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"I may be left with no choice but to end my torment": Disability and Intersectionalities of Hate Crime

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Abstract

This article contributes to the growing literature concerning Disability Hate Studies. The study employs the concept of intersectionality and examines experiences of hate crimes recorded as racist or homophobic but where the victims/survivors also have a disability or mental health condition. The data was derived from 33 case-studies. Although very few hate incidents/crimes were conceptualised as disablist, disability played a significant role in the experiences of victims/survivors. The article proposes that criminal justice agencies should move away from understanding hate crime as a singular interaction to conceptualising the possibility that this can become a harmful hate relationship that progresses overtime.

Points of Interest

- The study examines cases of hate incidents/crimes that affect disabled people within the North-East of England.
- The research suggests that hate incidents/crimes are not always motivated by prejudices towards disability, but are often due to racist or homophobic bigotries.
- The findings demonstrate that the process of defining a particular type of hate as either racist-, homophobic- or transphobic-motivated crime often masks the fact that many of these victims are also disabled people.

- The study indicates that hate crimes are often not a one-off event, but can be the accumulation of many hate incidents that result in cumulative negative impacts and can escalate into more severe offences over a prolonged period.
- The article concludes by suggesting that to develop an effective hate crime intervention, social services and criminal justice agencies must consider the possibility of a power relationship, i.e. a hate relationship, between the perpetrator(s) and the victim(s).

Introduction

Within the UK's criminal justice system five protected characteristics, i.e. identities, are acknowledged within hate crime legislation: race, faith, sexuality, trans/gender and disability (see the *Crime and Disorder Act 1998*; *Criminal Justice Act 2003*). Hate crimes in the UK are conceptualised as a form of criminality that is motivated by prejudices towards one of these minority identities. As Chakraborti and Garland (2012) suggest, Criminal Justice policy has led to a unitary-orientated response to hate crime, where a hate crime act is defined by one of these protected characteristics. Because of this, research into disability hate crime has predominantly focused on criminality that has been motivated by disablist attitudes towards or prejudices about disabled people (Sherry 2010; Roulstone et al. 2011; Macdonald 2015). Although the focus of this article is on hate crime as a unique act of violence, it will point to the ways that disability intersects with other protected identities in ways that contribute to them being targets for hate.

It should be noted that the current criminal justice perceptions of hate crime are modelled on the Stephen Lawrence murder, where unknown perpetrators confront their victims/survivors for no other reason except to perpetrate racial/biased violence (Thomas 2011; Chakraborti and Garland 2012; Macdonald et al. 2017). This article will critically evaluate the notion that hate crimes are only ever singular acts of violence and propose that this form of criminality is often experienced in ongoing relationships of multiple hate incidents. To comprehend how multiple forms of hate incidents arise from the intersectional experiences of disability, race, faith, trans/gender identity and sexuality, the article will employ the concept of 'hate relationships' (Donovan et al. 2018). The study concludes by proposing that, to better understand repeat reporting of hate crimes/incidents, in certain

cases we must frame these interactions as an ongoing relationship between the perpetrator(s) and victim(s) which reinforce structural forms of discrimination and inequality.

Disability and Hate Crime

Within the discipline of criminology, the acknowledgement of disability as an 'at risk' group of victimisation has gone unnoticed until recent years (Roulstone et al. 2011; Macdonald 2015; Thorneycroft 2017). As Roulstone and Sadique (2013) suggest, the recognition of disability within hate crime research has been slow compared with the other protected characteristics (race, faith, trans/gender identity and sexuality). When disabled victims/survivors are acknowledged within criminological scholarship, this minority population is often conceptualised as pathologically vulnerable to criminal exploitation (Edwards 2014; Thorneycroft 2017). Therefore, it is not surprising that the majority of research on disability hate crime has emerged from scholars within Disability Studies rather than criminology (Quarmby 2008; Sherry 2010; Roulstone and Sadique 2013).

Within Disability Studies there has been a rejection of the pathologisation of disabled victimhood that emerged from criminology and forensic psychology (Sherry 2010; Roulstone and Sadique 2013; Edwards 2014; Thorneycroft 2017). As Quarmby (2011) suggests, what makes disabled people vulnerable to victimisation is not an individual's 'defective' pathology but their social circumstances. Macdonald's (2015) work argues that structural vulnerability emerges due to poor housing, inadequate care, poverty or social-economic issues. Historically, vulnerability has been constructed through dominant ideas of deficit, which positions disabled people as beyond the norm. The first wave of Disability Hate Studies attempted to illustrate that disabled people are at significant risk of disablist violence (Quarmby 2008; Sherry 2010). These studies demonstrated the unique characteristics of hate-related victimisation, such as violence within care homes, exploitative relationships by 'friends', and the reluctance to prosecute offenders due to assumptions about biological vulnerabilities that position disabled victims/survivors as lacking credibility and reliability as witnesses (Roulstone and Sadique 2013; Edwards 2014; Macdonald 2020). Although these studies have been essential in raising awareness of the unique aspects of disablist crimes, it

has also created an analysis based on group identities which often neglects the shared and complex intersectional experiences of hate crime (Chakraborti and Garland 2012; 2015).

