

Exploring ‘hate relationships’ through Connected Voice’s Hate Crime Advocacy Service

Final Project Report

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Clients' accounts of the hate relationships they endure and the resourcefulness they show in trying to address them are humbling. This report is dedicated to all of them.

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Executive summary

- This study explores whether and how the concept of 'hate relationships' might enable further understanding about clients reporting repeat hate incidents perpetrated by neighbours; and how this understanding might improve practice.
- The study was conducted before the Covid-19 pandemic and accompanying restrictions on mobility. The findings in this study suggests that the conditions of the pandemic might have exacerbated the conditions in which hate relationships can occur and escalate.
- The idea of 'hate relationships' looks to capture the familiar, repetitive, enduring and often 'low level' character of some forms of hate between clients and known perpetrators, akin to coercive control experienced in domestic violence and abuse.
- Drawing on Hate Crime Advocacy Service (HCAS) case notes from Connected Voice Advocacy (CVA) in North East England, we explored the extent, character and impacts of 'hate relationships'. Case notes from advocates' meetings with clients were filtered to identify those cases that exhibited characteristics of 'hate relationships'. Of 181 cases 50 (27.5%) cases involving hate relationships were identified.
- The majority of these 50 cases involve clients whose intersecting identities include at least two protected characteristics under hate crime legislation that influenced the nature of the discrimination faced (e.g. race and disability). In these cases, disability was most often not recorded as the motivation for hate crime/incidents.
- The cases involve a range of acts of violence reported over extended periods (in some cases years) towards the same client(s) and their families including abusive language; surveillance; disruptive noises; obstruction; thrown missiles; damage to property; harassment and threats; and physical violence.
- Perpetrators are not strangers. They are already known primarily as neighbours or locals, or over time they become familiar to the clients.
- The range of acts often take place with a degree of regularity, yet there is also a sense of unpredictability in terms of when and how these incidents take place.
- Acts are perpetrated around and within clients' homes including at the boundaries between homes. For some, this means that they have to tread very carefully around their home space to avoid continued unwanted attention, making them feel like 'prisoners' or 'trapped' in their own homes.
- Clients repeated attempts to seek help and resolve the situations they find themselves in is a testament to their determination, their resourcefulness and their self-belief that they are not 'to blame' for their perpetrators' behaviours.
- A key impact identified is that of an enduring, constant sense of fear and the subsequent withdrawal and isolation from everyday life that hate relationships bring about.
- The impacts of hate relationships speak to the mutually reinforcing mental and physical health consequences of being targeted in this way that extend beyond the individual clients to include their partner and children.
- Hate relationships can be exacerbated by the (in)actions of key help-providers.
- Clients often do not want to see perpetrators criminalised. There are a range of reasons for this. However, clients do want the hate relationship to stop. Inaction in relation to

perpetrators too often results in clients moving house or being moved to escape the hate relationship.

- Escape through relocation as one of the most significant forms of resolution, highlights the burden for a solution placed on clients rather than on solutions that are communities and/or or perpetrator(s) focused.

Recommendations (these are reproduced at the end of the full report)

1. Early identification of hate relationships will enable advocates and other service providers to better understand clients' experiences and facilitate better interventions. In addition to the three criteria used for identifying hate relationships in this study (repeated incidents from the same perpetrator(s); proximity of perpetrators to clients' homes; impacts of repeat incidents on clients'/families' mental health and wellbeing (including sense of isolation and entrapment)) we recommend adding a fourth criteria: the pattern of and responses to help-seeking. This will enable the identification of a hate relationship and connections and cracks in help provision.
2. The HCAS appears to be a place of last resort for clients. Many have been failed by other help providers and the criminal justice system before their referral to HCAS. Given the unique service HCAS provide and its importance to clients' being able to reach resolution, a system of early identification of a hate relationship is recommended to enable early referral to HCAS. This would also chime with many clients' desire not to criminalise perpetrators.
3. Care should be taken to identify whether and how disability is implicated in a clients' case in order to make disability hate more visible and to understand the complexity of how disability can be both a motivation to and a consequence of hate. Relatedly, case notes should record where more than one protected characteristic exists in a client's case in order to ensure that the complex experiences and needs arising from them can be better understood.
4. Partnership working is recommended to enable an early intervention 'red flag' system to identify hate relationships. Partners identified as integrally involved with hate relationships cases include: Neighbourhood Dispute Teams, Housing Associations, the Police and GPs.
5. Training is required for key partner agencies with three aims: firstly to raise awareness of hate relationships, secondly to raise awareness of impacts and finally to skill up professionals to identify hate relationship early in clients' help-seeking processes. This might better encourage improved partnership working to address hate relationships more competently and with more understanding of the impacts for clients.
6. The case notes speak starkly to the lack of attention paid to working with perpetrators of hate relationships. Separate research is recommended to explore the possibilities for addressing their behaviours to include both criminal justice and non-criminal justice outcomes.
7. The role of housing is central to both preventing and addressing the problem of hate relationships. Further research is needed with providers of social and private housing to explore their roles and responsibilities in relation to the behaviours of their tenants.
8. The role of GPs and other health professionals can be crucial in providing evidence of the negative impacts of hate relationships on clients' health and wellbeing in applications for social housing transfers. Further research is needed with health professionals to explore their perceptions of partnership working with clients experiencing hate relationships.
9. The role of the communities in which hate relationships occur should also be the focus of further research to consider the part that other neighbours – as active bystanders - might have in reinforcing and/or resisting the conditions that result in hate relationships.

