LIVING IN FEAR
Better outcomes for people with learning disabilities and autism

Main Research Report - January 2014

Dr Julie Beadle-Brown, Lisa Richardson, Colin Guest, Aida Malovic, Jill Bradshaw and Julian Himmerich
Contents

Contents ........................................................................................................................................... 2
Acknowledgements ......................................................................................................................... 5
Chapter 1 Background and methodology ....................................................................................... 7
  Framework for policing and responding to disability hate crime ............................................. 12
    Kent CSP .................................................................................................................................. 12
    Medway CSP ............................................................................................................................ 13
    Police and Crime Commissioners (PCCs) ................................................................................. 13
  Terminology ................................................................................................................................. 14
  Aims of the research ..................................................................................................................... 14
  Methodology ................................................................................................................................ 15
Chapter 2 Experiences of people with intellectual disabilities and autism – helpline data and focus groups ......................................................................................................................... 18
  Introduction .................................................................................................................................. 18
  Analysis of the National Autistic Society and Autism London’s helpline data ......................... 18
    Methodology ............................................................................................................................... 18
    Findings ..................................................................................................................................... 19
  Focus groups ................................................................................................................................. 20
    Methodology ............................................................................................................................... 20
    Findings ..................................................................................................................................... 25
Chapter 3 Views and experiences of family and other carers ....................................................... 55
  Perspectives on hate crime as a social issue ................................................................................. 55
  The vulnerability of individuals with learning disabilities and autism ...................................... 58
  Perceived protective value in the presence of a carer when supported in the community ......... 60
  Response of carers ....................................................................................................................... 61
  Impact on carers ............................................................................................................................ 62
Chapter 4: Survey of people’s experience of hate crime and victimisation in Medway and beyond. ................................................................. 67
Methodology ................................................................................... 67
Test-retest reliability........................................................................ 75
Findings ........................................................................................... 76
Interviews with people with learning disability and/or autism .......... 89
Methodology ................................................................................... 89
Findings ........................................................................................... 91
Nature of the bad things that happened to people ......................... 97
Impact of the bad things that happened ........................................ 98

Chapter 5 Police views, experiences and difficulties of responding to disability hate crime. ........................................................................ 99
Introduction ...................................................................................... 99
Focus groups ................................................................................... 99
Methodology ................................................................................... 99
Findings and themes: ........................................................................ 101
Terminology, definition, identification and nature of incidents that group members had encountered ......................................................... 115
Reporting – frequency and barriers .................................................. 116
Processing and management of hate crimes .................................... 116
Number and nature of reported incidents – analysis of data from the police recording systems ................................................................. 119
Methodology ................................................................................... 119
Findings ........................................................................................... 120
Police survey ................................................................................... 128
Methodology ................................................................................... 128
Findings ........................................................................................... 128
Adequacy of the data ....................................................................... 161
Implications ..................................................................................... 161
Recommendations ........................................................................... 167
National leadership, policy, and strategy ......................................................... 167
Local leadership, policy and strategy ............................................................. 168
Appendix 1: Sampling and recruitment for the survey. ................................. 170
Reliability testing ............................................................................................ 174
Appendix 2: The approaches used to explore the difference in experiences reported for or by people with higher support needs ........................................ 176
Appendix 3: Original logistic regression models ............................................. 178
Appendix 4: Examples of good practice .......................................................... 180
Appendix 5: Initial set of recommendations before summarising .................. 182
  Preventing hate crimes and incidents ......................................................... 182
  Support for victims and their carers ............................................................ 182
  Increasing reporting ..................................................................................... 182
  Post-incident and crisis support for victims and people living in fear ......... 183
Acknowledgements

This study has benefited from the generous contributions of many individuals. Foremost have been the contributions made by people with autism and learning disabilities who took part in focus groups, surveys and interviews and were willing to share with us their stories of often harrowing experiences. We wish also to acknowledge the contributions of family carers and paid supporters, police officers and members of Community Safety Partnerships who also participated in the research.

The research team are very grateful for the support and practical advice provided by the project steering group, in particular by Andy Pritchard, Detective Chief Inspector, Kent Police Public Protection Unit, who throughout the study co chaired the steering group and facilitated collaboration between Kent Police and researchers. Special thanks also go to the project advisors and co-chairs of the steering group: Allan Finn, Kathy Johnston, Rob Marno and the late Robert Wilson.

Valued contributions from other members of the steering group included:

Rebecca Avery  Victim Support
Maya Bangar  Family carers and Medway Carers Centre
Chandra Sanghavi
Jane Bailey  MCCH Society Ltd
Tracey Cox  MCCH Society Ltd – project administrator
Sallyann Baxter  Medway Council
Kerry Rabey
Angie Clemence  Carers First
Bobbie Taiano
Viv Cooper OBE  Family carer and Challenging Behaviour Foundation
Jo Davies  Mencap
Gill Ellis  Chief Inspector Kent Police
Nikki Faulconbridge
Jacky Hammond  MCCH Society Ltd
Marilyn Kitchenham  Medway Council
Kulbir Pasricha  Community Liaison Co-ordinator
PC David Patterson  Community Liaison Officer Kent Police
Tom Madders  National Autistic Society
Georgina Pennicott,  MHS Homes
Michael Schnura,  Community Liaison Assistant Kent Police
Rhiannon Walters  Trustee of Autism London
We also wish to thank Gemma Avery, Louise Chapman, Jonathan Coady-Mayall, Georgia Crockford, David Miland, Amy Randal, Hetal Mehta and Jess Watts who worked on the project as volunteers, supporting survey participants attending drop in sessions and assisting with research administration.

Thanks are also extended to PC Julie Germaney, DS Sallie Baisley and PCSO Simon King of the former Hate Crime team in Medway whose work with people with learning disabilities helped prepare the foundations for the research partnership between MCCH Society, Autism London, the Tizard Centre and Kent Police. We also wish to thank PC Richard Strable, PC David Patterson and PCSO Quentin Moss at Medway police station who over many months painstakingly responded to researchers’ enquiries and facilitated their work at Medway police station.

This project was generously funded by the Big Lottery Fund.

**Disclaimer**

The views expressed in this report are those of the authors and do not necessarily represent those of the Big Lottery Fund.

**Citation**

This report should be cited as:

Chapter 1 Background and methodology

In the UK, almost all people with learning disabilities and autism live either in the family home or with support in their own home or a community based residential service. How much contact people have with their community and the support they have to access their community safely often depends on where they live and their level of ability (Emerson and Hatton, 2008¹). As people have become more visible and active in their local communities, the issue of personal safety has increased in relevance and importance. The media, official sources such as public enquiries and a small number of recent research studies have all highlighted disabled people’s experiences of victimisation in the community and in particular the problem of disability hate crime. The issue is one of human rights – under the UN Convention on the Rights of Persons with a Disability, article 19(2006) states that people with disabilities have a right to a life in the community – not just a house. The European Convention on Human Rights states that all people have a right to freedom from persecution and torture and a right to liberty and security. The UK Disability Discrimination Act (2005) clearly sets out the expectation that people with disabilities should be included and not discriminated against in terms of access to services and facilities, employment, education to name just a few. The Mental Capacity Act (2005) clearly sets out that people with intellectual disabilities should be assumed to have capacity for each individual decision they have to make unless strong evidence suggests otherwise.

However, despite an ideological and policy context that affords people with disabilities equal rights with other citizens, (including a life in the community and an environment equipped to meet their needs), many people with learning disabilities and autism have reported that they have not had positive experiences in the community. In 2000, Mencap² found that 88% of people with a learning disability surveyed had experienced bullying or harassment in the previous year. Almost one third of people were being bullied on at least a weekly basis. Almost half of the people surveyed had suffered verbal abuse, and just under a quarter had been physically assaulted. Finally almost three quarters of people had experienced bullying in a public place.

In 2004, the National Learning Disability Survey for England³ found that 43% of people with learning disabilities had reported being bullied at school and 32% did not

feel safe in their home or community. Nine percent had been a victim of crime and 2.8% had been assaulted (slightly higher than the national average). Those with lower support needs were more likely to be the victims of crime and to have been bullied. Younger people were found to be more vulnerable to crime and bullying, as were those who were poor.

The Equality and Human Rights Commission (EHRC) research (2009)\(^4\) into the safety and security of disabled people concluded that violence and hostility is a daily experience for some disabled people. The 2009 Department of Health White Paper, Valuing People Now\(^5\), reported that people with learning disabilities and their families wanted ‘to be allowed to live in safety and to be taken seriously when they complain about abuse or report a crime against them’. Earlier work with people in Medway and more widely highlighted that this is a big issue of concern for them. At the beginning of this project, there was very little research on the issue of victimisation for people with autism and people with learning disabilities and in particular, little research that includes the experiences of the police in dealing with disability hate crime and harassment. However, since 2010 there have been a number of surveys, inquiries and reports that provide important context to the findings reported here.

In terms of general context, the British Crime survey\(^6\) reported that there had been 65,000 disability hate incidents in England and Wales in 2010/11 – this figure was reported to be higher than the number of homophobic hate incidents and religious-based hate incidents. However no figures were available specifically for incidents related to people with learning disabilities or autism.

In May 2011 the Independent Police Complaints Commission (IPCC) investigation report into the death of Fiona Pilkington and Francesca Hardwick\(^7\) concluded that police officers dealt with the family’s reports in isolation and with an unstructured approach. The officers did not identify a difference in the level of seriousness between general anti-social behaviour and specific harassment of the Pilkington family, and they failed to consider their treatment as hate crime. Following a national Inquiry in September 2011, the EHRC’s publication ‘Hidden in plain sight’\(^8\)


Living in Fear: Main report

highlighted ‘systemic failures by organisations in preventing disability-related harassment and in tackling it effectively when it happens’. This resulted in the publication of recommendations ‘Out in the Open: a manifesto for change’ to which the Association of Chief Police Officers and College of Policing had signed up. Key recommendations from that report included:

- Removal of barriers that prevent or deter disabled people from reporting crime, anti-social behaviour or bullying, including ‘cyber-bullying’.
- Better communication with disabled people and use of appropriate terminology.
- Training for staff responding to harassment to improve collection and recording of personal information.
- Systems to record whether victims are disabled (along with other protected characteristics), and whether hostility/prejudice to disability was a motivation.
- Recording of incidents leading up to crimes to support the implementation of preventative actions.
- Police screening of calls to focus on the risk of harm and the number of incidents rather than the number of calls, to identify and address repeat victimisation.
- Referral of disabled victims to support services.
- Information and advocacy services to be available to help disabled people to understand and exercise their rights.
- Use of joint intelligence to identify and stop repeat victimisation or repeat perpetrators and prevent further escalation.
- All authorities to develop approaches for effective joint working.
- Transport providers to work in partnership to address disability-related harassment.
- Authorities to work with disabled people and their representative organisations to identify where risks of harassment are higher and take action to address them.

In 2011, Mencap launched its ‘Stand by Me’ campaign, following a survey of 14 police services and focus groups with people with learning disability. They concluded that while there was evidence that disability hate crime in general had become more of a priority for police at the national level, there was still room for improvement. In

---

particular, practice ‘on the ground’ needed to improve. Mencap called on police forces to commit to build training and awareness partnerships with disabled people’s organisations. They suggested nominating officers to have dedicated responsibilities for dealing with disability hate crime, establishing clearer structures for dealing with disability related offences as well as joined up working with other agencies. Police forces were asked to sign up publicly to 10 ‘Stand by Me’ promises to ensure that victims of disability hate crime would be taken seriously and get consistently high quality responses when they report problems.

In 2010 and again in 2012 Her Majesty’s Inspectorate of Constabulary (HMIC) reviewed how well police forces understood and responded to their local anti-social behaviour problems. ‘A Step in the Right Direction - the policing of anti-social behaviour’ (2012)\(^\text{10}\), surveyed members of the public who had recently reported anti-social behaviour to the police and found improving levels of satisfaction among victims with the way the police dealt with the specific incidents they reported. Call handlers in every force were found to be clearly focused on the needs of the victims and there were improvements in follow-up contact and information provided to victims on the progress of their cases. However, in only five of the 43 forces did call handlers consistently question the caller to establish repeat victimisation, and no forces regularly used verbal checks to determine vulnerability, particular relevant to detecting whether victims might have a learning disability or autism.

A joint inspection report (2013)\(^\text{11}\) from HM Crown Prosecution Service Inspectorate, HM Inspectorate of Constabulary and HM Inspectorate of Probation concluded that the immediate priority should be to encourage more people to come forward to report disability hate crime. It highlighted that many police forces do not have adequate approaches for supporting disabled victims, that lawyers sometimes fail to obtain sufficient evidence from the police in order to identify disability hate crimes and that probation trusts need to make disability hate crime a higher priority. This report stated that:

- While disability hate crime is one of five hate crime strands, it requires additional status to ensure that it is treated equally to the other strands.
- All criminal justice agencies have a role in improving awareness of what disability hate crime is, increasing reporting of it and enhancing how they identify and deal with it. Significantly, the report states ‘It could be argued that disability hate crime should fall within the remit of Community Safety Partnerships (CSPs) and whilst in some areas CSPs have worked hard to improve the current position there are other areas that have not considered it in any depth’.


\(^{11}\) HM Crown Prosecution Service Inspectorate, HM Inspectorate of Constabulary and HM Inspectorate of Probation (2013) Living in a Different World: Joint Review of Disability Hate Crime. Published by Criminal Justice Joint Inspection Downloaded from http://www.hmcpsi.gov.uk/cjji/inspections/inspection_no/523/
Living in Fear: Main report

- Disability hate crime processes need to be embedded within the routine working practices of police, Crown Prosecution Service (CPS) and Probation Trust staff. Practices need to be changed to achieve improved outcomes for victims and contribute to changing society’s attitudes.

- There is a lack of clarity about the definition of disability hate crime and confusion between policy definitions and the statutory sentencing provision.

- Under-reporting of disability hate crime remains a significant concern. Further steps are needed to improve the confidence of disabled people to report matters to the police, who need to ensure that any disabilities are identified. Victims must then be supported sufficiently and kept fully informed of what is happening in their case.

- The police are failing to fully consider disability hate crime in day to day investigative work and have a poor understanding of different types of disabilities. They frequently fail to examine offenders’ motivations for committing offences. This may lead to insufficient evidence being obtained to enable courts to regard defendants’ actions as aggravating features.

- The provision of evidence to the CPS by the police needs to be improved and the CPS needs to ensure that disability hate crime cases are correctly identified.

- Effective and comprehensive training for practitioners is needed to ensure that they understand disability and how to interact with disabled people.

- Whilst progress has been made in relation to disability hate crime, the leaders of the police, CPS and probation trusts need to regard it as a key strategic priority.

Finally, in terms of the scale of the problem of disability hate crime, the recent report from an online survey run by the National Autistic Society\(^\text{12}\) in which just under 800 people participated, highlights the fact that the issue affects those with autism. Over 80% of people surveyed reported that they had experienced verbal abuse, and just under half had reported physical assault. Just under a quarter had experienced cyber bullying and just under 30% had experienced exploitation, theft or fraud. The same proportion had experienced possession or property damage. Only 6% reported no experiences of bullying or abuse related to their disability. Almost two thirds reported more than 10 incidents of hate crime. Almost three quarters of those surveyed did not report the incident to the police but of those who did, over half said the police did not record it as hate crime and 40% said that the police did not act on their report. Over 60% of respondents did not think that the police had taken their disability into account when dealing with them.

In summary, a number of key themes arise from the conclusions drawn from reports described above:

Living in Fear: Main report

1. Disability hate crime and incidents are an issue for concern, including for those with intellectual disabilities and autism. Surveys have identified as many as 80% of respondents as having experienced some form disability related victimisation.

2. Underreporting of incidents is generally acknowledged as an issue and steps are needed to encourage and enable victims to report incidents of hate crime and victimisation.

3. Even when reported, resulting prosecution is rare.

4. The definition of disability hate crime needs further attention and clarification.

5. All the agencies referred to have a role to play in identifying and tackling disability hate crime and victimisation and this needs to become more mainstream in the day to day work of the police and other agencies.

6. When hate crime and victimisation are reported, better processes are needed for identifying and dealing with repeat and/or vulnerable victims. Training for police staff is seen as important here.

7. Better joint working between such agencies is required in order to identify and support those who are repeat or vulnerable victims and so that aggravating factors can be taken into account in dealing with such cases.

Framework for policing and responding to disability hate crime

Policing in England and Wales is carried out by 43 forces. Kent is serviced by a county force covering both the shire county of Kent and the unitary authority of Medway. In 1998 Community Safety Partnerships (CSPs) were set up as statutory bodies under the terms of the Crime and Disorder Act 1998 ref. Sections 5-7 of the Act require local authorities and the police to co-operate with each other and with other local agencies in reducing crime and disorder, including anti-social behaviour. They are required to carry out annual assessments of local priorities, consulting partners and the local community about how to deal with them. Each CSP is made up of representatives from the police, local council, fire and rescue, health and probation services, described under law as the ‘responsible authorities’. There are 322 CSPs in England and Wales - 13 of these are in Kent and Medway.

Kent CSP

The work of Kent’s local CSP is supported by Kent County Council’s Kent Community Safety Partnership within “Vision for Kent”, a county wide plan for the ‘social, economic and environmental wellbeing of Kent’s communities over the next 20 years’. As a strategic group it aims to coordinate joint working between the cross county organisations and agreement of county-wide priorities for the local CSPs’ 3 year strategies.

KCC’s community safety plan identifies the safety of ‘Vulnerable Households & Individuals’ as cutting across its 5 priorities in tackling antisocial behaviour, domestic and substance abuse, theft, violent crime and improving road safety.
Medway CSP

As a unitary authority, Medway has its own CSP with members from Medway Council, Kent Police, Kent Probation, Medway Clinical Commissioning Group (replacing NHS Medway), Kent Fire and Rescue Service and community groups. Medway’s Community Safety Plan 2013 –2016 has 5 priorities, the 4th of which is:

‘Tackling antisocial behaviour (ASB) and supporting repeat and vulnerable victims of crime’.

The plan describes agencies’ approach to tackling ASB in a refreshed strategy formulated following a study by HMIC into the policing of antisocial behaviour, entitled ‘Stop the Rot’, and the report ‘Rethinking the policing of antisocial behaviour’ (Professor Martin Innes and Dr Nicola Weston Universities’ Police Science Institute, Cardiff University 2010):

‘The strategy is not about rationing the response to ASB. It is about applying an approach based upon the level of ‘harm’ in terms of repeat, vulnerable and hate crime victims and prioritising attention to where it is most needed, in line with current national thinking’.

Police and Crime Commissioners (PCCs)

The Police Reform and Social Responsibility Act 2011 transferred the control of police forces from police authorities to elected Police and Crime Commissioners. The first Police and Crime Commissioners were elected to police forces in England Wales in November 2012. Separate arrangements exist for London.

The Home office defines the PCCs’ responsibilities as:

• Appointing the Chief Constable and holding them to account for the running of their force
• Setting out a 5 year Police and Crime Plan based on local priorities (developed in consultation with the Chief Constable, communities and others)
• Setting the annual local precept and annual force budget
• Making grants to organisations aside from the police (including but not limited to Community Safety Partnerships)

The 2011 Act also established Police and Crime Panels within each force area in England and Wales (excluding Greater London). Panels are responsible for scrutinising commissioners' decisions, reviewing the PCC’s draft police and crime plan and annual report before publication. The PCC is empowered to ask for reports from CSPs on specific issues.

Among the 5 key objectives for the Kent Police and Crime Plan for 2013 to 2017 are commitments to:

• Reduce reoffending and repeat victimisation.
Living in Fear: Main report

- Attend all victim-based crimes and repeat or vulnerable victims of ASB, unless there is a specific request for the police not to attend.
- Encourage better reporting of, and investigation into, all forms of hate crime.
- Ensure that there are effective joined up arrangements for the safeguarding of children and protection of vulnerable adults.

Terminology

Disability hate crime did not exist in law until 2003, when it was introduced in the Criminal Justice Act. Some of the earlier work such as Mencap’s ‘Living in Fear in 2000’ report referred to the terms harassment and bullying.

The definitions used by the Crown Prosecution Service and by the Police are by necessity similar. The CPS definition of a disability hate crime is:

“any criminal offence, which is perceived, by the victim or any other person, to be motivated by hostility or prejudice based on a person’s disability or perceived disability”.

Not all incidents will amount to a criminal offence and as such the Police also use the term “disability hate incident” - this is defined as:

“any incident, which may or may not constitute a criminal offence, which is perceived by the victim or any other person as being motivated by prejudice or hate”.

Finally, the CPS also use the term “disability related incident” – the CPS and the Association of Chief Police officers define this as:

“any incident, which is perceived to be based on prejudice towards or hatred of the victim because of their disability or so perceived by the victim or any other person”.

This report deals not only with those incidents that are ultimately recorded (or would be if reported to the police) as hate crimes but with a wider range of incidents. We will also use the more general term “victimisation” to refer in general where people have been the target of negative behaviour and treatment, such as bullying, teasing, aggression, etc. In this study we are interested in any victimisation that was thought to be a response to someone’s disability.

Aims of the research

This project aimed to explore (primarily in one defined area – Medway Unitary Authority):

- The proportion of adults with intellectual and developmental disabilities who have experienced or who are currently experiencing disability hate crimes or other disability related victimisation in the community.
- The nature of victimisation that people experience or fear.
• Whether people report experiences of victimisation to the police or to others and the nature of the responses they receive.

In addition the research aimed to describe

• The characteristics of those who report victimisation.
• The reported impact of victimisation on quality of life, in particular physical and mental wellbeing, social interaction, community participation and presence.
• The views and experiences of the police in dealing with disability related hate crime or incidents.

**Methodology**

This study combined both qualitative and quantitative methodology to explore the research questions from a number of angles. Overall there were six elements to the study, each of which are outlined below. More detailed information on participants and methodology involved in each element will be described in the relevant chapters.

In order to allow as representative a sample as possible to be identified so that some conclusions could be drawn about the extent of victimisation for people with intellectual disabilities at the very least, the research primarily focused on Medway. By focusing on one defined geographical area for which we knew the approximate number of people with learning disabilities in the population, we could be more certain as to whether our sample was representative.

1. **Focus groups**
   
a. with people with intellectual disabilities and autism. Seven groups (31 participants in total) were conducted between January and June 2010. The groups considered individuals’ experiences of victimisation and whether they reported these to anyone, their experience of reporting in particular to the Police and the impact these experiences had had on their lives.

b. with family and paid carers. Four groups (a total of 33 participants) were held between May and August 2010. The groups discussed the experiences of family members with learning disabilities and autism and/or the experiences of the people that they support in a paid capacity. The groups also explored experiences of reporting and the impact on individuals and family members.

c. with police staff (2 groups, 10 participants in total) and with the Medway Community Safety Partnership (2 groups, 23 participants in total) were held in 2010. The groups explored the definition of hate crime, the procedures used in responding and the challenges of doing so.
d. with victim support. One additional group was convened with representatives from Victim Support (5 participants), to explore the support available and the experience of supporting people with learning disabilities and autism when they had been victims of crime. Moreover, the topics also covered their experiences of partnership working with other agencies, principally the Police.

2. An electronic survey exploring the views, perceptions and experiences of police officers with regards to hate crime and people with intellectual disabilities and people with autism, was sent out to all police staff in Kent and Medway. There were 459 complete responses to analyse from all Police personnel in Kent and Medway, with 84 responses from Medway Police personnel.

3. Working closely with Kent Police, cases on official databases that might relate to people with a learning disability or people with autism, were identified and hand searched to identify those that might relate to hate crime. These reports were reviewed to try to identify the nature of the incidents and the response.

4. A review of calls to Autism London and the National Autistic Society helplines explored whether people with autism spectrum conditions, including Asperger syndrome currently access helplines as a source of support or advice about victimisation issues. A review of calls made to helplines will consider the number of people contacting the helpline and whether they have experienced victimisation issues.

5. A survey exploring the experiences of people with intellectual disabilities and autism with regard to experiences of victimisation, reporting these experiences to Police and others and the effect their experience has had on their lives, including any changes they have made a result. Two hundred and fifty five responses were analysed.

6. In depth interviews with 27 people who volunteered, having completed a survey or who were identified through the Police call centre data. The interviews explored the individuals' experiences, reporting and impact on their wellbeing and day to day life in more detail.

Data processing and analysis

Quantitative questionnaire and structured interview data were collected via machine-readable forms and scanned, cleaned and processed at the Tizard centre. Data from the focus groups and qualitative questions on the interviews and questionnaires were analysed using thematic analysis. Data from the questionnaire of people with intellectual disabilities or autism were used to calculate the prevalence of victimisation and to descriptively explore the experience of respondents. Analysis also explored the characteristics of users that appeared to be associated with victimisation, through the use of chi-square analysis and logistic regression. Initial interviews with users were analysed to describe the effects of victimisation on their quality of life.
Questionnaires completed by police and community support officers were analysed mainly descriptively, to explore the experiences and reported confidence of officers in dealing with victimisation in learning disability and autism populations.

Data from the review of calls to the Autism London and National Autistic Society’s helplines, as well as incidents recorded on the Police databases was analysed descriptively. The helpline data was analysed in terms of the number of calls received, who tended to make the calls and the nature of their experiences. The analysis of the Police databases looked at the number and nature of reports available and how many people were affected by incidents (multiple reports for one person are possible and probable). Data analysis included details about the perpetrators and where incidents occurred, as well as how the cases were responded to by the police.

**Ethical issues**

Participants in most elements of the study had capacity to consent, as a reasonably high level of intellectual functioning was required to participate in the focus groups, complete questionnaires and for interviews. Consent was gained in a two stage process, with an information letter and consent form sent out to people and then consent checked at the beginning of the focus group and interview. Easy-read information was available to inform people about the process of the focus groups and survey and how to express consent.

With regard to the survey, people were sent an information letter which made it clear that if people returned the surveys in the envelope provided, this would be taken as consent to participate. Attached to the back of the survey was an information sheet and consent form, telling people about the possibility of an interview. People returned the form agreeing to be interviewed, along with their contact details. The consent form was either returned with the completed survey or in a separate envelope. Consent forms returned with surveys were separated upon receipt so that the survey remained anonymous. At the beginning of the interviews consent was checked, verbally, for each individual. If people changed their minds then they were thanked and the interview was suspended.

In the letter to service managers/staff/supporters, we gave clear instruction that in the case of people who, even with support from someone they trust, could not understand the research enough to give informed consent, they should ask someone they know to complete the Supporter survey. In this case the person was not involved in completing the survey at all.

With regard to the analysis of the calls to Autism London and National Autistic Society’s helpline, it was possible that family members and carers phoned the helpline or the police on behalf of someone with a severe or complex disability. This was not something that could be controlled for. Personal details about the individuals concerned were not made available to the research team but data was collected to allow the research team to know whether individuals themselves reported incidences of victimisation or whether others did this on their behalf.
Chapter 2 Experiences of people with intellectual disabilities and autism – helpline data and focus groups

Introduction

This chapter explores the experiences of people with intellectual disabilities and autism and presents findings from the analysis of the helpline data and the focus groups.

Analysis of the National Autistic Society and Autism London’s helpline data

Methodology

A retrospective review was made of calls to Autism London’s helpline for just under a 1 year period from 2010-2011. Helpline staff at Autism London had already completed monitoring forms for each call, with the permission of the individual. This information was then held on a computer. Anonymised records or downloaded data (without identifying information) were added to an excel spreadsheet by the helpline staff. Identified individuals on the database (who had not already reported disability related victimisation) were called back to inform them about the research and to check whether they had experienced victimisation they believed to be due to their disability. People were asked if they were happy to have this information shared anonymously with the research team and where consent was given these calls were added to the database. In addition, the National Autistic Society also agreed to contribute to this data: calls over a 6 month period of Jan-June 2011 were compiled by helpline staff, anonymised and sent to the research team for analysis. The National Autistic Society approach was not retrospective; instead helpline staff informed new callers over the six month period about the research and asked if they would be happy to answer some questions. For those who gave consent, anonymised information was shared with the researchers.

The type of information provided in the database included the following fields:

- who is reporting the incident.
- where the person lives (living arrangement not address).
- ethnicity (if possible).
- diagnosis (autism, Asperger’s syndrome).
- what types of victimisation do people report (where possible).
Findings

During the period of April 2011 to June 2011 the National Autistic Society took 2,718 calls and 989 emails. One person who had called regarding problems of victimisation agreed to take part in the research; this was a mother and son having problems with harassment from the neighbours. The police and their housing association were aware of the problems, but they reported not getting very much support. Five other cases during this time period reported to the helpline staff indicated that they had victimisation experiences, but did not want to be included in the research. Therefore no further information was gathered about the nature of their experiences.

Two hundred and forty-seven cases were available in the database for calls to the Autism London helpline between July 2010 and May 2011. One hundred and fourteen were excluded for the following reasons: they were children under 16 years of age, calls were from a professional or carers who were not getting in touch with the helpline regarding a specific person or clients, or they were excluded as it was not possible to broach the subject of the research with them and so victimisation experiences were not established.

Of the 133 contacts included for analysis, 51% were people who had previously contacted the helpline and were then called back in relation to the research. The remaining 49% were new calls, who were also asked about taking part in the research after discussing their initial reason for contacting the helpline. Of the whole sample 44% had experienced victimisation, with just over half not reporting such experiences (56%).

Table 2.1 below shows the breakdown of characteristics of individuals contacting the helpline who either had or did not have victimisation experiences. It is not possible to say for how many of these calls victimisation experiences were the primary reason for contacting the helpline.

<table>
<thead>
<tr>
<th>Table 2.1 Characteristics of calls to the helpline</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>No Victimisation experiences (n=31)</td>
</tr>
<tr>
<td>% calls from:</td>
</tr>
<tr>
<td>Individual</td>
</tr>
<tr>
<td>Parent</td>
</tr>
<tr>
<td>% male</td>
</tr>
<tr>
<td>Age (mean, range)</td>
</tr>
<tr>
<td>% White British</td>
</tr>
<tr>
<td>% Autism</td>
</tr>
<tr>
<td>% Asperger's</td>
</tr>
</tbody>
</table>
The types of experiences mentioned were as follows:

- Physically attacked in hospital by another patient. Did report it.
- Bullying in workplace, attacked in the workplace.
- Bullied at School.
- Son mugged, not reported to the police.
- Bullying.
- Sexual Harassment.
- Lots of experience with harassment while in community/organisations.
- Believes father was conned by carer.
- Had experience at hospital, was rough-handled by security guards.
- Mugged 3 times - police involved.
- Falsely arrested.
- Case with police - daughter physically abused while in care home.

As no further detail was provided about the incidents and perceived motivation of the perpetrators it is not possible to say how many calls fit the definition of disability hate incidents or crimes.

**Focus groups**

The focus groups were designed to explore people’s experiences of victimisation, identifying the range and nature of experiences, the impact victimisation has had on the individual's quality of life and whether they reported the incidents and what response followed. The groups also explored the impact of victimisation on their lives in general. Focus groups with paid and unpaid carers (including carers of people with more severe disabilities) were conducted to further explore the issues from the perspective of family carers and staff and to find out whether the issues extended to people with more severe intellectual and developmental disabilities. Given the broadly similar topics discussed across the groups, the methodology and findings shall mainly be presented in this section of the report on the experiences of people with learning disabilities and autism. Some findings specific to carers, such as the impact of victimisation on their quality of life will be presented in Chapter 3 Experiences of family and other carers.

**Methodology**

**Recruitment**

Participants were volunteers recruited via members of the steering group, social care providers and adult education centres and a further education college. These organisations were selected in order to recruit a mix of people living in supported living, registered care, independent living, and those living with their families. Easy-read information letters were produced explaining what the research and focus groups were about, what taking part in a focus group would involve, including confidentiality measures and the right to withdraw consent at any stage. Invitations to family carers were sent through Medway Carers Centre, Medway Council Care Management Team, Medway-based social care providers, members of the Living in
Living in Fear: Main report

Fear Research Project Steering Group and the Challenging Behaviour Foundation. The invitation included an information sheet about the research objectives and what taking part in the focus group would involve. Consent forms and reply paid envelopes were provided for people to return and include their contact details.

Content of focus groups

An initial pilot focus group with people with learning disabilities and autism was held in Maidstone. The topic guide was tested with this group and the feasibility for group size was also considered. This was a valuable exercise in preparing for future groups. We had originally intended to hold four focus groups of eight people, but learned from the pilot group participants that it would be better to engage individuals by holding smaller groups. We revised the recruitment plans and convened a further six groups of 4-6 people. No adjustments were made to the topic guide for people with learning disabilities and autism and the transcription of this groups’ discussion was included in the analysis. This topic guide was used as a template for developing the carers’ groups guide.

Each focus group began by showing a 3 minute film made locally in which people with autism and learning disabilities described experiences of being victimised in the community and the impact on them. Discussions began with considering the experiences of the people in the film and what the participants’ feelings were about what had happened to them. The topics and questions that followed were:

- Experiences which individuals and others they may know have had of victimisation. In particular where it happened, when it happened, the nature of the victimisation, and what type of people were perpetrating it. Who people had told about their experiences
- What happened after they had told someone
- How they felt about what had happened and why they thought it had happened to them
- How it had affected their quality of life

Each separate topic was introduced in turn and discussion was elicited from all participants by asking an individual about their experience or by a specific question regarding an experience a person had already told us about. In order to include everyone who wished to take part in the discussions, after the first two groups with people with learning disabilities and autism, we developed picture-based charts to enable us to plot each person’s contribution, for example we had charts that showed possible:

- Locations of bad things happening.
- Times they happened.
- Characteristics of perpetrators.
- Who victims told about the bad things happening.
Individuals were able to expand on the options that were presented visually. This approach worked well as it allowed us to make time for each person while other members of the group could watch, listen, follow and consider their own responses keeping in mind the current topic of discussion with aid of the pictures. This also helped to keep discussions relevant and on track when they steered off course.

The topics for the carer focus groups also included a discussion of the impact of the incidents on their own and other carers’ quality of life.

The focus groups were facilitated by the 2nd and 3rd authors and were held in community based venues such as community centres, library halls, a college, as well as a hotel. All venues were accessible and allowed for privacy. Where possible a breakout room was available and arrangements were made for people to withdraw or to take breaks with support, if they became distressed. Refreshments and opportunities for social time were structured before and/or after groups. Participants were able to bring a supporter of their choice with them to be present throughout the groups. Discussions about the supporter’s role within the group were made clear at the start of the group, to ensure we were facilitating the views of the individual rather than the supporter.

Participants

Across all of the focus groups with people with learning disabilities and autism, 31 people participated, only 6 of whom did not live in Medway. A total of six focus groups were conducted after the initial pilot group of 3 people living in Maidstone. Each focus group involved between 3-6 people. One group, arranged through the Kent Autistic Society, was set up to be a group exclusively for people with autism; this group consisted of 6 people, 3 were not living in Medway. Table 2.2 provides a breakdown of the participants attending a focus group.

Two focus groups were held for family carers, one with 7 participants and the other with 11. Responses came from predominantly from female carers, mostly mothers (10), but also fathers (5) and sisters (2).

Two paid carers’ focus groups explored issues from the perspective of service providers, one group with 7 participants and the other with 8. Paid carer representation included local authority care management, private and voluntary social care support workers and managers and support workers in registered care services.
Table 2.2 Personal characteristics of focus group participants with learning disabilities and autism (N=31)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Family carers group (N=18)</th>
<th>Paid carers group (N=15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender % Male</td>
<td>71</td>
<td></td>
</tr>
<tr>
<td>Age %&lt;30</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>%&gt;50</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Nationality % White British</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Primary diagnosis % Learning Disability</td>
<td>48</td>
<td></td>
</tr>
<tr>
<td>% Autism</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>% Dual diagnosis</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>Living arrangements % own home</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>% family home</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>% residential home</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>% sheltered housing</td>
<td>26</td>
<td></td>
</tr>
</tbody>
</table>

Details about the personal characteristics of the family and paid carers can be found in table 2.3 below.

Table 2.3 Personal characteristics of family and paid carers attending focus groups

<table>
<thead>
<tr>
<th>Characteristics of the carer:</th>
<th>Family carers group (N=18)</th>
<th>Paid carers group (N=15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender Number of males % males</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Age group % &lt;30</td>
<td>0</td>
<td>21</td>
</tr>
<tr>
<td>% &gt;50</td>
<td>83</td>
<td>29</td>
</tr>
<tr>
<td>Nationality No. White British</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>Length of relationship with person % &lt;6 years</td>
<td>n/a</td>
<td>40</td>
</tr>
<tr>
<td>% &gt;10 years</td>
<td>n/a</td>
<td>40</td>
</tr>
<tr>
<td>Contact with person No. with Daily contact</td>
<td>5</td>
<td>8</td>
</tr>
</tbody>
</table>

Family carer participants included carers supporting people with more severe disabilities (n=5), as well as those with more independence, accessing the community with and without support. Half of the family carers were supporting

13 N.B. one paid carer attended a family group
people with Autism Spectrum Disorders (ASD). Just under three quarters of the paid carers were supporting people with a variety of disabilities, with 27% supporting people who only have learning disabilities (LD). Details about the diagnosis and perceived severity of disabilities can be viewed in Table 2.4.

