Article	Practitioner briefing. Cites primary research	n/a	UK	Not impairment specific
Nettelbeck, T. and Wilson, C.	2002	Personal Vulnerability to Victimization of People with Mental Retardation	Trauma, Violence, and Abuse: A Review Journal, vol 3, no..4, pp 289–306, October 2002	Article	Academic discussion paper	n/a	Australia	Mental heath
Northway, R. et al	2004	Abuse of People with Learning Disabilities: An examination of policy, practice and educational implications in Wales	University of Glamorgan School of Care Sciences	Article	Policy review	n/a	Wales	Learning disabilities
Peckham, N.G. et al	2007	The Delivery of a Survivors' Group for Learning Disabled Women with Significant Learning Disabilities who have been Sexually Abused	British Journal of Learning Disabilities. vol 35, no. 4, Dec 2007, pp 236–244	Article	The facilitators of a survivors' group describe their experiences of running such a group and the impact of the project on the lives of the women with learning disabilities taking part. The survivors' group met up once a week and ran for 20 weeks	7 women met once a week for 20 weeks	UK	Learning disabilities

Perry, J.	2004	Is Justice Taking a Beating?	Community Care; (1,516) 1 Apr 2004–7 Apr 2004, pp 44–45	Article	Article in practitioner magazine	n/a	UK	
Perry, J.	2008	The 'Perils' of an Identity Politics Approach to the Legal Recognition of Harm	Liverpool Law Review	Article				
Petersilia, J.	2001	Crime Victims with Developmental Disabilities: A review essay	Criminal Justice and Behaviour; 28 (6), Dec 2001, pp 655-694	Article	A review essay; draws on primary research done elsewhere	n/a	Not specified	Developmental disabilities
Petersilia, J.	2000	Invisible Victims: Violence Against Persons With Developmental Disabilities	Human Rights, vol 27, no. 1, pp 9, Winter 2000	Article	Secondary research. Literature review	12 sources of evidence referenced	International (US, UK, Canada and Australia)	Learning disabilities
Quarmby, K.	2008 a	Hate Crime Progress	Disability Now, issue 7, May 2008	Article	Article in third-sector magazine	n/a	UK	Not impairment specific
Quarmby, K.	2008 b	Getting Away with Murder: Disabled people's experiences of hate crime in the UK	Scope, Disability Now, UK Disabled People's Council	Report				
Royal National Institute for Deaf People	2001	Scottish Best Practice Standards: Social work services for deaf, deafened, hard of hearing and deafblind people	Royal National Institute for Deaf People	Article	Best practice guidance	n/a	Scotland	Deaf, deafblind
Saxton, M., Curry, M.A., Powers, L.E., Maley, S., Eckels, K. and Gross, J.	2001	Bring My Scooter So I Can Leave You: A study of disabled women handling abuse by personal assistance providers	Violence Against Women, vol 7, no. 4, pp 393, April 2001	Article	Investigated the perceptions and experiences of women with physical and cognitive disabilities related to abuse by formal and informal personal assistance providers	Focus groups and individual interviews were conducted with 72 women	US	Physical and cognitive disabilities related to abuse
Schuller, N.	2005	Disabled People, Crime and Social Inclusion	Community Safety Journal, vol 4, no. 3, pp 4–13, 2005	Article				

Scottish Executive	2004	Working Group on Hate Crime: Report	Scottish-Executive	Article	Sets out the recommendations of the Working Group to ministers	n/a	Scotland	Not disability specific
Sequeira, H.	2006	Implications for Practice: Research into the effects of sexual abuse on adults with intellectual disabilities	Journal of Adult Protection. Vol 8 No 4 Dec 2006, pp25-34	Article	research and practice paper, draws on research done elsewhere	n/a	UK	Intellectual disabilities
Shamash, M. and Baility, S.	?	Didn't See Nothing: Hate crimes against disabled people unravelled	Disability Information Training Opportunity (DITO)	Article	Discussion groups and questionnaires	5 participants in discussion group and 41 questionnaires	London	Not impairment specific
Shamash, M. and Hodgkins, S.L.	2007	Disability Hate Crime Report	Disability Information Training Opportunity	Report	A discussion forum with DITO's offices was undertaken to hear disabled people's experiences of hate crime. 180 questionnaires were produced and distributed to numerous community projects and services for disabled people	5 people attended the discussion forum. 64 questionnaires were returned	London Borough of Tower Hamlets	A range of impairments including, physical, sight, hearing, deaf, learning disability, mental health condition and long-term illness/health condition
Sharp, H.	2001	Steps Towards Justice for People with Learning Disabilities as Victims of Crime: The important role of the police	British Journal of Learning Disabilities. vol 29 no, 3 Dec 2001, pp 88–92	Article	Secondary research. Literature review	18 sources of evidence referenced	UK	Learning disabilities
Sheard, C., Clegg, J., Standen, P. and Cromby, J.	2001	Bullying and People with Severe Intellectual Disability	Journal of Intellectual Disability Research; 45 (5) Oct 2001, pp 407–415	Article	Primary research. Survey and follow up interviews	54 surveys and 10 follow-up interviews	UK	Learning disabilities
Sims, J.	2004	Getting the Better of Hate	Care and Health Magazine. 20–26 Apr 2004	Article	Article in practitioner magazine. Cites primary research.	Reports on the DRC/Capability Scotland research	Scotland	Not impairment specific

Sobsery, D.	2006	Special Cases, not Double Standards, Please	CRIN Newsletter, no.19 (May). pp 30–33	Article				
Thorne, L. and White, C.	2005	Working Together to Find Out about Bullying of People with Learning Difficulties	Clinical Psychology Forum; 153 Sep 2005, pp 35–38	Article	Introduces a group of research tools that make up an approach called participatory appraisal	n/a	UK	Learning disability
United Kingdom's Disabled People's Council	2007	Briefing on Hate Crime: Crime and Immigration Bill 2007	United Kingdom's Disabled People's Council	Report	Third-sector briefing paper on the Crime and Immigration Bill. Cites primary research	n/a	UK	Not impairment specific
Van den Hende, R.	2008	Professionals Have a Key Role in Preventing Hate Crime	Community Living, vol 21, no. 4, 2008, pp 16–17	Article	Article in practitioner magazine	n/a	UK	Not impairment specific
Voice UK	2007	Disability Hate Crime	Voice UK All Party Parliamentary Group, 14 November 2007, meeting notes	Notes	Notes from meeting	n/a	UK	Learning disabilities
Voice UK	2008	Forced Marriages of People with Learning Disabilities	Voice UK All Party Parliamentary Group, 14 May 2008	Notes				
Watson, N., Shakespeare, T., Cunningham-Burley, S. and Barnes, C.	2000	Life as a Disabled Child: A qualitative study of young people's experiences and perspectives	University of Leeds	Article	Primary research. Qualitative research combining observation and interviews with disabled children between 11 and 16 years old	300 disabled children were observed and 165 were interviewed in-depth	Scotland and England	Not impairment specific
Wood, J. and Edwards, K.	2005	Victimization of Mentally Ill Patients Living in the Community: Is it a lifestyle issue?	Legal and Criminological Psychology, vol 10, no. 2, pp 279–290	Article	Primary research. Quantitative surveys distributed to mentally ill patients living in the community and students as compare group	mentally ill patients' N=40 (10% response rate) and students N=80 (response rate not given)	UK (region not specified)	Mental health
Young, D.A. and Quibell, R.	2000	Why Rights are Never Enough: Rights, intellectual disability and understanding	Disability and Society, 15 (5), Aug 2000, pp 747–764	Article	Academic discussion piece	n/a	International	Learning disability