1. Introduction: Hate Relationships

This report focuses on a study conducted to explore whether and how the concept of ‘hate relationships’ might enable further understanding about those reporting repeat hate incidents perpetrated by neighbours; and how this understanding might improve practice.

The study builds on previous research conducted by the authors with ARCH – a third party reporting service operating in North East England¹. In that research we analysed 3908 reports of hate incidents across the protected strands of hate incidents/crime (race, religion, disability, sexuality and transgender identities) in the cities of Sunderland (2009–2012) and Newcastle (2005–2015).

A key observation was that a significant minority (22%) of reporting was repeat reporting, by the same individual (often involving similar sets of perpetrators), over an extended period. An associated observation was that the majority of these reports were of a ‘low level’, including, for example, verbal abuse and other forms of harassment and intimidation that would not meet the threshold for a criminal investigation.

To make sense of this data, we proposed the concept of ‘hate relationships’². This idea looks to capture the familiar, repetitive, enduring and often ‘low level’ character of some forms of hate between those victimised and known perpetrators. Rather than viewing incidents as isolated events of anti-social behaviour, this concept helps us to think of incidents between the same perpetrators and victim/survivors in consistent locations as part of a pattern of coercively controlling violence. It also brings the perpetrators into focus and consideration of what role service providers might have in engaging perpetrators in desisting from their behaviours.

The idea of ‘hate relationships’ has parallels with research into experiences of domestic violence and abuse and particularly work around coercive control; a set of practices that abusers enact to exert power and control over their partners³. These parallels include repeat reporting, typically of low-level incidents that do not meet the threshold of a crime or that are difficult to evidence, cumulative impact, and the significance of home spaces as the locus of such relationships. In terms of impact there are also similarities in feelings of entrapment and surveillance, as well as poor health and wellbeing exacerbated by the (in)actions of service providers and those in positions of relative power.

¹ Macdonald, S.J.; Donovan, C. and Clayton, J. (2017) ‘The disability bias: understanding the context of hate in comparison with other minority populations’ *Disability & Society* 32(4): 483-499.; Clayton, J.; Macdonald, S.; Donovan, C. (2016) ‘A critical portrait of hate crime/incident reporting in North East England: the value of statistical data and the politics of recording in an age of austerity’, *Geoforum*, 75: 64-74; Donovan, C., Clayton, J. and Macdonald, S. (2018) ‘New Directions in Hate Reporting Research: Agency, Heterogeneity and Relationality’, *Sociological Research Online*, <https://doi.org/10.1177/1360780418798848>.

² Donovan, C., Clayton, J. and Macdonald, S. (2018) ‘New Directions in Hate Reporting Research: Agency, Heterogeneity and Relationality’, *Sociological Research Online*, <https://doi.org/10.1177/1360780418798848>.

³ Originally conceived as a problem of heterosexual men for heterosexual women, see Stark, E. (2007) *Coercive control: How men entrap women in personal life*. Oxford: Oxford University Press, but more recently argued to exist in intimate relationships regardless of gender and/or the sexuality of partners (Donovan, C. and Barnes, R. (2020) *Queering Narratives of Domestic Violence and Abuse*. London: Palgrave.

Note about Covid-19

This study was conducted prior to the Covid-19 pandemic and accompanying restrictions on mobility which were first introduced in March 2020. Whilst there has been, rightfully, national concern about the impacts for those victimised by domestic violence and abuse as a result of people being restricted to their homes, there has been less focus on those being victimised with repeated hate crime/incidents by their neighbours. The findings of this study, which argues that there are parallels in experiences and impacts between hate relationships and coercive control in domestically violent relationships, suggest that there may well have been a substantial impact for those being victimised by hate relationships. In discussion with Connected Voice Advocacy we intend to seek funding to conduct a further piece of research on the case notes of clients referred to the Hate Crime Advocacy Service since the start of the pandemic in March 2020. We will report on that study in due course.

2. Connected Voice Hate Crime Advocacy Service

Connected Voice Advocacy (CVA) is part of the Connected Voice group. CVA (formerly Advocacy Centre North) was established in 1996 to support people, help them to be heard and secure their rights. The organisation receives funding from the Police and Crime Commissioner for Northumbria to provide a Hate Crime Advocacy Service (HCAS)⁴ amongst other advocacy services.

