



'I felt that I deserved it'- Experiences and Implications of Disability Hate crime.

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Review

'I felt that I deserved it'-Experiences and implications of Disability Hate crime

Introduction:

With the move from institutionalisation to supporting people with learning disabilities and autism to live in the community, personal safety has become a concern and individuals have been speaking out about how they have been badly treated by strangers, neighbours and others they regard as friends (Gravell, 2012; Landman, 2014). This bad treatment can, over time, escalate into more serious victimisation that sometimes leads to tragedies - the deaths of Fiona Pilkington and daughter Francesca Hardwick are one case in point (IPCC, 2011). Such victimisation has been highlighted by a number of sources, including the Equality and Human Rights Commission (Sin *et al.*, 2009), official enquiries and campaigns like 'Stand by me' from Mencap in 2011.

Where disabled people are targeted *because* of a perpetrator's prejudice towards their disability, this 'discriminatory, oppressive or abusive behaviour' may be referred to as 'disablism' (Quarmby, 2008, p9). 'Disability hate crimes' are one manifestation of disablism, and were introduced into the Criminal Justice Act (CJA) in 2003, becoming law in 2005. Section 146 of the CJA creates a sentencing provision that puts a duty on courts to increase the sentence of any offence where there is evidence of hostility towards the victim because

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2
3 of disability. As such, a ‘disability hate crime’ is not a separate offence in law
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5 and the police also refer to and record some cases as ‘hate incidents’ (usually
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7 where there is not an identifiable criminal offence).
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11 Disability is one of five centrally monitored strands of hate crime, the
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13 others being race, religion/faith, sexual orientation and gender identity. The
14
15 definition used by the Crown Prosecution Service (CPS, 2010, p2) of a
16
17 disability hate crime is:
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21 *“any criminal offence, which is perceived, by the victim or any other*
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23 *person, to be motivated by hostility or prejudice based on a person’s*
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25 *disability or perceived disability.”*
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32 This paper deals not only with those incidents that are ultimately recorded
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34 (or would be if reported to the police) as hate crimes but with a wider range of
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36 incidents; as such the more general term ‘victimisation’ will also be used to
37
38 refer to where people have been the target of negative behaviour and treatment,
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40 such as bullying and harassment. These are terms commonly used by people
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42 with learning disabilities and autism and which have been utilised in previous
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44 research (Mencap, 2000).
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50 High rates of victimisation amongst people with learning disabilities have
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52 been highlighted in both charity and academic research (Mencap, 2000; Gravell,
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54 2012; Emerson and Hatton, 2008; Chakraborti *et al.*, 2014). In a recent report,
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3 the National Autistic Society (NAS, 2014) highlighted how people with autism
4
5 were affected by similar issues.
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8 Official data shows that approximately 1% of all crimes in England and
9
10 Wales are hate crimes. In 2013/14 the police recorded 44,480 hate crimes of
11
12 which 1,985 were disability hate crimes. This represents a rise in all types of
13
14 hate crime since 2012/13 and, for disability, represents a broader range of
15
16 offences (Creese and Lader, 2014). It is not clear if this represents an increase
17
18 in incidents as well as an increase in the reporting of incidents. As yet, official
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20 data does not record separately the number of disability hate crimes where
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22 people with learning disability or autism are victims.
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29 Where victimisation is reported there has been a ‘culture of disbelief’ and
30
31 ‘systemic institutional failures’ that prevent such incidents from being dealt
32
33 with effectively (EHRC, 2011, p8 and p112). In 2013 the Criminal Justice Joint
34
35 Inspection report (HMCPSI, HMIC and HMI, 2013) found the practice of the
36
37 Police and Crown Prosecution Service to be lacking in relation to obtaining the
38
39 evidence which would be required in order to regard a defendant’s behaviour as
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41 an aggravating feature (e.g., providing evidence of hostility relating to
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43 disability). The recent follow up inspection reported no substantial
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45 improvements (HMCPSI, HMIC and HMI, 2015).
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55 *Researching victimisation of people with learning disabilities and autism in*
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57 *Kent*
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3 A collaboration was formed in 2010 in Kent, between the Tizard Centre,
4 Kent Police and mcch (a registered charity providing a range of care and
5 support services in London and the South East). mcch also incorporates Autism
6 London, a charity focussed particularly on people with autism and Asperger
7 syndrome. With Big Lottery Funding, the three year research project explored
8 the victimisation experiences of adults with learning disabilities and autism. We
9 were interested in any victimisation that was thought to be a response to
10 someone's disability, whether and how incidents were reported, and the impact
11 they had on the individuals' lives. The project also involved the police in Kent
12 and considered their understanding of learning disabilities, autism, hate crime
13 definitions and their perceived ability to identify and respond to cases of hate
14 crime where people with learning disabilities or autism were victims. This
15 paper draws together some of the key findings from across different elements of
16 the project – further detailed findings are available in the main report (Beadle-
17 Brown *et al.*, 2014) and will be the subject of other papers.
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43 **Methodology**

