

Intellectual disability, hate crime and other social constructions : A view from South Yorkshire

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Introduction

The idea of care in the community is premised on the equitable distribution, allocation of and access to public space. Meininger (2014) states that 'The public space to which - in line with common definitions of inclusion - persons with intellectual disability are designated often turns out to be a space of discrimination' (2014:24). This has been noted elsewhere. The United Nations Convention on the Rights of Persons with Disabilities (2008) (article 16 - Freedom from exploitation, violence and abuse) is as follows:

'State parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects'.

The reality, however, is far removed from the rhetoric. In the UK so-called hate crime against disabled people has, since 2003, received official recognition in Section 146 of the Criminal Justice Act (HM Government 2003) and became law in 2005. The phenomenon is not uniquely British. Beadle-Brown et al (2007) note that similar movements are apparent in much of the Western world. Writing from a Dutch perspective a similar line is taken by Overmars-Marx et al (2014) who look to neighbourhoods and their inhabitants who work together to accommodate people with intellectual disability. They cite Wolfensberger (1972, 1983) and his work on Normalisation when they say 'The idea that people with disabilities can be a part of society and can also contribute to different life-domains was inspired by the normalization movement during the 1980s and 1990s' (2014: 256).

The fact that hate crime is becoming a global phenomenon means that it is coming under greater scrutiny as a concept. This, however, brings its own difficulties.

Schweppe and Walters (2016) note that 'most of the knowledge accretion about hate crime is based on country-specific analyses that have used jurisdiction-specific definitions' (2016:1). But this internationalisation of the phenomenon has also led to internationally shared understanding of how to combat it (Perry, 2015).

It appears then that legislative and policy changes both here in the UK and elsewhere have helped to reposition the individual with intellectual disability on the streets of our towns and cities where they are in a better position to access the goods and services available to the majority of citizens. To paraphrase O'Brien and Tyne (1981) these people now not only have *presence* within communities they can also *participate* meaningfully in community living.

The Local Situation

Historically the citizen in distress in a public place would contact the emergency services, mostly the police, for assistance. More recently there has been a recognition that while the police remain a resource there is an argument for liaison with other services whose expertise may be more appropriate to the situation, particularly when criminality is not the overriding factor. Hence Dean (2013) describes a street-based scheme that aims to reduce the number of people detained by the police under section 136 of the Mental Health Act (1983). Community psychiatric nurses patrol with police officers and perform street triage to direct individuals with mental health problems to appropriate services. Those individuals would formerly have been detained in police custody.

Such arrangements between the police and other agencies to act together to make the streets safer came about under the auspices of the Crime and Disorder Act (1998). This legislation gave local authorities more responsibility for reducing crime in their purview. To achieve this they were required to cooperate with the police and other agencies by formulating Crime and Reduction Disorder Partnerships. Here then are the roots of the fit between the joint responsibilities of the police and the local authority to keep the citizen safe on the streets. It is within this framework that hate crime presents itself as a distinct social problem within communities and so potentially amenable to a coordinated response.

Corcoran and Smith (2016) calculate hate crime in the disability strand for the year 2015/16 at 3629 recorded incidents or 6% of the total for all hate crimes across the five monitored strands¹ (2016:2). This shows a rise from 2013/14 when there were 23 reported incidents. The authors point out that this may be due to increased awareness, more diligence by police and an increased willingness of individuals to report crime. But when looking at the figures since records began in 2011 disability hate crime has shown a 44% increase - the largest across all strands (2016:4).

However, the figures quoted do not discriminate between intellectual disability and other forms of impairment. And as MacDonald (2015) points out, '...the police are far less likely to gather intelligence or investigate a hate crime if the person has a learning difficulty than if they have another impairment' (2015:353).

And it was against this sort of background that many local authorities have devised schemes to help keep their intellectual disable citizens safer on the streets. The local

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the 5 monitored strands are race or ethnicity; religion or beliefs; sexual orientation; disability; and transgender identity.

initiative we report on here was managed by the Adult Safeguarding Team within the city council through a contract with a local charity who ran the scheme on a day-to-day basis. The arrangement was subject to a service level agreement and was funded to cover staff costs and some additional volunteer and sundry expenditure. Oversight came via bi-monthly meetings attended by representatives from the Adult Safeguarding team, other relevant council officials, the police, the charity and any other interested parties by request.

The scheme was founded on the premise that people with intellectual disability are sometimes subject to harassment as they engage in routine city centre activity and that this situation can be remedied to some extent by the provision of places of refuge where a distressed individual can get help and support. It was also thought that while the police will always respond to a call for assistance from the public the situation in which an individual with intellectual disability was being subject to 'low-level harassment' was not always conducive to police intervention. Instead it was envisaged that appropriate help and support could be offered by staff in various commercial and business premises across the city. The advantages are that this precludes the involvement of the police and by being located on the 'High St' should be readily accessible to an individual in distress.