Chakraborti and Garland (2012; 2015) have illustrated this lack of intersectionality in Hate Studies within criminology. Within their research, they suggest the concepts of 'difference' and structural 'vulnerability' should be the pivotal point of Hate Studies, rather than a focus on the unitary nature of the protected characteristics in group identities. They assert that in order to comprehend the reality of hate crime, criminal justice organisations must move away from the distinct notions of 'race', 'faith', 'sexuality', 'trans/gender' and 'disability' to a more open and intersectional approach. They claim that, in reality, hate crime victims/survivors do not fit neatly into one protected characteristic, but instead their identities often consist of several intersecting characteristics, alongside other identities such as gender, sub-cultural identity and social class. Thus, it is the notion of 'difference' or 'other' within a community that produces the conditions for a hate crime to occur. Chakraborti and Garland's (2012) suggestion of abandoning protected characteristics has its obvious limitations as they can be criticised for disregarding the historical nature of racism, homo/transphobia and disablism. Although we acknowledge this criticism and believe that structural inequalities are different enough to warrant protected characteristics, we also recognise the value in Chakraborti and Garland's work concerning intersectionality to examine the complexity of hate crime.

Disability, Intersectionality and Victimisation

Research into the intersectional experiences of deprivation and social inequalities primarily arose from scholarship from within feminism and Critical Race Studies (Crenshaw 1989; Skeggs 1997; Crenshaw and Bonis 2005). Early feminist research acknowledged that the experience of womanhood intersects and co-constructs with, for example, their social class (Skeggs 1997) and/or their race and ethnicity (Crenshaw 1989). These studies illustrate that the experiences of intersectionality are dynamic because of the combination of oppressions which are not uniformly experienced (Yuval-Davis 2015). The concept of intersectionality has been utilised particularly in the study of crime and victimisation. Feminist criminology has produced a wealth of research that has analysed the intersectional relationship of gender, race and sexuality, particularly in the experiences of rape and domestic violence (Donovan

and Hester 2014; Burman and Gelsthorpe 2017). Yet, Shaw et al. (2012) suggest that feminist criminology, both in the UK and in the USA, has unintentionally ignored the intersectional significance of disability in shaping experiences of victimhood.

From Shaw et al.'s perspective, the reason why disabled people have been overlooked in the study of intersectionality is that 'disability' is often comprehended through a biomedical perspective. Disability is conceptualised as a health issue rather than viewing disabled people as a socially constructed category with minority status. Hence, the pathologisation of disability results in this minority population being under-researched and under-theorised, within victimology as well as within the wider criminological discipline. Criticisms have also been aimed at Disability Studies for its lack of acknowledgment of intersectionality concerning race and ethnicity (Stienstra 2020). Research concerning intersectionality within Disability Studies has predominantly explored the relationship between gender and disability (Morris 1996; Thomas 2007; Thiara et al. 2011; Be 2020), rather than between disability and race (Balderston 2017; Stienstra 2020).

One of the few examples of intersectionality that includes race can be seen in the work of Susie Balderston. In her work on gendered violence, Balderston (2017) attempts to produce an analysis of intersectionality that includes disability, gender and race. Balderston (2017) explored the experiences of deaf and disabled women who had experienced sexual violence and/or rape, and where the perpetrators were personal assistants or where these acts took place within an institutional space. Balderston (2017) primarily illustrates that disabled women are up to four times more likely to become the victim of sexual violence compared with non-disabled women. She acknowledges the cultural impact that race has upon some of her disabled survivors in the aftermath of these events, which are significantly affected by their ethnic communities (Balderston 2017). Balderston argues that the social model of disability must frame an intersectional analysis of violence, and her study successfully demonstrates intersectional complexities that are shaped by the experiences of disability, gender, race and violence. Accordingly, Chris Bell (2010) and Deborah Stienstra (2020) assert that it is vital to incorporate intersectionality, particularly regarding race, within Disability Studies. They note that the key challenge concerning the future of Disability Studies is to recognise its 'whiteness' and to expand its analysis to successfully incorporate race and ethnicity within its disciplinary parameters.

Mate Crime and Hate Relationships

The study of hate crime within Disability Studies has led to the emergence of key concepts that are specifically applied to disability and victimisation. One of the terms to have emerged examining the exploitative relationships between a perpetrator and disabled victims/survivors is the concept of 'mate crime' (Thomas 2011; 2013; Forster and Pearson 2019). Mate crime describes the process of coercive violence where a perpetrator befriends their victims/survivors with the purpose of exploitation. As Forster and Pearson (2019: 2) suggest, 'a disturbing feature of mate crime is that it encompasses acts of cruelty, humiliation, servitude, exploitation or theft'. Perpetrators of mate crime will often befriend an individual and, as the relationship develops, engage in harmful and often violent behaviour to coercively control the victim. The sole purpose of this relationship is to benefit the perpetrator, economically, socially or to provide housing. Mate crime offers a unique form of hate crime where the perpetrator is known to the victim/survivor (Thomas 2011). Thomas (2011) brings together a clear definition of hate and mate crime:

1. 'Hate crime' – violent attacks that are perpetrated by 'outsiders', not a part of the disabled person's household.... There is little or no relationship between the perpetrators and the disabled person, they may be recognised as living in the area, but there is no reciprocal arrangement or inter-dependency. The disabled person does not welcome any part of any relationship there may be.
2. 'Mate crime' – the hostile acts of perpetrators who are 'insiders', sharing domesticity to some degree, there is a mutual relationship. The disabled person may cling to the relationship, wanting the hostility to stop but welcoming the company and feeling part of a family or group. These situations are not opportunistic, they are calculated. Disabled people in these situations are less likely to complain to the police or other authorities because they consider the perpetrators to be their friends. (Thomas 2011: 108)

Although the concept of mate crime has emerged as a useful tool within Disability Studies to conceptualise harmful, exploitative and violent relationships, there has also been some criticism of this term. Firstly, mate crime is not a legally defined form of criminality, and

criminal justice intervention requires an act to be considered as a hate crime or as domestic violence and to meet the threshold of a criminal act. Secondly, hate crime is predominantly applied to the disabled community and has thus far not examined the intersectional relationships with other identities. As McCarthy et al. (2017) suggests, from a policy perspective, legislation defines certain acts of hate that happen in the street as a hate crime, and a hate act that happens in the home as domestic violence.