Appendix C Literature review template

Title	
Author(s)	
Date published	
ID Number (from spreadsheet)	
Date document analysed by OPM	
Content overview (from abstract or exec summary)	
Sector background of published document (which sector is this agenda ingrained in?)	
Methodology – *methods used, sampling*	
Geographical focus: UK, England, Scotland, Wales	
Hate crime or wider targeted violence and hostility, harassment and abuse? *Is it focused on hate crime or other forms of targeted violence?*	

Links with other equality strands highlighted	
Impairment group?	
Reference to EHRC mandate	
Policy drivers highlighted	
Barriers to access identified	
The prevalence of targeted violence, harassment and abuse against disabled people, including whether some groups of disabled people are more at risk than others	
Identify gaps, weaknesses and trends in existing data sources	
Explore disabled people's experiences of targeted violence, harassment and abuse, and understand how this impacts upon lives	
What is known about why people perpetrate targeted violence, harassment and abusive behaviour towards disabled people?	
Barriers faced by disabled people in reporting, and seeking redress for violence, harassment and abuse in the criminal justice system and	

across other relevant agencies including local government	
Promising practice in improving safety and security for disabled people, and the role of public authorities in promoting disabled people's confidence in the public sphere	
To identify and develop solution focused approaches to targeted violence, harassment and abused of disabled people	
Statistics/quantifiable data – *that is prevalence rates*	
Key conclusions made	
Recommendations made	
References to OR changes OR shifts in thinking in response to key dates such as: **1995** – Disability Discrimination Act (DDA) **1998** – Human Rights Act **2003 (key date)** – The Criminal Justice Act 2003 Section 146 **2005** – DDA amendment	

2006 – Dignity in Care Campaign **2006 (Jan)** – Government announced its proposals for changes to Incapacity Benefit for new claimants from 2008 **2006 (Dec)** – DED came into force **2007** Welfare Reform Act	
Additional references to obtain (*add to spreadsheet)*	

Appendix D Stakeholder organisations and agencies

Person	Rationale
Joanna Perry, CPS	Lead on disability hate crime for CPS and experienced in how CJS and legislation can work to better serve interests and needs of disabled people – a key need identified in the literature review and also issue of framing debate in a way that does not label or further reinforce vulnerability
Catherine Bewley, Values into Action	Human rights and socio-economic perspective
Lucy Bonnerjea, No Secrets team, Department of Health	Literature review identified weakness of joined-up working between social care and police in respect of violence against disabled people. No Secrets consultation seen by some as key to changing this
Henry Watson, Head of Community Violence Section, Violent Crime Unit, Home Office Henry suggested Daksha Mistry, Kingston Voluntary Action instead	Working on the cross-government Hate Crime Strategy – could explore links with other equality strands and also identify key levers for Government to use in the future to make improvements
Ruth Bashall, Disability Independent Advisory Group to the Metropolitan Police	Has worked with Metropolitan police to improve reporting and police response to disabled people who have experienced violence, harassment or abuse
Dr Paul Smart, Head of Victims and Witnesses Unit, Criminal Justice Directorate, Scottish Government	Valuable Scottish perspective to the issues, and can identify whether there are significant differences in legislation, policy and approach between Scotland and England
Dr Lewis Turner, Hate Crimes Officer, Wyre Borough Council	Local authority perspective on the issues, and has experience of partnership working, particularly with the police

Ali Harris, Equality and Diversity Lead, CAB for England and Wales	Civil justice perspective, and can contribute important perspective on role and experience of third-party reporting
Judith Edwards, Equality, Diversity and Community Engagement Officer Wales, CPS	Valuable perspective on issues relating to Wales, and can identify extent to which there may be significant differences between Wales and England

Appendix E Stakeholder interview research instrument

Introduce yourself.
Give some background to the project – aims and objectives of project – and research process, including literature review, interviews with disabled people etc. Explain there are a small number of stakeholder interviews that the Equality and Human Rights Commission has commissioned to explore issues at a strategic level.

Context, and barriers and success factors
First of all, could you tell me a bit about your role and how it relates to targeted violence, harassment or abuse against (disabled) people?

Within your sector (for example, civil, criminal, local authority, etc), what do you think have been the critical barriers to improving outcomes for disabled people in relation to this?

Within your sector, what have been the critical success factors that have moved this agenda forward and improved outcomes?

[For Scottish/Welsh interviewees] Does this differ from England? If so, how? What is happening currently in Scotland or Wales as a response to this agenda?

In your opinion, how does targeted violence/harassment/abuse against disabled people intersect with other demographic variables ethnicity, religion/faith, and sexual orientation? What are the implications of this for how services respond?

How do wider geographical and socio-economic contexts impact upon the lived experience of disabled people in relation to targeted violence/harassment/abuse?

Policy and legislation
Within what paradigm do you think it is most helpful to frame the issue and situate targeted violence, abuse and harassment? For example, rights, justice, safety, protection? What are the implications of this?

What do you think has been the impact of different legislative and policy drivers, for example, the Human Rights Act, the Criminal Justice Act, the Disability Equality Duty? No Secrets guidance?

What have been the major barriers/successes in relation to relevant legislation/ policy? (For example, current failure in the criminal justice system to cite Section 146 of the Criminal Justice Act.)

Agency response and reporting

Research has shown that when disabled people report experiences to the police, standard procedures (for example, interviewing procedures, referral to Victim Support) are not always followed. What do you think is needed to ensure a more standardised response and better service?