<table>
<thead>
<tr>
<th>Table 2.4 Characteristics of the person(s) supported by carers:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Family carers group (N=18)</td>
</tr>
<tr>
<td>Paid carers group (N=15)</td>
</tr>
<tr>
<td>Primary diagnosis of person(s) supported</td>
</tr>
<tr>
<td>% Learning disability</td>
</tr>
<tr>
<td>% Autism</td>
</tr>
<tr>
<td>% Dual diagnosis or people with multiple diagnoses</td>
</tr>
<tr>
<td>Number supporting people whose learning disability was:</td>
</tr>
<tr>
<td>severe</td>
</tr>
<tr>
<td>mild &amp;/or moderate</td>
</tr>
<tr>
<td>mild, moderate and severe</td>
</tr>
<tr>
<td>Number supporting people with:</td>
</tr>
<tr>
<td>ASD diagnosis</td>
</tr>
<tr>
<td>Suspected traits of ASD</td>
</tr>
<tr>
<td>Mixture of people in both categories</td>
</tr>
</tbody>
</table>

Analysis

With consent from everyone in the group, discussions were recorded and later transcribed. Only one of the learning disability and autism groups declined to give consent for the discussions to be recorded. For this group, detailed notes of the discussions were made and typed up immediately after the group. All of the transcripts and notes from the groups were loaded into Nvivo QSR for qualitative analysis. A thematic analysis of this set of data was conducted. Given the similar themes explored in all of the groups the carers and individuals, transcripts were analysed together for emerging themes. Some themes that emerged came predominantly from carers groups and these will be discussed later in chapter 3.
Findings

The themes from the focus groups are represented in Figure 2.1

<table>
<thead>
<tr>
<th>Figure 2.1. Themes arising from focus groups with people with learning disabilities and autism and their carers.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The use, understanding and reaction to the term “hate crime”</td>
</tr>
<tr>
<td>• Nature of experiences</td>
</tr>
<tr>
<td>o Descriptions, including enduring experiences and other types of victim experiences</td>
</tr>
<tr>
<td>o Details of the locations, perpetrators and their motivations</td>
</tr>
<tr>
<td>• Reporting incidents</td>
</tr>
<tr>
<td>o Experiences and views of the Police</td>
</tr>
<tr>
<td>§ Experiences of reporting, barriers to reporting</td>
</tr>
<tr>
<td>§ Support to report</td>
</tr>
<tr>
<td>§ Positive and negative views and experiences</td>
</tr>
<tr>
<td>§ Giving and obtaining evidence from people with learning disabilities and autism</td>
</tr>
<tr>
<td>o Reporting to others and responses</td>
</tr>
<tr>
<td>§ Advice people are given</td>
</tr>
<tr>
<td>§ Victims developing offending behaviour</td>
</tr>
<tr>
<td>• Impact on the person</td>
</tr>
<tr>
<td>o People living in fear</td>
</tr>
</tbody>
</table>

The use, understanding and reaction to the term ‘hate crime’

In the focus group discussions with people with learning disability and autism, people used a range of language and terms to talk about their experiences:

‘Take the mickey out of me’ (LDA141)

‘I was literally abused’ (LDA2)

‘I was picked on’ (LDA6)

‘...targeted.’ (LDA3)

‘get bullied’ (LDA4)

---

14 LDA = Learning Disability and/or autism focus group; FC = family carer focus group; PC = paid carer focus group.
Living in Fear: Main report

‘people can be nasty’ (LDA4)

‘some harassment’ (LDA5)

No one used language such as hate, victim or victimisation. As can be seen in the group LDA3 there was at times a sense of the experiences being targeted.

Carers also used the terms bullying, picked on, harassed, targeted and abuse. In addition they also used terms such hate crime, mate crime, victimised, trouble, assaulted, honed in on, incidents, mistreated, took advantage, discrimination:

‘they suffered … discrimination on so many different things’ (FC1)

‘…a vulnerable person in the community is mistreated’ (FC2)

‘Anyone with a learning disability gets sort of honed [in] on, people find out their weaknesses and then use them and deviously manipulate them…’ (FC2)

‘Victimised’ (PC2)

‘experience[d] a lot of hate crime for years’ (PC2)

One individual remarked that hate was a strong word:

C1 hate is a word is…
C2…so strong (FC2)

Carers also reported confusion about the definition of disability hate crime and in particular how this could be applied in law. This was something they wanted support to understand so that they could support people better should they experience any form of victimisation:

‘but it’s too confusing though, just call it what it is’ (FC2)

‘I feel really strongly. I don’t like it being called a hate crime. I think… it should be called plain discrimination and I think hate crime.. actually has a lower tariff as far as the police [are concerned] compared to discrimination’ (FC2)

‘based on the family carers I’ve spoken to… this lady said she didn’t realise it was a hate crime, I’ll just put up with it every day’ (PC1)

‘Perhaps people didn’t, like a couple of these family carers, didn’t realise it was a crime and they could report it, they just … think this is what has to happen…’. (PC1)

The nature of experiences of victimisation when out and about in the community and the fear of such incidents

Whilst we set out to discuss in the focus groups incidents that could be considered hate-related or targeted victimisation experienced as adults, inevitably people also brought up a range of past experiences of being a victim. Many people (both
individuals themselves and carers) talked about having been bullied at school, including by other people with disabilities. Others referred to abusive situations within families and with partners and by other carers and service users where people live. These types of reports were acknowledged as important, particular in the long-lasting impact they have on people but were not included as examples of disability hate crime or victimisation. Even when incidents had happened a long time ago, it was clear that the impact on people’s lives remained, with people still fearful of repeat incidents:

‘Cause at the moment it’s making me really angry and I want to throw myself under a train, or out the window, that’s how I feel at the moment and every time I’m looking at my, anything like my niece wants to meet up, reminds me of me, I don’t feel, I just feel... I’m just feeling vulnerable at the moment’. (LDA2)

Others commented on how they avoid situations or try to change the way they behave:

‘...things have happened to me in the past when I’ve been out and that’s affects how you relate.....afterwards you always think twice about the situations you’re getting into.... we haven’t been back to that place since and it does affect you when you go out and I have to be a bit careful what I say in the situation’. (LDA6)

Carers suggested that some of the impact of the bullying lasts into adulthood and maybe more difficult for people with learning disabilities or autism to recover from:

‘...hopefully you leave that behind when you go into adulthood, but I think the impact on people with learning disabilities is so much greater, their ability to be able to cope, especially anywhere on the autistic spectrum disorder it becomes a thing and then it’s so difficult to get away from them and then people will continue to pick at that and make it worse for people. I think things are changing’. (PC2)

Carers further alluded to the vulnerability of people who receive support throughout their lives and are used to people being involved in their personal affairs, suggesting that they may not recognise abuse in these situations:

‘...the vast majority of people with learning disabilities have got so many people who intrude in their life anyway and on really personal things as well, ...dealing with money, dealing with their bodies, dealing with their relationships and that is normal to them, that’s their everyday life from the minute they were born, so when somebody decides to push it that bit further...whether they recognise it as abuse.... (PC2)

**Type of victimisation experienced**

Some people had no experiences of bad things happening to them. The types of experiences that people revealed in the focus groups that seemed to be targeted hostility, victimisation or a hate incident/crime are listed in Figure 2.2 and Figure 2.3. As can be seen there was substantial overlap between the types of incidents that people with learning disabilities and autism told us about and that carers told us about.
Living in Fear: Main report

Fig 2.2 Types of incidents people told us about in focus groups for people with Learning Disability and autism

‘Mainly they called people paedophiles and such and have attitude problem, y’know in a menacing kind of way’. (LDA1)

- Called names, for example: idiot, spastic, retard, weirdo, pikey, gay, paedophile and pervert. Sworn at, called dickhead.
- Told they shouldn’t be there (on the street) and nudged, take the mickey out of mobility aids.
- Things thrown at the house, vandalism to the house, congregating in communal areas of their flats.
- Vandalisation of mini-buses.
- Physically attacked, hit across the face, spat at, beaten up and beaten to the floor.
- Tied up in a bag with flex.
- Run ins with gangs of teenagers at shops, bus stops and in the streets.
- Threats of physical attacks, being killed, rip your head off, text threats and abuse.
- Asked for bank cards and money.
- Stolen from.
- Coerced to do things against their will.

Fig 2.3 Types of incidents people told us about in focus groups for carers:

‘he would throw his rubbish through their letterbox to her house and dirty nappies thrown in the house and … he would wrap up [the nappy] on the front door making smells going inside’. (FC1)

- Sworn at, called names or offensive remarks, stared at, people crossing the streets to avoid them, threats, false accusations.
- Butt of jokes in public places and called names, for example: big ears.
- Gestures, for example: tapping on the head.
- Jeers and stares when person is having an epileptic seizure in public.
- Filming and taking pictures of individuals (including a child engaged in self-stimulatory behaviour).
- Things thrown at them.
- Rubbish and dirty nappies thrown through letter box, bricks thrown into the garden, muck and golf balls thrown at windows.
- Family members told if I had children like that I would kill them.
- Refused access to or exit from places, being held against their will, including in phone boxes.
Living in Fear: Main report

- Followed and harassed, harassed around the home.
- Pestered for money, manipulated by people befriending them for money.
- Problems with neighbours making false accusations of anti-social behaviour.
- Physical attacks, including in the home.
- Possessions stolen, homes broken into, homes abused by trusted individuals (‘mate crime’).
- Rape.
- Persuaded to do things against their will.

Some people did not speak of having had experiences, and carers spoke of people not necessarily having experiences when a carer was present (this is explored in detail in Chapter 3). Carers also thought that the people they supported were not aware of the name calling or looks due to the severity of their disability. Other people were simply aware of others that had experiences, had witnessed or heard of others having problems in the community or were just wary as they did not feel safe in some situations. This lead the individuals concerned to be living in fear, adjusting the way they conducted their lives to avoid becoming a victim:

‘I was really scared to go out of the house’. (LDA7)

‘they last quite a long time actually, it’s as if to say there’s no cure for it, the feelings happen quite a long time, each time a problem happens it, it happens and you and there’s no way of getting over that feeling of feeling of fear of that happening’. (LDA1)

‘I walked that way to get away… I was too afraid to get on a bus, I was late’. (LDA7)

Carers also told of how people were living in fear and suggested this can change their demeanour when they do go out, leading then to further problems:

‘And I think also there’s, people who have been bullied and erm picked on and they go out in the street wary of it, looking, and y’know and giving off looks and vibes that they’re not aware of because they are so frightened and wary that is sometimes enough to get someone to pick on you… ‘what are you looking at?’ and so that can make the situation even worse’. (PC2)

Whilst some people did report one-off incidents, some of the experiences people reported were on-going and enduring:

‘it’s been going on 25 years and it’s sort of hasn’t come to a stop yet’. (LDA1)

‘I’ve had it for.. must be about, 2-3 years now.’ (LDA5)

For some people they would not report something until it had reached breaking point over a matter of time:
‘After a few months, after a few months it was getting a bit too much, so I thought going tell the police now’. (LDA4)

Carers also spoke of how victimisation could be an on-going problem for the people they support and care for:

‘I knew a carer and her son is nearly the same as my son’s age, she’s suffered so many things,….’ (FC1)

‘We’ve got a couple we support, like you said they walk into trouble, they both have a learning disability, they’ve had several things stolen from their house several times, they’ve let people in, lots of things isn’t it?’ (PC2)

‘last week he had to call the Police there were two instances of him being beaten up y’know …, within the same day’. (PC1)

This appeared to lead to an acceptance of victimisation:

‘…her attitude is because it happens all the time she gets use to it happening to her and it’s awful because the way she sees it it’s just something that y’know is everyday life and that’s really sad’. (PC2)

Repeat incidents can also result in the individual reaching breaking point and hitting out or committing offences:

‘victimised all their life to the point of them hitting out where they weren’t hitting out and would never hurt anyone, and actually after whatever, 40 years, of being victimised, is the person ended up with the caution, or the record and there’s others that end up in prison because they’ve been victimised’. (PC2)

Locations of incidents

People told us about a variety of locations where they have had experiences of being a victim, these are summarised in figure 2.4. The cares groups reflected broadly the same locations; no further locations were illuminated through these groups.

Some individuals also highlighted that it was at particular times that they would expect to encounter problems, such as the end of the school day when teenagers and children will be on buses and in the streets:

‘It’s mainly when the school actually terminate’. (LDA1)
Perpetrators

A range of people who targeted or victimised people were identified through the focus groups. People talked about it being adults as well as other age groups:

‘Persons in their 20s to 25, yeah, and sort of teenagers’. (LDA2)

‘I’m talking… eight upwards’. (LDA7)

‘It’s mainly teenagers, or you might get odd looks from middle aged people’ (LDA5)

Some carers agreed that it is not just an issue with teenagers:

‘…it’s across the board not just teenagers’ (FC1)

Others felt it was more likely to be teenagers:

‘I feel it’s always been teenagers that always been cruel, teenagers, I think once that people get to the age of 20-21 they seem to be a little bit more respectful…’. (FC1)

They said it was mainly boys but also girls:

‘I have seen girls, but not as much as boys’. (LDA3-RN)

They were sometimes known to the person as they lived nearby:

‘They lived round the corner from me’. (LDA7)
Living in Fear: Main report

‘…neighbour downstairs…’ (FC2)

They could be people who were befriending people and so were known that way:

‘They’re probably strangers before they become their friends aren’t they…you don’t know how long their friends have been friends’. (PC2)

‘…the hostel is in walking distance and these so called friends live in the hostel and because the young couple [have an] empty house…’. (PC2)

Sometimes it was relatives of their partners:

‘…it was her partner’s cousin and her boyfriend…’ (FC2)

Perceived motivations of perpetrators

Some probes were made during the focus groups with people with learning disabilities and autism to ask why they thought people said or did these things to them, however this was a difficult topic to facilitate. Sometimes people seemed perplexed and genuinely did not know why these things happened to them:

‘I don’t know why, my mum reported it to the police’. (LDA2)

‘It’s terrible cause it’s sorta communicates a lack of acceptance doesn’t it…and you can’t help wondering why people do that, without being there you can’t tell, it just comes out of the blue y’know, that’s normal behaviour for the people doing it’. (LDA6)

Some identified it was because some sort of difference:

‘Perhaps because I was a little bit different, I dunno…hard to join in and socialise in the outside, easy target’. (LDA6)

‘I don’t understand why [I] get bullied. It isn’t my fault is it, because the way I am, cause the way I talk, this is how I understand it’. (LDA4)

Carers also identified ‘difference’ as a motivation, including when people can’t be identified as having a disability due to physical characteristics:

‘I think it’s because, he walks funny, he looks pretty normal, but he walks, he’s got a funny sort of walk and I think people just know…he looks normal in the face….I think they are sort of honing in on him….there’s something wrong with him, personally’. (FC1)

‘These people seem to, they seem to be able to see something different even if it is only mildly not visible they seem to hone in on it’. (FC2)

The perceived difference is sometimes a case of mistaken attributions, such that people believe the person to be a drunk:
‘...there’s been incidents where because of his appearance he’s been picked up, you know because he does, he also suffers from epilepsy as well and so he’ll have he could be crossing the road and he suddenly blanks out and then people think oh hello it’s another druggie or a drunk’. (FC2)

People may have been considered vulnerable or an easy target by the perpetrator:

‘...like the gentleman here was saying that erm anyone with a learning disability gets sort of honed on people, find out their weaknesses and then use them and deviously manipulate them get their money off them get their food out of their freezer actually my daughter’s actually been physically hurt a couple of times as well’. (FC2)

Some of their behaviours may have made them vulnerable:

‘...he’s quite vulnerable .. he doesn’t think “well I’ll stick my wallet in my pocket and leave it”, he’ll sit there and he’ll thumb through his wallet while he’s on the bus and this guy had watched this, came into the [local shopping centre] he had seven kinds of everything kicked out of him’. (FC2)

Some individuals were able to explicitly say it was due to their learning disability:

‘I think they picked out that I did have learning disabilities cause I’m actually.. I’m classified as handicapped, cause I’ve got autism and Asperger’s and I’ve also got stress on my brain stem as well’. (LDA2)

Even when they identified it was due to a learning disability or autism it still seemed unfathomable to some:

‘It only happens to people with learning problems it doesn’t happen to normal people it only happens to autism people, I don’t understand, why?’ (LDA4)

Others felt that the person doing it was getting something out of it in terms either in terms of amusement or money etc.:

‘.... for money and fun because they are so stupid, they think it’s funny and think we are soft and think they are stronger ..than.. me and weak yeah’. (LDA4)

‘I think it’s they’re just bored; I think they’re just bored and they muck around, they joke’. (LDA4)

Some carers believed that people did this sort of thing in order to feel powerful themselves.

‘.... I think it’s ignorant people, people who should know better and I personally think they’re damaged people and they look at vulnerable young people as a way of making, they attack them cause it makes them feel better cause they don’t have any power themselves y’know they’re small anyway and insignificant, so they do it to make themselves feel big, ...’. (PC1)

These may be different dependent on characteristics of the perpetrator.
‘…I think that’s the older generation perhaps, feels threatened…’. (who?)

‘I was just thinking, I think it’s older people might be frightened, but younger people see it as an opportunity to goad…’. (PC2)

**Summary**

- While we set out to explore participants’ experiences of victimisation as adults, some recalled having been repeatedly bullied as children and youths at school and college, by strangers, peers, family members and care staff. The experiences that participants went on to describe, relating to victimisation in the community as adults, included; being stared at, feeling unwelcome, called names, being laughed at, theft of their property, threats of violence and actual physical attacks.

- Some had experienced repeated incidents, over weeks, months or years.

- The incidents happened in shops, on buses, on the streets, where they worked or went to college, and near to and in their homes.

- The perpetrators were strangers as well as people known to them. While young people were often cited as responsible, it could also be older people. Victims had been befriended by people who took advantage of them, taking their money or property and occupying their homes.

- Some participants described their fears of bad things happening to them although they had not been victimised.

**Views and experience of reporting incidents**

**Experiences of reporting to the Police**

Whilst some people informed the Police of the incidents they experienced, others did not. What was clear was that there were certain expectations people had of the Police. For family and paid carers this was around protection:

‘I don’t think they actively seek to, to protect perhaps people with learning disability on the street they just respond to what’s reported to them’. (PC2)

It could also be about having a quick response where their reporting is prioritised:

F1: ‘You’re wanting immediate help for that problem, you want immediacy…’
F2: ‘Exactly’
F1: ‘…..safety and security, for that person, don’t you, so phoning, okay yes, phoning they come to you, but you’ve got to time that haven’t you, it will be dependent on whether or not they view it as being…’
F2: ‘Urgent…’
F1: ‘…significant enough, yes, urgent enough’. (FC1)
Living in Fear: Main report

As well as for action:

‘I mean I don’t have any evidence of erm incidents being under-reported but I clearly believe that they are but I think it’s even worse those that are reported and nothing happens. I think that is the worse thing’. (FC2)

This was also important to people with learning disabilities and autism:

‘Told the police about it, not straightaway, they didn’t do much about it apart from go round to people’s houses’. (LDA4)

There was a sense of frustration and pessimism expressed around new initiatives, highlighting the view of some that the police would not be interested unless the incident was serious. For example when discussing a new hate crime telephone number, some were not aware of the number and others felt that police did not really want them to use it:

F1: ‘…we might use it that’s the trouble’…
F2: ‘…exactly yes you’re not supposed to use it’…
F1: ‘…they are not interested unless it is a major problem about something’. (FC2)

Some expected that the police should respond differently based on the person they support having a learning disability or autism:

‘the thing is they treated her like an adult just like any other 18 year old but she’s not she’s like 12 or you know something like that’. (FC2)

Especially where this concerned gathering evidence:

F1: ‘they are professionals, they are police, you know they should be able to filter out the dross from the good stuff…they said “oh well no you’re not a very good witness, your stories all garbled” and so they didn’t call him as a witness’…
F2: ‘it’s not easy for them to put it into words is it?’…
F1: ‘no but this is something that the police the police just do not understand I don’t think they understand that that condition and this is the trouble where they could dismiss somebody like that and they could be a key witness they could be the only key witness in may be a murder but they dismiss them because no no your disabled’. (FC2)

Others expected that the Police should have a role in educating people as well as influencing some of the wider social issues that may feed into the problems and giving a strong message that victimisation of people will not be tolerated:

‘…it is down to the police…they need to be perhaps more involved in educating those ignorant people, and …being a figure of authority and instilling a bit of respect back in… to…younger groups [or] their ignorant parents… the Police need to be heavily involved in trying to say to people this is not acceptable, it’s not acceptable to target people’. (PC1)
Support to report
Those that did report sometimes had support or someone they knew and trusted reported on their behalf:

‘I can’t remember, just somebody done it for me’. (LDA1)

‘I went home and told my dad and he told the police’. (LDA2)

‘my Community Warden’. (LDA5)

Carers were sometimes unable to support people at the police station:

‘I know X didn’t, X was there on his own, yes definitely.’ (FC2)

Some carers were concerned about what support people would get from the police if a carer was not present:

‘I wonder sometimes if it would be different if a support worker wasn’t there, and you are there as a witness to police behaviour and the way they deal with it, what if that person was on the street and the police picked them up and brought them in, I would hope it wouldn’t make any difference, but I do wonder’. (PC2)

Others had offered very insightful advice and support to people based on knowledge of the criminal justice system (CJS):

‘I’ll be in the room with you, you tell them what you want, y’know we rehearse what do you want them charged with y’know and all of that we’ll rehearse it…. I remember this young man saying …I won’t go ahead this time… it’s amazing how it focuses the mind for this actual young person…but it empowered them …I’m not a victim there’s something I can do, but it was a lot of work with the police and being really y’know, you will, they have rights, you have a right to call’. (PC1)

People with learning disabilities told us about experiences of the police where they had found them helpful:

‘The police were very helpful,…when I called them the operator actually spoke to me until I got home, she actually stayed on the line and spoke to me…until I got home and then I rang K another support lady I have….‘. (LDA2)

‘…now the Police are involved (detective constable) has put a stop to him, telling him not to come anywhere near me….‘. (LDA2)

‘Well I was quite lucky in a way one of the detective constables, actually he’s got a son who’s got a similar condition as Asperger’s…let’s just say he knew how to go about his work by dealing with it……….‘. (LDA2)

Carers also reported positive experiences:

‘…the police our police have been very supportive of him….‘. (FC2)
Emphasised in these experiences was the importance of a key contact, someone with whom a relationship was developed:

‘…I told the police and I got their numbers. I know several police officers around my area, where I live now, whereas in the other area where I use to live in… a Sergeant…he used to take care of me.. and there is another police woman as well….a Community Support Officer.’ (LDA7)

In particular it was considered that this was often a PCSO:

F1: ‘…they seem to have more time….’
F2: ‘…just to get friendly and…understand a person so they can help…’. (FC2)

For one person they mentioned that they get this type of support from a community warden:

‘…I have spoken with (community warden) and she’s gone to the police and they’ve come round to see me in my flat. (community warden) comes round quite often has tea with me, asks me if I’ve got any worries. Sometimes she will bring one of the police ladies round with her they always ask me if I’m getting any trouble and when I explain it to them they caution the person who done it and I haven’t had no problems since’. (LDA5)

Paid carers spoke of successful prosecutions they knew of:

‘I think at least once it came to light that unfortunately he was assaulted, the police stepped in very quickly .. CCTV footage was looked through, it went to court and the man was found guilty’. (PC2)

And highlighted experiences of supporting people to give statements, which were for the most part positive:

‘Yeah, I’ve supported five people to give evidence to Medway police station... the four that had an obvious learning disability, couldn’t fault the police, they were brilliant with them, brilliant with them... really great, and especially when one guy had to do the filming of the court, the guy that took him into the incident ... was so patient with this particular person and did it again and again and again, till he got his story one hundred per cent what it was on the statement...’. (PC2)

In the cases above it was considered important that the officers took their time and took the situation seriously:

‘…they realised they had a disability, they were patient, um, had a lot of time for errors…and we’d stop and say, ‘are you sure that you mean that because you just said something else’ and they were, not guiding or leading them, but were patient with what had happened and took it seriously. And we’ve had quite serious incidents involving knife crime and all sorts and they were very, very, good, generally’. (PC2)
The picture was not always positive and others had less favourable views of the experiences they had with the police. Negative views could be based on not receiving a successful outcome to a problem:

‘I think police are the same they don’t listen to what you said, and they don’t address the problem’. (LDA1)

Or the police may just not meeting people’s expectations, particularly around response times:

‘Just a general 25 years of it. The police certainly not doing anything about it. And they never get to a destination when you phone them…’. (LDA1)

Expectations around response times and the availability of police were discussed, which could lead to people thinking the Police were too busy or had better things to do:

‘They’re busy sorting out other jobs, they can’t get people out. It’s very difficult to get people out, …[ they can’t get down to the main police station quickly]. …we need somebody like [the main police station] open 24 hours a day for people with LDs can go to, they’re all closed in the evenings. … So there’s nobody there, only outside where you can listen, there’s a telephone thing outside’. (LDA5)

Carers also had expectations of what support or response they could receive from the Police and could be disappointed when these were not met. One parent talked about her concern for her daughter staying at the home of someone who had victimised her and the response she had from police when she requested support:

‘…she stayed there a couple of days in this person’s house… I phoned the police and I said look I would like my daughter removed, removed from that bedsit because I know that he’s there and she’s vulnerable she won’t be able to defend herself they can easily convince her that it’s OK to stay, it’s OK for them to have her flat key to go and take her food and her cutlery, her stereo…which they did, but the police said well she’s over 18 and it’s her right’. (FC2)

Sometimes there was general concern about the response of the Police and how their advice may put an onus on the victim to make changes, which could encourage an acceptance of events:

‘…there were two instances of him being beaten up…within the same day, because he gets attacked and sometimes he’ll make his way back home, this other time he actually called the police himself, the Police came out they marched him back,… but he wants to go back out cause he doesn’t see why he shouldn’t be allowed to go out…’(PC1)

Some individual were concerned about the lack of Police presence on the streets when they go out:
‘Because there’s no police, you might be out or people walking around ...., you don’t see much, you see about one or two. You need more’. (LDA4)

One carer referred to this as an absence of proactive policing:

P1: ‘I’ve seen PCSOs and Police Officers walk up and down [the] high street and there have been people sneering at people with learning disabilities and they’ve turned a blind eye... I think that [if] somebody comes forward and reports a hate crime they have to act, but I’ve not seen any proactive policing of... oi don’t do that’.

P2: ‘You’ll probably find they’re walking around and they may have their eyes open, but they haven’t got their eyes open like we have’. (PC2)

For some individuals they felt that the person they met with did not understand about their disability or that no adaptations were made in light of the disability:

‘I had this massive big argument with this sergeant on the phone, where she reckons I understood every word she was saying and I was sitting there going don’t understand you and I’m not willing to talk to you and I’m not going to talk to you until I’ve got my advocate... ... she just did not like it and I couldn’t understand her, but she made out that I did’. (LDA5)

Carers also indicated the same:

‘The police often don’t know how to deal with people with Asperger’s...they know they’re not quite right, but they don’t know why and they don’t know how to talk to them’. (PC2)

A lack of understanding and adjustment was also an issue in terms of the process of taking a statement:

“They need to get the story straight, but they weren’t sensitive, didn’t give them enough time. They ask one question, no time to process the information and already they start asking another question”. (LDA3RN)

A carer supporting a group attending a session for people with learning disabilities and autism indicated dissatisfaction with Police response times. Importantly this could affect whether the person has support when the police visit and impact on the quality of the statement the person is able to provide:

“...it has taken 3-4 days for them to come out. Carers have stayed with the person to be with him when the Police came, but they then came out the following day when there were no carers with him. After a week had lapsed they had asked the person with learning disabilities questions, by then they had forgotten the detail.” (LDA3RN)

This was re-iterated by an individual themselves:

‘...when they do come and speak to you they say we’ll come round and see you at your house, we might be there at 5.30 – will you be there?, well yeah,
but I need someone there with me, oh but they’ll turn up anyway. I haven’t necessarily got someone there with me’. (LDA5)

However, the same carer as above also felt that the police arriving whilst an attack was in progress would be the only way they would take it seriously and be able to take action:

“He goes to the local shops, we have said to ignore it and Police have said the same. They follow him, call him names, and try to take his bag. Police have been told, but they don’t do a great deal. They have to catch them doing it”. (LDA3 RN)

Others expressed concern at seeing a number of different officers and how this needed to be explained to avoid confusion:

‘...recently you get an Officer and you get told, oh this Officer don’t actually work in this department well I was like, well she must be cause she’s the one that come and saw me and they were like no she’s is another department and that makes it all confusing and then you don’t actually know who you can actually talk to about any problem, so they need to make it more clearer to people and not just assume that everyone is going to understand what they’re saying on the telephone and be clear and it wasn’t until I spoke to the Community Liaison Police Officer that came out to me, he explained and assisted me...’ (LDA5)

It could take time before police would take reports seriously - some reported they did not feel listened to, heard or believed, this sometimes meant they felt compelled to keep following up with the police or indeed to complain:

‘when you do report it it’s like, oh well never mind, y’know. Cause I’ve been in that scenario you report something and it’s like, never mind, then you’re left to deal with it, more or less on your own…I had a situation where something happened, went to the police, I wasn’t listen to I made a complaint against the police and then they decided to listen, for example, .... they should listen in the first place’. (LDA5)

‘But I think it’s more about not being believed, not being understood, they want a quick solution to everything.’ (LDA5)

Carers also spoke about the people they support not always being believed by the police. Carers were able to relate this concern to the provision of evidence in situations where there were no witnesses:

‘...the police said to X “ well it’s only your word against his that he damaged the door”… well the door wasn’t like it before this happened but they’re taking the attitude...do you really want to take this any further. The problem is...if X had opened that door...they used a hammer... that could have been X [that was damaged].’ (FC2)
Living in Fear: Main report

For some their experiences meant that they were not confident in going to the police:

‘Me? I lost the trust [in] policemen, I’ve lost the trust’. (LDA4)

One carer had gone to the lengths of advising her adult child not to report to the Police as she did not believe they took the matters seriously due to receiving multiple reports:

‘I’ve actually told X not to bother…phoning the police. As she was growing up I always used to say if there’s any problems you must always phone the police… I found that because she phones the police they’re not taking any notice, she phones the police every time she gets frightened … to them it’s a minor thing so they’re not .. just not interested and so now I’ve just said only phone them if it’s really, really urgent, an emergency because they don’t want to come out “(FC2)

Some people had mixed experiences. The more negative aspects of some these experiences were possibly being mediated by unrealistic expectations of the Police:

‘The incident happened about five past eleven in the morning and they didn’t come round til 4o’clock in the afternoon, which I wasn’t best pleased about, but at least they came and they kept me informed, y’know saying, look we’re sorry y’know, but we’re busy with paper work and stuff’. (LDA2)

One carer spoke about what in their view was a disincentive for the Police responding:

‘[a] reason why they might not respond immediately is because they know that once they get a report and they have to respond to it there’s a mountain of paperwork to do, they avoid that if they can’. (FC1)

Giving evidence

Some individuals spoke about there not being sufficient evidence for the Police to take any action:

‘They said afterwards they didn’t have enough evidence to sort of go round there ask them about what’s going on’. (LDA4)

Giving evidence was seen as a difficult experience for people:

‘It was hard because I need to…answer all the questions… like how did it happen, who, how many people were there…they asked me questions and I was too busy crying my eyes out just to figure out what’s gone wrong…’ (LDA7)

Sometimes with specific challenges such as giving descriptions, remembering detail, giving times etc:

‘I did think about phoning up the police, but as the van comes up they’re gone and there’s not a lot, and because I struggle with giving a descriptions and
heights and things like that, it’s not very helpful to the police kinda thing. That’s why I don’t bother’. (LDA5)

This was also an issue highlighted by carers.

F1: ‘because of their ability to retain information if they are attacked they can’t always give a good description of the person which was what was happened in X’s case…’
F2: ‘unless the police ask or anybody asks my daughter specific questions she won’t give you that information you’ve got to know what questions to ask for her to tell you exactly what’s happened’. (FC2)

In some instances people mentioned that the police had given them special notebooks to help them record further incidents:

‘Yeah, they talked to me and then they got me a book, a blue book, what I can bring with me next time’…’So if they ambushed him again he can write it down, so they’ve got written evidence as well as physical evidence of what was being said’. (LDA7)

Some people however, were able to provide evidence, which lead to a good outcome for them:

‘…I called the police and they came round about 4 o’clock in the afternoon, I was very upset, I was really shocked about it and I was quite worried about telling my mum cause I know how much she worries, but the Police came round, took the statement, they even took my t shirt, they actually found out it still had her DNA on it and I described her very well … she got caught and she was charged…’. (LDA2)

The Police are not the only professionals that need to be aware of how to question people with learning disabilities and autism, it was highlighted that this is also important for other members of the CJS if people are to have successful outcomes:

‘…one of the biggest issues is that because the legal speak and because of things that have to be done in order for a prosecution to take place, you said, it’s brilliant when they’re taking time to get the statement to marry up with the written statement because if that doesn’t happen and if there is any form of coercion, or assistance, in that process then nothing is admissible in court’. (PC2)

And there were cases that when people were not able to attend court, evidence had been given by video statements:

F1: ‘The chap that had a successful prosecution because he was beaten up,… I wrote a letter and so did the Speech and Language therapist to say that he could not attend court, it would be too much for him and it would be too stressful and it went ahead with him not’...
F2: ‘but they had video evidence’... (PC2)
Some comments were made by carers in terms of the experience and training the Police and other members of the CJS have in relation to learning disabilities and autism. The importance of personal experience was highlighted in one case:

‘...it turns about another PCSO who used to call in on X just...to see if everything was alright. He knew about Asperger’s because his..close family [member] had Asperger’s so this was someone who knew - he didn’t need to go on any training course they knew what the traits of people with Asperger’s’. (FC2)

One paid carer had first-hand experience of working with the police around training issues, suggesting the police have had some good input from carers and others and what is actually needed is more input with the CJS:

‘...when I.. spent some time at the Police Station talking about putting together a communication training package specifically for our local Police, they[y] were saying that they thought they were quite well catered for...they had had people from Shout Out go down there, they’d had all this...learning disability awareness training that they were buying into, so they were quite happy with that...but they said that what they were coming up against was when it went from the front line Police staff to actually taking a prosecution to the Crown Prosecution Service’. (PC2)

It was suggested that police and community safety agencies and other CJS professionals needed to be better trained to allow them to interact better with the individuals they had to question or represent.

‘they need to be better educated...not just about understanding and behaviour, but understanding the triggers, how to communicate with that person, when to get out of their space, that actually restraining somebody sometimes isn’t the best way to do it, moving away from them, all the things that we’ve learnt...so the whole community justice system needs to be educated...about what to look for and some scripts about what to do’. (PC1)

Others still, indicated that training was necessary, but not sufficient and what really counted was a person with the right attitude:

‘It’s their personality, ...you can put all the training in, but if that person isn’t a sensitive personality... training helps a lot and education helps a lot, with some individuals it’s not going to make any difference’. (PC2)
Barriers to reporting

A range of barriers to reporting to the police were raised by the focus group participants, these included:

- Delays in decision to report.
- Coercion from a perpetrator.
- Reporting not being taken seriously by the police.
- Fear of repercussions.
- Fear of the process, including feeling they were in trouble.
- Not considering incidents serious enough or accepting incidents as part of life.
- Not knowing how to report.
- Believing nothing could or would be done and they would not be believed.
- Concern over not being able to provide good enough evidence.

As one carer suggests, it was clear that the reasons for not reporting could vary from person to person:

‘there are some people who wouldn’t go near the police with a barge pole if something happens…but it’s very individual. (PC2)

What also became apparent through focus groups with families was that any one individual could face multiple barriers to reporting at any one time or over the course of ongoing events. These will be illustrated in the following quotes and descriptions

Delays in a decision to report could come about as the result of a person not disclosing to a carer about an incident:

‘Well it’s a bit late to say two years ago such and such happened isn’t it, they want it reported there and then.’ (FC1)

Coercion from a perpetrator, could take the form of threats of further repercussions for the victim if they went to the police:

‘they’ve had trouble with this girl before and they’ve said this girl’s said that er, if they made a complaint er, if they stopped her, she would go to the Police and say this lad touched her, so it would have shut him up’. (FC1)

More generally there was a fear of retaliation, which was not necessarily made explicit as part of a threat to persuade people not to report:

‘…whenever I call the police we always have this worry…they would get into trouble maybe they would get taken to court then they will get their revenge on him, I think we made it clear to the… and they were aware that we were worried about this…possibility of people getting their own back on X’. (FC2)
Both family members and individuals themselves were either not sure or did not think things were always taken seriously when they reported to the police:

‘...there’s 2 reasons why it is under reported fear of retaliation we’ve got that one and not being taken seriously by police who couldn’t really care less’. (FC2)

Some did not always consider incidents serious enough to report and may have waited until they reach breaking point: This can form part of the acceptance some people have that such events are part of their lives:

‘one of the ladies she only got attacked last week, black eye, doesn’t want to report it to the police, didn’t want to go to hospital, nothing we could do, we done our job and said to her..., shall we take you to the police, ‘no no one is going to doing anything about it’. She didn’t want to see a doctor, or anybody like that because she just felt used to it," that’s what happens to me", and that’s what her attitude is because it happens all the time ..it’s awful because the way she sees it it’s just something that y’know is everyday life..’. (PC2)

Some individuals were scared about reporting:

‘If it was me I’d feel scared to talk to the police. I’d feel nervous…I thought I’m in trouble’. (LDA4)

Carers also indicated that people they supported were scared of the process they would have to go through if they did report:

‘...then they get scared about the process and they will say, they’d rather say no it didn’t happen and you’ll be thinking I’m wondering if you’re just saying that cause you don’t want it to go any further…’. (PC2)

Some individuals indicated specific concerns about giving evidence:

‘because I struggle with giving a descriptions and heights and things like that, it’s not very helpful to the police kinda thing. That’s why I don’t bother’. (LDA5)

Carers also expressed concerns about people regularly reporting and knowing that reports had been made by a person:

‘sometimes, not that I’m saying he shouldn’t be reporting it, cause obviously he should cause it’s not nice, but then at the same time, I’m sure the police get quite a lot of calls, over a period of time they don’t necessarily respond to. We don’t always know when he’s actually made these calls, sometimes he will tell us, I phone the police they said such and such, but other times he might go months and then he’ll go well I did tell the police about that’. (PC2)
Discussions around reporting also raised complex issues for carers to manage, such as false reports:

‘There are other occasions, some other guys that we support have phoned the police and we’ve had to get the police involved, but they’ve cried ‘wolf’.

(PC2)

The barriers to reporting do not affect everyone as other people do regularly report incidents, including those that may not be considered as serious:

‘…we’ve got a gentleman…who regularly reports to the police when he’s name called or anything like that, so he’s very quick to get on the phone to report and he recently had police out to him as there was yet another incident’.

(PC2)

What may be most concerning is that some individuals who would not know how to contact their local police:

F1: ‘Yeah, but what if it’s not an emergency?’…
I ‘…Would you know what number to call?’…

F2: ‘No’. (LDA7)

Reporting to others and their responses

Whilst some people may or may not have reported to the Police, they may have told someone else about their experiences. When this was the case a range of different people may have been informed, such as family, teachers and college staff, line managers at work, support staff, care managers or other social services staff, housing providers, community warden, friends, lifeline, helplines, security guards, bus drivers and other witnesses on the scene. However, some individuals kept incidents to themselves for sometimes leaving family members and carers unaware of what was happening to the person:

…it’s almost like a conspiracy of silence because they don’t want to make it worse for themselves, getting parents involved…she didn’t let on at all these things that had been happening to her in school, in the community, at church, all the different places that she inhabited’. (FC1)

Experiences of reporting to others could also be mixed:

Individuals spoke about their views of Care manager’s responses:

‘They did know, but… like the police they seemed to think it was because the person brought it on themselves’. (LDA1)
However, where there are continuing issues of victimisation continuity of a relationship with someone who knows an individual’s background and experiences is not always possible:

‘Even with social workers that sort of thing it’s constantly [they get to know you get to know the person and then they’re gone’.