Yet, as Donovan et al. (2018) suggest, criminal justice agencies must move beyond the concept of hate crime towards conceptualising this form of criminality as a hate relationship. They propose that acts of hate incidents/crimes are theoretically explained as emerging from the structural hierarchies of power and privilege that shape deep-rooted experiences of social exclusion and alienation. These are produced through socio-economic tensions, cultural histories defining minority populations as outsiders, and in the hierarchical cultural notions that define certain bodies as 'superior'. These power dynamics construct a relational cultural hierarchy of 'othering' minority populations through socially constructed categories of 'race', 'faith', 'sexuality', 'trans/gender identity' and 'ability/disability'. As Donovan et al. (2018: 8) state:

Male violence is understood to be the result of structural factors and everyday practices that reproduce and reinforce gendered inequalities within both public and private spheres and result in individual men being violent towards individual women. Hate crime is, thus, also as much a result of socio-historical-economic-cultural factors as it is the result of an individual's decision to enact hate. Understanding the interconnectedness of violent behaviours and the socio-cultural support for violence is crucial in understanding that violence is socially performed and experienced. Much of the hate that is reported is enacted by people known to those victimised and this in itself suggests social relationships.

Although hate crime is usually conceptualised as a bias criminal act from an unknown person towards a person because of a single minority identity, in reality, particularly concerning disability hate crime, there is often more than one experience of a hate incident and a relationship often exists between the perpetrator and the victim (Thomas 2013; Forster and Pearson 2019). These relationships might be with a neighbour, a family member, a professional care worker, a shopkeeper or a 'friend', etc. (Donovan et al. 2018). There is often

an intersectional dimension to hate crime, as perpetrators commonly target people due to their multiple identities (Chakraborti and Garland 2012; Balderston 2017; Donovan et al. 2018). Repeat reporting is often the case, especially when a perpetrator lives in close proximity and/or is a family member. Although similarities can be drawn between hate relationships and domestic abuse, concerning coercive control, it should be noted that these relationships are not necessarily interpersonal. Similar to mate crime, hate relationships can be produced by multiple perpetrators targeting an individual victim/survivor or entire families. We also argue, when a perpetrator commits a hate crime, this act is typically the outcome of a string of hate incidents, usually described as antisocial, that are below the threshold of crime (Macdonald 2015; Donovan et al. 2018). Even when hate crimes/incidents can seem like random acts, for example, verbally abusing children with learning disabilities leaving a special needs school, these acts of hate are often attached to a certain geographical location or venue (Donovan et al. 2018). This suggests that there is a degree of familiarity established with people/places/things more so than is implied in discussions about hate crimes/incidents. Donovan et al. (2018) argue that perpetrators develop a relationship with a geographical location, which represents the 'outsider' and 'the other'. Special needs schools, mosques, gay scenes or even homes of victims become the targets of attacks by perpetrators. Accordingly, perpetrators engage in everyday practices of hate reinforcing racist/disablist/homophobic/transphobic prejudices associated with certain socially constructed minority populations. Hate relationships differ from the concept of mate crime because hate relationships do not lead to direct economic or housing benefits for the perpetrators. Hate relationships focus on everyday practices that are enacted regularly and are reinforced through specific routine acts of structural prejudices. As Hall and Bates (2019) illustrate, for disabled people hate incidents/crimes are enduring forms of harassment that restrict a person's movements in time and space, producing continual feelings of anxiety. Thus, prejudicial and hate acts should not just be conceptualised as the result of structural hierarchies, but they should also be understood as lived relationships and interactions between perpetrators and victims in everyday life. From this perspective, Donovan et al. (2018) propose that to comprehend many of the criminal acts of hate crime we must investigate the relationships that surround them to effectively develop an intervention that can disassemble these everyday hate relationships.

Thus, this study aims to explore whether the experiences of reported hate crimes/incidents are consistent with the conceptualisation of hate relationships proposed by Donovan et al. (2018). Although this research presents case studies recorded by an advocacy organisation, where these incidents are usually defined by one of the protected characteristics, i.e. racist, faith-based, homophobic, transphobic, or dis/ableist, this article examines how many of the victims/survivors have multiple identities. By doing this, the article considers how disabled people with multiple identities are conceptualised by social and criminal justice agencies. Hence, this study will examine hate incidents that are recorded as racist, faith-based, or homophobic hate crimes, but where the victims/survivors and/or their families also have a disability or long-term mental health issue.

