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National evidence on the nature of, and responses to, disability hate crime: Rapid evidence assessment

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Rapid Evidence Assessment

**National evidence on the
nature of, and responses to,
disability hate crime.**

Ellen Daly and Olivia Smith.





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1. Key Messages

Disability hate crimes are offences that are motivated by prejudice or hostility towards a person's disability or perceived disability (HM Government, 2012).

About disability hate crime:

- » It most often affects those with learning disabilities and mental health conditions.
- » The most common forms of hate crime are verbal abuse and threatening behaviour; although theft, physical violence and sexual violence also occur.
- » Disabled people are at higher risk of experiencing these crimes than their non-disabled counterparts and repeat victimisation is common.
- » The negative impacts on victims include anxiety, depression, and suicidal thoughts. Disabled people alter their everyday lives to reduce victimisation, sometimes causing isolation and rapid deterioration of health.
- » Disability hate crime is the least likely to be reported of the five hate crime strands.

Barriers to reporting include:

- » Confusion over hate crime terminology, or not identifying incidents as hate crime.
- » Limited understanding of the complex nature of disability hate crime.
- » Fear of the potential consequences of reporting, for themselves and perpetrators.
- » Lack of confidence in the ability or willingness of police to deal with reported incidents.
- » Practical barriers to reporting, for example where the perpetrator is the victim's carer.

Implications for police and local agency practice:

- » All frontline police officers should receive regular training around the specific nature of disability hate crime. Training should be facilitated by disabled people.
- » Police officers should rigorously record hate crimes and hate incidents, ensuring that type of impairment is logged. Trends and patterns from this data must be regularly reviewed to inform targeted policing.
- » Police should not rely on third party reporting centres to increase reporting levels.
- » Community policing strategies should be used to improve face-to-face relationships between the police and the local disabled community.
- » Inter-agency working between police, disability organisations and other local support organisations should be strengthened in order to effectively identify safeguarding concerns.
- » Greater awareness of disability hate crime should be promoted through partnerships with local organisations that support disabled people.
- » Wider societal attitudes should be challenged through public campaigns and school education.

2. Executive Summary

2.1 Overview

The criminal justice system has been criticised for its responses to disability hate crime. It is widely acknowledged that disability hate crime is highly prevalent but is significantly under-reported. The purpose of this report is to review the current research evidence in relation to the nature and extent of disability hate crime, barriers to reporting, and solutions to these barriers. This report forms part of a wider project regarding disability hate crime conducted in collaboration with Essex Police.

2.2 Methods

This report used a rapid evidence assessment (REA) methodology to locate and assess relevant literature within a limited timeframe.

The review addressed the following research questions:

- (1) How do disabled people experience hate crime?
- (2) What are the barriers to reporting disability hate crime?
- (3) What are the current best practice responses to disability hate crime in the UK?

2.3 Findings

RQ1: How do disabled people experience hate crime?

It is estimated that 21% of the UK population have a disability (Department for Work and Pensions, 2017) and they are significantly more likely to experience targeted violence than are their non-disabled counterparts. People with learning disabilities or mental health conditions are at a higher risk of victimisation than those with only a physical disability.

The most commonly experienced type of disability hate crimes can be categorised as verbal abuse and threatening or coercive behaviour. These behaviours can range from name-calling to intimidation to property damage. This is not to say that physical and sexual violence are uncommon. Indeed, studies put the figures of this type of violent victimisation as ranging from between 17% and 50%. Repeat victimisation is common across all forms of violence, but particularly in the form of so-called 'mate crime' and, for disabled women, sexual violence and intimate partner violence. Where repeat victimisation goes unaddressed, there is a risk of increase in the severity of the crimes that can result in serious injury or death of the victim.

Disability hate crime often happens in public spaces such as on the street or on public transport. The perpetrators of these incidents are usually teenagers. Disability hate crime also occurs within private spaces, such as at home or in institutional settings. In these circumstances the perpetrator is almost always known to the victim and so power dynamics within those relationships can often act as a barrier to reporting the incidents. The victims of this type of abuse tend to be people with learning disabilities and mental health conditions. Sexual violence is particularly common in institutional settings, often perpetrated by members of staff.

There are numerous long-lasting adverse effects of disability hate crime on the victims. These include feeling afraid and distrustful, anxious and depressed, and having suicidal thoughts. In some cases, this leads to the victim using substances as a coping mechanism. Feelings of anger and frustration can lead to retaliation, which can position the victim as an offender in the eyes of the responding police officers. Repeat victimisation in public can lead to victims adjusting aspects of their daily life in order to avoid being victimised, which can result in social isolation and exacerbate existing impacts on mental or physical health.

Disability hate crime does not happen in a vacuum. There are other social factors, such as class and ethnicity, that affect how a person experiences victimisation, the subsequent impact, and the actions they may take.

RQ2: What are the barriers to reporting disability hate crime?

The disability hate crime terminology causes confusion for both victims and law enforcement, as well as the wider community. There is a conflation between ‘vulnerability’ and ‘hate’ that obscures many of the ‘low-level’ incidents experienced on a daily and weekly basis by disabled people. This has led to a lack of recognition within the criminal justice system for victims of disability hate crime, which forms part of a larger air of lack of confidence in the ability of the police to address the incidents reported to them. The evidence strongly indicates that there is a general lack of knowledge within the police in relation to the complexities of disability hate crime. This manifests in a variety of ways, including dismissive attitudes, advising the victim to ignore low-level abusive behaviours, low confidence in ability to communicate with the victim (specific to learning and communication disabilities), assuming the victim cannot be a credible witness, and misunderstanding a victim’s response to incidents.

Fear can be a significant barrier to reporting. Fear of repercussions from the perpetrator may mean a victim decides not to report; this is a fear particularly prominent in regards to repeat victimisation. Power relations between victim and perpetrator have a significant impact on fear as a barrier to disclosing experiences of hate crime. If a victim depends on the perpetrator for fulfilment of their basic needs, the victim may decide that living with the abuse is their best option. A lack of confidence in the

police can cause victims to feel as though they will not be believed, and so they decide not to report incidents. It may feel unsafe for a victim to report abuse as the fear of repercussions and the fear of not being believed compound each other.

RQ3: What are the current best practice responses to disability hate crime in the UK?

The research specific to existing good practice was limited. To answer this research question, consideration was therefore given to the recommendations of the studies included in this review.

There is a distinct lack of public awareness of formal third party reporting systems, and disabled people who are aware of them tend to be critical of their accessibility. The evidence suggests that disabled people prefer to report hate crime face-to-face and to people with whom they are familiar, such as support workers or housing officers. The research has shown that specialist disability hate crime knowledge is highly desirable in front line police officers and PCSOs. This knowledge helps build trust within the community and thus can help disabled people feel more comfortable reporting incidents to the police. Dedicated police hate crime units/officers are noted as examples of good practice. However, improved policies and clearer structures for accountability within police forces in relation to disability hate crime have been called for. The way in which disability hate crime data is recorded has also been discussed; with one study identifying best practice in a force that recorded incidents by disability type to enable analysis of trends and patterns that can inform policing strategies.

The importance of specialist training being facilitated by disabled people was a common theme present within the reviewed literature. This was suggested both in terms of police training and that of the wider professional community and the general public. Social workers, support workers, housing support and emergency services are some of the professionals identified in the literature as individuals who disabled people choose to report hate incidents to and so, as with front line police officers, they should receive specialist training. Training modelled on an action learning approach could be useful and would directly involve disabled people.

2.5 Implications

Specialist hate crime units or officers may help in delivering consistent and effective policing practice. This should be part of a well-defined organisational structure with clear lines of accountability, and requires robust evaluation to check for improved responses.

Regular specialist training should be provided for all frontline police officers focusing on the specific and complex nature of disability hate crime, particularly 'low-level' repeat victimisation. Specialist units for related crimes, such as domestic abuse and anti-social behaviour, should have extensive



training in this area to enable officers to quickly identify crimes and incidents that are motivated by prejudice or hostility based on a victim's perceived disability.

Specialist training should involve the disabled community and support organisations. This training should focus on sharing knowledge. The disabled community and support organisations can educate the police on the lived experience of disability in Essex. As well as educating others on what constitutes a hate crime or incident and the process of reporting, police should actively work to address concerns raised by the disabled community that act as a barrier to reporting, such as feeling their report will not be taken seriously.

Police officers should rigorously record hate crimes and hate incidents, ensuring that the type of impairment is logged. This data should be regularly reviewed to identify trends and patterns and used to inform targeted policing strategies. This can then be used as a tool in community engagement because police officers will be able to explain to the disabled community how their reports of hate crimes and incidents can influence local policing.

Police should avoid relying on third party reporting centres. Evidence suggests that disabled people do not make use of third party reporting centres and so these should not form the basis of a force's strategy for increasing reports.