(FC2)

At times it could be challenging to meet the necessary criteria to get people the support needed from agencies other than the Police:

‘I’ve made appointments to go and see people pleading with them to help me to re-house my daughter… …I was asking social services to help me move her into a safe place and they kept on saying they can’t do that until they know [what learning disabilities] that she has and they said… there’s a difference between learning difficulties and learning disabilities if she’s got just learning difficulties then we can’t help at all…but if she’s got learning disabilities then we can…I don’t know the difference and so how can we prove …so we waited for months and months and months eventually she saw a psychologist and he tested her and obviously she’s got learning disabilities and I asked him what is the difference between learning difficulties and learning disabilities and he said there is none’.

(FC2)

This was the case even when the police were trying to engage other agencies in supporting a family experiencing victimisation. This example also illustrates the negative consequences for the families and individuals when support (in this case to be re-housed) is not forthcoming:

‘…she did report it to the Police and they did put an injunction out against this neighbour. the housing association people they tried really, really hard to involve them and she said look we need you to know this is not working, we need to move, we’re an end of terrace, we need to move somewhere else…to alleviate this problem, she said no, you’re adequately housed, if we do it for you we have to do it for everybody else, eventually this [increased] the stress levels her hair fell out [and] this…end up with her son going into residential care.

(PC1)

However, others did have more positive outcomes to report of involving housing associations:

‘I worked for seven years with a family, single parent with autistic children and there was one lad on the estate where she lived who constantly harassed [them] by sitting on her back wall, kicked the dish off for the television, kept bouncing the ball up and down and she told me about it…she wasn’t the sort of lady to complain about things, so I got in touch… with the housing association I said this just isn’t on you need to sort this out and thankfully they did’.

(PC1)

Some informed us of positive action being taken by security guards at shops:

‘…the security guard banned the girls..’.

(LDA1)

Other positive responses received were the support people were given to report to
the police (as already discussed).

One family carer’s group were asked specifically about victim support and whether they had any help or advice. Carers told us that their adult children had been given the contact number to initiate contact, however they identified this may be difficult for some:

‘...one of the PCSO said something to him about victim support and gave him the number but I think someone should have just contacted him it isn’t always easy for someone to say I’ve been a victim...I had trouble the other day and I’ve been told by the police I should ring you’. (FC2)

Individuals were often advised to ignore the perpetrators:

‘She said silly boys and that.. she said ignore them, just walk away…’ (LDA4)

Carers confirmed this was advice they had given:

‘...we have said to ignore it and Police have said the same. They follow him, call him names, and try to take his bag’. (LDA3 RN)

A paid carer gave her view on advising people to ignore what was happening to them. She suggested that this could contribute to the acceptance people have that this is part of life. This could, lead to disempowerment and a lack of action, which could include not reporting to the police or others in the future:

‘...their parents would say, “oh just leave it, just ignore it, it will go away”, so they weren’t obviously getting [any] support...their parents...were probably thinking, “I don’t want to cause too much trouble because [we] could have a window smashed in”, so that’s why a lot of our people really don’t stand up and say how they really feel “

There was a clear concern for those people with on-going issues of being victimised where no suitable resolutions to the problems were forthcoming, in these circumstances, individuals might go on to develop offending behaviour themselves as response:

‘...victimised all their life to the point of them =hitting out... after...40 years, of being victimised...the person ended up with the caution... and there’s others that end up in prison because they’ve been victimised, there’s a chap in the Working for Justice group who had been bullied for so long the first time he hit out...a bit too hard and someone got brain damaged...no one took into account the number of years he had been victimised'. (PC2)
Summary

- People who had experienced incidents generally told either a family or paid carer about it and sometimes it was reported to the Police. Participants identified a range of barriers which deterred them from reporting experiences to the police, including knowledge and skills, past experiences, fear and a perceived lack of response. Some felt that reporting incidents could make matters worse, or would change nothing as the police would not take them seriously or respond in time to assist.

- However, others who had reported incidents to the police or had them reported on their behalf by a carer, described positive experiences of the police and successful outcomes.

- Where people did tell somebody about the incidents, such as the police or carers, they did not always know what happened next, e.g. if it was investigated or if the people responsible were interviewed. Where incidents were reported to family or paid carers, responses varied. While some carers had told the Police, others advised victims to ignore incidents.

- Where experiences were enduring, victims could sometimes go on to behave or retaliate in ways that may constitute an offence, as they were alert to potential perpetrators or had reached a ‘breaking point’. In some cases of long-term victimisation, people were found to provoke an altercation, saying something or doing something to those with whom they were having problems, as a self-defence mechanism without realising that they were getting themselves into trouble.

Impact on the person

People with learning disabilities and their carers talked about both the impact experiences of victimisation had on the lives of individuals and carers also discussed the impact on themselves (see chapter 3).

Emotional impact

Individuals spoke of how they were living in fear after incidents, which impacted them in a number of ways, often people felt scared:

‘I was really scared to go out of the house’. (LDA7)

But the range of emotions was much broader:

‘...annoyed, frustrated, upset, exhausted cause it exhausts you like, like you want to go to bed, properly fed up’ . (LDA7)

Including an impact on their mental wellbeing:

‘I would become kind of like withdrawn, more depressed than usual scared and worried about going out’. (LDA5)
One carer pointed out how the effects on an individual’s mental health could have a second wave of impact on their independence skills:

‘…to the point of a mental health problem…one of them is really disturbed on the mental health side, but then, the last couple of years, we don’t know why it’s happened, but the other one’s had to be put on anti-depressants and with autism it can just be a little thing sometimes, and it really puts them back and they’re worried about all that, they’re not doing their independence properly, service will be taken away and they’ll have to be more dependent and all of this’. (FC1)

The fear of going out again could be very real and at times was related to the possibility of meeting the perpetrators again:

‘I was very upset, I was really shocked about it and I was quite worried about telling my mum cause I know how much she worries… after that it was very hard for me to go out on my own without either E or whoever I had with me cause I was scared I was going to meet them again’. (LDA2)

Some people said that they still went out despite being fearful. However, they made changes to where they went when they went out:

‘Well how it made me feel was just very sort of, I felt tense about it and I was like I can’t go out my flat but I want to get out my flat and I will do but it didn’t stop me from getting out…’ (LDA2)

The impact of the incidents could be enduring:

‘they last quite a long time actually, it’s as if to say there’s no cure for it, the feelings happen quite a long time, each time a problem happens…there’s no way of getting over that feeling of feeling of fear of that happening’. (LDA1)

Carers also spoke of how the impact lasted over years:

‘I know that’s traumatised him cause he continued to tell us years after’. (PC1)

Some carers talked about how people staring laughing or name calling did not seem to affect people that were not as aware that they were being targeted:

‘I think in a way that my son probably in a perfect world because he doesn’t really know what is going on and so he’s not aware if somebody you know is rude to him but it does affect you know, me. It doesn’t happen that often but when it does it it’s not good, it’s not good’. (FC2)
For other individuals they may feign that they are not affected, but the impact can be seen through their actions:

‘...he was one that would say, ‘oh it doesn’t bother me, it bothers the rest, but it doesn’t worry me’, but he brought himself a portable TV and he hooked it up to the CCTV camera...and he had that on all the time, so he could see who was coming in and out of the flats, so he was watching that vigilantly because he did feel very vulnerable...’  (PC2)

Carers also remarked that the impact may be greater for people with learning disabilities who may not have the resources to cope:

‘I think the impact on people with learning disabilities is so much greater, their ability to be able to cope, especially anywhere on the autistic spectrum disorder it becomes a thing and then it’s so difficult to get away from them and then people will continue to pick at that and make it worse for people’. (PC2)

One carer suggested that a community which is not accepting of people and creates barriers to inclusion through acts of victimisation, is in effect causing the individual to be further disabled:

‘It’s as disabling as a disability itself...’  (PC2)

Changes to people's lives
The impact was not only emotional, but it also affected the way people would live their lives: They would make significant changes and compromises because of the experiences they’d had.

Some spoke of leaving College:

‘I only had one year at R college, I only had one year... didn’t want to go back no more.. just had one year there’.

Or, avoiding places more generally:

“Since it happened it has taken a long time to go back to [name of town]. I have to be careful”.

This included modes of public transport:

‘Occasionally on buses, I try to avoid getting buses when the school kids are coming out cause that’s the worst time’. (LDA7)
Carers told us of how people may change how they conduct themselves when they are out:

‘…this chap that was attacked he literally walks with his hood up and down and as quickly as he can not to draw attention to himself whatever, he’s frightened, which draws attention..’ (PC2)

Some people they told us how the changes were more imposed on them by parents, carers or the Police:

‘My mum did actually stop me… my mum did stop me, cause she reckoned that if the guy was out there still looking for me, the guy would beat me up even more…’ (LDA7)

‘I took him back home and it was only after I thought he’s now been excluded from the community for something they did he wasn’t going home he was going into the town and yeah he’d been frightened out of his..y’know, really, really, frightened he was and made to go home…’ (PC1)

Many people spoke about moving home. For some this was seen as positive:

‘…on this last occasion they had them moved out of the flat and in a new place within six weeks they really listened to them and so that was a really positive move for them and he …said ‘I’m glad I listened to you he said because this place is lovely’ (FC2)

Others, thought moving would not be what they would have wanted:

‘No..I wouldn’t want to move ….. because it’s my area that I’ve, I’m there you know. I mean if they were still there and it couldn’t be done, then it would look like I’d have to move…because the police have dealt with it in such a way they’ve moved … these families .. on, it’s now become more nicer area so we’re not having to put up with it…” (LDA2)

When there has been a risk to carers this has led to changes in support for some, effectively reducing support available to people who are living in vulnerable circumstances:

‘Well the couple I was talking about it’s very difficult cause they don’t accept support, so they actually agree for us to support them one hour a day. What do you do in one hour a day... not a lot to be able to support them, it then turned around that erm there was several incidents taking place and we had to speak to the police and the police actually said they were concerned for our safety, so we then had to change everything and put in place that we had to double up, two staff can only go into their house, not because of them, because of their so called friends and things like that, so it was decided that the support we had to change is that two staff go into the property to support them, if their so called friends are in. If they don’t leave we have to leave, leave the property,…’ (PC2)
The carers in this case were not happy about the arrangement and the risk this posed to the individuals they supported:

‘...but I think the biggest impact is when we change, or reduce support to people because of the safety of the staff which makes a vulnerable person even more vulnerable and we can cite incidents where that's happened as well, erm, so, y'know, when there’s an abuser in the house and a member of staff’s at risk, the member of staff doesn’t go there to see the individual who is vulnerable in the first place, so the only eyes, only support, only protection that person might have is often taken away, and I think that’s very scary'. (PC2)

Summary

- Some of the incidents described by focus group participants had happened recently, while others had occurred in the mid-to-distant past. Bad things that happened possibly years ago, such as name-calling, threats and theft, were remembered and individuals remained visibly distressed by those, as well as by more recent incidents. The immediate impact of incidents included feelings of anger, distress, crying and feeling scared.

- While victims could be resilient following their experiences, some made significant adjustments to their lives to avoid further victimisation. This including moving home, avoiding people and places and travelling at different times via different routes. Participants who had not experienced victimisation described adjustments they made to their lives such as places and travel they avoided, as they feared bad things may happen to them.

Case study 1. Ben has Asperger syndrome and lives alone. For many years he had support from a social care provider contracted by the local authority. He maintains contact with his family. Leaving home to independence marked an important step for him. He had been bullied in secondary school and was harassed and assaulted occasionally after he left school, by youths who targeted him in the streets.

His first move to his own accommodation was not successful. He experienced difficulties with neighbours he described as unreasonably noisy and involved in drug taking and trafficking, with streams of visitors coming in and out the building, by day and night. He complained to the Local Authority. On several occasions when Ben was out and about in the street, he was verbally abused by people he recognised as being among those who had visited his neighbours. His support worker reported the problems to the police who told him that the neighbours were known to them as problematic drug users. He was very unhappy living there.

Some months later Ben was supported in moving to a new tenancy. His support arrangements continued and he enjoyed a few hours weekly voluntary work.

Difficulties began one day when youths living nearby shouted at him using terms
such as ‘paedophile’ and ‘gay’. They were objecting to him looking out of his window overlooking an area where children played. Objects were thrown at his window. Sometimes the verbal abuse and harassment continued when he left the flat or saw the youths streets away when he was walking to and from the shops. Teenagers and youths would follow him and call out ‘There’s that weirdo guy, he’s gay’ and ‘There’s that gay man who looks out the window’. When the harassment and verbal abuse continued even though he avoided looking out of his window, he felt that it had become a campaign about his living there. He recognised some teenagers who were from another road who had become involved in the harassment. Ben recalls ’I felt tense about it and I was like I can’t go out of my flat but I want to go out of my flat and I will. So I had to take another cut from out my flat’s back way to avoid it because I felt I couldn’t walk up my road past it and couldn’t go out at day’.

He discussed the harassment with his support worker and decided to report it to the Police who visited him at his support provider’s offices and later at home. He showed the police his Autism Alert card. The Police response was coordinated by a specialist officer working in a hate crime team. He was able to have conversations with PCSOs who made visible patrols around the area. He found another police officer especially helpful, telling him that he understood the difficulties as he had a son with Asperger syndrome. He gave Ben his business card telling him he should call whenever there was an incident as it was hate crime he was experiencing. Sometimes the police came the next day and other times straight away. Ben recalls ‘I was absolutely impressed with the way they dealt with the situation’. The harassment ended and he believes that came about following multi-agency working resulting in some perpetrators moving away from his road. Throughout the time he found the day-to-day contact with his support worker vital in his management of his contact with the Police, his tenancy and relations with neighbours.

Following a local authority assessment of Ben’s support needs, funding for his support was stopped. Shortly afterwards he was befriended by somebody who visited his home. Ben agreed to lend money to the person, who on occasion accompanied him to the cash point. He later discovered that money had been removed from his account. He reported the theft to the police but decided not to press charges as he felt he would find the process too stressful.
Chapter 3 Views and experiences of family and other carers

Further to the themes discussed in chapter 2, some additional themes related to the views and experiences of the carers themselves emerged from the four carers’ focus groups. These were:

- Perspectives on hate crime as a social issue
- The vulnerability of individuals with learning disabilities and autism
- Perceived protective value of the presence of a carer when individuals are supported in the community
- How carers respond to incidents and the impact they have on them.

Perspectives on hate crime as a social issue

Carers felt that disability hate crime was not just an issue for the police to tackle but that the issues ran much deeper, with social causes that require social solutions:

‘I think yes the Police should be supporting disability, people with a disability, but I don’t think it’s just about Police being informed, I think it’s a wider issue’. (FC1)

‘…I think it is all our responsibility and we can’t sit back and say well it’s not happening to my son or daughter and so that’s…I think…how people with learning disabilities are treated in this country…Medway council should be ashamed of themselves, the country should be ashamed of itself and we should be ashamed of ourselves, if we don’t stand up and do something about it’. (FC2)

Linked to this was the implication that people with learning disabilities were still waiting to be accepted by the community – 20 years after moving out of the institutions:

“I remember moving the people out of Leybourne okay and all of that and looking back now that’s over twenty years ago and to be fair um why should people have to wait to be accepted...”(PC1)

One of the strongest messages was about the lack of community cohesion; this comment was in response to the focus group facilitator informing participants that the hate crime team were re-named:

P1: ‘what a silly name to give it, community cohesion’.
P2: ‘it must be ironic, because there isn’t any community cohesion’. (FC2)
Carers considered some of the societal problems to be ‘cultures’ that they see as prevalent in society today:

‘… It’s like a bullying culture these days, gangs of people, gangs of youngsters who have got nothing better to do, or don’t want to do anything with their lives and they just hang around street corners, they’re the ones that give you the abuse and you dare speak back to them you know, beaten up if you retaliate’. (FC1)

The implication that the problem is somehow societal was also seen in the views expressing that the media are also responsible in the way they represent people with disabilities:

‘Sadly we’re in a society that does not celebrate difference…that is supported by media’. (FC1)

‘In the last couple of years there’s been a vicious campaign by the media sort of treating everyone with a disability as a sponger … and people are becoming less tolerant…… it’s actually made the situation worse for our youngsters’. (FC2)

‘…all the time there are programmes like Little Britain actively, completely and utterly take the piss out of people with learning disabilities and it’s fine, it’s funny, it won’t go away’. (PC2)

As well as identifying broader issues, carers suggested ways to combat the problems. This included working in schools to educate people about disabilities and accepting difference when they are younger. Inclusion within schools was also described as important:

‘…there needs to be a lot more done in schools because, when people look different and act differently it causes people to stare, young children to stare and even a stare a continuous stare is intimidating’. (FC1)

‘, it’s ‘er whole community approach to it, not just Police …’ (FC1)

Carers also recognised that people needed skilled and experienced support both to help people be independent and stay safe, but also for when things go wrong:

‘But you need experienced support, even when they’re going somewhere like college…somebody who has that experience, has that awareness to carry them through and that’s such a shame when you get to a certain point where they’ve had wonderful support…, and then it all disappears, goes away and it’s too big a jump’. (FC1)

‘…part of being the support….is that we have to do some of that for them, teach them that this can be done otherwise they grow up always believe[ing]
Living in Fear: Main report

throughout their lives that they’re victims and they’re not and the perpetrators never learn...cause they believe it’s okay and it isn’t, everybody should be able to enjoy [their] life without being tormented’. (PC1)

‘Part of the training that I provide is to help carers manage those situations ... we also have to empower the parents, ...it’s about advocating the best way without getting down to that level as the person that’s making those comments and so we’ve given them scripts which actually they’ve come back and said, I didn’t think I’d be able to say it and when I said it I was really proud of myself and it don’t half shut them up y’know, which is really good, it’s going to make them feel empowered’. (PC1)

It was clear that carers saw the Police as having a role within the delivery of education within schools:

‘it is down to the Police and that they need to be perhaps more involved in educating those ignorant people, and sorta being a figure of authority and instilling a bit of respect back ...the police need to be heavily involved in trying to say to people this is not acceptable, it’s not acceptable to target people’. (PC1)

Moreover, that the media also needed to participate to improve the profile of people with learning disabilities and autism:

‘...you get these really extreme adverts now... where your lungs are black cause you smoke, ...., maybe that would help people saw small video clips and things like that, or even more extreme, I know my partner said there was a video clip that was banned recently, bullying one, anti-bullying campaign, ... they did actually make it and then decided not to... it was so extreme, but sometimes I think, why don’t they show people things like that’. (PC1)

Summary

• Disability hate crime was seen as not just an issue for the police but as an issue for wider society, with a lack of community cohesion in general and lack of acceptance of difference being seen as root causes.

• Carers also identified the current culture in society as a bullying one.

• The role of education in changing this culture was given primary importance in these groups. Such programmes of education should involve the police.

• Those who support people in the community need to be given information and training in what to do if incidents occur.

• The media was also seen as propagating the current culture and should get involved in raising the positive profile of people with disabilities.
The vulnerability of individuals with learning disabilities and autism

Throughout the focus groups carers often used the term vulnerable to refer to the people they support. This may be because of the actions the individual may take themselves which exposes them to risks:

‘he’s quite vulnerable, he doesn’t think well I’ll stick my wallet in my pocket and leave it, he’ll sit there and he’ll thumb through his wallet while he’s on the bus and this guy had watched this, came into the Pentagon he had seven kinds of everything kicked out of him’. (FC2)

Including through use of social media:

‘they do at times bring it on themselves, because they are very able, very able individuals, but equally they are very vulnerable as well...through Facebook, it’s their worst enemy Facebook, .., I’ve...looked through what they’ve commented on and thought, oh my god, why have you said that, why have you done this, why have you done that, and their so called friends have been drug dealers, people that are in prison, they don’t understand what friendship is, they don’t understand what a relationship is between each other as well’. (PC2)

They also felt that people being frightened might be noticed by others and lead to the person being targeted.

‘I think also there’s people who have been bullied and picked on and they go out in the street wary of it, looking, and giving off looks and vibes that they’re not aware of because they are so frightened and wary that is sometimes enough to get someone to pick on you.. ‘what are you looking at?’ and so that can make the situation even worse’. (PC2)

The issue of vulnerability of groups that do not look visibly different was also raised, as it is often their behaviours that contrast with their seemingly adaptive behaviours that can lead them to be targeted:

F1: ‘I work with people with Asperger’s, they look normal and they get themselves in such scrapes…’
F2: ‘...and people with Asperger’s as we know, can come across as quite abrupt and erm…’
F1: ‘Rude’.
F2: ‘Rude, yes…and will talk down to you and they’ve got the vocabulary, which makes you think they are more able than they are, so they’re on a hiding to nothing’. (PC2)

Others saw vulnerability as a product of the situation in which a person lives, for example, living in a group with other people with disabilities:

‘where he lives is a block of flats where seven service users live and it took the local youths, I would say, a month, two months, to find out that particularly
part of the flats was accommodated by people with a learning disability and they targeted and they targeted’ (PC2)

Carers felt that perpetrators could identify an individual as vulnerable and that this was part of the motivation,

‘But they’re their friends because they’re so vulnerable’. (PC2)

They also acknowledged that the perpetrators may be vulnerable individuals themselves:

‘cause they’re vulnerable…that is the trouble it’s not necessarily the beating .. it’s the people that abuse them because they know they’re vulnerable and sometime the people that do that are vulnerable themselves, that’s the problem as well’. (PC2)

There was some indication from carers that individuals out and about without support were likely to be more vulnerable:

‘It’s the more able ones who are vulnerable… and especially the ones who don’t want support… they would be really offended to be seen with a support worker, but they’re the ones that are vulnerable because they’re out in the community, out doing what they want to do, quite rightly’. (PC2)

**Summary**

- People’s own behaviour was seen as increasing their vulnerability to victimisation – for example looking through their wallet in view of other people, or the way people walk or talk in public.
- People with Asperger syndrome or high functioning autism are particularly vulnerable as they look “normal” in many ways but their lack of social understanding means they can get themselves into difficult circumstances – for example their apparent rudeness.
- Some found that the living situation of people (i.e. living in a group with others with disability) made them more different and therefore more vulnerable.
- There was general agreement that those that were able to go out and about without support from staff or family were more vulnerable.
Perceived protective value in the presence of a carer when supported in the community

As has already been shown there is some indication that carers consider more able individuals to be of heightened vulnerability due to going about their lives with very little or no support. The idea that having support in some way when out and about emerged as a theme in its own right:

‘I actually work in G, but um, I mean, I support a service user in the community and what I find is that because I am his support worker there is no victimisation, because they haven’t got the courage to,’cos I’m there to protect him obviously and they wouldn’t dream of it .., it’s my job to protect umm, so it is.. the mother’s vulnerable isn’t she cause she’s not , they can sense they can see y’know we’re carers and they wouldn’t victimise...’ (PC1)

‘Yes he is and R is lucky in fact that he always has someone with him because he’s not able to travel by himself, or go shopping by himself, or can’t travel on the bus by himself, I feel very lucky in a way, that wherever we go he’s got somebody there to protect him...some of them, are much more independent than R and do travel by themselves and they are the people that do get the abuse, there’s nobody there to stand up for them, they have to try and stand up for themselves’. (FC1)

Carers did acknowledge that even with support, people were not immune to abuse or victimisation, which tended to take the form of stares and name calling when out in the community:

‘yes he would never be unsupported but we...do have people that make fun of him and, you know he’s lucky in a way that he’s not aware of it so really he’s sort of in his lovely little perfect world’. (FC2)

One paid carer felt that family carers may have experiences in the community, but that potential perpetrators may be able to identify a paid carer and would then be less likely to target someone with a paid carer:

‘... it’s my job to protect...so it is the mother’s vulnerable isn’t she cause .. they can sense they can see we’re carers and they wouldn't victimise’. (PC1)

Summary

• It was felt that for many people with more severe disabilities the presence of a carer meant that they were less likely to be victimised or if they were it was usually limited to staring, teasing or saying nasty things.

• Paid carers often felt it was their job to protect and felt that people would be more likely to be victimised when out with a family carer.
**Response of carers**

When carers are accompanying the people they support out and about in the community, they could find themselves bearing witness to some of the derogatory comments, looks and stares. Also, paid carers found themselves in situations whereby when officially ‘off duty’ they would come across the people they support or others in dealings with the police.

‘I actually was driving past on my way home from work...and that person was...being interviewed by the police because some young people had taken his bag, and...slung it over somebody’s fence ... I stopped my car...and just went over and said, ‘are you having problems?’ and called him by his name and the police just stopped at that point and then everything changed... ... and that took about half an hour to defuse the situation. ... he wanted to make a point of reporting to the police and he could tell them what these kids looked like and everything, but I seriously think if I hadn’t have been there at that particular time [what would have happened] .... (PC2)

or being victimised:

‘Yeah, there’s a chap that we now support, ...and I witnessed him... in Boots ... and there was a load of kids and they were absolutely swearing at him and he was really, really getting upset and I actually stepped in as a member of the public and sort of shooed the kids away .... (PC2)

Carers spoke of how they did respond to incidents. Sometimes this did involve confronting people:

‘I didn’t move, I stayed where I was, and I just looked, y’know, to let them know well okay we’re not going’. (PC1)

‘in the streets somebody say to them, that child should be shut away and she says .. “excuse me... where do you live?” and they go “what?”, “I’d like to know where you live cause obviously you’re an expert.. I was going to bring so and so round tonight, so you can look after them”, it’s amazing... they go trotting off’. (PC1)

At times carers felt unclear about the best way to respond:

‘being, y’know, on a bus, being stared at, being poked fun at, what do you do, what do you do in that sort of situation, do you become aggressive, my attitude now is if people stare for a long time, I say, hello do we know you, which is often a way, do we know you’. (FC1)

Sometimes they cannot respond how they might like if they are to maintain professional boundaries:

‘you’re in this job because you do care about people and you get really cross and frustrated sometimes that you just can’t deal with it how you want to deal
Living in Fear: Main report

with it, like when people are out and people giving dirty looks, I feel like going, "what..." but you can't can, you just gotta ignore it, y'know, and direct that person away from it...it does really make you frustrated and angry a lot of the time’. (PC2)

Some recognised that if they confronted perpetrators they could also be at risk of abuse:

‘...even a stare a continuous stare is intimidating and you’re having to manage... the person whose being stared at and also manage their safety and your own safety and perhaps other people who are dependent on you getting through, [you] might want to turn round and say, “and what do you think you’re staring at”, which immediately is an antagonistic thing isn’t it, to say that so, if it’s used you’re going to get something back, aren’t you... if you’re lucky just abuse’. (FC1)

Some called for more support and guidance for carers

P1: ‘.....as well it would be useful for us to have more knowledge...of what we should do if they come to us and say this that the other happened...’

and for parents:

‘ I think with us as professionals and support workers we know the laws and... [we] basically know the rules and we have a policies and procedures, so we know what’s acceptable and what’s not, but parents don’t have any of that information...’ (PC1)

Summary

• Some carers were very clear that they would intervene if they witnessed something even if they were off duty.
• Others express concern for their own safety if they did intervene.
• In general carers wanted more support and guidance in how to support people when such incidents occurred.

Impact on carers

The impact of victimisation on people with learning disabilities and autism was described in chapter 2. As parents, siblings and other carers are often left to pick up the pieces after an incident and in some cases are also victims themselves, impact on their wellbeing is inevitable. Carers discussed the nature of this impact, which emotionally can take the form of anger, upset, worry and a variety of other emotions:

‘Speaking from my own experience, as a sister, I think, sadly, I feel quite emotional saying this because I find... excuse me...(tears) I suppose the first time I’ve had a forum in which to say how deeply it has affected K for K for
Living in Fear: Main report

the family (tears) and indeed for myself, you know it’s a culture that that in a local community where...people put notes through the letterbox, and my sister has hidden them because she didn’t want us as a family to know'. (FC1)

“I mean eventually they did move, but as I was going down I got sticks thrown at the car, I was shaking, I was absolutely petrified and got to the bottom of the road and they were still throwing sticks and that, and they all sort of congregating around the car...I was scared stiff and I got home...he looked dreadful, he was really pale, ....’ (FC1)

'I feel very angry actually, I do feel angry and I feel sad because as far as I'm concerned my son is perfect and he is my son at the end of the day and so I do feel very sad .... I think in a way that my son probably in a perfect world because he... doesn't really know what is going on and so he’s not aware if somebody you know is rude to him but it does affect ... me. It doesn’t happen that often but erm when it does it it’s not good, it’s not good'. (FC2)

There was also an impact on the general health and wellbeing of carers:

F: ‘Very stressful…’
F: ‘...we don’t trust people…’
F: ‘...you feel like hiding yourself away... you’ve got to talk someone’.
F: ‘It really hurts, sometimes ourselves we become angry and it changes our personality because continuous fighting for ourselves and the person we care for...’
F: ‘I think you become a very cynical person…’
F: ‘Wary and defensive I think’
F: ‘Isolated…’

The impact on health could lead to mental health problems, as already alluded to above and here:

F1: ‘...it has affected our health hasn’t it?’
F2: ‘it has yes constant worry’
F1: ‘we have suffered from clinical depression constant stress and worry’
F2: ‘scared stiff the telephone will ring’ (FC2)

P2: ‘...Isolation, depression...’
P1: ‘...it breaks families up’ (PC1)

People with learning disabilities and autism also recognised the impact on their family members:

‘It did, it did… it shook them; it shook em’ up and made them cry actually’. (LDA1)
The impact can be so great that families have to make changes to the way they live, including their demeanour when they go out in the community, taking their adult child away on holidays for fear of leaving them behind:

‘...we feel that we can’t leave her and go off maybe 2 days away - every time we go away we take them with us because there’s no one else that can help or will offer that help. we’ve looked at holidays for people with learning difficulties and the prices that they want £800 for a week of 5 days in Hastings with a little bit of care it’s ridiculous and we’re on benefit we’re both poorly ourselves and we just can’t afford that and so it’s cheaper just to take them with us’. (FC2)

or moving house

‘...there was the lady ... who did live locally actually, but has now moved as a result of being targeted over a ten year period by her neighbour who said things like “we’re going to blow your sons head off and you’ll be made to watch”, “people like him should be shut away”, awful, awful, awful, horrendous abuse over a period of time’. (PC1)

Changes could include needing to provide an enhanced level of support, or to always be available to an adult child where family carers were concerned:

‘K lives with my mum, all these sorts of things you have to manage in the community, which makes you, as part of the family, ensuring I’m always in contact with them, daily by phone and really going and visiting to offset any possibility of there being a problem whether that’s problems within the home, or outside because you can’t always guarantee the neighbours can you’. (FC1)

This can lead to carers living in fear:

P1: ‘I hate the telephone ringing especially at times when you are not expecting something...’
P2: ‘...so you are living in constant fear?...’
P1: ‘...constant fear really, yes...all day and well not so much at night now...it was even when things were running along nice and smoothly you know you daren’t think things are going to be alright now because they don’t understand that suddenly it’ll all blow up something’s gone wrong and it is constant fear isn’t it it’s a life sentence’(FC2)

Paid carers reported a constant pressure and worry that something might happen when they are supporting people in the community:

F1: ‘...and as you say it’s tiring as a carer’.
F2: ‘it is, it wears me out’.
Living in Fear: Main report

F1: ‘I mean the lady with behaviour problems I’m taking out tomorrow, I will be on edge all day, that something, someone will say something…’. (PC2)

Sometimes they are on a constant look out when out in the community:

F1: ‘You can start to become like the gentleman I described just now who is looking for trouble, if I’m walking along the street with him you tend to sort of go on try it, go on’.
F2: ‘That’s right, cause you’re proud to do your job aren’t you?’.
F1: ‘And you’re protective of them… aren’t you?’ (PC2)

Paid carers also found that they could end up getting involved in supporting people with victimisation issues, even when they weren’t officially on duty:

‘It’s just about taking it more seriously and not going ah well my shifts over, sorry… like I was saying I drove into A to go and get my shopping and I really wanted to go home… and I thought, here we go, and then you just go into auto pilot’. (PC1)

Carers remarked on their own diminished coping mechanisms, not knowing where to turn to for support:

P1: ‘…he’d come home in a dreadfully distressed state, which distressed us…’
P2: ‘yes, because you don’t know how to cope with it…’
P1: ‘…you don’t know how to cope with it, you can’t get any help’. (FC2)

Paid carers also raised the issue that they were afraid to get involved because of the risk that if they lived locally they would become the target of victimisation:

‘…….when we’re all out we look like the same age, we look like their mates, no one would think, ‘oh you’re their support worker’, so you’re seen as their friends, so of course that then rung alarm bells because this member of staff was like ‘hold up a minute I can’t, I live near here, I can’t have this that I’m associated, I’m gonna get attacked as well’. (PC2)

And others reported having to change how they supported people, sometimes even removing support, for their own safety, in a case where victimisation was happening around someone’s flat:

‘we actually knew they were actually in contact with a gentleman in prison who had been put in for rape, and this gentleman, y’know was out and staff had turned up on duty once and didn’t know there was a man upstairs in the house, he’d been in the house 40 minutes and there was a member of staff on duty and this man was asleep upstairs, the tenants never actually said there was anybody upstairs, so of course, lots of things then had to change because, y’know a member of staff in the house was at risk’. (PC2)
Supporting someone through experiences of victimisation was stressful and had an impact on family carers’ quality of life in particular, especially if they themselves were also experiencing some form of victimisation as well.

The stress and impact on people’s physical and mental well-being resulted in many people finding it harder to deal with repeat incidences.

The ongoing worry and fear of the phone ringing every time people were out also had a particular severe impact. Both paid and family carers reported “living in fear” that the person they supported would experience victimisation. The tension between allowing people their independence and protecting them was strongly felt.

Family carers had had to make big changes in their lives sometimes, in order to avoid or deal with what was happening – for example not going to places or moving house.

Paid staff also had to make changes to their way of working and in some cases people lost their support so that staff were safe.
Chapter 4: Survey of people’s experience of hate crime and victimisation in Medway and beyond.

Methodology

The aim for the postal survey was to explore how safe people feel in their communities and to establish what they might fear when they go out and about, whether they have experienced victimisation, the nature of these experiences and the impact of the victimisation on their quality of life. It also looked at whether they reported the incidents and what type of response was received. Some very basic information on the needs and characteristics of the individuals completing the survey was also collected. As well as the nature of individual’s experiences, the survey also set out to establish the prevalence of people with intellectual disabilities and autism living in Medway who might be experiencing some form of victimisation or hate crime.

Based on our reading of existing studies of hate crime against people with intellectual and developmental disabilities and following the focus groups held with people with intellectual disabilities and autism, an easy-read survey for people to complete with or without support was developed and piloted. Further support for the survey development was provided by members of the research steering group and a group of individuals supported in a Tuck by Truck social enterprise (based outside Medway).

The focus group discussions allowed us to establish the language that people used to talk about their experiences. It enabled us to confidently establish possible response options for questions in the survey, around types of experiences, possible channels of reporting and the types of changes people made to their lives. The initial draft was then checked with working groups and piloted to confirm no topics or response options were missing and to check the instructions in letters were clear and that the layout, font size and accompanying pictures were appropriate. A group of service managers not involved in the research also proofread the letters to be sent to service managers and staff, to ensure that the information about the project was adequate and that the process would be easy to follow.

The Social Care Research Ethics committee advised that we would not be able to ask carers to complete the survey on behalf of a person that they knew well, even with the inclusion of a question to identify how much support people had received. It was advised that people without capacity could not be involved in completing the survey in any way. In response to this and in order to include the experiences of people with more severe disabilities, we created two separate surveys; one easy-read survey for the person to complete should they have capacity and an alternative Supporter survey. The Supporter survey could be completed by carers or supporters of people who did not have the capacity to consent and who were unable to understand the research and what was involved for them (after having it explained to them in simple language and given appropriate communication supports). Attention was given to making the two surveys as similar as possible in terms of the response options; however the wording used in the Supporter survey was slightly different to emphasise that supporters were recording their views and knowledge about the
experiences of the person they supported. For a number of items some of the response options were more detailed and in order to recognise the possible impact of the person’s victimisation on the supporter. The survey also asked questions which addressed the supporters’ own experiences, in particular around any impact that the incidents had had for the supporter and others in the person’s social network. For a number of questions, we also asked supporters to clarify how they constructed their response to a given question about the experiences and responses of the person they supported.

The easy-read surveys accessibility was enhanced by producing text in Verdana font size 14, printed on Steel Grey A4 paper with a portrait orientation. The survey was produced using Formic Machine Readable software. Best practice guidance for producing easy-read documents were followed as far as possible, such as placing text to the right and supporting images to the left. To be consistent we used Change Picture Bank images throughout the survey, where an appropriate image was available. The language avoided jargon and abbreviations. Where it was necessary to use more complex terms, these were explained. It is evident that the language of disability hate crime and victimisation can be unclear and misleading; for that reason we decided that we would ask people taking part in the survey if ‘bad things’ had happened to them as that would more clearly encompass terms including victimisation, hate crime and incidents, and bullying. This was explained in the accessible letter accompanying the survey.

The survey was structured into two parts so that people could navigate their way through it, completing only the sections relevant to them. The survey consisted of an explanatory front page, including advice that, if preferred, the survey could be completed with support from a volunteer at a drop-in group organised by the research team.

‘Part one’ of the survey was about the individual taking part: the survey aims to establish the characteristics of people who are victimised in addition to the number of people affected. For that reason and to enable us to assess how inclusive and representative of the population the survey participants were, we asked all participants for information such as age, gender, disabilities, ethnic group, support or personal care arrangements. This first part of the survey concluded by asking if bad things have ever happened to participants. Individuals choosing response option: ‘Bad things have not happened and I don’t think bad things will happen to me’ were invited to go to the end of the survey (p25), to tell us if they completed the survey with or without support. Those choosing response option: ‘Bad things have not happened but I think bad things might happen to me’ are asked to describe what bad things they think might happen to them before completing page 25. People who choose response option ‘Bad things have happened to me’ were asked to go to page 13 and complete ‘Part 2’ of the survey which encompassed information about the types of incidents experienced, location, frequency, perpetrators, reporting or telling people about the incidents, outcomes from reporting, reasons for not telling the police, levels of satisfaction with police responses, and any impact of the bad things happening. Carers supporting individuals in completing the survey who have also supported the person through their experiences of victimisation are invited to add their own comments on page 24. Participants who choose response option ‘I don’t
**Living in Fear: Main report**

*know if bad things have happened to me’ are asked to move on to page 13 to see if they can answer Part 2, before concluding with page 25, telling us what support, if any, they had in completing the survey.*

The survey was also offered in translated versions for speakers of other languages should they be requested from the research team.

The supporter survey was also produced using Formic machine readable software. The letter accompanying this survey emphasised that we required supporters to have known an individual for at least six months and to have contact with them on at least a once a week basis.

Whilst the Supporter survey was not designed as an easy-read survey its content and structure was consistent with the easy-read survey as far as possible. This survey was also formed of two parts with Part 1 asking questions about the age, gender, ethnicity and relationship of the supporter to the individual. They were also asked to provide information such as age, gender, disabilities, ethnic group, living circumstances, support or personal care arrangements of the person they know well. Part 2, as per the easy-read survey, asked those who had reported bad things happening to the person they support to describe what had happened, whether this was reported and the impact of these events to the person concerned.