Methodology

This article is based upon research conducted in partnership with an advocacy organisation in the North-East of England. The organisation receives funding from a Police and Crime Commissioner to provide a Hate Crime Advocacy Service (HCAS), along with other advocacy services. The HCAS helps those at risk of or affected by hate crime to speak up, secure their rights, and direct them towards appropriate services or support. The service covers all protected characteristics (under the *Crime and Disorder Act 1998* and the *Criminal Justice Act 2003*) of 'race', religion, disability, trans/gender identity, and sexual orientation. Individuals can self-refer, or a second party concerned about a person's welfare can also refer them to this service. The overarching aim of this study was to assess the extent to which 'hate relationships' defined reported advocacy cases (Donovan et al. 2018). Durham University's Department of Sociology Ethics Committee granted ethical approval on the understanding that the advocacy service adhered to its governance procedures for using redacted data for purposes of analysis, monitoring and profile raising. Hence, the research team anonymised the case notes by filtering all of the case notes to remove client information, such as names, contact details and personal information that were not relevant to the research.

From the period 2017 to 2019, the authors were able to access case notes from advocates' meetings with clients. During this period, 149 clients were referred to the advocacy service, with 148 accepted for support. The quality of the notes varied between cases and advocates,

but in some cases included detailed records of key episodes, meetings, and interventions. These notes were not the unmediated accounts of clients, but interpretations of these events from the view of advocates. These usually included direct quotes from the clients. To identify those who exhibited characteristics of 'hate relationships', the research team filtered the case notes. This judgement was based on whether there had been repetitive incidents generated by the same perpetrator and suggestive elements of coercive control. This process generated 83 relevant cases (56% of overall accepted cases). When reading these notes some of the note-taking by the advocate had insufficient identifiable details or they included only minimum information concerning a case.

The research team filtered the relevant cases down to 50 and conducted a thematic analysis using *NVivo* qualitative data analysis software (34% of overall accepted cases). The majority of filtered incidents recorded by the agency were 'race'-based incidents/crimes at 68% (n = 34). Of these incidents, 20% (n = 10) were recorded by the agency as based on both 'race and religion'. Cases recorded as disablist hate-related incidents/crimes were at 18% (n = 9), and homophobic hate-related incidents/crimes were at 16% (n = 8). Gender was evenly balanced between men, at 46% (n = 23), and women, at 52% (n = 26¹). Interestingly, 62% (n = 31) of victims'/survivors' cases were recorded by the agency as 'Non-white British', and most of the filtered cases, at 80% (n = 40), were concentrated in the most deprived areas of Newcastle-upon-Tyne. While it should be noted that while 'race'-motivated incidents/crimes defined the sample, the focus of this article is on cases where the incident also included a disabled person or a person with a mental health issue. From the 50 cases that fit the profile of a hate relationship, issues of disability or mental health affected 66% (n = 33) of these individuals or families.

From these 33 cases, 67% (n = 22) of individuals/families were affected by disability prior to their experiences of a hate incident/crime. In addition, 33% (n = 11) of individuals, or their family members, received a diagnosis of a mental health condition, long-term health condition or physical impairment during the period that victimisation occurred. A household breakdown consisted of 67% (n = 22) people who are married, living with a partner or living with a relative, 18% (n = 6) single people living in a household without children, and 15% (n =

¹ In one case the victim's gender identity was not recorded.

5) single parents. Finally, the authors applied a critical realist interpretive approach within the data analysis (Macdonald and Deacon 2019), and the team used the standard social model definition of 'disability' referring to structural barriers, with 'impairment' as a biological/neurological variation, to conceptualise disability (Oliver 2009).

Findings: Disability and the Intersectionality of Hate Incidents/Crimes

This study aims to explore whether the experiences of reported hate crimes/incidents were consistent with the conceptualisation of hate relationships. Three key themes emerged from the thematic analysis of these 33 case studies: *disability as a hidden factor when recording hate incidents/crimes*; *hate as a long-term relationship*; and *hate incidents/crime's effect on health*. Emerging from the first theme, the data analysis revealed that there was a hierarchical element to the recording of hate crimes/incidents. Thus, for example, if a disabled person were from an ethnic minority group then the nature of the hate would be often conceptualised as 'race' rather than 'disability'. Only nine out of 33 cases were recorded by the agency as a disability hate crime/incident, as racist, homophobic, or transphobic abuse often masked issues of disability. As Chakraborti and Garland (2012) maintain, organising hate crimes into protected characteristics defined by criminal justice policy, neglects the complex and intersectional nature of this form of criminality. An example of how disability was not conceptualised as a significant issue can be viewed in the case of a family that had been primarily targeted because of their race. The family had experienced repeated hate speech and intimidating behaviour for approximately two years. They had reported this to their housing association, the police, and the advocacy service. The advocate recorded an example of this:

The neighbour was outside, banging the lid of his bin, and taunting the [victim's/survivor's] son telling him to report it to the council. He was using the f-word and racist language, including 'fuck off, foreign people come in here'. [The neighbour] was also being insulting [to the] client and their mother... [The victim/survivor] said there were 10 reports [to the police] from them [the family] for this year, and more for last year since June 2016... [Because of this] they do

not trust the police to deal with any of this. (Case-35: recorded as Race & Religion Hate)

The family had gained asylum as the mother was a journalist who had been captured and tortured in her home country. Due to her experience of state-sponsored torture, the mother was left with a permanent mobility impairment. Because of the UK's immigration system approach to housing, individuals or families seeking asylum can be placed anywhere in England and Wales and thus have no control over where they live. When this family had been relocated to their new home they started experiencing a prolonged period of racist hate incidents from their neighbour. This resulted in the mother feeling unsafe even to go out in her garden. As the advocate states:

[The] client can't get her mobility scooter out because it is kept in the shed in the back garden, and she is too scared to go past his gate to get to it. They don't feel safe using their own garden. They don't have a TV and keep their voices down in the house for fear of setting him off. (Case-35: recorded as Race & Religion Hate)

This example illustrates that these prolonged hate incidents had such an effect on the disabled woman that it significantly restricted her independence and left the rest of her family in a constant state of anxiety. For this victim/survivor, the effect of hate incidents significantly restricted her capacity and independence as a disabled person, even though the woman's disability was not the key focus of the hate. This account also exemplifies the often intersectional nature of many hate incidents in this study concerning the overlap of issues of discrimination, i.e. experiences of racism resulting in a disabling effect due to the loss of mobility and independence.

Within the data, there were examples of disablist hate incidents, which also included racism, but the advocate always acknowledged this intersectional relationship. An example of this can be observed in the case of a family where the mother had a visual impairment, the husband had a degenerative spinal condition and suffered from depression, and both sons had learning disabilities. The father had physical characteristics that made his neighbours presume he was from an ethnic minority background, although he did not identify as such. The perpetrators came from a neighbouring household who had targeted this family over a

four-year period, typically waiting for the family to leave the house to engage in verbal abuse including threats of harm. As the advocate reports:

Son was hysterical because he thought neighbour's boyfriend was going to hurt him Although son is now 15 the school has been unable to start working with him on his independence, as at the moment [the] client and her husband have to walk him from the door to the road where the bus pulls in and he has no independence at all. On one occasion, [the] neighbour's boyfriend said to [the] client that son wasn't disabled but just 'not right in the head', making a circular movement with his finger to his temple. The police simply said he was giving his opinion. (Case-9: recorded as Disability & Race Hate)

Although the hate incidents generally focused on the children's disabilities, the perpetrators also, on three occasions, targeted the husband due to issues of race.

[They have] been leaving bananas in his car and [the neighbour's son] has called husband a monkey twice ... both reported to the police, but the police have not spoken to him. (Case-9: recorded as Disability & Race Hate)

Unlike in the previous case, which was racially motivated, in the case of disability motivated hate, intersectionality was acknowledged in the recording of the incidents. Yet this acknowledgment still had little impact, as although the family has made countless reports to the police, housing and other community services, this has done little to reduce these hate incidents. A common counter-response by perpetrators is to report their victims/survivors to the police for similar antisocial behaviours. This makes any sort of investigation more complex resulting in the police investigating both parties. For many of the victims/survivors, this strategy increases their anxiety concerning the hate incidents as they feel they have nowhere to turn for help, as the police or housing treat them as perpetrators rather than victims/survivors. This is particularly the case if an adult victim/survivor has long-term mental health issues or a learning disability, as the reliability of the victim's statements is often questioned, particularly if the perpetrator has made counter-allegations. An example of this can be seen in a case recorded as homophobic hate involving a young man with learning disabilities who was living independently. He was targeted because of assumptions made by the perpetrators concerning his sexuality. The person had made between 20 and 30

complaints to care services and the police concerning hate incidents from local youths, his neighbours and support workers that lived locally. As the advocate reports:

[T]he client has made many complaints about the kids in the village and about the carers who live in the village. She [care manager] has talked to the carers and they said that they stay away because he makes up allegations. She [care manager] would go to investigate if she had any evidence to go on, but no one has backed up [the] client's allegations. She [care manager] also does not believe anyone has an issue over his sexual orientation (Case-39: recorded as Homophobic Hate)

In the recording of these incidents, the intersectional relationship between disability and sexuality was not acknowledged as a contributing factor to the hate, except to invalidate the victim's/survivor's reports. Hence, the police and the care agency were dismissive of his allegations and even indicated that it was the victim/survivor, not the perpetrators, who was committing harassment. The care manager refused to acknowledge that her care staff would engage in homophobic practises, and by doing so dismissed the victim's/survivor's other complaints concerning local youths. Although the police acknowledged that individuals in his community had undoubtedly targeted the victim/survivor, they also questioned the reliability of all of his accusations. Similar to the care provider, the police suggested there was little they could do due to a lack of evidence. Interestingly, although disability was not viewed as a contributing factor concerning homophobic hate, having a learning disability seemed to devalue the validity of reported hate incidents for this victim/survivor, leaving him without options to prevent the ongoing experiences of hate.