Improve relationships with the disabled community. Community policing strategies should be used to improve face-to-face relationships between the police and the local disabled community. This can help build trust, encourage reporting of hate crimes and incidents and enable officers to better identify repeat, 'low-level' incidents. This will require sustainable and proportionate funding from Police and Crime Commissioners, as well as other local authority funds.

Inter-agency working with disability organisations and victim support should be strengthened in order to effectively share information and identify patterns of repeat victimisation. This partnership working should also be used to promote greater awareness of what counts as a disability hate crime.

Public campaigns and education strategies should be used to challenge the wider societal values that contribute to the existence of disability hate crime. These strategies should include education programmes targeted at children and teenagers as these are groups that have been identified as commonly perpetrating disability hate crimes and incidents.

This report aims to contextualise the available evidence regarding disabled people's experiences of hate crime and identify possible future approaches and measures for tackling disability hate crime. Using this evidence as a basis, PIER will conduct primary research in Essex with a view to developing a strategy of best practice for Essex Police.

3. Context

3.1 Purpose

The criminal justice system (CJS) has been criticised for its responses to disability hate crime, particularly in relation to low levels of reporting and convictions (Home Office 2016). While this criticism is discussed in relation to all forms of hate crime, it is noted by Roulstone, Thomas and Balderston (2011) that disability hate crime has the lowest level of reporting to police, and so is in need of particular attention. The purpose of this Rapid Evidence Assessment (REA) is to synthesise the current research evidence in relation to the nature and extent of disability hate crime, barriers to reporting incidents, and solutions to these barriers. This REA forms part of a wider project into disability hate crime conducted in collaboration with Essex Police.

3.2 Hate crime: Definitions and Causes

The UK Government defines hate crime as *“any criminal offence which is perceived, by the victim or any other person, to be motivated by a hostility or prejudice based on a personal characteristic”* (HM Government, 2012). In England and Wales, the College of Policing (2014) and the Government (Home Office, 2016) refer to five specific protected characteristics: Race, religion, disability, sexual orientation and transgender identity. However, the College of Policing (2014) recognises that hate crime is not limited to these categories, reflecting arguments made in academic literature on homelessness, immigration status, alternative subcultures and prostitution (Al-Hakim, 2015; Campbell, 2016; Chakraborti and Garland, 2012; Fekete and Webber, 2010; Garland, 2010, 2011; Wachholtz, 2005). In England and Wales, there is a distinction made between hate incidents and hate crimes for the purposes of policing. Hate incidents do not have to involve a criminal offence, but those that do can become hate crimes; the police should still respond to and record hate incidents (College of Policing, 2014). As both incidents and crimes are relevant to policing, the terms hate crime and hate incident will be used interchangeably in this report unless otherwise specified.

There is an ongoing debate around the conceptualisation of hate crime, particularly with regards to the use of the word ‘hate’, which implies that feelings of personal prejudice and bias on the part of the perpetrator act as the sole motivator for the perpetration of these acts (Clayton, Donovan and MacDonald, 2016). It is argued that perpetrators and their actions should be viewed in the context of wider society (Clayton *et al.*, 2016) and that the primary motivator does not need to be hate in order for something to be a hate crime (Gerstenfeld, 2013). The Office for Democratic Institutions and Human Rights (ODIHR) states that what differentiates a hate crime from other types of crime is that the perpetrator chooses to target their victim because of their perceived ‘difference’ (ODIHR, 2009).

Perry (2001) sees hate incidents as a symptom of the broader social hierarchies and inequalities that exist in society and the power imbalances they create. That is, hate incidents are expressions of power that seek to reinforce the perpetrator's identity group as 'superior' over the victim's 'inferior' identity group (Perry, 2001). In line with academic discourse, the definitions provided by the College of Policing (2014) note that prejudice may only be a partial motivational factor for the perpetration of these acts. Chakraborti and Garland (2012) acknowledge the validity of conceptualising hate crime in this way, however they argue that when taken at face value by scholars, policymakers and practitioners, definitions such as Perry's (2001) can obscure and normalise the less obvious, everyday experiences of hate incidents (Chakraborti and Garland, 2012; Chakraborti, 2017).

Garland (2011), Roulstone *et al.* (2011) and Thorneycroft and Asquith (2015) assert that the victimisation of disabled people¹ is perhaps the most extreme of all hate crime. Mason-Bish (2013) argues that in the perceived hierarchy of protected characteristics where race is at the top, disability is at the bottom. Quarmby (2008) argues that the casual disablism that remains entrenched in modern society makes hate crimes against disabled people more difficult to identify than other hate crimes, as disability hate crime is simply an extreme manifestation of disablism. Smith (2015) notes that disability hate crime is often overlooked by practitioners, including police officers, who frequently fail to see the prejudice, bias and hostility in crimes against disabled people. Chakraborti and Garland (2012) and Thorneycroft and Asquith (2015) present 'disablist violence' as an alternative term to 'disability hate crime'. In using the term 'disablist', they highlight the social structure behind perpetrators' prejudice, as well as the social construct of hate crime itself. Much like 'racist' or 'sexist', 'disablist' appropriately highlights the targeted nature of the offence due to the victims' 'difference' (Garland 2011). This broader definition is welcomed and provides an important critical perspective on the term 'disability hate crime'; however we have opted to maintain this term to ensure consistency with police literature and understandings.

¹ 'Disabled people' is preferred to 'people with disabilities' because the former recognises that people with impairments are 'disabled' by society rather than their impairments, shifting the focus from the individual to societal oppression and inequality (Cameron, 2013).

4. Methodology

This report used a rapid evidence assessment (REA) method to locate and assess relevant literature. An REA is a systematic method of efficiently reviewing and evaluating literature and evidence relevant to a particular topic in a limited timeframe. While systematic reviews are considered the most rigorous method of reviewing available evidence, they are costly and time consuming. The advantage of REAs is that they are conducted using rigorous methods of search and evaluation in a much shorter timeframe than a systematic review, however in order to achieve the shorter timeframe, literature searches are limited by several factors including date of publication and language. This could mean that not all relevant evidence has been located for review. Despite this, REAs remain an appropriate alternative to systemic reviews (Varker *et al.*, 2015).

Initial search results yielded a total of 560 publications. Non-English language publications were removed and only studies published between 01 January 2000 and 31 March 2018 were included. The final screening stage involved checking that studies were based in the UK and had at least a significant-partial focus on disability hate crime. This left 44 studies to be assessed and analysed for the present report. For more information on the specifics of the search strategy, selection criteria, data extraction and analysis methods, please see Appendix I.

The review addressed the following research questions:

- (1) How do disabled people experience hate crime?
- (2) What are the barriers to reporting disability hate crime?
- (3) What are the current best practice responses to disability hate crime in the UK?

5. Results

5.1 Research Question 1: How do disabled people experience hate crime?

5.1.1 Prevalence

The World Health Organisation [WHO] (2011) estimated that globally approximately 15% of people have a disability. In the UK, the Department for Work and Pensions (DWP; 2017) estimates that 21% of the population are disabled. Hate crime recorded in the UK has almost doubled in the last 5 years, with more recent years seeing steeper increases and disability hate crime seeing the highest growth (53%) in recorded crimes over the past year (O'Neill, 2017). These increases are likely to be due to improved police detection and recording of such crimes (O'Neill, 2017), however there are significant differences between police recorded crime figures and the Crime Survey England and Wales (CSEW) data, which suggests that these crimes remain under-reported and under-recorded. The 2014/15 CSEW found that one third of hate crimes were related to disability, compared to 5% in the police recorded crime figures (Home Office, 2016). It is important to note that the CSEW data excludes significant portions of the population, such as children, adults residing in institutional settings and homeless people, which limits the accuracy of prevalence estimates. This is of particular importance to note because disability hate crime has been shown to be common in schools and institutional settings (Mencap, 2011; Balderston, 2013), therefore a large portion of potential victims are excluded from CSEW estimates.

Systematic reviews by Hughes *et al.* (2012) and Jones *et al.* (2012) found that disabled adults and children are significantly more likely to experience targeted violence than their non-disabled counterparts. This was supported by a large-scale study by Emerson and Roulstone (2014) which found that disabled people were significantly more likely to have been exposed to violent crime or hate crime over the preceding 12 months than were their non-disabled peers.

Studies specifically focused on hate crime found differing levels of victimisation within the disabled community. Figures ranged from 36% to 82% of disabled participants having been victimised (Mind, 2007; Mencap, 2011; Richardson *et al.*, 2016). The small-scale samples of these studies, along with other methodological differences, can help account for differences in findings. Overall, the evidence suggests that hate crime victimisation of disabled people is high.