All surveys were provided along with a FREEPOST envelope for people to return their survey without cost.

**Recruitment and sampling:**

A detailed description of the recruitment process is provided in Appendix 1. Essentially there were a number of key elements of the recruitment strategy:

1. A database of service providers and other contacts was compiled over the first two years. This included residential and supported living service providers, day services and educational establishments.

The compiled database gathered information into the following fields:

• organisation or name of representative.
• senior manager name.
• contact details for senior manager.
• service name if applicable.
• type of service if applicable e.g. LD, ASD, Registered Care, supported living, education, day service.
• service manager name.
• no of service users.
• address of service telephone number and email.
• number of surveys posted or delivered.
• date posted or delivered.
• reference numbers.
• progress logs for follow up calls to contact person at service verifying receipt and implementation of surveys.
Telephone calls were made to services listed in the database to check the accuracy of and to update if necessary, the contact information in the database, which was frequently found to be lacking. For example the number of people supported, ages and nature of disabilities often needed to be amended. These calls were worthwhile as they also provided an opportunity to raise awareness of the research, as well as the forthcoming opportunities and processes to take part in the survey.

The services included in the provider database were residential care homes (n=37), services that defined themselves as supported living (n=24), support services (n=8), day services (n=4), college and educational establishments (n=4).

After the initial telephone call, providers were sent a pack containing a letter for the manager which explained the process for distributing the surveys. Attached to the letters were two information sheets: the first explained the research in more detail and the second gave advice about supporting people to complete a survey, who should complete the supporter survey and under what circumstances. Managers were asked to give packs to the people they supported and to provide someone to help them to read and understand the information (easy-read information sheet) so that they could make a decision whether to take part in the research and complete a survey. It was emphasised in the letter that we still wanted people to complete the survey, whether or not they had experienced victimisation in the community. Given that it was conceivable people may have been in receipt of more than one of the services in our database, we also was asked that a check was made that the person had not already completed a survey that they had received from another provider.

It was indicated that it was ok for people to have support to complete the survey and the opportunity to attend a drop in session was made clear, stressing that is was very important that surveys were not simply completed for someone. The letter went on to explain that for those individuals who could not understand the research when supported by someone that knows them well, then a supporters’ pack should be given to someone who knows the individual well and supports them on a regular basis. It was made clear in bold text that only one survey should be completed per person.

After the distribution of packs, a follow up phone call was made to check that the packs had been received and whether there were any questions about the research or process involved.

Advisory visits were made to providers of 42 services to deliver and explain both the content of the letters, survey packs and how to facilitate support for respondents. Two providers had indicated that they only wanted a flyer about the research and that they would contact us or support people to contact us should they be interested in taking part in the research. Two housing providers agreed to raise awareness and they both sent fliers to their tenants about the research.

All of the survey packs were distributed between 9/06/12-05/01/13, which includes the distribution and collection of surveys for reliability analysis.
2. Awareness-raising more widely

To ensure that information about the survey and how to access it was more widely available in Medway, an awareness raising campaign targeted people who may not have been known to or in contact with statutory or voluntary sector service providers. Interested individuals could then contact the researchers, by phone, text, email or in writing to request a survey. This was done through presentations at local forums and events, distribution of easy-read information by Medway Council, posters in libraries and public buildings and GP surgeries.

3. The media

In conjunction with the media offices of Kent Police and Medway Council, press releases were made, raising awareness of the aims of survey and how to take part. As a result, broadcasts were made on BBC Radio Kent and KMFM and an easy-read leaflet was published Medway Messenger for 3 weeks and posted on their website. Medway Council posted the same information on their website over 6 weeks.

Procedure

When requests from individuals were made for a survey, the researchers also offered the dates for drop in sessions around the Medway towns for people who wanted to come and have support to complete a survey. The drop-in sessions were also promoted to service managers, who then informed or enabled the people they supported to attend a drop-in. This did lead to some challenges where staff on different shifts had been reminded to assist people to attend a drop in to complete a survey. In a minority of cases staff would bring along a person who had attended a previous drop-in or would come along to complete a supporter survey where a copy had already been sent in by post. It was only through the local knowledge of the researchers of services and people being supported that this was detected.

Six drop-in sessions offered the opportunity for people to come along and complete the survey with the support of a volunteer. One of the six sessions was a session organised for students 16plus at a local special education school to have the opportunity to have support to complete a survey if they wished. The other sessions were available for anyone who had seen our adverts or for those who had received a survey from our distribution database., Carers were able to bring people along if they were unsure how to support people to complete the survey, or if they wanted support to complete a survey representing the views of someone whom they assessed would not have capacity to complete it themselves. It was felt necessary to make these sessions available to the latter group, given that the process for completing a survey had been complicated by having to send out two surveys (one if the person was completing it and another if it was the carer).

The volunteers for the drop-ins comprised of people working for organisations that supported people with learning disabilities and autism as well as interested undergraduate students who were undertaking Psychology, Social Policy, or other similar courses at the University of Kent. Some of the students had some past experience of working with children or adults with a learning disability or autism and others had no such experience. All of the volunteers received training which covered
challenges and good practice in supporting people with learning disabilities to complete surveys, an introduction to the survey form and guidance for the support they could provide to people to complete the form. For those who had no prior experience of learning disabilities or autism, training was offered. This part of the training was also offered to all these volunteers as an optional refresher. All of the drop-in groups were supported by two members of the research team at all times, in case support was required for people becoming distressed and to be able to address any on-going issues of victimisation that meant people may have been at risk of harm.

Processing the data

When surveys were received in the post or brought back from drop-in groups these were logged in a database and scanned using Formic machine readable software. Due to problems with the scanner processing the easy-read forms on the grey paper a number of these had to be hand entered. A running record of problems with the scanning was maintained for checking accuracy of the data at the next stage of cleaning. A sample of the hand entered data (10%) was checked for accuracy and the entire database was subject to thorough cleaning and checking which involved ensuring the fullness of the data set and ensuring the accuracy of the responses scanned.

Response rates

A total of 703 surveys were distributed, 633 of these were to people living within Medway and the remainder went to people living in Kent and beyond. Table 4.1 shows a breakdown of the surveys sent, where they were sent and the return rates (by user and supporter surveys) for each locality. The table also indicates the number of returns. A total of 255 responses have been included in the analysis, 198 from the main survey distribution and 57 from surveys collected independently for reliability purposes. Note that the table also denotes where necessary exclusions of cases were necessary, for example 8 user surveys were excluded based on one non-serious response and 6 experiences that were not pertinent to the research. We also excluded duplicate survey forms for 21 supporters where there had also been a corresponding user form completed and a further 5 were excluded based on experiences not pertinent to the research. The initial response rate was 33%, dropping to 28% after the various exclusions are accounted for.
Table 4.1. Number of surveys delivered and number returned for those living in Medway, wider Kent and beyond.

<table>
<thead>
<tr>
<th></th>
<th>Medway</th>
<th>Kent</th>
<th>Outside Kent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of main survey sent:</td>
<td>663*</td>
<td>25</td>
<td>15</td>
<td>703</td>
</tr>
<tr>
<td>Number of main Surveys returned:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># User surveys</td>
<td>146</td>
<td>21</td>
<td>6</td>
<td>174***</td>
</tr>
<tr>
<td># Supporter surveys</td>
<td>57</td>
<td>-</td>
<td>1</td>
<td>58</td>
</tr>
<tr>
<td>Total:</td>
<td>203</td>
<td>21</td>
<td>7</td>
<td>232***</td>
</tr>
</tbody>
</table>

Surveys included in analysis:

<table>
<thead>
<tr>
<th></th>
<th>Main survey:</th>
<th># user survey:</th>
<th>138**</th>
<th>21</th>
<th>6</th>
<th>166***</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># supporter survey:</td>
<td></td>
<td>31****</td>
<td>-</td>
<td>1</td>
<td>32</td>
</tr>
<tr>
<td>Total included from main survey:</td>
<td></td>
<td></td>
<td>169</td>
<td>21</td>
<td>7</td>
<td>198***</td>
</tr>
<tr>
<td>Reliability survey:</td>
<td>#reliability user survey:</td>
<td></td>
<td>-</td>
<td>54</td>
<td>-</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td># reliability supporter survey</td>
<td></td>
<td>-</td>
<td>3</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>Total included from reliability surveys:</td>
<td></td>
<td></td>
<td>-</td>
<td>57</td>
<td>-</td>
<td>57</td>
</tr>
<tr>
<td>Total for inclusion from Main and reliability surveys:</td>
<td></td>
<td></td>
<td>169</td>
<td>78</td>
<td>7</td>
<td>255***</td>
</tr>
</tbody>
</table>

*663 in Medway (of which 14 are requests both in and outside Medway)
** Then excluded 8 user surveys (1 non-serious response, 6 experiences not relevant).
*** One additional person is from an unknown location (location not given on survey)
****26 supporter surveys (21 duplicates, 5 exclusions based on experiences not relevant)

Assistance received to complete the user survey

Of the 255 surveys included for analysis, 30% were completed without support, 70% were completed with support. The predominant type of support received was with reading, with 47% having someone to read the questions whilst they wrote their own answers. For 17% of survey respondents a supporter read the questions and wrote down the person’s responses, 4% read the questions themselves and a supporter wrote their answers down.

At least 29% of all survey responses were completed with a volunteer. Of these, 10% were supporters receiving guidance from a volunteer, the remainder were support to a person with learning difficulties or autism. Fifty one percent of the surveys completed with support from a volunteer were surveys completed for reliability testing.

Characteristics of supporters completing a survey

The characteristics of all supporters is presented in table 4.2 Of the 35 surveys completed by supporters and included in the analysis 89% knew the person about
whom they completed a survey in a paid capacity. All had known the person for more than six months (a prerequisite for completing the survey) and over half of the paid carers had known the person for more than three years (52%). Just over half of the paid supporters saw the person more than once a week (57%), with some seeing the person daily (33%), only 10% saw them only once a week on average.

<table>
<thead>
<tr>
<th>Table 4.2. Characteristics of supporters completing a survey (N=35)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Aged 21-30 years</td>
</tr>
<tr>
<td>% Aged 31 – 50 years</td>
</tr>
<tr>
<td>% over 50</td>
</tr>
<tr>
<td>% male</td>
</tr>
<tr>
<td>% white British/Irish</td>
</tr>
<tr>
<td>% paid carer</td>
</tr>
</tbody>
</table>

Length of paid carers relationship (n=30)
% less than 12 months | 4 |
% 1-3 years | 44 |
% +3-10 years | 41 |
% +10 years | 11 |

Frequency of contact of paid carer and person (n=30)
% daily | 33 |
% once a week | 10 |
% more than once a week | 57 |

Frequency of contact of family carer person (n=4)
# Daily | 2 |
# Once a week | 1 |
# More than once a week | 1 |

Reliability

In order to explore the validity and reliability of the survey and whether combining user and supporter surveys was possible, inter-rater reliability of the easy-read survey and the Supporter survey was tested for a sample of people living outside Medway. Further information on recruitment for the reliability testing and the difficulties encountered can be found in Appendix 1.

For inter-rater reliability, 102 packs were distributed for trios (individual themselves, family carer and paid carer) to complete their respective surveys. Of these, 63 user surveys were returned completed by the person and 59 corresponding carers surveys (paid and family member) were returned. Unfortunately a number of exclusions (17 in total) had to be made due to individuals and their carers not returning forms within the same specified time frame. We also received a paid carer form completed for someone who did not have capacity to complete their own form and for whom the family carer withdrew consent. After all exclusions we were not able to include any trios for analysis and so could only complete inter-rater reliability for 30 individuals. Tables 4.3 shows the number of groups held, forms distributed and returned for inter-rater and test-retest reliability as well as the total number of duos available for inter-rater reliability comparisons.
A total of 30 duos (comprising individuals with learning disability and autism matched with a carer), completed forms that could be included for analysis for inter-rater reliability. For all 30 comparisons were made for part 1 of the survey (questions about the individual characteristics of a person), with part 2 of the survey only being analysed for the 12 duo’s. This was in cases where the individual and their carer agreed on the question of whether the person had experience of victimisation, with both parties going on to complete the second section of the survey (about the victimisation experiences).

Inter-rater reliability for part 1 of the survey was good (as would be expected) with percentage agreement averaging at 81% (56%-100%), average kappa 0.42. %. For the question on whether people had experiences of victimisation at the end of part 1 percentage agreement was moderate (56%, kappa=0.40). For part two of the survey the average percentage agreement was 69% (22-100%), with the majority of responses having moderate to good agreement (i.e percentage agreement from 50-60% and above), average kappa was 0.10. Given the moderate to good levels of inter-rater reliability we have combined the responses from the user survey and the supporter’s survey.

Test-retest reliability

A total of 23 surveys were completed by people with learning disabilities and autism and included in analysis for test-retest reliability for part 1 of the survey, this reduced to 11 surveys for part 2. For surveys completed by supporters, 16 were included for test retest reliability for part 1 and only 6 for part 2.

Part 1 of survey’s completed by people with learning disabilities and autism (average kappa= 0.61), and for supporters (average kappa=0.66) showed moderate, approaching good agreement. Part 2 of the survey showed more varied results with

---

**Table 4.3 Reliability packs distributed and conversion rate to viable duo’s for inter-rater reliability comparison**

<table>
<thead>
<tr>
<th></th>
<th>Time 1</th>
<th>Time 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of groups held</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Number of people</td>
<td>102</td>
<td>36</td>
</tr>
<tr>
<td>(3 surveys per person)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of user survey received (after exclusions)</td>
<td>63 (52)*</td>
<td>31 (29)***</td>
</tr>
<tr>
<td>Number of carers surveys received (after exclusions)</td>
<td>59 (54)**</td>
<td>21 (11)***</td>
</tr>
<tr>
<td>Number of duos (after exclusions)</td>
<td>47 (30)****</td>
<td>n/a</td>
</tr>
</tbody>
</table>

*11 excluded  **5 excluded  ***17 duos excluded in total  ****T2 easy-read survey, 2 individuals surveys did not have corresponding T1 forms and 10 carers surveys excluded due to not returning forms within specified time period.
Living in Fear: Main report

the average kappa for surveys completed by people with learning disabilities and autism being 0.51. Reliability for test retest on part 2 of the survey completed by supporters (average kappa=0.72) is considered good.

Findings

The characteristics of the sample is described in table 4.4, detailed by responses from the user survey, the supporter survey and both surveys combined to form the whole sample. Of the 255 responses included for analysis less than one third of the sample were between 18 and 30 years of age, slightly over a third were between 31 and 50 and 22% were over 50 years of age. Over half of the sample were male (61%), almost all were white British (93%). Predominantly, people told us their primary diagnosis was one of Learning Disability (69%), some reported a dual learning disability and autism diagnosis (26%) and only 6% reported a primary diagnosis of autism.

Table 4.4. Characteristics of the survey sample.

<table>
<thead>
<tr>
<th></th>
<th>From user survey (N=220)</th>
<th>From supporter survey (N=35)</th>
<th>Whole sample (N=255)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age (range)</td>
<td>36.45 (16-81)*</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>% 18-30 years</td>
<td>34</td>
<td>15</td>
<td>31</td>
</tr>
<tr>
<td>% 31–50 years</td>
<td>33</td>
<td>50</td>
<td>35</td>
</tr>
<tr>
<td>% over 50</td>
<td>20</td>
<td>35</td>
<td>22</td>
</tr>
<tr>
<td>% male</td>
<td>62</td>
<td>58</td>
<td>61</td>
</tr>
<tr>
<td>% white British/Irish</td>
<td>93</td>
<td>97</td>
<td>93</td>
</tr>
<tr>
<td>% primary diagnosis learning disability</td>
<td>69</td>
<td>68</td>
<td>69</td>
</tr>
<tr>
<td>% primary diagnosis autism</td>
<td>6</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>% dual diagnosis</td>
<td>25</td>
<td>29</td>
<td>26</td>
</tr>
</tbody>
</table>

*N=213

Forty-six per cent of the sample had recorded that they had experienced bad things (50% participants completing the easy-read survey and 20% of those for whom a supporter survey was completed). Eleven per cent of people completing the supporters form didn’t know whether bad things had happened to the people they supported.

An additional 4% of the whole sample (4% of those completing the easy-read survey and 6% of supporters completing a survey), reported being afraid of being victimised in the community. Predominantly people were afraid of being verbally abused (56%) or of people laughing or staring at them (56%). Some were afraid of having possessions stolen or damaged (33%) and physical attacks (22%) were also a concern for people.

The characteristics of the sample from Medway are comparative to that of the whole sample. There are a smaller proportion of people reporting bad things happening in Medway (38%) than for the whole sample (55%), a Chi-square test for independence (with Yates Continuity Correction) indicated that this difference is significant, $\chi^2 (1, n=254) = .001, p= 12.09, \phi= .227$.

76
Table 4.5 shows the characteristics of people who had experiences bad things (n=116), compared to those who told us they did not (n=139). There are only a few characteristics differentiating these groups. Differences include age, with more younger people reporting (40% of 18-30 year olds said they had been victimised), also 31% of people who reported having a mental health difficulty told us they were victimised, compared to 19% who said they had not had a victimisation experience.

Respondents indicating they had no bad experiences were more often living in housing provided by the same organisation that supports them (most likely models of residential care, 48%), compared to those with experiences of victimisation, where only 32% lived in this type of accommodation. In line with significant differences for living arrangements, similar findings were found for the support people received. Forty per cent of people with no experiences had 24 hour support from staff, compared to those reporting experiences, where only 17% received 24 hour support from staff. For those receiving only some support from staff, there was also a significant difference with 53% reporting experiences compared to 33% not.

No significant differences were found for sex, ethnicity, primary diagnosis or other impairments (apart from those with physical disabilities as reported by supporters), or for those in other types of living arrangements, such as living on their own, with others or with family. There were no differences in those reporting experiences for people having 24 hour or just some support from family.

Given the differences in living and support arrangements for people who told us they had experiences compared to those that had not and the theme that emerged from the carers focus groups about the protective value of having support in the community for people with more severe disabilities (see chapter 3), we have considered whether people with higher support needs were more or less likely to experience victimisation. The simplest approach would have been to compare the user and supporter surveys. It was intended that supporter surveys would be completed for people without capacity to make a decision about taking in part, thus implying that this group would have more severe disabilities and thus may have very different experiences of victimisation. However it was not possible to do a direct comparison between the user and supporter survey. Firstly, this was due to the fact that some of the supporter surveys were completed about the experiences of people who (on a number of indicators), would not be considered to have higher support needs and secondly due to the relatively low number of supporter surveys returned with part 2 completed. Given this, we completed a number of different analyses to see whether individuals with higher support needs were more or less likely to report having had a victimisation experience (see appendix 2 for details of the approaches to delineate high and low support needs). All of these approaches showed a
Fisher exact was used as more than 20% of cells had an expected frequency of less than 5, due to the low number of people in this group.

Table 4.5. Comparisons of the characteristics of people who told us they had experiences of being victimised and those that did not, looking at the whole sample the user survey and the supporter survey.

<table>
<thead>
<tr>
<th>Characteristics:</th>
<th>User survey</th>
<th>Supporter survey</th>
<th>Whole sample</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>People that had experiences (n=109)</td>
<td>People that did not have experiences or did not know (n=111)</td>
<td>Significance (mann-whitney U or chi square)</td>
</tr>
<tr>
<td>Mean age</td>
<td>33.89 (16-74)</td>
<td>39.04 (16-81)</td>
<td>n.s</td>
</tr>
<tr>
<td>% 18-30 years</td>
<td>42.1</td>
<td>26</td>
<td>17.48*</td>
</tr>
<tr>
<td>%31 – 50 years</td>
<td>35</td>
<td>31</td>
<td>50</td>
</tr>
<tr>
<td>% over 50</td>
<td>14</td>
<td>26</td>
<td>50</td>
</tr>
<tr>
<td>% male</td>
<td>57</td>
<td>67</td>
<td>1.84</td>
</tr>
<tr>
<td>% white British</td>
<td>93</td>
<td>93</td>
<td>.00</td>
</tr>
<tr>
<td>% primary diagnosis LD only</td>
<td>63</td>
<td>75</td>
<td>2.89</td>
</tr>
<tr>
<td>% primary diagnosis autism only</td>
<td>8</td>
<td>4</td>
<td>1.12</td>
</tr>
<tr>
<td>% LD and autism</td>
<td>30</td>
<td>21</td>
<td>1.48</td>
</tr>
<tr>
<td>% physical disability</td>
<td>24</td>
<td>31</td>
<td>1.13</td>
</tr>
<tr>
<td>% visual impairments</td>
<td>20</td>
<td>17</td>
<td>.28</td>
</tr>
</tbody>
</table>
## Living in Fear: Main report

<table>
<thead>
<tr>
<th>% communication difficulty</th>
<th>39</th>
<th>40</th>
<th>.02</th>
<th>71</th>
<th>75</th>
<th>n.s.</th>
<th>41</th>
<th>47</th>
<th>.96</th>
</tr>
</thead>
<tbody>
<tr>
<td>% mental health difficulty</td>
<td>31</td>
<td>17</td>
<td>4.89*</td>
<td>29</td>
<td>25</td>
<td>n.s.</td>
<td>31</td>
<td>19</td>
<td>4.31*</td>
</tr>
</tbody>
</table>

**Living arrangements**

<table>
<thead>
<tr>
<th>% living with family</th>
<th>44</th>
<th>40</th>
<th>.28</th>
<th>29</th>
<th>7</th>
<th>n.s.</th>
<th>43</th>
<th>33</th>
<th>2.29</th>
</tr>
</thead>
<tbody>
<tr>
<td>% lives on own</td>
<td>18</td>
<td>11</td>
<td>1.94</td>
<td>29</td>
<td>11</td>
<td>n.s.</td>
<td>19</td>
<td>11</td>
<td>2.78</td>
</tr>
<tr>
<td>% lives in own home but with others</td>
<td>20</td>
<td>12</td>
<td>2.35</td>
<td>14</td>
<td>11</td>
<td>n.s.</td>
<td>20</td>
<td>12</td>
<td>2.77</td>
</tr>
<tr>
<td>% lives in house provide by support provider</td>
<td>31</td>
<td>41</td>
<td>2.07</td>
<td>43</td>
<td>75</td>
<td>n.s.</td>
<td>32</td>
<td>48</td>
<td>6.30*</td>
</tr>
</tbody>
</table>

**Support received:**

<table>
<thead>
<tr>
<th>% none</th>
<th>6</th>
<th>6</th>
<th>.00</th>
<th>-</th>
<th>-</th>
<th>-</th>
<th>5</th>
<th>95</th>
<th>.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 hr support family</td>
<td>23</td>
<td>23</td>
<td>.00</td>
<td>29</td>
<td>7</td>
<td>n.s.</td>
<td>23</td>
<td>20</td>
<td>.19</td>
</tr>
<tr>
<td>24 hr support staff</td>
<td>14</td>
<td>32</td>
<td>8.08**</td>
<td>57</td>
<td>75</td>
<td>n.s.</td>
<td>17</td>
<td>40</td>
<td>15.01***</td>
</tr>
<tr>
<td>Support some of the time – family</td>
<td>32</td>
<td>24</td>
<td>1.35</td>
<td>0</td>
<td>4</td>
<td>n.s.</td>
<td>30</td>
<td>20</td>
<td>2.95</td>
</tr>
<tr>
<td>Support some of the time – staff</td>
<td>54</td>
<td>34</td>
<td>8.01**</td>
<td>29</td>
<td>29</td>
<td>n.s.</td>
<td>53</td>
<td>33</td>
<td>8.99**</td>
</tr>
</tbody>
</table>

*<0.05, **<0.01 ***<0.001*
significant difference between people with higher and lower support needs; with those with less support needs more likely to indicate that they had had a victimisation experience compared to those with higher support needs (appendix 2 shows the significance values for each approach to this analysis).

**Nature of the reported incidents**

Of the 116 people telling us they had experiences (including 63 from Medway), the nature of the incidents are shown in table 4.6. Forty per cent reported being hurt physically in the incident, 15% had been touched on private parts of their body, a third had received threats, three quarters had been subjected to verbal abuse, just under half had been stared or laughed at and 30% had had possessions stolen or damaged.

As the responses were not mutually exclusive, respondents did select multiple topographies of victimisation. Seventy three percent of the whole sample told us about more than one type of incident that they had experienced.

<table>
<thead>
<tr>
<th>Table 4.6. Types of incidents reported</th>
<th>Whole sample (N=116)</th>
<th>Medway (N=63)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% were physically hurt</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>% touched on private parts of their body</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td>% receiving threats</td>
<td>34</td>
<td>27</td>
</tr>
<tr>
<td>% subject to verbal abuse</td>
<td>76</td>
<td>76</td>
</tr>
<tr>
<td>% people laughed or stared at them</td>
<td>49</td>
<td>41</td>
</tr>
<tr>
<td>% had possessions stolen or damaged</td>
<td>29</td>
<td>24</td>
</tr>
<tr>
<td>% Multiple topographies of incidents</td>
<td>73</td>
<td>68</td>
</tr>
</tbody>
</table>

There were no significant differences in the types of experiences for people living in Medway compared to those living elsewhere.

Given that there were significant differences that showed that people with higher support needs were less likely to say they had had a victimisation experience, we wanted to explore for those who did report an experience, whether they had different types of experiences. None of the approaches used to make comparisons between higher and lower support needs produced significant differences for types of incident. However, comparing those who had support to go out in the community with those who did not resulted in a statistical difference for two types of incident: There were a
larger proportion of people who had support to access the community reporting that people are verbally abusive towards them (86%), compared to individuals who do not receive this type of support (65%). A Chi-square test for independence (with Yates Continuity Correction) indicated that this difference is significant, $\chi^2 (1, n= 114) = 0.016, p= 5.823, \phi= .247$). Furthermore, people with support to go into the community more often reported being stared or laughed at (59%) than those who did not have this type of support (38%). A Chi-square test for independence (with Yates Continuity Correction) indicated that this difference is significant, $\chi^2 (1, n= 114) = 0.039, p= 4.279, \phi= .211$.

Nature of hate crime and hate incidents

The nature of the experiences people reported to us, including the number and location of experiences as well as details about the perpetrators are described further in table 4.7. Just over three quarters of the sample had experienced an incident of victimisation on more than one occasion, which they reported was carried out by different people each time (54%). Sixty one per cent said that the person(s) who did the bad things were teenagers, 16% were thought to be children and half reported the person(s) to be adults. Half of the sample reported the perpetrator as known to them, 48% suggesting it was a friend, 14% family and 17% a neighbour who had done the bad things to them.

A range of locations of where bad things happened were identified by the respondents; 43% at a school, college or day centre, 35% in the street as they were walking somewhere, 28% in or around the home and 28% in the street near where they lived. A quarter of the respondents suggested the incidents occurred on public transport and 28% said they occurred in another public place.
Table 4.7. Details of perpetrators and location of incidents and whether people experienced more than one incident.

<table>
<thead>
<tr>
<th></th>
<th>Whole sample (N=116)</th>
<th>Medway (N=63)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of experiences</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% experienced more than one incident</td>
<td>77</td>
<td>74</td>
</tr>
<tr>
<td><strong>Perpetrators</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Different people each time</td>
<td>54</td>
<td>48</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Child</td>
<td>16</td>
<td>10</td>
</tr>
<tr>
<td>% Teenager</td>
<td>61</td>
<td>59</td>
</tr>
<tr>
<td>% Adult</td>
<td>50</td>
<td>53</td>
</tr>
<tr>
<td><strong>Perpetrator known to the person:</strong></td>
<td>53</td>
<td>53</td>
</tr>
<tr>
<td><strong>When known, the perpetrator was:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Neighbour</td>
<td>17</td>
<td>15</td>
</tr>
<tr>
<td>% Family</td>
<td>14</td>
<td>8</td>
</tr>
<tr>
<td>% Friend</td>
<td>48</td>
<td>42</td>
</tr>
<tr>
<td><strong>Location of incidents:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% In or around the home</td>
<td>28</td>
<td>33</td>
</tr>
<tr>
<td>% In the street near where the person lives</td>
<td>28</td>
<td>33</td>
</tr>
<tr>
<td>% In the street somewhere else</td>
<td>35</td>
<td>27</td>
</tr>
<tr>
<td>% Public transport</td>
<td>25</td>
<td>20</td>
</tr>
<tr>
<td>% School, college or day centre</td>
<td>43</td>
<td>38</td>
</tr>
<tr>
<td>% A public place</td>
<td>28</td>
<td>19</td>
</tr>
</tbody>
</table>

**Experience of reporting hate crime or hate incidents**

Who people reported to and the nature of the response they received can be seen in table 4.8. Of the whole sample, 17% had told no one about the things that had happened to them, 48% had told family, 29% confided in a friend and half had reported to someone who supports them. Only thirty-eight per cent had reported to the Police.

Supporters that completed a survey and told us the person had experiences victimisation (n=7) told us they found out about the experiences from a variety of
sources; they were either with them, the person told them themselves, someone else who supports them told them or someone else entirely told them.

<table>
<thead>
<tr>
<th>Table 4.8. Patterns of reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Who they told:</strong></td>
</tr>
<tr>
<td>% Told no one</td>
</tr>
<tr>
<td>% Told Police</td>
</tr>
<tr>
<td>% Told family</td>
</tr>
<tr>
<td>% Told a friend</td>
</tr>
<tr>
<td>% Told a person that supports them</td>
</tr>
<tr>
<td><strong>Response to reporting:</strong></td>
</tr>
<tr>
<td>The person did not listen or ignored them</td>
</tr>
<tr>
<td>They listened, but did nothing to help</td>
</tr>
<tr>
<td>They listened and tried to do something to help (user survey only)</td>
</tr>
<tr>
<td>They told the Police</td>
</tr>
<tr>
<td>They did something else</td>
</tr>
</tbody>
</table>

Some respondents had commented on reasons for not reporting to the Police, a summary of these are in Figure 4.1 below.

**Figure 4.1 Reasons reported for not informing the Police of incidents.**

- It was not serious enough.
- Someone else decided it was not serious enough.
- Someone else dealt with the incident.
- Scared.
- Scared they would be arrested themselves.
- Did not know they should have.
- Worried they could not explain.
- Pride.
- Didn’t want the Police involved.
- Felt they should be able to take care of it themselves.
Living in Fear: Main report

Satisfaction with Police

Seventy one percent of the survey respondents who had reported their experiences to the Police, were either very or quite happy with their experience of contact with Police, suggesting that the police were nice or very nice to them and stopped or tried to stop the bad things happening to them again. Twenty nine percent were not happy or very unhappy with their contact with the police, feeling that they were only ok to them or did not treat them well and did not try to do much or anything to help stop the bad things happening again.

Impact of experiences on individuals

Just under half of the sample (49%) reported that in general their life was better after the bad things had happened, which may be explained by changes in circumstances that were perceived to have improved, such as living conditions from moving house. Thirty-one per cent had said their life had not changed and 16% had said it had changed for the worse.

People who had experienced victimisation reported having made a variety of adjustments to their lives. The range of responses are detailed in Table 4.9. What is clear from these responses is that people are restricting their lives as a result of what has happened to them. It is likely this is due to the fear of experiencing repeat incidents of victimisation, with 64% of people avoiding the people and places where incidents happened and 26% only going out when they have support. The impact on community inclusion is also clear with people staying at home more (21%) and not going to work, college or day centres as much (13%) and not doing as many activities (13%) or seeing friends as much (15%). Others have made much more permanent changes to their lives such as moving home (32%).

<table>
<thead>
<tr>
<th>Table 4.9. The types of changes people said they made to their lives after they had an experience of being victimised.</th>
</tr>
</thead>
<tbody>
<tr>
<td>% reporting they:</td>
</tr>
<tr>
<td>Whole sample (N=116)</td>
</tr>
<tr>
<td>Medway (N=63)</td>
</tr>
<tr>
<td>Avoid people and places where the incidents happened</td>
</tr>
<tr>
<td>Avoid transport</td>
</tr>
<tr>
<td>Don’t go to college, work or day centre as much</td>
</tr>
<tr>
<td>Don’t do as many activities as they used to</td>
</tr>
<tr>
<td>Don’t see friends as much</td>
</tr>
<tr>
<td>Had to move house</td>
</tr>
<tr>
<td>Avoid going home</td>
</tr>
<tr>
<td>Stay at home more</td>
</tr>
<tr>
<td>Don’t go out on their own as much</td>
</tr>
<tr>
<td>Changed something else</td>
</tr>
</tbody>
</table>
Representativeness of the sample and estimated prevalence

The reason for having conducted the bulk of the research in Medway was so that we could a) be able to compare the sample to local and national statistics and b) to allow us to attempt to get as much of a total population of people with learning disabilities as possible. We were aware from the outset that recruiting people with autism who did not have learning disabilities would be more difficult.

The sample studied in Medway was similar in terms of gender and ethnicity to the National Survey of People with Learning Disabilities in England (Emerson and Hatton, 2008), although our sample contained slightly fewer younger people with a learning disability – the National Survey had reported that their sample was slightly biased towards younger people for a number of reasons due to recruitment strategies.

A similar proportion reported having experienced some form of victimisation. In the National Survey, 32% reported having had someone be “rude to them” because of their disability, compared to 36% in Medway. In both studies those who had lower support needs were more likely to experience victimisation, including more serious incidents such as assault.

The sample was also representative in terms of the proportion of people with severe or profound disability – approximately 18% of questionnaires received back were from supporters – although not an absolutely precise discrimination, supporter surveys were generally only completed when people themselves were unable to give informed consent and therefore this is likely to represent mostly those with severe and profound disabilities. The National Survey estimated 17 percent of the learning disability population had severe or profound disabilities (Emerson and Hatton, 2008).

We had fewer people living in the family home – 36 % compared to 67% in the National Survey. More people lived in residential care or in supported living arrangements. This is likely to reflect the recruitment strategy used, as our starting point was through services and although every effort was made to recruit those living with families this group of people, as in other services research are often hard to reach.

In terms of prevalence, the Joint Strategic Needs Assessment estimated that there were 4894 people with learning disability in Medway, 677 of whom were receiving services. If we use the findings from the survey (i.e. 1/3 of people experiencing some form of disability related victimisation) to estimate the number of people with learning disabilities in Medway who may have experienced (or currently are experiencing) victimisation, this could be between 243 (if we only use the number of people accessing services) and 1780 people (if we take the full population of people in Medway). Approximately 20% of the sample who returned the surveys had no support or were supported only by their family – i.e were not receiving any direct support from social services. If we only include 20% of those not receiving services along with all of those receiving services (1520) in the calculation, then we get an estimated prevalence of 456 people in Medway with experiences of victimisation.

It isn’t possible to comment on prevalence for people with autism because the number of those with a learning disability and without autism who took part in the survey was very low. One would have expected 1% of the population of Medway to have autism, and thus approximately 2500 people with autism. Many of those will also have a learning disability but clearly the survey did not reach most of those
Living in Fear: Main report

people without a learning disability. It is possible that many of this group would have been more likely to have been employed, more independent, not receiving any social service of any type and therefore less perhaps likely to have heard about the survey or less likely to have had time to complete it. They might also have felt that it was too simplistic in the easy-read format.

Summary

Survey respondents and proportion experiencing victimisation

• 255 survey responses were received from people with learning disabilities and their supporters.

• Almost half of all respondents reported having experienced victimisation. Where a supporter completed a survey about the experiences of the person they support they didn’t always know whether individuals had been victimised.

• 169 surveys were returned from participants living in the Medway towns (31 of these were from supporter surveys). Of the surveys received from Medway, 38% of people had reported experiences of victimisation/hate incidents.

Characteristics of people with experience of victimisation

• The characteristics of the sample from Medway are comparative to that of the whole sample; however there is a significant difference in the number of people reporting victimisation experiences in Medway compared to the whole sample, with less people in Medway telling us in their surveys that they had experienced victimisation.

• There are only a few characteristics differentiating people who had been victimised from those who had not. Those who were younger and those who also had mental health difficulties were more likely to report victimisation than those who were older or did not have mental health difficulties. People with no experiences were significantly more likely to report having 24 hour support from staff or to receive support from staff at least some of the time.

• Across a range of different indicators, people with lower support needs were significantly more likely to report victimisation experiences.

• No significant differences were found for, sex, ethnicity, primary diagnosis or other impairments or for those in other types of living arrangements, such as living on their own, with others or with family. There were no differences in those reporting experiences for people having 24 hour or just some support from family.
Nature of experiences reported

- Of the 116 people reporting experiences of victimisation (including 63 from Medway):
  - forty percent reported being hurt physically in the incident
  - fifteen percent had been touched on private parts of their body
  - a third had received threats
  - three quarters had been subjected to verbal abuse
  - just under half had been stared or laughed at
  - thirty percent had had possessions stolen or damaged.

- As the responses were not mutually exclusive, respondents did select multiple topographies of victimisation. Just over three quarters of the sample had experienced more than one incident.

- When comparing the experiences of people who have support to go out in the community with those that do not, there is a significant difference in the types of experiences people have. People with support to go out and about are more likely to have reported being verbally abused or stared and laughed at than any other form of reported victimisation.

- Just over half of respondents who had experienced multiple incidents reported that on each occasion it was different people doing the bad things to them. Sixty one percent said that the person(s) who did the bad things were teenagers, however younger children and adults, were also implicated. Half of the sample reported the perpetrator as being known to them, suggesting it was a friend, family member or a neighbour.

- Respondents identified a range of locations where bad things happened to them: schools, colleges or day centres, in the street as they were walking somewhere, in a street near where they lived. Just over a quarter of the incidents reported happened in or around the person’s home. A quarter of the respondents reported that the incidents occurred on public transport and incidents also occurred in other public places.

Experience of reporting hate crime or hate incidents

- People did not always report what had happened to them – 17 percent had told no one. Half of those with experiences reported to someone who supports them, while just under half had told family and others confided in a friend. Thirty-eight percent had reported what had happened to the police.

- Some respondents had commented on reasons for not reporting to the police. These included:
Living in Fear: Main report

- It was not serious enough
- Someone else decided that it wasn't serious enough
- Someone else dealt with the incident
- Scared
- Didn't know they should have
- Worried they could not explain

- For those that had had contact with the police, approaching three quarters were either ‘very’ or ‘quite’ happy with their experience of contact with police, suggesting that the police were ‘nice’ or ‘very nice’ to them and had stopped or tried to stop the bad things happening to them again. Slightly more than a quarter were ‘not happy’ or ‘very unhappy’ with their contact with the police, feeling that they were only ‘okay’ to them or did not treat them well and did not try to do much or anything to help stop the bad things happening again. This level of satisfaction is lower than the level that the police aim to achieve for the general population.