Our remit was to undertake an evaluation of the scheme as it was then operated. This was considered timely because the apparent success of the scheme meant that there was a move to expand it to cover other vulnerable sections of the population. After meetings with the council officials and their advisory user group we secured ethical approval from the Faculty Research Ethics committee and began the evaluation.

Methods

At the time of our evaluation 71 business/commercial premises were signatory to the scheme and there were 156 individuals with intellectual disability signed up as users/members. The staff in the business premises received initial training in how to respond to an individual in distress. This was supplied by the charity which oversees the scheme on a day-to-day basis. The individual members, for their part, carry an ID card that has details of who should be contacted in a localised emergency. In the absence of any records of contact between individuals and the potential places of refuge we set about to generate primary data that would give us some insight into the working of the scheme.

Survey

The membership was a disparate group who had no single point of contact or regular meeting place. We sent out a plain language flier to all of the members listed on the database inviting them to make contact with us to discuss their involvement with the scheme. Northway et al (2013) used a similar tactic in their work where they reported 'The survey has demonstrated that an acceptable response rate can be achieved when using a postal questionnaire to gather data from groups of people with intellectual disabilities' (2013: 243). In our case, of the 156 invitations sent out, we received 9 replies. They were as follows:

We received three phone calls. Two were from members of the scheme. One was from a relative of the member informing us the member was deceased. Five invitations were returned by Royal Mail. Of these three were listed as 'no such address' and two others stated 'addressee gone away'. One individual spoke to us in person when they were in the university on other business.

The two individuals who made phone calls were both able to tell us about their experiences. One claimed they had a membership card and once thought they were being followed when out shopping in town. They went to a local shop and showed the card to the shopkeeper who was standing outside by the door and he told them to go inside as there was cctv. The alleged follower disappeared and our respondent carried on with their day. The caller related nothing further occurred.

The other caller wasn't sure when asked if they were a member of the scheme. They then said they had misplaced their card. They said they found some shops unhelpful but they conceded that this might be because of their speech (very rapid and hard to follow). They hadn't ever used the card or been involved in what might be called an 'incident'.

The respondent who visited told us that they were a member of the scheme but when asked to show their card said they had left the card at home. They did relate one incident which took place outside a large department store. A Big Issue seller apparently picked on this individual who then went into the shop and approached a security man. The security man 'had a word' with the Big Issue seller.

The few people we spoke to were not convincing advocates for the scheme. The person who visited us on campus, for example, had clearly been primed to talk up their experiences. They attempted this in borrowed language that did nothing for the authenticity of the incident they related. The two telephone callers may or may not have been members of the scheme but in any event the shop identified in the 'incident' was not signatory to the scheme. It was apparent from these exchanges that carrying the membership card is not an established routine.

Fieldwork and Findings

We also made unannounced and opportunistic visits to 26 of the premises to check on their awareness and knowledge of the scheme and the implications of their membership. These visits took place on six separate occasions during November and December 2015. They were conducted by the two authors. A summary table of the visits appears in appendix A. Three of the premises listed were no longer in business or had relocated. One was closed on the day of our visit (see below for more detail).

We adopted a quasi-ethnographic approach here that might fit with a participant/observer style of data generation, making field notes immediately after the visits to capture the conversations we had with staff. We did not use any recording equipment as the visits had to approximate to the template of the casual consumer/shopper making a naïve enquiry. In our planning for the visits we had one simple objective - to find out if the people we approached on the day had knowledge of the scheme their business was signed up to. We did this by asking, 'What's that sticker about'? For those premises where no sticker was displayed we had to feign some prior knowledge of the scheme and enquire about its operation. Here we phrased our enquiry along these lines - 'I heard you were part of a Safe Places scheme - how does that work'?

On our visits we found that staff working in six of the premises had no knowledge about the scheme at all. At another six premises the first person we spoke to hadn't heard of the scheme but did manage to find a colleague who had some knowledge of the scheme. At one very large, national department store it took four attempts to

locate a member of staff who had heard of the scheme but their account described 'domestic abuse' and made no mention of intellectual disability.

Of the remainder knowledge of the scheme as related by the staff was varied. In one case (a small independent cafe) the member of staff only became aware of the scheme because of our questions. At the transport hubs we received fairly detailed responses. In one of the branch libraries the staff member thought the scheme was aimed at children, which probably explains why the sticker was on the door of the children's section of the library.