We have found in the literature review that there is a predominant focus on the criminal justice system when thinking about responses to violence against disabled people. What is the role and opportunity for other agencies in monitoring and acting upon this issue?

Research has shown that there is sometimes a gap in responsibilities between social care and the criminal justice system in relation to this agenda. How do you think responsibilities can be better aligned?

How do you think agencies can improve the confidence of disabled people in reporting their experiences to the police/a third party?

What are the challenges to the systematic recording of violence, harassment and abuse against disabled people?

What are the opportunities/challenges presented by trends within social care (for example, move towards independent living, individual budgets) for improving the security and safety of disabled people?

Recommendations

What are your top three recommendations for improving disabled people's safety and security and reducing violence, harassment or abuse?
for police and CPS

for statutory agencies, for example, social care, housing, local authorities
for central government and policy-makers
for the Equality and Human Rights Commission

Are you aware of any good practice in this area? Why do you think it is/has been effective?

Lastly, what do you see as a major opportunity to improve disabled people's safety and security?

Do you have any other comments you would like to make?

Thanks and close.

Appendix F Disabled interviewees sample distribution (intended and achieved)

England (18)	Location 1 (3 LD) (3 MH)	Location 2 (3 LD) (3 MH)	Location 3 (3 LD) (3 MH)
	London – provides good spread of participants from different ethnic minority groups. (achieved – 3 LD in Camden, 3 MH in Hackney)	Newcastle – provides northern regional focus within England. (achieved – 3 LD and 3 MH in Newcastle)	Bristol and surrounding area – provides west of England focus, and balances more urban setting with rural intake from surrounding area. More likely for mix of different socio-economic backgrounds. (achieved – 3 LD in Bath and surrounding villages, 3 MH in Bristol)

Wales (6)	Location 1 (3 LD)	Location 2 (3 MH)	
	Aberystwyth or Cardigan – provides more small town/rural focus for one of the sample sites as well a more west or mid focus for Wales. More likely for mix of socio-economic backgrounds. (achieved – 3 LD in Aberystwyth)	Cardiff – fits with Equality and Human Rights Commission Wales office, and largest population in Wales. Provides urban focus for one of the Welsh sites. (achieved – 4 MH in Cardiff)	

Scotland (6)	Location 1 (3 LD) Edinburgh – provides urban focus for Scotland. Provides high possibility of ethnic minority participants and mix of socio-economic backgrounds. (achieved – 3 LD in Edinburgh)	Location 2 (3 MH) Dundee or Perth – provides a smaller city/town perspective. (achieved – 2 MH in Dundee)

Appendix G Information and recruitment letter to disabled people's organisations

Information on this research

What is this all about?

We are carrying out research with learning disabled people and people who use mental health services to find out about their experiences of targeted violence, harassment or abuse. This could include things like bullying, violent crime, having things stolen, or verbal harassment or name calling. Research shows that learning disabled people and people experiencing poor mental health are more likely to be victims of violence, harassment or abuse.

The aim of the research is:
- to better understand the type of targeted violence, harassment or abuse that learning disabled and mental health service users may face
- to more fully understand the impact of this
- to look at current barriers to reporting or seeking redress
- to explore possible solutions or responses to these situations with research participants

Who are OPM and EHRC?

OPM (the Office for Public Management) is an independent not-for-profit research organisation. We are carrying out this research on behalf of the Equality and Human Rights Commission (EHRC), an independent statutory agency working to eliminate discrimination, reduce inequality and protect human rights in Britain.

Who can take part?
Anyone in your area who is over 18 with a learning disability or who uses mental health services and who has experienced targeted violence, harassment or abuse and would be willing to be interviewed can take part.

What does the interview involve?
The interview will last about an hour and will be carried out by a trained researcher. Obviously this is a very sensitive topic and researchers will be supportive and empathic in their approach to the interviews. We would like to hold the interview in a place that is safe, comfortable and convenient for the

interviewee taking part – a place where they access a service could be a good option.

Interviews are taking place in **October** and **early November.** The interview would be about what kind of experiences relating to targeted violence, harassment and abuse the person had experienced. It would touch on what the impact was, what support they had, who they told and what happened as a result. The interviewee would not be expected to talk about anything they didn't feel comfortable with and could have a supporter, intermediary or advocate at the interview if they wanted. We will work hard to establish the individual support needs of each interviewee to ensure the interview is carried out in an appropriate, engaging and empowering way.

What happens to the information?
We will use this information as part of the evidence we gather and analyse for the EHRC. No one's name will be passed on to anyone or used in anything written about the project. No one will know what has been said at the interview unless something is said that makes us believe that their welfare or someone else's is at risk. If this happens we would try and discuss this at the time.

What are the benefits of taking part?
Interviewees can share their experiences and have the opportunity to have their voices listened to. The report of the interviews will help the EHRC think about recommendations in the area of targeted violence, harassment and abuse against disabled people. We will give interviewees £20 for taking part in recognition of their time and expertise, and reimburse any travel expenses.

Who can I talk to if I have any questions or know someone who would like to take part?
Please get in touch with Lucy Smith at OPM. Tel: 020 7239 7882 or email: lsmith@opm.co.uk

Appendix H Disabled interviewees research instrument

Introduction
- Introduce self – name, organisation.
- Background to the research – refer back to information sheet – explain why this work has been commissioned by the Equality and Human Rights Commission.
- Aims of the research – refer back to information sheet – emphasise this part of the research is about hearing directly from people about their experiences and thoughts about future improvements.
- Confidentiality – no individual will be identified in the report – all quotes will be anonymous and we will not tell anyone what you told us. The exception to this is if you tell us something that makes us concerned about your welfare or the welfare of someone else. If this happens we will always try and talk to you about this first.
- There is no need to answer any question that you do not wish to answer.
- Welfare issues – recognition this is a sensitive area and if you want to stop interview/need to take a break, that is absolutely fine. Agree a signal the interviewee can use if this is the case. Providing consent now does not mean you cannot change your mind during the interview. If you make a decision to discontinue the interview then nothing bad will happen as a result.
- Check if OK to record – no obligation and if they would prefer not that is fine – explain no one else will hear the recording and you will be taking notes to help write the report.

1. How safe do you feel in your neighbourhood? If not, why not? If so, why – what helps you to feel safe?

2. How safe do you feel in your personal environment? If not, why not? If so, why – what helps you to feel safe?

3. As you know, we're speaking to people who have experience of violence, harassment or abuse. This refers to a number of different things and could include acts such as verbal attacks: taunts: name calling: threats and intimidation; spitting; physical attacks; when something is stolen from you; damage to property; harassment on the street, or abuse. Can I just check first of all that you have experienced something of this nature?