Impact of experiences on individuals

- Just under half of the sample reported that in general their life was better after the bad things had happened, which may be explained by changes in circumstances that were perceived to have improved such as living conditions from moving house. Others had said their life had not changed and for some it had changed for the worse.

- People who had experienced victimisation reported having made a variety of adjustments to their lives. 65 percent of people said that they avoid people or places where incidents occurred, just under a third had moved house as a result and a quarter of people stopped going out on their own. Other changes people made included avoiding public transport, college, work or day centres, reducing activities and contact with friends. Some respondents reported avoiding going home or staying at home more.

Representativeness of the findings from the survey

- The sample studied here was representative of national surveys of people with Learning Disabilities in terms of gender and ethnicity, the proportion of people with severe and profound disability, the proportion who had experienced some form of victimisation and the pattern of experiences in terms of more able people experience more serious incidents.

- We had slightly fewer people living in the family home – 36 percent compared to 67 percent in the National Survey. More people lived in residential care or in supported living arrangements. This is likely to reflect the recruitment strategy used, as our starting point was through services.

- Using the estimates provided in the Joint Strategic Needs Assessment, it was estimated that there were somewhere between 243 and 1780 people
experiencing such victimisation, depending on whether you look at those who receive a service or take into account the wider population.

**Interviews with people with learning disability and/or autism**

**Methodology**

In order to obtain additional in-depth data about the experiences of survey participants who had responded describing bad things that had happened to them, we aimed to carry out as many interviews as possible (up to 100). Individuals who completed a survey were able to access a separate easy-read leaflet at the end of form which explained the option to be interviewed at a later date. The leaflet described what the interview would involve, that it would be carried out by one of the researchers pictured, with options to be supported by somebody of their choice, interpreter support for speakers of other languages and reassurance about confidentially measures. People who did choose to be contacted for an interview were asked to give consent by completing a form providing contact details and preferences for venues, dates and times as well as for the gender of the interviewer. The consent form could be returned by post with the survey, under separate cover or, if consent was given at a drop-in survey session, left with a researcher in attendance, where it would be immediately separated from the corresponding survey in order to conserve the anonymity of the survey responses.

Another strand of the interview recruitment process was carried out by the Police Neighbourhood Policing team in Medway. They sent a letter with information about the project and the possibility of an interview to people known to them to have been affected by victimisation issues relevant to the research. The Police were not informed of who we had responses from, as interested parties were invited to contact the researchers directly in order to take part. Seven such letters were posted and one person was recruited from this approach.

The interview was semi-structured, and pictures were available to promote responsiveness where required.

As carers could be present where requested to support the person during the interview, the researchers recorded whether the person themselves responded or the carer. Where a carer was present and the individual had a severe learning disability or if the carer wanted to add information or elaborate on any responses then they were given an opportunity at the end of the interview.

All of the 31 individuals who consented were offered an interview. At the point of arranging interviews, 1 person was not contactable, 1 person’s mother withdrew her consent, feeling she did not have capacity and two people did not return calls from the researchers, which after several attempts was considered as withdrawal of consent.
Twenty-seven participants took part in a semi-structured interview. Three transcripts were excluded from the thematic analysis as the content of the interviews discussed only bad experiences with other people with learning disabilities or autism. Twenty-four interview transcripts were included in the analysis. Participants interviewed were aged between 20 and 74, with a mean age of 39. The characteristics and living and support arrangements for the participants are presented in tables 4.10 and 4.11 below.

<table>
<thead>
<tr>
<th>Table 4.10. Characteristics of the interview sample (N=24)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% male</td>
</tr>
<tr>
<td>% white British</td>
</tr>
<tr>
<td>Primary diagnosis:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Other impairments:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Living situation:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 4.11 Nature of support and time in receipt of support from paid staff or family (N=24)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% No support</td>
</tr>
<tr>
<td>Family support</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Paid staff or personal assistants:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
Interviewing people with ID about their experiences requires a high level of skill and careful planning. It is evident from research that people with ID often have difficulty;

- answering questions which involve time and number concepts,
- are vulnerable to response bias
  - including a tendency to say ‘yes’ or sometimes to say ‘no’ regardless of the question
  - by focusing on the last option they are presented with, or
  - by trying to give the answers that they think the researcher is looking for.

We would like to acknowledge the tensions that exist between asking open and closed questions. Open questions (e.g. tell me what happened) allow the person to answer in whatever way they choose but may lead to responses which are lacking in sufficient detail. More specific questions (‘Where were you when the bad thing happened?’) were needed to probe for more detail, or to assist with remembering but may have been more likely to introduce some form of bias.

We are confident that we have maintained a good balance of questioning across the interviews and that the following themes are not as a result of interviewer induced bias. It was important to include people with a range of communication skills and these themes represent an analysis of emerging theme from all interviews. However, as we would expect, participants with greater communication skills were able to provide more depth to their answers and so some of the richer data comes from a smaller number of participants.

**Findings**

In the following extracts, I = interviewer and P = participants. Quotes are in italics, followed by the participant number.

The themes that emerged from the analysis of the interviews can be summarised by a number of overarching headings:

- Nature of bad things happened
- Impact of the bad things that happened
- Reporting of the bad things that happened
- Responses to reporting

**Nature of the bad things that happened to people**

WHAT WERE THE BAD THINGS?

Participants talked about a range of experiences, these included

- One-off events which may have happened some time ago, such as being physically attacked or being the victim of sexual assault
‘…………and they came down and started tormenting me and my friend and they pulled my friend out of his seat and they jumped all over the chairs and they spat my hair and everything’ (Interview 012510)

- Persistent ‘low-level’ abuse including name-calling, being laughed at and stared at.

‘He would always point at me and laugh. I wondered if he followed me. I’d keep seeing him’ (Interview 4001)

Who did the bad things?
The bad things were carried out by a variety of people, these included:

- Strangers and passers-by
- People who lived in the local areas

They typically (but not always) were carried out by people who were in groups and occurred when people with ID were on their own:

‘I’m more vulnerable when I am on my own’ (Interview 2011)

Participants reported particular concerns with juveniles and school children were often described as the group who were carrying out the bad things:

‘little kids it is always the little kids under 17, school kids are the worst’ (Interview 2007)

Impact of the bad things that happened

There were two themes which emerged. The first was around how the bad things had made people feel and the second concerned the changes that people made as a result of the bad things.

Examples are given in Table 4.12 below.

**Table 4.12 How the bad things made people feel**

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Horrible</td>
<td>Worried that it might happen again to me or others</td>
</tr>
<tr>
<td>Distraught and violated</td>
<td>Panicked</td>
</tr>
<tr>
<td>Frightened</td>
<td>Intimidated</td>
</tr>
<tr>
<td>Why my?</td>
<td>Vulnerable</td>
</tr>
<tr>
<td>Haven’t felt right since</td>
<td>Angry</td>
</tr>
<tr>
<td>Nervous</td>
<td>Didn’t know what to do or where to go</td>
</tr>
<tr>
<td>Upset/crying (for weeks afterwards)</td>
<td></td>
</tr>
<tr>
<td>Scared - all the time - over many years - every time I went outside</td>
<td></td>
</tr>
</tbody>
</table>
Some participants were able to described a deeper impact on their feelings:

‘He has impacted on me and promoted my very low self-esteem…………………………but I felt that I deserved it, it was a deep down instinct, I didn’t belong in the world’ (Interview 4003)

Or a medical consequence:

‘they put me on anti-depressant tablets’ (2007)

A small number reported self-harm:

‘Very upset and scared and that is why I done 5 overdoses on it’ (Interview 2010)

People reported making a number of changes as a result of the bad things. These are listed in Table 4.13 below.

<table>
<thead>
<tr>
<th>Table 4.13: What changes did you make because of the bad things</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘I try and avoid buses about 4 O’clock when the kids are being kicked out of school. I would much rather wait another hour than get on the bus with them’ (Interview 2007)</td>
</tr>
<tr>
<td>• Travelling or going out at different times</td>
</tr>
<tr>
<td>• Changing the route to avoid the bad things</td>
</tr>
<tr>
<td>• Changing the mode of transport (e.g. bus to taxi)</td>
</tr>
<tr>
<td>• Changing time of travel to avoid people</td>
</tr>
<tr>
<td>• Not going out</td>
</tr>
<tr>
<td>• Travelling with other people</td>
</tr>
<tr>
<td>• Going to different places</td>
</tr>
<tr>
<td>• Using ‘safer’ areas within places</td>
</tr>
</tbody>
</table>

There were other changes in circumstances that were reported, including moving house (both within the local area and to a different region)

‘I So you moved from XX to YY (names of towns)  P yes I did  I So what made you move from XX to YY  I because of the problems I had as well’ (Interview 3004)

Other participants reported changes but it was unclear whether these changes occurred as a result of the bad thing.
Living in Fear: Main report

Changes were most likely to be reported as being a decision made by someone else, though when specifically asked, participants reported that they had accepted the changes as being positive:

‘yes he went and dealt with them but they just didn’t want to take much notice, they still carried on doing it and then they thought right we will move her out for her own safety’ (Interview 2010)

Some participants had made their own changes:

‘I decided to make the changes, out of fear, nobody told me to’ (Interview 4001)

Reason for the bad things

Some participants attributed the bad things as happening because of the qualities of the other people (they are unkind or they are showing off):

‘Because they do it for devilment’ (Interview 2005)

or perhaps because of physical attributes:

‘so whether they are laughing at me because of my size I don’t know it could be anything’ (Interview 010611)

because of vulnerabilities:

‘and that may be he just thought I was a soft touch or something’ (interview 161112)

And in particular because of being on their own:

‘I think it might have been opportunistic because I was on my own’ (interview 131112)

or because of the learning disability:

‘because of our learning disabilities’ (interview 020211)

‘because you know I am handicapped’ (interview 012510)

Some people speculated that drug and alcohol misuse by the people doing the bad things was a possible factor:

‘whether he was on drugs I don’t know if he was on if he took booze I don’t know anything like that’ (Interview 261112)

‘he was drinking heavily and a drug addict’ (interview 2015)

Some people could not think of an explanation for the bad things happened:

‘For no good reason I have never done anything to upset him but it is just one of those people that don’t like me sort of thing’ (Interview 291112)
Living in Fear: Main report

Other people reported the bad thing happening because of race, supporting football teams and having a different accent.

Reporting of the bad things that happened

Who were the bad things reported to?
Where they were reported, this included to a variety of people;

• Family
• Police
• Member of staff at the college, workplace, school or day centre

However, one theme that emerged was that people did not tell anyone about what had happened. They said;

• It won’t make any difference
  ‘There is no point’ (interview 010211)
• People won’t believe me
  ‘They would just say I was making it up’ (Interview 131112)
• They will say it was my fault
  ‘No I don’t tell them nothing there is no point cos they say it is your fault swearing the first place’ (interview 010211)
• Not wanting to worry people
  ‘I didn’t see the point of worrying them’ (interview131112)
• and in a related point, thinking something was just a minor incident
  ‘I didn’t feel it was necessary as it was just a threat’ (interview 131112)
• Previous experiences of telling people not making a difference
  ‘Because after the last one the police couldn’t do nothing because I identified the wrong person what is the point?’ (Interview 010611)
• Being scared to tell people
  ‘because I was scared to’ (Interview 2004)

People also reported telling people but not being believed

‘They didn’t believe XX or my words until they came out and had a look’ (Interview 2010)
Living in Fear: Main report

What did other people do if they saw the bad thing happening?

Although participants were sometimes on their own when the bad thing happened, they were often out in public places. Participants were sometimes helped by strangers who witnessed the bad thing. This ranged from other people directly intervening

‘A lady in a car came along and she shouted from the car to the boys “leave that lady alone” she said to the boys “I know what you are doing and it is bullying”’ (Interview 4003).

...to reporting the incident to the police:

‘The shop manager got on the radio to the police’ (Interview 2005)

Or to the head teacher if school children were involved:

“He (the bus driver) told the headmaster (to tell the school children to) leave her alone’ (Interview 2004)

Occasionally participants reported other people seeing the incident but doing nothing:

‘they didn’t want to get involved’ (Interview 2016)

Case study 2. James is a young man who lives with his parents and family. He has learning disabilities, a friendly disposition and is able to go out unsupported very locally to meet his friends, who have included children and young people without learning disabilities. He can express himself quite well in a safe environment.

Two or three years ago, when James was 18 years old, a young person aged about 15 who had previously been friendly began victimising him. In the first incident, she asked him to expose himself while she took photographs of him. He agreed. The police were called and attended to interview the girl. She admitted taking the photos but by that time she had deleted them. The police informed James’s family that she had been warned about her behaviour.

Over the next two to three years, James was victimised by the girl almost every time he went outdoors, sometimes three times a day. She would hide and wait for James to appear. The only respite was when she was harassing other children, but she soon returned to continue bullying James. This took various forms - taking his cap or trainers and throwing them over fences and walls where he could not reach them, swearing at him, calling him a ‘cunt’, making offensive and hurtful comments about his disability and kicking, hitting and slapping him. On one occasion she took his mobile phone and refused to return it. It was returned when James’s father confronted her and demanded it. Once, when on police advice James’s parents had set the phone to record what the girl was saying, she stopped it recording and James was unable to restart it.

The girl also shouted abuse at James’s father in a public place, accusing him of
being a paedophile. This was a particularly distressing incident for him as his work necessitated enhanced Criminal Records Bureau clearance.

In the most serious incident, the girl slapped James on his head: he had a drain there and could have been badly injured. His family called the police: James's brother told a police officer that he would put a stop to his brother’s victimisation by taking it out on the girl’s brother ‘leaving the police to clear up the mess’.

James's parents estimate that they called the police fifteen to twenty times over this two or three year period. Sometimes the response came from a local PC while at other times PCSOs or officers from nearby towns attended. After the head-slapping incident an officer acknowledged to James’s family that the harassment amounted to hate crime and needed to be dealt with. The girl attended a police station where she admitted the behaviours. James also went to a police station for a video interview but his parents were advised that the evidence he gave would not be helpful in a prosecution. When a local friend agreed to give evidence to the police a prosecution followed. James and his family were advised that the court had banned the girl from approaching James and his family, and from entering the road where they lived. The family recall that she sometimes breached the ban but they believe that shortly afterwards she left the area and has not returned.

James’s parents acknowledge that the police did respond to their calls but think they should have acted more quickly to prevent the long period of distress and anxiety that he and they endured. James’s brother believes that effective police action was taken only after he threatened to them to take matters into his own hands.

James says that the bullying made him frightened and nervous about going out and sometimes made him cry. He had still wanted to go out, though, because seeing his friends, who were kind to him, was an important part of his life. Now that the girl has left the area he is happy again and feels safe outdoors. His parents were also greatly affected by the girl’s behaviour and are relieved she has gone as they do not have to worry so much about their son’s safety when he is outdoors.

Summary

27 people were interviewed and 24 transcripts were analysed.

The themes that emerged from the analysis of the interviews can be summarised by a number of overarching headings:

- Nature of the bad things that happened
- Impact of the bad things that happened
- Reporting the bad things that happened
- Responses to reporting

Nature of the bad things that happened to people
**What were the bad things?**

Participants talked about a range of experiences, including:

- One-off events which may have happened some time ago, such as being physically attacked or being the victim of sexual assault
- Persistent ‘low-level’ abuse including name-calling, being laughed at and stared at.

**Who did the bad things?**

The bad things were carried out by a variety of people, including:

- Strangers and passers-by
- People who lived in the local areas
- Typically (but not always) people who were in groups, occurring when people with learning disabilities were on their own
- Participants reported particular concerns with juveniles and school children were often described as the group who were doing the bad things.

**Impact of the bad things that happened**

- Two themes emerged. The first was around how the bad things had made people feel and the second concerned the changes that people made as a result of the bad things.
- With regards to how people felt, they used terms such as horrible, nervous, upset/crying, scared all the time, Don’t know what to do or where to go, why me?.
- Changes included changing how, when, where and with whom people go out, usually in order to avoid the people concerned. For some people they stopped going out completely.
- Other changes in circumstances were reported, including moving house (both within the local area and to a different region) but it was unclear whether these changes occurred as a result of the bad thing. They were often reported as being the ‘event’ which led to the end of that particular episode
- Changes were most likely to be reported as being a decision made by someone else, though when specifically asked, participants reported that they had accepted the changes as being positive
- Participants seemed to attribute the bad things as happening because of the qualities of the other people or perpetrators (e.g. ‘they are unkind’ or ‘they are showing off’) or perhaps because of physical attributes (e.g. ‘because I am smaller than most adults’)
- The resilience of people should be remarked upon. They often reported that their lives were better as a result of the changes that followed. Their acceptance that ‘bad things’ were part of their lives and to some extent ‘to be expected’ may have made it difficult to discover whether or not they saw the bad thing as being as a result of their learning disability.
Chapter 5 Police views, experiences and difficulties of responding to disability hate crime.

Introduction

This chapter explores the views and experiences of Kent and Medway police in responding to disability-related hate crime and incidents. It presents the findings from the Focus groups with the police and with the Community Safety Partnership boards, as well as the findings from the survey with Police in Kent and Medway and the analysis of call centre data.

Focus groups

Methodology

In the first year of the project we conducted focus groups with representatives from Medway’s Community Safety Partnership and Kent Police. The purpose of the focus groups was to explore the Police and other agencies’ experiences of dealing with incidents of victimisation. This included taking calls, investigating incidents, supporting victims, prosecuting perpetrators, as well as interagency working to promote the community safety of people with learning disabilities and autism.

Topics for the focus groups with police and community safety officers included:

a) How do they define hate crime and victimisation?

b) What type of cases of victimisation do they encounter against people with disabilities?

c) What are the characteristics of those who report victimisation?

d) Are there cases which they think don’t come to their attention?

e) What processes do they go through when they receive a call regarding victimisation?

f) How does a case of victimisation become classed as a “hate crime”?

g) What are the challenges of dealing with such incidents against people with autism and people with learning disabilities?

h) Is there anything they think the police or safety officers need in order to better deal with cases of victimisation?

i) Is there anything that other people (service providers, family members, etc.) could do to support people who have experienced hate crimes or victimisation?

Focus groups were held for the Police and members of Medway’s Community Safety Partnership between January and November 2011. A request for interested parties to participate in the focus groups was sent out via email. Attached to the email was an
information sheet about the research and what participation in a focus group would involve. Ten Police personnel took part in two focus groups, held at Medway Police Station. The groups lasted approximately an hour and a half and involved people in a variety of roles, from Police Community Support Officers (PCSOs) to Detective Sergeants. The groups included some representatives who worked in the specialist Hate Crime team (now the Community Cohesion Team).

Two focus groups were held with members of the Community Safety Partnership (CSP). Following a request sent to the chair of the Partnership Board, some time was allocated in their January 2011 meeting. This was used to conduct a large scale focus group with all of its members. Twenty participants attended from a variety of roles within Kent Police, Medway Council’s housing and social care teams, Medway Public Health, Youth Offending Team, the Family Intervention Project, Probation Service and the Crown Prosecution Service.

Ten months later a small follow up group was held. All members of the CSP were contacted via an email, requesting a number of volunteers to come forward to attend the group in order to follow up on issues raised from the first group. This group was attended by three individuals who represented some of the agencies involved in the CSP.

All of the focus groups were facilitated by the 2nd and 3rd authors. Informed consent and information about the composition of the groups was obtained at the start of each of the groups (see table 5.1 below).

These focus groups have involved people at a variety of levels including police community support officers, community liaison officers, anti-social behaviour officers, Sargent and Detective Sargent’s. The Community Safety Partnership group had representatives from Kent Police, Crown Prosecution Service, Medway Council, Youth Offending Team, Kent Fire and Rescue Service, Kent Probation and others. The Victim support focus group including care officers and service managers.

<table>
<thead>
<tr>
<th>Table 5.1: Composition of Focus Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Age group</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Nationality</td>
</tr>
<tr>
<td>Length of service</td>
</tr>
</tbody>
</table>
Findings and themes:

The focus group data was analysed qualitatively for themes arising from the discussions. An overview of the common themes can be seen in Figure 5.1. Themes are presented as subheadings and then described. Quotes are used for illustration. For the purposes of this report the Police and Community Safety Partnership and Victim Support data has been analysed with the data from the Police groups.

Figure 5.1. Overview of the themes from the Police, Community Safety Partnership and Victim Support focus groups

- Terminology and definitions of hate incidents and crime
  - Responses to the terminology of disability hate crime

- Nature of the incidents that group members had encountered
  - The nature of hate related incidents encountered
  - Suspects and perpetrators of disability hate incidents
  - The issue of victims responses becoming offending behaviour

- Reporting – frequency and barriers

- Processing and management of hate crimes
  - Identifying and supporting people with learning disabilities and autism.
  - Procedures and prioritising
  - Roles and responsibilities and working with other agencies

- Recognising the impact on victims and supporting them.

Responses to the terminology and definitions associated with disability hate crime

As noted in the introduction, The Association of Chief Police Officers (ACPO) and the Crown Prosecution Service have a nationally agreed definition of Hate Crime:

‘Any criminal offence which is perceived, by the victim or any other person, to be motivated by a hostility or prejudice based on a person's disability or perceived disability’.

The EHRC Inquiry report ‘Hidden in plain sight’ recommended changes to the use of language on hate crime, maintaining that understanding of and identification with ‘hate crime’ language is a barrier for both victims and others in recognising, reporting
and tackling disability-related harassment. This was also something that was raised as an issue in the focus groups in this study.

Participants were invited to comment on the terminology used. People from different groups commented on the requirement for people to perceive the incident as a hate crime:

‘I think it matters a lot about how they perceive it in terms of naming it themselves’. (V1)

‘The whole process for hate, the whole umbrella for hate is perception, so by the very fact that someone’s perceived it’ (P1)

The term ‘hate’ was itself seen as problematic and not readily understood by some victims. This was partly because it was seen as difficult to explain:

‘…to say disability hate crime to someone who doesn’t necessarily identify [it] that way [compared to] perhaps bullying or just being horrible to me, so … you don’t want to confuse people and get too complicated…sometimes victims don’t necessarily identify, y’know, what’s happened and there’s a level of tolerance y’know, of what’s going on, that level of abuse on a daily bases, it becomes part and parcel of life’. (V1)

or because it was seen as an aggressive description:

‘I think the word “hate” is quite an aggressive term…..’ (P1)

or because of a possible confusion between the concept of hate crime and hating crime:

‘That’s not just for people with disabilities; a lot of people don’t really understand hate crime...but you say “hate” crime here, everybody ‘hates’ crime you know, it really isn’t a very good definition for types of crime’. (P2)

It was felt that the term ‘hate’ could be very distressing to victims and as such should be changed:

‘I think if someone reports something, say it’s the first time they have ever reported and they have, for example, a disability and you, whoever of us, went round there and mentioned “hate crime”, I think what you are saying is, “there are people out there that hate you” ...that is going to be quite staggering to someone, so I think that is something that ought to be, in my mind, dropped...’ (P2)

Police officers reported needing to ask for advice from colleagues with additional expertise to determine if a disability related incident amounts to hate crime:

‘…if you are not quite certain and it is one of those, is it a hate crime, is it not, is it a hate incident? What you would then do is phone through to the area crime reporting unit or something like that and they have got a little bit more experience, they can ask their supervisor in the office or pull up the law books or whatever, get advice, to get it recorded’. (P2)
Other terms used to describe people with learning disabilities and autism such as ‘vulnerable’ also could be problematic:

‘I don’t think you have to necessarily be vulnerable – I don’t think you have to be part of a vulnerable group. Because somebody might not see themselves as part of a vulnerable group, but they’re picked on because they’re different’.

(C1)

However, given that terminology may affect how a police officer responds to an incident it may been seen as a more preferable term to labelling cases as hate crimes:

‘…because if you had been sent this and this had been “please go and see a vulnerable, a man who’s vulnerable reporting”, you would, you might approach that differently to, “this is a hate crime”, and you’d go and deal with it […] but you could put a different emphasis on what you’re dealing with…’

(P1)

Furthermore, there was some indication that people themselves may identify more with a feeling of vulnerability which could be the result of fear, real and present risks as well as an unintended consequence of the responses of others:

‘…they feel vulnerable themselves by the very nature of their own life experience and it maybe that they can’t express themselves as well, which again adds to that vulnerability, perhaps nobody will believe them, they get written off, oh don’t take any notice of them they’re stupid or something like that and y’know, adds to the victimisation um and people won’t report it … from fear of reprisals so again you enter into that world of vulnerability again’.

(V1)

Hostility and hatred were not necessarily seen as a motivation for targeting people with disabilities. Different possible motivations included:

physical or observable characteristics:

‘…… I think more often or not it is not necessarily a dislike of anything about them, it can be the way they talk, look, walk or anything like that….’ (P2)

a possible feeling of superiority in the perpetrators:

‘ I think we all find that (hate) quite a strong word and the majority are not to do with a feeling of hatred, more a feeling of actually putting someone down or maybe lifting themselves up by putting others down.’. (P2)

the victim being seen as different:

‘If you were to ask them “why you are picking on them?”’, they wouldn’t turn around and say ‘that person’s disabled, that’s why I’m picking on them’, they wouldn’t say that….they would say ‘well they’re just different mate’… (P2)
The language could also be seen as a barrier to encouraging the reporting of disability related harassment or seeing through reports they have made:

‘.. it could be straight away a barrier for a witness to then want to proceed with it because what I am saying is their perception you may be putting into their head by saying this is a ‘hate’ crime, maybe they actually then have a barrier for them to want to take any further’. (P2)

Participants believed that there were alternative terms available:

‘A crime of ignorance.... not hatred’

‘Prejudice’ (PC1)

The nature of hate related incidents encountered

The types of experiences of targeted victimisation mentioned in the focus groups are highlighted in figure 3.

<table>
<thead>
<tr>
<th>Figure 3. Types of victimisation discussed in focus groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sexual harassment</td>
</tr>
<tr>
<td>• Assault on the street</td>
</tr>
<tr>
<td>• Abuse from family/friends (not seen as hate crime)</td>
</tr>
<tr>
<td>• Picking on people because of the way they look</td>
</tr>
<tr>
<td>• Harassment</td>
</tr>
<tr>
<td>• Kids hanging around abusing occupants</td>
</tr>
<tr>
<td>• Verbally abusive</td>
</tr>
<tr>
<td>• Bullying (including bullying for the last 20 years)</td>
</tr>
<tr>
<td>• Crimes by people the individual would call a friend</td>
</tr>
</tbody>
</table>

Victim support participants identified that they do meet people with learning disabilities and autism who have been the victim of hate crimes, but that they don’t necessarily identify this until they get more information from the victim with regards to their experiences:

‘I think we definitely get referrals that are hate crimes, but they’re not always flagged up as such so sometimes they definitely comes out more through their experiences.’ (V1)

Suspects and perpetrators of disability related incidents

There were mixed responses about who perpetrators were, some suggesting there were no real patterns:
‘There’s no pattern of who an offender is, you can have reactive responses as well as deep seated responses, so you’ll get someone who’ll shout something at someone because of a road rage incident, but it turns into a hate crime because of what they’ve said in the heat of the moment... ...you can have five year old kids picking on someone as much as you can have an 85 year old grandmothers picking on people’. (P1)

Others felt that children in groups were most likely to be perpetrators:

‘If I had to guess I would say it’s probably more kids, I don’t know though, only because we deal with it a lot.. it’s only ever kids in a group, immediately you’ve got a number of people who are more likely to taunt someone for fun than an average adult walking by is unlikely...’ (P1)

Victims may be seen as having in some way provoked incidents:

‘Whether he is instigating or whether it is the young kids who are teasing him, I am sure it’s a bit of both’ (P1)

This may escalate when a victim commits offences in response to being targeted - this will be discussed further in the following section.

Victims may be repeatedly targeted:

‘it was the same person who was targeting him and the offender would drive past in his car, wind down the window and hurl abuse at this lad as he was about to get on the bus or something like that and it would happen frequently’ (P2)

Victims becoming offenders

Focus group participants recognised that victims may become offenders:

‘I recall speaking to someone with a learning disability who’d been sort of implicated in fraud by someone he trusted and I think he became angry and might have then assaulted the other person’. (V1)

Some saw this as a response to repeat victimisation, where there was a lack of preventative multidisciplinary responses:

‘if you look at the Fiona Pilkington situation ......just where do you intervene and where do you share information?’ (C1)

There were frustrations and tensions for police officers in responding effectively when individuals may be both victims and offenders:

‘... The confusion, where did it start? When did it start? We can’t find out...the problem is...his retaliation to that prejudice, so he either does antisocial behaviour in retaliation to being picked on or he commits criminal acts’. (P2)
Living in Fear: Final report

Behaviour may be misunderstood by members of the public and seen as anti-social:

‘And the thing with X as well, it’s his offending behaviour as well, and his behaviour is because he is autistic…. we can tell that it’s related to his autism, but to the rest of the public it is antisocial behaviour…so he is a pain in the neck to the members of the public because of his behaviour’. (P2)

In such cases, the police may need to put a lot of resources into problem-solving:

‘And the one thing that has come out of this lad, because we have put an awful lot of time into him to try and manage him, and it’s very, very difficult because we are managing offending behaviour and as a victim’. (P2)

While the police may try to avoid arresting and charging individuals in these circumstances, continuing offending may make that impossible:

‘… his behaviour on the streets was getting him closer and closer and closer to being arrested for his behaviour…it was really I think, one of these “we’ve got to do what’s best for him” but at the same thing if he is breaking the law if he is committing offences, it must be dealt with just like everybody else.’ (C2)

Reporting – frequency and barriers

Disability hate crimes are seen as underreported in comparison to other types of hate crimes:

‘..work has been put into it but I still think it’s a very underreported… of all the hate crimes reported we’ve had, we get an average of twenty hate crimes a month in Medway you probably get two disability a month, if that, within those twenty so you know’. (C2)

Adults with learning disabilities were thought to not report incidents for numerous reasons including:

dissatisfaction with the police on previous occasions:

‘we dealt with it very well, but because the victim wasn’t happy, even though the person spoke to her and it had all been dealt with, because she’s not happy she’s categorically told me over the phone she won’t report it if it happens again.. and I’m sort of on the phone saying “how can, help me, how can I give you the confidence back to report it? because if you don’t report it then we’re missing this vital link”’ (P1)

including fear of reprisals:

‘…You know, a lot of people are too scared to report antisocial behaviour or, because they are scared of the consequence of doing it. “If I get the police involved am I then going to make it worse for myself?”’. (P2)
Living in Fear: Final report

lack of skills:

‘We tried a variety of things with the lad to try and give him the skills he needed to report it as and when, you know “grab somebody nearby, make sure that they see it as well”; no independent witnesses, one word against the other, we never got anywhere with it. … things have quietened down, whether he has decided it’s not worth reporting anymore because we never got any further but, very difficult’. (P2)

difficulties with communication, though it was acknowledged that with some good strategies these difficulties could be overcome:

‘It can be very difficult for people with learning disabilities to communicate what has happened to them and there are measures which are increasingly being taken to help that by way of these registered intermediary services for example. If the police do become involved the police can use an intermediary to assist that person with learning difficulties to communicate to the police exactly what has happened to them in a form which can then be used as evidence in court’. (C1)

and in terms of general difficulties in being able to let people know that they should report crimes:

‘… how do you encourage people to report?, how do you get people to know what’s available? …we’re going down meeting with local groups, talking about what hate crime is, not making it too complicated …not getting bogged down with the detail, just the key message y’know, to tell somebody about what’s happened and something we’ve established is our easy read form accessible through the website, through the libraries and copies available at local groups as well, but it’s sometimes you go to organisations and they say oh we have it available on our website, but how many people actually have access to the computers?…’. (V1)

The police reported that hate crimes could be reported in many ways:

‘Certainly to our office it comes in all manner of ways, emails, referrals from other partners, pick up the phone so we can forward it when they have got the numbers from somewhere. Just any, and everywhere generally, really, PCSOs, Neighbourhood’. (P2)

Incidents may be reported informally, by-passing the 999 and other official systems, when officers are known to families:

‘..if I have got a particularly good rapport with a family or a parent and you kind of build up trust with them, sometimes you find that they would rather ring you up and speak to you because you have any understanding of the family, you know the background, you know what’s been going on, they might ring up and say ‘just to make you aware, we have had a bit of an incident, this has happened, what do you think I should do about it, or how shall I deal with it?’’. (P2)
Third parties may also report informally, in particular where victims do not wish to report an incident just to make the Police aware of on-going issues:

‘...you might get a phone call from another agency that are involved with the family or the young person like you might have a social worker ring you up to say that a bit of an incident happened the other day involving whoever, parent or young person doesn’t want to report it to the police officially but we felt that there was concern, we felt that we needed to let you know ...’. (P2)

While informal reporting may have some benefits to victims it may skew statistics and intelligence of the nature and scale of incidents that are not formally recorded:

‘...Because you advertise your phone number as a Neighbourhood Officer a lot, so whereas you would get the calls come in maybe a STORM (incident reporting) reference, the stats are there aren’t they for those crimes, whereas as a Neighbourhood Officer you might take five or six calls off a person about a minor incident, someone’s been saying this, that and the other but you go and deal with it and it is not going on the record’. (P2)

Repeat victimisation may not be identified when incidents are reported informally and not recorded formally on STORM reports e.g. should someone new to the case be involved in responding to a call or if the person had cause to call through to the Force Control Centre (FCC) There are central systems in place designed to identify repeat callers, although there may be weaknesses when agencies do not share information:

‘...at the Force Control Centre, we have the ability to pick up repeat business, whether it be through an address, a name or a phone number. So if this happened once, on the second occasion this would be flagged as a second call from this person by one of those identifiers. Failing that, if it doesn’t come up that way, let’s say on someone else’s address, someone else’s phone, maybe they’re using a different name – they could be asked a question. They are asked a question as part of... the telephone observation, ‘has this happened to you before?’ ... the difficulty for us is that if five agencies have got five separate reports - that’s when the challenge sits and that’s where hopefully some sharp skills in the CSU (Community Safety Unit) team could pick this up’. (C1)

Managing hate crimes and incidents

Responding to reports of hate-related incidents is an important early stage of police involvement with victims. As noted above, there were a number of sub-themes that emerged within this category:

- Identifying and supporting people with learning disabilities and autism.
- Procedures and prioritising
Living in Fear: Final report

• Roles and responsibilities and working with other agencies
• Recognising the impact on victims and supporting them.

Identifying learning disability and autism
Police officers may take one or more steps to assess if a victim has a learning disability or autism. They may ask the person if they have any support or if a key worker is involved, they may discuss the person’s needs with the key worker. Some also showed awareness that sometimes people with autism might carry an alert card.

‘Sometimes we can find out from the person themselves – y’know, if it go to an address it maybe that we might say to Sue “do you have any extra support?” – it depends on the evidence sometimes people’s issues are doesn’t it, if we felt there maybe she wants a key worker or support worker and then that often is the case, then give us a name and then we’ll make the enquiries with the agencies....’ (C1)

‘I thought autistic people have the cards that they’re supposed to show a police officer... an inspection card’. (P1)

Police officers reported that sometimes public expectations of the police may be unrealistic:

‘You can’t expect all police officers and all their different fields that they work in, to have an understanding of all different types of disabilities, you can’t because some of them are quite complex and I would have thought autism is one that is quite complex to understand, it can be hidden, and also I think it is a difficult one to explain....I don’t think police officers are particularly prejudiced or uncaring. I think it is an unrealistic expectation’. (P2)

Police officers also commented that they may make mistakes when decisions need to be made quickly:

‘...it’s very difficult if you’ve got a lad with autism, and a lad who’s drunk, depending on different circumstances, the violence and that can both look identical. We all have patrols turn up at a job and they’ve got to make a split decision and that decision’s got to be for the safety of that person, if it means taking somebody into custody and then suddenly afterwards they find out they’ve got a learning disability and that’s contributed to it, well is that the patrol’s fault? They had to make a split decision on what they saw in front of them’. (P1)

Police officers felt ill-equipped and lacking the training needed to support people with autism and learning disabilities. This could be through insufficient amount of training:

‘Not anywhere near enough [training]’ (P1)

The training being too long ago, in combination with the infrequency of contact with someone with disabilities.
‘Other people that work may never ever throughout their career interact with an adult with a learning disability, so they may get the training, they may sit in a two hour awareness training, but then not do anything for about it for two years, will they still remember?’ (P2)

Or a lack of appreciation of the impact of disabilities:

‘I think one of the difficulties I have is about a lack of understanding about autism, about the issues the impact these disabilities present for people and how we communicate that... I think that would be replicated around with a lot of other people’. (C2)

Some police officers felt able to apply at work knowledge they have developed elsewhere:

‘As I say my daughter is autistic and S has some knowledge of it as well, so between us it tends to be something we are tuned into’. (P2)

Police officers reported that they often rely on call takers at the Force Contact and Control Centre to identify if a caller has a disability and if they believe that what has happened to them disability related:

‘As long as the FCC is doing their job right, we’ll get it, as long as it gets tagged for us, so it’s aware they are being picked on because of their learning disability, it would come to us’. (P1)

Police officers mentioned that in responding to the victim they should also probe the motivation for incidents:

‘If we attend... you would ask, “why do you think this has happened, why do you think you are being targeted, have you got any disability or anything like that?”’. (P1)

Police officers taking part in Public Protection Unit (PPU) meetings may have opportunities assess if cases are hate crimes:

‘We work very, very closely together, they attend all the safeguarding meetings and it’s their decision as to whether or not it’s a crime and if they are going to take a lead on it’. (C2)

Procedures for dealing with hate crime and issue of prioritising such cases

The focus group discussions highlighted policing procedures:

• Reporting systems for secondary incidents such as STORM and Genesis for crimes:

• Systems for assessing risks to victims

• Vulnerable adults and safeguarding matters
Living in Fear: Final report

• Systems for identifying repeat victimisation, including daily partnership meetings, Neighbourhood Policing meetings, categorising calls according to the severity of incidents
• Daily monitoring visits by patrols for some vulnerable victims
• Joint working with the PPU
• Scales for responding to reports and managing cases

It was reported that Police officers may sometimes be averse to taking on some cases or reports, feeling that they may be too intractable to resolve and close with a positive outcome.