Hate Incidents, Hate Crime and the Conceptualisation of Hate Relationships

Emerging from the data analysis in the second theme, i.e. hate as a long-term relationship, hate crime becomes a coercive relational interaction that defines the quality of life of all disabled people in this study. Thus, Donovan et al. (2018) suggest that by engaging in acts of hate, these interactions are produced because of structural hierarchies of power and privilege shaped by deep-rooted notions of the 'other'. We propose that, akin to coercively controlling interactions within a domestic violence relationship, in hate relationships there is often not a

single incident, but a steady infliction of several different kinds of incidents that, over time, escalate so that those victimised feel under constant threat and fear of violence. For the majority of households included in this study, these coercive relationships started either as a friendship or as a non-threatening interaction with a member of the local community or neighbour. The hate relationship would often develop from a minor incident. An example of this can be observed concerning a single-parent family with a child with autism. As the advocate notes:

[The] first 5 months were quiet. After that, there was one occasion when she was playing with her daughter, who is autistic, the neighbour from downstairs came out and started acting oddly and giving them dirty looks and [the] client explained to this neighbour that her daughter has special needs. (Case-41: recorded as Disability Hate)

This single interaction led to prolonged and multiple forms of abuse that did not stop until the victim/survivor was rehoused to another area. The relationship developed over time, where harassment and hate incidents evolved from minor incidents into more serious and persistent offences. Many of these incidents were, individually, minor and consisted of loud music, banging on walls and the use of hate speech. As time passed these incidents became more frequent and more threatening. As the advocate reports:

There has been constant harassment. This includes: loud music until 3–5 am; banging on the ceiling; banging on the door and running away; pushing the back yard fence down; leaving dog poo all over the shared yard; throwing water into the yard; vandalising a car that was parked outside; ... frequently shouting 'spaccy' and mimicking the noises her daughter makes. She ... has made numerous reports... most 4 times in one week but feels that nothing is being done. Incidents happen 1–4 times a week. Her daughter is becoming very timid and vulnerable and cannot protect herself. Also, whenever she goes out she dreads having to go back home. (Case-41: recorded as Disability Hate)

Thus, a single interaction developed into three years of relentless hate incidents, where the perpetrator was joined by her partner in a long-term campaign of hate towards the

victim's/survivor's family. Similar to other cases, these hate relationships resulted in a loss of independence for the disabled daughter and the mother.

For most families, hate relationships affected all forms of interactions within their own homes, including how they use their inside and outside residential spaces. In another example concerning the escalation of a racist hate relationship, the victim/survivor requested permission from a local council to build a driveway at his home, i.e. to make his home more accessible. The family was from an ethnic minority background and one member (the sister) had a physical impairment as well as a long-term mental health issue. Prior to this request, no hate incidents had occurred between the family and their neighbour. The council visited the victim's home to discuss the application and take measurements. The council also happened to be completing some work on an elderly neighbour's garden who was also from an ethnic minority background. As the victim/survivor reports:

This set off the resident from next door, shouting, using insulting words and asking why the council were doing things for 'foreign people' and not him. (Case-44: recorded as Race & Religion Hate)

It was from this point that hate incidents aimed at the family's ethnicity escalated over time. The neighbour routinely insulted the family as well as banged on walls and obstructed access to the family's home. This progressed into criminal damage to the victim's property and vehicle. As these hate incidents escalated, the family became extremely fearful that this would result in physical violence as the hate incidents became more aggressive. As the advocate states:

The main issue here is that there is a long-term pattern of what may be perceived to be 'low-level' incidents in themselves. These incidents form a steady stream of harassment and bullying that are having an increasingly severe impact on the client's and his [disabled] sister's lives. To the extent that they genuinely fear that they may be physically attacked and even killed. It is this overall pattern of harassment that is the issue. (Case-44: recorded as Race & Religion Hate)

As hate incidents in a hate relationship became more frequent and more impactful, it was common that families became afraid that these often low-level incidents would escalate into violence or, as in the above example, murder. Although some cases do see an escalation into

extreme forms of violence, most do not. Yet, an example of how harassment can quickly develop into acts of violence can be seen regarding a family that also experienced racial hate but where the mother had a significant long-term mental health issue. As the advocate reports:

Downstairs neighbours have continued to harass [the] client and his family – banging on the ceiling at the slightest noise, particularly of their one-and-a-half-year-old child who is starting to walk. They have to creep around and they are terrified. At [the] weekend before, a brick was thrown through their front bedroom window, narrowly avoiding their youngest child. [T]he client called the police, but they said that the brick was wet and was put in a bin and wouldn't have any fingerprints. (Case-43: recorded as Race & Religion Hate)

Because one of the perpetrators was the downstairs neighbour, this significantly affected the mother's feelings of safety within her own home. For many victims/survivors, hate relationships prevented them from leaving the house during times where they might encounter the perpetrator, and in the case of their children, preventing them from playing out in their gardens and in the street. The nature of these hate relationships leaves the victims/survivors in a constant state of fear and anxiety about what might happen next, especially if threats or acts of harm are made. Thus, hate relationships can be conceptualised as harmful long-term relationships that develop as a system of coercive control between perpetrators living in close proximity to those they target. Perpetrators come to 'know' the patterns of living and can maximise the impact of their hate incidents by timing them around the victims'/survivors' everyday routines. An example of this can be observed concerning a family whose son had cerebral palsy, an intellectual impairment, attention deficit hyperactivity disorder and epilepsy. It was reported that local children and some adults regularly followed the parent and child home and engaged in constant harassment over a prolonged period. This included name-calling, throwing stones and threatening the child. As the advocate states:

Everything was fine for the first year, but since then they have had relentless issues with local kids – the house is situated between a park and a school. This involves verbal and physical abuse, name-calling, and taunting, mostly from

children although two adults have been involved ... The garden at the front has a low fence, and the kids call him names and throw things over the fence at him [often] stones, bottles. (Case-37: recorded as Disability Hate)