From our field notes we made the following observations -

- at GP surgery in suburbs - no sticker/sign displayed - when I asked if they were part of the safe places scheme the receptionist knew nothing about it but went to ask a senior colleague who said that yes they were. When I asked about the sticker they said that they would look into why they didn't have one on the door and contact the person who told them about the scheme to get one put up.
- charity shop in city centre - sticker displayed - the shop assistant told me it was a scheme the manager had signed up to in order to get more volunteers into the shop.
- transport interchange - sticker displayed - the staff at the desk knew about the scheme and talked about assisting people who were lost or confused and need some help
- national bookstore chain - city centre shopping mall - sticker displayed on the shop window - I asked an assistant about the sticker. The assistant had

never heard of the scheme and wanted to see the sticker. We went out to see it. He said he'd look into it.

- council premises - city centre - sticker displayed - I asked two uniformed floor walkers about the scheme. 'No idea, mate. Best ask at reception'. (the reception area was very busy with clearly distressed individuals arguing about housing benefit).

When the fieldwork was over we compared notes to calculate the numbers with and without a sticker displayed and to make some assessment of the knowledge displayed by staff. Given the small sample size we can't make any generalisable claims but we found no correlation between having a sticker displayed and staff being knowledgeable. Indeed one of the most comprehensive descriptions we got was from staff on a public reception area with no sticker displayed. Out of the twenty six areas visited we got twelve positive responses, ten negative with the rest either closed at the time of the visit or the business had relocated. And of all the premises visited thirteen (50%) had a sticker somewhere on the exterior of the building. But even then of these not all were easily visible. We highlight some of the salient points in the discussion below.

Discussion

There are two strands to this. Firstly we consider the more practical issue arising directly from our findings. Then we move on to a short discussion on more 'philosophical' aspects associated with the topic.

The scheme is founded on the premise that people with intellectual disability are sometimes subject to low-level harassment and occasionally more serious threats as they engage in routine city centre activity and that this situation can be remedied to

some extent by the provision of places of refuge where a distressed individual can get help and support. This help and support is offered by staff in various commercial and business premises across the city. The advantages are that this precludes the immediate involvement of the police and by being located on the 'High St' should be readily accessible.

The commercial premises and businesses (n=71) which are signed up to the scheme are distributed widely across the city. The way that premises advertise themselves as being part of the scheme is by having a sticker placed in the door/window. This acts as a visual cue to alert individual members that they are potentially in a 'safe place'. In our experience the visibility of the sticker (when any sticker was actually present) was poor.

There are two considerations here. One appears to be the local rules permitting the display of 'external' materials on the entrance to the premises. We were told by staff at the local university, for example, that this was why the sticker couldn't be displayed on the main door. The other consideration is the unexplained absence of any sticker on some premises. If the premises are to be identified as a 'safe place' then the physical presence of a sticker seems like a minimum requirement.

[insert photo about here]

In one of the branch libraries, for example, the sticker was on an interior door of the building. The sticker at another branch library was clearly visible but the premises had been closed the month previously. The stickers for the Art Gallery and the central library were both well into the interior of the building and so not visible to anyone passing by.

Given that individuals in distress can locate premises that are signatory to the scheme they then have to secure the cooperation of the staff inside. The way the scheme is supposed to work is that the individual will show their membership card to a member of staff who will offer some reassurance and make a phone call to the contact number/person displayed on the card. From our experience this was not guaranteed to happen. In the case of the two uniformed council employees on council owned premises their attitude was some way short of reassuring.

But we must recognise that such schemes can, by their presence, offer some assurance and protection to distressed individuals. That said, the provision of places of refuge relies on a buildings-based approach when we are all aware that it is attitudes that need to change (Wilson and Scior, 2014).

Implications

Several areas present themselves here. We have taken each in turn to offer some suggestions about how the scheme might be improved to cater for concerns over location, opening times, the nature of the premises and the operational definitions of a 'hate crime'.

Location, location, location.....

It seems axiomatic that for the premises to act as a place of refuge for individuals then those premises should ideally be in locations which are well populated, reasonably accessible and likely to be on people's social radar. This was simply not the case with some localities (branch libraries and GP surgeries) being in out-of-the-way settings, far from the civic hub.

This brings us to issues around individual knowledge of the scheme and access to information. We already know from the literature that individuals will literally go out of their way to avoid some people and places. As Smith (2015) notes 'Disabled people restructure their lives to minimise real and perceived risk to themselves even if they have not experienced targeted violence personally' (2015: 37/38). In the local situation, unless individuals have a good working knowledge of where exactly the premises are which are signed up to the scheme, they will need to consult some source of information. This information will either be in hard copy or accessible digitally. In either case there are questions over literacy skills even before we have to consider ownership of and access to digital devices. And we have to remember here that not all premises display the sticker to advertise their membership of the scheme.