HCAS supports those who are 16 or over in Newcastle, Gateshead, Sunderland, North or South Tyneside, or Northumberland, who have experienced hate crime. They might have been targeted because they belong, or are perceived to belong, to groups protected under hate crime legislation: race, religion, sexuality, disability and/or transgender identity. The service provides an opportunity to be listened to, to access information about rights and options, offers support to report hate crime if desired, and takes the side of clients in dealing with service providers such as the police and housing.

HCAS accepts self-referrals but most clients are referred by partner organisations. Most clients have reported directly to the police. However, if the incident is deemed to not reach the threshold of requiring police action, they are referred by Northumbria Police to Victims First Northumbria (VFN)⁵. VFN then refer the victims of hate incidents to HCAS. This might explain the significant proportion of cases that come under our own definition of hate relationships – because the victimisation is on-going and outwith the expertise of Victims First Northumbria. However, the predominance of this organisation as a referrer to HCAS also flags the issue that enduring hate relationships are not dealt with adequately before they come through to this service.

Clients are contacted by advocates who arrange to meet to discuss their experiences, circumstances and needs. These meetings are recorded in the form of case notes that, to differing levels of detail, document the evolution of the issues experienced, how they were addressed and any resolutions or basis for the advocacy process to end.

⁴ For more information about Connected Voice Advocacy go to www.connectedvoice.org.uk/services/advocacy

⁵ Victims First Northumbria is an independent victim referral service: www.victimsfirstnorthumbria.org.uk

3. Research aims and questions

The research team approached CVA to discuss the possibility of exploring the experiences of their clients and the extent to which 'hate relationships' were evidenced in information held by the organisation. Drawing on the case notes and informed by the research published on coercive control in domestic violence and abuse, we further explored the extent, character and impacts of 'hate relationships' with a view to informing the work of HCAS and their partners in tackling hate crime and supporting victim/survivors in the region. To do this we asked the following questions:

1. To what extent are 'hate relationships' evidenced in the case notes of clients referred to Connected Voice Advocacy's Hate Crime Advocacy Service?
2. What do the case notes tell us about the character and impact of hate relationships?
3. How might the concept of hate relationships help to better support the needs of clients?

4. Methodology and sample

Case notes from advocates' meetings with clients were accessed from the period 01/06/2017 - 31/03/2019. During this period 182 cases were referred with 181 accepted. Ethics approval was given by Durham University to analyse these case notes on the basis that CVA followed their governance procedures on using redacted data for purposes of analysis, monitoring and profile raising. Accordingly, the case notes were redacted to remove any identifying information and ensure client anonymity.

The client profile of these cases was evenly balanced in terms of gender, with the majority between the ages of 26 to 50 (72.1%). In terms of ethnicity, although a broad spectrum of ethnic groups were represented, the largest groups (making up 74% of clients referred) were White British (25.3%), Black/Black British – African (18.5%), those identified as 'Other' Ethnic Group (15.8%) and a significant proportion identified as 'Unknown' (14.4%).

These case notes were filtered to identify those cases that exhibited characteristics of 'hate relationships'. There were three criteria used at this stage of filtering cases: repeat reporting of hate incidents generated by the same perpetrator(s), the proximity of the perpetrator to the client, i.e. that they were living nearby to the client; and evidence in the case notes of impacts of coercive control as informed by research literature on domestic violence and abuse.

This process helped us to address research question 1 in assessing the extent to which 'hate relationships' are evident in the experiences of those using this service. This process generated 50 relevant cases⁶ (27.5% of overall accepted cases), which were subjected to thematic analysis utilising NVivo qualitative data analysis software. Some of these case notes did not have overt evidence regarding the identifiable elements of hate relationships, yet evidence was identifiable in clients' eagerness in achieving resolutions and their desire to be rehoused, to have security equipment installed or to get the police involved.

⁶ By cases we are referring to households where there were, in some cases, multiple clients as well as multiple incidents.

The majority of the 50 filtered cases in this period (68%, n=34⁷) were recorded as either partly or wholly race based incidents. Of these, 10 were recorded as based on both 'race and religion'. 8 incidents (16%) referenced sexuality and 9 (18%) disability as the basis for the case. We return later in this report to the ways in which often disability is not recorded as a motivation for hate even when the client and/or members of their family are disabled⁸. Gender was evenly balanced between men and women, 62% (n=31) were identified as non 'white British' and 40% of the filtered cases were concentrated in some of the most deprived areas of Newcastle-upon-Tyne (NE4 and NE6). Only 6 clients were self-referred to the HCAS, with the majority referred by VSN (passed on from the Police), but also Housing Associations, Community Projects and directly from the Police themselves.