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46 The project methods and sample have been described in detail elsewhere
47 (Beadle-Brown *et al.*, 2014). The project included a postal survey of 255
48 people with learning disability and/or autism predominantly living in the
49 Medway towns and surrounding areas of Kent. The 2011 Census showed the
50 population of Kent and Medway to be 1,727,800 people. Medway is a
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3 conurbation and, in 1998, became a unitary authority. Over half of its
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5 geographical area comprises small parishes and rural areas, such as the North
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7 Kent Marshes. Medway is home to three Universities and forms part of the
8
9 Thames Gateway.
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14 Responses to the survey included carer responses for those with more
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16 severe or profound learning disabilities (n=35). The design of the survey was
17
18 based on a previous thematic analysis of 7 focus groups involving people with
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20 learning disability and/or autism (n=31) and 4 groups with carers (n=33). The
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22 survey was distributed through local support organisations, adverts in
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24 newspapers, community centres and sent out by housing associations and the
25
26 local authority. Twenty four survey participants consented to a follow up, semi-
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28 structured interview.
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36 Secondly, an electronic survey focused on the knowledge and experiences of
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38 459 police staff. The survey was designed following a thematic analysis of 4
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40 focus groups with over 40 staff from Kent Police and Medway's Community
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42 Safety Partnership. The invitation to participate was sent by Kent Police through
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44 its internal e-mail system.
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49 **Results**

50 *Experiences of people with learning disabilities and autism*

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How many people are affected?

Considering our whole sample of survey responses, just under half (46%) of participants in our sample said they had been victimised and many also alluded to historical bullying or abuse. When surveys from only people in Medway were considered, 36% reported examples of victimisation of some description. All individuals sent the survey were asked to complete and return at least part one of the survey, which collected data on individual characteristics, support and asked whether they had experienced victimisation or not. The sample of individuals with learning disabilities from Medway, who returned the survey, was broadly representative of national surveys of people with learning disabilities (Emerson and Hatton, 2008), in terms of gender, ethnicity, and the proportion with severe and profound disability. Furthermore, the proportion of people reporting having experienced some form of victimisation was similar (32% in the National Survey compared to 36% from our Medway sample). The pattern of experiences in terms of more able people experiencing more serious incidents was also similar.

Using Medway's Joint Strategic Needs Assessment, it was estimated that, given the proportion of people with learning disabilities that the survey identified as experiencing victimisation, it was likely there would be somewhere between 243 and 1780 people with learning disabilities experiencing victimisation in Medway. The former (lower) figure refers to the number of people with learning disabilities receiving social care or similar services while

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3 the latter (higher) figure includes the many people with mild learning
4 disabilities who either do not seek support or are not regarded as eligible for
5 support. Due to the low return rate of surveys from people with autism who did
6 not have a learning disability, it was not possible to calculate the prevalence for
7 this specific group.
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16 **Nature of experiences**