Open All Hours?

The premises listed as being signed up to the scheme tended to operate chiefly during office hours and on a Monday to Saturday basis. Some also had (shorter) Sunday opening. A few (transport links) have much longer opening hours. Libraries have reduced opening times currently and are often closed for whole days to accommodate budgetary constraints. Of the two libraries we visited, for instance, one was permanently closed for business and the other was closed on the day of our visit. Neither would have provided solace to an individual in distress. Two of the organisations listed had relocated. Another was closed for business.

Buildings v Services

All the commercial members of the scheme operated out of static premises. Even where these are accessible, open and welcoming with knowledgeable staff they were not always well located to meet the needs of the target population (see above). It is, after all, people who create social distress rather than premises. The kinds of anti-social behaviour quoted by Hall (2004) and related anecdotally by some individuals locally, do not necessarily occur within hailing distance of a place of refuge. The best responses we got when cold calling commercial premises were from staff working in transport hubs. This suggests that by incorporating transport companies their buses, trams and trains could all be designated as potentially safe places.

Paid Staff v Volunteers

In some of the smaller premises we visited it was apparent that charity shops, for example, rely on volunteers to run the business. At the other end of the spectrum we also spoke to officers of the Transport Police. Our data only allows us to suggest a possible correlation between being knowledgeable about the scheme and employment status. But on the little evidence we have it seems as if bigger organisations have more robust in-house training and are also less likely to have issues a round staff turnover. These factors may explain some of the variation in response we got when talking to individuals.

Definitions

There remains a problem in deciding what is and what isn't a 'hate crime' and who makes that judgment. If we consider the case of people with intellectual disability it may not be so obvious, to them at least, whether 'hate' *per se* has been a

motivational factor. Williams and Tregidga (2014) note 'In particular, our data revealed that, in some cases, respondents felt that the term 'hate' did not resonate with their experiences. Many felt the term was too extreme and narrow and failed to fit with their rationalizations of offender motives..... Furthermore, the use of the term 'crime' emerged as confusing for respondents as they were unsure whether their experiences constituted acts serious enough to be classified as crimes that warranted reporting to the police' (2014:948). Hence we have to pay attention to the subtleties of language and its interpretation.

Limitations

The study was hampered by a lack of access to the individuals who use the scheme. But in the absence of a 'live register' or a physical meeting place where ordinary users could be canvassed for their views it seemed that the mailed survey was the only viable option. We also have to concede that the 'snapshot' nature of the fieldwork might have yielded a different result on a different day. Finally we must be aware of the limitations associated with research. As Olzowski and Boaden (2010) put it, 'Research, while giving the appearance of activity, may actually delay action in the real world, leaving people with intellectual disabilities wondering how it will make their lives safer now' (2010:29).

Conclusions and Next Steps

Following on from our note on limitations it is vital that hard data is first recorded and then shared between the various agencies involved - the police, the local authority,

community learning disability teams, housing providers and any third sector organisations that contribute to the overall care of the target population. By collating statistics on the individuals concerned, the location, timing and category of incident as well as gathering information, where available, on the perpetrator(s), some sort of pattern might be established to assist in focusing assistance at times and places where it is most likely to be required.

And the focus on location has already been highlighted by Roberts et al (2013) who note 'Place' is an important yet neglected consideration in relation to hate crime offending. Emerging evidence suggests that there may be identifiable hate crime 'hotspots' (2013:30). The report by Gravell (2012) confirms that in the study 56% of all incidents reported took place either in or around the home (2012:18) while the breakdown of perpetrators highlights that a quarter of the total were neighbours or people living locally (2012:22). So while a 'High St' presence might offer some reassurance to individuals, and this ought to be recognised, we need to remain aware of the range of potential threats.

People with intellectual disability are part of our society and we have evidence from many sources that their participation remains contested, marginalised and insecure with detrimental effects on quality of life (Verdugo et al, 2012). The scheme in place locally is at least an attempt to recognise and ameliorate that situation. We believe that it is flawed in its current configuration. Some of this is to do with the internal systems and the lack of contact with the membership. There is also an urgent need to more pro-actively engage with the staff employed within the signatory premises to ensure that they are equipped to deal with whatever situations arise.

And other similar schemes do exist nationally. Therefore a useful next step would be for communication and contact between the various organisations operating under this banner. We are currently engaged with a charitable organisation in preparing a funding proposal which we hope can extend the work we began here to other parts of the country.

Notes

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Can You See the Sticker?

The sticker is on the right of the window as you look at it, slightly above halfway on the vertical. But by being on a window there's a lot of glare and reflection, not to mention the row of (legitimately) parked bicycles to negotiate. So if you can't see the sticker.....

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