‘...if you’re lucky, you might get the right person on and they will go “I’m going to deal with it”, but there is a lot of well they ‘didn’t want to go’........ Why have they shirked their responsibility? and that’s an internal training issue I know, but I think it’s because the government and policy put so much emphasis on when it is badged as a hate crime that it scares people.’ (P1)

Aversion to investigating disability hate crime may mean that if victims are not supporting an investigation or prosecution, officers may readily ‘endorse and file’ them:

‘You do get people who get very cynical and look at trying to get rid of reports quicker than dealing with them, y’know, so if they’ve got 20 reports on their pile, they’ll look at the first one and if it’s got some mention in there the person ‘doesn’t want to support’, they’ll be quite happy to endorse that and file it’. (P1)

Police officers may face dilemmas in how best to prioritise their workload when challenged with repeated phone calls from people with learning disabilities:

‘There’s one in particular ... was ringing sometimes three times a day because he has some problem indoors and his dad had told him off and he’d ring the police 3, 4 times a day, so in that situation if that guy was then genuinely abused by some kids on his door step and that fell on your list of things to do today you’re more likely to do that last because you know it’s going to take forever, because once you get there this guy’s obsessed with the police, isn’t he, you would be more likely to do that job, probably not first thing today’. (P1)

Role and responsibilities and partnership with other agencies

One of the issues that were raised was that there was sometimes confusion about the roles of different actors in the process

‘The difficulty was that the police didn’t have a concern about what victim support could provide and they seemed to believe I would be able to act as an appropriate adult while I was actually there to support the victim he asked
me to be present at the time when he was giving his first statement I think it was so there was a real communication issue, it’s a shame’. (V1)

Sometimes the Police reported a need to point out partner agencies’ responsibilities:

‘Ours is police business and once we have identified that, we still have to uphold the law, we still have to respond and we have to say to the other partners “you have got to take some responsibility” or “what can you do to support this person?”. (P2)

Police officers have felt they are providing support in the absence of other agencies, taking on responsibilities that are not traditionally theirs:

‘We’d have... care plan in place then, it would be signed up, agreed by a supervisor and that would be something, it could be something as simple as a PCSO pops round on a shift every day, it could be that they take him to the shop, y’know cause this is all new and he’s really distressed, just to try and relieve his anxiety’. (P1)

‘You’re doing a job that should be picked up by Social Services or by care service providers and it’s not. We get this quite a lot, a lot of people are saying that some of the things we’re doing in hate crime, trying to help, but what part of it is policing? Sometimes you start realising you’re taking on six roles to do yours, under one umbrella of your job’. (P1)

This may be because there is at times a crossover of roles and responsibilities, such as in safeguarding where agencies are not working as closely as they might:

‘There is a crossover quite a lot between whether it’s a hate crime or it’s safeguarding, and actually our teams don’t work as closely together as we should...’. (P1)

The Police were not always the appropriate service to be providing longer term support to victims:

‘I don’t always think the police are the best people to deal with, y’know, yes there’s offences there and offenders need to be dealt with for that, but actually we’re not necessarily the best people to deal with the victim, because say for example we do, we can put bail conditions on these people, but there’s nothing to stop them from getting somebody else to...somebody else starting to do this again and actually we’re not the best people to provide support, long term support’. (P1)

Various forums were noted as providing opportunities for information sharing:

‘As part of the Community Safety Unit, Community Safety Partnership...and through the police we have access to all the different agencies and the agencies again have access towards now through the Performance Delivery Group, through this forum, we have the links .. and that for me is what partnership working is about, again we’ve got the different agencies, we’ve got the Adult Protection within the stations, so they have the links to social
services more than us and we again link in, we’ve got the Joint Family Team in the office, so the links are there, the meetings are held and I actually think we are to an extent a conduit between all the agencies to make sure that flow of information is there and that’s the importance that I would place on the Community Safety Unit’. (C1)

Yet, despite these, other areas of information sharing has room for improvement:

‘Sometimes it’s flagged up the police, so the initial referral… a little tick saying vulnerable… or it’ll have hate crime a tick for hate crime, but that’s not always the case, so y’know, quite often you don’t get any sort of brief before you make that first call’. (V1)

The challenges
The challenges described in tackling disability hate crimes were many and varied; such as barriers to reporting, police procedures and terminology, difficulties in identifying crimes as hate crime and assessing whether a person has a learning disability or autism. Victims’ needs and expectations may exceed what the police can or traditionally should, provide:

‘We’ll move on to the next one.. but this guy’s still got that, he’s not eating properly, he’s anxious to go to the centre, there’s no real mechanism for us to pick up the pieces and his perception at the time is going to be at the time, far greater in wanting something done, than what we, governed by our rules and regulations, can do for him’. (P1)

The challenges in obtaining sufficient evidence are barriers to investigation and prosecution:

‘A lot of time when it is somebody with learning difficulties who has been targeted, it is very difficult to get the information out of them, just the general descriptions and the time things happened, and for us then, unless the police actually turn up whilst it’s happening, it is very, very seldom that we can actually get a named offender, you know, get it all the way through to court, because we just haven’t got, we are not getting the information.’ (P2)

Victims’ fears may also be of the wider Criminal Justice System, including giving evidence in court:

‘I don’t necessarily think it’s all about our action as well, it can be scared of going to court, which isn’t really, that’s the criminal justice system not the police…’ (P1)
Recognition of impact and support for victims

The Victim Support group in particular commented on the impact of victimisation on individuals and their families.

‘…also it impacts on families as well...they also get implicated in the harassment that happens and... sometimes we talk to people who say it’s being going on my whole life, my daughters in her 30s and 40s they put up with it, their families have had to put up with it...’.(V1)

‘…the impact of that on the victim he felt very worried to go out for a long time and didn’t use public transport.’ (V1)

However there was a general acknowledgement that there is insufficient support for people with learning disabilities and autism, both from their local communities as well as service agencies:

‘I think it is for me this notion of living in a caring community firstly versus care in the community, they are two different concepts, so for me it’s about the lack of support and the level of isolation that people with disabilities experience within our communities’. (C1)

‘There’s probably lots of independent support out there, lots, but everyone is doing the same y’know, we can’t take anyone else on, we haven’t got the staff, we haven’t got the money, we haven’t got this we haven’t got that, ultimately it boils down to, there isn’t enough of anything to help’. (P2)

The Police may step in with the type of proactive support generally associated with care agencies:

‘It might be that the PCSO would go as far as going to the shop with him initially, just while this is quite fresh isn’t it, and giving him a hand getting his shopping, just so he’s living quite comfortably for the first few days’. (P1)

Support may not be given until a person is at crisis point:

‘It seems that you have to be at crisis point before you get anywhere which is sad really because you are then reacting to things once they have happened rather than taking a pro-active approach to things and trying to solve it before it gets to that point’. (P2)

The Police may take steps to support victims through investigations and prosecutions:

‘...help for a place when he’s interviewed, help for the statement, when he goes to court, support put in place, but I think we do generally lose a lot of jobs that start off, with all good intentions, but then the person decides to change their mind, or doesn’t want to go to court and starts to worry about it, or y’know, a few days down the line things have changed everything’s alright they don’t want to do it anymore...’ (P1)
Independent advocates may provide valuable support but it can be difficult finding them, even for experienced officers:

‘Even having a better understanding than most, I find it difficult unless you’re already aware of who is helping out and I know that obviously there is a lot more work going on, trying to get more and more advocates involved, but it’s...there’s no database’. (P1)

Where the Police are unable to offer support they may be able to refer people on to Victim Support and to other agencies or individuals:

‘Yeah we would do a referral, we do that quite frequently, and yes, it depends on whether social services take it up or not, but also we have started using agencies like “Living Well” we use them now and again for somebody that we have come across who need support but the police aren’t in the position to give them support, social services aren’t in a position when we try to use these agencies like “Living Well” who will go in and look at the person and see what is available out there, what voluntary service is available’. (P2)

Summary

Several themes emerged from the analysis of the focus group discussions, summarised as follows:

- Terminology, definition, identification and nature of the incidents that group members had encountered
- Reporting – frequency and barriers
- Processing and management of hate crimes
- Support for victims

Terminology, definition, identification and nature of incidents that group members had encountered

- Participants told us that the definition of hate crime was problematic because it relied on the perception of an incident by the victim – this meant it was full of grey areas and open to different interpretations.
- A number of people felt that ‘hate crime’ was not a useful term and that its use could have a stigmatising and harmful psychological impact on victims. The significance of the term ‘hate crime’ and its specialism within Kent police were, arguably, reduced in 2010 when specialist Hate Crime teams were disbanded at the start of a reorganisation process. Specialist hate crime officers were redeployed to other roles, including Neighbourhood Policing Units. The police now work in partnership with local authorities and other agencies under the umbrella of an Equalities and Community Cohesion Group, which ‘aims to be representative of the area and has members from local organisations committed to community cohesion. The group meets regularly to address issues its members feel have an impact on community

---

16 * Living Well in Medway is an information service for adults with low to moderate social care needs and their carers.
cohesion’.

- Focus group participants were aware of a range of different types of hate crimes that occur, including:
  - Sexual harassment.
  - Assault on the street.
  - Abuse from family and friends (not generally seen as hate crime).
  - Picking on people because of the way they look.
  - Harassment.
  - Kids hanging around housing abusing occupants.
  - Verbal abuse.
  - Bullying (including bullying for the last 20 years).
  - Crimes by people the individual would call a friend.

- There was no clear picture or pattern of who perpetrated hate crimes locally although a number of participants felt that children were most commonly responsible, in particular for teasing people with disabilities. Some perpetrators were repeat offenders.

- The ability of police officers to identify disability hate crime and respond effectively was sometimes confounded by the fact that some victims go on to offend and in some cases had behaved in ways which may in some way have provoked the response from the other person.

**Reporting – frequency and barriers**

- There was a general agreement that disability hate crime was under-reported.

- The group discussed the many different ways that hate crime could be reported. The fact that hate crime is sometimes reported directly to individual police offers, in particular for repeat incidents, was thought to be one reason why officially recorded figures for hate crimes might not be accurate.

- Other reasons for underreporting and barriers to reporting included:
  - Communication difficulties of the victims themselves.
  - Services were not always in a position to facilitate, not having the right information for how and to whom to report to.
  - Lack of understanding or confidence in the police due to previous bad experiences or lack of knowledge and awareness of the processes involved.
  - Fear of reprisal from perpetrators.

**Processing and management of hate crimes**

Once a hate crime had been reported, there were further issues that emerged from the analysis.

The first of these was the difficulty encountered in identifying whether the person had
### Autism or Learning Disabilities:

- Participants had the view that there were a variety of ways in which this information is obtained with no consistent approach or source of information, if the person reporting the crime doesn’t disclose it.
- Some thought that people with autism sometimes carried a card to identify their condition. Overall it was felt that it was unreasonable to expect all police officers to be able to identify all types of disabilities but also it was recognised that officers sometimes get it wrong, partially due to a lack of awareness of autism. There was a tendency for people to rely on personal experience rather than training to help them in this matter.

The second theme identified was the difficulty of identifying whether a hate crime has occurred:

- Personnel at the Force Control Room might be the first to ‘badge’ an incident as a hate crime before referral to the appropriate team for a response. However, this was not always consistently the case, with potential misidentification in both directions – on occasions, investigations may reveal those badged as a hate crime not to be, or vice versa.

The third area discussed was policing procedures, prioritising and partnership working:

- There was some indication that hate crime cases were not always responded to as a priority because of the difficulty of getting such cases off the officer’s case load. For example, if there was any indication in a file that the person might not want to support an investigation then there was a tendency for officers to sign these off quickly to reduce their case load.
- One difficulty that was reported was managing the expectations of the Police and that sometimes people’s fear of reporting was about a fear of processes further down the line, such as going to court.
- Obtaining evidence that would stand up in court was also difficult in these cases – for example establishing what happened, times, numbers etc – all things that are generally considered to be difficult for people with learning disabilities.
- Repeat victims and callers sometimes created difficulties, changing how police officers prioritised their workload, often deciding to leave that call to the end of the day as they expected it would take some time to respond due to the needs of the person. This did not necessarily relate to reports of hate crime but also people with autism or learning disabilities who would call the police for e.g. domestic issues.
- Partnership working was seen as generally positive but it was felt that often the police had to initiate other agencies in taking responsibility. Sometimes police officers took on roles they shouldn’t have if other systems of support were in place for individuals – in particular social services. However there was recognition that resources were scarce across all agencies.
Finally, the issue of support for the victim was discussed:

- As already indicated above, a core theme was the lack of support for people with learning disabilities and autism, both from their community and from services. Participants felt that for many people, help only comes in a crisis and not to prevent problems occurring.

- People also needed additional support through the processes that follow reporting a crime – support for the interview, for giving evidence, preparation for going to court etc.

- Where the police couldn’t provide the support needed, they would sometimes refer people on to Victim Support or if they existed, other support agencies.
**Number and nature of reported incidents – analysis of data from the police recording systems**

This section focuses on the analysis of police records of incidents and crimes from their STORM and Genesis\(^{17}\) recording systems. Reports identified as involving people with learning disabilities and autism had key data extracted and analysed with the intention of assessing the number and nature of calls received and the responses and outcomes relating to reports of victimisation during a defined period of time.

**Methodology**

Based on the input from the Police focus groups and the research team’s own knowledge of possible derivative terms used to refer to people with learning disabilities and autism, a list of search terms (see Figure 5.2) were produced. These were given to analysts at the Police Force Contact and Control Centre to identify cases where a person with a learning disability or autism had contacted the Police. These terms were considered to most likely yield reports concerning people with learning disability and/or autism. Researchers agreed with Kent Police that a search for reports within Medway would cover a timescale of July 2009 – January 2012 for Genesis and July 2009 – January 2011 for STORM. For Kent, a shorter timescale of six months (January 2011 to June 2011) for Genesis was used due to the sheer number of calls.

Researchers visited Medway police station to access each report, with the assistance of an officer. Reports that met the inclusion criteria (pertaining to adults aged 16 and over and not being domestic incidents) were extracted. Checks were made for further reports relating to each individual and in some cases further reports were identified beyond those initially provided by the police. Table 5.2 shows the numbers identified from the two databases from both sources.

**Figure 5.2 Search terms for trawl of Police STORM and Genesis databases:**

- learning disabled/ learning disability/ learning disabilities
- learning difficulty/ learning difficulties
- disabled/ disability/ disabilities
- Downs/ Downs syndrome/ Down syndrome
- Autism/ autism spectrum/ autism spectrum diagnosis/ autism spectrum disorder/ autism spectrum condition(s)/autistic/ autistic spectrum/ autistic spectrum diagnosis/ autistic spectrum disorder/ autistic spectrum condition(s)/ ASD/ ASC/ Asperger(s)
- learning impairment / learning needs/ special needs
- ADHD
- mental disabilities/ mental disability/ mentally disabled

\(^{17}\) Genesis is used to record incidents that are considered to be of a criminal nature; Storm is used for all other (non-crime) incidents.
The final reports which were extracted at this stage, were anonymised and stored securely. The reports were reviewed one final time to check against inclusion criteria before analysis was conducted.

Table 5.2 Indicates the number of reports reviewed for both Kent and Medway, divided into Storm and Genesis reports.

<table>
<thead>
<tr>
<th>FCC search results</th>
<th>STORM</th>
<th>GENESIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medway 07/2009-06/2011</td>
<td>68</td>
<td>97</td>
</tr>
<tr>
<td>Kent 01/2011-06/2011</td>
<td>59</td>
<td>170</td>
</tr>
<tr>
<td>Total</td>
<td>127</td>
<td>267</td>
</tr>
</tbody>
</table>

Findings

**STORM reports**

The team identified 45 STORM reports generated by 13 different individuals. Table 5.3 provides information on the 6 repeat victims.

All of the 13 individuals were found through the original police trawl, 46% of the 45 reports were initially identified by the police as meeting our search criteria, the remaining reports were located by the researchers.

Out of the 32 different codes applied to the cases in the databases (Disposition codes) the most prevalent were Hate-Disability incidents at 38%, Youth related incidents at 31%, Rowdy/ Nuisance incidents at 19% and Suspicious events at 19%. Out of the 45 reports, 27% were reported by a third party. This translates into 7 different individuals. In most cases these were family members and in some cases they were strangers who had witnessed the event.

Out of the 45 different incident titles 4 recurring themes were identified, these were disability (29%), nuisance (29%), information (16%), and concern for welfare/other (13%).

Most of the incidents were reported to have taken place at home (67%), followed by public road (18%) and high-street (4%).

Across the 45 reports, 25% of the individuals were classified as vulnerable victims, 25% were unclassified, 21% were victims and 21% were classified as repeat victims.

Out of the remaining 7 singular STORM reports, 2 had generated Genesis counterparts (see table 5.3).
The case studies below provides an example of the type of information that was recorded on the Force Control Room (FCR) databases, indicated some of the difficulties faced by the police in dealing with some of the repeat victims.

### Case Study 3

As a result of the number and nature of calls made to the police by this male the FCR put in place a red flag to point out to call handlers that

“*Caller suffers learning disabilities and seeks attention. Do not grade above scheduled unless there are genuine concerns for his current safety*”.

He became sufficiently known to the police to have had a note on the FCR record that a specific police officer was to be assigned when attendance was needed.

Three of his 11 reports to the police related to an incident that had occurred in the previous year, when he reported having been assaulted. On each of those 3 occasions he asked the police to take further action against the perpetrator. The police recommended to him that that he should seek medical treatment.

A further 3 of the 11 reports that he made were about suspicious noises outside his home and his fear that he was about to be burgled. On each occasion the FCR call handler gave general advice about keeping his home secure and staying indoors; no

---

<table>
<thead>
<tr>
<th>N° of reports</th>
<th>Time span</th>
<th>Location</th>
<th>% reports from initial police search</th>
<th>% reports where recorded as repeat victim</th>
<th>Genesis reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>07/2009-01/2011</td>
<td>Medway</td>
<td>24%</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>10</td>
<td>07/2009-01/2011</td>
<td>Medway</td>
<td>22%</td>
<td>10%</td>
<td>3</td>
</tr>
<tr>
<td>7</td>
<td>07/2009-01/2011</td>
<td>Medway</td>
<td>16%</td>
<td>57%</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>07/2009-01/2011</td>
<td>Medway</td>
<td>9%</td>
<td>0%</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>07/2009-01/2011</td>
<td>Medway</td>
<td>9%</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>06/2011-01/2011</td>
<td>Kent</td>
<td>4%</td>
<td>0%</td>
<td>0</td>
</tr>
</tbody>
</table>
police attendance was arranged.

Two other reports that he made related to people known by him that he alleged behaved threateningly towards him, taunted and sworn at him. Again the FCR provided general advice about staying secure at home, avoiding the alleged perpetrators.

One report was about a minor injury following a traffic incident and the final report alleged that he had been bullied where he received support in the community. Notes on the STORM reports commented that

‘the informant has a history of overreacting and dramatizing events’

and that on occasions he had admitted to fabricating events in order to have some police contact.

Case study 4

The 6 reports to Kent Police made by this young male were categorised as

‘Section 39 - Assault by beating (battery)’ in 50% of the cases

Violent Crime: Public Place was reported for 50% of the cases, Action upon Victim: Kicked/Punched. Probable Cause: Disability prejudice (including mental/physical/learning)

And

‘Theft of pedal cycle’ in others.

He made 50% of the reports himself while others were made by friends and family.

There were inconsistencies in the reports as while 50% described him as ‘not vulnerable’ the others did not. Similarly, 50% of the reports described him as ‘repeat victim’ while others did not do so. However 5 of the reports noted his learning disabilities and 1 did not.

Most incidents occurred in public places i.e. road or shops and in 3 of 6 cases police investigations resulted in perpetrators being summoned.

Genesis reports

The team identified 53 genesis reports related to 27 different individuals. Table 5.4 lists demographic information derived from the 53 reports.
Out of the 53 reports, 55% included information on police officers querying the victim or IP (the informing person) as to the reason for being targeted. In 14% of those reports the individual with the disability did not list disability as a motive. Instead, some of the reasons provided were i) because they were wearing a football supporters top or ii) they are better off than their perpetrators.

In 26% of the 53 reports police specified that they had liaised or made referrals to other community agencies with regards to the individual/case, most frequent being care/support workers (50%), social services (21%), care managers (21%) and housing providers (21%).
Table 5.4 Characteristics of individuals generating Genesis report in Kent and Medway.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td></td>
</tr>
<tr>
<td>Kent (01/2011-06/2011)</td>
<td>44%</td>
</tr>
<tr>
<td>Medway (07/2009-06/2011)</td>
<td>55%</td>
</tr>
<tr>
<td>Victim</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>70%</td>
</tr>
<tr>
<td>Female</td>
<td>11%</td>
</tr>
<tr>
<td>Age range</td>
<td>16-73 years old</td>
</tr>
<tr>
<td>Coded as vulnerable</td>
<td>38%</td>
</tr>
<tr>
<td>Offence description</td>
<td></td>
</tr>
<tr>
<td>Non-crime- Hate incident</td>
<td>32%</td>
</tr>
<tr>
<td>Section 39- Assault by beating (battery)</td>
<td>13%</td>
</tr>
<tr>
<td>Section 47- Assault accessioning actual body harm</td>
<td>9%</td>
</tr>
<tr>
<td>Disposal code</td>
<td></td>
</tr>
<tr>
<td>No-Crime</td>
<td>38%</td>
</tr>
<tr>
<td>Undetected</td>
<td>36%</td>
</tr>
<tr>
<td>Detected-charged/reported in summons</td>
<td>15%</td>
</tr>
<tr>
<td>Location of incident</td>
<td></td>
</tr>
<tr>
<td>Public place (road)</td>
<td>53%</td>
</tr>
<tr>
<td>Residential dwelling</td>
<td>34%</td>
</tr>
<tr>
<td>Method</td>
<td></td>
</tr>
<tr>
<td>Probable cause: disability prejudice</td>
<td>53%</td>
</tr>
<tr>
<td>Action upon victim: kicked/punched</td>
<td>11%</td>
</tr>
<tr>
<td>Offenders</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>38%</td>
</tr>
<tr>
<td>&gt;5</td>
<td>23%</td>
</tr>
</tbody>
</table>

As noted the 53 reports are shared by 27 individuals, meaning some are repeat victims. The data in Table 5.5 lists some of the repeat victims’ characteristics.
Table 5.5 characteristics of repeat victims in Genesis

<table>
<thead>
<tr>
<th>No. of reports per person</th>
<th>Gender</th>
<th>% of reports generated through Police search</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Medway Male</td>
<td>85%</td>
</tr>
<tr>
<td>6</td>
<td>Medway Male</td>
<td>100%</td>
</tr>
<tr>
<td>3</td>
<td>Medway Male</td>
<td>67%</td>
</tr>
<tr>
<td>3</td>
<td>Kent Male</td>
<td>100%</td>
</tr>
<tr>
<td>3</td>
<td>Medway Male</td>
<td>0%</td>
</tr>
<tr>
<td>2</td>
<td>Medway Male</td>
<td>0%</td>
</tr>
<tr>
<td>2</td>
<td>Medway Male</td>
<td>50%</td>
</tr>
<tr>
<td>2</td>
<td>Kent Male</td>
<td>0%</td>
</tr>
</tbody>
</table>

The rest of the reports were singular incidents across the specified time span.

Case study 5.

Half of the 10 incident (STORM) reports made to Kent police by this male were about arguments he had when harassed by youths on the streets and when targeted at home as they threw objects at his house. The FCR put in place a ‘tag’ on their call handling system to advise call handlers and attending officers that -

‘He has autism and is vulnerable due to disability. He is autistic and suffers regular bullying from local youths’ the records state that his home has been damaged, and that he is ‘a repeat victim’

‘He is easily frustrated and has difficulty answering lots of questions- please ask minimum questions prior to patrol attending- (he) is a repeat victim.”

Earlier reports, when no red flag or operational procedure was in place, suggest that FCR call handlers became exasperated at times. (They may not have known at that time that he had disabilities). Notes on the STORM reports show that at times he was very distressed over the phone and the call handlers told him he was ‘very rude’ and ‘disrespectful’ to them, refusing to listen to them when they attempted to ask questions about what had happened e.g. continuous harassment and goading by young females in the streets. One STORM report records that officers concluded that the male appeared to have been a victim of disability hate crime, but that when officers responded by calling at his home to investigate, he refused to be interviewed. As he became known to patrol officers and FCR call handlers, a specific officer was assigned to respond when necessary.

We found 13 following crime (GENESIS) reports relating to this male caller. In most cases the reports described him as a ‘repeat victim’ but vulnerability was noted in
only 15% of the cases. He was targeted in public places, usually the road, by individuals, pairs and groups of perpetrators. On almost a third of occasions he was targeted by more than 5 people. While the male reported most incidents personally, on other occasions the reports were made by a family member and by members of the public, who had witnessed events.

Almost all of the reports were categorised by the police as ‘non crime’ and in most cases officers concluded that the motivation for the targeting was

‘Probable Cause: Disability prejudice (including mental/physical/learning)’ 85% of the reports followed by

‘Violent crime: public place’ 46% of the reports

Notes on the GENESIS reports show that he became well known the police and considered to be a repeat victim. On occasions officers concluded that the majority of the incidents were of his “own doing”:

“[The] victim is known to create situations and provoke people to react to him, which he then reports to the police and states that he is being targeted based on disability. As this is his perception this unit deal with his reports as hate crime. However as he enjoys police attention, it has been decided that all communication with him is limited”.

There was some discrepancy between the reports in how and what the police reported to be the diagnosis of the individual; 46% of the time the individual was recorded as having a learning disability, 23% he was recorded as having autism, and 23% of the time he was recorded as having learning disabilities and autism.

In most cases (86%) the male’s care workers were involved, either at his instigation or by the police.
Summary

- The search of Force Control Room data identified in total 98 reports that were reviewed in detail; 45 of which were Storm reports and 53 Genesis.

- In total the data reflects 40 different individuals. 11 Storm records were about one person, as were 13 of the Genesis reports. 6 repeat victims were found in Storm records, out of these 33% were marked as repeat victims in the victim’s code box.

- The majority of the themes identified in the incident titles for the Storm records were about ‘disability’ and ‘nuisance’ incidents, most of which occurred at home and not out and about in the community.

- The Genesis system allows for the recording of more information-rich data about the crime or incident, victims and the offender/s. From these reports it was found that the majority of the 27 victims were male and about a third were coded as ‘vulnerable’. For one third of people the offence was described as “non-crime- hate incident (SI)”. For the most part, incidents were recorded as taking place on the road/in the street and in about half ‘disability prejudice’ was recorded as the reason for the incident. Less information was available about offenders, but in 38 percent of reports there was only one offender and in 23 percent there were more than five.

- Finally, 55 percent of the Genesis reports also included information about police officers querying the victim/IP about why they thought they were targeted; in 14 percent of those disability was not recorded as a motive.
**Police survey**

**Methodology**

*Development of the survey*

The information provided in the focus groups with Police and Community Safety Partnership members aided the design of an electronic questionnaire sent to all Police personnel in Medway and Kent. The survey set out to explore Police personnel’s experiences of dealing with cases of targeted victimisation of people with learning disabilities and autism. It also explored whether they felt competent and confident in responding to such cases. It also asked Police personnel to comment on their training and to report what would help them to feel more confident in managing these cases, including issues around shared responsibilities for managing community safety.

The survey was initially drafted using Microsoft word and after consultation with the Steering group an electronic version was created using SurveyMonkey. The survey monkey was then piloted with 4-5 individuals within the Police and adjustments made based on their feedback.

*Sampling and Procedure*

An email with a link to the survey was sent out to all Police personnel in Kent and Medway in April 2012, co-ordinated by DCI Andy Pritchard. The survey remained open for responses until June 2012. During this time 766 people started the survey, 260 responses were excluded due to being incomplete and a further 47 were excluded as they resulted from people who did not have contact with victims with learning disabilities and autism. The final total was 459 responses from all Police personnel in Kent and Medway including 20 responses from the Kent Police Student Officers who completed the reliability testing. Eighty four of these responses were from Medway Police personnel. Unfortunately it was not possible to obtain accurate figures on the number of people the email would have reached and so it has not been possible to calculate a response rate for the survey.

**Findings**

*Survey respondents*

Details of the personal characteristics, length of experience in the Police role and type of current role for survey respondents in all respondents and Medway only personnel can be seen in Table 5.6. Of the responses to the survey there was an almost even mix of males and females across the Kent and Medway samples. Most staff across all of Kent Police were aged between 30 and 50 (68%) with a similar distribution in Medway (65%). Predominantly, the respondents were white British (93%). Most respondents had less than ten years’ experience in their current role (90% whole sample and 87% Medway ) and around half of both samples had more than ten years’ experience of working in the Police force overall.
The number and types of roles listed by survey respondents were many and varied. For the purposes of organising the data by roles for further analysis, each respondent was allocated to one of three role types with assistance from a representative at Kent Police. The role types were 'Uniform', including inspectors, pcs and sergeants; 'Investigative' including detective sergeants and detective constables and 'Support' roles which included case workers and communication officer roles.

Most of the survey respondents were uniformed staff (66% of the whole sample), 20% were investigative and 14% were support staff (see to table 5.6 for a breakdown of percentages for Medway respondents).

<table>
<thead>
<tr>
<th></th>
<th>All (459)</th>
<th>Medway (84)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>56%</td>
<td>43%</td>
</tr>
<tr>
<td>Age group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;30</td>
<td>19%</td>
<td>20%</td>
</tr>
<tr>
<td>&gt;50</td>
<td>13%</td>
<td>15%</td>
</tr>
<tr>
<td>Nationality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White British</td>
<td>93%</td>
<td>93%</td>
</tr>
<tr>
<td>Length of time in their current role</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;10 years</td>
<td>10%</td>
<td>13%</td>
</tr>
<tr>
<td>Length of service in Police force</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;10 years</td>
<td>54%</td>
<td>48%</td>
</tr>
<tr>
<td>Police roles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uniformed</td>
<td>66%</td>
<td>52%</td>
</tr>
<tr>
<td>Investigative</td>
<td>20%</td>
<td>24%</td>
</tr>
<tr>
<td>Support</td>
<td>14%</td>
<td>24%</td>
</tr>
</tbody>
</table>

**Experience, contact and training with people with learning disabilities and autism**

We asked all of the survey respondents to tell us about their experience of contact with people with learning disabilities and autism. Ninety four percent (432) of the whole sample reported to having some contact with this group. Support staff were least likely to report having any contact (11%), while the highest frequency of contact was reported by uniformed staff (65%). Nineteen percent of investigative staff reported having some contact. Table 5.7 gives a breakdown for the whole sample
and the Medway sample. Only 8% in both samples said they had not had contact through their job role.

In the majority of cases the nature of the contact people had had within their Police role was in person, following a report of an incident (57% whole sample and 61% Medway sample). This includes giving advice and practical support in the places people with autism and learning disabilities live, and in public places they access.

Fewer respondents had contact with people over the phone (21% whole sample and 20% Medway respondents). This reflects the low number of responses from personnel working in the Force Contact and Control Centre, who would be taking calls from the public and may be the first point of contact for a person reporting an incident.

Most often staff only selected having one type of contact with people (55% of whole sample) with 12% reported more than 2 types of contact (i.e either phone contact, contact following an incident and/or contact following an incident that was hate related).

| Table 5.7 Police personnel contact and experience with people with learning disabilities and autism |
|-------------------------------------------------|----------------|----------------|
| Personal experience:                            | All            | Medway         |
| Yes                                            | 65%            | 60%            |
| No                                             | 35%            | 40%            |
| If yes, it was people with                      |                 |                |
| ASD                                            | 22%            | 19%            |
| LD                                             | 13%            | 7%             |
| ASD & LD                                       | 35%            | 37%            |
| Experience through police role:                | All            | Medway         |
| Yes                                            | 84%            | 82%            |
| No                                             | 8%             | 8%             |
| not sure                                       | 7%             | 9%             |

There was a significant relationship between length of service within the Police and the contact individuals had. The staff members of who reported to have spent more than 6 years with the police were more likely to report having had contact with individuals with learning disabilities and autism ($\chi^2 (2, N=430)= 4.5, p< .05$).

There was no association between the three types of Police roles and personal experience of people with learning disabilities or autism outside of their job role. However, those who were in a support role were less likely ($\chi^2 (2, N=456)= 31.68, p<0.001$) to have had experience in their police role (60%) than those in uniformed (88%) or investigative roles (90%). Table 5.8 illustrates the nature of the contact
experienced by each of the different staff groups as part of their job. As can be seen and as might be expected – those in a support role are more likely to have telephone contact with people whilst uniformed police and investigative staff are more likely to have contact following an incident. Most contact was with people as victims although over half the uniformed staff said they had also had contact with people as offenders and almost half as witnesses.
Eight-two percent of the whole sample and a similar proportion of the Medway sample considered that it was important to have an understanding of learning disabilities and autism to do their job effectively. Of the small proportion of survey respondents who indicated that it was not important, five percent said that they had no or limited contact with the public in their current role. Others indicated that they should have an equal approach to everyone, being wary of offending people, but also were mindful that they may need to be flexible in approach once more is known about a victim. Police staff who had personal contact with people with learning disabilities and autism to do their job effectively.
disabilities or autism outside of work were more likely ($\chi^2$ (2, N=456)= 6.53, p<0.05) to rate their understanding of learning disabilities and/or autism as important for enabling them to do their job efficiently (67%) than staff who had no personal experience outside of their work (33%).

Respondents who felt this knowledge and awareness would be important to them in their role, indicated that this was important to be able to initially distinguish learning disabilities and autism from other conditions. Good awareness and knowledge was also reported as helping them to interpret and understand how people with learning disabilities and autism respond in general. It was also reported in terms of knowledge that they may react very differently to the Police; in particular it would be important to know how individuals might interact with and communicate with Police personnel. Some respondents said this knowledge would be particularly useful in gauging how to adapt to people’s needs and in communicating effectively, This included offering appropriate support in general, but was seen as being particularly relevant when having to take details of incidents, when interviewing individuals and when supporting them to make statements. Police felt it could be important to understand how a certain condition could affect the comprehension of events and assist them in gathering evidence.

In relation to people with learning disabilities and autism as victims of crime, some Police staff suggested that it was important for them to understand any additional vulnerability they may have such as risk of becoming a victim again, in order to lead to better safeguarding. Other responses addressed the importance of having some understanding to be able to work with offenders with learning disabilities and autism. They suggested that they wanted to understand any susceptibility to committing specific types of crime, to prevent re-offending and to conceptualise any mitigating circumstances which could lead to possible milder consequences.

There was also some acknowledgement that if an individual’s reactions to the Police were misinterpreted as aggressive then this could disadvantage the person with learning disabilities or autism and that Police would want to avoid eliciting behaviours that could be considered challenging. Related to this, Police respondents felt it would be important to maintain good Policing standards and were wary not to give people with learning disabilities and autism a bad impression of the Police. They recognised that a bad impression may invoke distrust and unwillingness to contact them in the future. Respondents wanted to be seen to be treating people equally and providing an inclusive service which they saw to be inherent in professionalism and achieving the best outcomes for people.

Training

Table 5.9 provides a breakdown of the level and type of training received by the Police relating to people with learning disabilities and/or autism. As can be seen, a relatively low percentage of people had received training in relation to this population. Twenty six percent of respondents indicated they had received some training on Autism and 30% on Learning disability in the whole sample. The figures were only slightly higher for Medway sample.
The type of training that Police personnel undertake is generally of three different levels, Probationer, specialist skill and mandated. The majority of the training is delivered by the National Police Improvement Agency. The percentages of respondents receiving training at each level are illustrated in Table 5.9. Some respondents will have received more than one type of training and thus the categories are not mutually exclusive. Of those who reported having had training covering autism, 17% reported having attended only the one type of training delivered, 2% reported to have attended two types of training, and 3% reported to have attended all three types of training covering autism.

Of those who reported to have received training covering learning disabilities, 18% reported having attended only the one type of training, 2% reported to have attended two types of training, and 5% reported to have attended all three types of training covering learning disabilities.

Uniformed staff are most likely to report having received Probationer training covering autism, while staff in support roles are least likely to report receiving it ($\chi^2 (2, N=459)= 11.9, p< .005$). Uniformed staff were also most likely to report having received Mandated training covering autism, and again the least likely to report receiving this type of training are staff in support roles ($\chi^2 (2, N=459)= 6.5, p< .05$). There was no significant difference between the roles in terms of Specialist training.

Uniformed staff were most likely to report receiving Probationer training covering learning disabilities. Staff in support roles were least likely to report this type of training ($\chi^2 (2, N=459)= 9.6, p< .01$). No other significant differences were found between role types and training which covered learning disabilities.

There appeared to be a relationship between personal experience and whether or not people had attending training. Police staff who had personal contact with people with learning disabilities and/or autism outside of work were more likely ($\chi^2 (1, N=457)= 4.24, p<0.05$) to have attended some training (71%) covering learning disabilities and/or autism than staff who reported not having had any personal contact (29%).

When asked for details about the type of training individuals had received to help them understand learning disabilities and autism, respondents commented that this had formed a component of another course that was not specific to learning disabilities and autism per say. Figure 5.3 provides details of the types of courses mentioned. It was reported that due to the brief nature of this training, content would be forgotten from when first received years ago and that updates to such training were needed in order to refresh what was learned. This reflects the findings reported above from the focus groups.
Figure 5.3 Types of training courses mentioned by Police survey respondents as covering content related to learning disabilities or Autism as an component:

- Adult protection, safeguarding, mental capacity
- Best evidence interview training
- Custody or probation training
- Diversity awareness
- Hate crime specific training
- Hostage, firearms, crises negotiation
- Mental health awareness
- E-learning

Other survey respondents indicated that they had their own knowledge and awareness through personal experience or that they had taken the initiative to do some personal reading or research. Some had received training in previous educational courses, jobs or previous roles within the Police. Some respondents had also attended talks, specifically about Autism; others have attended training sessions provided by the third author. Some respondents had mentioned privately acquiring training to either help them in a personal role, but some also sought training privately to assist them in their Policing role. Some respondents mentioned training or input around dyslexia or dementia.