The case notes vary in the levels of detail recorded with some cases including detailed records of key episodes, meetings, and interventions and others with much briefer summaries of actions related to the case. The case notes are informed interpretations of events by advocates, but in some cases include direct quotes from clients themselves.

5. Data analysis: Character of hate relationships

5.1 Types of violence

The cases involve a range of acts of violence (as broadly defined) over extended periods (in some cases years) towards the same victim(s) that include the following:

- Verbally abusive language directed at clients' (perceived) protected characteristics, often as they leave or arrive home.
- Indirect use of abusive language, i.e. racist, homo/transphobic or disablist speech, near the client.
- Surveillance and watching of clients as they go about their everyday lives.
- Purposeful, random, unpredictable, banging on walls and playing of loud music, often late at night and/or early in the morning.
- Obstruction and blocking access to gardens, yards, parking spaces, bins and shared spaces.
- Missiles, including stones and food, thrown at the property including at windows.
- Damage done to cars and property.
- Intimidation, harassment and threats of violence towards clients and their wider family including children.
- Physical violence and attacks interspersed with, or as the culmination of, a combination and/or escalation of the above.

⁷ 'n' indicates the recorded figure.

⁸ Macdonald, S.J. Donovan, C & Clayton, J. (2021) "I may be left with no choice but to end my torment": Disability and Intersectionalities of Hate Crime. *Disability and Society*. DOI: 10.1080/09687599.2021.1928480.

5.2 Perpetrators

Perpetrators are not strangers. They are already known as neighbours or locals or, over time, they become familiar to the clients. 80% (n=40) are either referred to explicitly as neighbours or local to the area. In 13 cases (26%), the perpetrators are identified as young people (as young as 8 years old). Often as part of groups, but sometime alone, these younger perpetrators congregate outside the client's home and resort to a range of acts including property damage, verbal harassment and vandalism. However, young people are not the only perpetrators, as is exemplified in the following example which describes the behaviour of an adult neighbour:

[since client had council do some work on the house] 'the next-door neighbour has been shouting, using insulting words, banging on the door or the wall, putting his bin in their front garden and blocking the shared access path to the back garden so they can't get their bin in or out. He often bangs for about 5 seconds which is not long enough to record or report to the council. This can be at 7am or 3am disturbing their sleep.'

(Case no. 44. Logged as race based case)

Perpetrators are often, but not always, consistent individuals. In some cases perpetrators act as a part of groups and offenders can be interchangeable, as different members are recruited to the groups. The motivations that drive and initiate these forms of victimisation can be based on a range of inter-connected and mutually reinforcing forms of discrimination. In the example of Case 44, above, the racist hate crime appears to have been motivated by the client's request for permission from a local council to build a driveway at his home. The family was from an ethnic minority background and one member 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. The trigger of the perceived 'unfair' treatment which initiated the hate relationship connected both with issues of disability and race.

'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 no. 44. Logged as race based case).

5.3 Timing and rhythm of acts

As the example above makes clear, the range of acts often take place with a degree of regularity, yet there is also a sense of unpredictability in terms of when and how these incidents take place. Occasionally there are periods of quiet, but when resumed, incidents can continue for extended periods of time. In the case below this was happening between 1-4 times a week by a neighbour of a single mother with an autistic daughter. It is this enduring and cumulative character that defines experiences of hate relationships.

'Since then, there has been constant harassment. This includes: Loud music until 3-5am; banging on the ceiling, banging on the door and running away, pushing the backyard fence down, leaving dog poo all over the shared yard, throwing water into the yard, vandalizing a car that was parked outside (which client thinks that the neighbour thought is hers);

frequently shouting 'spaccy' and mimicking the noises her daughter makes. Incidents happen 1-4 times a week.'

(Case no 41: Logged as disability based case)

5.4 Location of hate relationships

These cases were all experienced in and around the home and neighbourhood space of the client, often upon clients and/or their family leaving or returning home as the following case makes clear.

'Client says they have been having problems every day, going to school or shopping, with neighbours swearing at them and being racially abusive...when client got home she [the perpetrator] was standing by the house with some of his neighbours and started again for about half an hour swearing and calling him names ... saying that this was 'my country' and 'my police' and that they wouldn't help him.'

(Case no 43: Logged as race and religion based case)

Geography is an important factor in many of the clients' accounts, especially the spaces around and within clients' homes including at the boundaries between homes. For some, this means that they have to tread very carefully both around their home space (in their garden or yard) and within their homes (when their perpetrators live the other side of their walls, ceilings or floors) to avoid continued unwanted attention, making them feel like 'prisoners in their own homes'. The quality of the built environment is significant here. The type and tenure of housing means neighbours often live in homes where walls, ceilings and floors are thin and where lives are not as 'private' as they would be in more affluent and detached housing contexts. Hate relationships are identified as most often reported in NE4 (Elswick, Benwell, Arthurs Hill) and NE6 postcode areas (Byker, Walker and South Heaton) (40% of cases). Whilst not wishing to generalise about the profile of these broad geographical areas, or re-produce territorial stigma, they are amongst some of the most deprived in the city of Newcastle-upon-Tyne.