17 Incidents ranged from intimidating stares and name calling to physical
18 and sexual assault. Multiple incidents were common, sometimes occurring over
19 a long period of time, whereas others were one off incidents. Frequently,
20 teenagers (61%) were the instigators, but younger children and adults were also
21 implicated. Half of the respondents said the perpetrator was somehow known to
22 them, with 48% being 'so-called' friends.
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34 Those who were younger, reported themselves to have mental health
35 problems, or had less support appeared most at risk and were also more likely to
36 experience a broader range and more serious forms of victimisation. The
37 presence of carers supporting people in their community did not mean people
38 were immune to victimisation, but they were more likely to experience low
39 level name calling or intimidating stares.
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50 Reported police responses to incidents were mixed; some victims and
51 carers said the police were unsympathetic, ineffective and even unkind, while
52 others said the police were understanding, tried to help or resolved the
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3 problems. Of particular help was when people perceived that the officer had an
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5 understanding or experience of their condition. Common reasons for not
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7 reporting incidents included not knowing it was a police matter, fear of reprisal
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9 or not being believed and previous poor experiences of reporting.
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13 The impact of victimisation was expressed most clearly in the interviews
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15 and for some people was extensive and ongoing. The onus seemed to be on
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17 people with learning disability or autism to change *their* behaviour, often
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19 involving avoiding people, places and times associated with the occurrence of
20
21 victimisation. This could then impact on other areas of their lives such as
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23 reduced access to work, college or day centres or an impact on their ability to
24
25 maintain friendships.
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31 That people felt they '*deserved it*' was also a common theme.
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33 Participants' acceptance that these events were part of their lives and, to some
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35 extent, '*to be expected*' may have made it difficult to discover whether or not
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37 they saw the events as being motivated by a prejudice based on their disability.
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44 45 *Carers' views and experiences*

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47 Carers saw disability hate crime as not just a policing matter, but a social
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49 issue, highlighting that we live within a bullying culture where the media plays
50
51 a part in how individuals with disabilities are viewed; the damaging discourse of
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53 people with disabilities as 'scroungers' was one example they gave. It was also
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55 their feeling that an absence of community cohesion led to incidents becoming
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3 ‘accepted’ both by individuals and by the wider society; where acceptance and
4
5 valuing of ‘difference’ is absent and bystander apathy is rife.
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9 Carers suggested the people they supported could be particularly
10
11 ‘vulnerable’ due to the way they may look or behave, but also due to unsuitable
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13 housing, such as clustered housing within a block of flats.
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18 Family carers were sometimes victims by proxy (e.g., neighbours
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20 throwing bricks into their garden). They also reported indirect impact, as a
21
22 result of having to support the individual after incidents. Families also made
23
24 significant changes to their lives, and stress and ill health were common,
25
26 including depression and anxiety. Paid carers spoke of having to be extra
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28 vigilant, of being anxious when individuals (rightly) went out unsupported and
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30 of not really knowing enough about what constitutes a hate crime and how best
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32 to respond.
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43 *Police experience of learning disability, autism and responding to hate*
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45 *incidents and crime*
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49 The majority (94%) of police survey respondents had some experience of
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51 people with learning disabilities or autism either personally or professionally.
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53 The majority also reported not having relevant training and this was evident in
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55 some areas of their understanding. Of concern were gaps in knowledge
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3 important to achieving best evidence, such as how an individual's disability or
4
5 associated conditions could impact on responses when questioned.
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8 Police personnel expressed mixed views about hate crime legislation,
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10 saying that the CPS definition was helpful but had some grey areas. This
11
12 included the definition relying on a perception of hostility towards the victim,
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14 that a motivation of hostility could be difficult to identify for both victim and
15
16 police and that gathering evidence of hostility was complex.
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21 Both training and direct experience influenced self-perceived police
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23 confidence and competence at effectively managing disability hate crimes,
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25 including detecting whether a person had a learning disability or autism,
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27 working out if an incident was motivated by hostility, responding effectively to
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29 incidents, being able to communicate effectively, meeting the communication
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31 needs of the victims and acquiring sufficiently detailed evidence to investigate
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33 and charge individuals.
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42 *A case study example*