Multiple studies highlight that those with learning disabilities and/or mental health problems are at higher risk of victimisation than those with physical disabilities (Clement *et al.*, 2011; Emerson and

Roulstone, 2014; Mencap, 2011; Richardson *et al.*, 2016; Sin *et al.*, 2009). Conversely, MacDonald (2015) found that adults with mental health problems reported less hate crime than those with physical disabilities and those with learning disabilities², with learning disabilities being targeted significantly more frequently. The National Union for Students (NUS; 2011) surveyed 9,229 students and further- and higher-education institutions, with 1,001 categorised by the researchers as disabled. Their finding was that students with physical or sensory disabilities were more likely to experience hate crimes or incidents (24% and 15% respectively) than those with mental health problems or learning disabilities (both 12%). It is important to note that the NUS sample is unlikely to be representative of the wider disabled community, for example it is unlikely that the sample includes adults with moderate-severe learning disabilities, and the imposed labelling of disability by the researchers is problematic because, as they noted, their sample likely included people who do not identify as disabled. When accounting for research outcomes and quality of studies, on balance it therefore seems that learning disabilities and mental health are primary factors present in most victims of disability hate crime. It should be noted that there has been little academic attention focused primarily on hate crime experiences of adults with physical disabilities, whereas there have been numerous for learning disabilities and mental health.

5.1.2 Characteristics

5.1.2.1 Types of incident

Clayton *et al.* (2016) analysed 3,908 hate incidents reported to third parties in the North East of England and found incidents categorised as ‘coercive threatening behaviour’ were attributed to the disability hate crime strand more than any other strand. Within the disability hate crime strand specifically, ‘coercive and threatening behaviour’ and ‘offensive/abusive language’ accounted for the highest levels of reported incidents across all incident categories. Although this study was limited geographically, the distribution of incident type was reflected in the two most recent Home Office reports on police recorded crime data (Corcoran and Smith, 2016; O’Neill, 2017), suggesting that their findings are in line with the national picture. Indeed, Chakraborti *et al.* (2014) found that 90% of their participants reported verbal abuse, and the Disability Rights Commission (DRC) and Capability Scotland (2004) found that 73% of respondents had experienced verbal abuse and intimidation. NUS (2011) found that verbal abuse was the most commonly experienced form of abuse. Contrastingly, Sin *et al.* (2009) found physical violence to be the most common form of victimisation against their participants. In their study, being followed was counted as an act of physical violence, whereas other studies would

² Learning disabilities affect a person’s intellect and cause difficulty in carrying out everyday tasks. This is different from a learning difficulty which refers to a condition that makes specific forms of learning difficult but does not affect intellect.

likely have categorised such an act as intimidation or threatening behaviour, which could account for the conflicting finding.

Some studies have focused on specific groups within the disabled community, particularly those who have learning disabilities or mental health problems. It is worth noting that none of the studies reviewed focused on physical disability as the main interest, perhaps reflecting that it is people with learning disabilities or mental health problems who are most at risk of victimisation. Victimisation among people with learning disabilities and people with mental health problems was commonly identified as verbal abuse. Threatening behaviour was also identified, such as urination on property, rocks being thrown at windows, graffiti and animals or animal faeces being posted through letterboxes (Capewell, Ralph and Bonnett, 2015; Clement *et al.*, 2011; Richardson *et al.*, 2016; Carr *et al.*, 2017).

For people with mental health problems or learning disabilities, acts of physical violence and sexual violence were found to a lesser but still significant extent compared with verbal abuse and threatening behaviour. Richardson *et al.* (2016) found that incidents covered a spectrum from name calling and intimidation to physical and sexual assault, though did not comment on the frequency. The DRC and Capability Scotland (2004) found that 35% of respondents have experienced physical victimisation. Capewell *et al.* (2015) identified acts of sexual coercion in the case they examined, and both Chakraborti, Garland and Hardy (2014) and Sin *et al.* (2009) identified sexual violence as a common form of victimisation for disabled people, especially disabled women. Chakraborti *et al.* (2014) found that 22% of their participants had been a victim of sexual violence, and that figure rose to 33% for people who had been targeted because of mental health problems. Five out of 30 (17%) interviewees in Sin *et al.*'s (2009) study disclosed sexual violence. Balderston (2013) examined disabled women's experiences of hate crime and sexual violence and found that for disabled women there was often a sexual element to the hate crimes, particularly within institutional settings.

Chakraborti *et al.* (2014) found that 50% of their participants reported being a victim of a violent crime. Sin *et al.* (2009) identified this as the most common type of crime against disabled people and included one-off incidents as well as repeat victimisation, including intimate partner violence. As well as physical attacks, types of incident also included objects being thrown at the person and the use of force, for example the person's head being pushed into a toilet (Sin *et al.*, 2009).

Disabled participants and specialist disabled people's organisations in Sin *et al.*'s (2009) study noted the emergence of cyber bullying as a form of targeted victimisation, which was also noted by the Equality and Human Rights Commission (EHRC; 2011) particularly in relation to younger disabled people. More recently, Alhaboby *et al.* (2016) studied disability hate crime in the specific context of cyber bullying. Their findings identified similarities between online and offline victimisation for

disabled people. As was identified by Emerson and Roulstone (2014) in the offline context, Alhaboby *et al.* (2016) found that online, people are targeted specifically because of their disability, or perceived disability, and a common impact of this victimisation can be the deterioration of existing health conditions, such as mental ill-health. Burch (2018) analysed disability hate speech on an online forum and noted that the anonymity of the internet encouraged people to engage in disability hate speech. Online victimisation shares many commonalities with offline victimisation, however the anonymity of the internet creates additional opportunities for perpetrators.

5.1.2.2 Where and who?

The vast majority of the research that identifies who the offenders of disability hate crime are and where the incidents take place, is focused on people with learning disabilities.

Hate incidents most commonly occurred in public spaces, usually on the street or on public transport (Sin *et al.*, 2009; Williams and Tregidga, 2014; Richardson *et al.*, 2016; Carr *et al.*, 2017) and for children incidents also occurred frequently in school (Mencap, 2011). For example, Sin *et al.* (2009) found that two thirds of people with learning disabilities reported incidents that occurred on the street and also reported that 3 out of 10 children with a learning disability had been bullied in public. The DRC and Capability Scotland (2004) found that disabled people were more likely to be victimised in urban areas and that in these areas the incidents mostly occurred in public spaces, however in rural areas victimisation was more likely to occur in private spaces.

Sin *et al.* (2009) found that verbal abuse was most commonly committed by strangers out in the community and was not usually committed by the same people. Conversely, Williams and Tregidga (2014) found that stranger repeat victimisation in public sometimes occurred. NUS (2011) found that offenders were usually young people aged 16-24, which is likely a reflection of their study being conducted in the context of college and university. Richardson *et al.* (2016) found that 61% of those who instigated hate incidents were teenagers, and Chakraborti *et al.* (2014) found that 34% of recent incidents involved teenage offenders. Chakraborti *et al.* (2014) also found that in 13% of incidents the perpetrators were known to the victim (e.g. a neighbour, colleague, acquaintance, friend or family member). NUS (2011) found significantly higher rates of known offenders, at 56%, however this again is likely to be a result of the specific context of that study meaning the sample is entirely made up of students attending college or university. A review of mental health victimisation studies by Carr *et al.* (2017) revealed that verbal abuse in the local community was often perpetrated by teenagers and children. Carr *et al.* (2017) also found that neighbours, landlords and fellow tenants were common perpetrators of disability hate crime and that when abuse was perpetrated by strangers it usually occurred on public transport.

Whilst there is a general consensus that victimisation most commonly occurs in public, the literature shows that it is not limited to these spaces. Fyson and Kitson (2010) argue that for people with learning disabilities and autism, abuse is highly prevalent in institutional settings and at home, a finding that is also apparent in relation to mental health (Carr *et al.*, 2017). Sin *et al.* (2009) found similarly across the disabled community as a whole, but particularly for people with learning disabilities in supporting living. Balderston (2013) found that incidents involving sexual violence happened in both public and private spaces, and was commonly perpetrated by staff in institutional settings. Carr *et al.*'s (2017) review highlighted that for adults with mental health conditions, victimisation in the workplace was common.

There is a lack of evidence about the motivations of perpetrators. The evidence that does exist finds that motivations can include a dislike of disabled people, perceptions of victims being vulnerable, power imbalances, and a lack of criminal justice deterrents (Sin *et al.*, 2009; Carr *et al.*, 2017). Balderston (2013) interviewed perpetrators and found that they were motivated by their belief that police would not treat the victim as a credible witness, making prosecution unlikely. Carr *et al.* (2017) found that a motivating factor was perpetrators believing that the disabled person is a fraud. Similarly, Burch (2018) found that disablist hate speech in the context of austerity and welfare was often be linked to people's perception of disabled people as frauds who 'cheat' the welfare system or as an unworthy 'expense' to the welfare system, surmising that in these instances the offenders' behaviour seems to be motivated by resentment. More research is needed into the motivations of perpetrators committing disability hate crimes.