6. Data analysis: Impacts of hate relationships

6.1 Reporting

We wish to highlight the determination of clients to resolve their situation by reporting their experiences and seeking support⁹. In many cases this is initially to the Police but following that they have all been willing to be involved in the advocacy process. Ultimately, clients want these experiences to cease and will do what it takes to ensure that can happen. In this sense clients do not fit the dominant idea of a victim as passive and weak.

In addition, there is evidence of clients attempting to directly negotiate with perpetrators with the aim of de-escalating situations and attempts to alter the terms of the 'hate relationship'. The case notes speak to some courageous efforts to confront perpetrators, their families and acquaintances, despite the clear risks involved both in these immediate moments and for future

⁹ Donovan, C., Clayton, J. and Macdonald, S. (2018) 'New Directions in Hate Reporting Research: Agency, Heterogeneity and Relationality' *Sociological Research Online*, <https://doi.org/10.1177/1360780418798848>

encounters. In one example the client took photos of a cracked window, reported the incident to the police and spoke to the parents of the perpetrators. In some cases, this form of victim led negotiation yielded relative success in allowing for a less tense co-existence.

'Two weeks ago the boy was caught by the police, but they cannot prosecute because of his age. They [the clients] have spoken to his mother, who did offer to pay for the damage, but told her they simply wanted his behaviour to stop. Since then things have been quieter, and they have been experimenting with parking closer to the house.'

(Case no. 28: Logged as race based case)

However, such action rarely appeared to bring about a longer-term resolution, keeping the attention received at bay before harassment re-commenced. The apparent inability of service providers to intervene with perpetrators seems to be an important factor in hate relationships continuing, sometimes over many years.

6.2 Fear, withdrawal, and entrapment

One of the key impacts identified is that of an enduring, constant sense of fear and a subsequent withdrawal from everyday life that this brings about. Fear of being under attack and potentially exposed to hate relationships, reveal elements that resemble coercive control's impact on victims. These are recognised in the use of language of being 'scared', 'vulnerable', 'anxious', and 'in fear of permanent attack'. In some cases: 'they draw their curtains from 4:30 pm onwards and watch the CCTV, waiting for trouble' and feel like they have to 'hide themselves'. This results in feelings of entrapment¹⁰ – where clients feel increasingly isolated and are stuck within their homes for fear of being targeted. This has an impact on the extent to which the home can provide comfort and security. As the following excerpt makes clear being at home does not necessarily mean that clients feel safe:

*'... the new neighbours from downstairs- 4 occasions of banging on the door, shouting abuse ('P***' and other words which he couldn't catch), complaining about the noise. Family has been keeping the noise to a minimum and 'feel like thieves in their own home', creeping around to avoid igniting the neighbours.'*

(Case no 43: Logged as race and religion based case)

As is mentioned elsewhere, for those spending time away from the home there is also a growing fear about coming back, for example, after work, after school, after a shopping trip.

6.3 The hidden nature of disability

Within the data analysis, an unexpected finding emerged relating to the hidden nature of disability. From the 50 cases that fit the profile of a hate relationship, we discovered that whilst 33 (66%) of clients, or members of their households, had a disability or/and mental health issue

¹⁰ Clayton, J. Donovan, C. and Macdonald, S. (under review) 'Living with hate relationships: familiar encounters, enduring racisms and geographies of entrapment', *Environment and Planning D: Society and Space*.

only nine cases (18%) were recorded as disablist-related incidents/crimes. Thus, the majority of these cases were recorded as racist, homophobic, or transphobic hate. For example:

'He was using the f-word and racist language, including 'fuck off, foreign people come in here'. He was also being insulting [to the] client and their mother [disabled woman] ... [The mother] 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.'

(Case no 35: Logged as race and religion based case)

As this excerpt illustrates, although the hate is racist in nature, the disabled mother's independence is considerably affected because of these hate incidents. Hence, disability is an important factor here in understanding the impact of racist hate on the disabled mother yet disability is often not recorded as being a motivation for hate crime. For example, if a disabled person is from an ethnic or sexual minority group then the nature of the hate tends to be recorded as 'racist' or 'homophobic' hate' rather than 'disablist hate' even when the incidents are significantly motivated by ableism. The following excerpt illustrates an example concerning a young man with a learning disability who had experienced homophobic and disablist abuse:

'Incidents involving a particular family ..., the two sons of the family told the client to "fuck off" and called him "gay goof"... advocate receives a phone call from client saying that one of the carers from Home Care was talking to his neighbours, and he thinks they are spreading rumours about him ... Advocate then phones Home Care. She talks to the manager. She states that the client has made many complaints about the kids in the village and about the carers who live in the village. She has talked to the carers and they said that they stay away because he makes up allegations. She would go to investigate if she had any evidence to go on, but no one has backed up client's allegations. She also does not believe anyone has an issue over his sexual orientation'.