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44 The following case study of Ben illustrates several of the research
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46 findings and will later be discussed in relation to the implications of the
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48 research. Ben is not the individual's real name, although his consent has been
49
50 obtained to share this example as a published case study.
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55 Ben has Asperger's Syndrome and lives alone. For many years he had
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57 support from a social care provider contracted by the local authority. He
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3 maintains contact with his family. He had been bullied in secondary school and
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5 was harassed and assaulted occasionally after he left school, by youths who
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7 targeted him in the streets.
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11 His first move to his own accommodation was not successful. He
12
13 experienced difficulties with neighbours he described as unreasonably noisy and
14
15 involved in drug taking and trafficking, with streams of visitors coming in and
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17 out the building, by day and night. He complained to the Local Authority. On
18
19 several occasions when Ben was out and about in the street, he was verbally
20
21 abused by people he recognised as being among those who had visited his
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23 neighbours. His support worker reported the problems to the police who told
24
25 him that the neighbours were known to them as problematic drug users. He was
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27 very unhappy living there.
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36 Some months later Ben was supported in moving to a new tenancy. Difficulties
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38 began one day when youths living nearby shouted at him using terms such as
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40 'paedophile' and 'gay'. They were objecting to him looking out of his window
41
42 overlooking an area where children played. Objects were thrown at his window.
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44 Sometimes the verbal abuse and harassment continued when he left the flat. The
45
46 youths would follow him and call out 'There's that weirdo guy, he's gay' and
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48 'There's that gay man who looks out the window'. When the harassment and
49
50 verbal abuse continued, even though he avoided looking out of his window, he
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52 felt that it had become a campaign about his living there.
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3 Ben discussed the harassment with his support worker and decided to report it
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5 to the police who visited him at his support provider's offices and later at home.
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8 He showed the police his Autism Alert card. The police response was
9
10 coordinated by a specialist officer working in a hate crime team. He was able to
11
12 have conversations with PCSOs (Police Community Support Officers) who
13
14 made visible patrols around the area. Another police officer was especially
15
16 helpful, telling him that he understood his difficulties as he had a son with
17
18 Asperger syndrome. He gave Ben his business card telling him he should call
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20 whenever there was an incident as it was hate crime he was experiencing.
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27 Sometimes, with later incidents, the police came the next day and other times
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29 straight away. The harassment ended and he believes that came about following
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31 multi-agency working resulting in some perpetrators moving away from his
32
33 road. Throughout this period of time he found the day-to-day contact with his
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35 support worker vital in helping him manage his contact with the Police, his
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37 tenancy and relations with neighbours.
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44 Following a local authority assessment of Ben's support needs, funding for his
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46 support was stopped. Shortly afterwards he was befriended by somebody who
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48 visited his home. Ben agreed to lend money to the person, who on occasion
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50 accompanied him to the cash point. Ben later discovered that his cash card had
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52 been taken and money removed from his account. He reported the theft to the
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3 police but decided not to press charges as he felt he would find the process too
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5 stressful.
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11 12 13 14 15 **Discussion**