5.1.2.3 'Mate crime'

The term 'mate crime' refers to a distinct form of hate crime where the offender 'befriends' the disabled person, or takes advantage of an existing relationship, and uses that relationship to hide/enable their abuse (Landman, 2014; Thomas, 2011). There is a lack of consensus in the literature concerning who can be the perpetrator of 'mate crime'; Landman (2014) argues that it should not include abuse carried out by carers or relatives, whereas others argue that mate crime can occur within any mutual relationship or a shared domestic setting (Quarmby, 2008; Thomas, 2011). Furthermore, the use of the term itself is disputed by various academics (Hollomotz, 2013) and is generally met with hesitance by the CJS (College of Policing, 2014; Crown Prosecution Service, 2017).

What is not disputed is the existence of the phenomenon the term is used to describe and that it predominately affects people with learning disabilities (Landman, 2014; Thomas, 2011). It is widely acknowledged that societal norms and expectations around disabled people, particularly those with learning disabilities or mental health conditions, create a conducive context for 'mate crime' to occur.

The shift towards community-based services and independent and supported living have increased opportunities for exploitation (Fyson and Kitson, 2010; Sin *et al.*, 2010; Landman, 2014). This shift can lead to isolation of the disabled person, enabling people with deleterious intentions to ‘befriend’ and then exploit them. Landman (2014) posits that people with learning disabilities can find it harder to make friends and are therefore more susceptible to false acts of friendship, particularly if they have limited capacity or life experience to help them make sound character judgements. As Quarmby (2008) and others (Sin *et al.*, 2009; Thomas, 2011; Landman 2014) point out, the perceived vulnerability of the disabled person does not explain the existence of ‘mate crime’, because the harassment and abuse involved is calculated, ongoing and sustained, rather than one-off incidents or crimes of opportunity.

Scholars that have focused specifically on ‘mate crime’ have outlined the types of incident that commonly occur and point to the fact that many of the incidents may not in and of themselves be considered crimes (Thomas, 2011). Acts of abusive control noted by Thomas (2011) include the offender limiting the disabled person’s contact with friends/family, controlling where they live, where and when they go out, when and what they eat, deliberately making the home or items within it inaccessible, or withholding medication and/or personal care. Landman (2014) noted several specific cases of ‘mate crime’ which more clearly constitute criminal acts, such as economic abuse, sexual exploitation and exploitation for the purpose of carrying out crimes as a ‘scapegoat’. General focus studies have revealed similar incidents to those noted by Thomas (2011) and Landman (2014). Richardson *et al.* (2016) found that 48% of their participants reported incidents perpetrated by ‘friends’. Sin *et al.* (2009) note an example of a ‘friend’ stealing money and food from a disabled person. Carr *et al.* (2017) do not refer specifically to ‘mate crime’ but found frequent reference to abuse by family members and ‘friends’, with economic abuse appearing as a common theme. Thomas (2011) and McCarthy (2017), as well as others outside the remit of this REA (Virueda and Payne, 2010; McCarthy, Hunt and Milne-Skillman, 2017) have drawn on the similarities between ‘mate crime’ and intimate partner violence and the increased risk for disabled women to experience these forms of abuse from their partners.

5.1.2.4 Repeat victimisation

The literature highlights that the repeat victimisation of disabled people, particularly those with learning disabilities or mental health conditions, is common (DRC and Capability Scotland, 2004; Mind, 2007; Quarmby, 2008; Mencap, 2011; NUS, 2011; Williams and Tregidga, 2014; Richardson *et al.*, 2016). Mencap’s (2011) study with children and young people with learning disabilities demonstrated high levels of repeat victimisation in public spaces. Repeat victimisation is a common characteristic of ‘mate crime’, but it also occurs in disability hate crime more generally, such as in the case of Fiona Pilkington (Capewell *et al.* 2015). Also recognised within the literature is the risk that the severity of

incidents can increase over time if the pattern of hate incidents, and especially 'mate crime', is not identified or acknowledged by authorities (Sheikh *et al.* 2010). Quarmby (2008) noted that daily verbal abuse and harassment were commonly experienced and often did not attract the attention of authorities, particularly when there was no physical violence involved. When these incidents go unnoticed there is a risk that the severity of the incidents increases. Indeed, numerous case studies have been used within the literature to evidence repeat 'low-level' incidents, followed by sustained and persistent abuse that resulted in severe outcomes, such as the death of the disabled person (Quarmby, 2008; Fyson and Kitson, 2010; Sheikh *et al.*, 2010; Capewell *et al.*, 2015).

Williams and Tregidga (2014) found that victims of disability hate crime reported higher rates of repeat victimisation than all other monitored strands except transgender hate crime and that there was only a 2% difference between these. Sin *et al.* (2009) found that 32% of their disabled interviewees reported being victimised on a weekly basis and the DRC and Capability Scotland (2004) found that 31% were victimised at least once a month. Clayton *et al.* (2016) found that 22% of reported incidents in their study were repeat incidents. Chakraborti *et al.* (2014) found that 31% of their respondents experienced verbal abuse on a regular basis and 63% of victims were frequently harassed. Although figures from the latter two mentioned studies are given in non-specific timeframes (e.g. 'regular basis'), they add to the overall picture of repeat victimisation. The everyday nature of repeat victimisation is evident in studies that find disabled people regard the incidents as normal and to be expected, with some finding that the victims feel they deserve the abuse (Mind, 2007; Sin *et al.*, 2009; Richardson *et al.*, 2016). Sin *et al.* (2009) discussed advice commonly given to people with learning disabilities, which is to ignore verbal abuse and harassment. They argue that this reinforces the belief that this type of victimisation is to be expected in the lives of disabled people.

Balderston (2013) found that for disabled women, the impact of hate crime involving sexual violence was complicated by residing in institutional settings. Women in these settings had little control over who delivered their care and had limited opportunity to disclose abuse safely. This led to repeat victimisation, as abusers were not challenged and able to continue sexually assaulting and raping women in their care.

5.1.2.5 Impact on the person experiencing hate crime

Disability hate crime has consistently been found to have a pronounced and enduring negative impact on victims. Chakraborti *et al.* (2014) found that 100% of respondents that were verbally abused or harassed reported that it had an impact on them, with 67% reporting feeling vulnerable, 59% feeling anxious and 47% feeling fearful. Between 45% and 50% of respondents felt angry or distrustful of others (Chakraborti *et al.*, 2014). Over half of respondents reported feeling depressed, with 27% having

suicidal thoughts. Feeling suicidal is an impact that predominantly affects those with mental health conditions (46%), and drops to 28% and 19% for learning disabilities and physical disabilities respectively (Chakraborti *et al.*, 2014). Suicidal thoughts were also noted as an impact by Williams and Tregidga (2014) and Carr *et al.* (2017). For physically violent victimisation, Chakraborti *et al.* (2014) found similar effects as for verbal abuse and harassment, sometimes at higher levels. Sin *et al.* (2009) found that victimisation was often found to exacerbate existing medical conditions, they found that this was particularly true for those with mental health conditions, as did Carr *et al.* (2017). Sin *et al.*'s (2009) findings showed that people with learning disabilities frequently experienced a deterioration of their mental health as a result of disability hate crime. A small number of respondents in Sin *et al.*'s (2009) study reported a decline in physical health as a result of the stress associated with their victimisation. Respondents in the NUS (2011) study cited mental distress as an impact of experiencing hate crime, with disabled students being 4 times more likely to experience a decline in mental health as a result of victimisation compared to students whose victimisation was not considered a hate crime.

In DRC and Capability Scotland (2004), 54% of respondents said that they did not try to stop incidents due to fear of repercussions. Chakraborti *et al.* (2014) and Williams and Tregidga (2014) found that victims wanted to retaliate against the perpetrator. Sin *et al.* (2009) found that disabled people, especially those with learning disabilities or mental health problems, experienced increased aggression in their own behaviour as a result of victimisation. This aggression was usually expressed as damage to property rather than violence against the perpetrators (Sin *et al.*, 2009). This type of reaction can result in further negative impacts for victims as it can cause an escalation in targeted violence from the perpetrators and can also lead to authorities viewing the victim as a perpetrator (Sin *et al.*, 2009; Carr *et al.*, 2017).