4. Thinking of one of the times this happened, can you remember when it happened? [Establish the time that it happened, for example year, due to legislative changes]

Experiences

5. First of all, could you tell me a bit about what happened to you?
    Where and when did it take place?
    Do you think of it as 'abuse', 'violence' or 'harassment'?
    Was it in a public or private place?
    Is it ongoing?
    How fearful are you about whether it happens again?
    [Probe across a consistent set of 'contexts', for example, employment, home, neighbourhood, leisure, transport, services]
    [Think about links to other equality strands – for example ethnic minority, gender, age, income]
    [Think about vulnerable situation – for example, living in deprived area, travel by bus, social isolation]

6. Did you know the person/people who did this?
    Did/do they live with you?
    Do they live nearby?
    Were they in a position of authority or a 'friend'?
    Were they from a service, for example, key worker or someone else?
    Where they a colleague?

7. Why do you think this happened to you?
    Do you feel that what happened was motivated by a prejudice against your [insert respondent's condition, for example, mental health problem]?
    Why do you think the violence/harassment/abuse was motivated or not motivated by your [insert respondent's condition, for example, mental health problem]?
    Do you feel that what happened was because the person thought you might be particularly vulnerable?

Impact

8. When the incident/crime happened, how did it make you feel?
    Did you feel scared or humiliated?
    Did you suffer from a loss of confidence/self-esteem?

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Did it lead you to feel low or depressed? Did it make any mental health problems worse?

9. [If respondent felt crime/incident was motivated by prejudice against disability] If you felt that what happened was motivated by prejudice against your condition, what impact did this have on you?
Did it make you feel worse?
Did it make you feel more vulnerable?
Do you think it took longer to get over?

10. When the incident/crime happened, did it or has it change the way you lived your life?
Did you stop going out/go out less?
Did you stop seeing family or friends/see friends or family less?
Did you have to leave work/college?
Did it make you more isolated?
[Probe what people did as a result of what happened to them. Is there any connection between the incident and their work/life/health pattern?)

11. When the incident/crime happened, did it change the way people around you behaved?
How did it affect them?
Did family members, 'carers', support workers become more protective?
What effect did this have on you?

Reporting and redress

12. Did you tell anyone about what happened? What is happening?

13. [If respondent did tell someone] How long after the incident did you choose to tell someone?
[Record the year here to help analyse how agenda might have changed]

14. Who did you tell?
Why did you choose to tell them?
What did they do with the information?
Did they report it on to formal agencies?
Did they believe you? Did they dismiss or ignore it? Did they become more protective? Did they try to resolve the issues themselves?

15. Did you feel confident that you could get help with the problem?
[Probe on formal/informal contacts]

16. Did you or anyone else report it to the police or any other agency, for example, housing office, support worker, social services, GPs or doctors?
Why did you decide to report it to that particular agency?
Did you report it on your own or did someone come with you?

17. If yes – what happened?
[Record which organisation and what happened]
Was it treated seriously by the person/organisation you told?
Did you know what the police considered it to be and what was it recorded as?
Do you know if the agency you reported it to involved other agencies, for example, social care and/or police/CJS?

18. How did you find the experience of reporting what happened?
What was your experience of the staff that you talked to?
Did you feel listened to?
Were you clear about what was happening?
Did you feel well informed about what was going to happen as a result?

19. [If they didn't tell anyone] If not, why not?

20. Was there anything in particular that made it difficult to report?
Did you see what had happened as something that could/should be reported to the police or social care agency?
What were the main barriers to stopping you reporting it?
- *Did you worry about not be believed?*
- *Did you feel embarrassed and worry people would think you were not able to cope?'*
- *Did you feel loyalty to the perpetrator?*
- *Were you worried about losing home or 'care'?*
- *Did you find it difficult to access agencies and services to report the offence or incident?*
- *Did you feel that nothing would be done? If so, is this based on past experience (a bad experience of reporting) or on other people's experiences?*

21. [If interviewee did report crime/incident] What happened as a result of you reporting it?
How long did it take for something to happen?
Did you feel kept up to date by the agency about what was happening?

22. [If case went to court] Did you have to give evidence as a witness?
How did you find this experience?
Is there anything that would have made this experience better for you?

23. How did you feel overall about how it was handled by the person/organisation you told?

Recommendations
[Some of the questions below are important but it is not necessary to ask them in this order. Some of the questions below could be asked immediately after the questions related to reporting and redress section]

24. Is there anything at the time that would have helped make dealing with the incident better or easier to cope with?
Different response by family/friends?
Different response by police/agencies?

25. Is there anything that would have made the reporting stage easier?
Support of family or friends?
Advocate role by third party?
Access/response by police/agencies?

26. Was there anything particularly helpful about how people or organisations responded to what happened?
How family/friends responded
Were you offered third-party reporting?
The attitude of staff?
Joine- up working between different agencies?
Accessibility of agencies or key staff?

27. Was there anything particularly unhelpful about how people or organisations responded to what happened? What impact did this have at the time?

28. What would help increase your confidence in reporting? How do you think people can be encouraged to report these incidents?

29. How would you have liked the police or other agencies to respond?

30. What would need to happen to make you feel safer?
    What are the top three things that would need to happen in order for you to feel safer?

31. What would be your main suggestions for improving how we respond to violence, abuse or harassment against disabled people?
    For agencies such as social care, housing, etc?
    For the police and criminal justice system?
    For workplaces?
    For wider society, for example, communities and neighbourhoods?
    In different contexts – for example, at work, in public, in private?

32. Do you know of other people who have also experienced violence, harassment, abuse, and whether these other people reported/did anything?

33. Do you know of anything that works particularly well, 'good practice', in terms of safety and services' response to this?

34. Is there anything else you'd like to say that we haven't already covered?

    Thanks and close.

    Check whether interviewee would like details of local support organisations.

    Check whether participant would like research report if it is made public – record contact details.