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18 Ben, like many others, mentioned being bullied on an ongoing basis. This
19
20 history of victimisation appeared, for some people, to lead to feelings that
21
22 victimisation is just what happens for a person with learning disabilities or
23
24 autism. Such resignation and acceptance is likely to present an obstacle to
25
26 reporting (which the police identified as an issue). Victims need to be
27
28 empowered and helped to understand that what happened to them is wrong and
29
30 that they need not and should not put up with victimisation. Schools and
31
32 colleges all have a role here in challenging such assumptions and reinforcing
33
34 this through effective policies for responding to bullying or hate related
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36 incidents and to offer support for reporting these. Many advocacy organisations
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38 are already doing good work in this area.
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48 The fact that many people (including Ben) reported children and
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50 teenagers as those who were carrying out the victimisation highlights a need to
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52 work closely with this group to prevent them from becoming perpetrators of
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54 hate crimes. Direct contact with marginalised groups has been shown to be one
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3 of the most effective approaches to attitude change (Scior and Werner, 2015)
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5 and, within Kent, the follow-on ‘Jigsaw project’ led by mcch has been taking
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7 this and other research findings forward. Other schemes like Dementia Friends
8
9 (which offers information sessions about dementia, helping to create
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11 communities in which people living with dementia feel more understood and
12
13 included) might provide a model for similar schemes that could be set up by
14
15 learning disability and autism organisations to reach individuals beyond school
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17 age.
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25 The nature of what happened to Ben and others highlights the importance
26
27 of reporting what may appear on the surface to be minor incidents or low level
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29 anti-social behaviour. Ben’s case shows how a number of events put together
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31 could be seen by the police as a ‘course of conduct’, something that may allow
32
33 them to work preventatively or to respond to the perpetrators.
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38 Within current definitions there is a need for someone (the person, a
39
40 witness or the police) to detect that what is happening may be based on hostility
41
42 related to an individual’s disability. In Ben’s case his disability was not visibly
43
44 obvious, which, combined with the ‘gay’ and ‘paedophile’ name calling, may
45
46 have muddied the waters when looking to detect hostility related to disability.
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48 The lack of a clear, common definition of disability hate crime and use of the
49
50 term “hate” (which requires assumptions or perceptions about the feelings or
51
52 motives of perpetrators), are difficult for many people with learning disabilities
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3 or autism. Many of the individuals we spoke to as part of the research did not
4
5 recognise or use the term 'hate crime' to refer to their experiences, but talked
6
7 about the 'bad experiences' they had in the community. Others may simply talk
8
9 about how they feel or mention someone being 'not nice' to them.
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14 Individuals and their carers need to be informed about what a hate crime
15
16 is within the law, possible prevention strategies and where to go to report and
17
18 get support after an incident, something which some carers were unclear about.
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20 People with learning disability or autism may rely on carers or others much
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22 more to notice changes or comments, to ask the right questions and explore
23
24 whether an individual has been a victim of a hate crime.
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30 If a police officer, however concerned and conscientious, is unable to
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32 identify learning disabilities and autism or understand and apply the
33
34 complicated law of disability hate crime, there will be potential for further
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36 tragedies, where appropriate responses are not given soon enough. The research
37
38 showed that police respondents' self-reported confidence in detecting if an
39
40 incident was hate related was significantly higher for those who had experience
41
42 and contact with people with intellectual disabilities or autism. This was a factor
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44 Ben felt helped in the management of his case. This has implications for the
45
46 training of police staff where an element of direct contact is likely to be very
47
48 important. In Kent, the Jigsaw project has approached this by providing autism
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50 and learning disability awareness-raising sessions (facilitated by people with
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3 learning disabilities or autism) targeted chiefly at police, victim support,
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5 transport, housing, health, education and social care agencies.
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9 Ben highlighted that, during both of his tenancies, he had problems in the
10
11 community. It was clear that initially he was given somewhere to live that was
12
13 known to authorities for criminal activities and anti-social behaviour. This
14
15 raises important implications for Care Managers and others supporting people to
16
17 find a home. Placing people in areas where there is known deprivation or anti-
18
19 social behaviour risks individuals becoming, at best, isolated, or, at worst,
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21 targeted.
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28 Ben's case highlighted the support he had to report his victimisation
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30 experiences. The later loss of this support may have played a role in his decision
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32 not to pursue the case where his money was stolen, as he no longer had a key
33
34 point of contact to support him with the process. Individuals like Ben (who
35
36 have very little support) need more effective ways to report incidents, such as
37
38 more easily accessible helplines and third party reporting systems. There has
39
40 been some work toward this. For example, True Vision's online reporting centre
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42 and the introduction of third party reporting hubs, which, for Kent are currently
43
44 being set up by the Jigsaw project. Ultimately, following any report, the police
45
46 may need to become involved. In Kent, changes within police systems have
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48 resulted in the requirement for all members of Neighbourhood Policing teams