There are also a number of less frequently discussed consequences within the evidence. Richardson *et al.* (2016) identified a tendency for victims to alter their behaviour in order to avoid victimisation and surmised that this avoidance could have further negative impacts by limiting access to life opportunities through school or work, for example. These findings are supported by the DRC and Capability Scotland's report (2004) and Carr *et al.*'s (2017) review. NUS (2011) found that 43% of respondents altered their behaviour in order to avoid hate crime victimisation. They also found that 27% of respondents' studies were disrupted as a result of the impacts of hate incidents. Alhaboby *et al.* (2016) found that the impacts of the cyber-victimisation of disabled people were comparable to those of non-disabled people, but that the impacts for disabled people can often cause deterioration of existing conditions, particularly mental health conditions.

It is important to recognise that disability hate crime does not happen in isolation. Scholars have pointed to the complex interactions between disability and other social identities such as gender, class

and race, and social factors such as the presence of a support network (Sin *et al.*, 2009; Clement *et al.*, 2011; Balderston, 2013; MacDonald, 2015; Richardson *et al.*, 2016; Carr *et al.*, 2017; MacDonald, Donovan and Clayton, 2017). For example, disabled people from wealthy backgrounds are no more likely to be victimised than their non-disabled peers (MacDonald, 2015). Not only can these interactions increase the risk of victimisation and complex impacts, they can make disability hate crime difficult to identify. Identity characteristics cannot be entirely separated from one another, and so a black disabled person who reports hate crime may have their report flagged as racially motivated rather than as disablist or both, which can cause confusion for the victim and for police officers.

5.2 Research Question 2: What are the barriers to reporting disabled hate crime?

The evidence makes clear that there is a problem with under-reporting of hate incidents to the police (DRC and Capability Scotland, 2004; Mind, 2007; Sin *et al.*, 2009; Balderston, 2013; Chakraborti *et al.*; 2014; MacDonald, 2015; Clayton *et al.*, 2016; MacDonald *et al.*, 2017). National police data shows that very few victims receive recognition of their victimisation by the CJS in the UK (Corcoran and Smith, 2016; O'Neill, 2017). When this data is analysed alongside prevalence estimates from CSEW (Home Office, 2016), it strongly supports the idea that disability hate crime is significantly under-reported. Beyond the obvious physical barriers discussed by Quarmby (2008), such as physical accessibility of police stations, there are complex barriers to reporting that fit broadly into the themes that follow.

5.2.1 Lack of understanding

In section 3.2 debates and issues around the use of the word 'hate' were highlighted. Similarly, Thorneycroft and Asquith (2015) assert that the use of the word can cause ambiguity and obscure the ordinary nature of general disablism, meaning that the prejudiced nature of the crimes are often not recognised. This assertion is in line with cases highlighted by Quarmby (2008), where the crimes are interpreted by the criminal justice system to be, for example, anti-social behaviour, harassment or public indecency without aggravating factors, hiding the true nature of the crimes. The All Wales Hate Crime Project (Williams and Tregidga, 2014) similarly found that there was a reluctance within the police to record hate crimes and incidents as such, instead recording them as 'harassment' or 'neighbour nuisance'. A report from the EHRC (2011) notes that the term 'hate crime' has lost its usefulness and now acts as a barrier to recognition of hate incidents, especially for disabled people.

The terminology is confusing for both victims and police. Police tend to position hate and vulnerability as two incompatible motivations, conflating disability with vulnerability (Thorneycroft and Asquith,

2015). When crimes are viewed through the lens of vulnerability, the hostile/prejudiced motivation is concealed and crimes are therefore not recognised as the hate crimes that they are (Mason-Bish, 2013). This lack of understanding and the problems associated with it were noted in the Criminal Justice Joint Inspection (CJJI) review of disability hate crime (2013).

Often, disabled people, particularly those with learning disabilities, do not fully understand the meaning of the term 'hate crime'. The language is confusing and does not encapsulate the true nature of the crimes as motivated by prejudice or bias (Sin *et al.*, 2009). The focus on 'hatred' tends to obscure that the 'low-level', everyday incidents motivated by hostility or prejudice count as hate incidents. Sin *et al.* (2009) found that victims were frequently advised to ignore their victimisation, serving to minimise and normalise the incidents, positioning them as part of everyday life for disabled people. This could help explain Chakraborti *et al.*'s (2014) finding that the most commonly cited reason for reporting to police was that the victim deemed the crime to be serious in nature, which suggests that 'low-level' crimes tend to go unreported. Verbal abuse and intimidation have been shown to be the most common forms of disability hate crime (see 5.1.2.1) and are the types of incident that victims are encouraged to ignore (Sin *et al.*, 2009). That victims are encouraged to ignore these incidents suggests that the vast majority of crimes continue to go unreported, if indeed they are recognised as hate crimes in the first place. Sin *et al.* (2009) found that an alternative source of confusion can come from the victim's behaviour, because if they retaliate against perpetrators then police may view the disabled person as a perpetrator, meaning the hate crime that elicited the reaction is not recorded. In institutional settings, Mind (2007) have identified that incidents are often seen as internal matters and are therefore not reported to the police, and in some cases victims were discouraged from reporting to the police.

5.2.2 Lack of confidence or trust in the police

In their analysis, Walters, Brown and Wiedlitzka (2016) found that for hate crime in general across England and Wales, over 50% of respondents did not report due to a negative view of the police, with 43% stating that they believed the police would not or could not take action. This is reflected in the evidence relating specifically to disability hate crime. Trust seems to be an important factor when disabled people decide who to tell about hate incidents, suggesting that a lack of relationship between police and the community and third party organisations can act as a barrier to reporting to police (Sin *et al.*, 2012; MacDonald *et al.*, 2017). Multiple studies identified previous negative experiences of the police as another barrier, for example dismissive, disrespectful or patronising attitudes of police officers (Mind, 2007; Wong and Christmann, 2008; Sin *et al.*, 2012; Carr *et al.*, 2017). Respondents in Quarmby's (2008) study said they found police questioning to be intrusive, overly personal and at times irrelevant. Mind (2007) found that 36% of respondents thought that they would not be believed by

police and 36% did not want to go through the process of reporting. Approximately a quarter felt that nothing could or would be done about the crimes or that it would not be considered a priority. Respondents felt that they would face more discrimination from the police (Mind, 2007). Carr *et al.*'s (2017) review found that people with mental illnesses felt that the police would not take their reports seriously. Richardson *et al.* (2016) reported that those with mental health illnesses are less likely to have their cases investigated or followed up. MacDonald *et al.* (2017) found this to be true of disability hate crime as a whole, as did Chakraborti (2017) who reported that 32% of victims believed their report had not been recorded by police and 42% believed that no investigation had taken place. Mind (2007) and Sin *et al.* (2010) noted that accessing independent advocacy when reporting to the police could alleviate some of these concerns, but it is rarely available. This is a problem that was highlighted in the CJI report (2013) and noted to still be an issue in their follow-up report (CJI, 2015). Chakraborti *et al.* (2014) viewed third party reporting centres (TPRCs) as a useful alternative to police reporting; however, others dispute this due to a lack of public awareness (see 5.3.1).

Richardson *et al.* (2016) found that among their police respondents there was a general feeling of lack of knowledge and training both in relation to learning disabilities and hate crime in general (see also Sin *et al.*, 2012). Chakraborti and Hardy (2015) found that practitioners often do not feel confident in communicating with disabled people, particularly in terms of what language to use. This discomfort can lead to a reluctance to ask about certain details and therefore impede their ability to identify hate crime victimisation (Chakraborti and Hardy 2015). The importance of effective communication was also highlighted by Carr *et al.* (2017).

Concerns regarding the perceived credibility of victims was raised in multiple studies. Sin *et al.* (2009) found that for those with mental health conditions, behaviour resulting from that condition can often be viewed as deviant by authorities and the public and leads to them being deemed unreliable or unbelievable. Victims can feel particularly disempowered if they have been detained under the *Mental Capacity Act 2005*, as this is a factor that has been shown to affect perceived credibility of the victim (Mind, 2007).

A further gap in police knowledge was identified by Alhaboby *et al.* (2016) who found that there is a significant lack of understanding in relation to online abuse and harassment in general and particularly regarding disability hate crime carried out online. The complexity of the legislation concerning cyber-harassment, particularly when it occurs internationally, was pointed to by Alhaboby *et al.* (2016) as a particularly difficult area for both police and victims to understand.

5.2.2 Relationship between victim and perpetrator

The relationship between the disabled person and perpetrator is often complex. Chakraborti *et al.* (2014) found that 13% of incidents were perpetrated by people known to the victim. Where hate crimes occur in private spaces, victims can be constrained by their dependency on the perpetrator, particularly if they rely on that person to meet their basic needs (Mind, 2007; Sin *et al.*, 2009). Balderston and Roebuck (2010) found that their disabled participants did not know where to get help when the perpetrators of hate crimes were their own family members (see also Carr *et al.*, 2017). There can be a power imbalance that makes it difficult or unsafe for the victim to report, especially in institutional settings or in the context of 'mate crime' (Mind, 2007; Sin *et al.*, 2009; Thomas, 2011; Landman, 2014; Carr *et al.*, 2017).