(Case no 39: Logged as homophobic based case)

Within the advocate's report, it is the homophobic incidents that define the recording of the young man's experiences of hate. Yet the report also acknowledges that the young man is not gay and his sexuality is often misinterpreted by people in the village. In the recording of these incidents, the intersectional relationship between disability and homophobia is not acknowledged as a contributing factor to the hate, even when the client's learning disability is implicitly used by the care manager to invalidate their experience of hate incidents/crimes. One police officer, however, does validate the client's experiences:

[Police Officer] calls in. He said that there have been "boatloads" of incidents reported. He has no doubt that some people in the village have made homophobic remarks towards the client.

(Case no 39 Logged as Homophobic based case)

By recording both disability and homophobic hate advocates and other partners might gain a greater understanding of the impacts of hate relationships and the rationale behind clients' being targeted. Many perpetrators' understandings of 'vulnerability', might mean that disabled people are perceived as 'easy' targets, less likely to be listened to or to fight back, which might explain

the high numbers of disabled people in the hate relationship client group¹¹. By not recognising disability in the recording of hate crimes/incidents, this may perpetuate this ‘vulnerability’ stereotype and leave victims/survivors at greater risk of escalation from single incidents/crimes of hate evolving into the long-term hate relationships outlined in this study.

6.3.1 Mental and physical health

There is a clear sense within the case notes of deteriorating mental health and wellbeing including expressions of despair, depression, anxiety and lack of sleep as well as deteriorating physical health. From the 33 cases that included disability and mental health, 67% (n = 22) of households were affected by disability before their experiences of a hate incident/crime occurred. However, 11 clients (33%) were diagnosed with a mental health condition, long-term health condition, or a physical impairment during the period of victimisation and sometimes as a result of their victimisation:

[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”

(Case no 47: Logged as race based case)

These cumulative experiences of hate deeply affect clients’ quality of life. As one client confesses, “it is really difficult to have a positive attitude about anything” (Case no. 25: Logged as race based case). In another case, a client slept with a knife under her pillow in order to feel safer. There are also growing fears about impacts on wider families including partners and children. These wider relations and responsibilities to others, including children, exacerbates feelings of vulnerability.

‘Client and his daughter can’t sit outside the front of his home. He won’t allow his daughters to play out. He is scared to leave the house for a weekend away. He is constantly on edge, watching the CCTV.’

(Case no. 38: Logged as race based case)

For others, due to the repetitive harassment, their mental health aggravates thoughts of suicide:

‘I may yet be left with no choice but to seek an ending to my torment.’

(Case no 18: Logged as transgender identity based case).

The sense of cumulative emotional toll is articulated in the excerpt below and captures the manner in which hate relationships are defined by their enduring character, resulting in a sense of exhaustion that may also trigger previous experiences of trauma (related and unrelated to ‘hate relationships’).

‘Her children are frightened and panicked by the noise of eggs smashing the windows at night [which trigger previous trauma from experiences of war-torn country of origin] ... the client is very scared that the people responsible (live behind her and have friends opposite)

¹¹ Macdonald, S.J. (2015) ‘Community Fear and Harassment’: Learning Difficulties and Hate Crime Incidents in the North-east of England. *Disability and Society*. 30 (3), pp. 353–367.; Macdonald, S.J. Donovan, C & Clayton, J. (2021) “I may be left with no choice but to end my torment”: Disability and Intersectionalities of Hate Crime. *Disability and Society*. DOI: 10.1080/09687599.2021.1928480.

might start up with something else. She thinks they are waiting and plotting something and feels very unsafe. She feels tired and exhausted by it all.'
(Case no. 42: Logged as race and religion based case)

These examples illustrate the complex relationship between disability and hate, as for some clients when hate incidents/crimes initially occurred these clients would not be defined as disabled victims/survivors. It is due to the persistent experiences of harassment, as can be seen in case 42, that clients' physical and mental health deteriorate and they become disabled. This point illustrates the importance of early intervention to prevent hate incidents/crimes from progressing into hate relationships as this can have a long-lasting effect on clients and their family's health and well-being even after the hate relationships have stopped.

7. Experiences of help-providers

We suggest that the impacts for clients are potentially exacerbated by the (in)actions of help-providers which can lead to exhaustion not only with the actions of the perpetrators but also the lack of an adequate response from service providers. While some accounts indicate good practice of helpfulness and dedication from help-providers including the police and housing associations, there is an overwhelming sense from the case notes of clients being failed. Clients report a range of issues that amplify frustration, hopelessness and exhaustion with the help-seeking process that included:

- Not being taken seriously/believed.
- Behaviours of perpetrators being reframed as harmless.
- Not being able to evidence incidents.
- Complainant being accused of being perpetrator/unreliable witness.
- Waiting time for responses.
- Lost records of reporting.
- Poor partnership working.
- Being expected to pay for cameras, recording devices in order to collect evidence.
- Being asked what they expect service providers to do.