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50 and Community Liaison Officers to deal with disability-related incidents. Given
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3 this move away from the previous specialist roles, there is a greater need for a
4 reliable method of establishing whether or not people reporting victimisation
5 have a learning disability or autism, whether they are repeat victims and
6 whether there is evidence of hostility. All police services will need to develop
7 consistent practices for eliciting best evidence so that prosecutions of
8 perpetrators can follow. Any increased awareness and understanding of learning
9 disability and autism needs to extend to other criminal justice agencies, so that
10 improvements in the police response are in turn supported and followed through
11 in prosecuting and sentencing policies and practices.
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26 After an assessment by the local authority stopped Ben's funding, he
27 experienced further incidents of victimisation for which he received very little
28 support. The impact on Ben, and for others in the research, was to change
29 where they go and when. This makes goals around access to the community
30 (Valuing People Now, 2009) unattainable for some, unless positive steps are
31 taken to make their communities safer for them. Considering many incidents are
32 not reported to the police, it is unlikely that Social Services would necessarily be
33 aware of them either. Given the evidence that those who are more able and get
34 less support are more likely to experience victimisation (Beadle-Brown *et al.*,
35 2014), and that these experiences impact on community participation and well-
36 being more generally, care assessments should take into account previous and
37 future vulnerability to victimisation. During annual health checks or routine
38 appointments, GPs and practice nurses could also ascertain whether their
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3 patients with learning disabilities or autism have been subjected to or fear abuse
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5 or victimisation.
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9 More is needed to help enable victims to access other types of support.
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11 Specialist victim support, counselling and therapies for victims with autism and
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13 learning disabilities are scarce. With effect from October 2014, Police and
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15 Crime Commissioners (PCCs) became responsible for planning and
16
17 commissioning Victim Support Services. Kent's PCC has agreed to fund two
18
19 specialist Victim Support officers with autism and learning disability expertise,
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21 who will work closely with Kent Victim Support.
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28 In summary, a wider approach to prevention and support is needed
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30 involving a number of agencies in addition to the police. Vision and leadership
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32 will be needed to tackle all types of hate incidents and crimes and provide
33
34 effective support to victims and families. Within the U.K, the responsibility for
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36 taking the lead in developing a comprehensive, all-agency approach to
37
38 prevention sits most clearly within the remit of Community Safety Partnerships
39
40 (CSPs). The statutory basis of CSPs gives them the necessary authority to
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42 influence other agencies in taking action, as well as in sharing information
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44 where it is appropriate to do so. Unlike the police, CSPs can also include in
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46 their remit abuse and harassment that does not amount to crime or anti-social
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48 behaviour, or where victims do not want to involve the police but simply want
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50 the abuse to stop. Inspiration for this work can be taken from partnership
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3 working in Leicestershire where a Hate Crime Care pathway is being developed
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5 (Sin, 2014). Finally, schemes such as the mcch Jigsaw Project offer a very low
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7
8 cost approach that could work anywhere, demonstrating that, with sufficient
9
10 will, recommendations outlined here and elsewhere can be implemented. While
11
12 much can be achieved locally, Government departments including the Home
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14 Office and Department for Education, as well as professional and regulatory
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16 bodies such as Skills for Care and the College of Policing also need to
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18 demonstrate leadership and make their expectations of improved accountability
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20 and performance clear.
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28 **Conclusion**

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32 Many survey respondents told us they experienced victimisation in the
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34 community. Whether the incidents were serious and criminal or lower level,
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36 repetitive harassment, they all had a long lasting and powerful impact on the
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38 quality of life of the people concerned. Most commonly, people changed their
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40 lives in some way to avoid incidents occurring again, rather than the situation
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42 being dealt with so that people could feel safe.
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48 This study was conducted in testing financial times for public and third
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50 sector agencies, conditions that are likely to continue. However, doing nothing
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52 to tackle victimisation is not an option. Public agencies have a statutory
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54 obligation to take reasonable steps to protect all citizens and financial pressures
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56 should not be seen as obstacles to tackling victimisation. Some measures may
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3 incur new costs, while others may be achieved at little or no cost through
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5 partnerships, pooling resources such as training, changing attitudes through
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7 example, and developing different ways of working. The mcch Jigsaw project is
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9 one such example. Leaders should also assess the potential social and economic
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11 benefits of bringing an end to the isolation and exclusion of people with
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13 learning disabilities or autism.
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For Peer Review

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