The parents state that this form of harassment has occurred over a three-to-four-year period, and although they have reported this to the police and local services this did not result in a reduction in these hate incidents. This illustrates an example of the structural hierarchies of power that define many hate relationships. Even when hate crimes/incidents can seem like random acts, i.e. a disabled child victimised whilst walking home from school, these acts of hate are attached to a person's daily routine and often a geographical location, i.e. the vicinity between a special needs school and the victim's home. Thus, these daily routines and geographical locations create a recurring space where perpetrators can locate and alienate victims who they consider as outsiders within their communities (Donovan et al. 2018). Within the data, numerous participants reported that hate incidents escalated after the involvement of housing, social services and/or the police. Although perpetrators were often visited by local police services and housing officers, there was little evidence that these visits resulted in criminal prosecution or housing sanctions. As the advocate records concerning the above case:

On one occasion they threatened son with a plastic gun and threatened to shoot him; she says the housing dismissed this on the basis that it wasn't a real gun, but the threat felt very real to son. (Case-37: recorded as Disability Hate)

When perpetrators received no sanctions concerning their behaviours this often resulted in the escalation of hate incidents. Thus, the (lack of) involvement from services seems to empower perpetrators and further alienate victims emphasising the power dynamics that reinforce the enduring nature of hate relationships. For the majority of cases, the resolution came when the victims/survivors were moved into another residence in another area of the North-East, rather than the perpetrator receiving sanctions or a criminal prosecution (see Clayton et al. forthcoming). As the advocate notes:

Client got keys to new house and moving in in the next couple of weeks. She has met the new neighbours and she feels safe there; it's quiet and she doesn't feel on edge all the time. (Case-41: recorded as Disability Hate)

Hate Crime and Health Implications

Within the final theme, a significant association emerged between the long-term experiences of hate, i.e. hate relationships, and the onset of serious long-term health problems. When examining the intersectional experience of disability with other identities, it was noted that the majority of participants (n=22) reported having a disability or long-term mental health condition before hate incidents/crimes took place. Nevertheless, within the case notes of 11 victims/survivors there were reports that, due to the persistent experiences of hate incidents, there were significant impacts on some of the victims'/survivors' physical and mental health. As was noted in Case-47, the 'GP wrote again to the council confirming that the client's physical and mental health were suffering as a result of "racially motivated intimidation"'. In the case notes of all 11 were references to the onset of anxiety, stress and depression, and eight cases referred to a negative impact on an individual's physical health, including conditions such as heart attacks, strokes and seizures, which required surgical or long-term pharmaceutical interventions. An example of this can be seen in the experience of a retired woman living on her own in the North-East:

[The] client has experienced racist abuse in [the North-East of England] for around 30 years, but has gotten worse since her husband died. She says that when she goes out lads shout abuse at her, including threats to cut her up in pieces and threats to rape her. This would happen twice a day sometimes.... They were coming into her backyard with their bikes, saying 'we're going to get you', 'there's the nigger' and 'why don't you open a corner shop'... On two occasions the security guards from Tesco have had to walk her home because she has been too scared to leave the shop as the lads were waiting for her outside. After one of these occasions, she had a heart attack. She reported that incident to [the] police. [The] client says that she feels like a prisoner in her home. She feels degraded, exhausted and very hurt. It is taking her life over. ... She has been to the doctors and takes lots of medications. She has panic attacks and said she fears for her life. (Case-47: recorded as Race Hate)

The long-term impact of hate relationships appears to have a significant effect on many victims'/survivors' mental and physical health. The role of the GP was a prominent feature in some of these case notes. GPs often wrote letters to housing, police and advocacy services confirming the significant impact that hate incidents were having on their patient's health. Although many of these cases were underpinned by the experience of racial abuse, there were also several examples concerning the impact that transphobic and homophobic abuse had on victims' mental and physical health. For example, a trans-woman's case followed a similar pattern from noise to verbal abuse and concluded in a violent assault on the victim. As the advocate notes: 'client has a number of health conditions including osteoarthritis, a heart condition, mental health issues, and recurring abscesses (plus post-traumatic stress disorder) following a stabbing'. For this victim/survivor, the experience of hate had taken away her independence and led to a deterioration of her physical and mental health. As the advocate also notes:

[The] client is feeling quite desperate and mentioned suicidal thoughts. ... [The advocate] raised the Crisis Team with her; she said she had had contact with them in the past and found them useless. She had mentioned some contact with [North-East Mental Health Service] and I asked about getting back in touch with them and/or her GP. She was very reluctant to get in touch with anyone as if it got onto her medical records that she was 'mentally unstable' then this could jeopardise her surgery. (Case-2: recorded as Gender Identity Hate)

As with other cases, the client's feelings of helplessness were justified as criminal justice organisations, housing and social services had not prevented her ongoing experiences of hate. The impacts of the hate relationship on her physical and mental health were exacerbated by her concern that accessing mental health support would lead to her gender alignment surgery being cancelled on the grounds of mental illness. Other victims/survivors also discussed a reluctance to access mental health services due to concerns relating to their employment. One participant discussed his reluctance to take medication for his mental health issues as he was afraid it may affect his ability to drive. As the advocate notes:

[The] client has stress-related psoriasis which has flared up, and is attending [a North-East hospital] three times a week for treatment. He also suffers from anxiety and depression, but does not want to take any medication because he

gets work as a driver and is worried this will affect his ability to get work. (Case-30: recorded as Homophobic Hate)

What these examples reveal is that although many participants in this study already had a long-term health condition, disability or mental health issue, the experience of hate also had a direct impact on victims' physical and mental health. Although many of these hate incidents were not aimed at a victim's disability as such, the experience of hate directly resulted in these individuals acquiring an impairment or health issue due to racial, homophobic or transphobic abuse. Thus, hate not only disables individuals through structural forms of discrimination, but a further consequence is that a person can become impaired because of the detrimental impact hate incidents have on their physical and mental health.