People with learning disabilities or mental health conditions can find it harder to make friends and as a result may choose to live with the abuse perpetrated by someone close to them rather than risk further isolation (Thomas, 2011; Landman 2014). 'Mate crime' in particular is likely to go unreported because the incidents are masked behind false friendships, meaning that acts appear consensual to outsiders (Landman, 2014). A further complication to reporting 'mate crime' is that incidents often happen in private and may involve positive aspects for the victim, such as companionship, making them less likely to report or even recognise abuse or exploitation (Landman, 2014).

5.2.3 Fear

For disabled people, fear can play a crucial part in deciding whether to report hate crimes, especially the fear of not being believed or that nothing will be done about it (Mind, 2007; Wong and Christmann, 2008; Mencap, 2011; Roulstone *et al.*, 2011; Balderston, 2013; Chakraborti *et al.*, 2014; Richardson *et al.*, 2016; Carr *et al.*, 2017). The lack of understanding within the police in relation to disability hate crime (see 5.2.1) can compound existing fears of not being believed and result in victimisation (Quarmby, 2008; Sin *et al.*, 2010). For victims of sexual violence, the fear of not being believed could be amplified by knowledge that the criminal justice system is frequently criticised for its response to sexual violence victims in general (see Ministry of Justice, 2013).

Fear of offender retaliation is commonly identified within the literature, and this fear can be particularly acute if the perpetrator is known to the victim (Mind, 2007; Wong and Christmann, 2008; Sin *et al.*, 2010; NUS, 2011; Carr *et al.*, 2017). Fear of isolation is common where the victim has an existing relationship with the perpetrator (Thomas, 2011; Landman, 2014). Similarly to the fear of isolation, there can be a fear of impeded independence if, for example, the victim worries that reporting may result in them being moved into a residential setting (Sin *et al.*, 2010; Thomas, 2011) or the perpetrator manipulates statutory agencies to their advantage over the victim (Balderston and

Roebuck, 2010). Mind (2007) found that 17% of respondents feared that reporting would have a negative impact on the services they received in the community. This was also identified by Carr *et al.* (2017) and the fear was also found to be common for victims within institutional settings (Mind, 2007). Mind (2007) also identified a fear of judgement as a factor in decision-making, for example the victim may worry that social services will judge their ability to protect their children.

5.3 Research Question 3: What are the current best practice responses to disability hate crime in the UK?

To answer this research question, evidence on specific projects has been discussed where possible but because this type of specific research is lacking, recommendations for good practice that have been made in the rest of the reviewed literature form the basis of this section.

5.3.1 Third party reporting

Third party reporting centre (TPRC) schemes offer an alternative means of reporting hate crimes and are aimed at those who do not wish to report directly to the police for any reason (Thornycroft and Asquith, 2015). The Government's Action Against Hate document (Home Office, 2016) deems TPRCs as important for increasing reports of hate crime. Online TPRCs are run by True Vision and Stop Hate UK. Both offer confidential support and reporting for victims of any hate crimes. True Vision is national and supported by all police forces, whereas Stop Hate UK operates in limited geographical areas. Offline TPRCs are available to differing extents throughout England and Wales and exist in third sector organisations and local authorities. There is inconsistency across the literature as to whether third party reporting refers to formal TPRC schemes, or whether it also includes informal mechanisms such as seeking support from social care workers. Sin *et al.* (2009) suggest that formal TPRCs should be situated within existing community support organisations, as victims are more likely to report to people they are familiar with and trust. The literature shows that people and agencies outside the police that are informed by the disabled person about hate incidents include family/friends and professionals such as social workers, support workers, medical professionals, disability organisations, teachers, local authorities, victim support and housing associations (DRC and Capability Scotland, 2004; Mind, 2007; Mencap, 2011; Sin *et al.*, 2009, 2012; Chakraborti *et al.*, 2014).

Sin *et al.* (2012) found that the 'Keep Safe' scheme was in use, or was in implementation stages, in a number of police force areas. This scheme provides cards to disabled people that help them communicate when they are in distress. Local organisations can opt to display a Keep Safe sticker in their window which indicates to disabled people that this is a place they can go when in distress and expect that someone working there will be able to help them. This scheme is not necessarily a hate

crime specific scheme as it is up to the disabled person whether anyone is called and who is called, for example they could ask for the business employee to call their carer for help. The police in Sin *et al.* (2012) considered that this scheme can help people feel more comfortable reporting hate crime and participants of the focus group agreed, but there is no evaluative evidence available in relation to this scheme nor is there evidence detailing exactly what purposes the scheme is being used for in practice. There is, however, a limited evaluation study of a scheme called 'Safe Places' in Yorkshire that appears to work in a very similar way to the Keep Safe scheme and was set up as a direct response to hate crime that targets people with learning disabilities. The evaluation (McClimens and Brewster, 2017) found the scheme to be flawed, mainly because staff in participating organisations usually had little to no knowledge of the purpose of the scheme or what to do if a disabled person came in wanting help. That so few staff in participating organisations knew about the scheme suggests that it is not used much by the local disabled community. A further limitation was that a lack of communication facilitated between members. A recommendation McClimens and Brewster (2017) made in relation to the police was that the participating organisations should record statistics and pass them to police, with a view that police could use these statistics to inform their local strategies. The methodology of this evaluation is not considered robust and so results should be interpreted with caution. That said, these findings are in line with those from other studies, that disabled people are more likely to report to people they have an existing personal or professional relationship with (Sin *et al.*, 2009, 2012).

Sin *et al.* (2009) found that disabled people were more likely to report to a third party than to the police. Similarly, focus group participants in Sin *et al.* (2012) said that they choose to report to front line professionals such as social workers, support workers and other trusted people within their community, and that they prefer reporting face-to-face. It is unclear in this study and in Sin *et al.* (2009) whether any of the third party professionals they reported to were members of staff at designated TPRCs. Police forces in Sin, *et al.*'s (2012) study considered that TPRCs were not often utilised by disabled people and that the low use could be attributed to poor advertising. In contrast to the previous two studies, the Leicester Hate Crime Project (Chakraborti *et al.*, 2014) found that victims who chose to report hate crime most often reported it to the police (40% of the total disabled respondents). The number of victims choosing to report to other agencies, such as support workers, medical professionals, victim support, local councils or housing associations, was significantly lower, with each of these being chosen as a place to report by less than 10% of respondents. Methodological differences could explain the different findings, however the latter study outlines a more robust methodology in terms of sampling strategy. Although the evidence is not conclusive regarding who is most often told about disability hate crime, it does consistently show that a lot of the time the victim does not tell anyone.

Chakraborti (2017) noted that there is a perceived inadequacy of TPRCs, particularly in that the majority of participants across all strands of hate crime in five separate studies conducted over a 5-year period, were unaware of the existence of such systems. Those that were aware of them tended to be critical of them. In terms of accessibility, it was also noted that online formats have the potential to be exclusionary for those unable to use digital technologies. This was also reflected in Wong and Christmann (2008) where online third party reporting was not well received. Unlike in Scotland, there is no directory of offline TPRCs in England and Wales. Whilst this may be a useful resource, Maguire (2017) found several problems with the Scottish list, including missing contact information, duplicated centres, and entries for inactive centres. Additionally, Maguire (2017) found a low level of awareness among the general public, indicating the availability of a central directory alone cannot be seen as a solution, but may nevertheless be a useful tool as part of a wider publicity campaign. A further issue raised by Maguire (2017) was inconsistent levels of specialist training of staff at TPRCs. Specialist knowledge and training are key features of good practice in terms of policing and educating the general public, as is discussed in the following sections.

5.3.2 Specialist disability hate crime training

Sin *et al.* (2012) carried out research to identify good police practice and areas for improvement. They conducted interviews with representatives from 14 police forces, reviewed their relevant key documents (such as policies and procedures relating to hate crime) and carried out a focus group with 8 disabled people or people close to them. Dedicated hate crime units and officers were identified as part of a good infrastructure for tackling hate crime, although these were in place in less than half of the police forces in the sample. It is worth noting that these were identified as good practice by the forces themselves and were not evaluated for effectiveness. However, the study also found there to be a lack of accountability for hate crime in police force structures, so having dedicated units or officers could help with building accountability. Thorneycroft and Asquith (2015) also called for specialist policing units, arguing that they would be better positioned to consistently and effectively respond to hate crime. The CJI called for improvement of police recording of disability hate crime (2013, 2015). Recording hate crime data in a way that enables analysis of crimes by disability type would allow for the identification of trends and patterns (Sin *et al.*, 2012; Richardson *et al.*, 2016). By identifying trends and patterns, police forces can adapt their approaches to better match the reality of the crimes in their community.