Appendix I Disabled interviewees research instrument (adapted for those with learning disabilities)

- Throughout interview, check for verbal/non-verbal cues of distress/discomfort

- Allow extra time for respondent to give responses

- Check consent form has been filled in before commencing interview

- Note the interviewee will have had easy read information on the interview and information for advocate/supporter if there is one attending the interview

Ice-breaker conversation/ tea and biscuit beforehand
(20 mins)

Introduction
- Introduce self – name, organisation.
- Background to the research – refer back to information sheet – explain why this work has been commissioned by the Equality and Human Rights Commission.
- Aims of the research – refer back to information sheet – emphasise this part of the research is about hearing directly from people about their experiences and thoughts about future improvements. Explain what will happen with the interviews.
- Confidentiality – no individual will be identified in the report – all quotes will be anonymous and we will not tell anyone what you told us. The exception to this is if you tell us something that makes us concerned about your welfare or the welfare of someone else. If this happens we will always try and talk to you about this first.
- Welfare issues – recognition this is a sensitive area and if you want to stop interview/need to take a break, that is absolutely fine. Agree a signal the interviewee can use if this is the case *(traffic light system – yellow card = 'don't want to answer question, move onto the next one', red card = 'stop interview').*

- Providing consent now does not meant you cannot change your mind during the interview. If you make a decision to stop the interview then nothing bad will happen as a result.
- Check if OK to record the interview with a tape recorded – you do not have to and if they would prefer not that is fine – explain no one else will hear the recording and you will be taking notes to help write the report.
- If advocate is present during interview – establish ground rules; advocate will help interviewee understand the question but advocate is not to answer questions on behalf of interviewee.
- Reassure interviewee that it's OK to say if they don't understand a question and to ask for it to be said differently.

Establishing context

1. As you know, we're speaking to people who have had bad things happen to them. By bad things, I mean bad things like:
   - someone hitting or attacking you
   - someone touching you when you did not want them to
   - someone calling you nasty names
   - someone spitting at you
   - someone threatening you
   - or having things stolen from you

Use visual aids – pictures of the types of abuse/harassment/violence – to go through.

2. Have any of these things ever happened to you?

3. When did it happen?

Experiences

4. Could you tell me what happened to you?
   Where did it take place?
   [Probe across a consistent set of 'contexts', for example, employment, home, neighbourhood, leisure, transport, services]
   Has it happened more than one time?
   Are you worried that it will happen again?

If easier, suggest respondent draws what happens on a piece of paper. Draw a person in the middle of the paper and ask respondent to draw where it happened, the person/people who did it and what they did to respondent.

[Think about links to other equality strands – for example, ethnic minority, gender, age, income]
[Think about vulnerable situations? for example living in deprived area, travel by bus, social isolation]

5. Do you know the person/people who did this to you? You don't need to tell me their name.
   Did/do they live with you?
   Do they live nearby?

6. Why do you think they did this to you?
   [Dependent on answer – probe for whether they think it was motivated by their learning disability.

   Use relevant Safe & Sound prompt card on motivation.

Impact

7. How did it make you feel afterwards?
   How did it make you feel inside?

   Use relevant Safe & Sound prompt card of emotions.

8. After it happened to you, did you do anything differently?
   Did you go out the same as before? Did you see the same people?
   If you went to college/work, did you carry on?
   Use relevant Safe & Sound prompt card (for example, picture of house, picture of other people, picture of work, etc).

9. Did the people around you do anything differently after it happened to you?
   Did family members, 'carers', support workers change the way they were with you?
   How did it affect them?
   What effect did this have on you?

[Check whether interviewee would like a break]

Reporting and redress

10. Did you tell anyone about what happened?

11. [If yes] Who did you tell?
    Why did you choose to tell them?
    What happened?

12. [If respondent did tell someone] Did you tell them straight away?

13. [If respondent did tell someone] Did they tell anyone else?
    What happened then?

14. Did you tell anyone working for a service about what had happened? This means people like the police, a social worker or housing officer? [Advocate might need to say person's name, for example, 'You know, Diane who works there...']
    What happened then?

15. [If respondent reported it themselves] Was somebody with you when you told them?

16. Why did you tell these people?

17. What did they do after they were told?
    [Record which organisation and what happened]

18. What was it like telling [the police/housing officer/support worker/social services/doctor] about what happened to you?

19. [If they didn't tell anyone] Why didn't you tell anyone?

20. What things made it difficult telling someone about what happened?

21. What would have made it easier?

Recommendations

22. Over all, what was the best thing that happened?

23. Over all, what was the worst thing that happened?

24. If it happened to someone else, what advice would you give them?

25. Is there anything else you'd like to say?

Thanks and close – incentive.

Check whether interviewee would like details of local support organisations – Victim Support, Respond, Mencap.

Check what the support arrangements are for after the interview.

Leave card with contact details on in case they want to add anything or get in touch.

Appendix J Overview of disabled interviewees sample distribution and characteristics

ID	Impairment	Sex	Age	Ethnicity	Region	Experience types and location	Location of experience	Perpetrator	Reported?	Response of agencies	Named impacts
1	Learning disability (LD)	F	late 30s	White British	Newcastle, England	Bullying at school. Harassment and name calling on Metro and street. Flashing outside house window. Discrimination at work	School. Street. Public transport	Other pupils. Strangers	No. Told her aunt	Aunt told her to ignore it	Goes out less
2	LD	F	late 20s	White British	Aberystwyth, Wales	Familial sexual abuse. Flashing in street	Childhood home. Street	Uncle. Stranger	Sexual abuse told to family early on and social workers later told by her – not reported to police. Flashing was reported to police by third party	Sexual abuse: Not listened to by family and protective measures from housing staff. Flasher arrested by police	Goes out less
3	LD	M	65	White British	Newcastle, England	Name calling. Chips thrown at him	Street	School children	No	n/a	Takes longer route to shops

4	LD	M	23	White British	Aberystwyth, Wales	Name calling at school. Bullying and physical assault at college from other pupils with LD. Cyber bullying by text	Residential accomm-odation at SEN college. Mobile phone	Other college students	Yes. Told family who complained to college	School moved lesser perpetrator from accommodation. He and main perpetrator treated the same - both referred to counsellor	Left college two terms early. Increased frequency of epileptic fits.
5	LD	M	early 60s	White British	Aberystwyth, Wales	Bullying at mainstream school	Secondary school	Other pupils	Yes. Told teachers who told headteacher	Meetings between headteacher, education board, perpetrators' parents. Teachers told him to sit with the girls	Increased frequency of epileptic fits
6	LD	M	late 40s	White British	Edinburgh, Scotland	Physically attacked on street – brick thrown at him	Street	Strangers. (toung people)	Yes. Third party phoned police	Does not know whether perpetrators have been charged. Has tried to find out on numerous occasions	Had to have surgery as a result of attack. Hasn't changed way he lives his life as doesn't want to give in to fear
7	LD. Visually impaired	M	30s	White British	Newcastle, England	Called 'blind man' and had stones thrown at him	Street	Strangers. (young people)	No. Mother present and shop keepers saw	Mother told him to ignore it. Shopkeepers shooed young	Goes out less