Conclusion

As Roulstone and Sadique (2013) emphasise, as Hate Studies has emerged criminological scholarship has predominantly concentrated on racist or homophobic crimes rather than the victimisation of disabled people. Numerous studies demonstrate that disability hate crime is a significant problem and needs the same level of analysis compared with other groups that are represented within victim statistics (Sherry 2010; Roulstone et al. 2011; Macdonald et al. 2017). Although studying the unique characteristics of different forms of hate incidents/crimes is essential, as Chakraborti and Garland (2012) propose, focusing on one characteristic of a person's identity often leads to a polarised and narrow view of hate crime. As the data reveal, these everyday practices of hate rarely focus on just one aspect of a person's identity. Instead, the data illustrate how perpetrators attempt to exploit each aspect of their victim's/survivor's identities to entrap the individual within a power dynamic. Perpetrators often focus on one aspect of a person's identity which is articulated, for example, as 'foreigners', but these prejudices form only part of the relationship, as other identities such as disability (i.e. 'being mental') and/or sexuality (i.e. 'being queer') are also targeted within the same hate acts. These relationships are more about identifying and victimising the 'other', and are co-constructed by intersectionality.

To effectively develop a criminal justice intervention, Donovan et al. (2018) suggest that we must first explore the conditions that produce hate relationships within time and space. A

significant finding in this study validates the notion that 'time' as a key factor when conceptualising hate relationships. Although criminal justice data often records hate crime as a single form of criminality, participants in this study have experienced multiple incidents of hate over months or even years (Donovan et al. 2018). Many of the incidents, especially at first, do not in themselves meet the threshold of a crime (Donovan et al. 2018). Examples of this are where perpetrators throw animal faeces or rubbish into a victim's garden or driveway, play loud music, or indirectly verbally abuse members of a household. The cumulative impact of repeated ongoing hate incidents, together with the escalation of the incidents becoming more violent, more threatening, means that often those victimised feel that they are prisoners in their own homes, that they or their family might be killed, and that nobody is willing to help them. Hate relationships are not the result of an interaction with a stranger (Thomas 2011) but are ongoing relationships with perpetrators who live nearby, often next door (Donovan et al. 2018). The concept of hate relationships is different from that of mate crime where perpetrators befriend an individual to develop an exploitative relationship (Thomas 2011; Forster and Pearson 2019). Although we can see some examples of this occurring in the data, for the most part these relationships did not develop into friendships or with the purpose of exploiting the individuals. These interactions were shaped by the routines of being neighbours, routines that force people into these hateful situations and which are formed with the sole purpose of harassing the person/s considered as 'outsiders', over a prolonged period of time (Donovan et al. 2018).

The importance of intersectional analysis is to unpack the extent of the experience of victimisation and the situational vulnerabilities of victims/survivors. Within this study, the racist or homophobic targeting of these disabled victims/survivors appears to be amplified because of stereotypical views concerning disability and 'vulnerability' (Roulstone et al. 2011; Edwards 2014; Macdonald 2015; Thorneycroft 2017). These constructions of 'vulnerability' often perceive disabled people as 'easy' targets and less likely to fight back (Edwards 2014; Thorneycroft 2017). Yet within this study, many disabled people did fight back by reporting these incidents to the authorities. The problem arose by either the authorities not believing the victims/survivors due to a learning disability or mental health issue, or being unable to prevent the ongoing hate incidents from occurring due to legal thresholds for hate crimes. This is further exacerbated by the criminal justice system's response that often requires a

hate crime to 'fit' the criteria of a crime attached to a protected characteristic. Thus, the data appears to show that this process often leads to disability going unnoticed within these hate interactions.

This article proposes that applying an intersectional approach to hate crime may lead to a multi-agency response where the multiple and complex needs of the victims/survivors can be dealt with, not just with a criminal justice consequence but also with a coordinated social service and housing response. By conceptualising hate crime as an ongoing relationship this may allow for a better criminal and social service response to harassment and/or coercive control. This can occur by recognising a relationship between intersectional identities, where race, faith, sexuality, trans/gender and disability co-construct victims as 'other'. In addition to recognising that hate crimes often result from a longitudinal relationship between perpetrators and victims, this may allow criminal and social justice agencies to gain more awareness to develop interventions to prevent the escalation of this form of criminality (Thiara et al. 2011; Balderston 2017; Donovan et al. 2018). By focusing on hate relationships as a form of mediation this may prevent the victims/survivors from being punished, i.e. being moved into a different property, and the perpetrators being rewarded, i.e. having the unwanted 'other' being removed from their community. As Donovan et al. (2018) suggest, developing the notion of hate relationships allows a more nuanced form of intervention where escalations of hate can be tracked and, although they may not meet the threshold of a crime, they can be seen as warning signs of further escalation. Conceptualising hate crime as a relational interaction could mean that housing, social services and criminal justice agencies, rather than dismissing these incidents as antisocial or neighbourhood disputes, could develop a red flag system to monitor the escalation and intervene to end the ongoing experience of hate.

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