When asked about what training was needed, some respondents felt they had no requirements in this area, either because their role did not necessitate it. Others felt sufficiently confident in their knowledge and awareness in order to carry out their responsibilities. Those who did want more training felt they needed some case presentations of good and bad practice to include contact with people with learning disabilities and autism as well as their carers or other experts. Some recognised that even with further training they would need to recognise that everyone with autism presents differently. In particular respondents wanted to know about best practice for communicating and achieving best evidence with these groups. Others still wanted to know more about how to identify learning disabilities and autism and how to meet their various needs. Some respondents commented on the importance of on-the-job-training or simply having more reference material to refer to as and when needed. Specifically, there were requests for awareness of issues of how People with learning disabilities and/or autism respond in Police situations, special policies that could be applied as well as the need for a source of support when issues arise. Others said they were unsure what training or development they needed in this area.
### Table 5.9 Training related to learning disabilities and/or autism as reported as received by police staff (N=459)

<table>
<thead>
<tr>
<th>Training related to autism</th>
<th>Yes</th>
<th>26%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>63%</td>
</tr>
<tr>
<td></td>
<td>Not sure</td>
<td>11%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Of those who had training</th>
<th>Type of training attended</th>
<th>Last year</th>
<th>1-3 years ago</th>
<th>&gt;3 yrs ago</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Probationer (N=459)</td>
<td>11%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Specialist skills (N=459)</td>
<td>13%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mandated (N=459)</td>
<td>7%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| When attended | Probationer (N=51) | 2% | 2% | 7% |
|               | Specialist skills (N=58) | 2% | 7% | 4% |
|               | Mandated (N=32) | 1% | 3% | 3% |

<table>
<thead>
<tr>
<th>Training received covering learning disabilities (N=459)</th>
<th>Yes</th>
<th>30%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>51%</td>
</tr>
<tr>
<td></td>
<td>Not sure</td>
<td>19%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Of those who had training</th>
<th>Type of training attended</th>
<th>Last year</th>
<th>1-3 years ago</th>
<th>&gt;3 yrs ago</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Probationer (N=459)</td>
<td>13%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Specialist skills (N=459)</td>
<td>15%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mandated (N=459)</td>
<td>9%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| When attended | Probationer (N=51) | 2% | 2% | 10% |
|               | Specialist skills (N=58) | 2% | 7% | 6% |
|               | Mandated (N=32) | 1% | 3% | 5% |
Knowledge and views of terminology and language around hate crime

‘Any criminal offence, which is perceived, by the victim or any other person, to be motivated by hostility or prejudice based on a person’s disability or perceived disability’

The Crown Prosecution Service (2005) definition of disability hate crime above was provided in the survey, followed with a question about whether the definition and the language associated with it was i) very inclusive and clear, ii) helpful, but some grey areas, iii) lots of grey areas, iv) not helpful and causes problems. There was also a v) don’t know response option. Table 5.10 gives the percentages and frequencies of response options for the whole sample. The majority of respondents felt that the definition was either very inclusive and clear, or helpful with some grey areas (90%). There were no differences in responses to this question between the three types of police roles.

Respondents who said that there were grey areas or problems with the definition were asked to clarify their responses. These responses were analysed for common themes.

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very inclusive and clear</td>
<td>217</td>
</tr>
<tr>
<td>Helpful, but some grey areas</td>
<td>195</td>
</tr>
<tr>
<td>Lots of grey areas</td>
<td>19</td>
</tr>
<tr>
<td>Not helpful AND it creates problems</td>
<td>23</td>
</tr>
<tr>
<td>Don’t know</td>
<td>5</td>
</tr>
</tbody>
</table>

Respondents indicated that ‘identifying incidents as hate related’ was challenging. This was described as being due to ‘problems with the perception element’ of the definition and relying on subjective interpretations, not only around the nature of the crime but also in the defining of disability:

‘perception is the phrase which causes problems it is too subjective’. (26)

‘Hate crime is a very broad area, what one person considers a disability another may not. For example attending one job the victim may consider them self to have disability, yet going to another job with the victim having the same issue may consider it a disability. There is then the issue of if the victim
does not consider it a hate crime yet an onlooker does, who wishes do we go with’. (114)

‘The term hate crime is inflammatory and could distort the perception of the issue at hand’. (369)

In particular ‘third party perception’ added to problems with the perceptual element with regards to applying the definition to determine whether an incident should be treated as a hate crime:

‘The fact that it could be anyone’s perception - under this definition the entire world including the perceived victim may not view the incident as a hate incident but under its strictest interpretation if a single third party does then it is - this seems nonsensical to me’. (47)

‘It should be an informed decision based on all the relevant circumstances which I know is subjective but, a member of control staff taking the call or anyone else labelling something as hate crime creates panic and is normally wrong’. (68)

It also emerged that allowing third party perception as part of the definition is seen in some cases as leading to a waste of Police time: If an alleged victim does not consider themselves a victim, they may become a victim just via being perceived as one by the person who has witnessed the incident reporting them as such:

‘The "any person perceiving" allows someone eavesdropping or witnessing half an incident to report an innocent joke between friends as a crime. whether the "victim" believes it to be directed at them or not, then someone can say it was and then the "victim" has to make a statement or may feel pressured into making a statement that they do not feel the need to. Surely it is about dealing with ALL crime effectively, not highlighting a particular crime and giving it a better treatment because of a highlighted/perceived [aspect]’ (62)

‘By the reference to any other person and what they may feel is a Hate crime, makes it very subjective and can lead to uninvolved parties attempting to escalate police and other agencies involvement inappropriately. These can cause valuable staff time to be spent on cases that do not warrant the additional work and thus dilute the time spent on the real cases’. (64)

‘Evidencing a motivation’ of hostility as required by the definition is also seen as problematic as it requires behaviours or acts that can easily be ascribed as hostile based on the presence of a victims disability:

‘I understand the problem, in that the reality of determining a motive requires us to "know the thinking" of the offender’. (321)

Knowing the thinking of the offender may not be possible and may require victims to justify their claims to the nature of their victimisation through evidencing name calling for example. The fact that some disabilities are hidden (not obvious just by looking at a person) may also mean it is more difficult to evidence this motivation of hostility:
‘We do ourselves and the genuine victims of hate crime a massive disservice by recording hate crimes where there are no objective grounds to do so. It demeans those who have genuinely suffered as a result of hate crime. We should be asking why it is a hate crime and asking the person who believes it is to justify why and provide evidence to support this justification, for example by words said during the crime or by the fact that they are wearing some sort of logo which indicates they belong to a group that is known to be motivated by some any sort of intolerance. (325)

There was some suggestion for the need for ‘thresholds’ for evidencing motivations in order to streamline the definition and correctly ‘tag’ a case as a hate crime:

‘Personally I feel the definition is far too wide and all-encompassing with no threshold to evidencing a motivation- if I say someone has committed a hate crime against me because of the way they looked at me, then there is no real bar for me to evidence actual motivation, albeit I accept this should not be high. There needs to be some common sense’. (215)

The challenges of identifying a suspect’s motivations led to some comments that calls into question whether there is hatred or hostility:

‘By definition we have to treat all incidents where any hate crime, disability, race, religion etc., etc. is mentioned we have to treat it as a hate incident. There are many instances when no such incident or crime has taken place and yet as the person has stated that they are disabled or different in any way we have to treat this as a hate incident’. (115)

‘Hate is very subjective and may not always be the motivator to be the catalyst for hate crime in this context. In addition to this from a policing point of view there is usually a whole spectrum of reasons why the offender of one of these crimes has identified or made a target of that victim. And using a coverall word of disability does not go deep enough into individual cases’. (237)

Regardless of whether or not the element of hostility can be evidenced, responses clearly showed that where there was any indication of a hate crime they had to be seen to take this seriously:

‘Managers go through a ““tick box” mentality in order to be seen to treating incident labelled as ““Hate”“ as serious incidents and showing how committed the force is to giving a high level of service to victims. We have attended Hate crime where the ““offence”“ was youths throwing snow balls at a door’. (187)

‘Being seen to take it seriously’ also meant Police personal felt that they were providing an enhanced level of service which they did not always consider appropriate and can lead to dissatisfaction of victims when Police responses do not match expectations:

‘By the reference to any other person and what they may feel is a Hate crime, makes it very subjective and can lead to uninvolved parties attempting
to escalate police and other agencies involvement inappropriately. These can cause valuable staff time to be spent on cases that do not warrant the additional work and thus dilute the time spent on the real cases’. (64)

‘Incidents are recorded as HATE and yet often there is nothing to corroborate this as this could actually have been any regular incident. The attending officers are then looked upon to deal with this as a hate incident when there are often no actions that can be taken, thus leading to dissatisfaction’. (115)

However it is worth noting that if defined as a ‘vulnerable’ or intimidated victim they should receive an enhanced service regardless (Vulnerable and intimidated witnesses: A police service guide, 2011).

As the last comment above (115) suggests there is also concern about how the pressure to ‘be seen to take it seriously’ impacts on whether the crime is recorded as hate related or not, which may have some impact on figures that are reported as well as implication for managing repeat victimisation:

‘...to shift the emphasis away from an objective assessment of all the circumstances to a blanket “if anyone thinks so” criteria means the statistics are flawed’. (321)

Finally, there was a recognition that some people appeared to use the hate crime label as a way of getting a better service from the police:

‘Numerous persons I deal with regularly are aware that if they state an incident is a hate crime they will receive an enhanced service and believe that Police will automatically take their side. The words only have to be mentioned for this to happen. This takes resources from incidents that could be impartially viewed as genuine hate crime’. (438)

‘With a loose definition of hate crime there is the temptation to call an offence a hate crime to obtain a premium service. This has been the problem with some race hate reports. I accept that it is less likely with people with learning difficulties’. (352)

**Vulnerability**

Determining whether an individual is vulnerable is an important part of Police work and is related to the language and terminology used in reference to victims of disability hate crimes. An individual who has been victimised for the first time and considered to be vulnerable may go on to be the victim of further crimes unless a proper assessment of risk has been considered. If a victim goes on to be repeatedly victimised then this should be flagged up by FCC or on recording systems such as STORM and Genesis, allowing Police to be aware of the person’s vulnerability when responding to any new incidents, which may also impact on actions taken by the officer to ensure there is a reduction in the risk of being subject to further offences.

Given the importance of understanding vulnerability in relation to supporting people with learning disabilities and autism to receive an appropriate response from the
Police we asked survey respondents to comment on the question ‘when might you define an individual as vulnerable?’

A number of respondents to this question gave a direct quote from the Crime and Disorder definition of a vulnerable person:

‘A person who due to the nature of the crime or incident or other circumstances is, on balance, susceptible to immediate further attack or they are likely to be at risk of further crime or harm.’

It is not possible to know whether the individuals who supplied this quote would have internalised this or looked up the quote when prompted by the survey question. This definition can be broken down into its core elements of a person being vulnerable due to:

- Nature of the crime/incident
- Other circumstances
- Being susceptible to further attack

And thus as a result:

- At risk of further harm

Other responses emphasise only parts of this definition, as will be summarised below.

Some respondents listed only ‘characteristics’ that may lead a person to be more vulnerable such as a "mental condition", “age (older and those under 16) or disability (mental and physical", gender, and communication difficulties and mental capacity.

It is possible that this interpretation is taken from an understanding of section 16 of the Youth Justice and Criminal evidence Act (1999), which explains that **Vulnerable witnesses** who are eligible for special measures are defined as:

- All child witnesses (under 18); and
- Any witness whose quality of evidence is likely to be diminished because they:
  - are suffering from a mental disorder (as defined by the Mental Health Act 1983);
  - have a significant impairment of intelligence and social functioning; or
  - have a physical disability or are suffering from a physical disorder.

The circumstances or situations that some respondents felt rendered an individual vulnerable were:

- Assistance with daily living, determined by being a recipient of support:
  - ‘When they require additional help either physically, emotionally or psychology in any area life’ (413)
Living in Fear: Final report

- ‘They may have a need for additional support to protect themselves’. (384)
- ‘When they have rely on others for their basic care’. (334)

Or when individuals are not receiving support considered necessary:

- ‘Age, disability, lack of support (from friends/family), prone to being targeted repeatedly’ (116)
- ‘when they do not have the ability to cope as an individual and do not have appropriate third party support’ (29)

An individual’s lifestyle may also mean they would be perceived as vulnerable, in particular where drugs, alcohol or homelessness are an issue:

- ‘drug or alcohol problems’ (385)
- ‘Homelessness’ (385)
- ‘Any situation where by nature of the individuals circumstances or lifestyle they may be more vulnerable to suffering harm or being a victim of crime’. (50)

The context of an individual’s vulnerability was also described as being related to the type of crime experienced, with a particular focus on being a repeat victim or people living in fear:

- ‘When the person is susceptible to further attack and is likely to be at risk of being a victim again’. (397)
- ‘Specifically or repeatedly targeted’. (271)
- ‘However in day to day anyone who is living in fear of harm or abuse’ (220)
- ‘When they feel unsafe or are prone to be taken advantage of by others’. (364)

It was also recognised that vulnerability could be transitory and not necessarily a permanent state; that anyone can be vulnerable at particular points and that perceiving yourself as vulnerable or being perceived as vulnerable by someone else can increase vulnerability in itself:

- ‘All victims are potentially vulnerable depending on the nature of the incident and the surrounding circumstances and this, in my opinion, should be looked at on an individual basis even if the person has not been deemed vulnerable in the past’. (365)
- ‘They do not have to have disabilities in order to be vulnerable’. (360)
- ‘Anyone that needs extra support. Everyone is vulnerable at some point in their life’. (323)
‘when they feel vulnerable’ (55)

‘When they are more at risk of being a victim of crime, and are seen as an ‘easier’ victim by criminals’ (138)

Knowledge and awareness of learning disabilities and autism

As part of the survey we assessed the staff awareness of some common issues relating to learning disabilities and autism. To do this we asked respondents to rate on a Likert type scale the extent to which they agreed or disagreed with a list of 22 statements. The statements were counterbalanced in terms of whether a higher score related to agreement or disagreement. The responses to these questions provide us with some insight into the awareness, attitudes and knowledge of Police personnel in relation to people with learning disabilities and autism. The responses may be based on personal experiences outside of their job role; they might be formed through work experiences or training received or through a combination of all three. Table 5.11 displays the percentage of police staff, who were in agreement with the items in the left column.

As illustrated the majority of police staff have good knowledge overall, of learning disabilities and autism, and are aware of some of the difficulties faced by individuals. However their general knowledge was quite poor for a small number of items; few respondents were aware that:

• People with learning disabilities or autism are more likely to also have a mental health or other health related problem;
• People with learning disabilities tend to acquiesce (say yes to questions);
• People with Asperger Syndrome don’t have a delay in developing language in the same way people with autism do.

There were also a number of items where a reasonable amount of staff agreed with incorrect statements, which indicated lower awareness

• Learning disability is a mental illness (25% agreed);
• ADHD is a type of learning disability (40% agreed);
• People with autism will always have a below average intelligence (33% agreed).
Table 5.11 Percentage of the people who agreed, or somewhat agreed with the following statements (N=459)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Whole sample</th>
<th>Medway</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning disability is a mental illness</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>People with Downs syndrome have a type of learning disability *</td>
<td>62</td>
<td>62</td>
</tr>
<tr>
<td>ADHD is a type of learning disability</td>
<td>40</td>
<td>41</td>
</tr>
<tr>
<td>People with autism perceive the world in the same way as everyone else</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Autism is a type of learning disability</td>
<td>59</td>
<td>61%</td>
</tr>
<tr>
<td>People with autism and learning disabilities can make a recovery</td>
<td>18</td>
<td>20</td>
</tr>
<tr>
<td>People with autism always look disabled or different somehow</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Autism and learning disabilities are  lifelong conditions *</td>
<td>72</td>
<td>72</td>
</tr>
<tr>
<td>People with learning disabilities are more likely to be suggestible under questioning *</td>
<td>78</td>
<td>77</td>
</tr>
<tr>
<td>People with autism may also experience over- or under-sensitivity to sounds, touch, tastes, smells, light or colour *</td>
<td>83</td>
<td>84</td>
</tr>
<tr>
<td>People with autism will always have a below average intelligence</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>People with autism are more reliable witnesses and informants than people with learning disabilities +</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>People with learning disabilities or autism are more likely to also have a mental health or other health related problem*</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>People with learning disabilities have a harder time learning, communicating and understanding *</td>
<td>86</td>
<td>86</td>
</tr>
<tr>
<td>People with autism have an above average intelligence</td>
<td>34</td>
<td>33</td>
</tr>
<tr>
<td>People with learning disabilities are less likely to fabricate or add to their accounts under questioning</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>People with Asperger Syndrome are more likely to have a learning disability than people with autism</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>People with autism can have an above average intelligence and still not be able to carry out some day to day activities.*</td>
<td>85</td>
<td>84</td>
</tr>
<tr>
<td>People with learning disabilities are more reliable witnesses and informants than people with autism +</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>People with learning disability tend to acquiesce (say yes to questions) *</td>
<td>47</td>
<td>47</td>
</tr>
<tr>
<td>People with learning disabilities or autism have problems accessing the community *</td>
<td>73</td>
<td>75</td>
</tr>
<tr>
<td>People with Asperger Syndrome don’t have a delay in developing language in the same way people with autism do *</td>
<td>10</td>
<td>9</td>
</tr>
</tbody>
</table>

* Denotes where an agreement would be considered a correct answer
+ Not included in the analysis of correct items – no correct answer.

The results were analysed in relation to staff members who had (any) training and those who had not. The training responses were: yes, no, not sure. Six of the above
items emerged as significantly different. Significant differences between responses for those who had training and those who had no training was found for the following statements:

- people with Downs syndrome have a type of learning disability ($\chi^2 (1, N=459)= 4.3, p< .05$), those who did not have training were more likely to disagree or not be sure about their response;
- ADHD is a type of learning disability ($\chi^2 (1, N=459)= 6.5, p< .05$), those who did not have training were more likely to disagree with the statement;
- autism and learning disabilities are lifelong conditions ($\chi^2 (1, N=459)= 3.8, p= .05$), those without training were most likely to disagree with the statement;
- people with learning disabilities or autism are more likely to also have a mental health or other health related problem ($\chi^2 (1, N=459)= 7, p< .01$), most replied they disagreed with the statement however those with training are more likely to agree;
- people with learning disabilities or autism have problems accessing the community ($\chi^2 (1, N=459)= 3.6, p= .05$), those who had training were least likely to disagree;
- people with Asperger Syndrome don’t have a delay in developing language in the same way people with autism do, ($\chi^2 (1, N=459)= 4.6, p< .05$), those with training were most likely to disagree.

The data was also analysed in terms of agreement and disagreement, between role types. Three of the items produced significant differences in responses between role types:

- people with autism have an above average intelligence; investigative officers were more likely to agree with the statement, while uniformed officers were most likely to disagree ($\chi^2 (2, N=459)= 9.0, p< .05$);
- people with learning disabilities are less likely to fabricate or add to their accounts under questioning, investigative officers were most likely to agree with the statement while support staff was most likely to disagree($\chi^2 (2, N=459)= 6.7, p< .05$);
- people with Asperger Syndrome don’t have a delay in developing language in the same way people with autism do, support staff was most likely to agree while uniformed staff was most likely to disagree with the statement ($\chi^2 (2, N=459)= 13.5, p< .001$).

Finally a Mann-Whitney U-Test was conducted in order to compare the differences, in responses between those who had training vs. no training. Table 5.12 displays the median scores between police staff who had training, and those who have not or are unsure if they have had training. For some of the questions the median scores were significantly different on a Mann-Whitney U test at $p<0.01$ as indicated in the table.
Table 5.12: presents the knowledge and attitudes scores by whether people had had training related to autism or learning disabilities. Z score on Mann-whitney U test reported when significant difference. Two of the 22 items were not included as it wasn’t possible to record agree or disagree as a correct answer.
## Table 5.12: Median scores on awareness questionnaires by whether people had had training related to autism or learning disabilities. Z score on Mann-Whitney U test reported when significant difference.

<table>
<thead>
<tr>
<th>Training included reference to autism (N= 457)</th>
<th>Training included reference to learning Disabilities (N= 456)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No training</td>
<td>Training</td>
</tr>
<tr>
<td>Learning disability is a mental illness</td>
<td>2</td>
</tr>
<tr>
<td>People with Downs syndrome have a type of learning disability</td>
<td>4</td>
</tr>
<tr>
<td>ADHD is a type of learning disability</td>
<td>3</td>
</tr>
<tr>
<td>People with autism perceive the world in the same way as everyone else</td>
<td>1</td>
</tr>
<tr>
<td>Autism is a type of learning disability</td>
<td>4</td>
</tr>
<tr>
<td>People with autism and learning disabilities can make a recovery</td>
<td>2</td>
</tr>
<tr>
<td>People with autism always look disabled or different somehow</td>
<td>1</td>
</tr>
<tr>
<td>Autism and learning disabilities are lifelong conditions</td>
<td>4</td>
</tr>
<tr>
<td>People with learning disabilities are more likely to be suggestible under questioning</td>
<td>4</td>
</tr>
<tr>
<td>People with autism may also experience over- or under-sensitivity to sounds, touch, tastes, smells, light or colour</td>
<td>4</td>
</tr>
<tr>
<td>People with autism will always have a below average intelligence</td>
<td>1</td>
</tr>
<tr>
<td>People with learning</td>
<td>3</td>
</tr>
</tbody>
</table>
disabilities or autism are more likely to also have a mental health or other health related problem

People with learning disabilities have a harder time learning, communicating and understanding

People with autism have an above average intelligence

People with learning disabilities are less likely to fabricate or add to their accounts under questioning

People with Asperger Syndrome are more likely to have a learning disability than people with autism

People with autism can have an above average intelligence and still not be able to carry out some day to day activities.

People with learning disability tend to acquiesce (say yes to questions)

People with learning disabilities or autism have problems accessing the community

People with Asperger Syndrome don’t have a delay in developing language in the same way people with autism do

* = p<0.05, ** = p<0.01, *** = p<0.001 and **** = p<0.000N.B. Respondents scored each statement using the following scale: 1= disagree entirely; 2= disagree somewhat; 3= not sure; 4= agree somewhat; 5= agree entirely
As can be seen those who had training covering autism scored more highly on 10 questions regarding autism. For instance they recognised that autism is a type of learning disabilities, and that people with autism can have an above average intelligence and still not be able to carry out some day to day activities.

Similarly those who had training covering learning disabilities scored more highly on 5 questions which primarily regarded learning disabilities. For instance they recognised that people with learning disabilities or autism have problems accessing the community, and that people with learning disabilities have a harder time learning, communicating and understanding.

The variations in the significant response items between the two types of training imply that specialised training resulted in specialised knowledge, meaning those with training in autism where more likely to answer correctly to questions regarding autism and vice versa.

**Responding to and managing cases**

In order to have effectively manage cases involving people with learning disabilities and/or autism it is important to be able to detect whether an individual may have a LD or ASD. In cases of disability hate crime it is also important to be competent in determining if a reported incident a) fits the definition given by the CPS and b) to be competent in responding to reports of and victims of disability hate crime who have a LD or ASD.

Table 5.13 outlines the percentage of the whole sample and the Medway sample in terms of their perceived confidence and competence ratings in these matters. About half of both samples said they were confident or very confident in detecting if a witness or victim has a LD. However survey respondents in both groups were less confident in detecting if a person had ASD. This is not surprising as in general people with autism may not appear ‘different’ in their physical presentation, compared to say some people with specific syndromes such as Downs syndrome. Moreover, those individuals who have relatively good language skills such as people with Asperger Syndrome may be harder to distinguish as having ASD, and thus may be assumed to be more capable in terms of their receptive language abilities, with little support or adjustment being given in order to respond to their needs which will in turn impact on the process of achieving best evidence.
Table 5.13 Respondents perceived confidence in detecting learning disability and autism and competence in identifying and responding to incidents motivated by hostility (hate crime).

<table>
<thead>
<tr>
<th></th>
<th>ALL</th>
<th>Medway</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Very/Confident in:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to detect if a witness or victim has Learning Disability</td>
<td>47%</td>
<td>50%</td>
</tr>
<tr>
<td>Ability to detect if a witness or victim has Autism</td>
<td>27%</td>
<td>21%</td>
</tr>
<tr>
<td><strong>Perceived self-competence in:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Determining if a reported incident fits the definition of disability hate crime</td>
<td>52%</td>
<td>50%</td>
</tr>
<tr>
<td>Responding to reports of hate incidents where a person with autism is the victim</td>
<td>47%</td>
<td>48%</td>
</tr>
<tr>
<td>Responding to reports of hate learning disability is the victim</td>
<td>53%</td>
<td>57%</td>
</tr>
</tbody>
</table>

There is a significant association between Police personnel’s personal experience or contact with people with learning disabilities and/or autism and their confidence to detect whether a person has LD or ASD.

The individuals who responded saying that they had had personal experience of learning disabilities and/or autism outside of their work environment in general scored themselves higher on the confidence scale in detecting whether a person has learning disabilities; 75% of those who scored themselves as confident had personal experience or contact outside of work, compared to 25% who stated they felt confident even though they had not had personal experience or contact ($\chi^2 (2, N=444) = 16.7, p<.001$).

A similar pattern of responses were found for confidence ratings in detecting whether a person had autism. Eighty six percent of those who scored themselves as confident had personal experience or contact outside of work, whereas only 14% of scored themselves as confident even though they had not had any contact or experience outside of work ($\chi^2 (2, N=444) = 33.1, p<.001$).

As might be expected there was a relation between training and competence. Police staff who have attended all 3 types of training covering learning disabilities were more likely ($\chi^2 (2, N=103) = 6.29, p<0.05$) to score themselves as feeling competent in responding to reports of hate incidents where a person with learning disability is the victim (90%) than those with one type of training (62%) or two types of training (50%).

Police staff who have attended all 3 types of training covering learning disabilities, where more likely ($\chi^2 (2, N=103) = 6.05, p<0.05$) to score themselves as feeling
competent in responding to reports of hate incidents where a person with autism is the victim (90%) than those with one type of training (64%) or two types of training (50%).

Survey respondents who indicated they were already confident in detecting whether a person has a learning disability or autism were prompted to expand on their answer and say what made them confident in this respect. Respondents said that they might ask directly or through probing questions. Others said they would make an assessment through interactions, response to questioning, conversation or possibly check their own databases to see if any information about a person could be obtained this way. Three respondents specifically mentioned asking about an identity card or medical card. Others referred to their personal experiences as being useful to draw on to recognise signs. Some felt they would recognise physical differences. Others mentioned looking out for certain signs or characteristics such as a lack of eye contact, speech differences or through the social skills of people with autism and through the cognitive ability and understanding of people with learning disabilities. Some mentioned the need to get information from a carer or that they would rely on a carer or another third party for this information.

Some respondents who said they were not confident indicated they had not had any experiences of contact or felt that they did not always have sufficient contact time with individuals to be able to establish whether they had a learning disability or autism; others had only telephone contact. Others commented that they felt their knowledge and awareness was lacking due to scarcity of training covering learning disabilities and autism. Some respondents felt learning disabilities and autism are hard to detect as signs may be subtle or that there is such a range of disabilities and conditions that they could not differentiate these. They felt that they could not necessarily differentiate people with a learning disability or autism from someone who was for example. unwilling to assist, had 'odd quirks' or whom had a stroke or was drunk or taking drugs.

For respondents who had expressed a lack of competence, they indicated they needed additional general training in this area, or specific training with regards to how to approach the subject of a possible learning disability or autism with individuals, as well as training on identifying signs of learning disability and autism and specifically covering different types of learning disability. Others felt they needed to have more contact time with people to help them to be confident in identifying a learning disability or autism.

A set of logistic regression analyses were run in order to ascertain whether certain question responses would predict ratings on the confidence and competence ratings. In particular the analysis explored whether having experience or training relevant to learning disability or autism effected staff's ratings on their confidence and competence. The following 5 models explored were all significant.

Model 1 (Table 5.14) accounted for 13.4% of the variance in competence and revealed that contact with people, through their police role, confidence in detecting whether victim has learning disabilities or autism, predicted higher scores on competence in terms of defining if an incident fits the definition disability hate crime.
Table 5.14 Logistic regression on competence in determining if a reported incident fits the definition of “disability hate crime” (where \(0=\) not competent/ not sure and \(1=\) competent)

<table>
<thead>
<tr>
<th>Variables in the equation</th>
<th>(B)</th>
<th>Wald</th>
<th>d.f.</th>
<th>Significance</th>
<th>Estimated Odds Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q16. In your roles with the Police have you had contact with people with learning disabilities and/or autism?</td>
<td>1.177</td>
<td>9.465</td>
<td>1</td>
<td>0.002</td>
<td>3.245</td>
</tr>
<tr>
<td>Q29. Confidence in detecting if victim has learning disabilities</td>
<td>1.163</td>
<td>9.322</td>
<td>1</td>
<td>0.002</td>
<td>3.201</td>
</tr>
<tr>
<td>Q32. Confidence in detecting if victim has autism</td>
<td>0.903</td>
<td>3.631</td>
<td>1</td>
<td>0.057</td>
<td>2.468</td>
</tr>
</tbody>
</table>

Model 2 (Table 5.15) accounted for 16.6% of the variance in competence in responding when the person has autism and revealed that contact with people through their police role, confidence in detecting whether victim has learning disabilities or autism predicted higher scores on competence ratings in terms of responding to reports of hate incidents where a person with autism is the victim.

Figure 5.15 Logistic regression on competence about: responding to reports of hate incidents where a person with autism is the victim (where \(0=\) not competent/ not sure and \(1=\) competent)

<table>
<thead>
<tr>
<th>Variables in the equation</th>
<th>(B)</th>
<th>Wald</th>
<th>d.f.</th>
<th>Significance</th>
<th>Estimated Odds Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q16. In your roles with the Police have you had contact with people with learning disabilities and/or autism?</td>
<td>1.210</td>
<td>9.512</td>
<td>1</td>
<td>0.002</td>
<td>3.355</td>
</tr>
<tr>
<td>Q29. Confidence in detecting if victim has learning disabilities</td>
<td>1.208</td>
<td>9.953</td>
<td>1</td>
<td>0.002</td>
<td>3.347</td>
</tr>
<tr>
<td>Q32. Confidence in detecting if victim has autism</td>
<td>1.227</td>
<td>6.003</td>
<td>1</td>
<td>0.014</td>
<td>3.409</td>
</tr>
</tbody>
</table>
Model 3 (Table 5.16) accounted for 15.3% of the variance in competence in responding when the person has a learning disability and revealed that for contact with people through their police role, confidence in detecting whether victim has learning disabilities predicted higher scores on competence ratings in terms of responding to reports of hate incidents where a person with learning disabilities is the victim.

<table>
<thead>
<tr>
<th>Variables in the equation</th>
<th>B</th>
<th>Wald</th>
<th>d.f</th>
<th>Significance</th>
<th>Estimated Odds Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q16. In your roles with the Police have you had contact with people with learning disabilities and/or autism?</td>
<td>1.014</td>
<td>6.897</td>
<td>1</td>
<td>0.009</td>
<td>2.757</td>
</tr>
<tr>
<td>Q29. Confidence in detecting if victim has learning disabilities</td>
<td>2.017</td>
<td>26.124</td>
<td>1</td>
<td>0.000</td>
<td>7.512</td>
</tr>
</tbody>
</table>

Model 4 (Table 5.17) accounted for 15.0% of variation in confidence in detecting whether someone has a learning disability and revealed that for contact with people through their police role, receiving training which covered learning disabilities and autism, and having some personal contact with people outside of work predicted higher scores on confidence ratings in terms of one’s ability in detecting whether a victim of witness has learning disabilities.
Finally model 5 accounted for 10.1% of the variance in confidence and revealed receiving training which covered autism, and having some personal contact with people outside of work predicted higher scores on confidence ratings in terms one’s ability in detecting whether a victim of witness has autism.

In summary, the regression analysis indicates that both experience outside their role as well as training as part of their role play an important part. The data above tells us that competence and confidence ratings in dealing with people with learning disabilities and autism are impacted and influenced by the variables such as training police staff receives, contact they have with people in their role as well as contact with people outside of their role.
Responsibility for dealing with disability hate crime and the roles of different agencies

Table 5.19 illustrates the responses of police, across role types, of which agencies they score as being involved in cases of hate incidents and victimisation.

<table>
<thead>
<tr>
<th></th>
<th>% Never, rarely</th>
<th>% Sometimes</th>
<th>% Often, always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family carers</td>
<td>6</td>
<td>15</td>
<td>40</td>
</tr>
<tr>
<td>Advocates</td>
<td>20</td>
<td>21</td>
<td>9</td>
</tr>
<tr>
<td>Health professionals</td>
<td>17</td>
<td>25</td>
<td>20</td>
</tr>
<tr>
<td>Social care providers</td>
<td>13</td>
<td>24</td>
<td>23</td>
</tr>
<tr>
<td>Housing providers</td>
<td>25</td>
<td>23</td>
<td>10</td>
</tr>
<tr>
<td>Local authority care managers</td>
<td>25</td>
<td>18</td>
<td>11</td>
</tr>
<tr>
<td>Social workers</td>
<td>14</td>
<td>22</td>
<td>26</td>
</tr>
<tr>
<td>Adult protection leads social services</td>
<td>21</td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td>Adult protection leads health services</td>
<td>23</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td>Police</td>
<td>5</td>
<td>13</td>
<td>48</td>
</tr>
</tbody>
</table>

The police staff ranked i) the housing providers, ii) the local authority care managers and iii) the adult protection leads health services, as the top three agencies who “never, rarely” get involved. Family carers, the police and social workers, on the other hand, were ranked as the top three agencies that were “often, always” involved.

Some survey respondents had commented that they had no insight into multi-agency working in this area. Others described being satisfied with their experience of multiagency working. Some acknowledged the role of family carers both in bring the issues to the attention of the Police and but also in facilitating the investigation of incidents. Where there was dissatisfaction with multi-agency working, the Police respondents felt there needed to be more input before things got to crisis point and they had to get involved. However they did not always feel that other agencies were at fault, acknowledging constraints of time and resources. One comment suggested that resource constraints could mean that appropriate adults were not available, leading to unintended consequence of cases being given inappropriate disposal codes in their system, which might imply that some cases would not be recorded as a crime. Dissatisfaction also came in the form of not hearing back from agencies when information had been shared about an individual, or that agencies did not see the issue of a victim of anti-social behaviour or other crimes as their responsibility, or that it is difficult to get their support with processes being unduly bureaucratic, slow to take up responsibility, or difficult to identify the responsible person.

As one of the key themes from the Police and community safety partnership focus groups was around responsibilities and partnership working; it was felt important to
include this within the survey of Police. The survey asked respondents to say who they thought should be responsible for promoting the community safety of people with learning disabilities and autism and the themes from the analysis of responses are outlined here.

Responses indicated that overall there should be a sense of ‘community responsibility’ for promoting personal safety of people with learning disabilities and autism:

‘All aspects of the community’. (3)

‘Everybody’. (91)

Other respondents clearly saw this as a responsibility that should be taken through partnership working as more than one agency was listed as responsible:

‘I feel that numerous agencies including the police should be responsible for promoting the safety of people with learning disabilities and autism in the community. These agencies should work together I feel in order to ensure that this is effective’ (148)

‘Police- Combined Safeguarding Teams, Police Community Support Officers, Neighbourhood Teams, Community Safety Unit, working directly with Local Authorities Social Services, Charities with specialist knowledge, carers, helpers, volunteers. Education particularly Special Educational Needs Coordinators (SENco's). (90)

The Police were not necessarily mentioned in all responses that indicated partnership working but some respondents were clear that the police role was specifically for when things go wrong or in supporting victims and witnesses:

‘Health and Social services should make sure that there is adequate facility for integration and Schools should have a representative amount of people with those conditions in their numbers to make the most of not only integration but tolerance and education. Police are there to assist IF things go wrong for the most part but are key in reassuring the victims and witnesses if there is a crime that affects them’. (100)

There was also some feeling that individuals may not be ready to be within the community, which raised, in addition, the concerns of appropriate placements within communities for people with learning disabilities and autism:

‘Firstly is the person suitable to be in the community or would they benefit from closed care. If in the community is the care appropriate to their needs and to the surrounding community. If placed in the community have they been placed in a suitable environment and not next to persons who will target the individual. Police obviously have a responsibility to all those in
Living in Fear: Final report

the community however I feel that other organisations should take far more responsibility in looking after those who need the extra support’. (93)

And indeed that the community is not ready for people with learning disabilities and autism and more work needed to facilitate better integration and acceptance:

‘Social services should be providing better support and the government should be doing more to raise awareness of learning disabilities and autism in the community. Likewise, schools should also be doing more to educate children with regard to this. My daughter has dedicated religious education which would be better presented as social studies or diversity training’. (195)

When asked specifically what the Police could be doing better to promote community safety the following themes were identified:

- Training: awareness and understanding,
- Partnership working (improvements from all agencies on this),
- Public awareness and engagement with local groups and schools.
- Accessible crime prevention materials,

However, there was awareness that this would all need to be achieved within the reality of cuts to Policing personnel and resources within the community.

Other key comments Police made at the end of the survey emphasised again the difficulties with the language and definitions of hate crime, warning against the automatic assumption that any case involving a person with a learning disability or autism is automatically a hate crime and criticising any special approaches or response to individuals on this basis, whilst suggesting that responses to all groups should be improved.

There was also an acknowledgement, as in the focus groups, that this is a strand of hate crime that is under reported and with a danger that cases could sometimes be treated in isolation, without considering a history of incidents, or that often it is difficult to have the full picture of what has happened to a person. There was also evidence from comments that the Police did believe people could be competent witnesses with the capacity to give evidence.

Challenges in dealing with disability related hate crime and victimisation

Respondents were asked to comment on the challenges associated with dealing with hate crime related to people with learning disabilities/autism. The challenges mentioned were primarily around communication – police officers being able to communicate effectively with the victim or witness and also to be able to understand the communication needs of the individual and to be able to obtain a valid account of what had happened. Also important here was a victim’s ability to describe to the police what had happened, in particular the time and location – in order to achieve
best evidence. Police officers saw the time it potentially took to deal with such cases effectively, often in an already large caseload, as a major challenge.
## Summary

- Of the 459 completed surveys, (including the 84 from Medway), more than half the respondents had been working in the police for more than 10 years. Two thirds were uniformed officers. A further 20 percent were in investigative roles and the remaining were support staff (including the Force Control Room). There were no significant differences in responses between those from Medway and the rest of Kent.

- Two thirds of the sample had had contact with people with learning disabilities or autism outside their police role. 35 percent of those with experience had had contact with both groups. The majority of respondents had also had contact within their police role. Staff who had spent longer than 6 years within the police were more likely to have had such contact. Contact within a police role was mostly in person e.g. following a report of an incident. In a quarter of cases, contact was with someone as an informant, two thirds as a victim, just under half as a witness and the same for contact with offenders.

- Between one quarter and one third of respondents reported they had received training that in some way had covered an awareness of autism or learning disability. This was generally not police mandated or probationer training. Staff in support roles were least likely to have received any type of autism or learning disability awareness training. Only around 2% of the staff reported to have attended training which covered learning disabilities and/or autism.

- Just under half of respondents said the Crown Prosecution Service definition of hate crime was very inclusive and clear with a further 43% saying it was helpful but had some grey areas. Respondents commented that:
  - Hate crime was difficult to identify because it relied on perceived hostility, and was especially difficult where it was reported by someone other than the victim. It was also difficult to identify if the crime was motivated by hostility or hatred related to disability.
  - Respondents reported that hate crime or incidents had to be taken seriously and that the definition was open to abuse by people looking for an enhanced service from the police.

- When asked about the definition of ‘vulnerability’, most respondents gave definitions that reflected at least some elements of the Crime and Disorder Act definition of a vulnerable person. The most common elements of the definition referred to were personal characteristics such as disability, age, and mental incapacity.