									it	people away	
8	LD	M	30s	White British	Bath, England	Attacked with spray paint at Halloween. Bullying on bus. Threatening voicemail messages on mobile phone	Street. Public transport. Mobile phone	Strangers. (young people). Supposed 'friend'	Spray paint – told advocate. Reported threatening voicemails to the police	Police took a statement but did not follow up report. Psychologist did not tell anybody	Felt scared
9	LD	M	50s	White British	Bath, England	Has been called a thief on a number of occasions	Street	Strangers	Yes. Told police and third party	Police told him to look at perpetrators to get a witness description. Third parties told him not to look at perpetrators and to ignore/avoid them	Feels angry, finds it difficult to be calm
10	LD	M	50s	White British	Bath, England	Sustained harassment (vandalism, spitting, being called paedophile, barred from shops) following allegation made by his daughter that he was was abusing her and	Housing estate	Neighbours (young people)	Phoned 999 on numerous occasions. Told advocate. Told housing officer	Told not to dial 999 as it wasn't an emergency. Didn't always get a response from the police. Some action taken, for example, one resident had to sign saying she wouldn't taunt him and others	Felt suicidal. Had to take taxis everywhere. Arguing with wife due to stress. Drank alcohol

						her subsequent removal into care					got ASBOs following CCTV installation. Police advised housing association to move him and wife	
11	LD	M	60	White British	London	Physically attacked	Street	Strangers. (young people)	Yes – reported to police and to housing association	No response from police. Was invited by councillor to do training with the police	Felt scared. Worried it would happen again
12	LD	F	47	White British	London	Sexually assaulted. Property stolen	Pub and in supported housing	'Friend' (sexual) and other resident (theft)	Yes – to support worker and then police	Police took a statement and gave advice on not speaking to perpetrator. Perpetrator was not arrested	Felt humiliated
13	LD	M	23	White Irish	London	Bullying at school. Harassment from police. Physically attacked	In school, on street	School children, gangs, teenager near mum's house	Yes to police	Police took a statement but did not follow up report	Felt angry, upset, disillusioned – distrustful of other people and police

14	LD	M	25	White British	Edinburgh, Scotland	Ongoing verbal harassment from gang on street. Verbal harassment from sister. Physical attack from other service user with LD	On street, in home, at day-centre	Gang members (18 years old), sister, service user with LD	Incident with service user reported to Enable Scotland. Others not reported.	Parents of victims contacted to see if they wanted to report it to the police but parents declined	Feels very upset about the verbal harassment on the street. Physically attacked the other LD service user in response to the physical assault
15	LD	M	27	White British	Edinburgh, Scotland	Bullying at school	School	Other pupils	Yes, to teacher and headteacher	Headteacher spoke to pupils and bullying stopped	Did not enjoy going to school
16	MH. Visual impairment. Diabetes. Sickle cell	M	41	Black Caribbean	Hackney, London	Victimised and arrested by police and public transport staff following drinking – looks drunk without his glasses	Tube station. Pub	Police	Did not report unlawful arrest	MIND advocacy called by him, released as a result of their involvement	Stopped going out as much. Goes to the pub less. Less outgoing personality
17	MH	M	45	White British	Newcastle, England	Experienced verbal and physical harassment after being labelled as a paedophile by local community.	Social housing	Other residents	Told psychiatrist about being called paedophile. None of incidents	n/a	Does not disclose MH

						Physical assault and attempted stabbing as separate incidences			reported to police. Has an arrangement with two friends who will 'protect' him in future	
18	MH	F	40s	Black African	Hackney, London	Name calling from young people on streets. Anti-social behaviour on council estate. Police arrest for criminal damage	Social housing	Other residents. Police	No	Council refused to move her from estate as she was pregnant	Mental health deteriorated
19	MH	F & M	40s and 50s	White British	Bristol, England	Escalating anti-social behaviour from neighbour on near daily basis. Targeted directly at him and her. Damage to property – for example, destruction of garden	Home – owner-occupied house next door	Next door neighbour	Yes – to police and council	Agencies sympathetic but no action taken. Not taken to court by solicitor due to lack of useable evidence against neighbours. Reluctance on part of council	Mental health deteriorated. She was admitted to psychiatric hospital – attempted suicide. He had a heart attack. Spent evenings in shopping mall. Used garden less. Does not disclose MH

20	MH	M	30s	White British	Bristol, England	Derogatory comments from friends. Physically threatened in supported housing. Physically attacked in in-patient ward. Discrimination from housing staff and employers. Being sectioned against his will	Social settings. Supported housing. In-patient ward	Other residents. Another patient. Hounding staff	None reported to police	No action taken	Feels like his human rights were taken away by the mental health services when he was sectioned. Does not disclose MH
21	MH. Dyslexia	M	20s	Mixed	Bristol, England	Domestic violence at home. Severe bullying at school. Expelled 16 times. Sectioned twice	School	Other pupils	Told mother and teachers	School told him to stay away from them. Treated as perpetrator. Expelled for bringing in knives to school – claims it was to protect himself. School didn't believe he was threatened	Attempted suicide five times. Would react violently to bullying. Found it difficult to make friends. Loss of education

22	MH	F	30s	Black Caribbean	Hackney, London	Anti-social behaviour (ASB) from neighbours. Use of force in hospital	Housing association Hospital	Other resident. Hospital nurses	Told housing association about ASB. Not reported to police	Eventually rehoused following intervention from MIND advocate. Complaint to hospital not taken seriously	Does not feel safe
23	MH	F	30s	White British	Newcastle, England	Following making a complaint about ASB against neighbour, she experienced escalating harassment from his friends including being followed, and attempted rape and stabbing	Streets. Housing estate	Friends of neighbour	Frequently reported to police, housing association and council	Police did not follow usual procedures when attempted rape/stabbing reported – incidents not recorded. Evidence lost. Referred her to psychiatrist. Did not listen or take any action. Only housing allocator organisation believed her and got her rehoused	Deterioration of mental health. Felt like she was going to have a nervous breakdown. Had to use crutches as arthritis got worse. Loss of social life
24	MH	F	30s	White British	Dundee, Scotland	Consistently misdiagnosed by mental health services. Told she couldn't go into A&E any more for her repeated suicide	n/a	MH services	Complained	Did not listen to her. Wrong information recorded on her medical records	Misdiagnosis, not treated for eating disorder. Repeated suicide attempts