In one case, the client expressed their sense of being let down by the inaction of the police:

'...the action [that is] quite slow makes me feel like I don't really count as human being'
(Case no 25: Logged as race based case).

In another, it was both the inactions of the local authority and police that was causing frustration.

'[Muslim woman sent a letter to housing after her neighbour and another man climbed a ladder and looked at her through her upstairs window when she had just come out of the bath] I am feeling very vulnerable at this moment of time and embarrassed I am trapped in my own home and the Council and the police are doing nothing I really need help as it is making my health worse and no one should have the right to invade my privacy ... I feel I can no longer walk around comfortably in my own home.'
(Case no. 46: Logged as race and religion based case)

One of the main problems identified is that incidents are seen as minor and isolated events which do not reach the threshold of a criminal offence and are judged as disconnected from the wider and cumulative serious impacts of the longer-term hate relationships we have identified. The following cases illustrate how such failures play out in the lives of clients.

'There is CCTV outside the flat but this has been out of action since February. The community wardens have been involved but she feels that they are just brushing them off. The feeling she gets from the community warden is that they are themselves trouble. ... They have had to install CCTV themselves ... she feels everyone wants them to just move to solve the problem ... Client attends college along with some of the older kids ... giving her trouble at college such as tripping her up deliberately (she has mobility problems). The college said they can't do anything if something happens off campus.'

(Case no 36: Logged as disability and homophobic based case)

'He called the police on Sunday 27th and on Monday 28th. On the 28th a police officer interviewed him but didn't go to the perpetrator's home ... (Client felt that the police officer was more intent on 'calming him down' than actually confronting the neighbour). ... they've taken no criminal action against him despite the police officer writing down on a slip of paper 'Racially aggravated criminal damage to vehicle, PO1' ... [perpetrator has taken to driving past slowly and staring at client] He has reported this to the police but they have simply told him that the neighbour is wasting his own time.'

(Case no. 38: Logged as race based case)

8. Resolutions and moving away

In 31 cases (62%) the outcome of the case was recorded as 'resolved with advocacy'. In 5 cases the issues were still ongoing or unable to be resolved. This would seem to be a positive set of outcomes and testament to the work being done by advocates and partner agencies. However, it is also important to stress that a 'resolution' often involved the re-location of the client.

For one client, with the help of a supportive housing officer, movement to an alternative home in the same city is seen as effective in bringing about a more hopeful future.

'The lady from [Housing Association] came out to see her the day before and was very supportive; she [the client] wishes she'd known about their Victim Support service sooner. The lady has put her down as a priority to move home, which the client has decided she would like to do. She said she feels that she has a future now'

(Case no. 48: Logged as race based case)

Whilst this may resolve the matter insofar as the hate relationship is severed, some clients may have established social support networks locally, as well as becoming embedded within local workplaces and schools. Reluctance and resistance to moving or 'being moved' is often tied to the potential disruption caused and a reticence to upend lives because of the actions of others. In fact, initially this same client had been adamant that they did not want to move:

'Advocate explains that the client doesn't want to move, because "her house is there, and it is close to her son's school, where she also works.'

(Case no 48: logged as race based case)

In some cases, the difficulties involved in moving to a new residence may result in financial penalties, practical difficulties, unwanted effort and additional investments (e.g. especially adapted homes, decorated homes). For others moving home offered little hope that scenarios would improve due to the limited options of relocation within both the private rental sector and the social housing system where residents would be placed in houses not fit for habitation or neighbourhoods deemed 'unsafe':

'She was offered a house by [Housing Association], but she doesn't want to move because it has one bedroom less than the current home and she doesn't want to get rid of furniture it has cost her to buy or to start everything (in terms of decorating) from scratch... Police have advised her that the area she has been offered is unsafe and not a good area. She would rather not move at all.'

