Improving Responses to Hate Relationships
Final Report

Catherine Donovan*, John Clayton**, Stephen J Macdonald*, Carol Long*, Ayurshi Dutt*, Vani Jain* and Janelle Rabe*
*Durham University; **Northumbria University

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1. Introduction:

The research team have been working with the Hate Crime Advocacy Service (HCAS) at Connected Voice Advocacy since 2019. The HCAS is funded by the Northumbria Police and Crime Commissioner's Office so whilst it is based in Newcastle it provides a service across the Northumbria Police Authority: Tyne and Wear and Northumberland.

Hate relationships is a term used by the authors to describe repeated incidents of hate being directed at an individual and/or their family by the same perpetrators who live in close proximity to them (Donovan et al. 2023). The impacts can be akin to coercive control experienced in domestically abusive relationships and exacerbated by help-providers apparent inaction. This report brings together the findings from the two most recent studies exploring different aspects of hate relationships and provides a toolkit, based on those findings, to better equip practitioners to identify hate and hate relationships and ensure that people are referred to the most appropriate help-provider.

This report answers the following questions:

(a) were the experiences of hate relationships different during the pandemic period and

(b) whether and how a toolkit for practitioners might improve service responses to those victimised by hate relationships.

Building on these questions we aimed to:

- co-produce a toolkit with practitioners, clients and workers of the HCAS that can
- aid early recognition of hate relationships and facilitate quicker and more appropriate referrals to the Hate Crime Advocacy Service (HCAS).

2. Methods

Data was collected in the following ways.

- A case note analysis was conducted by accessing the redacted and anonymised case notes of hate relationships from HCAS during the period 1/4/2019 - 31/03/2022. Hate relationships were identified with the following criteria: repeated hate incidents from the same perpetrator(s) who live in close proximity to the people they victimise, and with impacts for those victimised that are similar to those reported by those victimised by coercive control.
- 14 interviews with practitioners from a range of statutory (e.g. police), local authority and third-sector agencies (e.g. housing associations)
- Four service user focus groups and practitioner workshops

3. Findings

- COVID-19 lockdowns led to a worrying increase in the proportion of cases being referred to HCAS that were hate relationships: from 27% during non-pandemic conditions in our earlier

study, to 44% during the pandemic. Thus, there is a strong suggestion that the conditions of COVID-19, as they had for domestic abuse (Kourti, et al. 2023), allowed hate relationships to develop.

- There is a lack of leadership for responses to hate incidents, hate crime and hate relationships.
- There is widespread misunderstanding about what hate crime legislation covers, how hate is identified, the difference between hate crime and hate incidents:
    o It is often HCAS advocates who challenge other services to name what has been reported as hate motivated.
- This misunderstanding leads practitioners all too often to minimise accounts of hate motivated victimisation perceive those making reports of hate as untrustworthy and to re-frame their victimisation as being the result of anti-social behaviour or a neighbourhood dispute. This is experienced as:
    o Minimisation of victimisation and impacts.
    o Lack of empathy or concern for those victimised or reporting incidents.
    o Lack of trust in help providers or private landlords who may condone, reinforce, or initiate hate.
    o Lack of skills, knowledge, expertise, and confidence in identifying and addressing hate incidents.
    o Difficulty distinguishing between perpetration, retaliation, self-defence, and mutual aggression.

- There is little understanding that when hate relationships occur there is more than one victim, i.e. the family and friends of the individual who reports might also be seriously impacted by the hate relationship.
- There is little to no understanding of the cumulative impact of repeated hate motivated victimisation over long periods of time by the same perpetrator(s)– which we call hate relationships:
    o Relatedly there is very little understanding that the apparent lack of intervention in hate relationships over a long period of time has profound impacts on the mental and physical health and wellbeing of those victimised
- There is little evidence of services working in partnership to share information about the risks and harms being experienced by those who are victimised and to agree a plan of action.
    o This changes when HCAS are involved as they often take the role of key worker for the case and bring together different agencies to seek resolution.
    o Social services adult services are conspicuous by their absence in the care of disabled adults being victimised by hate relationships.
- Rehousing appears to be the only remedy offered and this is only viable when those victimised live in social housing.
- There is very little focus on perpetrators, how their behaviours might be challenged and how they

might be called to account for their behaviours.