- The survey asked a series of questions about participants’ awareness of learning disability and autism. The majority showed a good knowledge of learning disabilities and autism overall and an awareness of some of the difficulties faced by individuals. The general knowledge was poor on a small number of items - The majority of respondents were not aware that individuals with learning disabilities and autism are more likely to have mental health or other health-related problems, or that they tend to acquiesce. Furthermore, a large number thought that a learning disability is a mental illness, that ADHD is a learning disability, and that people with autism will always have a below average intelligence.
• The analysis explored relationships between awareness and role, training and experience. There were very few significant associations; however those who had (any) training related to autism or learning disability, responded correctly to more of the statements than those who did not have training. We found that specific training leads to specific knowledge; those who had attended training covering learning disabilities only were significantly more likely to reply correctly to the statements regarding learning disabilities, and vice versa for autism training.

• Understanding learning disabilities and autism was seen as particularly important by those in uniformed and investigative roles although just under two thirds of support staff also said it was important.

• Respondents who had taken part in training that covered autism and/or learning disabilities were more likely to report themselves as confident in their ability to detect whether a person has autism or learning disabilities and reported themselves as feeling more competent in identifying and responding to hate related incidents where a person with autism or learning disabilities is the victim.

• There was a significant relationship between confidence in identifying autism and learning disabilities and training received covering learning disabilities and/or autism, personal experience of learning disabilities and autism outside the work environment and contact with individuals through the work role.

• Variables found to predict competence in responding to hate incidents where a person with autism or learning disabilities is the victim were (a) confidence ratings in detecting whether a victim has learning disabilities and/or autism and (b) the contact that the police have with people with autism and learning disability in their role in the police.

• Respondents were also asked to comment on the frequency with which different agencies were involved in responding to reported incidents. Police and family carers were rated as being most often involved. Housing providers and care managers, on the other hand, were reported as rarely or never involved.

• Many respondents commented that the whole community should take responsibility for promoting the safety of people with learning disabilities and autism. Partnership working was seen to be important but should be role-specific and based on individual situations.

• Challenges identified by participants primarily focused around communication – in particular, being able to communicate effectively with the victim or witness to obtain a valid account of what had happened.
Conclusions and recommendations

From a research perspective, this study has been one of the most comprehensive studies ever of disability-related victimisation and hate crime. It looked at the issue not only from the perspective of people themselves but also of paid and unpaid carers, the police and indeed more widely with the inclusion of the views of those in Community Safety Partnerships and Victim Support. It brought together data of different types and from different sources which were all telling a similar story. The study found that almost half of the sample surveyed and over 1/3 of people with learning disabilities and autism in general were currently experiencing or had as adults experienced some form of disability-related victimisation or hate crime. As found in previous studies, the impact can be long lasting and far reaching with the impact of such experiences reaching beyond the individuals themselves, to their families and paid carers. There were many people living in fear of being a victim (or of experiencing further attacks).

Adequacy of the data

The study focused particularly on one geographical area. However this was intentional, in order to allow the inclusion of as much of a total population of people as possible, as well as overlap between different research methods – e.g. the focus groups, surveys, 999 calls etc. There was no evidence to suggest that Medway unitary authority or Kent Police was different to other local authorities with respect to people with disabilities.

Although the sample of people who filled in the survey was smaller than had been initially hoped, it was a representative of people with disabilities in England in terms of gender, ethnicity, age and proportion of people with severe disabilities. Although every effort was made to recruit people outside of services, the survey sample included fewer people living in family homes than would normally be found in a population sample of people with learning disabilities. In addition people with autism who didn't have learning disabilities were under-represented in the survey, possibly due to not having any contact with services or support organisations, not having time to complete the survey or perhaps finding that it was too simple as it had been designed to be easy-read.

The review of the helpline data was less productive than had been hoped and the review of the Force Control Centre data was limited by the consistency of recording related to people with disabilities.

Implications

Following analysis of the data, the findings were presented to the steering group as well as to a range of other local groups, including members of the Police and Community Safety Partnership, staff from MCCH. The conclusions and recommendations below represent not just those of the research team but also the other individuals and groups consulted as part of this process.
This study has shown that being a victim of disability hate crime or harassment is not an inevitable feature of having autism or learning disabilities, and that many people with such disabilities live in the community without being victimised. However, at least one third of people in Medway had experienced some form of victimisation as adults. The sample from Medway were broadly representative of the population of people with learning disabilities in terms of age, gender, ethnicity and proportion with more severe disabilities. The findings from this study are also similar to those found in previous UK reports and research, in terms of the experiences of victims and of responses from the Police. However, there was wide variation in experiences. This is illustrated by:

- the wide range of incidents experienced, from being stared at to serious assaults, theft and harassment, which can occur at or near victims’ homes, at school or college, in shops and other public places and on public transport

- the variety of perpetrators who, in the main, are young people but can also be older people, strangers or so-called friends and neighbours and even other family members

- the different frequencies of incidents, from one-off occurrences to sustained harassment and victimisation over a long period, leading to misery and despair for both the immediate victims and their families, as well as stress and fear for paid supporters

- the way in which victims respond to incidents, from acceptance of them as an inevitable part of their lives, to pursuing them with the police or retaliating to prevent further incidents, sometimes with risky consequences

- the responses of the Police to reported incidents, which some victims said were unsympathetic, ineffective and even unkind, while others said the Police were kind, understanding, tried to help or resolved the problems

- the varying levels of knowledge and understanding of disability and experience of dealing with people among police officers, which almost certainly affect their responses when dealing with reported incidents.

It is clear that many people with autism and learning disabilities are living in fear of victimisation and that such experiences, whether more serious criminal incidences (such as assault) or lower level, repetitive teasing, bullying, staring and rudeness, can have a long lasting and powerful impact on the quality of life of the people concerned as well as on their families and carers. Most commonly, people change their lives in some way to avoid such incidents occurring again, rather than the situation being dealt with so that people can feel safe out and about in their community.
The White Paper ‘Valuing People Now’ (2009) states:

‘People with learning disabilities are people first. In seeking to deliver personalised support, the priorities are to enable people to take control of their lives, have employment and educational opportunities, have choice over what they do during the day, have better health, and have improved access to housing’. (Department of Health, 2009).

The White Paper’s strategy relies on individuals having equal access to their community. For significant numbers of people, their fears and experiences of victimisation make many of these goals unattainable unless positive steps are taken to make their communities safer for them. On a wider scale, attainment of the UN Convention on the Rights of Person’s with disability is also adversely affected, as people with disabilities are clearly not all experiencing a life in the community with equal access to the same housing, facilities, employment etc. as other people. One could even go as far as arguing that the basic human rights of persons with disabilities is effected - freedom from discrimination, even torture in some cases.

There were some examples of good practice in dealing with situations of victimisation or hate crime and some of these are given in Appendix 4. However, some key issues were identified, meaning that good practice in responding to victimisation was not necessarily wide spread or consistent. Firstly, participants across different parts of the study commented on the confusing nature of the definition of disability hate crime and also the difficulty of using the term “hate”, which requires assumptions or perceptions about the feelings or motives of perpetrators. These are often difficult for many people with learning disability and autism, even if they have the communication skills required to tell people what has happened to them. This lack of a clear and comprehensible definition can make it difficult for the Police to decide whether an incident reported to them amounts to a hate crime or even a crime at all. This difficulty can be compounded by the level of individual officers’ knowledge and experience of disability. It can also make it difficult for people to decide whether they should report it as a disability-related hate crime or incident. In order to show that victimisation is unacceptable, it is important that police forces are equipped and required to investigate such incidents and where possible prosecute criminal and antisocial behaviour. While any police officer, however concerned and conscientious, is unable to identify learning disabilities and autism and to understand and apply the complicated law of disability hate crime, there will be potential for further tragedies of victims who are overlooked or where action is not taken soon enough.

Secondly, the generally low level of individual officers’ knowledge and experience of disability was found to be an issue. To take effective action, the police need hard information about an incident - what, who, where and when – but many victims are not able to describe an incident clearly, with sufficient detail and the officer responding might not have the skills to elicit the required information. The result can be frustration on the part of the victim and a feeling that it is not worth reporting incidents, as the Police will not take them seriously or they will not have enough reliable information to move the matter forward. The lack of consistency and structure in the way that victims are dealt with when reporting incidents makes this situation worse.
Thirdly, the Police can be presented with situations in which the behaviour and actions of a person reporting an incident are also questionable, or in some cases anti-social or criminal, perhaps in retaliation for the victimisation they have experienced, sometimes repeatedly. There is also currently no wholly reliable method for the Police to establish whether or not people reporting victimisation are vulnerable, have a learning disability or autism and whether they are repeat victims; currently Kent Police does not routinely capture descriptions of any disability as part of the biographical data taken at the time of recording details of crime or antisocial behaviour victims, witnesses or offenders. As such this does not normally trigger any consideration of additional needs and also makes it difficult to examine recorded information relating to people with learning disability or autism. A good result for someone with learning disabilities or autism often relies on good practice by an individual call handler or responding officer rather than through a systematic or procedural approach to identification of disability and subsequent consideration of how to address any individual’s particular needs.

Finally, changes within the Police systems and roles have resulted in a lack of specialist roles and the requirement that any Neighbourhood Policing officer and Community Liaison officers may be expected to deal with disability-related incidents. Some officers felt that it was not realistic to expect every officer to be expert in disability issues and that victims sometimes have unrealistic expectations of what the Police can do in response to their complaints. It was also noted that specialist advocacy or intermediary support for victims and police officers is scarce. It was felt that the following steps would support better practice in the police:

- police officers and support staff need to develop a more thorough and comprehensive knowledge of autism and learning disability, through training, guidance and experience;
- they should have opportunities to meet people with learning disabilities and autism in positive and facilitative circumstances rather than when responding to an incident, to mutually develop more confidence and expertise in communicating;
- police officers need to be able to identify people with learning disabilities and autism and feel competent in managing such cases to ensure improved experiences and to improve levels of reporting;
- police services need to develop consistent practices in dealing with reports of victimisation from people with learning disabilities and autism - practices designed to deal with victims effectively and understandingly and at the same time eliciting best evidence so that prosecution of perpetrators can follow;
- the Police need to develop consistent and reliable methods of recording and responding to reported incidents, so that where offences have been committed appropriate action can be taken; and
- the increased awareness and understanding of disability needs to extend to other criminal justice agencies, so that improvements in the Police response are
in turn supported and followed through in prosecuting and sentencing policies and practices.

More is also needed to help remove the barriers that discourage reporting of incidents and to enable victims to access other types of support. Specialist victim support, counselling and therapies for victims with autism and learning disabilities are scarce. Learning Disability or Autism specific helplines are also scarce (with two of the key helplines having closed down during the course of the project).

Following on from this, there is a need for better and more effective ways for victims to report incidents and to be supported in doing so. This could include:

- improved information, in print, on-line and perhaps through a dedicated app for mobile devices, about when and how to report incidents;
- training for families and paid carers in how and when incidents should be reported, and how they can give support to victims; and
- training for police staff taking calls from victims so that they can deal appropriately with them, identify callers who are vulnerable and repeat victims, and use a structured approach to get best evidence.

- More easily accessible helplines and third party reporting systems need to be in place to help people to report victimisation – those manning such helplines or services also need to have relevant training and know how to advise people in terms of reporting what has happened to them and be able to refer them for support.

Victims of targeted violence and hostility show remarkable resilience and resignation to their experiences. Such acceptance is likely to present an obstacle to any steps to increase reporting of incidents. Victims need to be helped to understand that what happens to them is wrong and that they need not and should not put up with victimisation.

Much of the above is concerned with dealing with incidents after they have happened. The Police, of course, have a major role in this, but some incidents do not constitute a crime or antisocial behaviour and therefore the role of the Police may be limited. In other cases, victims might not want to involve the Police, for one or more of the reasons identified by this study. Preventing incidents from happening is of equal importance and the Police have a role in this too, through their normal community policing.

Preventative measures may become more important and disability victimisation may increase as government policy to promote independence progresses, more people live in and access communities and Fair Access to Care (FACS) reviews progressively reduce the funded support individuals receive. As such, a wider approach to prevention is needed involving a number of agencies other than the Police. This could include action:

- in schools, through Personal, Social and Health Education and Citizenship studies across the Key stages, to change attitudes and behaviours towards
disabilities, with a view to reducing the number of incidents where children and young people are the perpetrators;

- by Adult Social Services to ensure that FACS assessments take into account the effect on well-being of disability victimisation and vulnerability to victimisation in the future, given the evidence from the research that, as most incidents are not reported to the police, it seems unlikely that Adult Services are aware of them.

- during annual health checks or routine appointments by GPs and practice nurses to ascertain whether their patients with learning disabilities or autism have been subjected to or fear abuse or victimisation; and

- to consider, in the light of the evidence that people who are more able and get less support are more likely to experience victimisation, the care assessment process should pay attention to people’s experiences of victimisation and their vulnerability when out and about during.

Vision and leadership will be needed to tackle victimisation and to provide effective support to victims and families. The responsibility for taking the lead in developing a comprehensive, all-agency approach to prevention is naturally that of Community Safety Partnerships (CSPs). Not to give that role to CSPs would be to imply that disability hate crime is less than criminal and antisocial. The CSPs’ statutory basis gives them the necessary authority to influence other agencies in taking action either on their own account or in partnership with other agencies, as well as in sharing information where it is appropriate to do so. Unlike the police, CSPs can also include in their remit, abuse and harassment that does not amount to crime or antisocial behaviour, or where victims do not want to involve the Police but simply want the abuse to stop.

This study was concluded in testing financial times for public and third sector agencies, which have responded to cuts in funding by reappraising service levels, work practices, often while reducing and restructuring workforces. We should make it clear that doing nothing to tackle the victimisation is not an option. Public agencies have a statutory obligation to take reasonable steps to protect all citizens. Financial pressures should not be seen as obstacles to tackling victimisation and implementing the recommendations made in this study. Some measures may incur new costs, while others may be achieved at little or no cost through partnerships, pooling resources such as training, changing attitudes through example, and developing different ways of working. Leaders should also assess the potential social and economic benefits of bringing an end to the isolation and exclusion of victims who may continuously rely on residential, social and health care as a consequence of fearing and experiencing repeated victimisation, if and when they leave home.

Although this report focuses on disability related victimisation, it is acknowledged that people with disabilities are not the only group in our society experiencing victimisation. One of the issues raised in particular in the carer focus groups was the fact that society (or at least a substantial element) remains unaccepting of difference, whether it be due to disability, sexuality, race or indeed many other types of disabilities. Carers talked about the bullying culture. The recommendations below
are specific in some cases to people with disabilities but many can also apply to other groups who experience victimisation.

**Recommendations**

As noted above, the recommendations below arise from consultation with a wide range of stakeholders following presentation of the initial findings. The recommendations that arose from these consultations have been summarised under National and Local implementation. The more detailed list of recommendations arising from the consultations can be found in Appendix 5. With sufficient will, community leaders, elected members and officers could implement many of these recommendations, as they require developing different ways of working rather than additional resources. While much can be achieved locally, Government departments including the Home Office and Department for Education, as well as professional and regulatory bodies such as Skills for Care and the College of Policing should demonstrate leadership and make their expectations of improved accountability and performance clear.

**National leadership, policy, and strategy**

1. **The Home Secretary** should lead in refreshing the cross Government hate crime action plan ‘Challenge it, Report it, Stop it: The Government’s Plan to Tackle Hate Crime’ (March 2012) in the light of the evidence-base and recommendations provided by this study, adding actions specifically related to victims with autism and learning disabilities.

2. **Home Office** should define specific expectations and timescales for:

   (a) Police and Crime Commissioners to implement effective systems for identifying and monitoring the nature, prevalence and outcomes of reports of offences against victims with autism and learning disabilities.

   (b) Simplifying hate crime definition and its inherent complication in requiring people with autism and learning disabilities to formulate and communicate their perception of perpetrators’ motivations.

   and should consider replacing the use of the word “hate” for other terminology that encompasses prejudicial or targeted behaviours but that are not driven by “hatred”.

3. **Department for Education** should review Key Stages 1 to 4 of the National Curriculum to improve its effectiveness in developing positive attitudes towards people with disabilities (or indeed any other differences) and challenging discrimination and harassment, with particular reference to the content and delivery of Personal, Health and Social Education (PSHE) and Citizenship programmes of study.

4. **Skills for Care** should develop induction and continuing training resources that ensure that paid carers and supporters of people with learning disabilities and autism:

   a. Are aware of disability hate crime and the law
b. Have the skills and knowledge they need to keep themselves and the people they support safe in the community
c. Understand lawful and effective responses to incidents
d. Know how to report incidents and crimes and how to access support.

5. The College of Policing should develop:
   a. National Occupational Standards (NOS) for initial police learning and leadership development to equip police officers to respond to victims with learning disabilities and autism
   b. Nationally accredited competencies for workplace assessors of those NOS.

6. Department of Health should produce guidance for:
   a. Social care workers completing Fair Access to Care Service assessments to ensure that when making decisions about the level of support needed by people with autism and learning disabilities they take into account their needs in keeping themselves safe in the community and the impact on wellbeing and independence of previous experiences of victimisation
   b. GPs completing annual health checks in identifying physical and psychological effects of crime and harassment.

Local leadership, policy and strategy

1. Tackling victimisation

Community Safety Partnerships should take on executive ownership of tackling disability hate crimes and victimisation more generally, working with Health and Wellbeing Boards and the Third Sector to:

   a. Introduce a Charter defining how the Police, Victim Support and other community safety agencies will respond to victims and their supporters
   b. Support nominated learning disability and autism lead officers for awareness raising, training and best practice dissemination in police, social care, housing, health and Crown Prosecution Service localities

2. Supporting victims

Community Safety Partnerships should take on executive ownership in providing effective support for victims and their carers by working with Health and Wellbeing Boards and the Third Sector to:

   a. Coordinate information and advice hubs which support people with autism and learning disabilities and family carers in keeping safe when out and about in the community, accessing support when needed.
   b. Develop a common referral system to police, housing, social and health care, Victim Support
   c. Offer post incident and crisis support for victims and people living in fear
   d. Facilitate multi-agency panels to review cases, support and disposal options
Living in Fear: Final report
Appendix 1: Sampling and recruitment for the survey.

The survey was launched during a time of change in social care funding and provision, as many adults with autism and learning disabilities were experiencing reductions or the complete withdrawal of social care support, and a major local authority day service was closing in Medway.

During years one and two of the project a database identifying service providers and other contacts was developed to enable the distribution of the surveys as widely and inclusively as possible. The aim was to make access to participation in the research possible for people from a wide spectrum of circumstances, starting with targeting recruitment of people who were accessing services. However, as there was no comprehensive reliable directory of provider organisations within Medway Council and Kent County Council’s publicly accessible directory only listed a small number of Medway organisations, considerable work had to be carried out by the researchers in collecting reliable information. This process was complicated as it emerged that the changes in local authority and service provider staff (brought about by cuts in funding and changing work practices), had made much service and contact person information out-of-date.

The database of service providers was constructed using the local knowledge of the research team and supplementary information from numerous other sources, including members of the steering group with local knowledge developed as family carers, users and managers of services. Furthermore, we conducted searches of the Medway Council directory of services (which was at the time under development) and the Care Quality Commission on-line directory, which contains descriptions of services and contact information. However, if the service has not had a recent inspection, this information was found to be several years out of date. Commercial directories such as yell.com and carehome.co.uk, Kent County Council online care services directory were also used. This latter directory excludes organisations sited exclusively in Medway, but was found to include information about some service providers with services across both the Medway and Kent County Council catchments. We also conducted searches using search engines such as Google.

The compiled database gathered information into the following fields:

- organisation or name of representative
- senior manager name
- contact details for senior manager
- service name if applicable
- type of service if applicable e.g. LD, ASD, Registered Care, supported living, education, day service
- service manager name
- no of service users
- address of service telephone number and email
Living in Fear: Final report

- number of surveys posted or delivered
- date posted or delivered
- reference numbers
- progress logs for follow up calls to contact person at service verifying receipt and implementation of surveys.

Telephone calls were made to services listed in the database to check the accuracy of (and to update if necessary) the contact information in the database, which was frequently found to be lacking. For example the number of people supported, ages and nature of disabilities often needed to be amended. These calls were worthwhile as they also provided an opportunity to raise awareness of the research, as well as the forthcoming opportunities and processes to take part in the survey.

The services included in the provider database were residential care homes (n=37), services that defined themselves as supported living (n=24), support services (n=8), day services (n=4), college and educational establishments (n=4).

After the initial telephone call, providers were sent a pack containing a letter for the manager which explained the process for distributing the surveys. Attached to the letters were two information sheets. The first explained the research in more detail and the second gave advice about supporting people to complete a survey and who should complete the supporter survey and under what circumstances. Managers were asked to give packs to people they supported and to provide help to the person if necessary, to read and understand the information (easy-read information sheet), so that the person could make a decision about whether or not to take part in the research and complete a survey. It was emphasised in the letter that we still wanted people to complete the survey, whether or not they had experienced victimisation in the community. Given that it was conceivable people may have been in receipt of more than one of the services in our database, we also was asked that a check was made that the person had not already completed the survey.

It was indicated that it was ok for people to have support to complete the survey and the opportunity to attend a drop in session was made clear, stressing that is was very important that survey’s were not simply completed for someone. The letter went on to explain that for those individuals who could not understand the research when supported by someone that knows them well, then a supporters’ pack should be completed instead. It stated that this needed to be completed by someone who knows the individual well and supports them on a regular basis. It was made clear in bold text that only one survey should be completed per person.

After the distribution of packs a follow up phone call was made to check that the packs had been received and ascertained whether there were any questions about the research or process involved.

Advisory visits were made to providers of 42 services to deliver and explain both the content of the letters, survey packs and how to facilitate support for respondents. Two providers had indicated that they only wanted a flyer about the research and that they would contact us or support people to contact us should they be interested
in taking part in the research. Two housing providers agreed to raise awareness and they both sent fliers to their tenants about the research.

All of the survey packs were distributed between 9/06/12-05/01/13, which includes the distribution and collection of reliability surveys.

To ensure that information about the survey and how to access it was more widely available in Medway, an awareness raising campaign targeted people who may not have been known to or in contact with statutory or voluntary sector service providers. Interested individuals could then contact the researchers, by phone, text, e-mail or in writing to request a survey. This additional awareness-raising of the research aims and opportunities to take part in the survey was carried out, through researchers’ local knowledge of Medway forums and networks and through recommendations of members of the project steering group. Presentations were made to, and/or awareness raising information distributed among:

- Medway Carers Partnership Board
- Medway Ethnic Minorities Forum
- Medway VOICE (community and voluntary sector forum)
- Medway Crossroads for Care
- Medway Carers Centre
- Medway Learning Disability Partnership Board
- Transition Event Medway Council (special schools, carer forums, Connexions, further education, adult education providers)
- Independent Advisory Group to Medway Police (minority ethnic and faith representatives)
- MPs Rehman Chishti and Tracey Crouch
- Learning Disability team for Medway Council
- Physical Disability team for Medway Council
- Kent and Medway Partnership Trust
  Community Mental Health of Learning Disabilities Team

Easy-read leaflets with information about accessing the survey were distributed on behalf of the project by Medway Council to the home addresses of all people aged 16 plus with learning disabilities and autism, who were supported by Medway Council. Medway Council also displayed the leaflet in its libraries and buildings accessed by the public.

MCCH’s Pathways to Inclusion project distributed an easy-read information sheet about the aims of the research and how to access the survey, to GP surgeries in Medway

In conjunction with the media offices of Kent Police and Medway Council, press releases were made raising awareness of the aims of survey and how to take part. As a result, broadcasts were made on:
An easy-read leaflet was published in the Medway Messenger hard copy newspaper for 3 weeks and posted on their website, raising awareness of the aims of the research and how to take part in the survey. Medway Council posted the same information on their website over 6 weeks.

When requests from individuals were made for a survey, the researchers also offered the dates for drop-in sessions around the Medway towns for people who wanted to come and have support to complete a survey. The drop-in sessions were also promoted to service managers, who would in turn inform or enable the people they supported to attend a drop in. This did lead to some challenges where staff on different shifts had been reminded to assist people to attend a drop-in to complete a survey. In a minority of cases staff would bring along a person who had attended a previous drop-in or would come along to complete a supporter survey where a copy had already been posted. It was only through the local knowledge of the researchers of services and people being supported that this was detected.

Six drop-in sessions offered the opportunity for people to come along and complete the survey with the support of a volunteer. One of the six sessions was a session organised for students 16plus at a local special education school to have the opportunity to have support to complete a survey if they wished. The other sessions were available for anyone who had seen our adverts or for those who had received a survey from our distribution database. This allowed carers to bring people along if they were unsure how to support people to complete the survey, or if they wanted support to complete a survey representing the views of someone who they assessed would not have capacity to complete it themselves. It was felt necessary to make this sessions available to the latter group given that the process for completing a survey had been complicated by having to send out two surveys (one if the person was completing it and another if it was the carer).

The volunteers for the drop-ins comprised of people working for organisations that supported people with learning disabilities and autism as well as interested undergraduate students who were undertaking Psychology, Social Policy, or other similar courses at the University of Kent. Some of the students had some past experience of working with children or adults with a learning disability or autism and others had no such experience. All of the volunteers received training which covered challenges in and facilitation of supporting people with learning disabilities to complete surveys. The also received an introduction to the survey form and guidance for the support they could provide to people to complete the form. For those who had no prior experience of learning disabilities or autism training was offered. For everyone else this part of the training was offered as an optional refresher. All of the drop-in groups were supported by two members of the research team at all times. This was in case support was required if people became distressed and to enable the team to address any on-going issues of victimisation that meant people may have been at risk of harm.
Reliability testing

For each person completing a survey themselves (a person with capacity), we attempted to recruit two carers to complete the supporter survey (one family member and one paid carer). These three individuals (person, paid carer and family member) would form a triad where comparisons of responses could be made between the person and the paid carer, or family member as well as comparisons between the paid carer and family member.

Potential sources for recruiting triads for the reliability testing were identified among organisations which supported adults with learning disabilities and autism outside Medway (so away from the focus population area for the prevalence survey). These were organisations known to the research team, listed in local authority directories and suggested by members of the project steering group. In the later stages of the recruitment process we sought participants by attending the Keeping Safe Forum (a sub group of Kent Learning Disability Partnership Board) and Dover District Partnership Group. These two forums are attended by people with autism and learning disabilities, Kent Police, family and paid carers and local authority representatives.

Organisations were first contacted by phone by a member of the research team to explain the research aims and the purpose of the reliability testing. Those expressing an interest in taking part were visited to provide further information about the processes, issues of consent and capacity and practical arrangements for hosting sessions or distributing surveys. Surveys completed at sessions hosted by the organisation (7 groups) were supported by at least one member of the research team and with volunteers trained to support participants with the survey. In addition, 4 organisations were visited by a member of the research team who distributed surveys to be completed at another time with alternative support arrangements and to be returned by post. It was made clear that the person supporting an individual to complete a survey should not be part of the triad for the reliability testing. A further seven organisations committed to supporting the recruitment of triads and running of groups for surveys to be completed, however these groups did not come to fruition.

Whilst every effort was made by the research team to conduct thorough reliability testing of the survey, a number of challenges were encountered with this endeavour. Some organisations were not able to recruit family carers for the survey, apparently due to their lack of capacity to liaise with candidates or lack of day to day contact or relationship with those carers. Understandably, organisations were extremely busy with day to day business and the research was carried out during a period of change, upheaval and budget reductions in the care sector. We required time and attention from busy people in ensuring they understood the survey and processes for the reliability testing. We discovered that many managers and supervisors were carrying out additional tasks, some of them across multiple services, covering vacancies. While everybody we contacted saw the value of the research and was interested in participating, this willingness did not always translate into action. For test-retest reliability some participants failed to return to complete a second survey a week later.
Living in Fear: Final report

Those people who did return had not always fully understood the exercise and had written on their form that there were no changes.
Appendix 2. The approaches used to explore the difference in experiences reported for or by people with higher support needs

The five approaches to exploring the experiences of people with higher support needs all yielded statistically significant differences; The people responding to the survey who said that they had had victimisation experiences were less likely to have higher support needs.

<table>
<thead>
<tr>
<th>Approaches for comparing the experiences of people with higher support needs</th>
<th>Variables from survey used to form groups for comparison</th>
<th>% with experiences and Chi square test of independence (using the Yates Continuity correction)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Comparison of supporter surveys with user surveys</td>
<td>Categorical variable indicating who completed the survey (cases were excluded from the supporter survey where they would not have met the criteria for more severe intellectual disability as stipulated in 5 below).</td>
<td>21% of those who completed supporter surveys and 50% of those who completed the user survey reported they’d had experiences, $\chi^2 (1, n= 239) = .032, p=.611, \phi= -.154).$</td>
</tr>
<tr>
<td>2. Comparison of people receiving 24 hours support (from a paid or family carer) and those with other levels of support.</td>
<td>New variable created to delineate people who had support all of the time from either paid or family supporters and those that did not.</td>
<td>34% of those in receipt of any kind of 24 hour support and 55% of those that did not have 24 hour support reported they’d had experiences, $\chi^2 (1, n= 251) = .002, p=.9720, \phi= -.205).$</td>
</tr>
<tr>
<td>3. Comparison of people who have 24 hour support AND support to access the community with those who do not have this type or level of support</td>
<td>New variable created for support to access the community to categorise people who had support in this area and those that did not. (For the users survey an affirmative response to ‘support with getting around your local area’ and from the supporter survey from the Assistance in Daily Living Scale with a score of 3 or above (indicating support is necessary) on the item</td>
<td>32% of those that were in receipt of any kind of 24 hour support AND had support to go out in the community and 52% of those not in receipt of this level or type of support reported they’d had experiences, $\chi^2 (1, n= 255) = .003, p=.874, \phi= -.195).$</td>
</tr>
</tbody>
</table>
4. Comparison of people with indicators of more severe intellectual disability and those without

<table>
<thead>
<tr>
<th>'assistance to go outdoors and walk down the road'.</th>
<th>New variable computed for an indicator of more severe intellectual disability, combining:</th>
</tr>
</thead>
<tbody>
<tr>
<td>-people with difficulties communicating AND high support needs to be clean and dressed</td>
<td></td>
</tr>
<tr>
<td>And individuals that also had additional impairments, such as at least one of the following:</td>
<td></td>
</tr>
<tr>
<td>-Autism/ASD</td>
<td></td>
</tr>
<tr>
<td>-physical disabilities</td>
<td></td>
</tr>
<tr>
<td>-sensory disabilities</td>
<td></td>
</tr>
<tr>
<td>-Mental health condition</td>
<td></td>
</tr>
<tr>
<td>27% of those that met the criteria for more severe intellectual disability and 50% of those that did not meet the same criteria reported they'd had experiences, $\chi^2 (1, n=254) = .007, p= 7.342, \phi= -.180)$</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 3: Original logistic regression models

The table below describes the variables entered into the regression analysis from the police survey, looking at the factors influencing ratings of competency and confidence.

<table>
<thead>
<tr>
<th>Model</th>
<th>DV</th>
<th>Competence about: determining if a reported incident fits the definition of “disability hate crime”</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>IVs</td>
<td>Have you had any training that covered autism?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Have you had any training that covered learning disabilities?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Do you have any personal experience of learning disabilities and/or autism outside of your work environment?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>In your roles with the Police have you had contact with people with learning disabilities and/or autism?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Confidence in detecting if victim has learning disabilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Confidence in detecting if victim has autism</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Model</th>
<th>DV</th>
<th>Competence about: responding to reports of hate incidents where a person with autism is the victim</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>IVs</td>
<td>Have you had any training that covered autism?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Have you had any training that covered learning disabilities?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Do you have any personal experience of learning disabilities and/or autism outside of your work environment?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>In your roles with the Police have you had contact with people with learning disabilities and/or autism?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Confidence in detecting if victim has learning disabilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Confidence in detecting if victim has autism</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Model</th>
<th>DV</th>
<th>Competence about: responding to reports of hate incidents where a person with learning disabilities is the victim</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>IVs</td>
<td>Have you had any training that covered autism?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Have you had any training that covered learning disabilities?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Do you have any personal experience of learning disabilities and/or autism outside of your work environment?</td>
</tr>
</tbody>
</table>

In your roles with the Police have you had contact with people with learning disabilities and/or autism?

Confidence in detecting if victim has learning disabilities

Confidence in detecting if victim has autism

<table>
<thead>
<tr>
<th>Model 4</th>
<th>DV</th>
<th>Confidence in detecting if victim has learning disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>IVs</td>
<td>Have you had any training that covered autism?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Have you had any training that covered learning disabilities?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do you have any personal experience of learning disabilities and/or autism outside of your work environment?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>In your roles with the Police have you had contact with people with learning disabilities and/or autism?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5</th>
<th>DV</th>
<th>Confidence in detecting if victim has autism</th>
</tr>
</thead>
<tbody>
<tr>
<td>IVs</td>
<td>Have you had any training that covered autism?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Have you had any training that covered learning disabilities?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do you have any personal experience of learning disabilities and/or autism outside of your work environment?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>In your roles with the Police have you had contact with people with learning disabilities and/or autism?</td>
<td></td>
</tr>
</tbody>
</table>
A number of examples of good practice in promoting the community safety of people with autism and learning disabilities were brought to the attention of the research team during the study:

- There are 12 District Partnerships Groups (DPGs) across Kent, which are subgroups of the Kent Learning Disability Partnership Board. Each DPG’s business includes promoting community safety. Kent Police Community Liaison Officers attend local DPG quarterly meetings across Kent and encourage PCSOs to join them, where they can listen and respond to concerns of people with learning disabilities and family carers. The Group funded the printing of “Keep Safe” a Home Office Safety Advice booklet in Easyread.

- The Kent-wide Keeping Safe Focus group, a sub group of Kent Learning Disability Partnership Board, meets quarterly as a forum for promoting the community safety of people with learning disabilities. The group is chaired jointly by an adult with a learning disability and a Police Community Liaison Officer. Topics tackled over the past year have included safety on public transport (both Stagecoach and Arriva are represented on the group), consumer protection and safe internet use. Trading Standards have supported the group bringing presentations and quizzes. The focus group is working with Kent Libraries to see if greater access to their services for people with learning disabilities can be promoted along with a Safe Haven scheme.

- The Skillnet Group Community Interest Company is a social enterprise working with people with learning disabilities. Members of the Group have campaigned in schools and worked with the local police Community Liaison officer in removing barriers to reporting victimisation to the police and other agencies. Through role play and group work also explored flexible ways to report problems and access support. Skillnet and Kent Police got together with ITV Fixers and Stagecoach to make a film about reporting victimisation, which can be seen on YouTube.

- Kent Police Community Liaison Officer for the East Division will visit Advocacy for All groups for people with autism across east and west Kent during 2013 to 2014 to promote understanding of the community safety issues of people with autism and Asperger’s.

- Since 2010 PCSOs and police officers from the Neighbourhood Police Unit have routinely dropped into house meetings at the invitation of tenants supported by MCCH Society living in Medway. The coffee mornings provide an opportunity to meet new tenants and new patrol officers and to discuss community safety issues and give advice to others.
Living in Fear: Final report

- People supported by North Kent Independent Advocacy Scheme regularly invite police officers to attend their meetings to discuss and tackle community safety issues. Some meetings are held at the local police station.
Appendix 5: Initial set of recommendations before summarising.

Preventing hate crimes and incidents

People with autism and learning disabilities, family and paid carers should be supported to have greater awareness of disability hate crime. Education and training should be offered to ensure that people with autism and learning disabilities, paid and family carers have a greater awareness of the nature and prevalence of disability hate crime and know that victimisation is wrong. This could occur through, for example, carer groups, learning disability partnership boards and forums. Such training should include the use of accessible materials covering:

- The law and human rights
- Methods for reporting incidents and crimes
- Keeping safe skills
- Developing real and appropriate friendships
- Finding safe places
- Effective and lawful responses to being victimised

To achieve this:

a) Skills for Care should develop induction and continuing training resources that ensure that paid carers and supporters have a sufficient awareness of disability hate crime and the law, the skills and knowledge they need to keep themselves and the people they support safe in the community, lawful and effective responses to incidents and can access the assistance they need if victimised.

b) Commissioners should resource peer to peer support schemes.

c) Community Safety Partnerships should commission routine audits and reviews of placements where people may be at risk.

d) Housing agencies should work with police and others when placing people, ensuring community inclusion and safety.

e) Pilot joint patrols combining learning disability support workers with PCSOs, Community Wardens and police officers in visits to registered care and supported living accommodation, with joint objectives to improve Police competencies and victim confidence.

f) Local authorities should promote the engagement of non-disabled children and young people, with other children and adults with learning disabilities and autism, through school initiatives and the curriculum.

g) Non-criminal justice intervention options for perpetrators, victims and families e.g. restorative justice, mediation, should be developed.

Support for victims and their carers

Increasing reporting

1. Community Safety Partnerships should consider commissioning the development of a Keeping Safe and reporting ‘credit card’ to support people
with learning disabilities and autism in the event of becoming a victim, adapting this from current safeguarding cards.

2. Community Safety Partnerships should organise awareness raising campaigns which publicise referral and reporting thresholds and routes.

3. Third party reporting systems to defined standards of accessibility, should be established thus reducing reliance on reporting by phone and FCR call handler identification of learning disabilities and autism.

4. A specialist, accessible helpline should be established.

5. Community-based safe places operating to defined accessibility standards should be provided for people to visit when they are afraid of being, or have been, victimised

6. Technical support such as apps and online information and advice could be developed to guide victims and their carers in seeking support from the police and other agencies

Post-incident and crisis support for victims and people living in fear

1. Community Safety Partnerships and Health and Wellbeing boards should resource localised support from small Hubs which offer a high level of communication skills and local knowledge to signpost victims and carers to police and other agencies e.g. housing, Victim Support, health and social care.

2. A common referral system with feedback to victims (possibly based on the existing Adult/Child Protection framework) should be developed.

3. Registered intermediary services to support victims through reporting and onward criminal justice processes should be made available and easily accessible to people with disabilities.

4. Police should ensure victims have one named contact at any time

5. People should be supported in developing coping skills in dealing psychologically with what has happened to them but also where long term fears exist and it impacts on their well-being. This could take the form of group and individual counselling. IAPT may have a role here.\textsuperscript{18}

6. Guidance for GPs and other health practitioners in identifying and discussing potential victimisation e.g. when carrying out annual health checks, should be developed. This would be particular important for those who are ‘not known to services,’ who fall out of the care and support criteria. A pathway for referral should then be used by GPs to signpost people. This should also be extended to families.

7. Alternative non-Criminal Justice System schemes should be developed to offer support, advice and guidance to distressed victims

\textbf{a) Target support for people for whom intervention from the police is neither practicable nor appropriate}

\textsuperscript{18} IAPT - Improving Access to Psychological Therapies is an NHS programme rolling out services across England offering interventions approved by the National Institute of Health and Clinical Excellence (NICE) for treating people with depression and anxiety disorders
b) Design non criminal justice intervention options for perpetrators, victims and families e.g. restorative justice, mediation.