The evidence base shows that face-to-face reporting is preferred by many disabled people, suggesting that community engagement is important (Sin *et al.*, 2012). Sin *et al.* (2012) found that front line police staff, such as PCSOs, being visible out in the community can be effective in building confidence within the community, making it easier for disabled people to report. Chakraborti and Hardy (2017) note the

importance of police engagement with diverse communities in increasing trust and confidence in the police with regards to hate crime. A key aspect of effective community engagement is being knowledgeable about disability hate crime, including how it is experienced by victims and how best to communicate with them (Taylor *et al.*, 2012; Carr *et al.*, 2017; Chakraborti, 2017).

Sin *et al.* (2012) found that the vast majority of the 14 police forces in their study did not have policies in place specifically addressing disability hate crime, nor was specific training provided. It is important to note that the police participation in this particular study was from 14 out of the 43 police forces in England and Wales, and therefore should not be generalised. That said, the sample is geographically varied and does account for approximately one third of police forces. Sin *et al.* (2012) found that hate crime specific training was provided at induction but rarely refreshed throughout officers' careers and that the training was on hate crime in general, without specifics covering the complexities of disability hate crime. Participants in the study's focus group agreed that police officers tend to lack specialist knowledge. There is also support for this in other studies, for example, participants in Balderston and Roebuck's (2010) research said that it is important for police to understand the everyday nature of 'low-level' incidents and the cumulative effect they have on victims.

Richardson *et al.* (2016) also point to the improvement of police specialist knowledge as essential in improving the levels and experience of reporting of disability hate crime. The evidence base highlighted that disability hate crimes are often not recorded as such and are instead recorded as, for example, harassment, sexual assault or anti-social behaviour without being flagged as a hate crime (Quarmby, 2008; Williams and Tregidga, 2014; Thorneycroft and Asquith, 2015). The entry point for a report may therefore fall to different policing units if it is not initially reported as a hate crime. Therefore, as Sin *et al.* (2012) suggest, all officers that could potentially receive reports of disability hate crime should be specially trained to be able to identify these crimes. This is also important because the evidence base shows that disabled people often do not recognise what has happened to them as a hate crime (Sin *et al.*, 2009; Walters *et al.*, 2016). Although research is limited in evaluating the benefit of further training, data presented to Walters *et al.* (2016) from Lancashire police who trained all officers in disability awareness found a doubling of recorded incidents within a 12-month period. Similarly, Mind (2007), suggest that police officers should be specially trained to be able to identify mental distress so that they have a better understanding of how victims of disability hate crime might present after the incident. This would help reduce misinterpretations of behaviour and thus reduce occasions where victims with mental health conditions are arrested after being a victim of hate crime (Mind, 2007). Some local Mind organisations offered placements for police officers to help accomplish this training, however they tend to focus on new recruits rather than being force-wide (Mind, 2007). The Mind (2007) report called for such schemes to become a training priority; however,

an evaluation was not within the scope of that report and so effectiveness could not be established. Participants in Balderston and Roebuck (2010) highlighted the significance of training and education involving the community and police together, and taking place in the community's safe spaces. This can help to address power imbalances.

Balderston and Roebuck (2010) noted the importance of service user involvement in training delivery. A police force in Sin *et al.* (2012) implemented a People in Partnership project, which involved training sessions with police and people with learning disabilities about what constitutes hate crime, practicing how to report, and facilitating meetings with police officers and control room workers. This was considered a two-way process between training disabled people and police officers or staff involved in tackling disability hate crime. Similarly, another police force in their study facilitated meetings between the disabled community and PCSOs and arranged police stations visits, although consideration should be given to Balderston and Roebuck's (2010) finding that training should be in the affected community's safe spaces in order to counteract power imbalances. These initiatives aim at helping disabled people to feel more comfortable in reporting hate crime. Other initiatives identified with this function were disability hate crime conferences and the production of easy read disability hate crime specific materials, but these were not discussed in any detail. Alhaboby *et al.* (2016) found that there was a perceived lack of awareness and expertise in the police and other professionals with regards to cyber hate crime. This presents a further area of specialist training that police officers should undertake and is a recommendation supported by Walter, Brown and Wiedlitzka (2016) who present cyber-harassment as a new and complex problem for the CJS.

The focus group in Sin *et al.* (2012) suggested that other professionals, such as social workers, housing support and emergency services, should also be trained on the issues facing disabled people and the so it appears important for police forces to make strong links with local organisations and partner agencies (see also Richardson *et al.*, 2016).

5.3.3 Educating the wider community

Media representation of disabled people has been identified as largely hostile; it has been suggested that educating the general public could help change attitudes towards disabled people, in turn helping to eliminate disablism (Sin, Sheikh and Khanna, 2012; Capewell *et al.*, 2015). Richardson *et al.* (2016) note the importance of interventions aimed at educating children and young people about disability issues and point to research highlighting the positive effect of exposure to marginalised groups on attitude change. This is especially relevant given that children, teenagers and young people have been found to be frequent perpetrators of disability hate crime (NUS, 2011; Chakraborti *et al.*, 2014; Richardson *et al.*, 2016; Carr *et al.*, 2017). Chakraborti *et al.* (2014) support the recommendation for

in-school programmes. Walters *et al.* (2016) noted that educational interventions relating to hate crime have not been well evaluated, positing that they may help reduce hate crime incidents but cannot alone be seen as a solution.

5.3.4 Advocacy support and increased consciousness raising

Balderston and Roebuck (2010) conducted research that used action learning in groups of marginalised people and support agencies such as advocacy organisations and victim support. Whilst the aim of the project was research related, the action learning process was considered valuable by participants, particularly in relation to facilitating a better understanding of hate crime and especially an understanding of each other. The model laid out in this project, and its recommendations for improvement, could provide a useful template for training and education between victims and agencies, including statutory agencies such as the police. The project also makes the recommendation that resources for 'victims against hate crime' groups should be made available to enable victims to run awareness campaigns in their local community and training sessions for statutory and voluntary agencies. The Jigsaw Project mentioned in Richardson *et al.* (2016) appears to have taken a similar approach, involving awareness raising with agencies, both statutory and non-statutory, facilitated by people with learning disabilities. This reflects recommendations within other studies that training of the police and other agencies should be facilitated by people from within the disabled community.

The NUS (2011) study noted the importance of multi-agency working in responses to victims of disability hate crime, noting advocacy groups as a key party for involvement. An Australian study by Fraser-Barbour, Crocker and Walker (2018), although not part of the REA evidence base, called for more collaborative responses to disabled women who experience sexually violent hate crime, noting the importance of specialist advocacy for these victims. Balderston's (2013) research noted that these victims were often viewed as unreliable witnesses. Fraser-Barbour *et al.*'s (2018) work seems particularly relevant here; specialist disability hate crime advocacy as part of collaborative working could be a useful direction in challenging the 'unreliable witness' perceptions and in supporting these victims to access criminal justice.

Walter, Brown and Wiedlitzka (2016) also discuss restorative justice as a possible direction for victims seeking redress for disability hate crimes. Such approaches do not seem to have been commonly used in cases of disability hate crime, however there has been some success in using restorative justice in other types of hate crime (Walters *et al.*, 2016). No other studies reviewed for this REA discussed restorative justice.

6. Conclusions

6.1 Summary of findings

Recorded reports of disability hate crime continue to rise yet it remains the most under-reported type of hate crime. The adverse impacts of disability hate crime for victims are extensive and enduring. Victims report feelings of fear, vulnerability, anxiety and anger, as well as feeling depressed and having suicidal thoughts. It has been noted that disabled people are framed within policy as inherently vulnerable, which reinforces disablist attitudes within society and the 'othering' of the disabled community, obscuring the prejudice and hostility that motivates disablist hate crime. That victims of disablist violence rarely receive recognition in terms of CJS outcomes serves to further reinforce these public attitudes. Working towards increasing reports of disability hate crime and improving police responses to it will aid in showing that disablist violence is not tolerated.