- COVID-19 lockdowns exacerbated what was already the case:
  - o The results of austerity have left public and third sector services with reduced staff and resources. This in turn has led to rationed services, long waiting lists for services and a lack of training and support for front-line practitioners.
  - o COVID-19 lockdowns led to longer waiting times for responses, inability to get face-to face services, lack of continuity of care.
- COVID-19 lockdowns increased the victimisation because perpetrators and those victimised were confined to home.
  - o In a small number of cases being required to stay at home provided periods of reprieve for those victimised.
- HCAS Advocates provide:
  - o A listening ear, believing, affirming, and empathising with clients.
  - o Clarity by communicating with other professionals involved in the case.
  - o Support in writing letters, attending meetings, and gathering evidence.
  - o Emotional support to improve confidence and self-esteem.
  - o Advocacy with service providers on behalf of clients to challenge mislabelling of victimisation.
  - o Advocates were more visible pre-lockdown but lost some visibility post-lockdown.

4. Recommendations

1. Though the focus of our research was on the early identification of hate relationships, the findings made clear that there is a lack of knowledge about what hate is as opposed to what anti-social behaviour is, the difference between hate incidents, hate crime and hate relationships, available reporting mechanisms, protected characteristics, thresholds for police investigation, availability of the HCAS, its referral pathways, and availability of other services who can work in partnership to address hate and hate relationships.
Recommendation: The development and delivery of training across statutory and third sectors to address the above gaps in knowledge

2. As well as confusing hate incidents/crime with anti-social behaviour practitioners were unclear about which statutory or third sector services are available to assist in responding to hate. The police were perceived as having a leadership role however, this is not the case in the majority of reports of hate which do not reach the threshold of a crime.
Recommendation: HCAS be identified as a lead organisation for hate. They should:
   a. be financially supported to design and deliver the training outline above.
   b. be the key organisation receiving referrals for hate relationships.
   c. be the key organisation providing advice to partner organisations and a service to those victimised by hate who wish it.
   d. Lead on a multiagency response to tackle hate relationships within the community

3. The needs of those who are victimised by hate are wide-ranging and include, but are not limited to, physical and mental health,

housing, emotional support, safeguarding for children and/or adults, and specialist support from 'by and for' organisations with expertise in the protected characteristics. However, findings suggest that these needs are not appropriately recognised or acted on by practitioners. Partnership working is challenging and often not working with respect to those victimised by hate because of a lack of leadership and coordination of response. It is recommended that a similar model to the Multi-Risk Assessment Conference (MARAC) Marac resources - SafeLives used in domestic abuse be considered for hate relationships. With this approach, a lead agency chairs regular meetings of partner agencies to discuss a joint plan to ensure the safety of victim/survivors. Referrals are made to such a meeting would be based on an assessment of risk and need and the chair would facilitate a discussion including sharing intelligence about the case and agreements about which agencies might be involved with improving the outcomes for victim/survivors. The assessment of risk and need would be based on the criteria for a hate relationship: repeat reporting of hate incidents, perpetrators who live in close proximity, mental health, physical health and social impacts on victim/survivors.

Recommendation: Partnership working should be central to any response to hate. A lead organisation should be identified, we recommend that HCAS, coordinate partnership work.

4. To underpin the training and development of best practice partnership working the Hate-ID App developed in this research project provides an 'at a glance' guide to initial questions to ask of those reporting hate, referral pathways for those victimised by hate depending on whether they are reporting hate incidents, hate crime or hate relationships and to guide to referring organisation's options for intervention.

Recommendation: The Hate-ID App is embedded into the training and disseminated widely to improve early identification of hate, early intervention and appropriate referral where needed, and improved partnership working.

5. There is a lack of understanding about the scale of hate because of the reliance on police data for hate crime, i.e., those incidents that reach the threshold of a crime. This gives an inaccurate picture locally of the impact of hate on communities.

Recommendation: Community safety partnerships should work together to agree on a data set that gives a fuller picture of how hate behaviours are impacting communities. They should also be wary of being overly influenced by centralised government requirements on how and what data should be collected which can mean it is not responsive to more regional differences.

6. The findings speak starkly to the lack of attention paid to working with perpetrators of hate relationships. Some participants point to the ways in which perpetrators of hate might themselves have needs that go unmet.

Recommendation: Separate research should be conducted to explore the possibilities for addressing their behaviours that include both criminal justice and non-criminal justice interventions.