						attempts					
25	MH	M	30s	White British	Newcastle, England	Attacked when homeless. Harassed and had belongings stolen on council estate. Harassed from someone asking for money. Recently burgled	Street. Council estate. Home	Other residents. Strangers	Yes – to police and housing association	Responses from the police have improved in recent years. Good responses from housing associations	Frightened
26	MH	F	40s	White British	Dundee, Scotland	Sustained domestic violence	Home – owner-occupied	Husband	No. Told local council but no action taken	Council refused to rehouse her because the house was owner-occupied	Loss of self-esteem. Caused mental health problems
27	MH	M	42	White British	Cardiff, Wales	Name calling at school. 'Funny looks' on public transport. Verbal and physical abuse at work from other colleagues. Was eventually made redundant	School. Public transport. Work	Other pupils. Strangers. Work colleagues	Harassment at work – told manager	Manager was unsympathetic and said it 'was a bit of fun'	Loss of employment. Suicidal thoughts and self-harming, Had to start seeing a psychiatrist again
28	MH	F	55	White British	Cardiff, Wales	Verbal abuse from neighbours. Damage to property. Anti-	Home – owner-occupied	Other neighbours, both young people and	Has reported some incidents to the police.	Inconsistent responses from police – sometimes they	Frightened

						social behaviour. Excluded from local social events		older	Has also told local shopkeepers	respond but other times they do not	
29	MH	F	39	White British	Cardiff, Wales	Verbal harassment and anti-social behaviour from partner's ex-girlfriend. Bullying at work. Sexual abuse at college from tutor	Local streets. Work. College	Partner's ex-girlfriend. Deputy manager. Tutor	ASB reported to police. Work bullying reported to manager first, and then to occupational therapist who made a referral to CAB adviser. Sexual abuse reported to college counsellor, referral made to specialist sexual abuse agency	Police cautioned partner's ex-girlfriend. However civil order could not be obtained due to lack of evidence, despite police seeing perpetrator's behaviour first-hand. Work bullying – no response from manager, but occupational therapist made referral to CAB – taken to court and got £2,000 out-of-court settlement for unfair dismissal. Sexual abuse – counsellor advised to forcibly end relationship with	Impact of work bullying – loss of employment. Had to take statutory sick pay as a result of bullying at work. Impact of sexual abuse – physical damage to genitals and psychological damage with regards to sexual relationships

										tutor and made referral to specialist agency. Specialist agency said her case was 'not serious enough'	
30	MH	M	35	White British	Cardiff, Wales	Verbal harassment at work from colleagues and management, and criticism of working practice. Anti-social behaviour on council estate	Work. Home – social housing	Colleagues and managers. Neighbours	Manager told but no other agencies told. Housing officer told, but not about disabilist name-calling. Has only told mother about the name-calling	No response from employer. Housing officer informed and police called on numerous occasions but unable to remove perpetrator from estate. Perpetrator did get a fine, but harassment continues. Housing officer and police not aware of disabilist name-calling	Loss of employment due to worsened mental health. Feels trapped in his housing situation – does not have resources to leave so puts up with harassment

Appendix K Potentially relevant datasets at the UK Data Archive

Abbreviation	Full Title	Key variables	Sample size disabled	All valid cases in sample	Impairment breakdown	Country	Year
SN 5149	Greater London Authority (GLA) Household Survey, 2002	Nature of any disability, and to whom it applies (health variable). Long-term sick and disabled (economic position variable) – whether experienced any harassment in last 12 months; if so, reasons. Ethnicity – what were reasons for moving here (harassment)?	Long-term sick and disabled: N=? (three per cent)	N=8,158	?	Greater London	2002
SN 5239	Adults with Learning Difficulties in England, 2003–2004	Crime (attacked, reporting crime) and bullying (has anyone been rude or offensive in the last year? Who was rude? Who is more likely to be bullied?)	Learning disability (LD) N=2974 (100 per cent)	N=2,974	N	England	2003-2004
SN 2846	An Exploratory Study of the Prevalence of Sexual Abuse in a Sample of 16–21 Year Olds, 1990	Do you have a disability – if so, what kind? Pressured or forced into having sex/ sexual abuse/sexual harassment	N=?	N=1,244	?	Great Britain	1990

SN 5784	Scottish Crime and Victimisation Survey, 2006	Variable 664 (whether respondent has any long-standing illness, health problem or disability), Variables 401–410 (confidence in aspects of Scottish Criminal Justice System), Variable 339 (number of times been victim of violent attack), Variable 335–338 (racially or religiously motivated)	Has disability: N=561 (11.2 per cent). Has long-term illness: N=665 (13.3 per cent)	N=4,988	N	Scotland	2006
SN 5827	Rape in the 21st Century: Old patterns, new behaviours and emerging trends, 2000–2002	Disability; reasons for unwillingness to proceed with reporting/investigation	N=?	N=3,527	LD, MH	England (Greater London, Greater Manchester, Northumber-land, West Yorkshire)	2000–2002
SN 4685	Ethnic Minority Psychiatric Illness Rates in the Community (EMPIRIC), 2000	Variable 87 (long-standing illness or disability), Variable 117 (whether long-standing illness/disability limits activities), Variable 101 (been physically attacked last 12 months?), Variable 104 (attacked for ethnicity?)	N=?	N=4,281	MH	England	2000
SN 5248	Offending, Crime and Justice System, 2003	Variable 1448 (has respondent ever seen counsellor/doctor/nurse for mental health problem?), Variable 1450 (has respondent ever been told by doctor suffering from mental illness?), Variable 410–423	N=440 (17 per cent)	N=2,176	MH	England and Wales	2003

		(bullied in the last year – if so, what types of bullying?)					
SN 5374	Offending, Crime and Justice System, 2004	Variable 579 (has anyone used force against respondent on purpose in the last year?), Variable 583 (has respondent been threatened/frightened in last year?), Variable 587–603 (relationship between victim and perpetrator), Variable 672 (how often was respondent bullied in last year?), Variable 673–685 (what type of bullying?), Variable 1959 (has respondent ever seen a counsellor/doctor/nurse for mental health problem?), Variable 1960 (in last 12 months, has respondent seen counsellor/doctor/nurse for mental health problem?)	N=365	N=5,205	MH	England and Wales	2004
SN 6000	Offending, Crime and Justice System, 2005	Variable 614 (in the last 12 months, has anyone used force against respondent on purpose?), Variable 618 (in the last 12 months, has anyone threatened/frightened you?), Variable 622–638 (relationship between victim and perpetrator), Variable 705 (in the last 12 months, has respondent been	N=333 (six per cent)	N=4,951	MH	England and Wales	2006

		bullied?), Variable 2059 (has respondent seen a counsellor/doctor/nurse in the last 12 months for mental health problem?)					