The types of disability most often targeted are learning disability and mental health. Disabled people often do not recognise what has happened to them as a hate crime. This is a reflection of the everyday nature of the abuse and harassment they experience, and the way in which entrenched societal disablism normalises these behaviours. Verbal abuse and coercive/threatening behaviour are the most commonly experienced types of disability hate crime, yet are the least likely to be reported. Though reported less frequently, physical and sexual victimisation are not uncommon. Repeat victimisation is often characterised by 'low-level' verbal incidents and it is common for these to be ignored because either they are not recognised as hate incidents or are not considered by the victims to be serious enough to report. Police often lack an understanding of the nature of disability hate crime and do not recognise the significance of repeated 'low-level' incidents. Evidence suggests that as these incidents go unnoticed over time by authorities, the severity of the incidents can escalate and result in serious injury or death of the victim. These 'low-level' incidents can happen as frequently as on a daily and weekly basis. When these crimes are reported, victims are commonly advised to ignore it, which only serves to normalise these behaviours and allows the crimes to continue unchecked. The cumulative impact of repeat victimisation can result in deterioration of the victim's mental and physical health. Some victims choose to alter their everyday lives in an attempt to avoid abuse, which can result further isolation from wider society. 'Mate crime' was a common theme throughout the evidence, even if not always specifically named as such. It is usually perpetrated against people with learning disabilities. The coercive and manipulative nature of this specific type of hate crime means it is often unseen by victims and agencies.

Where there is an existing relationship between victim and perpetrator, power imbalances can influence a victim's willingness to report, particularly with 'mate crime'. A fear of repercussions, be that further violence or a withdrawal of support to meet basic and social needs, is a significant barrier to reporting and a lack of confidence in the police is a commonly mentioned barrier to reporting, particularly in relation to 'low-level' hate crime. A lack of confidence in the police contributes to this because disabled people often feel like nothing can or will be done about those incidents, or that they will not be taken seriously. Attitudes of police officers have been described as being dismissive and condescending and their communication styles have also been criticised. There is often a misinterpretation of the behaviour of victims after an incident, especially for victims with mental health conditions, which leads them to being criminalised.

Some scholars have drawn attention to the similarities between 'mate crime' and intimate partner violence. The complexities of this particular form of hate crime need to be understood by police so that it can be better identified and investigated. Hate crime incidents commonly occur in public spaces such as on the street or on buses, and teenagers are usually the perpetrators of these incidents. Recommendations within the literature point to the need for interventions aimed at addressing harmful attitudes and educating young people, as a preventative measure.

6.2 Limitations

There are several limitations that must be acknowledged when drawing conclusions from this report. The majority of the studies used small samples which means results cannot necessarily be generalised. However, small qualitative samples provide richer data for complex analysis in relation to complex issues (Patton, 2002), such as disability hate crime. Overall, the findings of each of the separate studies are supportive of one another, thus indicating that the conclusions drawn here can be considered well-founded. Notably absent from the evidence included in this REA are the voices of disabled people from other traditionally marginalised groups, such as those in prison or those who are homeless. Research is now needed on the extent to which these findings and recommendations are relevant to such groups, and what further recommendations could increase their inclusion. Further, there are many suggestions as to what good practice is or could be, but these are not currently backed up with robust evaluative evidence. Thorough evaluation of the initiatives being used are therefore needed.

6.3 Implications

Specialist hate crime units or officers may help in delivering consistent and effective policing practice. There should be clear lines of accountability both within the organisation and outwardly towards the community, and hate crime policies should be reviewed to include clear procedures for identifying and responding to the complexities of disability hate crime.

Regular specialist training should be provided for all police officers and PCSOs, especially frontline officers, focusing on the specific and complex nature of disability hate crime, particularly 'low-level' repeat victimisation, and its impacts. In order to have lasting impact it should be a regular feature of continued professional development rather than a one-off. This training will help combat the lack of police knowledge and understanding identified in the evidence base and give officers the skills and knowledge needed to improve the identification, investigation and recording of disability hate crime. Specialist units, such as domestic abuse, sexual violence and anti-social behaviour, should have extensive training in this area to enable officers to quickly identify crimes and incidents that are motivated by prejudice or hostility based on a victim's disabled identity.

Training should involve the disabled community and support organisations and should not be tokenistic. Aims of the training should focus on sharing knowledge. The disabled community and support organisations can educate the police on the lived experience of disability in Essex. As well as educating others on what constitutes a hate crime/incident and the process of reporting, police should actively work to address concerns raised by the disabled community that act as a barrier to reporting, such as feeling their report will not be taken seriously.

Police officers should rigorously record hate crimes and hate incidents, ensuring that the type of impairment the victim has is logged. It is important to record hate incidents as well as hate crimes because it is these 'low-level' abuses that are most frequently experienced and recording them will provide an accurate picture of what incidents are occurring, where they are occurring and who the victim and perpetrator groups are. The evidence has shown that when left unaddressed, 'low-level' incidents can escalate and result in serious harm to the victims, accurate and consistent recording of hate incidents will aid in drawing attention to these harmful patterns before the point of escalation. The data should be regularly reviewed to identify trends and patterns, which should be used to inform targeted policing strategies. This knowledge can be used as a tool in community engagement because police officers will be able to explain to the disabled community how their reports of hate crimes and incidents can influence local policing.

Police should avoid relying on third party reporting centres. Evidence suggests that disabled people do not make use of third party reporting centres and so these should not form the basis of a force's strategy for increasing reports.

Improve relationships with the disabled community. Community policing strategies should be used to improve face-to-face relationships between the police and the local disabled community. Improving front line police officers' and PCSOs' understanding of disability hate crime issues, such as how it impacts victims, how they may present after the incident and how they may describe the incident, will

help build trust in the community and enable officers to better identify repeat, 'low-level' incidents. This knowledge and understanding can help front line officers to engage in meaningful community engagement and help towards creating a more comfortable and supportive environment for victims of these crimes to report. This will require sustainable and proportionate funding from Police and Crime Commissioners, as well as other local authority funds.

Inter-agency working with disability organisations and victim support should be strengthened in order to effectively share information and identify patterns of repeat victimisation. This partnership working should also be used to promote greater awareness of what counts as a disability hate crime. The evidence has shown that there is a preference for reporting to a person the victim trusts. Fostering strong relationships with partner agencies shows a high level of commitment to making improvements to police responses to disability hate crime, which can help in building trust with the community. The evidence shows very little awareness of formal TPRCs within the disabled community and those that are aware of them have raised concerns about the accessibility of online services, particularly for those with learning disabilities. Efforts are therefore better focused on people that have existing supportive relationships with disabled people.

Public campaigns and education strategies should be used to challenge the wider societal values that contribute to the existence of disability hate crime. As teenagers have been identified as frequent perpetrators of disablist hate crime, in-school programmes could be used to address prejudicial attitudes and beliefs. Educating the wider community about the issues and impacts of disability hate crime has been highlighted as an important part of preventative work.

This report has assessed the evidence regarding disability hate crime in the UK. The findings will be used to inform primary research in the county of Essex in relation to disability hate crime. The research will be carried out by PIER in collaboration with Essex Police.

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Appendix I

Search Strategy

Using the search strings identified below, literature searches were conducted in the month of March 2018. Academic databases were accessed through the Anglia Ruskin University library.

The following search strings were used:

Research Question 1:

(disab* AND hate crime AND victi*)

Research Question 2:

(disab* AND hate crime AND report*)

Research Question 3:

(disab* AND hate crime AND (police OR policing))

Disability hate crime encompasses multiple academic disciplines including psychology, criminology, sociology, medical science and law. Keeping in mind this interdisciplinary complexity, the searches were conducted in multiple databases.

The following inclusion criteria was used:

- Publication dates between 1 January 2000 and the 31 March 2018.
- English language publications.
- Research should have a main or significant-partial focus on:
 - disabled people's experiences of disability hate crime;
 - barriers to reporting disability hate crime; or
 - responses to disability hate crime.
- Research should be UK-based only.



The table below shows a breakdown of the results for each database using the search strings outlined above:

Cambridge Core	37
CINAHL	78
Hein Online	8
Lexis Library	54
MEDLINE	72
NCJRS	89
PsycINFO	44
Scopus	20
Web of Science	39
West Law UK	119

In addition to systematic searching of academic databases, a supplementary search was conducted on Google and Bing search engines in order to identify relevant documents published by government and third sector organisations. This search yielded an additional **15** publications that met the inclusion criteria. Searches were also conducted for national statistics and policy documents relevant to disability.

Data Extraction and Analysis

Stage 1 included an extensive systematic literature search using the above-mentioned databases and search strings. Initial searches of academic databases yielded a total of **560** results. The date and language exclusion criteria were then applied and duplicates were removed. At the end of stage 1, a total of **90** articles were identified.

Stage 2 involved screening titles, abstracts and executive summaries against the remaining inclusion criteria for relevance. At the end of stage 2, **50** publications remained.

Stage 3 involved screening full text articles for relevance to the research questions. A further 13 were excluded, leaving **37** papers for inclusion in the review and assessment.

At the end of Stage 4, **27** academic publications were finalised for review, plus an additional **15** papers identified outside academic databases. The **42** selected publications were assessed for quality and synthesised according to the research questions identified for this REA. For assessment of the literature, the framework compiled by Spencer *et al.* (2003) was condensed and adapted.