(Case no 45: Logged as race based case)

Escape through mobility as one of the most significant forms of resolution, highlights that harmful encounters are experienced as enduring situated relationships concentrated in and around the home. It also speaks to additional burdens placed on those already subjected to forms of discrimination to adapt to their own marginalisation, rather than a concerted systemic effort to deal with enduring forms of everyday violence and the practices that sustain such relationships. It is also the case that subsequent to re-location new residents may be moved into accommodation, placing them into situations of vulnerability, if steps have not been taken to address perpetrators' behaviour

9. Conclusions

- The professional, dedicated and patient work of advocates enables client voices to be centered in the process of help provision. However, by the time that clients work with HCAS many have been experiencing victimization over an extended period of time, which for some has lasted years.
- Clients' repeated attempts to seek help and resolve the situations they find themselves in is a testament to their determination, their resourcefulness and their self-belief that they are not 'to blame' for their perpetrators' behaviours.
- Although this is only a pilot study, the concept of hate relationships provides a way of understanding the experiences of approximately 30% of those repeat reporting hate incidents. Some cases that could not be included in the analysis because of a lack of detail might also have been recognized as hate relationships.
- The majority of these 50 cases involve clients whose intersecting identities include at least two protected characteristics under hate crime legislation that influenced the nature of the discrimination faced (e.g. race and disability). In these cases, disability was most often not recorded as the motivation for hate crime/incidents.

- The parallels identified with coercive control provide a way of understanding repeat perpetration where perpetrators feel entitled to target the identities of clients and terrorise them and their families in and around their homes.
- Hate relationships include the use of time as a way of intimidating and controlling clients: whilst hate incidents might be frequent they are often unpredictable. This provides a way of understanding the cumulative impacts of repeat experiences of hate and the damage that is inflicted by seemingly isolated incidents.
- Hate relationships rely on perpetrators having apparently unregulated access to the spaces in and around clients' homes and their neighborhood: they are neighbours in the broadest sense and are known to clients. Such close proximity of the threat results in clients and their families being fearful of leaving and/or going to their homes which is experienced as a form of entrapment.
- The fact that most of the clients live in some of the most deprived areas of Newcastle-upon-Tyne suggests that the nature of the built environment and wider socio-economic inequalities play a part in providing opportunities for perpetrators to enact hate relationships with apparent impunity.
- The intersectional nature of disability is often not recognised in the recording of racist, homophobic or transphobic hate crimes/incidents.
- The impacts of hate relationships, as evidenced here, speak to the mutually reinforcing mental and physical health consequences of being targeted in this way that extend beyond the individual clients to include their family and children. Some clients have become disabled as a result of their victimization.
- Hate relationships can be exacerbated by the (in)actions of service providers and the lack of long-lasting resolutions that do not just involve re-location of victim/survivors.
- Understanding hate relationships therefore requires attention not just to inter-personal relations, but also the physical, socio-economic and help-providing context in which such relationships are enabled and reproduced.

10. Recommendations (these are reproduced in the Executive Summary)

- a. Early identification of hate relationships will enable advocates and other service providers to better understand clients' experiences and facilitate better interventions. In addition to the three criteria used for identifying hate relationships in this study (repeated incidents from the same perpetrator(s); proximity of perpetrators to clients' homes; impacts of repeat incidents on clients'/families' mental health and wellbeing (including sense of isolation and entrapment)) we recommend adding a fourth criteria: the pattern of and responses to help-seeking. This will enable the identification of a hate relationship and connections and cracks in help provision.
- b. The HCAS appears to be a place of last resort for clients. Many have been failed by other help providers and the criminal justice system before their referral to HCAS. Given the unique service HCAS provide and its importance to clients' being able to reach resolution, a system of early identification of a hate relationship is recommended to enable early referral to HCAS. This would also chime with many clients' desire not to criminalise perpetrators.
- c. Care should be taken to identify whether and how disability is implicated in a clients' case in order to make disability hate more visible and to understand the complexity of how disability

can be both a motivation to, and a consequence of, hate. Relatedly, case notes should record where more than one protected characteristic exists in a client's case in order to ensure that the complex experiences and needs arising from them can be better understood.

- d. Partnership working is recommended to enable an early intervention 'red flag' system to identify hate relationships. Partners identified as integrally involved with hate relationships cases include: Neighbourhood Dispute Teams, Housing Associations, the Police and GPs.
- e. Training is required for key partner agencies with three aims: firstly to raise awareness of hate relationships, secondly to raise awareness of impacts and finally to skill up professionals to identify hate relationship early in clients' help-seeking processes. This might better encourage improved partnership working to address hate relationships more competently and with more understanding of the impacts for clients.
- f. The case notes speak starkly to the lack of attention paid to working with perpetrators of hate relationships. Separate research is recommended to explore the possibilities for addressing their behaviours to include both criminal justice and non-criminal justice outcomes.
- g. The role of housing is central to both preventing and addressing the problem of hate relationships. Further research is needed with providers of social and private housing to explore their roles and responsibilities in relation to the behaviours of their tenants.
- h. The role of GPs and other health professionals can be crucial in providing evidence of the negative impacts of hate relationships on clients' health and wellbeing in applications for social housing transfers. Further research is needed with health professionals to explore their perceptions of partnership working with clients experiencing hate relationships.
- i. The role of the communities in which hate relationships occur should also be the focus of further research to consider the part that other neighbours – as active bystanders - might have in reinforcing and/or resisting the conditions that result in hate relationships.