Appendix L Section 146 Criminal Justice Act (2003)

146 increase in sentences for aggravation related to disability or sexual orientation

(1) This section applies where the court is considering the seriousness of an offence committed in any of the circumstances mentioned in subsection (2).

(2) Those circumstances are:
(a) that, at the time of committing the offence, or immediately before or after doing so, the offender demonstrated towards the victim of the offence hostility based on:
(i) the sexual orientation (or presumed sexual orientation) of the victim, or
(ii) a disability (or presumed disability) of the victim, or

(b) that the offence is motivated (wholly or partly):
(i) by hostility towards persons who are of a particular sexual orientation, or
(ii) by hostility towards persons who have a disability or a particular disability.

(3) The court:
(a) must treat the fact that the offence was committed in any of those circumstances as an aggravating factor, and
(b) must state in open court that the offence was committed in such circumstances.

(4) It is immaterial for the purposes of paragraph (a) or (b) of subsection (2) whether or not the offender's hostility is also based, to any extent, on any other factor not mentioned in that paragraph.

(5) In this section 'disability' means any physical or mental impairment.

Endnotes

1. This includes material from the database search, from Office for Public Management's own resources, and from experts.

2. While stakeholder interviewees and organisations are named in Appendix D, evidence from such interviewees are anonymised in reporting.

3. A wide range of visual aids and prompts were also used where necessary.

4. For example, the Home Office Citizenship Survey 2003 (Home Office, 2004) did not analyse participation of disabled people.

5. For example Department for Work and Pensions (2005) *Improving the Life Chances of Disabled People* and Office for Disability Issues (2008) *Experiences and Expectations of Disabled People.*

6. *Disability Now* (2007), for instance, compiled a list of 51 brutal attacks and murders of disabled people over the past two years.

7. The most commonly used definition of anti-social behaviour is that which appears in the Crime and Disorder Act 1998 (applicable in England and Wales): 'Acting in a manner that caused or was likely to cause harassment, alarm or distress to one or more persons not of the same household as (the defendant).' (See also equivalent definition in the Anti-social Behaviour etc (Scotland) Act 2004.) This definition applies when an application is made for an anti-social behaviour order. It is widely acknowledged that this definition is highly problematic.

8. Twenty-five of the 73 items reviewed were articles from academic journals.

9. Hunter et al (2007a: 52), for instance, claimed that: 'historically there has been very limited systematic recording of the amount of harassment or victimisation experienced by disabled people'.

10. Twenty items focused purely on people with learning disabilities. Five focused on those with learning disabilities and one other impairment group. Six looked at those with learning disabilities and other 'disabled people'. Eleven items related to people with mental health conditions, either solely or with other impairment groups.

11. Three items stated a focus on Scotland, while one claimed to be a study in 'England, Wales and Northern Ireland' but gave no further detail.

12. For example, dealing with the perceived (un)reliability of disabled people as witnesses, barriers in accessing and negotiating the criminal justice system, and support for accessing justice.

[13] There is a strong relationship between distribution of deprivation and disability. Those living in deprived areas are also more exposed to crime and anti-social behaviour. See Burchardt (2003).

[14] These were in addition to their learning disability and/or mental health condition. In both cases, respondents also had a visual impairment.

[15] This Mind (2007) study also found that levels of victimisation were 11 times higher than compared with the national average derived from the British Crime Survey.

[16] For example, the Hate Crimes Dossier by Disability Now included cases relating to physical impairments, sensory impairments, autism and learning difficulties. The 2007 Home Office report also indicated that 60 per cent of blind and partially sighted people have been victims of verbal and/or physical abuse.

[17] Two cases were mentioned, one by a young mixed race interviewee with mental health problems and another by a young White Irish interviewee with learning disabilities.

[18] Wood and Edwards (2005) found that nearly a quarter (22.5 per cent) of mentally ill patients stated that the perpetrators of their repeated violence had been committed by family members, one in five stated that they were friends or partners, 17.5 per cent stated that they knew the person by sight, and just under a third (32.5 per cent) stated that they were strangers.

[19] The Healthcare Commission (2007: 5) provides a useful definition of what constitutes 'institutional abuse': 'Institutional abuse occurs when the rituals and routines of a service result in the lifestyles and needs of individuals being sacrificed in favour of the needs of the institution … This type of institutional abuse was largely unintentional but it was abuse nevertheless.'

[20] Sobsey (2006) and Petersilia (2001a: 673) reported on a study that found 44 per cent of offenders against disabled people made contact with the victims through services provided specifically to disabled people.

[21] These have been defined by the legalistic definitions underpinning, in particular, the Criminal Justice Act. This issue is discussed further in Chapter 8.

[22] As explained in our methodological approach, we sampled through DPOs and accessed mainly disabled people who lived in the community.

[23] Sin (2005b) demonstrated the 'tolerance by many older people from minority ethnic backgrounds … as a means of coping with the cumulative disadvantages and discrimination associated with their migration history and their reception in British society' (Sin, 2005b: 110).

²⁴ Hunter et al (2007: 59) reported that just under a quarter of their study sample indicated that their children had experienced harassment, or that they feared their children would face harassment.

²⁵ The total does not equal 15 as some interviewees with learning disabilities told more than one person.

²⁶ Quarmby (2008b) reported 35 per cent of disabled people indicating they had confidence in the criminal justice system to bring about justice, compared to 41 per cent of the general population.

²⁷ Bearing in mind that disability hate crime, as a recognised legal entity, only came into existence in 2003 and only became enacted as law in 2005.

²⁸ Grattet and Jenness (1999), cited in Petersilia (2001), examined the US Uniform Crime Reports from 1997 and found that of the 8,049 hate crimes reported, only 12 were coded as motivated by disability.

²⁹ Hunter et al (2007), however, described a third-party reporting centre for disabled victims in Kirklees that is moving towards a system of recording impairment specific information.

³⁰ See, for instance, the DRC's extensive reviews of public bodies' Disability Equality Schemes (2007a-g).

³¹ For example, 10 per cent of children aged five to 15 have a mental health condition, with conduct disorders (that is, demonstrated through anti-social behaviour) being prominent. See Meltzer (2000).

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This report draws on an extensive literature review, qualitative interviews with disabled people and stakeholder interviews to examine disabled people's experiences of targeted violence and hostility. The report examines the risk, prevalence and nature of targeted violence and hostility experienced by disabled people; the experiences of individuals; the impact on disabled people, family, carers and wider society, and issues of reporting, recording and redress. The wider policy implications are also outlined.